NORTHEAST SYRIA

JURNEYYEH, AR-RAQQA

AREA PROFILE

AREA-BASED ASSESSMENT 2021

Sida

REACH Informing more effective humanitarian action

TABLE OF CONTENTS

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BACKGROUND & INTRODUCTION

With the Syrian conflict entering its eleventh year, the crisis context continues to evolve from one primarily oriented around the impacts of direct hostilities and displacement to one increasingly characterised by severe and deepening economic vulnerability, protracted displacement, climate-related changes, and impacts of COVID-19.

Humanitarian needs in the country remain high, and the rapid decline of the Syrian economy in past years has further exacerbated the population's struggle to access viable livelihoods opportunities and quality basic services. With the socioeconomic impact of multiple crises and shocks likely to continue to intensify, further straining scarce resources and hindering the population's ability to cope, response actors in Syria recognize the need to provide longer-term, more sustainable interventions to increase community-level resilience to shocks and stresses, reduce dependence on emergency assistance, and address some of the underlying or structural causes of insecurity and vulnerability.

REACH's Area-Based Assessments (ABAs) aim to provide actionable findings to directly inform the strategy, planning, and implementation of localised resilience and recovery interventions (Area-Based Approaches) in the assessed areas. They will do so by 1) identifying and providing information on the local governance structures and key service provision and community group stakeholders, 2) capturing critical demographic and displacement-related information, 3) assessing the socio-economic situation and unique vulnerabilities of the areas' population groups, 4) identifying capacities and barriers for access to and provision of quality basic services, and 5) analysing local resilience and recovery factors and examining social cohesion dynamics.

Findings from REACH's ABAs will enable implementing partners and actors in the broader response to tailor and refine their programmatic approaches, stemming from a precise understanding of the areas' capacities and multi-sectoral vulnerabilities and based on participatory methodologies that centre the views and priorities of the local population.

Area Context

Jurneyyeh is located in western Ar-Raqqa governorate, where the town is the administrative capital of the Jurneyyeh sub-district. Jurneyyeh lies approximately 50 km northwest of Al Tabqa city and 73 km northwest of Ar-Raqqa city. The sub-district is ringed on its western side by Lake Assad, with Jurneyyeh town sitting approximately 11 km to its east. More broadly, it is situated within the semi-arid steppe region of northeast Syria (NES).[1]

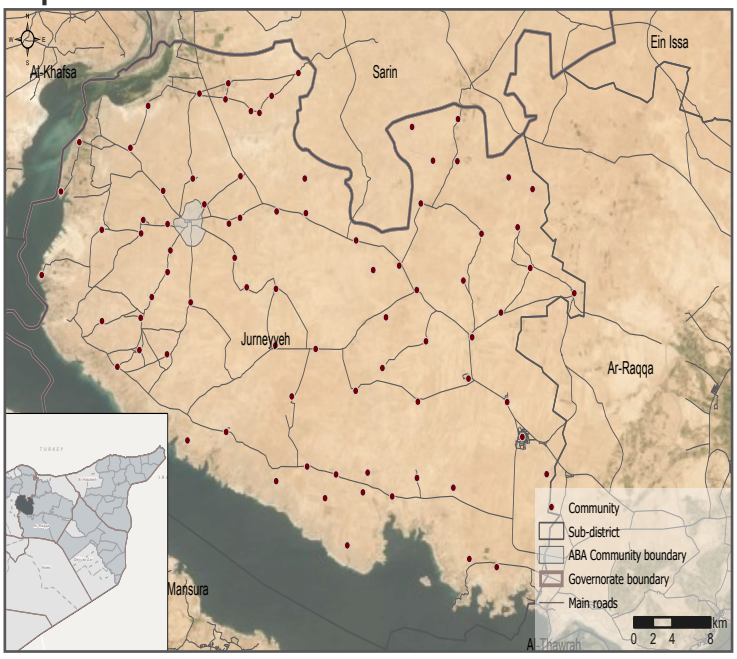
Following the town's occupation by the so-called Islamic State of Iraq and the Levant (ISIL) from 2014 to 2015, the security situation has been relatively stable. With ISIL still active in the region until at least 2017, sporadic conflict evens continued to occur in early 2017, after which security incidents became few and far between with a handful of detonations of improvised explosive devices (IEDs) and small arms attacks through 2020.[2]

Under the Self Administration of Northeast Syria (SANES), Jurneyyeh Local Council (LC) directly administers the town. The LC is also a central point of governance for approximately 130 of the sub-districts other communities through coordination at the "commune" level, the region's smallest administrative unit. Each commune is led by Heads of Commune, which act as voluntary representatives of the population to the LC, responsible for conveying their needs and requests. Heads of Commune are also responsible for coordinating some service delivery, such as bread and fuel distribution.

In relation to decision-making, the LC coordinates with authorities from Al Tabqa Supreme Council, after which the population is informed through the LC or their Heads of Commune. The LC is responsible for managing or coordinating public services through its Services Committee's departments and addressing the needs and feedback of the population.

Additionally, there are several community-oriented bodies associated with the LC. These include the Reconciliation Committee, responsible for resolving disputes among the population, the Women's Committee/House which supports with issues such as divorce, alimony, and child custody, and the Youth Committee which primarily deals with organised sports.

Map 1: Assessed Area and Sub-District Boundaries



ASSESSMENT METHODOLOGY

Data for this assessment were collected in Jurneyyeh between 19 June and 2 September, 2021 using a mixed-methods approach with 4 key phases. REACH teams carried out qualitative mapping focus group discussions, quantitative household surveys, primarily quantitative key informant interviews, and qualitative community focus group discussions.

Table 1: Number of sessions, interviews, or surveys conducted per assessment phase

Data Collection Method	Amount	Date of Collection
Mapping FGDs	1 session	9 June, 2021
HH Surveys	100 HHs	25-26 July, 2021
KI Interviews	8 interviews	18 August, 2021
Community FGDs	8 sessions	1-14 September, 2021

Phase 1: Mapping Focus Group Discussions (MFGDs) with Community Representatives

REACH teams conducted 1 participatory MFGD in Jurneyyeh on 9 June, 2021 with the aim of identifying community boundaries and features, obtaining initial population estimates, and collecting information about governance and service provision structures in the area.

Participants were selected based on their strong knowledge of the area and local dynamics, with focus on ensuring participants represented a variety of perspectives. Participant profiles included 2 Local Council representatives, 2 Heads of Commune, 2 IDP representatives, and 2 community representatives, all of whom were residing in the assessed area.

REACH teams utilized a semi-structured questioning route to guide the discussion and participatory mapping component. The participatory mapping exercise utilized a set of 3 satellite imagery base maps, showing the area at different scales, where participants were able to identify and mark key points and boundaries directly on the maps. The community boundaries that were identified and agreed upon by MFGD participants served as the basis of the "Jurneyyeh area" assessed in all further phases of data collection.

Phase 2: Household (HH) Surveys

REACH teams conducted 100 household surveys in Jurneyyeh between 25 and 26 July, 2021. The quantitative survey used collected information on household demographics and displacement history, socio-economic conditions, access to and satisfaction with basic services, and household perceptions of engagement in and ability to contribute towards local recovery efforts.

The small size of the IDP population in Tal Brak created challenges to ensuring a sufficient and randomized sample of IDP HHs to achieve representative results for IDPs versus residents with the available capacity. Therefore, simple random sampling was used produce findings that are representative, instead, for the total area population to a 95% level of confidence and a 10% margin of error.

Table 2: Population Estimates and Sample Frame based on Initial Figures from MFGD Participants

Estimated Number of Resident HHs	Estimated Number of IDP HHs	Estimated % of IDPs in Total Population	Resident HH Sample Size (95/10)	IDP HH Sample Size (95/10)
600	50	8%	87	11

Phase 3: Key Informant (KI) Interviews with Community Leaders & Service/Sector Experts

Using a primarily quantitative survey, KI interviews were conducted with 1 community leader and 7 individuals with specialized knowledge of service provision and sectoral conditions in the area on 18 August, 2021.

Complementing information obtained from the HH surveys, the community leader KI interview focused on collecting basic information about the population, patterns and impacts of displacement, protection, and mapping organised community groups.

Service provider and sector expert interviews were carried out with 1 KI for each of the following 7 topics: Livelihoods and Business, Markets and Financial Services, Agriculture, Livestock, WASH, Healthcare, and Education. These KIs provided information about market and labour characteristics, the condition of key infrastructure and availability of basic services, the capacity of local actors to provide services, and about the factors affecting the resilience and recovery of local systems within the assessed area.

KI were purposively selected, using existing REACH KI networks and information provided during MFGDs to identify appropriate community leaders and service/sector experts.

Phase 4: Community Focus Group Discussions (CFGDs) with Community Members

REACH teams conducted 6 CFGD sessions with community members between 29 August and 2 September, 2021, using a semi-structured questioning route. Information and key points of agreement and disagreement were collected about unique population group needs, vulnerabilities and protection risks, factors impacting local resilience and recovery, community prioritisation of resilience and recovery solutions, and social cohesion and group dynamics.

The 6 CFGD sessions were disaggregated by displacement status, gender, and age of participants in order to ensure privacy and allow each group to explore these topics in relation to their specific experiences. The following sessions took place: adult female residents, adult male residents, adult female IDPs, adult male IDPs, female youth, and male youth. Youth sessions (participants aged 18-24) were not further disaggregated by displacement status due to time and capacity constraints.

Each CFGD included between 5 and 6 participants, identified based on their belonging to a specific population group (IDP/resident, women/men, youth/adult). Community representatives who participated in the MFGD assisted REACH teams with participant identification and helped to ensure the inclusion of participants from diverse backgrounds.

KEY LIMITATIONS

While the sampling strategy for HH surveys resulted in representative findings for the general population, representative samples for IDPs and other population sub-groups could not be achieved due to capacity limitations (see pg. 2, Phase 2) or a lack of precise population estimates.

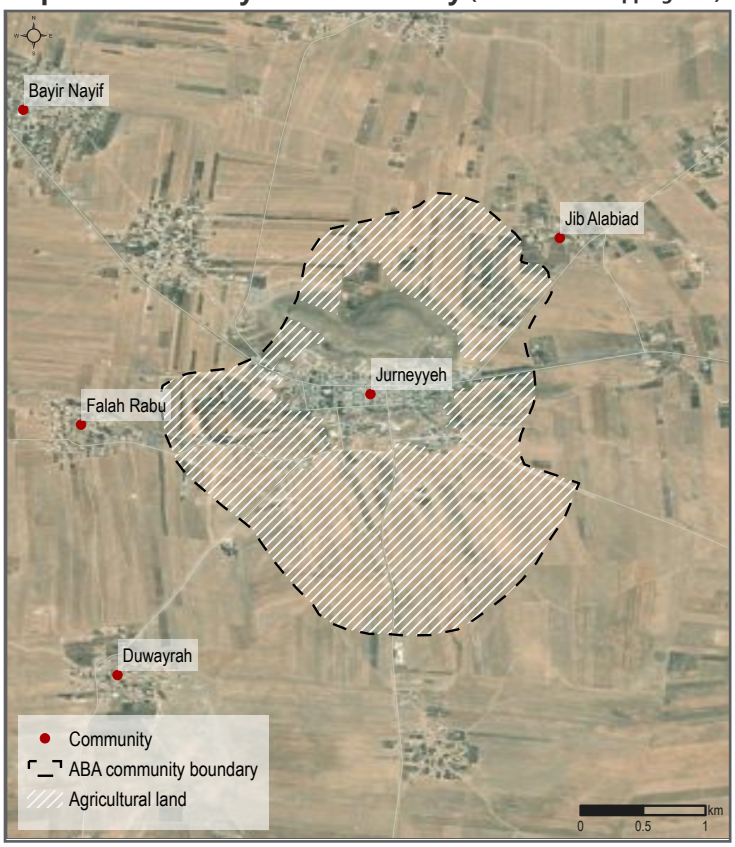
Therefore, disaggregated findings are not shown for IDPs versus resident/returnee HHs. Findings presented for female-headed HHs are also not representative and should be interpreted as only indicative of the broader situation for those groups. In the assessed area, 11% of surveyed HHs were IDP HHs, 14% of surveyed HHs were female-headed HHs, and 22% of surveyed HHs identified as returnees as defined for this assessment.

Further, given the limitations of purposive sampling, the information collected through KI interviews and CFGDs is indicative only and is not generalisable to the entire population.

Finally, where possible, REACH enumerators interviewed KIs who were themselves involved in service provision in the area, whether members of LC Technical Departments or otherwise. While such KIs were best equipped to answer questions about available infrastructure and services, reporting bias and overestimation of capacity is possible.

AREA MAPPING & CHARACTERISTICS

Map 2: "Community Area" Boundary (as defined in Mapping FGD)



The above map represents the locally-defined boundaries of Jurneyyeh community, an area which is centred around Jurneyyeh town and its most closely-associated lands, and administered by Jurneyyeh Local Council. The boundaries of this community area were defined during participatory mapping FGDs with local stakeholders from different backgrounds (see pg. 2, Phase 1).

In defining their community, participants explained that community members share kinship and tribal relations as well as common history and traditions. They also share access to the same services such as water, healthcare, electricity, and education. Participants further noted that community members share similar economic hardships and that there is a feeling of coexistence, and cooperation within the area, regardless of any differences and especially with the displaced.

Additionally, participants felt that the defined area is different to nearby communities due the availability of basic services, such as markets and healthcare, which are not available elsewhere. This makes Jurneyyeh a main centre for not only administration and governance for surrounding communities, but also for access to services and infrastructures such as healthcare, education, and markets.

DEMOGRAPHICS

Based on MFGD and KI estimates, IDPs make up only a small portion of Jurneyyeh's population (approximately 8% or 50 HHs), with all IDP HHs well-integrated into residential housing according the community KI (see pg. 5). Of the resident population, KI data indicate that the majority have not been previously been displaced from the area, or have been displaced for less than 1 month.

