# HUMANITARIAN SITUATION OVERVIEW OF SYRIA (HSOS) IDLEB CITY

#### Spring 2024 Urban household assessment

#### INTRODUCTION

The HSOS¹ Urban Household Assessment is a quarterly review of the humanitarian situation inside cities in Northern Syria. The assessment collects multi-sectoral information from host community and internally displaced households in Idleb city. This situation overview presents findings on the access to services, living conditions, economic conditions, and priority needs across accessible areas in the city.

The assessment addresses the need for comprehensive and regular information on the humanitarian conditions in cities where the impact of an increasingly complex crisis has hit hundreds of thousands.

Sustained economic deterioration and climate shocks resulting in unstable markets and worsening food and water access compound the pre-existing vulnerabilities of urban populations who face persistent insecurity, damaged infrastructure, and complex population dynamics.

The HSOS Urban Household Assessment is conducted in cooperation with the Northwest Syria (NWS) NGO Forum. The complete multi-sectoral descriptive analysis can be accessed <u>online</u> or can be downloaded as an <u>excel file</u>. All HSOS products remain accessible on the <u>REACH Resource Centre</u>.

#### **SYMBOLOGY**

- The indicator refers to the current situation at the time of data collection
- The indicator refers to the situation in the 3 months prior to data collection
- ▼ Findings are not representative
- ♦ The differerence in findings for the host and IDP populations is statistically significant

**†** Host community households

**%**→ IDP households

If no icon is indicated, the data represents both host community and IDP households

#### **KEY MESSAGES**



In Idleb city, 97% of IDP households and 88% of host community households experienced obstacles to meet their basic needs. For both population categories, the lack of employment opportunities was the most reported barrier to meeting basic needs, followed by wages being insufficient relative to rising prices and insufficient skills for a better paying job.

More than half of all households (52%) had insufficient access to water in Idleb city. Among the barriers preventing households to access sufficient water, 70% mentioned the insufficient water storage capacity, 47% pointed at the unaffordability of water, and 34% indicated that the water supplied by the network was insufficient. To cope with the inability to access sufficient water, 52% of households reduced non-drinking water consumption and 17% bought water on credit.

47% of households had unmet health needs, meaning that at least one household member did not access healthcare between March and May 2024 despite needing to. The two most reported challenges to access healthcare were the unaffordability of medicines (experienced by 45% of households) followed by the lack of medicines or medical equipment at health facilities (40%). To address these challenges, 66% of households went to pharmacies instead of clinics, and 37% refrained entirely from taking non-essential treatments.

#### **Other HSOS products**

REACH also conducts a regular HSOS assessment using a Key Informant (KI) methodology in over 600 communities accross NWS and over 1,000 communities in Northeast Syria (NES). The HSOS KI products are the following:

- HSOS KI Situation Overviews and Datasets
- HSOS KI <u>Sectoral dashboard</u>
- HSOS KI <u>Trends analysis dashboard</u>
- HSOS KI <u>NES Water and electricity dashboard</u>





# HUMANITARIAN SITUATION OVERVIEW OF SYRIA (HSOS) IDLEB CITY

#### Spring 2024 Urban household assessment

#### **METHODOLOGY**

- The HSOS urban household assessment is conducted using a household methodology at city level.
- Face-to-face data collection was carried out by REACH enumerators between 08 and 19 May 2024 covering 202 households (101 host community households and 101 IDP households) in Idleb city.
- Findings can be generalised to the Syrian host community<sup>2</sup> and the IDP population<sup>3</sup> at city level for the neighbourhoods assessed, with a 95% confidence level and 10% margin of error. Representative samples of the host and IDP populations were calculated according to the population estimates collected by the Humanitarian Needs Assessment Programme (HNAP) in September 2022.
- Stratified simple random household selection was conducted through random spatial sampling using geographic information systems. The selection considered population estimates by neighbourhood and distributed the random samples according to population density.
- The random spatial sampling was conducted across residential areas of the city, as classified by OpenStreetMap.
- Due to data collection protocols, the sample excludes households whose members are all below 18.
- Due to logistical limitations, the sample is biased towards households where at least one adult member is at home during the time of data collection, and towards cooperative, readily available households.

