NORTHWEST SYRIA

DARKOSH, IDLEB AREA PROFILE

AREA-BASED ASSESSMENT 2021





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PBACKGROUND & 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 recognise 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 priorities 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

As the administrative centre of Darkosh sub-district, Darkosh community is located on Idleb's western border with Turkey, sitting approximately 21 km north of Jisr-Ash-Shugur city, 23 km west of Idleb city, and less than 45 km north west of the active front line areas near Ehsem and Ma'arrat An Nu'man.

Darkosh lies on the banks of the Orontes (Asi) River, amongst the foothills of the Al-Nusayriyah Mountains. Prior to the start of the conflict in 2011, Darkosh was a prominent area for tourism in Syria due its location on the Orontes River and reportedly remains a tourist destination for Syrians in Idleb, particularly in the summer months.¹

Following capture of the town by non-state armed groups (NSAGs) in November 2012, Darkosh and the surrounding area

were used as launching point for NSAG military operations to advance southward against government forces.²In more recent years, conflict in the area has centred around unauthorised attempts to cross the Turkish border and sporadic altercations between NSAGs. Occasional peaceful protests have also taken place in opposition to military operations and conflict-related violence.³

Falling under the broader administration of the Syrian Salvation Government (SSG), the Darkosh Local Council (LC) is the most direct governance actor for Darkosh's population. According to mapping FGD participants (see pg. 2, Phase 1), all decisions must first be approved by the Head of the LC, after which the District Department in Jisr-Ash-Shugur and the SSG's Ministry of Local Administration must give final approval. Coordination also occurs in reverse, where decisions made by higher bodies are passed down to the Darkosh LC for presentation to and feedback from the community.

Additionally, MFGD participants explained that the Darkosh Notables Council acts as an independent but complimentary body to the LC. Consisting of community leaders jointly selected by the population and the government, the Council functions to resolve disputes, work on project proposals, amendments and selection, and to help with implementation of decisions after consulting with executive authorities.

In relation to community groups, MFGD participant noted that the LC's Youth Office organises sports and other youth-centred activities, helps with awareness-raising and psychological support, and facilitates referrals to humanitarian organisations. Local volunteer teams and charity groups also support with awareness-raising activities for COVID-19, provide psychological support, and collect donations and carry out small projects to assist the population in meeting needs. In addition, an independent Women's Office is in development, aiming to increase involvement and empowerment of women in the community.











ASSESSMENT METHODOLOGY

Data for this assessment were collected in Darkosh between 17 June and 8 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
condu	cte	d per asse	ssm	ent phase/	1		

Data Collection Method	Amount	Date of Collection
Mapping FGDs	1 session	5 July, 2021
HH Surveys	189 HHs	11-17 October, 2021
KI Interviews	8 interviews	27-28 October, 2021
Community FGDs	6 sessions	16-17 November, 2021

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

REACH teams conducted 1 participatory MFGD in Darkosh on 5 July, 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 the Head of the Local Council head, 2 Local Council representatives, 1 Internally Displaced Persons (IDP) representative, 1 youth representative, 1 women's representative, and 2 community representatives, all of whom were residing in the assessed area.

REACH teams utilised a semi-structured questioning route to guide the discussion and participatory mapping component. The participatory mapping exercise utilised 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 "Darkosh area" assessed in all further phases of data collection.

Phase 2: Household (HH) Surveys

REACH teams conducted 189 household surveys in Darkosh between 11 and 17 October, 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.

Households were selected using random GIS sampling, with the boundaries of the assessed area corresponding to the mapped community area (see pg. 3, Map 2) and using the population estimates given by MFGD participants. Disproportionate stratified random sampling was used to achieve representative findings for both resident (never displaced and returnees) and IDP populations to a 95% level of confidence and a 10% margin of error.

Table 2: Population Estimates and Sample Frame based onInitial 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)
6,640	3,480	52%	94	95

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 specialised knowledge of service provision and sectoral conditions in the area between 27 and 28 October, 2021.

Complimenting 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.

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

REACH teams conducted 6 CFGDs with community members on 16 and 17 November, 2021. A semi-structured questioning route was used to collect information and key points of agreement and disagreement 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.

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 who were identified based on their belonging to a specific population group (IDP/resident, women/men, youth/adult). Local leaders and community representatives who participated in the MFGD assisted REACH teams with participant identification and helped to ensure the inclusion of participants from diverse backgrounds in each group.