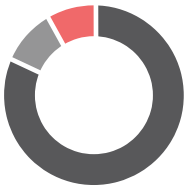
In terms of age and gender and age distribution, Jurneyyeh's population is young, with 55% under 18 according to HH data, and gender distribution is roughly even across all age groups. While the majority of surveyed HHs are headed by males between the ages of 18 and 59, KI data suggest that around 10% of HHs are headed by women. Further, it is estimated that 10% of HHs are headed by older community members (60+ years) and 5% are headed by children (under 18 years). The average HH size among surveyed HHs is 6.6 HH members.

58% of surveyed HHs reported that the head of HH had completed either primary or secondary schooling, where average head of HH age is 44 and the large majority are reportedly married. No HHs reported that the head of HH identified as a religious or ethnic minority within the community, whose population is primarily Arab and Sunni Muslim.

606 **Number of HHs** (MFGD participant estimate)

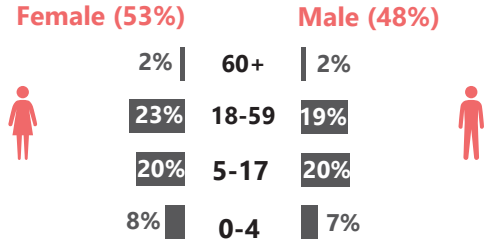
6.6 **Average number of HH members**

Estimated proportion of HHs by displacement status[3]
(based on triangulation of MFGD and community KI data)



72% Non-displaced residents
20% Returnees
8% IDPs

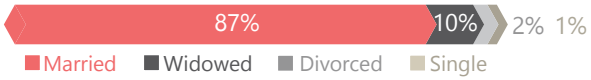
Age and gender distribution of surveyed HHs (by % of all HH members in surveyed HHs)



80% of surveyed HHs reported the **presence of school-aged children** (5-17) among their HH members

KI estimated % female-headed HHs:	KI estimated % HHs headed by older persons:	KI estimated % child-headed HHs:
10%	10%	5%

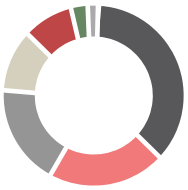
Head of HH reported marital status (by % of surveyed HHs)



44 Years is the average age of the head of HH among surveyed HHs in the community

0% of surveyed HHs reported that the **head of HH** identified as a **religious or ethnic minority** within the community

Highest level of education reportedly completed by head of HH (by % of surveyed HHs)



37% Primary (years 1-6)
21% Secondary (years 7-9)
18% None
11% High school (years 10+)
9% Undergraduate university
2% Vocational education
1% Preschool (kindergarten)

HH member pregnancy, chronic illness, and disability:[4]

11% of surveyed HHs reported the presence of **at least one pregnant HH member**

26% of surveyed HHs reported **at least one HH member with a chronic illness**

20% of surveyed HHs reported **at least one HH member with a disability**

Most commonly reported disability: 11% of surveyed HHs reported at least 1 HH member had difficulty **walking or climbing stairs**

Reported shelter types of surveyed HHs (by % of surveyed HHs)

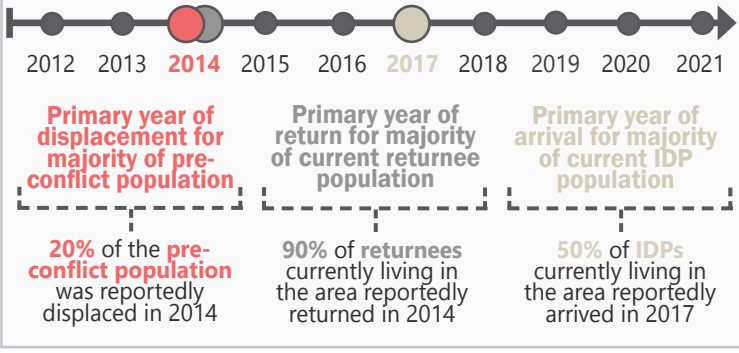
DISPLACEMENT

KI estimates indicate that 20% of Jurneyyeh's pre-conflict population was displaced in 2014 when ISIL gained control of the town, though the majority of those community members (90%) reportedly returned the same year, with the remainder returning after the end of ISIL occupation.

Of the IDPs currently living in Jurneyyeh, the KI estimated that 50% arrived in 2017, many displaced from within Ar-Raqqa due to fighting during anti-ISIL campaigns and drawn to Jurneyyeh due to the more stable security environment, family relations, and economic opportunity. No IDPs are reported to live in camps or camp-like settings, with all IDP HHs reportedly renting residential housing.

KI findings suggest that the poor economic situation and loss of income have resulted in new displacement from Jurneyyeh over the previous year, with most newly-displaced HHs moving outside of Syria. Loss of income is also the primary driver of anticipated future displacements, which would be expected to affect residents.

Area displacement timeline (as reported by community KI)



Push factors: Most commonly reported overall[5] top reasons for most recent displacement (by % of surveyed IDP and returnee HHs)

1	Conflict/security situation	47%
2	No other reasons	17%
3	Loss of income	10%

Pull factors: Most commonly reported overall[5] top reasons motivating HHs to come/return to the assessed area (by % of surveyed IDP and returnee HHs)

1	Safety and security situation	36%
2	Family ties/other relationships	21%
3	Access to income/employment	20%

Reported IDP living situations (as reported by community KI)

100% of IDPs reportedly live outside of camps/camp-like settings

- **100%** Formal rental agreements
- 5% Co-renting with other HHs
- 0% Ownership arrangement
- 0% Hosted without rent
- 0% Informal occupancy/squatting

0% of IDPs reportedly live in camps/camp-like settings

- 0% Managed formal/informal camps
- 0% Self-settled informal settlements
- 0% Transit sites
- 0% Collective centres

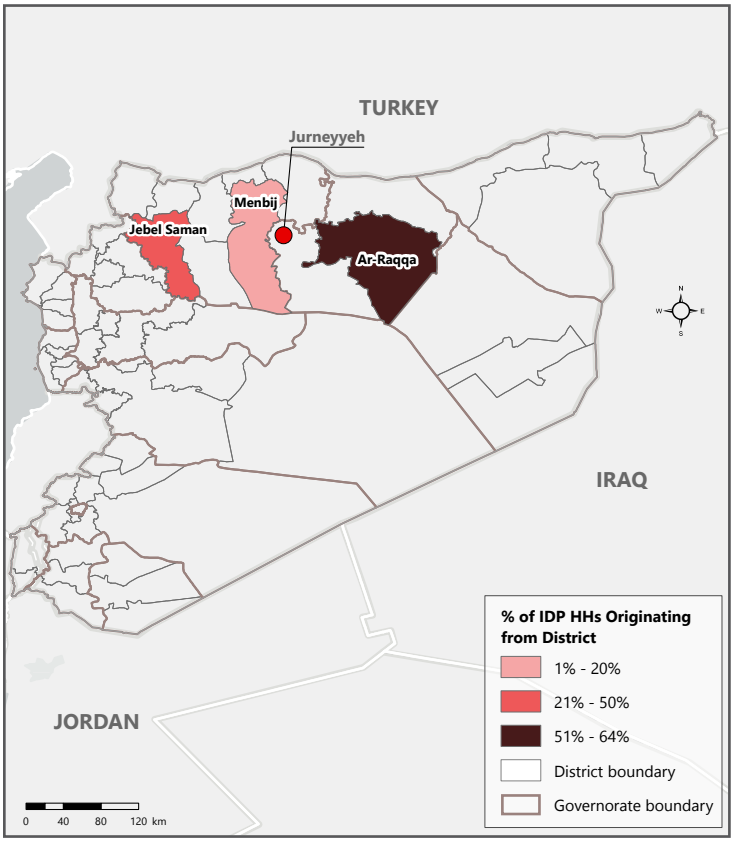
Recent displacement from the assessed area (as reported by community KI)

> **Approximately 5 HHs were displaced from the area in the 12 months prior to data collection, primarily due to loss of income. The majority reportedly moved outside of Syria.**

Anticipated future displacement from the assessed area (as reported by community KI)

> **Further displacement was expected in the weeks and months following data collection, primarily due to loss of income. Both non-displaced residents and returnees currently living in the area were expected to be at risk for new displacement.**

Map 3: IDP HH Districts of Origin (by % of surveyed IDP HHs)



COMMUNITY PRIORITIES

Triangulation of ABA data on community priorities and levels of HH satisfaction with basic services and infrastructures highlight high prioritisation of broader livelihoods support, as well as of improvements to access and quality of support and services across a number of other sectors, including healthcare, agriculture, electricity, water, education, sanitation, transportation/roads, and bakeries.

Data from CFGD and HH survey questions on priorities for community recovery emphasise that support for increased employment opportunities and business creation and growth is the highest priority. Findings indicate that community members seek support to build on the already existing capacities in the community in order to increase employment and boost the local economy.

Overall top priorities[5] for community recovery, as reported by HHs:

1. Improved employment opportunity access/quality
2. Improved energy/electricity access/ quality
3. Improved healthcare access/quality
4. Improved water access/quality
5. Support to agriculture

Priorities[6] for community recovery, as reported by CFGD participants:

1. Support to livelihoods
2. Improved education quality
3. Improved access to healthcare
4. Support to agriculture
5. Improved quality of roads
6. Improved waste water management
7. Improved access to electricity
8. Support to bakeries

Reported HH dissatisfaction with available services/ infrastructure (by % of surveyed HHs, sorted highest to lowest)

Service sector	% of HHs dissatisfied or very dissatisfied
Electricity	73%
Water quality (non-drinking source, if different)	58%
Transportation	57%
Healthcare	54%
Water quantity (non-drinking source, if different)	54%
Roads	41%
Education (boys)	39%
Markets	39%
Education (girls)	38%
Water quantity (drinking or all-purpose source)	35%
Financial services	29%
Sanitation (solid waste)	25%
Sanitation (wastewater)	20%
Water quality (drinking or all-purpose source)	13%

Healthcare was also high on the list of services that HHs were most dissatisfied with, and better access to facilities and improved quality of care was cited as the third most important area for improvement by both HH and CFGD participants.

In relation to recent negative impacts on local agricultural livelihoods, CFGD participants and surveyed HHs both listed agricultural support as a top priority for community recovery and increased resilience. Additionally, both CFGD and HH results also make clear that improved access to electricity is a top priority for the population, who noted that regular shortages impact HH basic needs as well as broader access to water, whether for HH, business, or agricultural activities.

Further, HH dissatisfaction with water quantity and quality was significant, especially for non-drinking sources where surveyed HHs resulting prioritised the improvement of access to quality water for the community's recovery

Additionally, CFGD findings point to the prioritisation of increased education quality and accessibility, expanded sanitation infrastructure, improved road quality, and support to bakeries.

KEY ISSUES & RECOMMENDATIONS

Livelihoods Issues: Lack of access to start-up capital and credit for business creation and expansion, skills gaps for available and potential opportunities, difficulty finding work for IDPs, youth, older persons, persons with disabilities, and female heads of HH.

Local Stakeholder Recommendations: Support for MSMEs[7] (especially youth, female/older heads of HH-run), vocational training and improved education, projects to improved ability to meet needs locally. Potential sectors for growth include electrical/gas/water/sewage, mechanical/electrical repairs, healthcare, IT and communications, and sweets manufacturing.

Market Issues: Exchange rate instability affecting market and financial service access, lack of market regulation, unaffordability and some unavailability of essential items (including bread), lack of access to financial services for some HHs.

Local Stakeholder Recommendations: Provision of cash for HH basic needs, support to bakeries, support for projects that improve the ability to secure goods locally.

Agriculture Issues: Unaffordability of quality seeds, fertilisers, and fuel, reduced access to water and increased irrigation costs, land degradation, crop disease, and deteriorated crop quality, reduced cultivation and lower crop yields, reduced farmer income, reduced agricultural employment opportunities.

Local Stakeholder Recommendations: Increased access to water for irrigation, , support for increased use of drip irrigation methods, provision of affordable fuel, seeds, and fertilisers, increased access to larger agricultural machinery, cash assistance to farmers.

Livestock Issues: Unaffordability of fodder and reduced pasture area, increased production costs for livestock holders, destocking and reduced livestock/livestock goods production, reduced livestock value and income, outbreak of livestock disease and lack of ability to treat, lack of sector management capacity.

Local Stakeholder Recommendations: Provision of vaccines, creation of a veterinary laboratory for analysis, increased access to affordable, quality fodder, increased livestock management skills and veterinary service availability.

Water Issues: Reduced access to electricity and pumping capacity result in network shortages and low output, high cost and poor quality of trucked water as an alternative source, reduced water levels of Euphrates River and local wells, insufficient water access for agriculture and livestock.

Local Stakeholder Recommendations: Improved pumping capacity for the piped network.

Sanitation Issues: Urban expansion has resulted in some HHs lacking sewer network connection, increased pollution due to network malfunctioning.

Local Stakeholder Recommendations: Maintenance of waste disposal infrastructure to match up with the growing urbanisation.

Healthcare Issues: Lack of local facilities and specialised services, unaffordability of travel, unaffordability of mediation/treatment costs and lack of public facilities, increased burden on local facilities due to COVID-19 and influx from surrounding areas.

Local Stakeholder Recommendations: Increased access and affordability of medications for HHs and local facilities, increased access to services locally, increased staff capacity, continued work to restore the public clinic, establishment of a medical centre to provide services to women, improvements to road quality for improved healthcare access.

Education Issues: COVID-19 disruptions and school closures, unaffordability and poor quality of locally-available services, lack of educational materials and resources, increased burden on local facilities due to influx from surrounding areas, higher access barriers for girls, IDPs, and children with disabilities.