#### **COVERAGE**

Idleb city neighbourhoods covered in the sample

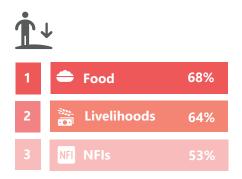




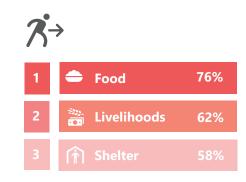


#### **PRIORITY NEEDS**

Most commonly reported overall priority needs for host community households (by % of assessed communities)<sup>4</sup>



Most commonly reported overall priority needs for IDP households (by % of assessed communities)<sup>4</sup>



### **RETURNEES**

#### Date of return

(by % of households that returned in each period)

Before 2019	2019	2020	2021+
90%	2%	8%	0%

90%

of host community households are returnees 2

average number of displacements for returnee households

### 7 iDPs

#### **Date of arrival**

(by % of households that arrived in each period)

Before 2019	2019	2020	2021+
47%	29%	13%	11%

10%

3

average number of displacements for IDP households

## Most common governorates of origin for IDP households

1 Idleb	58%
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2	Hama	12%

Aleppo

## Most common sub-districts of origin for IDP households

1	Ma'arrat An Nu'man	20%
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#### **HOUSEHOLD COMPOSITION**

Average	# of household members	# of children (0-5)	# of children (6-17)	# of adults (18+)	# of older people (60+)
<b>İ</b> ↓	5.6	1	1.7	3	0.4
7;→	6.5	1.2	2.1	3.1	0.2

35%	of households with newborns (0-1)	63%	of households with young children (0-5)
78%	of households with school- aged children (6-17)	88%	of households with children (0-17)





#### **SAFETY AND PROTECTION**



14%

of households with members who lacked civil documents and needed them

Most common civil documents that household members lacked and needed (as % of households where at least one member lacked and needed a document [14%]).

- 1 Identity card issued by local entities (non-GoS) 75%
- 2 Birth certificate issued by local entities (non-GoS) 11%
- 3 Syrian identity card issued by the Government of Syria 11%



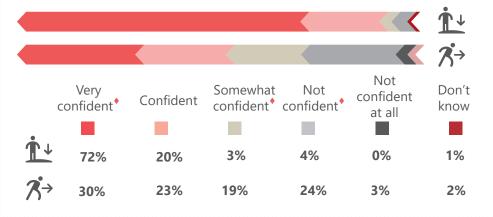
**18**% of host community households and **75**% of IDP households reported **housing**, **land and property concerns** 

Top housing, land and property concerns for IDP households (as % of IDP households with concerns) 5, •

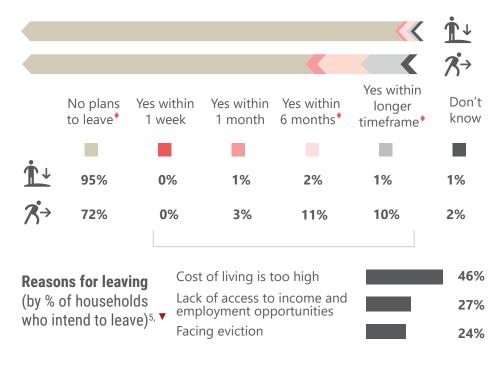
Rental problems (landlord/tenant 92% issues)

Threats of eviction due to inability to pay rent 22%

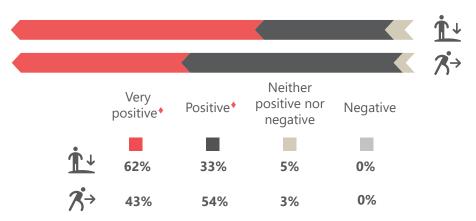
Confidence of being able to reside in the current place of residence for 3 more months, for host community and for IDP households



#### Movement intentions for host community and IDP households



Household's relationship with other community members for host community and IDP households





• The difference in findings for the host and IDP populations is statistically significant

▼ Findings are not representative

• Refers to the situation in the 3 months prior to data collection





#### **HOUSING SITUATION**

#### Most common shelter types

- 1 Solid/finished apartment 64%
- 2 Solid/finished house 28%
- 3 Damaged residential building 4%

# 7;→

Average % of monthly income spent on rent for IDP households

**39%** 

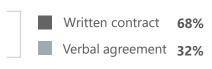
Average expenditure on rent as a % of total IDP household expenditure<sup>6</sup>

23%

#### Most common occupancy arrangements



**Rental contract type** (by % of IDP households who are renting [85%])





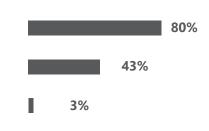
**%** 81%

of households renting a property who faced difficulties in finding a place to rent Most common difficulties in finding a place to rent for households (by % of households who faced difficulties [81%])<sup>5,</sup> ■