I KEY LIMITATIONS

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

Therefore, findings for returnee HHs and female- and maleheaded HHs are not representative and should be interpreted as only indicative of the broader situation for those groups. In the assessed area, 19% of surveyed HHs were female-headed HHs, and 5% of surveyed HHs were returnee HHs.

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.

The above map represents the locally-defined boundaries of Darkosh community, an area which is centred around Darkosh town and it's most closely associated lands and villages which are administered by Darkosh Local Council (see pg. 1, Area Context). 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 people living within this area share the same customs, traditions, history, and religion, in addition to sharing access to the same basic services and living under similarly difficult conditions. They also noted that the natural features of the area, such as the Orontes River and surrounding mountains, bind the area's inhabitants together.

Participants felt that the defined area was different to nearby communities due the presence of a large town centre, the availability of strong government institutions and public services such as education and healthcare. Additionally, they differentiate Darkosh by what they described as both an educated and generally homogeneous population, the ancient history of the area and its status as a tourist destination, and by its different customs and traditions from other areas.

🔢 AREA MAPPING & CHARACTERISTICS

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





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W DEMOGRAPHICS

According to KI and MFGD findings, IDPs comprise approximately half of the larger population in Darkosh, with all IDPs living in residential housing rather than in camp/camp-like settings (see pg. 5). Of the resident population, KI data indicate that the large majority have not previously been displaced from the area for 1 or more months, with less than 10% of the population self-reporting as returnees.⁴ IDP HHs are, on average, slightly larger than resident HHs (6 members vs 5.4, respectively). Both resident and IDP HHs most commonly live in finished houses and apartments, with 6% of IDP HHs living in less secure shelter types and with IDPs reportedly experiencing greater housing insecurity due to their economic conditions.

Darkosh's population is young, with 52% under 18 based on HH data and 73% of HHs reporting the presence of school-aged children. While the majority of surveyed HHs are headed by males between the ages of 18 and 59, KI data indicate that around 8% of HHs in the area are headed my women. Additionally, it is estimated that 5% are headed by children (under 18 years), and 1% are headed by older persons (60+ years).

Heads of surveyed HHs had most commonly completed primary or secondary schooling (37% and 30%, respectively), with 13% also having completed high school and only 10% reportedly not having completed any schooling at all.

6,640	Estimated number of HHs (MFGD participant estimate)
<u>†</u> ₊5.4	Average # of HH members (Resident HHs)
<i>Դ</i> → 6.0	Average # of HH members (IDP HHs)

Estimated proportion of HHs by displacement status (as triangulated from MFGD and community KI data)



42% Non-displaced residents8% Returnees⁴50% IDPs

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



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:
* 8%	1 1 1%	††5%

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



43 Years

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

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



37% Primary (years 1-6)
30% Secondary (years 7-9)
13% High school (years 10+)
10% None
6% Undergraduate University
2% Vocational education
1% Preschool (kindergarten)
1% Postgraduate

HH member pregnancy, chronic illness, and disability⁵:



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

39% of surveyed HHs reported at least one HH member with a chronic illness

37% of surveyed HHs reported at least one HH member with a disability

Most commonly reported disability: 19% of surveyed
 HHs reported at least 1 HH member had difficulty seeing even wearing glasses

Reported shelter types of surveyed HHs (by % of surveyed resident and IDP HHs)

Resident HHs		IDP HHs
74%	Solid/finished house	58%
26%	Solid/finished apartment	36%
0%	Unfinished/abandoned building	4%
0%	Concrete block shelter	1%
0%	Container	1%



X→ DISPLACEMENT

Darkosh has been heavily impacted by conflict-related displacement from other areas of Syria, with half of its population being IDPs. While Darkosh has witnessed IDP arrivals since early in the conflict, the largest percentage of IDPs (20%) reportedly arrived in 2020. IDPs most commonly originate from other areas of Idleb governorate (62% of IDP HHs), coming from front-line areas such as Ma'arrat An Nu'man, Ehsem, Jisr-Ash-Shugur, and Saragab sub-districts.

Following mostly short-term displacement in 2012 during military offensives for control of the area, few members (1%-20%) of the pre-conflict population reportedly remain displaced from Darkosh. Among returnee HHs, 60% reported having previously been living outside of Syria, while 40% reported displacement within Syria only.

Both returnee and IDP HHs most commonly reported coming/ returning to the area due to the improved security situation. However, KI data suggest that the security situation and anticipation of conflict escalation led to new displacement in the year prior to data collection.



