

Rapid Needs Assessment of IDPs in Host communities

Hasakeh Governorate, Northeast Syria, February - March 2020

OVERVIEW

Since the escalation of conflict in October 2019, populations in northeast Syria (NES) have been facing increased humanitarian needs, which resulted in massive displacement. Populations moved in particular from communities near the border with Turkey and towards areas further south from the border,¹ especially urban areas. This crisis has created significant challenges for humanitarian information management, thus hampering an effective response. While the first phase of the humanitarian needs assessment effort has been focused on Internally Displaced Persons (IDPs) in camps, sites and settlements, a major information gap was identified regarding information on the humanitarian situation for IDPs living with host communities in Hasakeh governorate. To inform the response to the humanitarian needs of these populations, REACH, in collaboration with the NES Cash Working Group (WG), the Sites and Settlements WG (SSWG), the Water, Sanitation and Hygiene (WASH) WG and the Food Security and Livelihoods (FSL) WG thus coordinated this assessment.

Throughout the report, the expression “IDPs in host communities” refers to IDPs that are living in similar dwellings (solid residential buildings) to or mixed with resident populations in assessed locations.

METHODOLOGY

Data for this assessment was collected between 20 February and 5 March 2020 through key informant (KI) interviews conducted either directly or remotely by four non-governmental organisation (NGO) partners: Norwegian People's Aid, Samaritan's Purse (via Rojava and Hasakah for Relief and Development), Mercy Corps, and the International Rescue Committee. Data was collected at community or neighbourhood level, with partners interviewing an average of three KIs per location,² selected based on their sector-specific knowledge of the local IDP population. A total of 261 locations were pre-assessed, however, due to the focus of this RNA, only the 139 locations that reported IDPs in host communities were fully assessed. These included 100 communities or villages, 24 neighbourhoods in Quamishli city along with 14 neighbourhoods and one city district in Hasakeh city.³ All graphs and narrative in the present factsheet hence only present results on these 139 assessed locations with IDPs in host communities. All findings are only indicative of the situation in assessed locations at the time of data collection. For further details, please refer to the online [dashboard](#) developed by the NES WASH WG, or to the complete [dataset](#).

MAIN FINDINGS

Demographics: At the time of data collection, 139 assessed locations (53%) were reportedly hosting an estimated total of 10,316 IDP households living in host communities (55,133 individuals). These IDPs do not live in camps, sites, settlements or collective centres, where most of the response targeting IDPs is concentrated.

Food and nutrition: Food was reported as a top three priority need for IDPs in host communities in 125 assessed locations (90%), with prices constituting the major barrier to accessing sufficient food. KIs in 46 assessed locations (33%) reported problems with feeding IDP infants and young children, mostly related to limited access to adequate products and fresh food.

Shelter & Non-food items (NFIs): Lack of protection from rain, cold and heat and overcrowding of

shelters with a consequent lack of privacy were widely reported for IDPs in host communities, with KIs in 57 locations (44%) reporting at least one of them. Main shelter support needed for IDPs in host communities thus included repairs and rehabilitation (reported in 96 assessed locations, 69%) and materials for small repair (reported in 90 assessed locations, 65%).

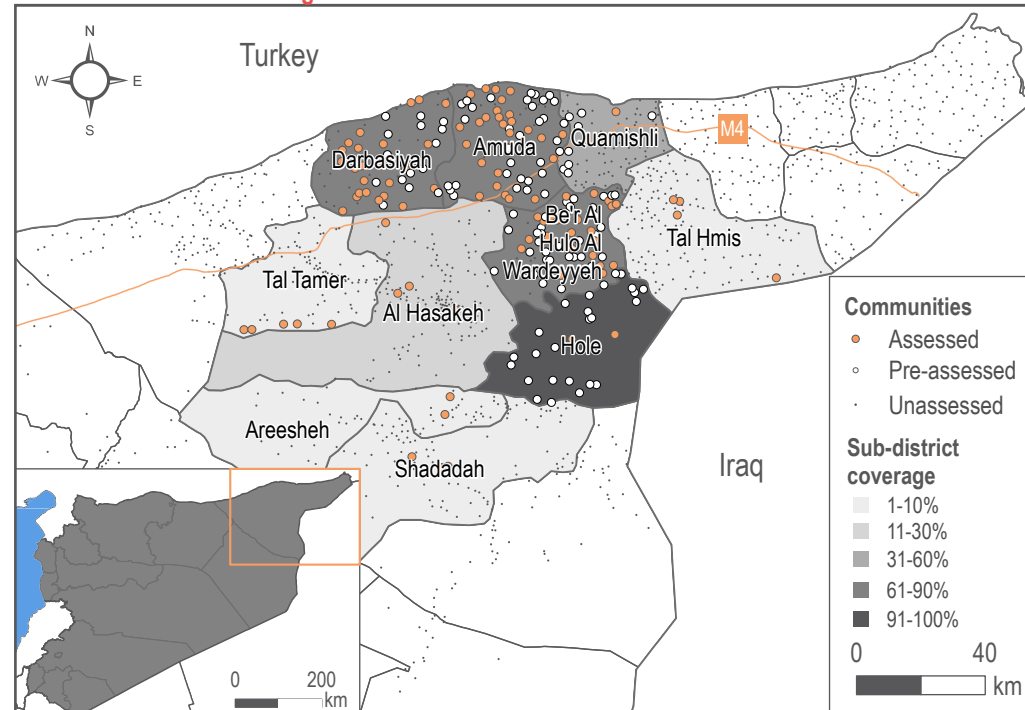
Water, sanitation and hygiene (WASH): KIs in 22 assessed locations (16%) reported no access to a safe source of drinking water for IDPs in host communities. In the 117 assessed locations (84%) where safe drinking water was accessible, its quantity was insufficient in 18 assessed locations (15%) and IDPs had to pay for it in 20 assessed locations (17%), which at an average price of 3.95 SYP⁴ per litre may constitute an access barrier.

