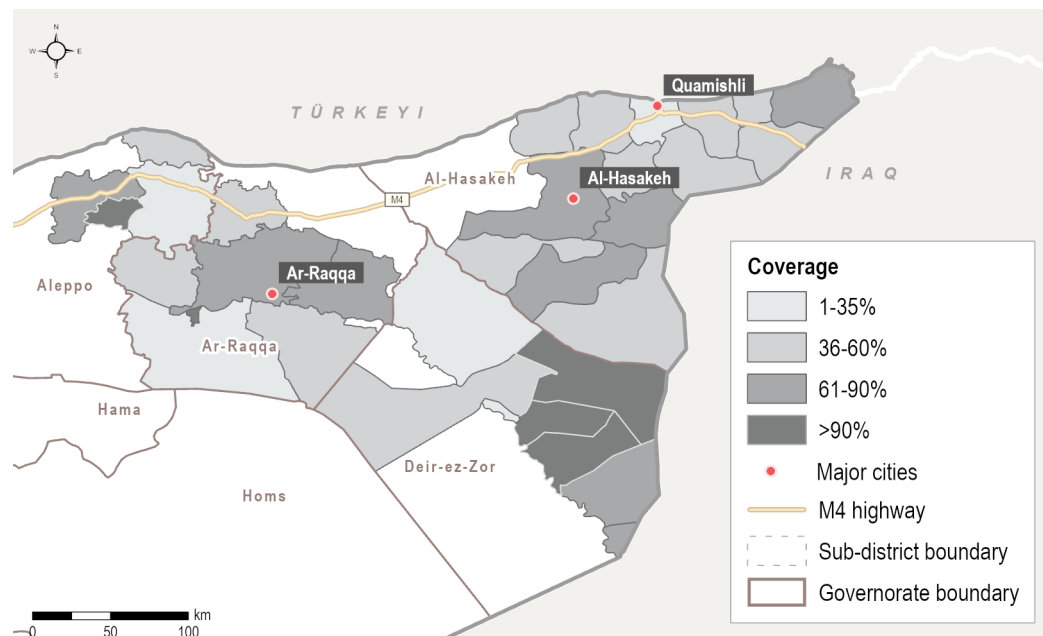


Introduction and Methodology

HSOS is a monthly assessment that provides comprehensive, multi-sectoral information about the humanitarian conditions and priority needs inside Syria. This factsheet presents a thematic review based on the HSOS assessment of the priority needs and humanitarian assistance, economic conditions, living conditions, access to basic services, COVID-19 situation, and the security and protection situation in Northeast Syria (NES). **Sector-specific indicator findings by location can be found on the [HSOS dashboard](#).**

The assessment is conducted using a key informant (KI) methodology at the community level. REACH enumerators are based inside Syria and interview three to five KIs per assessed location, either directly or remotely (via phone). KIs are chosen based on their community-level and sector-specific knowledge. This factsheet presents information gathered in **1255 communities** across Aleppo¹ (224 communities), Ar-Raqqa (242 communities), Al-Hasakeh (697 communities), and Deir-ez-Zor (92 communities). **Data was collected between 1-15 September 2022 from 4,334 KIs** (16% female). Unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection. Findings are indicative rather than representative, and should not be generalized across the population and region. Findings that are calculated based on a subset of the community are indicated by the following footnote ♦, with each subset specified in the endnotes.

The **complete monthly HSOS dataset** is available on the [REACH Resource Centre](#).



Key Highlights

Access to safe drinking water remained problematic in September, likely contributing to the current spread of cholera. Healthcare needs were high, with the need for diabetes medication showing increases compared to the previous data collection round in July. The weak economic situation contributed to shelter needs, with repairs having been unaffordable as materials were too expensive.