Push factors: Most commonly reported overall¹ top reasons for most recent displacement (by % of surveyed IDP and returnee HHs)

∕ર,→ IDPs			१ २ Returned	es*
1	Conflict/security situation	47%	Conflict/security situation	51%
2	Loss of income	25%	Loss of income	15%
3	Loss of assets	9%	Anticipation of future conflict	14%

Pull factors: Most commonly reported overall¹ top reasons motivating HHs to come/return to the assessed area (by % of surveyed IDP and returnee HHs)

∕, iDPs		র্? ন্থ Returnees [•]	
1	Safety/security 42% situation	Safety/security 32% situation	
2	Access to income/ 23% employment	Family ties/other relationships 23%	
3	Access to shelter/ 10% shelter support	Access to shelter/ 10% shelter support	

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Reported IDP living situations (based on triangulated KI and HH data)



75% Formal rental agreements 10% Co-renting with other HHs 10% Hosted without rent 5% Ownership arrangements

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% Collective centres 0% Transit sites

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

Approximately 150 HHs were displaced from the area in the 12 months prior to data collection, primarily due to conflict/security situation and anticipation of future conflict escalation. The majority reportedly moved to other communities in the governorate.

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

The community KI was unsure if further displacement from the area would take place in the weeks and months following data collection.

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





COMMUNITY PRIORITIES

ABA data on community priorities and levels of HH satisfaction with basic services and infrastructures emphasise high prioritisation of livelihoods support, as well as of improvements to access and quality of services/infrastructure for education, markets and support for bakeries and improved food security, electricity, healthcare, roads, sanitation, and agriculture.

Findings from both CFGD and HH questions regarding priorities for community recovery demonstrate the population's desire for support for improved employment opportunities and reduction of unemployment and poverty. Community members also highlighted the need for support related to new business creation and growth of existing businesses.

Additionally, HH and CFGD findings highlight that improved access to quality, affordable education is a key concern, where improvements are needed to increase attendance and support enhanced opportunities for and capacities of the area's youth.

Overall	top	priorities⁵	for	community	recovery,	as
reported	l by ⊦	Hs:				

1	Improved employment op	portunities
2	Improved energy/electrici quality	ty access/
3	Improved markets/financia access/quality	al service
4	Improved food access/qua	lity
5	Improved education acces	s/quality

Priorities⁶ for community recovery, as reported by CFGD participants:

1	[=	Improved education quality
2	*>>>	Support to livelihoods
3	Î	Improved healthcare quality
4	r T	Improved sanitation
5		Improved roads and transportation
6		Support to bakeries
7		Support to agriculture

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

	Service sector	% of HHs dissatisfied or very dissatisfied
	Markets	49 %
1	Roads	46%
Ψ.	Electricity	43%
I-	Education	30%
ц,	Water quantity (non-drinking source, if different)	20%
<u>أ</u>	Sanitation (solid waste)	16%
Ş	Healthcare	14%
U	Water quantity (drinking or all-purpose source)	13%
Ŧ	Sanitation (wastewater)	11%
	Transportation	8%
U	Water quality (drinking or all- purpose source)	1%
нт,	Water quality (non-drinking source_if different)	0%

HH prioritisation and satisfaction findings highlight that improvements to local markets are desired, with data indicating issues with price instability and item unaffordability. Relatedly, HHs commonly prioritised improved food quality and accessibility and participants in one CFGD session cited support to bakeries and improved affordability of bread as a community recovery priority.

Further, improved access to electricity was commonly prioritised by surveyed HHs, where electricity was among the top service sectors for HH dissatisfaction due to the high reliance on unaffordable, less accessible, or less sustainable sources.

CFGD findings also point to healthcare as a priority area for improvement, primarily in relation to support for the public hospital and increased capacity of all local facilities. Improvements to roads in the area were also highlighted by CFGD participants, where nearly half of surveyed HHs also reported dissatisfaction with road conditions.

Finally, CFGD participants prioritised improvements to sanitation and waste management for improved living conditions and reduced public health risks, and also prioritised support for improved resilience of the agricultural sector.





KEY ISSUES & RECOMMENDATIONS

Livelihoods Issues: Lack of access to start-up capital and market limitations for business creation and expansion, skills gaps for increased employment and business opportunities, higher difficulty finding employment for IDPs, women, older persons, and persons with disabilities.

Local Stakeholder Recommendations: Cash for work opportunities, increased vocational training access, MSME⁷ support (particularly for youth-led projects). Potential sectors for growth include textiles, manufacture of cleaning materials, clothing/ shoes, and sectors related to electricity/gas/water/sanitation.