Health: KIs in 65 assessed locations (47%) reported no access to any functioning health facility. Furthermore, access was reportedly impeded by cost or lack of transportation to reach available facilities, with the absence of ambulance service reported in 104 assessed locations (75%).

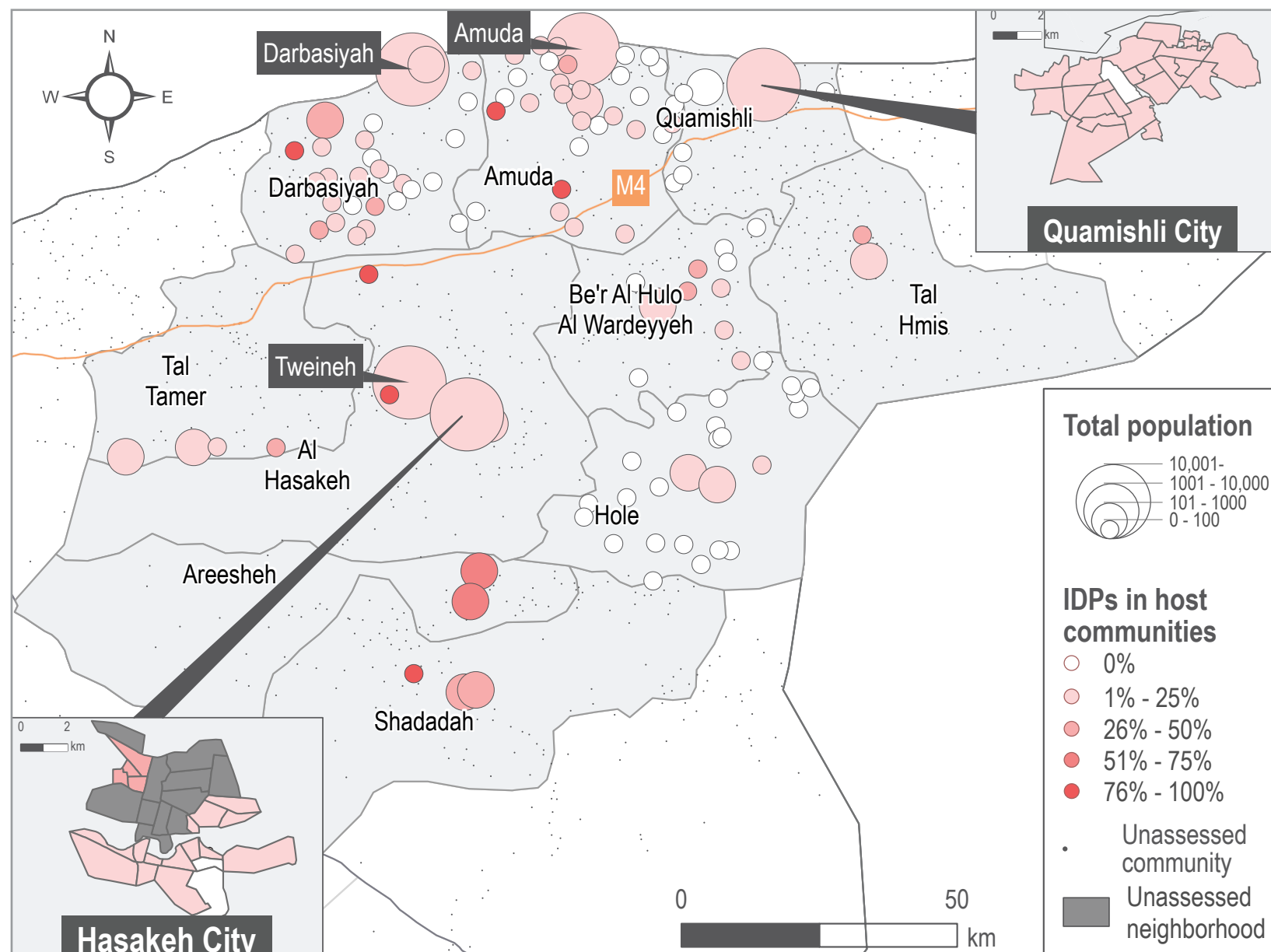
Education: 29 assessed locations (21%) reportedly had no functioning schools at all, whether formal or informal. Among the 110 assessed locations with functioning schools, education facilities were unable to accommodate displaced children in 13 assessed locations (12%), mainly due to lack of personnel, space and teaching materials.