Difficult to find an affordable accommodation

Landlord requesting large first instalment or deposit

Difficult to find suitable shelter for persons with disabilities and or elders



#### **SHELTER CONDITIONS**

of households whose shelter had inadequacies

Common shelter inadequacies (by % of households who experienced issues)<sup>5</sup> ▼.■

$\dot{\mathbb{T}}^{\downarrow}$		7.→
27%	Poor sanitation	46%
23%	Windows/doors not sealed	48%
33%	Leakage from roof/ceiling during rain	24%
30%	Lack of ventilation: stuffy, bad smells	24%
17%	Lack of space/overcrowding	12%
13%	Lack of lighting inside shelter	12%
3%	Unable to lock home securely	18%
13%	Lack of privacy	6%
10%	Lack of insulation from cold	6%
0%	Lack of electricity	12%
0%	Lack of water	10%
3%	Lack of lighting around shelter	6%





Refers to the current situation at the time of data collection

<sup>♦</sup> The differerence in findings for the host and IDP populations is statistically significant

#### **ACCESS TO WATER**

#### Primary source of drinking water



#### Primary source of non-drinking water



40%

of households did not use a secondary source of drinking water

Among households who having a secondary source of drinking water, **private water trucking** was the most commonly reported [74%]

23%

of households who experienced issues with drinking water

Most common problems with drinking water (as % of households that had problems with drinking water) •

1	Water is calcareous	94%
2	Water tastes bad	7%
3	Water was perceived to be making people sick	4%
4	Water smells bad	2%

79%

of households who did not use any methods to make drinking water safer

Most common methods to make water safer (by % of households)

1	Chlorine tablets	15%
2	Boiling	2%
3	Household filters	2%

Most common water needs for which households had to reduce consumption because of not having access to sufficient water<sup>1</sup> (as % of households who reduced water consumption [52%])<sup>5, •</sup>

	Cleaning (inside house)	80%
4	Doing laundry	59%
<b>€</b>	Bathing	49%
A	Cleaning (outside house)	28%
	Gardening	<b>7</b> %



#### **ACCESS TO WATER**





Average % of monthly income spent on water <sup>6</sup>		
2% 2%		
Average expenditure on water as a % of total household expenditure <sup>6</sup>		
2%	1%	

4	
	D

52%

of households who had insufficient access to water to fulfill their needs

#### **Common barriers to accessing water for households**

(as % of households who had insufficient water access [52%])5,●,▼

		<u> </u>	7,→
1	Not enough water tanks or water tanks not big enough to store sufficient water	75%	65%
2	Water is too expensive	53%	41%
3	Not enough water from the network	30%	37%
4	Storage containers are too expensive	8%	10%
5	Household skipped in schedule of refilling tanks	2%	4%

Most common strategies applied by households to avoid running out of water (as % of households who applied some coping strategy [56%])<sup>5,</sup> ▼

		<u>†</u>	$\nearrow$
1	Reducing non-drinking water consumption (of water for all purposes)	96%	88%
2	Receiving water on credit / borrowing water	31%	15%
3	Spending money on water that is usually spent on other things	18%	24%
4	Relying on drinking water stored previously	7%	14%

#### **ACCESS TO SANITATION**



of households experienced sanitation issues

Common sanitation issues for households (as % of households who experienced sanitation issues [33%])<sup>5,•</sup> ▼

1 61%	Sewage system needs cleaning
2 57%	Sewage system needs repair
3%	Other wastewater pollutes public areas
3 3%	Sewage network leaks and pollutes public areas
4 2%	Waste collection services too infrequent



• The differerence in findings for the host and IDP populations is statistically significant

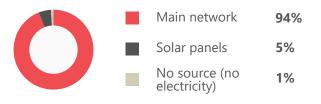






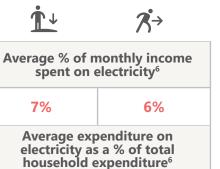
#### **ACCESS TO ELECTRICITY**

#### Primary source of electricity



**Secondary source of electricity** (by % of households who had access to a secondary source [27%])<sup>5,•</sup>

1	Solar panels	92%
2	Main network	8%



4%

6%



73%

of households who did not have access to a secondary source of electricity

#### Average number of hours of electricity per day\*



20.8

Average hours of electricity per day available to households

13 or more	12-11	10-9	8-7	6-5	4-3	2-1	0
86%	3%	2%	4%	3%	2%	0%	0%



of households who experienced issues with accessing electricity

#### Most common challenges to accessing electricity<sup>5, •</sup>

1	Electricity from the network is too expensive		59%
2	No challenges		38%
3	Solar panels too expensive		12%
4	Other batteries too expensive		6%
5	Rationing of electricity by local authorities	1	1%
6	Car batteries too expensive		1%