Local Stakeholder Recommendations: Creation of low-cost kindergartens and special education facilities, rehabilitation of existing facilities, general improvement of affordability and quality (including better trained/specialised staff), provision of remedial courses for students who have dropped-out

Electricity Issues: Regular shortages and low capacity of public network, damage to network-related infrastructure and reliance on private fuel-operated generators for network, increased cost of electricity, unavailability or unaffordability of alternatives.

Data-Based Recommendations: Rehabilitation of network infrastructure for improved functionality and increased access.

Road and Transport Issues: Poor condition of local roads leads to increased travel time/cost and reduced access to services (especially healthcare), high cost of transportation, irregularity of transport availability/scheduling, overcrowding and lack of COVID-19 prevention measures.

Local Stakeholder Recommendations: Improvements to local roads, through paving and/or repairs, improved affordability and quality of transport options.

RESILIENCE: SHOCKS & STRESSES

To better understand what support is needed to increase resilience and foster community recovery in Jurneyyeh, it is essential to understand the key factors related to the types of negative shocks and stresses[8] experienced, the broader impacts of those shocks and stresses, and the perceived strengths and weaknesses of the community in adapting to and mitigating them. Findings detailed below summarize and triangulate qualitative resilience-focused data collected in KI interviews and in CFGD sessions.

Shocks and stresses most commonly reported to have negatively impacted community ability to recover in the previous 12 months (based on triangulated KI and CFGD data with word size relative to frequency reported and perceived importance of shock/stress)

The **depreciation of the Syrian pound (SYP)** was the most commonly reported shock affecting the community's ability to recover, with reported negative impacts on not only livelihoods and markets but also affecting shelter, healthcare, agriculture, and livestock due to price inflation. SYP depreciation reportedly led to trader monopolies on certain goods, without price controls in markets. The increased cost of items in markets further decreased the population's ability to afford their essential goods, leading to accumulation of debt, increased poverty and declining living conditions. The increased cost of rent was also a reported stress on HHs, stemming from general price inflation. Depreciation also contributed to dramatic increase in medication prices, increasing unaffordability of treatments for the population. Additionally, depreciation led to inflation of the cost of key agricultural inputs, impacting overall production (especially for barley and wheat), and effecting the livestock sector due to the decreased availability and increased cost of fodder.

Additionally, **COVID-19-related border closures** reportedly contributed to price inflation due to import unavailability which impacted not only food, NFI, and medication prices, but the prices of agricultural inputs like seeds and fertilisers which are commonly imported, and restricted import of barley for fodder. Border closure further entrenched trader monopolies, had a negative impact on local businesses, and contributed to increased unemployment.

Other **COVID-19 measures**, primarily lockdowns/curfews, further stressed local livelihoods and markets and impacted access to, education and healthcare. Lockdowns reportedly led to the (temporary) closure of markets and businesses and led to reduced access to income and employment in general as community members were not able to travel and were impacted by curfews. Covid-19 measures also included sporadic school closures, reportedly leading to student drop-out, and reduced healthcare access for those needing to travel outside the governorate for care.

Moreover, **drought** and wider regional water crisis[9] reportedly heavily impacted agricultural activities and weakened the livestock sector. In relation to agriculture, production and crop yields (particularly for barley/wheat) were negatively affected by drought conditions and reduced water access, and contributed to increased food prices in markets. Drought also reportedly led to desertification and land degradation, destruction of orchards and vegetation, spread of crop disease, and deterioration of crop quality. **High temperatures** also contributed to damage of fruit and vegetable crops.

The reduction in local production led to decreased income for farmers and, crucially, to reduced agricultural employment opportunities for labourers. Furthermore, it led to increased price of animal feed and contributed to the decreasing value of livestock. Drought and high temperatures also reportedly contributed to loss of pasture area and the spread of **livestock disease** which led to reduced herd sizes. Further, drought and water crisis, particularly lowered Euphrates River, impacted **access to electricity** which further affected access to water in the community.

Finally, infrastructural issues and **urban expansion** acted as development constraints.[10] Sanitation access was impacted by population growth as extension of wastewater infrastructure was unable to keep pace with urban expansion. Further, the **poor quality of roads** reportedly led to increased travel time and costs for the population, and resulted in damage to vehicles.

Most commonly reported community strengths in coping with and mitigating reported shocks/stresses (as most commonly reported by participants across different CFGD sessions)

Ability to borrow in times of need	Access to remittances	Self-reliance	Communal cooperation

Most commonly reported factors limiting the ability to cope with and mitigate reported shocks/stresses (as most commonly reported by participants across different CFGD sessions)

Unemployment and lack of livelihoods opportunities	Lack of support from authorities/ organisations	Climate factors	Discrimination in employment

Regarding the ability to respond to shocks and stresses, CFGD participants commonly reported that the ability to borrow or buy on credit, rely on remittances and cooperation between community members, and be self-reliant were key **strengths**. Conversely, lack of job opportunities, perceived hiring based on relations rather than skills, and general unemployment were noted by CFGD participants as **limiting factors** for the community's ability to adapt. They also cited a lack of support and climate-related factors such as drought as limiting the community's ability to mitigate shocks and stresses.

SOCIO-ECONOMICS, LIVELIHOODS, & MARKETS

ABA findings on shocks and stresses demonstrate that socio-economic, livelihoods, and market conditions in Jurneyyeh have been negatively impacted by SYP depreciation, COVID-19 measures and border closures, and by drought and regional water crisis (see pg. 8). Additionally, unemployment and lack of job opportunities were cited in the majority of CFGD sessions as a key weaknesses of the population in coping with and mitigating shocks and stresses.

Livelihoods support, including support for traditional agricultural and livestock livelihoods as well as for increased employment and new job/business creation more generally, was the top community recovery priority cited by both CFGD participants and surveyed HHs.

HH data underline the central importance of the agricultural sector for local livelihoods, where it is the most commonly mentioned primary HH income source, and the most common sector in which female HH members were earning income. The decline in local production, however, has led to reduced income and employment opportunities in this sector (see pg. 13). Of note, surveyed female-headed HHs reported agriculture only as a secondary income source, most commonly citing humanitarian assistance as their primary source.•

HH Income and Employment

Average monthly HH income[12] (by surveyed HH type)•

HH Type	Income amount
All HHs	296,196 SYP
Male-headed HHs	307,361 SYP
Female-headed HHs	230,000 SYP

Most common sector/source from which HHs primarily earn income (by % of surveyed HHs)

1	Agriculture	16%
2	Real estate/construction	11%
3	Crafts	7%
4	Security/police/military forces	6%
5	Hospitality industry	5%

60% of surveyed HHs did not earn income from other sectors/sources

Reported primary employment arrangement through which majority of HH income is earned (by % of surveyed HHs)

- 36% Self-employment/entrepreneurship
- 26% Informal day-to-day work agreements (verbal)
- 18% Longer-term formal employment agreements (written, 1 month+)
- 18% Informal long-term work agreement (verbal)
- 1% Short-term formal employment agreement (written, less than 1 month)
- 1% Prefer not to answer

23% of surveyed HHs reported the presence of unemployed[11] adult male HH members

Most common reasons for male HH member unemployment (by % of the 23% of HHs reporting)♦

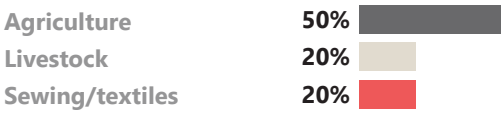
- 100% General lack of employment opportunities
- 52% Lack of employment opportunities matching skills
- 10% Lack of information about employment opportunities
- 5% Homemaker/looking after household members

90% of surveyed HH reported no adult female HH members earning income

Most common reasons for female HH members not earning income (by % of the 90% of HHs reporting)♦

- 44% Homemaker/looking after household members
- 41% General lack of employment opportunities
- 36% Lack of employment opportunities matching skills
- 10% Family does not allow them to work

Most commonly reported sources from which female HH members were actively earning income (by % of the 10% of HHs reporting)♦



Nearly two-thirds of surveyed HHs reported they did not earn income from additional sources. However, among HHs who did, loans/credit (14%) and agriculture (9%) were most commonly reported. More than 40% of surveyed female-headed HHs reported secondary sources, most commonly citing loans/credit and agriculture.

Data indicate a significant level of male unemployment, with more than 20% of HHs reporting unemployed male HH members. HH data also highlight a lack of female employment, with 90% of HHs reporting that no female HH members were actively earning income. A general lack of opportunities and lack of skills fitting available opportunities were among the most commonly-cited reasons for both genders. However, for women in Jurneyyeh, family and household duties act as the most common barrier to employment.

Additionally, CFGD participants reported that IDPs face higher barriers than residents when searching for employment, where lack of connections and lack of civil documentation (see pg. 24) put them as a disadvantage and largely limit them to daily wage work opportunities. Persons with disabilities were also reported to face challenges finding work, due to a lack of appropriate opportunities locally. Further, older persons, youth, and female heads of HH also reportedly face challenges finding employment and earning sufficient income.

In seeking employment outside of the community, KI estimates indicate that 1-20% of the local workforce migrates daily to other areas for work, most commonly to work in the trade/transport, education/childcare, and livestock sectors.

HH Expenditure & Ability to Meet Needs

Average monthly HH expenditure vs HH income (by surveyed HH type)

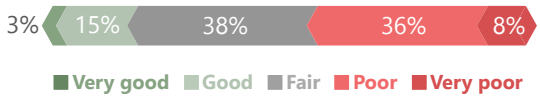
HH Type	Expenditure	Income
All HHs	460,184 SYP	296,196 SYP
Male-headed HHs	487,595 SYP	307,361 SYP
Female-headed HHs	295,714 SYP	230,000 SYP

The average surveyed HH reported a monthly expenditure amount 2.1 times their reported monthly income

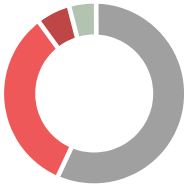
Top HH expenditure categories and average expenditure amounts (by average % of monthly income of surveyed HHs)

	Average % of HH monthly income	Average monthly HH expenditure
Food	106%	225,104 SYP
Healthcare & medication	37%	65,151 SYP
HH non-food items (NFIs)	20%	49,302 SYP
Education	13%	24,539 SYP
Agriculture/livestock/ productive assets & inputs	7%	21,354 SYP

Reported HH ability to meet basic needs[13] over the previous 3 months (by % of surveyed HHs)



Reported change in HH ability to meet basic needs over the previous 3 months (by % of surveyed HHs)



57% No change
33% Some deterioration
6% Significant deterioration
4% Some improvement
0% Significant improvement

ABA results show that HHs in Jurneyyeh often struggle to meet needs due to increased prices, reduced purchasing power, low income and lack of employment opportunities. Indeed, findings show that income is generally insufficient, where 78% of surveyed HHs reported a monthly expenditure amount that was higher than their reported monthly income.

More precisely, the average HH's reported expenditures were more than twice (2.1 times) their reported income. Average food expenditures alone equalled 106% of reported HH income.

Further, 44% of HHs said that their ability to meet basic needs in the 3 months before data collection had been poor or very poor; 35% of surveyed female-headed HHs reported the same.

In order to cope, HHs most commonly resort to borrowing money and taking on debt, reported by 77% of HHs. CFGD participants felt that the reliance on borrowing, however, was a negative strategy as it leads to the accumulation of debt and to psychological pressure from inability to repay. Among surveyed HHs, 85% reported being in debt and only around 40% reported they would be able to repay it in the following 6 months. Participants noted that residents are more often able to borrow or buy items on credit to cope, where IDPs lack the same social capital to do so.

In addition to taking on debt, CFGD findings point to sale of asset (land/property/livestock) as a coping strategy, in addition to working longer hours, buying lower-quality goods and cheaper alternatives, or adjusting food consumption practices. CFGD participants also mentioned that HHs may send children to work in agriculture and that men may resort to emigrating out of the area/country to find work. Only 2% of HH reported that children in their HH were currently earning an income.

In addition, participants noted that among other food consumption adjustments, HHs may reduce infant formula use, giving children half the required amount, or use other mixtures which causes a lack of growth.

Most commonly reported coping strategies for inability to afford basic needs used by HHs in the previous 3 months (by % of surveyed HHs)

1	Borrowing money	77%
2	Decreasing non-food expenditures	45%
3	Adjusting food consumption practices	14%
4	Purchasing items on credit	10%
5	No coping strategies used	6%

Reported presence of HH debt and savings (by % of surveyed HHs)

85% of surveyed HHs reported being in debt at the time of data collection. 79% of surveyed female-headed HHs reported being in debt.

→ **43%** of those HHs reported having the capacity to repay their debt in the next 6 months

14% of surveyed HHs reported having liquidated savings at the time of data collection. 29% of surveyed female-headed HHs reported having savings.

→ **29%** of those HHs reported their savings decreased over the previous 12 months

Most commonly reported primary HH financial decision maker (by % of surveyed HHs)

The median recorded USD/SYP exchange rate for Jurneyyeh in July 2021 was 3,180 SYP (REACH, Joint Market Monitoring Initiative, July 2021)

Local Business & Livelihoods Opportunities

HH data indicate that, despite the commonality of work in agriculture, a range of other sectors are present in Jurneyyeh, including construction, crafts, trade/transport, and restaurants/cafés among a number of others. The livelihoods KI estimated that the majority (65%) of businesses are micro, with few medium-sized businesses and no large businesses present. Indeed, CFGD participants noted that, although capacities do exist in Jurneyyeh, additional support and resources are essential to economic, business, and job growth.

While only 9% of surveyed HHs reported that they were currently running their own business, nearly 20% reported having considered doing so. However, HH findings show that the absence of start-up capital was the most commonly-reported challenge both for HHs currently running a business and those considering starting one. Additionally, among the 9% of HHs who owned businesses, market limitations like high store front rental costs or lack of places to display goods was among the more common challenges. The KI noted that lack of start-up capital and access to credit were the primary barriers for women, youth, and IDPs in running businesses.