Protection: Safety and security remained among the top three priority needs in 14 assessed locations (10%). Psychosocial support and psychological first aid were reported as specific protection needs in 78 (56%) and 60 (43%) assessed locations, respectively.

Assessed areas and coverage:



Reported number of IDPs (individuals) living in host communities (at time of data collection) against total population per location (as of 20 February 2020):⁵



DEMOGRAPHICS

A total of **55,133 IDPs (10,316 IDP households)** were reportedly living in host communities in 139 of the 261 locations covered. Among them, 25% were residing in Hasakeh city, and 36% in Quamishli city.

57% Proportion of assessed locations where the presence of vulnerable individuals⁷ among IDPs in host communities was reported.

Most commonly reported vulnerable groups among IDPs in host communities:⁶

Persons with disabilities	777
Children at risk	646
Older persons at risk	570

The most common household profiles for IDPs in host communities in assessed locations included married men with their immediate family (reported in 134 assessed locations, 96%), elderly people (60+) (reported in 39 assessed locations, 28%) and female-headed households (36 assessed locations, 26%). The latter was most commonly reported in assessed urban locations⁸ (22 assessed locations, 54%).

MOVEMENT INTENTIONS

Findings show that IDPs have settled in host communities both prior to and as a result of the October 2019 escalation of conflict in northeast Syria. 31 assessed locations (22%) reportedly first started hosting displaced households in 2011 or 2012 and 91 assessed locations (65%) reported new arrivals since October 2019. In 76 assessed locations (55%) at least some IDPs in host communities had reportedly been displaced before reaching their current location, including 11 (8%) where more than half of IDPs had already been displaced.

A significant proportion of IDPs in host communities reportedly intend to stay in their current location, with KIs in 93 assessed locations (67%) reporting at least 40% of IDPs intending to stay in the two weeks following data collection. According to KIs, 25 assessed locations (18%) expected more IDPs to arrive in the two weeks following data collection. In only one assessed location (1%) KIs reported that some IDPs intended to leave their current location, whereas in 35 assessed locations (25%) it was reported that IDPs did not intend to stay.⁹

PRIORITY NEEDS

Top three priority needs for IDPs in host communities:⁶

	1st	2nd	3rd
1 Food	62	45	18
2 Shelter	42	22	7
3 NFIs	4	16	21
4 Water, sanitation and hygiene	2	15	23
5 Health care	10	9	18
6 Winterisation or equivalent	2	9	22
7 Livelihoods	4	10	18
8 Education	2	9	8
9 Safety and security	11	2	1
10 Financial support	0	1	1
11 Protection	0	1	0

Food, shelter and NFIs were the top three most reported priority needs for IDPs in host communities, reported by KIs in 125 (90%), 71 (51%) and 41 (29%) assessed locations, respectively. WASH and health were also reported in 40 (29%) and 37 assessed locations (27%) as one of the top three priority, with a majority of KIs choosing them as the third priority need for IDPs in host communities.

HUMANITARIAN ASSISTANCE

80%

Proportion of assessed locations where it was reported that IDPs had not received any humanitarian assistance in the two weeks prior to data collection.

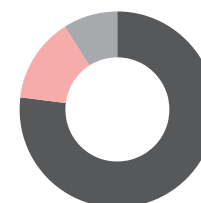
KIs in 111 assessed locations (80%) reported that IDPs in host communities had not received any humanitarian assistance in the two weeks prior to data collection, highlighting a need to further include IDPs in host communities in the humanitarian response. This ratio was slightly lower in urban locations,⁸ where KIs in 29 locations (71%) reported that IDPs in host communities had not received assistance in the two weeks prior to data collection.