- **Households' reliance on unsafe water and the lack of measures to make drinking water safer increase the risk of cholera spreading.** In early September, a cholera outbreak was officially declared in the whole of Syria.^a Cholera causes severe acute watery diarrhoea and vomiting, and may be fatal without treatment. It is caused by bacteria that can be found in faeces, spreading through consumption of contaminated water or food.^b The risk of cholera spreading is high as households heavily rely on water sources that may be unsafe. Specifically, KIs in 37% of assessed communities reported in September that the main source of drinking water in their community was water delivered by trucks through private vendors. The quality of this water is often not monitored, and problems with water quality can be difficult for households to mitigate as they usually did not treat water to make it safe to drink (according to KIs in 91% of assessed communities). At the same time, the risk of water being contaminated is high as 79% of assessed communities had KIs reporting that the location was not connected to the sewage system. Along the Euphrates, this usually means that sewage is discharged into the river, which is the main water source for communities near the river.^c

- **Increased need for diabetes medicine.** For host communities, the number of assessed communities in which KIs reported diabetes medicine as a priority medicine need increased from 43% in July to 51% in September. The increase was larger for internally displaced persons (IDPs), rising from 37% in July to 50% in September, making it the most reported priority medicine need. Other priorities included treatment for hypertension (51% for host populations, 49% for IDPs) and antibiotics (45% for host populations, 46% for IDPs). Shortages in these medications have been common across the northeast since cross-border aid delivery ended in 2020.^d

- **Looking ahead to the coming winter season, shelter needs remain high.** KIs in over 90% of assessed communities reported that shelter and repair materials were too expensive. Particularly plaster and other materials for repairing cracked walls were priority shelter needs, reported by KIs in 61% of assessed communities for host populations and 45% for IDPs. Furthermore, there was an increase in KIs reporting a need for windows and window frames, up to 36% of communities for host populations and 32% for IDPs from 26% and 24% respectively in July.

HSOS Dashboard

For a breakdown of sector-specific indicators by location, please see the [HSOS dashboard](#). The interactive HSOS dashboard provides a monthly sectoral overview of key indicators disaggregated at the sub-district and community level.



Priority Needs and Humanitarian Assistance



Most commonly reported first, second, and third and overall priority needs for residents (by % of assessed communities) ^{2,3}

| | FIRST | SECOND | THIRD | OVERALL | |
|---|-------------|-------------|----------------|-------------|-----|
| 1 | WASH▲ | Livelihoods | Livelihoods | Livelihoods | 82% |
| 2 | Livelihoods | Food | Healthcare | WASH | 58% |
| 3 | Healthcare | WASH | Infrastructure | Healthcare | 57% |

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



Yes: **21%**
No: **79%**

% of assessed communities where KIs reported the presence of the following **types of assistance for residents** ⁴

1% | **Livelihoods**
3% | **WASH**
2% | **Healthcare**



Most commonly reported first, second, and third and overall priority needs for IDPs (by % of assessed communities) ^{2,3}

| | FIRST | SECOND | THIRD | OVERALL | |
|---|-------------|-------------|-------------|-------------|-----|
| 1 | Food | Livelihoods | Livelihoods | Livelihoods | 84% |
| 2 | Livelihoods | Healthcare | Food | Food | 61% |
| 3 | WASH | Food | Healthcare | Healthcare | 52% |

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



Yes: **33%**
No: **67%**

% of assessed communities where KIs reported the presence of the following **types of assistance for IDPs** ⁴

1% | **Livelihoods**
25% | **Food**
3% | **Healthcare**

Most commonly reported barriers that resident households faced in accessing humanitarian assistance (by % of assessed communities) ^{4, *}

In communities where access to humanitarian assistance was reported

Assistance provided was insufficient to cover all people **75%** **1** **95%**
Quantity of assistance provided to households was insufficient **40%** **2** **3%**
Assistance provided was not relevant to all needs **37%** **3** **2%**

In communities where no access to humanitarian assistance was reported

No humanitarian assistance was available
Perceived discrimination in provision of humanitarian
Not aware if assistance was available

Most commonly reported barriers that IDP households faced in accessing humanitarian assistance (by % of assessed communities) ^{4, *}

In communities where access to humanitarian assistance was reported

Assistance provided was insufficient to cover all people in need **61%** **1** **98%**
Assistance provided was not relevant to all needs **43%** **2** **1%**
Quantity of assistance provided to households was insufficient **33%** **3** **1%**