#### **INCOME SOURCES AND EMPLOYMENT**

#### Sources of income in the month prior to data collection<sup>5</sup>

Employment (including self- employment/entrepreneurship)		80%
Borrowing/loans		35%
Remittances (from outside Syria)		14%
Financial support from family members or friends (from inside Syria)		12%
Humanitarian assistance (cash vouchers)		11%
Selling assets	1	2%

Most common primary source of income for	
host community households <sup>7,</sup> ■	



1 Self-emp	loyment/entrepreneurship
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35%

2 Longer-term formal employment agreement

19%

3 Informal day-to-day work agreements (verbal)

16%

### Most common primary source of income for IDP households



1 Longer-term formal employment ag	reement
------------------------------------	---------

27%

2 Informal day-to-day work agreements (verbal)

23%

3 Self-employment/entrepreneurship

22%

**Most common employment sectors** (by % of households where employment is a source of income [80%])<sup>5,■</sup>

1	Wholesale/retail	14%	5	Machinery/mechanics/ repairs	9%
1	Marketplace vending	14%	6	Crafts	6%
2	Real estate/construction	12%	6	Health care services	6%
3	Humanitarian & social work	10%	7	Trade/transportation	5%
4	Education/childcare	9%	7	Agriculture	5%

Average number of adults per households who are:	Ĺ↓	1,3→
Employed	1.3	1.3
Not in employment	1.9	2.1
Not employed and looking for a job (unemployed)8	0.4	0.3

33%

of households who reported selfemployment/entrepreneurship as a source of income

9%

of households where informal day-to-day work was the only income source

#### **INCOME AND EXPENSES**

	Average monthly income for a family of 6 members <sup>9</sup>	Average monthly expense for a family of 6 members 10	Average monthly deficit for a family of 6 members
<b>1</b> ↓	6,901 TRY	8,371 TRY	-1,470 TRY
7;→	6,430 TRY	9,172 TRY	-2,742 TRY



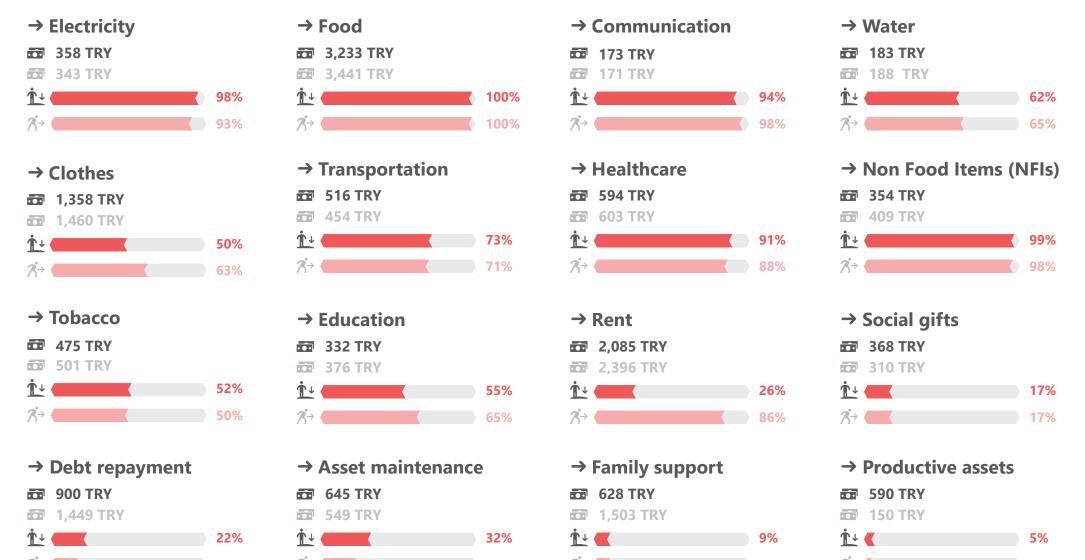


#### **INCOME AND EXPENSES**

Average monthly expense for households who had expenses in the following categories