Agriculture Issues: Unaffordability of fuel, seeds, fertiliser, and pesticides, high operational costs for farmers leads to reduction in cultivate areas and reduced fertiliser and insecticide use, crop damage due to drought and extreme temperatures, reduced *p* agricultural income and employment opportunities, gaps in knowledge/skills, services, and management capacities.

Local Stakeholder Recommendations: Provision of fertilisers, seeds, and pesticides, provision of fuel or solar pumping systems, provision of periodic agricultural consultations and monitoring, increased training of and knowledge-sharing among local farmers.

Water Issues: Piped network does not reach all HHs due to urban expansion, insufficient water pumping capacity for piped network and agricultural irrigation, increased dependence on higher-cost alternative sources.

Local Stakeholder Recommendations: Support with expansion and increased functionality of the water network, including increased pumping capacity.

Healthcare Issues: High demand on local facilities due to conflict impacts and COVID-19, overcrowding and reduced ability to provide care to all patients, lack of equipment and medication at facilities, unaffordability of medication and treatment costs, lack of specialised care for older persons and persons with disabilities.

Local Stakeholder Recommendations: permanent support for the public hospital and other public facilities (staff salaries, equipment, medical supplies, medications), support for increased access to medications and specialised care, improved COVID-19 awareness and increased COVID-19 vaccination rate.

Electricity Issues: Damage to existing network infrastructure, high dependence on private solar panels which are not affordable for all HHs, high cost of fuel for generators and unsustainability of alternative sources, impacts on water pumping capacity for network and agricultural irrigation, impact on price of local goods and services requiring high energy for production.

Data-Based Recommendations: Support for maintenance and repair of the electric network, increased accessibility of alternative, sustainable sources (solar).



Local Stakeholder Recommendations: Provision of cash assistance for meeting basic HH food and NFI needs, implementation of effective price monitoring and regulation measures, support for increased quality of available goods.

Livestock Issues: Unaffordability of fodder and reduced pasture areas, destocking of herds, decreased livestock and livestock goods value, reduced livestock income, lack of veterinary services and livestock sector management capacity, lack of livestock skills/

knowledge, lack of support for improved herd management and production.

Local Stakeholder Recommendations: Provision of livestock feed, medicines, and veterinary services, improvement of livestock breeds for enhanced production, support to local businesses for improved livestock goods production.

Sanitation Issues: Sewer networks do not reach all HHs due to urban expansion, damage to sewer networks, reliance on HH-dug sewage pits, build-up of solid waste in streets, increased pollution and public health risks.

Local Stakeholder and Data-Based Recommendations: Support with repair and expansion of sewer networks, support for improved solid waste collection frequency.

Education Issues: High demand on local facilities, overcrowding and increased COVID-19 risk, insufficient staff and need for teacher trainings, lack of educational supplies/equipment, need for improved infrastructure/learning environments, COVID-19 disruptions and school closures, unaffordability of services and materials, lower access for girls in local facilities.

Local Stakeholder Recommendations: Support for staff salaries and school supplies/equipment, teacher trainings for improved efficiency/quality, establishment of recreational/ educational activities, monitoring/follow-up on student drop-outs.

Road and Transport Issues: Road damage limits travel to/from surrounding areas, susceptibility to flooding and safety concerns, heavy traffic, lack of access to transportation service for some HHs, unaffordability of transportation services.

Local Stakeholder Recommendations: Maintenance and rehabilitation of roads in the area to reduce travel-related hazards and to facilitate access to surrounding areas and services in larger cities.

***** RESILIENCE: SHOCKS & STRESSES

To better understand what support is needed to increase resilience and foster community recovery in Darkosh, it is essential to examine the range of negative shocks and stresses⁸ experienced by the population and local systems, the broader impacts of those shocks and stresses, and the perceived strengths and weaknesses of the community in mitigating, adapting to, and recovering from them. The below summary triangulates resilience-focused findings from qualitative information collected from KIs and CFGD participants.

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)

Increased Gender-Based Violence COVID-19 Spread Drought Conflict Impacts Urban Expansion Currency Depreciation Extreme Temperatures COVID-19 Measures Low Quality Inputs Lack of Livelihoods

The **depreciation of the Turkish lira (TRY)** against the U.S. dollar (USD) was the most commonly reported shock/stress impacting the community in the 12 months prior to data collection, resulting in significant price increases and the continuous decline of local purchasing power. Beyond impacts on food security and affordability of basic goods and services, depreciation also impacted local businesses, causing business size reduction, increased unemployment, and reduced investment. This occurred in a context where **lack of livelihoods** is already a critical challenge for the population.