In communities where no access to humanitarian assistance was reported

No humanitarian assistance was available
Perceived discrimination in provision of humanitarian
Not aware if assistance was available



Economic Conditions

| Region | Median estimated monthly household expense for water for a household of six ^{5,6} | Median estimated monthly rent price for a two bed-room apartment ^{5,6} | Median estimated daily wage for unskilled labour ^{5,7,8} |
|-----------------|--|---|---|
| Northeast Syria | 20,000 SYP | 50,000 SYP | 8,000 SYP |
| Aleppo | 10,000 SYP | 25,000 SYP | 8,000 SYP |
| Al-Hasakeh | 30,000 SYP | 100,000 SYP | 7,000 SYP |
| Ar-Raqqa | 2,000 SYP | 50,000 SYP | 8,000 SYP |
| Deir-ez-Zor | 45,000 SYP | 50,000 SYP | 6,500 SYP |

Most commonly reported barriers to accessing livelihoods related to agriculture (by % of assessed communities) ⁴

| Residents | | IDPs |
|-----------|-----------------------------------|------|
| 75% | High operational costs | 20% |
| 69% | Lack of resources for agriculture | 23% |
| 63% | Lack of agricultural inputs | 18% |
| 63% | Lack of fodder | 24% |

% of assessed communities where common livelihood sources from agriculture were reported ⁴

| Livelihood source | Residents | IDPs |
|----------------------|-----------|------|
| Food crop production | 39% | 21% |
| Cash crop production | 59% | 7% |
| Livestock products | 49% | 22% |
| Sale of livestock | 50% | 19% |

77% and 89%

% of assessed communities where KIs reported daily waged labour as a common source of income for residents and IDPs

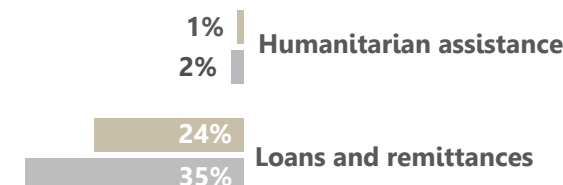
76 days

Number of days the average day labourer would need to work to earn the monthly cost of basic SMEB[▲] items ^{5,9}

95% and 66%

% of assessed communities where KIs reported the insufficient income of households and lack of employment opportunities that match people's skills as barriers to meeting basic needs ⁸

% of assessed communities where KIs reported the presence of residents and IDP households relying on non-productive sources of livelihoods to meet their basic needs ⁴



Intersectoral findings on unaffordability hindering access to goods and services



KIs in 24% of assessed communities cited that rent was unaffordable for the majority of people



KIs in 59% of assessed communities cited the high cost of fuel for generators as a common challenge



KIs in 76% of assessed communities cited the high cost of solar panels as a common challenge



KIs in 46% of assessed communities cited the high cost of water trucking as a common challenge



KIs in 85% of assessed communities cited the high cost of food as a common challenge ⁸



KIs in 89% of assessed communities cited the high cost of health services as a common challenge



Living Conditions

In **93%** of assessed communities at least **80%** of the resident population reportedly owned their shelter

In **77%** of assessed communities reportedly none of the IDP households owned their shelter

In **10%** of assessed communities at least one fifth of the IDP population reportedly lived in unfinished or abandoned residential buildings

In **8%** of assessed communities at least one fifth of the IDP population reportedly lived in tents



A lack of toilets was reported as a shelter issue for IDPs in **12%** of assessed communities



A lack of bathing facilities was reported as a shelter issue for IDPs in **10%** of assessed communities

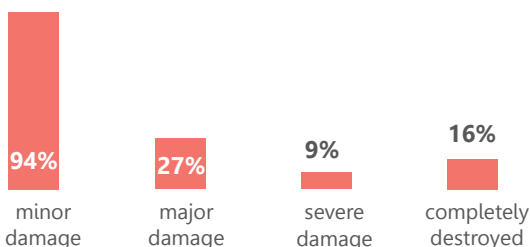


Problems with the drinking water were reported in **42%** of assessed communities