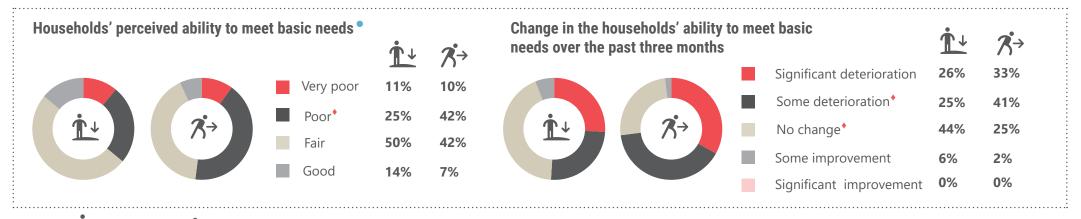
- Share of host community households who spent money on the expense category

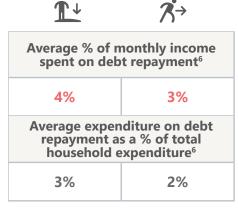
- Host community households IDP households
- Share of IDP households who spent money on the expense category





#### **ABILITY TO MEET BASIC NEEDS**





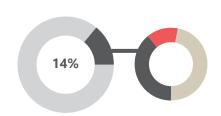
Most common barriers to meeting basic needs (as % of households)

1	Lack of employment opportunities	67%
2	The wage is not commensurate with the rising prices	63%
3	Lack of skills for a better paying job	220/

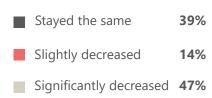
Most common coping strategies adopted to meet basic needs (as % of households who applied coping strategies [93%]) •

1	Borrowing money	64%
2	Purchasing items on credit	55%
3	Decreasing non-food expenditures	35%

% of households with savings



Changes in savings within the last 3 months ▼.●



% of households in debt



76%

of households whose monthly income was lower than their estimated monthly expenses

100%

of households whose monthly income would not cover minimum expenses (as estimated by the SMEB)<sup>11</sup>

- The differerence in findings for the host and IDP populations is statistically significant
- Refers to the situation in the 3 months prior to data collection
- ▼ Findings are not representative



% of households able

to repay their debt in

6 months



Refers to the current situation at the time of data collection

#### FOOD ACCESS AND CONSUMPTION

Average number of days food groups were consumed by households in the 7 days prior to data collection

		<b>İ</b> ↓	73→
<b>€</b> €	Fish/Meat/Eggs*	1.3	1
₩ 🖈	Fruit*	1.4	1
<i>&amp;</i> 2)	Pulses, nuts, and seeds	1.8	2
0	Tubers/roots	2.2	2.2
10	Vegetables and leaves	3.2	3.2
	Milk, and dairy*	2.3	1.9
	Bread and cereals	3.4	3.8
	Sweets	1.1	1
<b>⊗</b>	Oils and fats*	3.8	3.8

#### Most common source of food



80%

of households who experienced issues with accessing sufficient quantities and quality of food

**Barriers to accessing sufficient quantities and quality of food** (as % of households who experienced barriers [80%])<sup>5, •</sup>

1	Not enough money for food		98%
2	Delayed or skipped assistance distribution		9%
3	Loss of customary benefits at market	1	6%
4	Lack of facilities and utilities for cooking	1	3%
5	Household members are on a diet or unable to cook or eat because of health problems	I	2%

8%

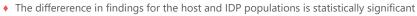
of households reporting perceiving that at least one member had lost weight in the last 3 months due to insufficient food access.





Average % of monthly income spent on food <sup>6</sup>	
64%	65%
Average expenditure on food as a % of total household expenditure <sup>6</sup>	
46%	37%
Average monthly food expenditure per person in a household	
629 TRY	562 TRY
% of households whose monthly food expenditure is more than 50% of their total expenditure	
42%	17%

24%	of households who did not consume any eggs, meat or fish in the 7 days prior to data collection
33%	of households who did not consume any fruit in the 7 days prior to data collection



Refers to the current situation at the time of data collection

<sup>•</sup> Refers to the situation in the 3 months prior to data collection





#### **FOOD CONSUMPTION SCORE (FCS)**<sup>12</sup>

Food Consumption Score (by % of host community and IDP households)



**İ**↓

74%

of host community households with children with **poor** or **borderline** food consumption

3-

76%

of IDP households with children with **poor** or **borderline** food consumption

#### FCS Interpretation 12

**Poor food consumption (score between 0-28):** This category includes households that are not consuming staples and vegetables every day and never or very seldom consume protein-rich food such as meat and dairy.