In relation to barriers to finding employment more broadly, a lack of opportunities matching existing skills was commonly cited by HHs. Outside of agricultural skills, HHs most commonly reported HH members with skills related to tailoring/embroidery/crafts (16% of HHs) construction/building repair (15%), teaching (15%), and sales/marketing (11%). Findings indicate that increased and expanded skill sets could help generate local business to fill gaps that are currently being filled through markets in other communities.

Estimated number and size of active local businesses (as reported by livelihoods KI)

150
# of active businesses

65% Micro (owner/family)
30% Small (1-4 employees)
5% Medium (5-9 employees)
0% Large (10+ employees)

Reported economic sector change and need (as reported by livelihoods KI)

None reported	New economic sectors in previous 12 months
None reported	Previously-existent economic sectors
Electrical/gas/water/sewage waste Machinery/mechanics/repairs	Needed economic sectors (in demand but not currently available)

Non-agricultural/livestock products produced as an income source in the community (as reported by livelihoods KI)

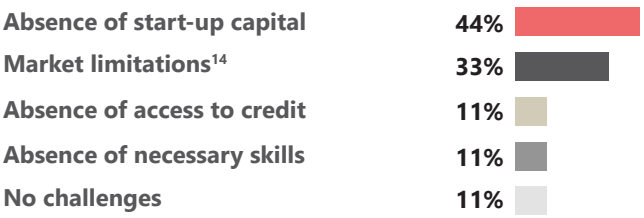
- Woodwork ✓
- Metalwork ✓
- Clothing and shoes ✓

Support for improved woodwork and clothing and shoes production would reportedly benefit community recovery most

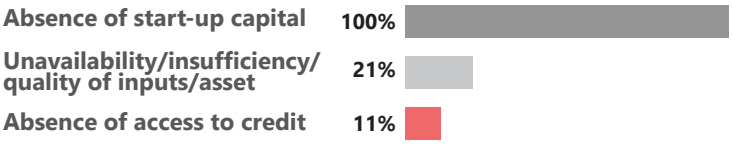
HHs who have started or considered starting their own business (by % of surveyed HHs)

71% No, have not considered it
17% Yes, but have not started
9% Yes, currently running a business
2% Yes, started but no longer active

Most commonly reported primary challenges to running HH businesses (by % of the 9% of HHs reporting)



Most commonly reported primary factors preventing HH members from starting/continuing businesses (by % of the 19% of HHs reporting)



Primary vocational training needed for improved employment opportunities (as reported by livelihoods KI)

Women	Youth	IDPs
Crafts/tailoring/ embroidery	IT/computing	Not sure
Beauty/grooming	Communications/ mobile repair	
Medical skills	Medical skills	

Indeed, ABA findings show that goods and service gaps exist in the fields of healthcare, mechanical and electrical repairs, electrical/gas/water/sewage, IT and communications, and sweets manufacturing, among others. Relatedly, the KI reported that women and youth could be trained in medical skills like nursing in order to increase their employability. Further training in crafts/tailoring/embroidery and beauty/grooming would also reportedly benefit women, while IT/computing and communications/mobile repair would benefit youth.

Further, a number of non-food items are produced in Jurneyyeh, where the KI noted that support for improved production of woodwork and clothing/shoes would benefit the community most.

Recommendations: CFGD participants and the livelihoods and markets KIs prioritised support to small and medium businesses, especially those run by youth, and female and older heads of HH. Additionally, vocational training and improved education are needed to increase employability as are livelihoods projects that enable community members to meet more of their needs locally.

Markets & Financial Services

Jurneyyeh hosts a sizeable area of small shops, two larger supermarkets, and a livestock market and all surveyed HHs reported having access to food and NFI markets in Jurneyyeh or other areas.

However, nearly 40% of HHs were dissatisfied with markets, where issues with price fluctuations, monopolies and lack of market regulation, and unaffordability of goods were commonly cited in CFGDs and by HHs. Participants noted that some essential items were missing from markets or available in limited amounts. It was mentioned that bread allocations are insufficient and support to bakeries is needed.

Additionally, 22% of HHs reported lacking access to financial services completely. Among those that reported access, fluctuating exchange rates and affordability of service fees were the most common issues.

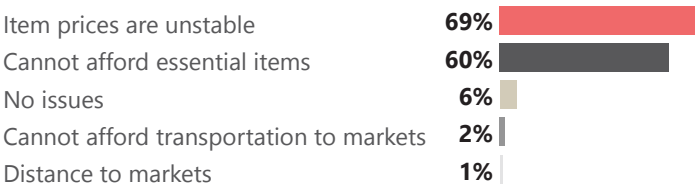
Recommendations: The markets KI emphasised the need for cash assistance to support HHs in meeting basic needs, support for bakeries, and support for projects that increase ability to secure goods locally.

Reported HH ability to access markets in assessed and/or nearby communities (by % of surveyed HHs)

100% Able to access both food and NFI markets

39% of surveyed HHs with access reported being dissatisfied or very dissatisfied with market accessibility and quality and availability of items

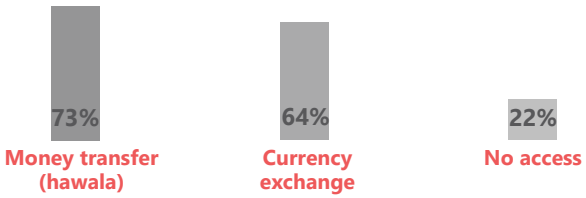
Most commonly reported issues with markets in assessed and/or nearby communities (by % of the 100% of HHs reporting)



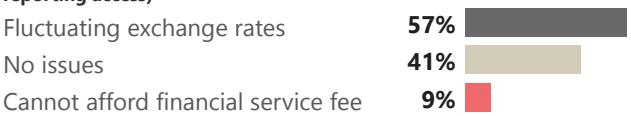
Primary market functionality barriers (as reported by markets KI)

- Unstable exchange rate causes frequent price fluctuation
- Market limitations (e.g. high price of rental shops, lack of space to display goods)
- Border closure

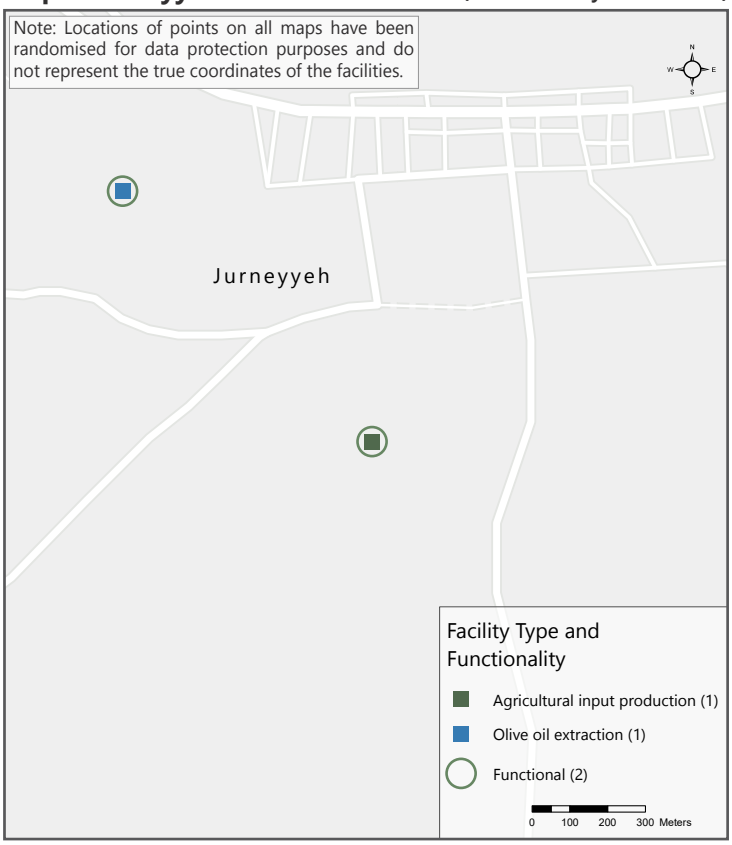
Reported HH access to access financial services in assessed and/or nearby communities (by % of surveyed HHs)



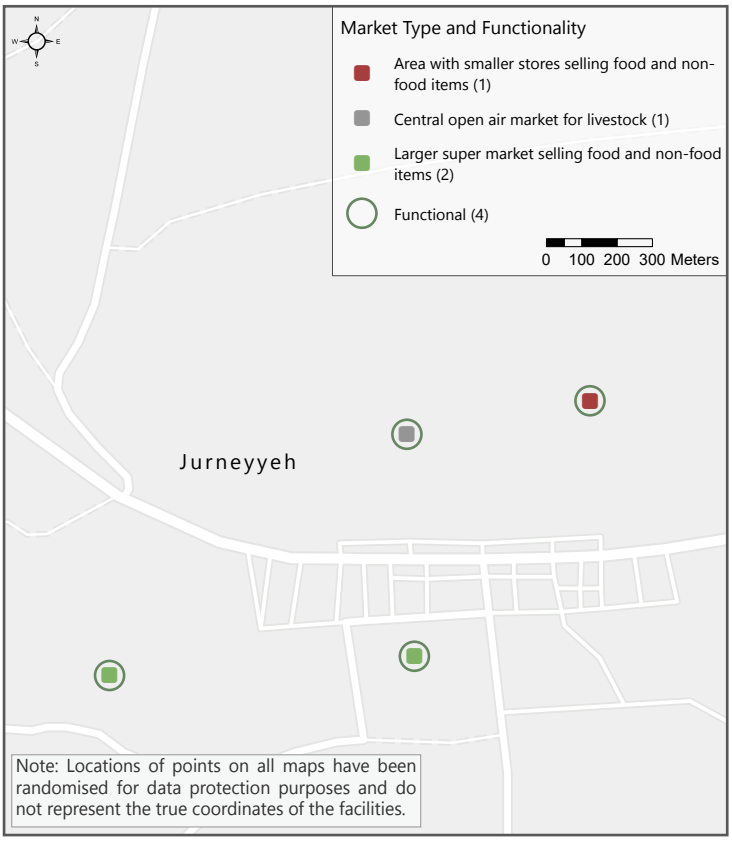
Most commonly reported issues with financial services in assessed and/or nearby communities (by % of the 78% of HHs reporting access)



Map 4: Jurneyyeh Industrial Facilities (as identified by livelihoods KI)



Map 5: Jurneyyeh Market Points (as identified by markets KI)



AGRICULTURE

As the most common source of HH income for Jurneyyeh's population (see pg. 9), agricultural support was a clear priority expressed by surveyed HHs and CFGD participants, particularly in the face of drought and increasing input and operations costs. Indeed, participants and the agricultural KI emphasised that the sector and local livelihoods, had been greatly impacted by the increased cost of key inputs such as seeds, fertilisers, and fuel, as well as by reduced water access.

Among the 27% of surveyed HHs that reported owning and/or leasing agricultural land, barley and olives are the most common crops grown. Additionally, data show that HHs primarily produce crops for income rather than for household consumption alone (reported by only 15% of HHs owning/leasing land), and that female adults are the most common HH members involved in agricultural/livestock activities. Similarly, agriculture was the most commonly-reported sector from which employed female HH members were earning an income, demonstrating that women are a key part of the agricultural labour force. However, only 14% of surveyed female-headed HHs* reported owning and/or leasing land.

What crops are produced by HHs are most commonly processed outside of Jurneyyeh, purchased from farmers by local authorities, wholesalers, or consumers at markets, and are largely sold at other markets in Ar-Raqqa governorate.

Agricultural Livelihoods & Land Ownership

16% of surveyed HHs reported agriculture as their primary income source

9% of surveyed HHs reported agriculture as a secondary income source

HH agricultural land ownership and/ or leasing from others (by % of surveyed HHs)

- 73% No land is owned or leased
- 26% Land is owned
- 1% Land is owned and leased
- 0% Land is leased

14% of surveyed female-headed HHs reported owning or leasing agricultural land*

23 dunams*

Average number of dunams owned and/or leased by surveyed HHs

Agricultural Production

Primary HH members involved in agricultural and/or livestock production activities (by % of the 27% of HHs owning/renting land and/or livestock)

Female adults (25-59)	65%
Male adults (25-59)	24%
Female young adults (18-24)	9%

Irrigation methods and barriers (as reported by agriculture KI)

- Primary: Surface flood
- Secondary: Drip, sprinkle/spray
- Barriers: Drought, boreholes do not provide adequate water, alternative water sources are too expensive

Reported crops HHs primarily earn income from (by % of the 27% of HHs owning/renting land for agriculture)

1	Barley	38%
2	Olives	31%
3	Other vegetables	23%
4	HH consumption only (no income)	15%
5	Wheat	15%
6	Tomatoes	12%
7	Cotton	4%

> **The majority of locally-grown crops are processed outside Jurneyyeh and sold in other markets within the governorate, with most common buyers being local authorities, wholesalers, and consumers at markets, as reported by the agricultural KI**

Apart from the problems with agricultural water supply due to drought and the decline in local water resources (see pg. 16), the economic crisis and poor past agricultural seasons have resulted in lower incomes and purchasing power for farmers in the region, making key agricultural inputs unaffordable. In particular, CFGD participants and said that quality seeds, fertilisers, and fuel were unaffordable, a fact echoed by KI data. Participants and the KI further noted that such inputs are commonly imported from outside of Syria and that COVID-19-related border closures reduced availability and increased prices.

The high cost of fuel for operating machinery and irrigation also contributed to increased production costs for farmers. In order to cope with increasing costs, KI and CFGD data indicate that farmers often decrease the amount of land they cultivate and reduce their use of fertilisers, leading to decreased crop yields overall (especially for barley). This is echoed by remote sensing findings on crop land change (see chart on pg.17), indicating that cultivated land in Jurneyyeh decreased by more than 40% between 2020 and 2021.