Water tasting bad was the most commonly reported problem with drinking water (reported by KIs in 29% of assessed communities)

Reported presence of occupied shelters with damage across communities where damages were reported (by % of assessed communities) ^{5,10}



Shelter and repair materials being too expensive was the most commonly reported challenge for households to repair their shelter (reported by KIs in 93% of assessed communities) ⁴

Reported sanitation issues affecting public space in the community (by % of assessed communities) ⁴

Rodents and/or pests are frequently visible

25%

Solid waste in the streets

26%

Sewage system pollutes public areas

12%

Stagnant water

7%

Flooding in the streets

2%



100%

% of assessed communities where KIs reported that **households experienced barriers to accessing sufficient food** ⁸



In **19%** of these communities, KIs reported that the **unavailability of certain food items** was a challenge to accessing sufficient food ⁸

Most commonly reported coping strategies for a lack of food (by % of assessed communities) ⁴

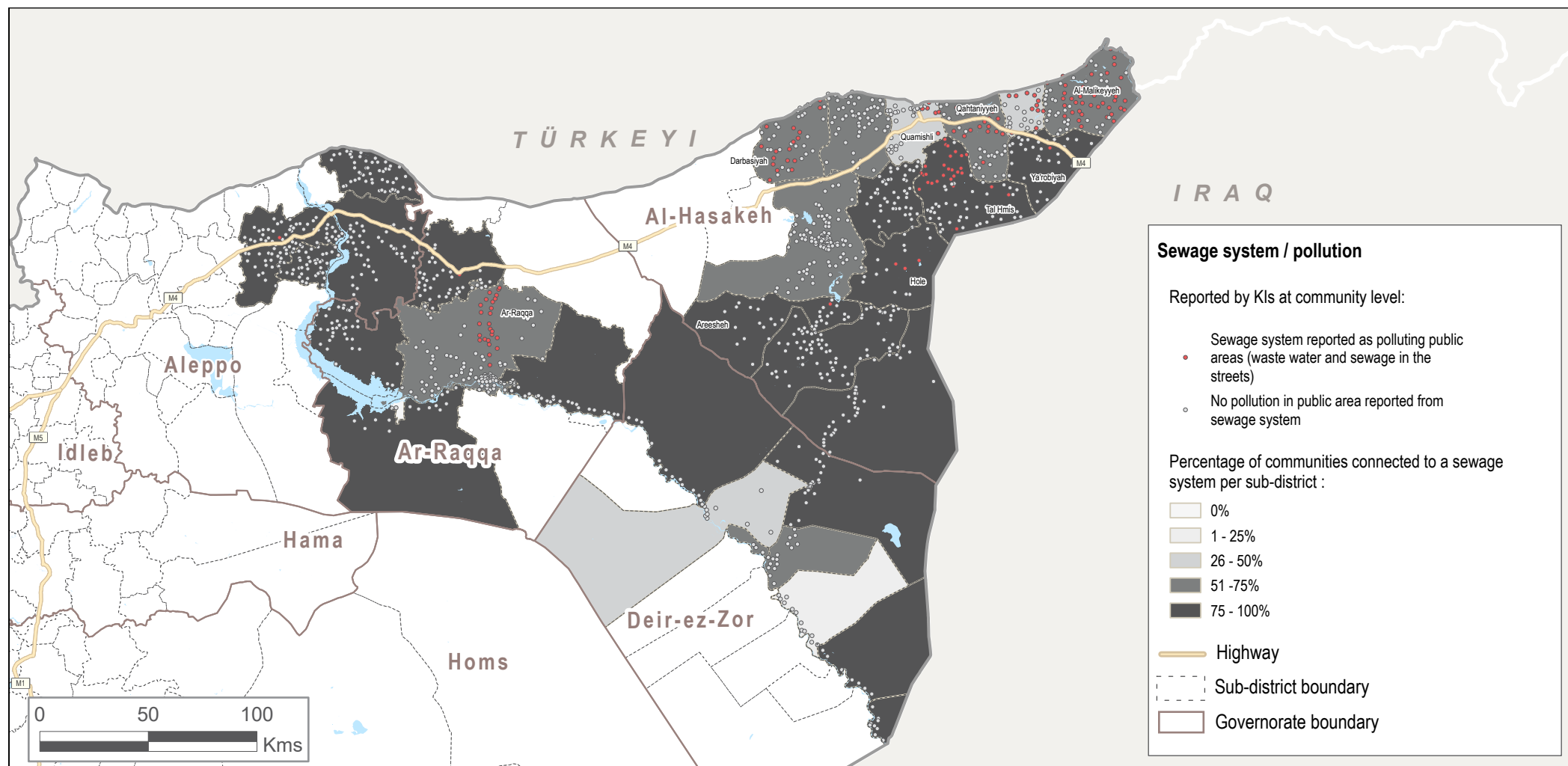
- 1 Borrowing money to buy food **82%**
- 2 Relying on less preferred food / lower food quality **81%**
- 3 Buying food with money usually used for other things **72%**