In assessed locations that had received assistance, the top five most commonly reported types of assistance provided were food and nutrition (reported in 20 assessed locations, 77% of locations that had reportedly received assistance), winterisation (6 assessed locations, 23%), other non-food items (4 assessed locations, 15%), healthcare (2 assessed locations, 8%), and WASH (2 assessed locations, 8%). The assistance already received reflects the priority needs stated by KIs (as described in the dedicated section). However, cash assistance was reported by KIs as the preferred modality of assistance in 105 assessed locations (77%), yet financial aid was only received in 2 assessed location (1%).

Cash-in-hand was the preferred modality of assistance for IDPs in host communities, as reported by KIs in 107 assessed locations (77%), followed by in-kind distributions (selected in 20 assessed locations, 14%) and vouchers (12 assessed locations, 9%).

Among the 107 assessed locations where cash-in-hand was selected, the preferred currency was Syrian pounds (chosen in 78 assessed locations, 73%), while US dollars was chosen in all other assessed locations.

Preferred modality of assistance for IDPs in host communities:⁶



Cash-in-hand 77%
In-kind 14%
Voucher 9%

WATER, SANITATION AND HYGIENE (WASH)

KIs in 22 assessed locations (16%) reported no access to safe drinking water for IDPs in host communities. In the 117 assessed locations where safe drinking water was reportedly accessible, KIs in 20 of them (17%) reported that IDPs had to pay for safe drinking water, with prices ranging from 2 SYP per litre (10 assessed locations, 50%) to more than 6 SYP per litre (2 assessed locations, 10%), which may constitute an access barrier.

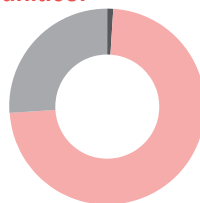
IDPs in host communities reportedly had access to functional latrines in 134 assessed locations (96%). Among these, it was reported in 11 assessed locations (8%) that communal latrines were the type of functioning latrines accessible to IDPs. These communal latrines were reportedly shared on average by 25 persons, which is above the SPHERE standards¹⁰.

It was reported in 137 assessed locations (99%) that IDPs in host communities had access to functional handwashing facilities. However, KIs in 36 assessed locations (26%) reported that these facilities were only providing water without soap.

The presence of human faeces in the open was reported in six assessed locations, which constitutes a significant sanitation concern. Additionally, it was reported in 18 assessed locations (13%) that garbage was commonly left in public areas, while the 121 others (87%) had reportedly access to safer and relatively regular options for garbage collection, such as public garbage collection (65 assessed locations, 47%) or disposal in a dumping location (31 assessed locations, 22%).

Accessibility of functioning handwashing facilities for IDPs in host communities:⁶

Yes, with water and soap	73%
Yes, only water	26%
No	1%



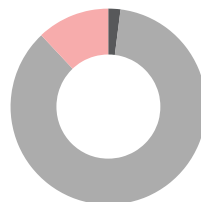
EDUCATION

Findings show that education needs were partly unmet for IDPs living with host communities: KIs in 29 assessed locations (21%) reported the absence of functioning education facility in the community, whether formal or informal schools. Among the 110 assessed locations where educational facilities were reportedly available and functioning, it was also reported in 13 assessed locations (12%) that existing schools were unable to accommodate displaced children, a ratio that reached 21% in urban locations (7 assessed locations).⁸