* 100 dunams is equal to 1 hectare

Agricultural Management & Capacity

Primary actors involved in agricultural management for the assessed area and their roles (as reported by agriculture KI)

Agricultural Committee (Jurneyyeh Local Council)

Also known as the "Farmer's Union", responsible for resolving complaints received from local Farmer's Associations, distribution of fuel, and providing agricultural support.

Presence of community agricultural groups in the assessed area (as reported by agriculture KI)

Farmers Associations: Coordinate between local farmers and the Agricultural Committee.

Reported local agricultural management capacity (as reported by agriculture KI)

- Sufficient technical knowledge and skills ✓
- Needed inputs/equipment are available ✗
- Needed services are available ✗

Inputs/equipment needed: quality seeds/planting materials, fertilisers, drip irrigation system

Services needed: pest/disease prevention and control

Reduced production and crop yield not only results in lower income for farmers, but significantly impacts employment opportunities in the community as less agricultural labour is needed. It also contributes to reduced availability and affordability of fodder for livestock (see pg. 15), and exacerbate price increases for food in local markets.

Additionally, CFGD participants noted that drought and high temperatures led to land degradation, destruction of orchards and vegetation, spread of crop disease, and deterioration of crop quality.

In relation to management capacity for the sector, KI data point to gaps in inputs, equipment, and service availability. While the Jurneyyeh LC's Agriculture Committee is reportedly responsible for general agricultural support, addressing complaints and issues from Farmers' Associations, and distributing subsidised fuel for licensed projects, there remain issues securing quality seeds and fertilisers. In addition, the KI reported that agricultural management capacity suffers from lack of drip irrigation systems and pest/disease prevention and control services to support farmers.

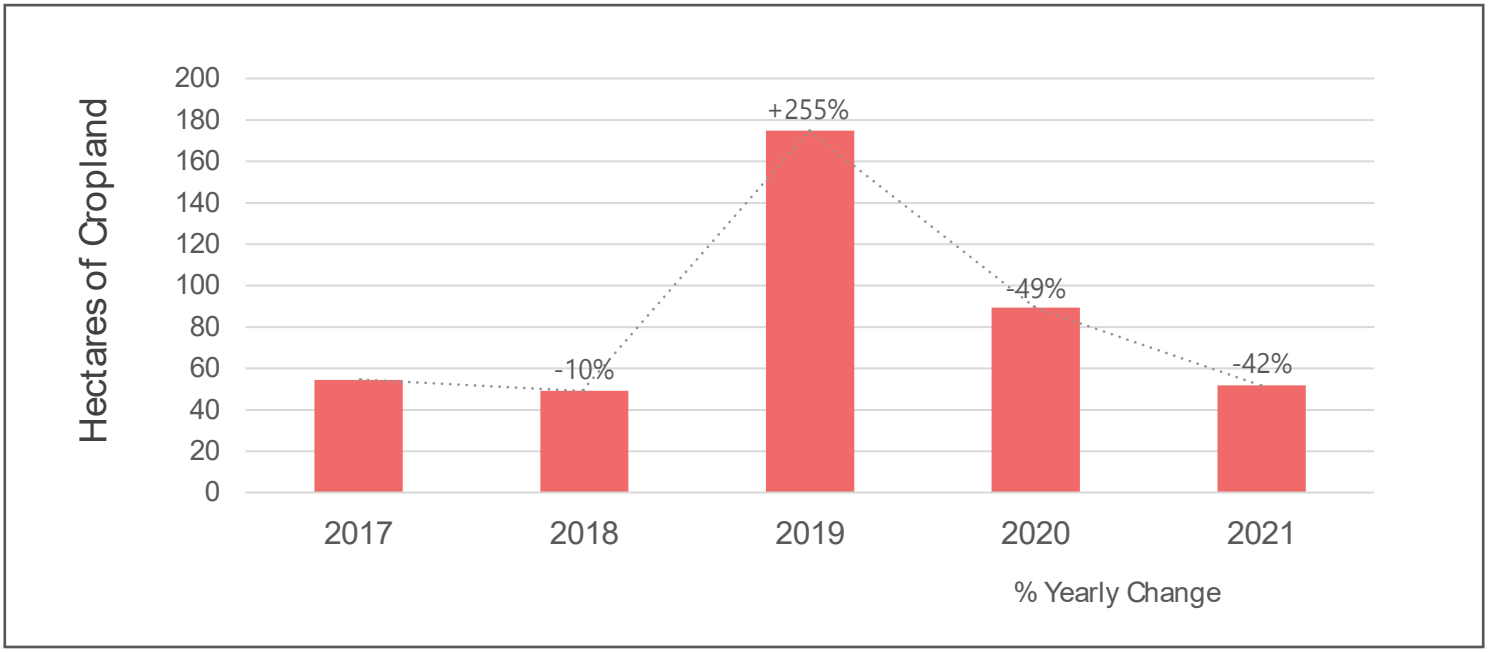
Recommendations: The agriculture KI and CFGD participants pointed to a need for increased access to water for irrigation, provision of affordable fuel, seeds, and fertilisers, support for increased use of drip irrigation methods, increased access to larger agricultural machinery, and cash assistance to farmers.

Key Agricultural Issues

Key reported agricultural issues (as reported by agriculture KI)

- **Unaffordability of seeds, fertilisers, and fuel**
- **Reduced access to and increased cost of water**
- **Land degradation, crop disease, deteriorated crop quality**
  - → **Reduced cultivation and crop yields, reduced income**
  - → **Reduced availability of agricultural employment**

Yearly Cropland Change in Assessed Area (based on remote sensing cropland area data - see pg. 26)



LIVESTOCK

CFGD participants noted that livestock ownership can be a strength for the community, particularly acting as an asset to be leveraged when coping with economic shocks and stresses. However ABA data highlight that the unaffordability of fodder and reduced pasture area, the outbreak of livestock disease, and the lack of access to veterinary medications and treatments have acted as significant challenges to the sectors productivity.

CFGD participants noted that, decreased agricultural production (see pg. 16) led to increased prices for fodder and other feed. They also noted that drought, high temperatures, and population expansion into traditional grazing areas resulted in decreased availability of pasture areas. Further, participants noted that border closures, and the reduced ability to import feed and fodder inputs, had a negative impact on overall livestock value as holders ultimately saw reduced profit in comparison to increased production costs.

To cope with increased costs, livestock holders reportedly restored to destocking, or selling some of their animals at low prices in order to reduce overall herd size and afford the needed inputs. Destocking further contributed to the reduced value of local livestock and reduced income for livestock holders. In addition, production of livestock goods was reduced and prices for such goods generally increased, leading to reduced affordability for the population and fewer sales for producers.

Livestock Livelihoods & Ownership

3% of surveyed HHs reported livestock as their primary income source

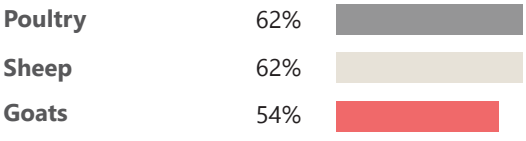
5% of surveyed HHs reported livestock as a secondary income source

HH livestock ownership (by % of surveyed HHs)

13% Yes
87% No

14% of surveyed female-headed HHs reported owning livestock

Types of livestock and animals owned by surveyed HHs (by % of the 13% of HHs owning livestock)



Primary types of livestock feed used (reported by livestock KI)

Wheat/barley fodder
Forage (hay/silage)
Crop residue

Livestock Goods Production

Livestock/animal products currently produced as an income source in the community (as reported by livestock KI)

- Meat
- Eggs
- Milk
- Cheese/yogurt

Support for improved cheese/yoghurt and milk production would reportedly benefit community recovery most

The majority of locally-produced livestock goods are processed locally, sold in other markets within Jurneyyeh community with the most common buyers being retailers and direct consumers, as reported by the livestock KI

Further, the KI noted the outbreak of Foot-and-mouth disease, Peste des Petits Ruminants, and Smallpox among local herds. However, the sector lacks formal management and the KI noted a significant lack of capacity in relation to skills, inputs, and services, where livestock holders do not have the needed resources and support to adequately deal with disease and other challenges.

Recommendations: The livestock KI cited a need for provision of vaccines and for the creation of a veterinary laboratory for analysis. KI data also point to the need for increased access to affordable, quality fodder and increased livestock management skills and veterinary service access.

Livestock Management & Capacity

Primary actors involved in livestock management for the assessed area and their roles (as reported by livestock KI)

No management — No actors are reportedly responsible for management of the local livestock sector.

Reported local livestock management capacity (as reported by livestock KI)

- Sufficient technical knowledge and skills
- Needed inputs/equipment are available
- Needed services are available

Training needed: basic medical care/vaccine administration, climate-adaptive animal farming techniques, breeding/reproduction best practices, milking/dairy processing best practices

Inputs needed: quality fodder, routine vaccines

Services needed: vaccination campaigns, specialised veterinary services, fodder provision

Key Livestock Issues

Key reported livestock issues (as reported by livestock KI)

- Lack of affordable fodder, decreased pasture area
  - → Destocking of herds, reduced production
  - → Declining livestock value, income
- Outbreak of livestock disease and lack of ability to treat

WATER

Exacerbated by regional water crisis and broad price inflation, ABA data highlight a lack of access to sufficient quantities of safe water due to difficulties with available infrastructure, insufficient electricity, and high cost of trucking. Insufficiency impacts HH, agricultural, and livestock activities and, as a result, improved water access was cited by surveyed HHs and CFGD participants as a top recovery priority.

With the vast majority of HHs relying on the piped network for drinking or all-purpose water, issues with the functionality Jurneyyeh's primary water station in Shams Al-Din and its associated networks have significant impacts on quantities of water available. Regular shortages and insufficient pumping pressure were reported by more than a quarter of surveyed HHs, a similar percentage as reported having insufficient water to meet basic needs in the previous 3 months.

CFGD participants noted that access to sufficient water is limited by restricted access to electricity during periods when Euphrates River water levels drop and power from hydroelectric dams has to be rationed. With Shams Al-Din station powered by these dams, pumping capacity can reportedly be severely affected. Participants also noted that the network piping also impacts overall water pressure.

HH Water Usage & Sufficiency

Most commonly reported primary source for drinking or all-purpose water (by % of surveyed HHs)

- 93% Piped water network
- 6% Public tap/standpipe
- 1% Private water trucking

35% of surveyed HHs were dissatisfied or very dissatisfied with source quantity

13% of surveyed HHs were dissatisfied or very dissatisfied with source quality

Most commonly reported primary source for non-drinking water, if different (by % of the 24% of HHs who reported using a different primary source for non-drinking water than for drinking water)

- 62% Private borehole/well
- 38% Private water trucking

54% of surveyed HHs were dissatisfied or very dissatisfied with source quantity (if different)

58% of surveyed HHs were dissatisfied or very dissatisfied with source quality (if different)

Water network infrastructure is reportedly present but water supply is insufficient in assessed area, according to water KI

Most commonly reported HH water issues (by % of surveyed HHs)♦

1	No issues	50%
2	Regular network shortages	28%
3	Not enough pressure to pump water	26%
4	Not enough containers to store water	18%
5	Pumping not frequent enough	12%

Quality issues with primary source (network) (as reported by water KI) | None reported

Issues with the network lead to increased reliance on alternative sources such as private wells and water trucking, especially for non-drinking water, as seen in HH data. Additionally, CFGD participants noted that a smaller number of HHs on the town's outskirts lack connection to the network, leaving them dependent solely on other, more expensive sources. Of particular concern, participants emphasised that the price of trucked water is extremely high and the quality of the water is very poor, having a bad colour and being largely untreated. Participants also CFGD participants noted that IDPs are more affected by water insufficiency overall.

CFGD and HH data demonstrate that insufficiency not only leads to increased water expenditure, but also to other negative coping strategies such as reduction of drinking water consumption, water collection from irrigation canals, and adjusted hygiene practices.

Additionally, participants said that drought and water crisis have led to decreased water resources, including from the nearby Euphrates and from local wells, which has had an additional impact on agriculture and livestock production. KI data indicate that the quantity of water available for agricultural and livestock is partially insufficient due to lack of rain, reduced well/borehole water levels, pumping inefficiency, and high costs. Insufficiency reportedly contributed to decreased agricultural production (see pg. 13), increased food and fodder prices, and a weakened livestock sector (see pg. 15). Participants reported that some community members installed a pump and piping directly from the Euphrates to irrigate their land while most farmers relied on drilling additional wells to cope.

24% of surveyed HHs reported insufficient water for basic needs in previous 3 months

Most commonly reported coping strategies for a lack of water used by HHs in the previous 3 months (by % of the 24% HHs reporting insufficiency)♦

1	Reduce non-drinking water consumption	75%
2	Borrow water from friends/family	33%
3	Rely on previously stored drinking water	17%
4	Spend money usually spent on other things to buy water	13%
5	Reduce drinking water consumption	4%

Agriculture & Livestock Water Usage and Sufficiency

Agriculture (reported by agriculture KI)

Primary water source: Private boreholes/wells

Secondary water sources: None

Agricultural water sufficiency: Partially insufficient

↳ **Causes:** Drought/lack of rain, boreholes not providing adequate quantities of water, alternative sources too expensive,

Reported impacts: Decreased production, decreased agricultural employment, increased prices of food and fodder, decreased production of livestock

Livestock (reported by livestock KI)

Primary water source: Private boreholes/wells

Livestock water sufficiency: Partially insufficient

↳ **Causes:** High cost of water, alternative sources too expensive, not enough pressure to pump sufficient water

Reported impacts: Decreased production of livestock/goods, destocking of livestock, decreased livestock health, increased mortality

Water Management Actors & Capacity

Primary actors involved in water management for the assessed area and their roles (as reported by water KI)

Water Department (Jurneyyeh Local Council)	Responsible for pumping water and carrying out repairs to water lines, in coordination with authorities in Al Tabqa city

Reported local water management capacity (as reported by water KI)

- Sufficient number of staff ✓
- Sufficient technical knowledge ✓
- Sufficient technical skills ✓
- Needed tools/equipment are available ✓

Key Water Issues

Key issues and reported causes of water insufficiency (as reported by water KI)

- **Insufficient network functionality**
- **Lack of access to electricity, poor pumping efficiency**
- **Reduced water levels of nearby Euphrates, local wells**
- **High cost and poor quality of trucked water**

Recommendations: The water KI pointed to a need for improved pumping capacity for the piped network.