High price of suitable foods formula was the most commonly reported challenge to feeding young children (reported by KIs in 97% of assessed communities) ^{4,11}

Commonly reported sources of food for households other than markets (by % of assessed communities) ⁴

- 1 Own production or farming **42%**
- 2 Relying on food stored previously **34%**
- 3 Food gifts from friends and family **4%**



Sewage system and pollution

Note on the map

This map shows the percentage of communities connected to a sewage system per subdistrict. It also highlights the communities where KIs reported the sewage system was polluting public areas.



Access to Basic Services



Access to Electricity

2-4 hrs per day

was the most commonly reported range for hours of electricity accessible to households (reported by KIs in 30% of assessed communities)

Main network

was the most commonly reported main source of electricity (reported by KIs in 70% of assessed communities)

78%

% of assessed communities where KIs reported **local authorities rationing electricity** as a barrier for electricity access ♦



Access to Water

69%

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



Days per week where water from the network was available (by % of 777 communities connected to a water network)

Private water trucking

was the most commonly reported source of drinking water (reported by KIs in 37% of assessed communities)

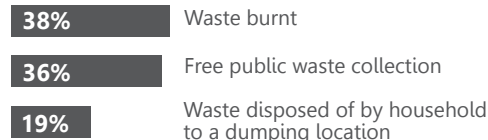


Access to Sanitation

79%

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

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



24%

% of assessed communities where KIs reported waste removal services as a WASH priority need ⁸



Access to Markets

35%

% of assessed communities in which households reportedly were **unable to access markets in the assessed location**

People lack financial means to open shop/market

was the most commonly reported **reason for why markets were not functioning** (reported by KIs in 85% of assessed communities where markets were not functioning)

76%

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

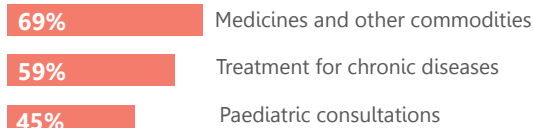


Access to Health Services

71%

% of assessed communities where KIs reported that the **households did not have access to health services** in the assessed location