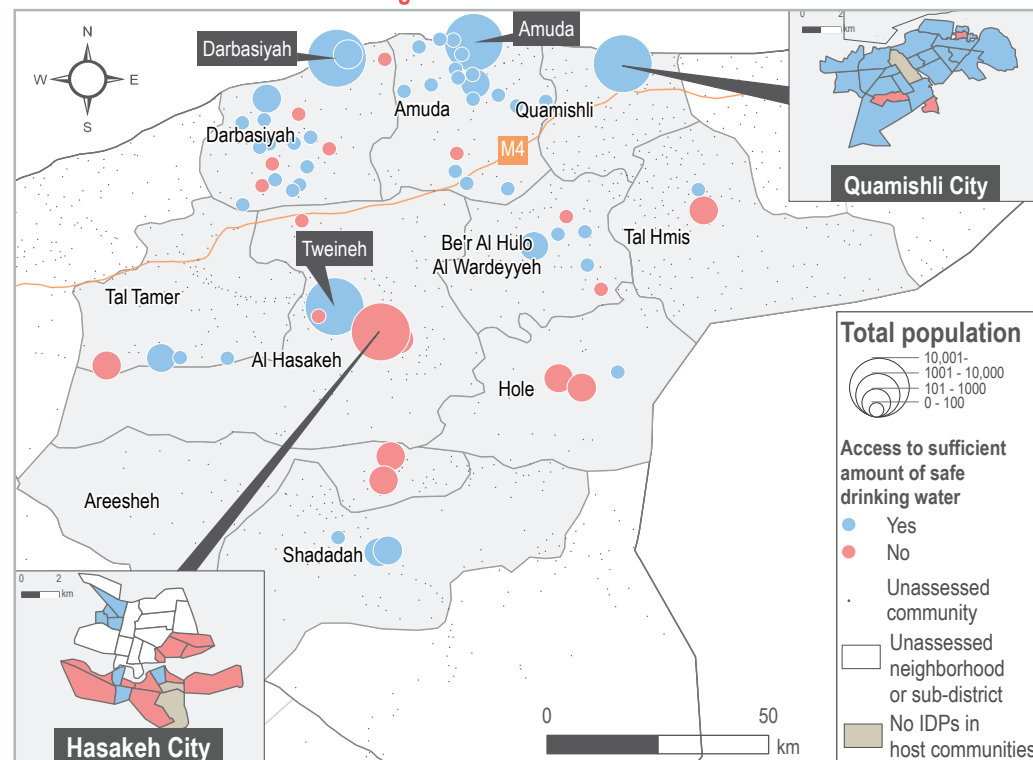
In line with reported problems accommodating IDP children in schools, the most commonly reported educational needs for displaced children were additional teaching and learning materials (reported in 89 assessed locations, 64%) and additional space for learning (41 assessed locations,

Proportion of assessed locations in which schools were reportedly able to accommodate IDP children:⁶

Yes	86%
No	12%
Not sure	2%



Access to sufficient and safe drinking water for IDPs in host communities in assessed locations:



Top three most commonly reported reasons why IDP children cannot be accommodated in local schools:⁶

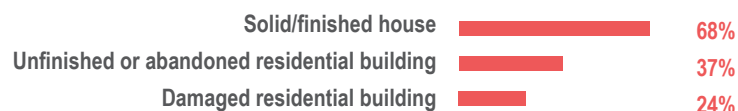
- 1 Overcrowding (too few teachers, classrooms, etc.)
- 2 Not enough teaching or learning supplies (stationary, textbooks, etc.)
- 3 Unsuitable environment (insufficient or no heat, electricity, toilets, furniture, ventilation, etc.)

29%). Repair or enhancement of education facilities were also commonly reported as education needs, especially winterisation (reported in 29 assessed location, 21%) and rehabilitation of buildings, including provision of appropriate WASH facilities (17 assessed locations, 12%).

Overcrowding of education facilities, reported in 11 assessed locations among the 13 where schools were reportedly unable to accommodate IDP children (85%), corresponds to schools having reached full capacity and being unable to host more children. Of note, seven assessed locations (five neighbourhoods of Hasakeh city, Tal Majdal and Khazneh Tal Tamr) had reportedly no functioning schools, with one or more education facilities functioning as collective centres, and reportedly no plan to close these.

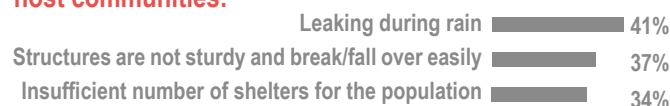
SHELTER

Most commonly reported shelter types for IDPs in host communities:⁶



Damaged residential buildings or unfinished/abandoned residential buildings that are likely to provide limited protection against rain, cold and heat were reported as one of the most common shelter types in 51 assessed locations (37%) and 34 assessed locations (24%). This led to high proportions of KIs reporting shelter problems related to poor insulation from rain (reported in 57 assessed locations, 41%) and cold (24 assessed locations, 17%). Reported shelter inadequacies also included slight damage (reported in 21 assessed locations, 15%) or heavy damage (23 assessed locations, 17%) and structural weakness (51 assessed locations, 37%).