SANITATION & WASTE MANAGEMENT

CFGD findings suggest that improved access to sanitation infrastructure and services, particularly for wastewater, is a key factor in community recovery. Sanitation issues primarily relate to the breakdown of sewer networks or the complete lack of access to them in some areas of the community.

While data confirm that the majority of HHs (73%) rely on sewer networks for wastewater disposal, not all HHs have access as evidenced by the fact that 23% of HHs reported lacking connection; the sanitation KI explained that population growth and urban expansion have not been matched by network expansion. CFGD participants noted this is the case particularly on the town's southern outskirts and said that population growth has stressed the infrastructure, further pointing to damage to the system that results in malfunction.

Most commonly reported primary method of HH wastewater disposal (by % of surveyed HHs)

- **72%** Connection to sewer network
- **23%** Connection to septic tank or soak pit
- **5%** Surface run-off

20% of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of waste water disposal methods/services

Sewer network infrastructure reportedly present in assessed area but 21%-40% of HHs are not connected, according to sanitation KI

Most commonly reported primary method of HH solid waste disposal (by % of surveyed HHs)

- **88%** Free public waste collection
- **9%** Waste is burnt
- **2%** Waste is disposed of by HH to dumping location
- **1%** Paid private waste collection

25% of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of solid waste disposal methods/services

Most commonly reported HH sanitation and waste management issues (by % of surveyed HHs)

1	No issues	56%
2	Sewage system does not reach HH	17%
3	Waste collection services too infrequent	17%
4	Solid waste in the streets	11%
5	Sewage system needs cleaning	8%

Functional educational facilities in assessed area without access to adequate sanitation facilities for students and staff (as reported by education KI)

Public primary school(s)

Sanitation Management Actors & Capacity

Primary actors involved in sanitation management for the assessed area and their roles (as reported by sanitation KI)

Jurneyyeh Municipality (Affiliated with Al Tabqa Supreme Council)	Responsible for sewer network cleaning and maintenance and for solid waste collection. Jurneyyeh LC receives sanitation complaints from the population and relays them to the Municipality.

Reported local sanitation management capacity (as reported by sanitation KI)

- Sufficient number of staff ✓
- Sufficient technical knowledge ✓
- Sufficient technical skills ✓
- Needed tools/equipment are available ✓

Key Sanitation Issues

Key sanitation issues and impacts (as reported by sanitation KI)

- **Not all HHs connected to sewer networks**
  - → **Increased reliance on soak pits, septic tanks, surface run-off**
- **Breakdown and malfunction of sewage system**

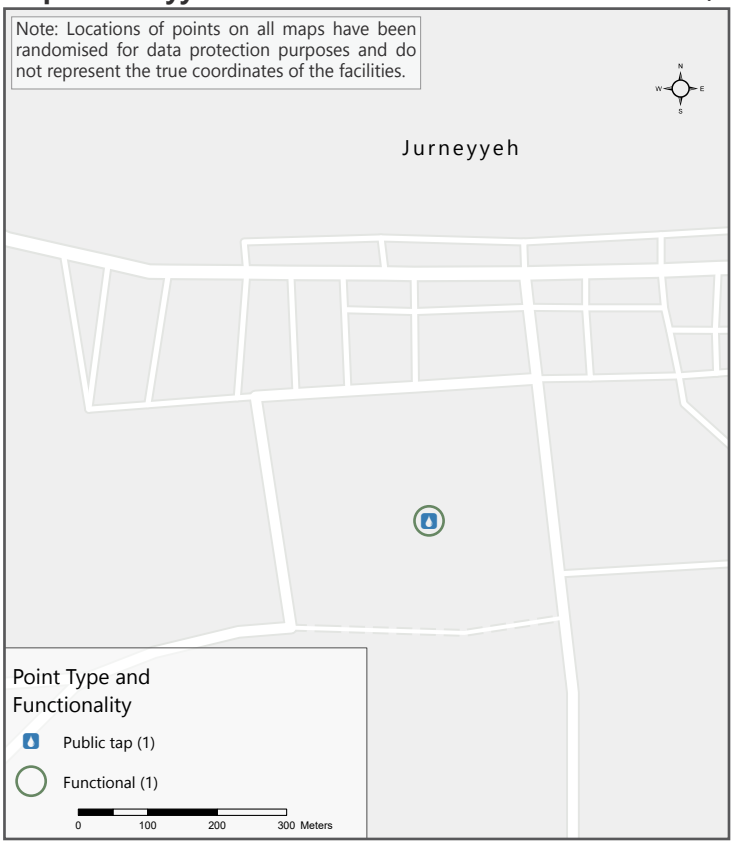
According to participants, these issues lead to increased reliance on less hygienic disposal options such as soak pits, which may have unsafe or ineffective coverings, and leading to contamination and public health risks.

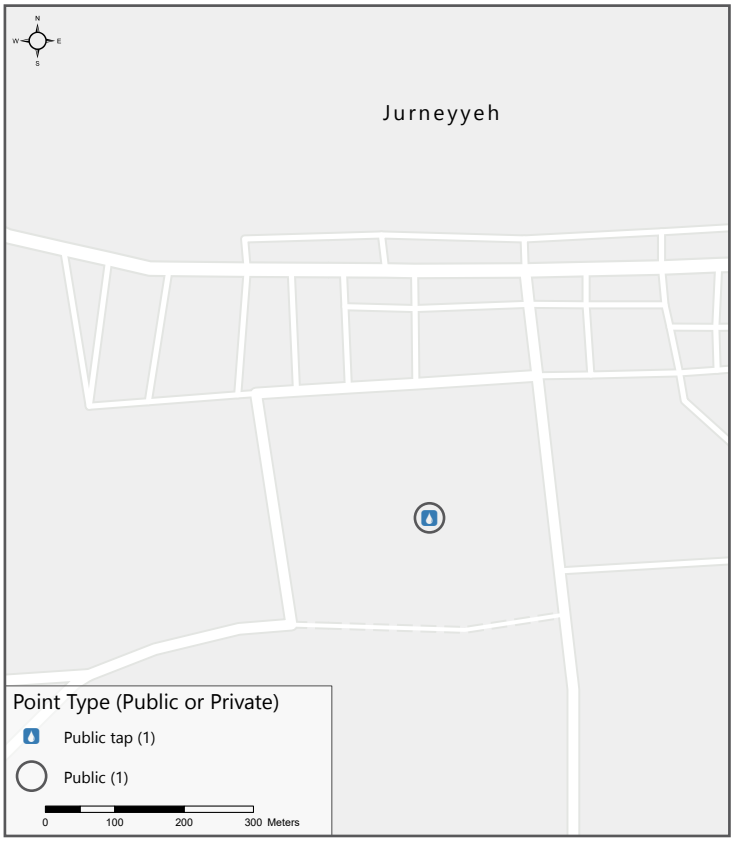
The sanitation KI noted that the LC had reached out to the municipality and the Al Tabqa Supreme Council for support with the extension of the sewage network and also noted that the amount of needed for equipment and parts had increased.

In relation to solid waste, the majority of surveyed HHs (88%) reported primary reliance on free public collection, carried out by Jurneyyeh Municipality according to the KI. However, some households noted issues with quality of available services, most commonly reporting that waste collection services are too infrequent and the presence of solid waste in the streets.

Recommendations: The sanitation KI and CFGD participants indicated the need for rehabilitation and expansion of the sewage system and its networks, where the KI also pointed to increased need for equipment and parts.

Map 6: Jurneyyeh Water Points and Sanitation Facilities (as identified by water and sanitation KIs)





HEALTHCARE

ABA findings highlight the high prioritisation of healthcare solutions, where improved healthcare access and quality was among the most common priorities mentioned in CFGDs and HH surveys. Data point to lack of access to quality healthcare, due to lack of high-functioning local facilities, the associated need to travel for care, and issues of unaffordability of medication and treatment. This results in high levels of HH dissatisfaction (more than 50% of HHs dissatisfied) and increased health risks for the population.

Jurneyyeh hosts a number of functional medical facilities, including private clinics, a private medical lab, and pharmacies, as reported by the healthcare KI. However, the range of services available at these facilities is reportedly limited according to HH and KI data, leading community members to seek more specialised care from hospitals in other locations such as Al Tabqa or Menbij cities. In fact, 22% of HHs reported the lack of specialised services was an issue they had experienced.

However, not all HHs can afford the additional costs associated with travel, meaning their access to care remains limited. This is reflected in issues reported by surveyed HHs, where 47% reported inability to afford travel costs, and 34% cited the distance to facilities as a challenge.

Beyond issues with availability of facilities and services, the affordability of medication and treatment were of high concern to both CFGD participants and HHs, where these were the top two most commonly-reported HH issues. Beyond SYP depreciation, the KI cited border closures as having significantly impacted medication availability and cost, noting that prices had doubled. This is exacerbated by the lack of public clinics in Jurneyyeh, were the KI reported the public clinic is no longer functional due to lack of staff, medication, and equipment.

Local Healthcare Facilities & Services

Functional healthcare facilities present in the assessed area (as reported by healthcare KI)

Public hospital	✗
Private hospital	✗
Public clinic	✗
Private clinic	✓
Public medical laboratory	✗
Private medical laboratory	✓
Pharmacy	✓

Healthcare services available in facilities in the assessed area (as reported by healthcare KI)

Medical advice/consultation	✓
Laboratory services	✓
Routine vaccination	✓

HH Healthcare Access & Issues

HH access to a functioning clinic (by % of surveyed HHs)

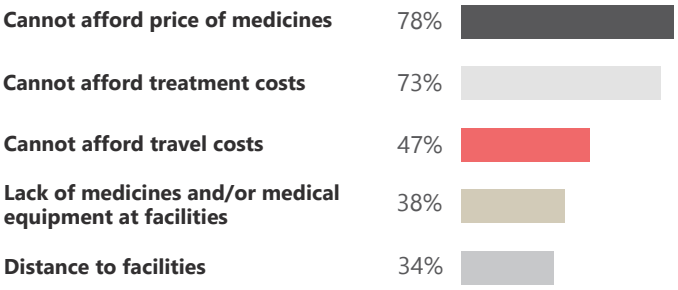
- 52% Access only in assessed area
- 45% Access in assessed area and other communities
- 3% Access only in other communities
- 0% No access

HH access to a functioning hospital (by % of surveyed HHs)

- 5% Access only in assessed area
- 1% Access in assessed area and other communities
- 94% Access only in other communities
- 0% No access

54% of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of healthcare services in these facilities

Most commonly reported issues with available healthcare services (by % of surveyed HHs)



63,151 SYP
Average monthly healthcare and medication expenditure of surveyed HHs

Further, additional pressure is placed on Jurneyyeh's healthcare system as it is often the closest location with functional facilities for patients from nearby locations, who also commonly find further travel unaffordable. Participants also highlighted that increased demand due to COVID-19 has worsened access and contributed to deterioration of public health; 23% of HHs reported that facilities are overcrowded.

With regards to coping strategies, CFGD participants most commonly said that community members borrow or take loans to afford medicine and treatment, leading to accumulation of debt. Some participants also noted that people sometime collect money to support treatment costs for poor families, especially in cases of surgical operations. They noted that people also resort to herbal remedies as they are cheaper, or seek care at a pharmacy rather than seeing a doctor.

The KI reported that in order to cope, people may take less than the required dose of medications and doctors sometimes do not utilize the required radiology or medical analysis in order to limit the financial burden on the patient. IDP participants perceived that they experience more difficulties affording medication than residents, but are sometimes able to buy medication on credit from pharmacies.

CFGD participants stated that persons with disabilities and older community members face unique health vulnerabilities, primarily the lack of specialised healthcare and lack of specialized centres and other services. Participants also pointed out that older community members face higher risk of COVID-19 and other illness/disease, and reportedly suffer from the general unavailability of medicines and unaffordability of healthcare.