Currency depreciation also impacted the agricultural sector as the cost of key inputs similarly increased, contributing to an overall reduction in production which further impacted the availability and affordability of livestock feed. Further, price increases impacted access to education as increases in the cost of basic supplies and materials reportedly led to drop-outs and as the general reduction in purchasing power and income led to increased child labour.

COVID-19 measures were also commonly reported as having had a negative impact, namely on access to livelihoods and education. Movement restrictions affected the population's ability to earn an income and seek employment opportunities, leading to increased unemployment and poverty in the community. Such restrictions also led to a reduction in local business activity and productivity and associated road closures further created barriers to the export of locally produced goods. Additionally, the change to distance education led to decreased education access and to an overall reduction in attendance. Additionally, the **spread of COVID-19** itself impacted the healthcare sector as overcrowding and increased demand put additional pressure on already under-resourced facilities. Additionally, **drought** and **extreme temperatures** were cited as having had significant negative impacts on the agricultural and livestock sectors and related livelihoods. Compounding the issue of high agricultural production costs and reported **poor quality of agricultural inputs**, drought and high temperatures led to crop damage, crop loss, and overall reduced cultivation and production. Cold weather and frost also reportedly led to crop damage in the community, further exacerbating cultivation-related challenges. Reduced production also resulted in reduced availability of crops for animal feed, compounding already rising costs for livestock holders.

The **conflict context and its impacts** have negatively affected the community, where fear of air strikes from passing military aircraft led to temporary closures of markets, businesses, and disruption of trade. Further, local healthcare facilities' capacity is reportedly strained by the influx of casualties from surrounding conflict-affected areas.

Additionally, **urban expansion** and **insufficient infrastructure** have acted as development constraints,⁹ as urban expansion outpaced water and sewer network expansion and as disrepair of infrastructure further reduced water and sanitation access.

Additionally, CFGD participants noted that the occurrence of **gender-based violence** in their community acted as a stressor, leading to degraded moral and social values.

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

ĊĊĎ	Availability of markets	Availability of water resources	Availability of basic services	Effectiveness of local actors
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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)

Lack of financial resources price control Absence of needed skills/ specialisations upport

In describing **strengths of the community** in coping with and adapting to these shocks and stresses, CFGD participants commonly reported that the general availability of markets, water resources such as the Orontes Rives, and of free or low-cost basic services were key factors. Participants also mentioned that the effectiveness of local actors such as the Local Council, volunteer teams, and charities in support the community were key capacities. The presence of agricultural land was noted as an additional strength of the community in dealing with shocks and stresses, though the sector had experienced challenges.

Conversely, the lack of financial resources, lack of effective price controls to manage inflation, the absence of high levels of specialised skills among the population, and the lack of livelihoods support were most commonly noted by CFGD participants as **limiting factors** for the community's ability to adapt and recover from shocks and stresses.



SOCIO-ECONOMICS, LIVELIHOODS, & MARKETS

Socio-economic, livelihoods, and market conditions in Darkosh have been heavily impacted by the depreciation of the TRY and resulting price inflation, the imposition of COVID-19 prevention measures, and the onset of drought and climate conditions, all of which have negatively impacted access to sufficient income for the population.

Support to local livelihoods, including for increased employment and income and growth of local businesses, was among the top community recovery priorities cited by both surveyed HHs and CFGD participants. CFGD participants highlighted that community members face increasing difficulties as a result of lack of job opportunities, low wages, and inability to afford basic needs as prices continuously increase.

HH data highlight the importance of the agricultural sector to local livelihoods, particularly for resident HHs who commonly earn income from agricultural work. Agriculture was also the top livelihoods source for surveyed female headed HHs, 36% of which reported it as the primary sector from which their HH earned income.