**Borderline food consumption (score between 28.5-42):** This category includes households that are consuming staples and vegetables every day, accompanied by oils and pulses a few times a week.<sup>15</sup>

Acceptable food consumption (score >42): This category includes households that are consuming staples and vegetables every day, frequently accompanied by oils and pulses and occasionally meat, fish and dairy.

#### **COPING STRATEGIES**

### 8.1 Average reduced Coping Strategies Index (rCSI) in Idleb city

The rCSI is a relative score to measure the frequency and severity of food-related negative coping mechanisms adopted by households to cover their needs. A decrease in score suggests an amelioration in food security. Based on the Syria 2021 Inter-Sector Severity Model, the thresholds for the Reduced Coping Strategies Index are: (1) None/Minimal (rCSI= 0-2), (2) Stress (rCSI= 3-6), (3) Severe (rCSI = 7-11), (4) Extreme (rCSI = 12-19), (5) Catastrophic (rCSI>19). Thus, results indicate a severe rCSI score in Idleb city.

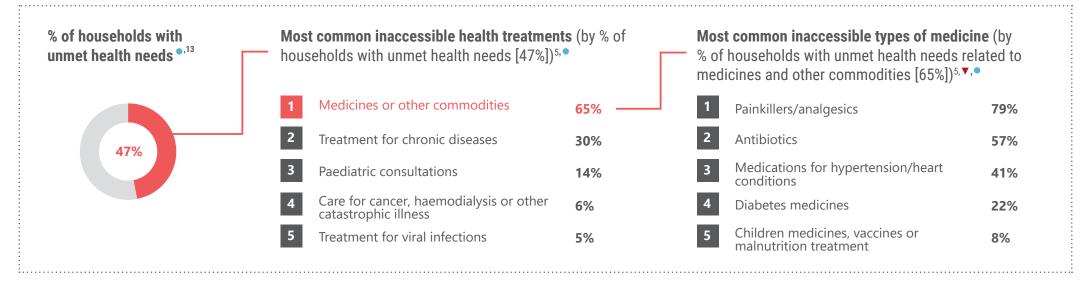
Coping strategies (CS) in the 7 days prior to data collection (for households who experienced barriers in accessing sufficient food [80%])

	Average #days per week CS was applied	% of households who applied CS
Relied on less preferred/less expensive food	3.4	94%
Borrowed food or relied on help from friends	1	42%
Reduced the portion size of meals at meal time *	0.5	28%
Reduced the number of meals eaten per day	1.9	58%
Restricted the consumption by adults in order for young children to eat	0.1	8%
At least one member of the household spent a whole day without eating	0	0%





#### **ACCESS TO HEALTHCARE**



80%

of households who experienced issues with accessing healthcare



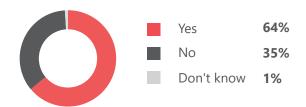


Average % of monthly income spent on healthcare <sup>6</sup>	
14%	12%
Average expenditure on health care as a % of total household expenditure <sup>6</sup>	
9%	7%

Most common challenges to accessing healthcare (by % of households)<sup>5, •</sup>

1	Cannot afford price of medicines	45%
2	Lack of medicines and/or medical equipment at facilities	40%
3	Cannot afford treatment costs	37%

Households with at least one member who showed signs of psychological distress



Most common coping strategies applied
by households who experienced barriers to
accessing healthcare [81%] <sup>5,▼,●</sup>



1	Going to a pharmacy instead of a clinic	64%
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2	Foregoing	non-essential	treatment	29%
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Most common coping strategies applied by households who experienced barriers to accessing healthcare  $[79\%]^{5,\blacktriangledown,\bullet}$ 



1	Going to	a pharmacy	instead of a	a clinic	68%
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2	Foregoing	non-essential	treatment	44%
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3	Taking lower than the recommended dosage of medication	22%
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<sup>▼</sup> Findings are not representative

93%

4%

3%

75%

#### **ACCESS TO EDUCATION**

School attendance for children aged 6-11 (by % of households with school-aged children (6-11))



All regularly attended school

Some regularly attended school

None attended school

School attendance for children aged 12-14 (by % of households with school-aged children (12-14))▼