Healthcare Management & Capacity

Primary actors involved in healthcare management for the assessed area and their roles (as reported by healthcare KI)

Health Committee (Jurneyyeh Local Council)	Responsible for monitoring and regulating medicine prices and healthcare services, providing licenses for facilities' operation.
Syrian NGOs	Provide support to restore the public clinic

Reported local healthcare management capacity for facilities in the assessed area (as reported by healthcare KI)

- Facilities have sufficient number of staff ✓
- Staff have sufficient training/qualifications ✓
- Facilities have sufficient supplies/equipment ✓
- Facilities have sufficient medication ✓
- Facilities have sufficient clean water ✓
- Facilities have sufficient electricity ✓

Key Healthcare Issues

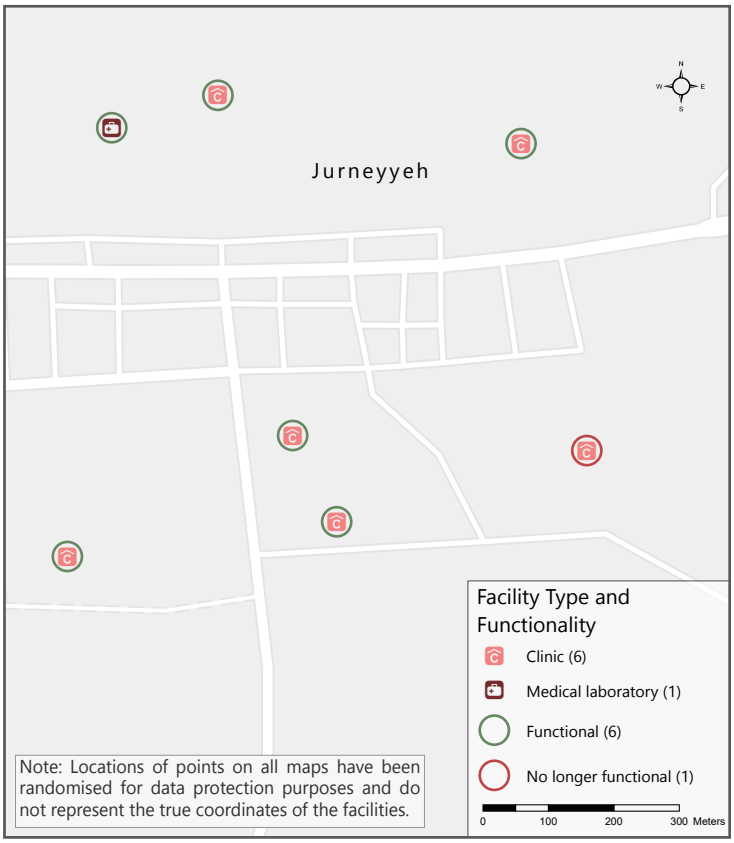
Key reported healthcare issues (as reported by healthcare KI)

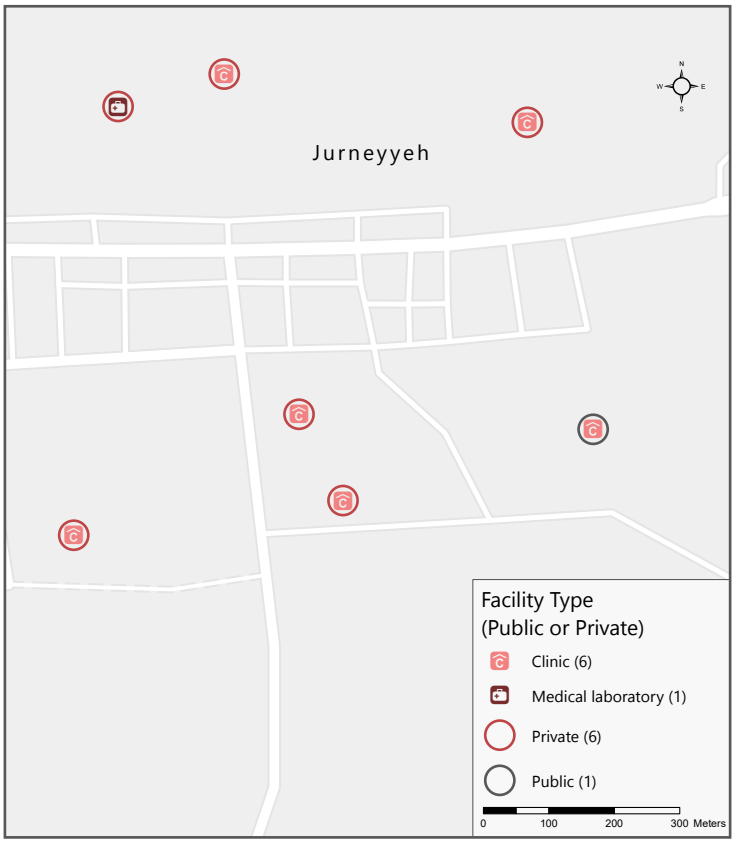
- **Lack of specialised services in local facilities**
  - → **Travel for care creates additional cost**
- **Unaffordability of medication/treatment and lack of public care options**
- **High demand due to COVID-19 and utilisation of facilities by patients from surrounding area**

KI data confirm that the Health Committee of the Jurneyyeh LC is responsible for healthcare management within the area, reportedly monitoring medicine prices, regulating healthcare services, and providing operation licenses for facilities. However, while the healthcare KI did not indicate any specific gaps in sector management capacity, HH and KI data point to issues with the sufficiency of staff, equipment, and medication available at facilities, and lack of ambulance services.

Recommendations: CFGD participants and the healthcare KI that support for provision and affordability of medications to HHs and local facilities is needed, as is continued work to restore the public clinic and general increased access to services locally. They also cited a need for the establishment of a medical centre to provide services to women, particularly in relation to pregnancy, birth, and post-partum care. Additionally, participants reported that increased staff capacity would be beneficial and that improvements to road quality would support faster healthcare access, particularly in relation to emergency and hospital transfers.

Map 7: Jurneyyeh Healthcare Facilities (as identified by healthcare KI)





EDUCATION

Education is a high priority for Jurneyyeh's community members, where improving access to affordable, quality schooling was frequently cited in CFGDs as the most important factor for community recovery and improved conditions. Indeed, findings point to perceptions of low quality of available education, largely due to high demand and limited resources, and to issues resulting from costs associated with education and periodic COVID-19-related school closures.

While HHs generally have access to public primary, secondary, and high school facilities in Jurneyyeh, quality of education as a key issue; 38% of surveyed HHs with children reported facing issues with the quality of education and CFGD participants stated that the current education system is ineffective. According to CFGD, HH, and KI data, issues with quality seem to result from a lack of sufficient core educational materials and supplies and with staff capacity and quality, as well as a lack of adequate sanitation infrastructure (see pg. 18).

Additionally, Jurneyyeh's facilities are among the few functioning schools in the wider sub-district, particularly for secondary and high school education. As such, the influx of students from surrounding areas puts additional pressure on Jurneyyeh's schools and resources. Further, KI and CFGD findings highlight that COVID-19 measures have significantly affected the education community, where periodic closures have led to drop-outs. Some HHs reportedly resort to private education, an option which is unaffordable for most of the population.

Completion, Literacy, & Attendance

Estimated % of adults (18+) who have completed primary, secondary, and high school education (as reported by education KI)

Level completed	Adult men	Adult women
Primary (years 1-6)	61%-80% (most)	21%-40% (less than half)
Secondary (years 7-9)	21%-40% (less than half)	1%-20% (few)
High school (years 10+)	1%-20% (few)	1%-20% (few)

Estimated % of literate male and female adults (18+) (as reported by education KI)

61% - 80%
Most male adults are reportedly literate

21% - 40%
Less than half of female adults are reportedly literate

Estimated % of school-aged children (5-17) not attending; primary reasons for non-attendance (as reported by education KI)

21% - 40%
Less than half school-aged boys are reportedly not attending

- Distance to educational facilities
- Families lack financial resources to afford education

41% - 60%
Around half school-aged girls are reportedly not attending

- Distance to educational facilities
- Girls marry and do not finish their education
- Families do not allow girls to attend

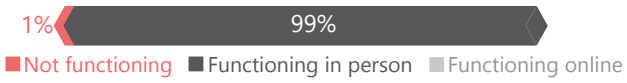
Local Education Facilities

Functional education facilities present in the assessed area (as reported by education KI)

Public childcare/early education	✗
Private childcare/early education	✗
Public primary schools (years 1-6)	✓
Private primary schools (years 1-6)	✗
Public secondary schools (years 7-9)	✓
Private secondary schools (years 7-9)	✗
Public high schools (years 10+)	✓
Private high schools (years 10+)	✗
Public universities	✗
Private universities	✗

HH Education Access & Issues

Functionality, in previous 3 months, of schools typically used by HHs (by % of the 80% of surveyed HHs with school-aged children)



HH access to a functioning primary school (by % of the 80% of surveyed HHs with school-aged children)

- 57% Access only in assessed area
- 42% Access in assessed area and other communities
- 0% Access only in other communities
- 1% No access

HH access to a functioning secondary school (by % of the 80% of surveyed HHs with school-aged children)

- 58% Access only in assessed area
- 40% Access in assessed area and other communities
- 0% Access only in other communities
- 1% No access

HH access to a functioning high school (by % of the 80% of surveyed HHs with school-aged children)

- 40% Access only in assessed area
- 46% Access in assessed area and other communities
- 6% Access only in other communities
- 5% No access
- 3% Not sure/not applicable

39% of surveyed HHs were dissatisfied or very dissatisfied with quality of education for boys in accessible facilities

38% of surveyed HHs were dissatisfied or very dissatisfied with quality of education for girls in accessible facilities

Most commonly reported issues with available education services and their roles (by % of the 73% of surveyed HHs with school-aged children with access to services)

Quality of education	38%
Cannot afford price of services and/ or materials	26%
No issues but children do not attend school	26%
Lack of teaching staff	15%
Quality of management staff	15%

Additionally, in the face of wider economic crisis the cost of educational supplies and services is often unaffordable for families, reported by more than a quarter of surveyed HHs. CFGD participants noted that the cost of services, particularly private, is a barrier to meeting educational needs, and noted that the poor economic conditions leads to children being withdrawn from school for financial reasons.

Data show that girls and women more commonly suffer from lack of education, where the education KI data suggest a lower attendance rate for school-aged girls compared to boys. Estimated educational attainment rates for adult women also reflect disparity with men, and data point to early marriage and family restrictions as key unique barriers for female education. Additionally, participants also noted that IDP children and children with disabilities also suffer from restricted education access due to economic vulnerability.

Recommendations: CFGD participants cited a need for low-cost kindergartens and special education facilities, rehabilitation of existing facilities, and general improvement of affordability and quality including better trained/specialised staff. The KI noted a need for remedial courses for students who have dropped out.

Education Management & Capacity

Primary actors involved in education management for the assessed area and their roles (triangulated KI and MFGD data)

Education Committee (Affiliated with Al Tabqa Education Directorate)	Responsible for managing schools, distributing books and staff salaries, and conducting training courses for teachers.

Reported local education management capacity for facilities in the assessed area (as reported by education KI)

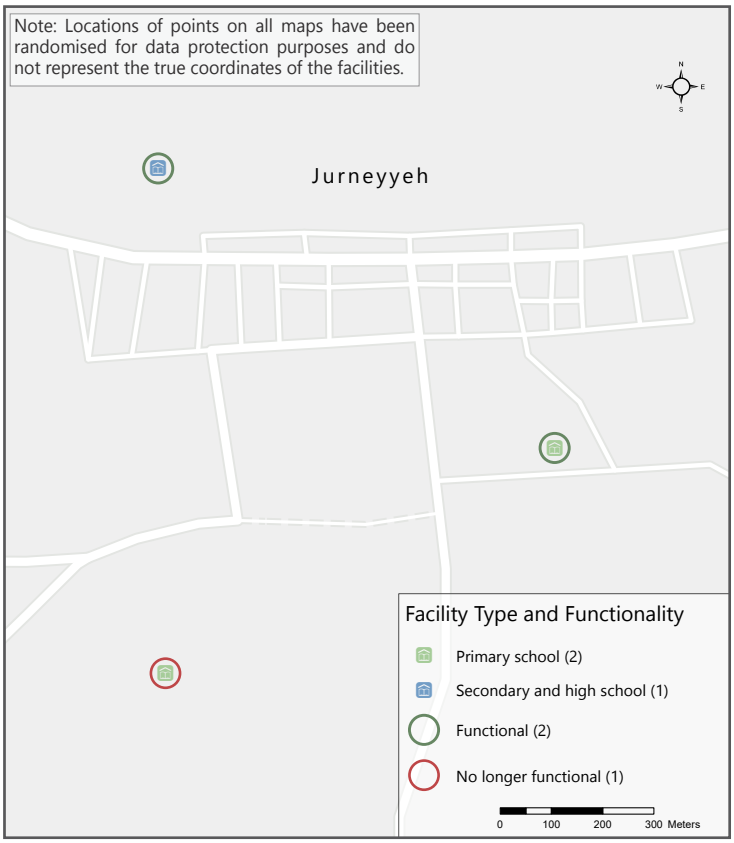
- Facilities have sufficient number of staff ✓
- Staff have sufficient training/qualifications ✓
- Facilities have sufficient supplies ✗
- Facilities have sufficient desks and/or chairs ✓
- Facilities have adequate sanitation access ✗
  - ✗ Lack of core curriculum textbooks and materials, writing supplies

Key Education Issues

Key reported education issues (as reported by education KI)

- Unaffordability and perceived low quality of services
- COVID-19-related suspension of education services
  → Increase in student drop-outs
- Pressure on local facilities due to influx of students from surrounding areas

Map 8: Jurneyyeh Education Facilities (as identified by education KI)



ELECTRICITY

Support for improved access to electricity was among the most commonly cited community recovery priorities for both surveyed HHs and CFGD participants, where electricity was also among the services and infrastructures with the highest levels of HH dissatisfaction (73% of HHs dissatisfied).

While all surveyed HHs reported reliance on the network as their primary source of electricity, 83% of HHs reported experiencing issues with network shortages. This was echoed by CFGD participants who commonly attributed insufficient access to low network capacity, where the network reportedly operates only 4 hours per day and where alternative sources are unavailable or unaffordable.

Low network capacity reportedly relates to damage to the electrical grid and central generators, leading to dependence on private, fuel-operated generators to power the network at a higher cost. In order to cope with network insufficiency, participants noted that the general population tend to depend on batteries when the network is not operational, while a smaller number of HHs with good socio-economic situations are able to utilize private generators and solar panels as secondary sources.

Additionally, KI and CFGD data indicate that insufficient electricity not only impacts HH's ability to meet basic needs, but also impacts access to water (see pg. 16) and affects Jurneyyeh's economy as operational costs for business owners are increased, leading to higher market prices for services and locally-manufactured goods.

Recommendations: Findings indicate a need for rehabilitation of network infrastructure for improved functionality and increased access.