Most commonly reported health priority needs (by % of assessed communities) ⁸



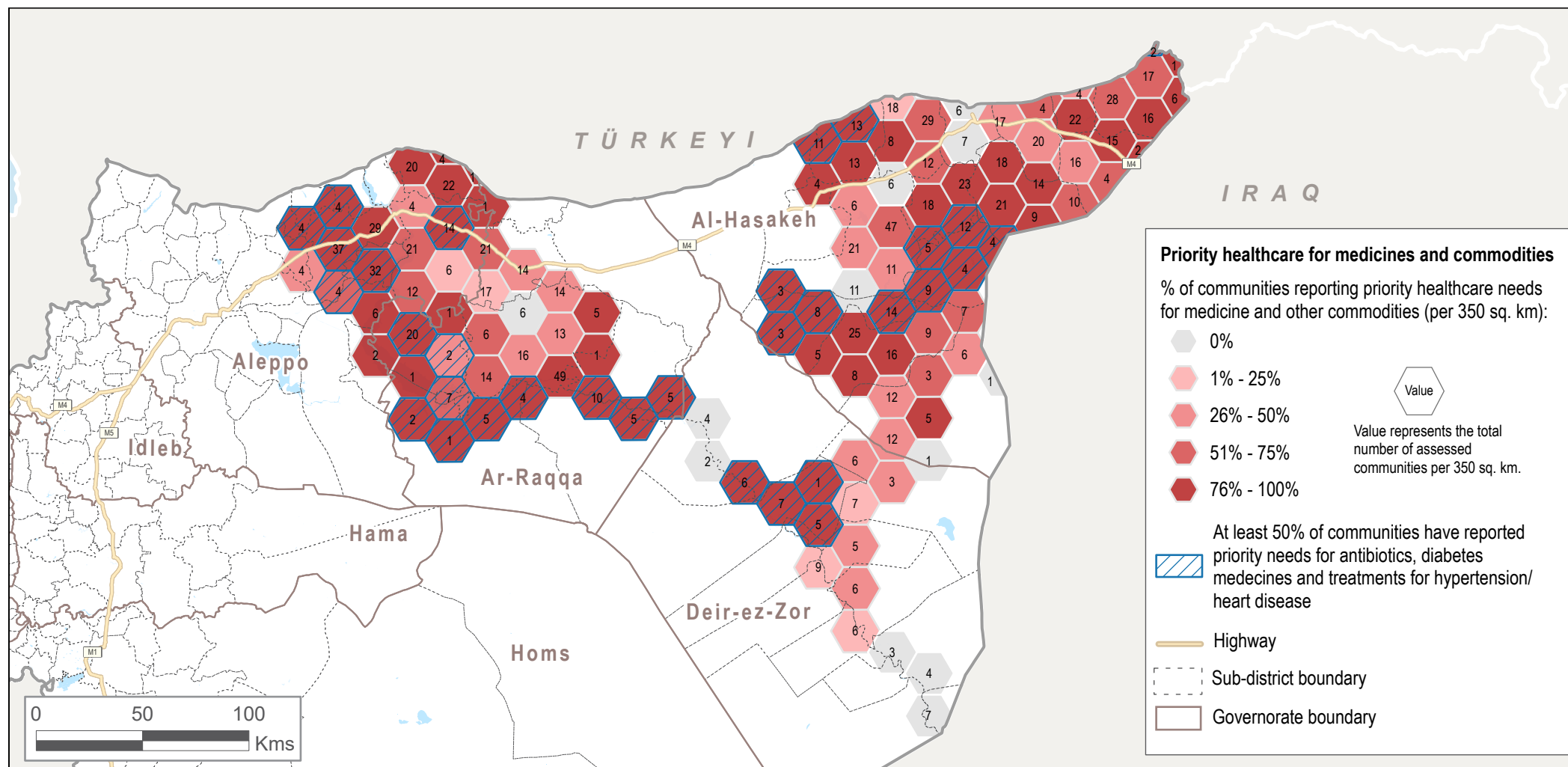
Going to the pharmacy instead of a clinic

was the most commonly reported coping strategy for a lack of healthcare (reported by KIs in 97% of assessed communities)



Access to Education Services

Due to summer holidays, no information on education was collected. Information on access to education services will be displayed again in October.



Priority health needs

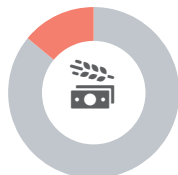
Note on the map

This map shows the percentage of communities in which KIs reported medicines and other priorities as priority health needs.