All regularly attended schoolSome regularly attended school

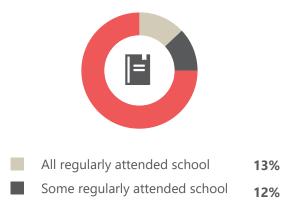
57%

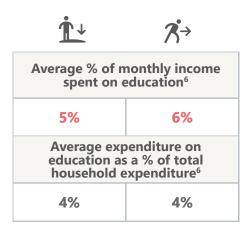
43%

0%

None attended school

School attendance for children aged 15-17 (by % of households with school-aged children (15-17)) ▼





Most commonly reported barriers to accessing education in the month prior to data collection (by % of households where at least one of the children did not regularly attend school)<sup>5,▼</sup>

		$\dot{\mathbb{L}}^{\downarrow}$	7,→
1	Children have to work	58%	58%
2	Unable to afford learning material and/or pay for school	21%	50%
3	Social issues	32%	8%

Most commonly reported difficulties faced by schoolaged children while attending school (by % of households where at least one of the children attended school)<sup>5,</sup>▼

None attended school

			/)
1	Classes are overcrowded	15%	16%
2	Quality of available education is poor/perceived to be poor	10%	14%
3	School lacks learning and teaching materials	7%	9%





#### **NOTES ON ANALYSIS**

All indicators were analysed disaggregated by population group, as well as aggregated to the entire Syrian city population. Confidence intervals were calculated to assess whether the target margin of error was met, and thus findings were representative. For some indicators, a reduced sample of households answered the question as a result of a skip logic in the questionnaire. In some of these cases, the reduced sample of households also resulted in non-representative findings, which are indicated throughout the factsheet with the icon  $\blacktriangledown$ .

In order to identify statistically significant differences between findings for host and IDP populations, a two-sided significance test was run for each indicator. When multiple hypotheses are simultaneously tested, an adjustment for the multiplicity of tests is necessary to control for the total number of false discoveries and address the problem of selective inference. The false discovery rate (FDR) method was preferred to Family Wise Error Rate (FWER) techniques as they were considered too conservative for this application. With FDR p-value adjustment method, the null-hypothesis (i.e., host and IDP populations have the same characteristics) was rejected in 26 instances at level 0.05, which are indicated throughout the factsheet with the icon •.

#### **ENDNOTES**

- 1. The Humanitarian Situation Overview Syria (HSOS) project comprises regular multi-sectoral assessments reviewing information on humanitarian needs and conditions across accessible areas in northern Syria. The HSOS monthly KI assessments can be found <a href="https://example.com/here-example.c
- 2. Host populations are defined as individuals or groups of people who currently reside in their community of origin, or community of permanent residence prior to 2011. This includes populations that were never displaced as well as previously displaced populations that have returned to their community of origin (defined as returnees).
- 3. IDPs are defined as individuals or groups of people who have left their homes or places of habitual residence and have settled in the assessed city after 2011, as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, or violations of human rights.
- 4. Households were asked to select a first, second, and third highest priority need. The overall priority need refers to the frequency a need was selected among all three categories (first, second or third highest priority need).
- 5. Respondents could select multiple answers, thus findings might exceed 100%.
- 6. Computed for households who had this particular expense in the 30 days prior to data collection.

- 7. Longer-term formal employment is defined as employment with a written agreement whose duration is more than 1 month. Short-term formal employment is defined as employment with a written agreement whose duration is less than 1 month.
- 8. Calculated for households where employment is a source of income.
- 9. Computed as the mean of (household income/number of household members)\*6.
- 10. Computed as the mean of (household expense/number of household members)\*6.
- 11. Computed by comparing (household income/number of household members) to (2,098,717 TRY/6), where 2,098,717 is the median value of the Survival Minimum Expenditure Basket (SMEB) for a family of 6 in Idleb governorate, from the April 2024 Joint Market Monitoring Initiative (JMMI).
- 12. The FCS is a composite score based on dietary, diversity, food frequency, and relative nutritional importance of different food groups consumed by a household throughout 7 days. Refer to: The United Nations World Food Programme (WFP). (May 2014). WFP Food Consumption Score Technical Guidance Sheet. Retrieved from: wfp.org
- 13. Unmet health needs refer to anyone in the household who needed or wanted to access health-care (including medicines) but could not access it.

#### **ABOUT REACH**

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