Most commonly reported shelter problems for IDPs in host communities:⁶

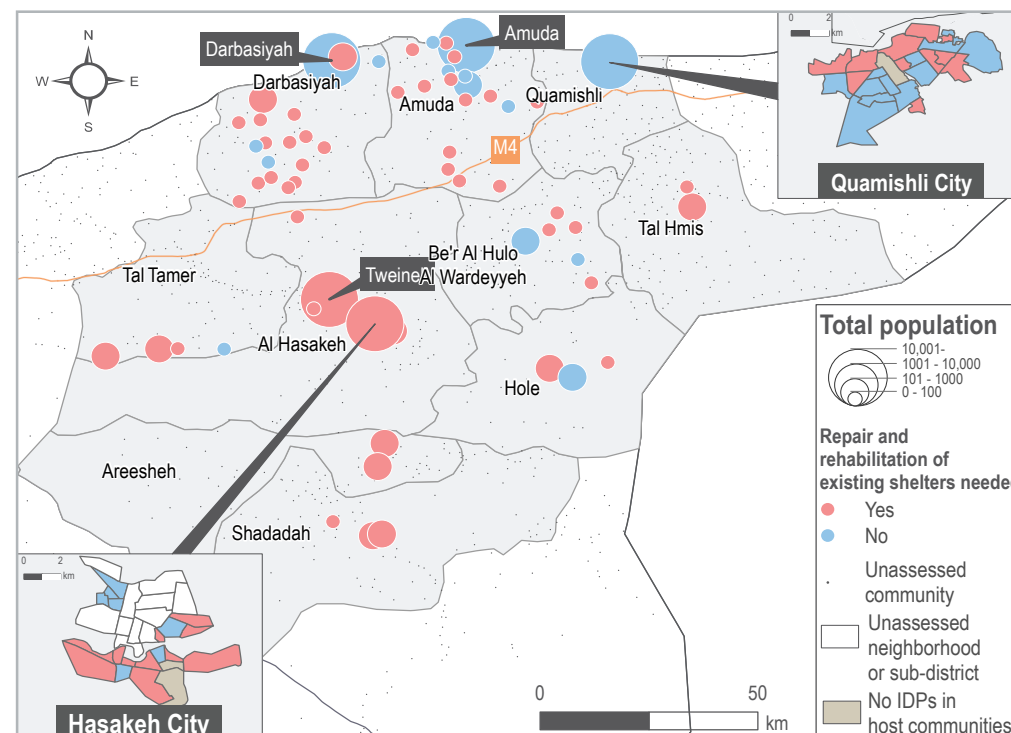


Overcrowding also constituted a significant shelter issue for IDPs in host communities across assessed locations. KIs in 39 of them (28%) reported more than 25% of IDPs shelters being overcrowded.

Specific shelter needs for IDPs in host communities:⁶

- | | | |
|---|------------------------------------------------------|-----|
| 1 | Repair and rehabilitation of existing shelters | 69% |
| 2 | Shelter NFIs (plastic sheets, sealing off kits, etc) | 65% |
| 3 | Financial support for paying rent | 45% |
| 4 | New, transitional shelters | 19% |

Need of repair and rehabilitation of existing shelter, as reported by KIs in assessed locations:



NFI NON-FOOD ITEMS

Shelter-related NFIs such as plastic sheets or sealing-off kits were the second most reported shelter need (reported in 90 assessed locations, 65%). The most commonly reported household items needs among IDPs in host communities were bedding items and mattresses/sleeping mats, as shown in the table on the right:

Most needed shelter items for IDPs in host communities:⁶

	#	%
Bedding items (sheets, pillows)	91	65%
Mattresses/sleeping mats	73	53%
Cooking fuel	51	37%
Carpet/mat for the floor	45	32%
Kitchen utensils	40	29%
Plastic sheets	21	15%

KIs in a total of 16 assessed locations (12%) reported that the population could not access cooking or heating fuel, mainly due to markets being closed and items being unaffordable.

With KIs in 33 assessed locations (24%) reporting it as a top three priority need, winterisation needs remained significant at the time of data collection, with temperatures remaining low

Assessed locations with no access to cooking fuel 20%

19% Assessed locations with no access to heating fuel

at night and with the previously mentioned lack of insulation. Among assessed locations, the top five most needed items reportedly include blankets, winter clothes (for adults and children), heating fuel and heaters.

FOOD SECURITY & NUTRITION

Across assessed locations, the main challenges in accessing sufficient food were linked to unaffordability due to increasing prices in northeast Syria. In [February 2020, REACH monthly Market Monitoring Exercise](#) recorded the highest Survival Minimum Expenditure Basket (SMEB) value since 2015, with an 38% increase from September 2019 alone. Moreover, it was reported in 33 assessed locations (24%) that markets were not functioning (all recorded in non-urban areas).