COVID-19

Effects of COVID-19 on livelihoods sectors in the community (by % of assessed communities)



None of the available livelihood sectors were affected **86%**

At least one of the available livelihood sectors was partially or totally affected **14%**

% of assessed communities where COVID-19 risk indicators were reported by KIs



Overcrowding reported as a shelter inadequacy ⁸

57%

Health facilities are overcrowded reported as a barrier to healthcare access

37%



Lack of necessary protective equipment or supplies at health facilities reported as a barrier to healthcare access

7%



Washing hands less frequently reported as a coping strategy for a lack of water

6%



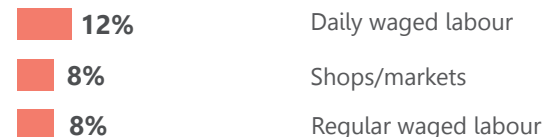
Shortage of health workers reported as a barrier to healthcare access

10%

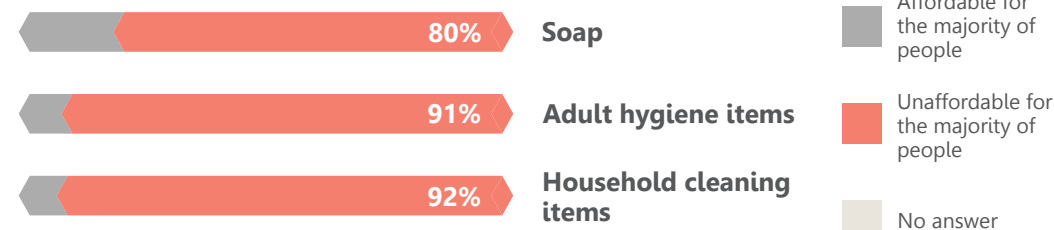
Lack of medicines or medical equipment at the health facility reported as a barrier to healthcare access

53%

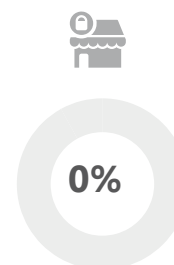
Most commonly reported sectors affected by COVID-19 (by % of assessed communities)



Reported hygiene item availability and affordability (by % of assessed communities) ¹²



% of assessed communities where COVID-19 related barriers to access services were reported



Access to markets was reportedly hindered because markets reduced opening hours or days because of COVID-19



Security and Protection

Intersectoral findings on security



General safety and security concerns restricting movement to markets was a reported barrier to market access in **23** communities

General safety and security concerns at markets was a reported barrier to market access in **43** communities

Movement restrictions was reported as a protection risk in **8** communities ⁸



Tribal disputes were reported as a protection risk in **22** communities ⁸

Threat from shelling was reported as a protection risk in **51** communities ⁸

Fear from imminent conflict was reported as a protection risk in **178** communities ⁸



The inability to lock homes securely was reported as a shelter inadequacy in **38%** of assessed communities ⁸

Lack of privacy inside the shelter was reported as a shelter inadequacy in **62%** of assessed communities ⁸

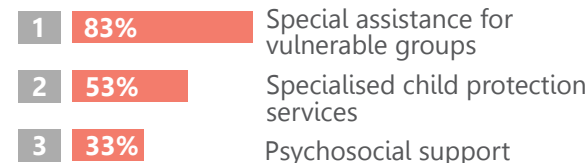
Lack of lighting around the shelter was reported as a shelter inadequacy in **82%** of assessed communities ⁸

The security situation was reported as a barrier to shelter repairs in **7%** of assessed communities

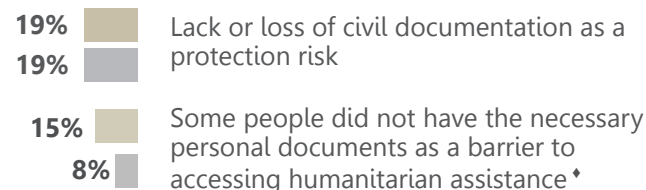


Safety and security concerns travelling to health facilities was reported as a barrier to healthcare in **27** communities

Most commonly reported protection priority needs (by % of assessed communities) ^{3,8}

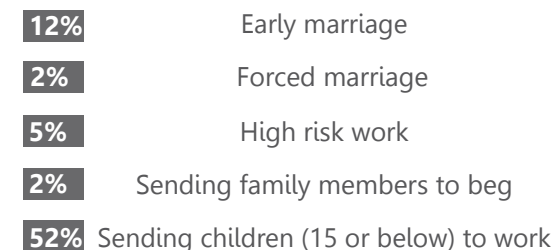


% of assessed communities where the lack of civil documentation for **residents** and IDPs was reported