HH Electricity Access & Issues

HH primary source of electricity (by % of surveyed HHs)

100% Main network

73% of surveyed HHs were dissatisfied or very dissatisfied with quality of available electricity sources

12,818 SYP Average monthly electricity and fuel expenditure of surveyed HHs

Most commonly reported HH issues with available education services (by % of surveyed HHs)♦

Regular shortages/low output	83%
Solar panels are unaffordable	52%
Fuel for generators is unaffordable	30%
Generators are unavailable	13%
No issues	9%

ROADS & TRANSPORTATION

Improvements to local roads was among the community recovery priorities listed by CFGD participants, where issues with the quality of roads was an issue reported by 72% of surveyed HHs. Additionally, nearly 60% of HHs reported dissatisfaction with available transportation services, most commonly in relation to their affordability.

According to CFGD participants, many roads in the area are unpaved or in need of repair, resulting in accidents and damage to vehicles, requiring HHs to spend more on repairs . Participants also emphasised that poor conditions lead to increased travel times and costs and, crucially, the delayed transfer of patients to nearby medical facilities.

While all surveyed HHs reported having access to transportation services, 77% reported they are unaffordable. Additionally, more than 40% of HHs reported that the irregular availability of these services was an issue. HH data also point to issues with overcrowding and CFGD participants highlighted the lack of COVID-19 preventive measures and social distancing is absent in the public transportation.

Recommendations: CFGD participants prioritised improvements to local roads (paving/repairs) to reduce travel time and cost, and to increase access to services in other areas. Additionally, data indicate the need for improved affordability and quality of transport options.

HH Road & Transportation Access & Issues

41% of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of roads in and around their community

Most commonly reported HH issues with roads in and around community (by % of surveyed HHs)♦

Poor conditions of roads and/or sidewalks	72%
No issues	26%
Lack of lighting	24%
Inadequate road connectivity	4%

Availability of transportation services for HH use in the assessed area (by % of surveyed HHs)

57% of surveyed HHs that reported availability of transportation services were dissatisfied or very dissatisfied with quality and availability

Most commonly reported HH issues with available transportation services (by % of the 100% of HHs reporting availability)♦

1	Cannot afford cost of transport	77%
2	Irregularity/infrequency	41%
3	Overcrowding	22%

PROTECTION

CFGD participants noted that all groups in the community are affected by movement restrictions and are vulnerable to thefts related to poverty and/or drug use. However, it was reported that IDPs, older community members, and youth (especially men) are more affected by movement restrictions, largely in connection with lack of documentation, and where youth are also impacted by military conscription. Additionally residents, youth, and children are most at risk of drug use and youth most at risk of being involved in theft due to the poor economic situation.

In relation to protection risks and specific vulnerabilities experienced by different groups, female and child-headed HHs, older community members, and IDPs are reportedly at higher risk of extreme poverty, leaving them more vulnerable to contexts in which other types of risks are present.

IDPs also more commonly experience housing, land and property issues, where CFGD participants, including those form IDP sessions, reported that IDPs face land/property disputes with the resident population, are denied property ownership, face exploitation in relation to rental prices, and are more commonly exposed to issues with their shelters. Residents were also reported to be at risk of land and property issues, both in relation to disputes with the IDP population as well as wider social conflicts within the resident community over property.

Additionally, youth and children (especially girls and IDPs) are reportedly at particular risk of early marriage, and children (especially boys) are vulnerable to child labour

Risks, Safety, and Security

Population groups facing unique protection risks in the assessed area (as reported by CFGD participants)

All groups	Movement restrictions, vulnerability to theft, housing insecurity
Children	Child labour, early marriage (especially IDPs), risk of drug abuse
Youth	Movement restrictions, lack of documentation, military conscription, risk of drug abuse, risk of involvement in petty theft, early marriage
Older persons	Movement restrictions, lack of documentation, lack of medical support, extreme poverty
Persons with disabilities	Lack of specialised care and services, stigmatisation and social alienation
IDPs	Movement restrictions, lack of documentation, housing insecurity, land and property disputes, discrimination, extreme poverty
Residents	Land and property disputes, risk of drug abuse
Female and child-headed HHs	Extreme poverty

Aspects of living in the assessed area that make participants feel safe (as most commonly reported by CFGD participants)

Familial and kinship relations | Stable security situation | Strong community ties between HHs | Good IDP-resident relationship

Aspects of living in the assessed area that make participants feel unsafe (as most commonly reported by CFGD participants)

Economic insecurity | Lack of improvement of conditions | Housing instability | Fear of increased thefts

Housing, Land, & Property Issues

Reported presence of HHs affected by housing, land, and/or property issues (by % of surveyed HHs)

- No problems
- Affected by issues accessing property/land documentation
- Affected by changes in regulations regarding property/land
- Affected by others occupying property/land
- Prefer not to answer

Civil Documentation

CFGD participants noted that IDPs, youth, and older persons more commonly lack documentation, leading to movement restrictions and reduced access to resources such as assistance, fuel distributions, etc.

Additionally, older community members and persons with disabilities face challenges due to lack of specialised services and medical support. Persons with disabilities reportedly also face stigmatization and social alienation and fear of COVID-19 was also mentioned as an additional risk for these groups.

Beyond this, when more broadly asked what factors made them feel safe in their community, CFGD participants (both residents and IDPs) most commonly cited the presence of family in the community. Also commonly cited were the generally good security and safety situation in the area, strong community relations between HHs, the good relationship between IDPs and the host population, the stable security situation

When asked about aspects of life in the community that made them feel unsafe, the most frequently mentioned were the poor economic situation and price inflation, housing instability, and the lack of improvement in conditions, and the fear that economically-motivated thefts and crime would increase. Youth CFGD participants also stated that they felt unsafe due to issues with local security authorities and IDPs felt unsafe because of movement restrictions related to civil and sponsorship documentation.

SOCIAL COHESION

When asked about the relationship between resident and IDP populations, participants in nearly all CFGD sessions described it as being positive or as having no negative aspects. In particular, IDP participants who reported this said that there is sympathy between the groups, that they live like one family and that and that residents provide support to help IDPs meet their basic needs.

However, participants in one IDP session said that the relationship has been negative since their arrival, saying there is suspicion towards IDPs, that there are disputes over land/property, and that there is discrimination in employment where residents are always given preference for jobs. Even among groups that noted a positive relationship overall, participants said that there can be momentary tensions, especially around food or bread distributions where residents may perceive that the assistance only benefits IDPs. Additional points of tension around housing instability of IDPs were noted, where the group is seen to have fewer resources and is more affected by rising rent and the wider housing insecurity that also affects residents.

Factors with the ability to increase or create social tensions
(as reported by CFGD participants)

Continued discrimination in employment | Tribal/clan disputes | Economic disparities and increasing rent | Discrimination in aid provision

Beyond the resident-IDP relationship, participants in several CFGDs reported that there were tensions between residents due to long-standing conflict over agricultural lands, where there are disputes over the property borders. These specific tensions reportedly only occur between residents as IDPs dot generally own property or land.

Participants in one session also noted that there can be tensions between IDPs and Heads of Commune due to the perception that the Heads' relatives and residents in general are favoured during dealings and registrations with aid organisations. Participants from another session mentioned tension between residents and humanitarian organisations based on the perception that the organisation's targeting was based on favouritism rather than need or other legitimate criteria which caused problems in the community.

When asked about factors that may negatively impact relations in the community, several groups reported that discrimination in the job market with instances of hiring based on favouritism rather than qualifications creates divides between clans and community members. Disputes amongst clans or tribes, economic disparities and increasing rent, and discrimination with regards to aid were other reported factors. Additionally, it was noted that the IDPs' financial conditions are very poor, where tensions could emerge if they are not supported.

In relation to the perceptions of longer-term recovery and resilience-oriented interventions, the majority of CFGD participants emphasized that the most important thing for the community is improving the living situation, basic services, and livelihoods. Participants in several groups said that there would be no issues so long as the distributions are fair and help everyone and it could help if food or non-food items are not distributed and aid is transferred to supporting larger projects or infrastructure. However, some participants expressed that it could cause tensions if the most vulnerable are not seen as being supported, or if both IDPs and residents are not seen to benefit.

COMMUNITY GROUPS & PARTICIPATION

Presence and of community groups in the assessed area
(as reported by community, agricultural, and livestock KIs)

Group Type	Reported Presence
Civil Society Groups	✓
Women's Groups	✓
Youth Groups	✓
Agricultural Groups	✓
Livestock groups	✗

Interviewed KIs reported the presence of civil society groups, and groups related to women, youth, and agriculture, specifically mentioning those connected to or supported by the Local Council such as the Women's Committee and the Youth Association (see pg. 1), as well as local Farmer's Associations (see pg. 14).

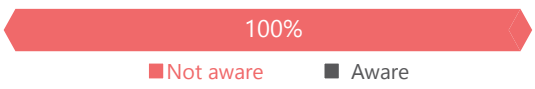
In terms of community members' participation in wider social, economic and political life, CFGD participants from all population groups noted no barriers to social participation. IDP and resident participants said that all community members attend public meetings and that everyone has the right to participate.

However, participants reported barriers to economic participation, most commonly citing issues around public employment opportunities and barriers related to unfair hiring practices that are seen to favour relatives or residents. Additionally, persons with disabilities face more difficulty in movement and there is a lack of appropriate job opportunities for them.

Relating to political participation, participants in most CFGDs noted no barriers. However, some IDP groups said that IDPs face difficulties participating in decision-making because of their status, and some participants noted that is not seen by residents as being appropriate for IDPs to work as Heads of Commune or share in decision-making. Generally, residents are seen to be most involved in local decision-making but some IDP participants said there is no issue for IDPs to be involved in decisions related to IDPs, adding that they would typically be involved in such cases,

Findings also suggest that community members have low awareness of meetings and planning related to local recovery, with all surveyed HHs reporting they were not aware of any such activities having taken place in the previous 12 months. It is unclear whether this is due to general low public awareness or to the actual absence of such activities.

HH awareness of community-level local recovery meetings and/or planning in previous 12 months (by % of surveyed HHs)



ENDNOTES

♦ Respondents could select all answers that applied, thus findings might exceed 100%.

♦ Respondents could select up to three answers, thus findings might exceed 100%.

• Disaggregated findings for male- and female-headed HHs, as well as for returnee HHs, are not based on representative sampling and should therefore only be seen as providing an indication of the situation among such HHs.

1 Hylke E. Beck, et al., Present and future Köppen-Geiger climate classification maps at 1-km resolution, October 2018.

2 Armed Conflict Location & Event Data Project (ACLED), Syria Dataset (2017-2022), Accessed January 2022.

3 For the purposes of this assessment, returnee HHs were defined as those who had previously been displaced from their community of origin (the assessed location) for more than one month, regardless of length of time since their return. Non-displaced residents may include those who were displaced for short periods of time (less than 1 month) and are not considered returnees under the above definition.

4 Respondents were asked to indicate how many of the members of their HH (including themselves) had the following conditions to the extent that they interfere with daily life: difficulty seeing even when wearing glasses, difficulty hearing even if using a hearing aid, difficulty walking or climbing stairs, difficulty with self-care (bathing or dressing), difficulty remembering or concentrating, difficulty communicating in their usual language (understanding or being understood).

5 Overall findings for top reported reasons/factors were calculated using the borda-count method. Using this method each HH ranks their top 3 choices among the answer options. Those answer options then get "points" according to their places in the HH ranking (i.e., 3 points for 1st place, 2 points to 2nd place and 1 point to 3rd place). The analysis output then displays the % of points for each answer option, including the survey weights, where the options with the highest % of points are listed as the overall top reported.

6 CFGD participants were asked to identify and rank the top three most important priorities for community recovery and increased ability to adapt to and mitigate shocks and stresses. In order to present the findings as a ranked list, each priority that was mentioned was weighted by how commonly it was mentioned across different CFGD sessions as well as by whether it was listed as the 1st, 2nd, or 3rd most important recovery priority. The displayed ranking is relative and all listed priorities were seen as among the top factors for recovery by CFGD participants.

7 MSME is an acronym for "micro, small, and medium enterprises".

8 For this assessment, shocks were defined as "sudden onset, high-impact events usually of a limited duration", while stresses were defined as "slow onset events or changes ... that undermine development outcomes". These definitions are based on Mercy Corps' STRESS Guidance Note where further information and examples of shocks and stresses can be found (Mercy Corps, STRESS: Strategic Resilience Assessment Guidance note, July 2017).

9 REACH, Briefing Note: Situation Overview in Northeast Syria, June 2021.

10 In relation to resilience, a development constraints are defined as "factors that limit, inhibit or reverse positive achievements towards development goals and objectives" (Mercy Corps, STRESS: Strategic Resilience Assessment Guidance note, July 2017).

11 Respondents were asked if any of the adult male (18+) members of their HH were currently unemployed and actively looking for work.

12 Respondents were asked to report the average monthly cash income over the previous 3 months from all sources for their HH (including salary, pension, benefits, trade, remittances, etc.).

13 Full answer choices were as follows: Very good (can easily meet all basic needs), Good (can meet basic needs), Fair (can meet basic needs with some difficulties), Poor (Cannot easily meet basic needs), Very poor (cannot meet basic needs at all).

14 Examples of market limitations include high prices of shop rental and lack of spaces to display goods.

Cropland Area and Yearly Change Data

The data on cropland area displayed on pg. 14 were derived from annual cropland maps (2017-2021) produced by UNOSAT. These maps were generated based on optical satellite imagery (Sentinel-2, Landsat 8, MODIS), radar imagery (Sentinel-1), optical indices including the Normalized Difference Vegetation index (NDVI) and the Normalized Difference Water Index (NDWI), seasonality metrics, Sentinel-1-derived texture and ancillary data such as elevation and slope.

To differentiate cropland from other land cover classes (e.g. water or urban areas), supervised image classification (Random Forest) was applied using training samples that were collected through visual interpretation of satellite imagery. To extract cropland area estimates for the assessed area, the cropland area (hectares) for each agricultural season was spatially aggregated within the boundaries defined during the MFGD session. Therefore, lands cultivated by community members outside these boundaries are not included in analysis.

About REACH

REACH 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.

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