Proportion of assessed locations where the following problems feeding IDP in host communities infants and young children were reported, across the 46 assessed locations where problems were reported:⁶

Lack of fresh food for children	57%
Discontinuing exclusive breastfeeding during first five months	28%
Expensive price of milk	2%

Further, it was reported in 46 assessed locations (33%) that IDP families faced difficulties feeding infants and children under two years in the week prior to data collection. This was reported in 24 urban locations (59%).⁸ Lack of infant milk products or baby bottles/teats was the most commonly reported problem feeding infants and young children (reported in 32 locations, 70%). This shows a high reliance on these products, which suggests further monitoring from nutrition actors is required.

HEALTH

Estimated total number of people in need of medical assistance among the IDP population in assessed locations.

1,490

Healthcare was selected as a priority need in a total of 37 assessed locations (27%). Of particular concern were the 65 assessed locations (47%) where it was reported that no functioning health facilities were accessible. Among the 74 locations where health facilities were reportedly accessible, private clinics, hospitals and primary care facilities were reportedly accessible in 43 (58%), 31 (42%) and 30 (41%) of assessed locations, respectively.

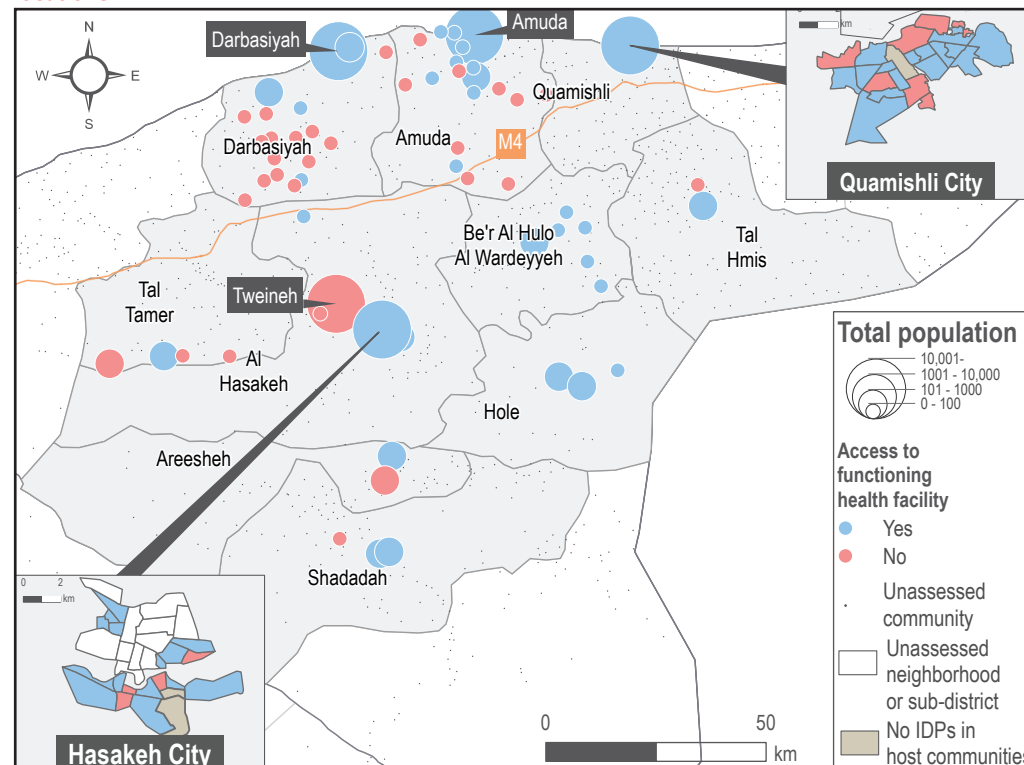
KIs in 15% of the 11 assessed locations with access to health facilities reported limited access for some specific groups, which included elderly people (60+) and people with disabilities in 7 locations (64%) and 5 locations (45%), respectively. These

difficulties were likely heightened due to limited transportation options to reach facilities, and reported high cost of doing so.

Most common challenges to accessing healthcare for IDPs in host communities:⁶

1	Lack of transportation	39%
2	Cannot afford to pay for health services	30%
3	Lack of ambulance services	23%
4	High cost of transportation	22%
5	No problems	17%
6	Lack of medicines at facilities	17%
7	Specialised services not available	14%
8	Access difficulties for people with disabilities	8%

Accessibility of functioning health facilities at/in nearby location, as reported by KI in assessed locations:



Lack of transportation was further exacerbated by the lack of ambulance service available in existing health facilities, if any were present at all: it was reported in 104 assessed locations with IDPs in host communities (75%) that no ambulance service was available. Further, in 128 assessed locations (92%) people reportedly relied on cars as the most common means of transportation of patients to medical facilities. Treatment for chronic disease was the most commonly reported healthcare need for IDPs in host communities, with KIs in 103 assessed locations (74%) reporting it. First aid/emergency care was reported as a healthcare need in 88 assessed locations (63%).