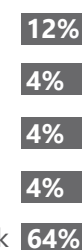


% of assessed communities where **extreme coping strategies** used by residents and IDPs to meet basic needs were reported ⁴

Residents



IDPs



Age, Gender, and Diversity

KIs in **35%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to meeting basic needs ⁸

KIs in **21%** of assessed communities reported a **lack of employment opportunities for persons with a disability** as a barrier to meeting basic needs ⁸

KIs in **12%** of assessed communities reported a **lack of privacy for women and girls at health facilities** as a barrier to healthcare access

KIs in **20%** of assessed communities reported a **lack of market access for people with restricted mobility**

KIs in **4%** of assessed communities reported that **women and girls feel unsafe when traveling to markets**

Children below the age of 12 were reported as a group affected by child labour in **13%** of assessed communities ⁸

Hazardous child labour was reported as a protection risk in **57** communities ⁸

Endnotes

1. Aleppo governorate includes Menbij and Ain Al Arab districts.
2. KIs were asked to select a first, second, and third highest priority needs in their communities. The ranking shows the sectors most frequently chosen as either first, second or third highest priority. The overall priority need refers to the frequency a sector was selected across all three categories (first, second or third highest priority).
3. KIs could select three answers, thus findings might exceed 100%.
4. KIs could select multiple answers, thus findings might exceed 100%.
5. KIs were asked about the situation at the time of data collection, instead of the last 30 days.
6. KIs had the option to select the price in United States Dollars (USD), Turkish Lira (TRY), or Syrian Pounds (SYP). When the price was not reported in SYP, the NES [Joint Market Monitoring Initiative \(JMMI\)](#) exchange rate was used to calculate the amount in SYP. According to the REACH Market Monitoring September 2022, 1 USD = 4,585 SYP; 1TRY= 250 SYP.
7. According to the NES [JMMI](#) September 2022, 1 USD = 4,585 SYP.
8. Findings for residents and IDPs were merged. The merge was calculated as follows: (option was selected for either residents or IDPs) / (communities reporting challenges/barriers/coping strategies for either residents or IDPs).
9. According to the NES [JMMI](#) September 2022, the Survival Minimum Expenditure Basket (SMEB) = 610,936 SYP.
10. Minor damage (cracks in walls, leaking roof, need of new doors and window repairs, etc.); Major damage (buildings with extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls); Severe damage (buildings with significant structural damage to column slabs, or loadbearing walls, cracking, steel elements and deformations visible in concrete; the building would require extensive repairs); Completely destroyed (buildings with structural damage so significant that rehabilitation is not possible).
11. KIs were asked about the situation in the last two months, instead of the last 30 days.
12. Adult hygiene items include: shampoo, toothbrush, and toothpaste. Household cleaning items include: washing powder, liquid, and dish detergent.

♦ By number of communities where KIs reported the relevant indicator (access/barriers/inadequacies/damages/coping strategies/risks etc.) for the relevant population group(s)

| Indicator N.o of communities reporting on: | Subset | Indicator N.o of communities reporting on: | Subset |
|---|--------|---|--------|
| Residents | 1254 | Barriers to assistance access (IDPs) | 417 |
| IDPs | 619 | Barriers to accessing sufficient food (merge) | 1253 |
| Challenges to assistance access (resident) | 254 | Days when water is available from network | 776 |
| Barriers to assistance access (resident) | 986 | Barriers to markets functioning | 440 |
| Challenges to assistance access (IDPs) | 192 | | |

Sources

- a. United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (September 2022). Whole of Syria: AWD/Cholera Outbreak Situation Report No.1, 26 September 2022. Retrieved from: <https://www.humanitarianresponse.info>
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- c. United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (September 2022). Critical Response and Funding Requirements – Response to the Water Crisis in Syria. Retrieved from: <https://www.humanitarianresponse.info>
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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. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org.