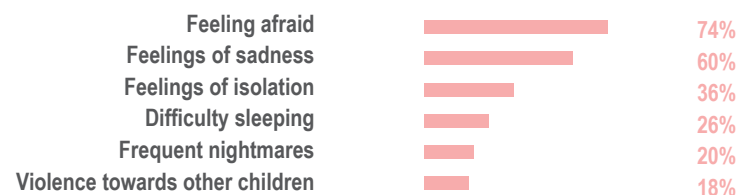
Specific health needs for IDPs in host communities:⁶

Treatment for chronic disease (diabetes, blood pressure, heart problems, kidney problems)	74%
First aid/emergency care (accident and injuries)	63%
Vaccination	48%
Antibiotics	47%
Skilled care during childbirth	19%
Diarrhoea treatment	8%

PROTECTION

Safety and security remains a concern for IDPs in host communities across assessed locations with KIs in 14 assessed locations (10%) stating this as a top three priority need. KIs in 5 assessed locations (4%) reported tensions between populations, while security incidents in the 5 days prior to data collection were reported in 8 assessed locations (6%) and unsafety for women and girls in 7 assessed locations (5%). In the seven locations that were considered unsafe for women and girls, the reported risks were domestic violence (reported in three assessed locations, 43%), followed by perceived unsafety while using latrines, showers or walking in the area, and rape or sexual assault (each reported in two assessed locations, 29%). Behaviour changes among displaced children were reported in 50 assessed locations (36%). Types of behaviour changes included the following:

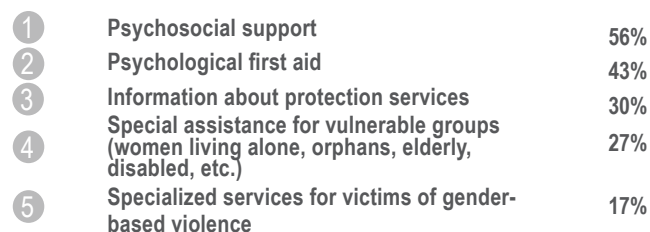
Most commonly reported types of behaviour changes among children for IDPs in host communities across the 50 assessed locations where KIs reported behaviour changes:⁶



It was reported in 81 assessed locations (58%) that psychological help was not available for IDPs in host communities, and when available, IDPs had little knowledge on how to access such services. Only half of assessed locations where services were available reported that IDPs know how to access these.

Most commonly reported protection needs for IDPs in host communities included psychosocial support, psychosocial first aid and information about protection services, that were reported in 78 (56%), 60 (43%) and 42 (30%) of assessed locations, respectively.

Top five specific protection needs for IDPs in host communities:⁶



ENDNOTES

¹ Northeast Syria -HNAP Flash Update #10 -23 October 2019.

² Due to the questionnaire logic, only one KI per assessed location was interviewed when no IDPs in host communities were reported. For assessed locations with IDPs in host communities, a minimum of two and up to eight different KIs were interviewed (one per sector covered in the assessment).

³ Al-Nasra city district includes four neighbourhoods of Hasakeh city (Me'ishiyeh, Qosour, Baytara and Al Mshtal). Data collected for Al-Nasra location thus refers to this aggregate of four neighbourhoods.

⁴ As of March 2020, 3.95 SYP correspond to 0.00569 USD (Infocore, European Commission)

⁵ HNAP, Movement Needs Monitoring, February 2020.

⁶ By number/proportion of assessed locations where reported. Only the 139 locations where IDPs in host communities were reported were assessed. As such, graphs and narrative in this report only reflects findings for these locations.

Locations where no IDPs or only IDPs in camps, sites, settlements or collective centres were reported are referenced in the complete [dataset](#).

⁷ Vulnerability groups taken into account for this assessment included: persons with disabilities, children at risk, older persons at risk, persons with serious medical conditions, women at risk, children head of household, single parents or caregivers, unaccompanied or separated children, and persons with specific legal and physical protection needs.

⁸ Urban locations here refers to the 44 assessed towns and cities of more than 10,000 residents, namely Hasakeh city, Quamishli city, Darbasiyah and Amuda (2 communities and 42 neighbourhoods).

⁹ The discrepancy between IDPs intending to stay and IDPs intending to leave might be related to a confusion between intention and willingness, with some IDPs willing to leave but unable to do so.

¹⁰ [SPHERE standards](#) recommend a maximum of 20 persons using the same toilet.

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 and follow us on Twitter [@REACH_info](https://twitter.com/REACH_info).