EXAMPLE 1 EXAMPLE 2 EXAMP

Average monthly HH income¹² (by surveyed HH type)

НН Туре		Income amount
All HHs	***	1,194 TRY
Resident HHs	Ĺ↓	1,203 TRY
IDP HHs	13→	1,186 TRY
Male-headed HHs	Ť	1,231 TRY
Female-headed HHs	Ť	1,037 TRY

Most common sectors/sources from which HHs primarily earn income (by % of surveyed resident and IDP HHs)

Resident HHs ¹⁰		IDP ŀ	HHs
Agriculture 40%	1	19%	Agriculture
Marketplace vending 7%	2	14% I	Marketplace vending
Hospitality industry 7%	3	9%	Wholesale/retail
Wholesale/retail 6%	4	7% (Crafts
Education/childcare 5%	5	5% I	Hospitality industry
> 75% of s	surve ome	eyed HF	Is did not earn ther sectors/sources

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



45% Self-employment/entrepreneurship
24% Informal daily work agreement (verbal)
15% (written, 1 month+)
13% Informal long-term work agreement (verbal)
1% Short-term formal employment agreement (written, less than 1 month)
1% Other

1% Prefer not to answer



- 91% General lack of employment opportunities
- 31% Lack of employment opportunities matching skills
- **22%** Exploitation in the workplace
- Lack of employment opportunities for persons with physical or cognitive difficulties

93% of surveyed HHs reported no adult female HH members earning income

Primary employment barriers faced by women in the assessed area (as reported by the livelihoods KI)

Lack of	Available jobs	Lack of
needed	are considered	childcare
skills	men's jobs	services

Most commonly reported sources from which female HH members were actively earning income (by % of the 7% of HHs reporting)*

Education/childcare	38%	
Beauty/grooming/wedding industry	23%	
Healthcare services	23%	

While agriculture was also the most common primary income source for IDP HHs, IDP livelihoods appear more diversified, likely as a result of lower land ownership (see pg. 13). According to CFGD participants, IDPs general face more significant barriers to finding employment, often working for lower wages and relying on daily wage work.

Further, 75% of surveyed HHs reported that they did not earn income from additional sources. However, resident HHs more commonly reported secondary income sources compared to IDP HHs (33% vs 17% of HHs, respectively). Where HHs reported earning from other sources, agriculture remained most common for both resident and IDP HHs (11% and 2% of HHs), followed by marketplace vending (4% and 2% of HHs). Surveyed female-headed HHs most commonly reported humanitarian assistance as a secondary source (6% of HHs).

Additionally, CFGD data highlight male unemployment and the absence of women in the workforce, with 93% of HHs reporting no female members actively earning income. A general lack of job opportunities was a common barrier for male employment, while women are limited by perceptions that many jobs are only suitable for men and by lack of childcare. Both male and female unemployment was also attributed to insufficient skills. Beyond barriers for women and IDPs, CFGD participants noted that persons with disabilities, older persons, and returnees face greater issues finding work.

Due to challenges finding employment locally, KI data indicate that 1%-20% of the local labour force seeks employment outside Darkosh, engaging primarily in daily migration for work in construction, government/public services, and the humanitarian sector.

🗴 HH Expenditure & Ability to Meet Needs

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

НН Туре		Expenditure	Income
All HHs		1,223 TRY	1,194 TRY
Resident HHs	Ĺ≁	1,205 TRY	1,203 TRY
IDP HHs	R→	1,238 TRY	1,186 TRY
Male-headed HHs	Ť	1,219 TRY	1,231 TRY
Female-headed HHs	Ť	1,240 TRY	1,037 TRY

The average surveyed HH reported a monthly expenditure amount 1.3 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	59%	566 TRY
Education	11%	111 TRY
Rent/shelter	11%	102 TRY
Healthcare & medication	11%	97 TRY
NFI	10%	97 TRY

Reported HH ability to meet basic needs¹³ over the previous 3 months (by % of surveyed resident and IDP HHs)



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





ABA data demonstrate that HH income is often insufficient to cover basic expenditures, where 66% of surveyed HHs reported a monthly expenditure amount that was higher than their reported monthly income. In fact, the average HH's reported expenditure amount was 1.3 times their reported income.

Indeed, 29% of resident HHs and 57% of IDP HHs said their ability to meet basic needs in the previous 3 months was poor or very poor, with 59% of surveyed female-headed HHs reporting the same.[•] The ability to meet needs deteriorated for many HHs over the same time period, where some degree of deterioration was reported by 39% of resident HHs, 48% of IDP HHs, and 52% of female-headed HHs.

CFGD participants highlighted that due to high prices and low purchasing power the population is generally unable to meet winter heating needs, food needs, and needs for clothing and HH NFIs.

To meet such needs, CFGD participants noted that HHs often rely on borrowing money or buying items on credit, resulting in high prevalence of debt among the population. HH findings mirror this fact, where borrowing money was the most commonly reported coping strategy for residents, IDPs and female-headed HHs,[•] and where buying items on credit was among the most common strategies for all groups. As a result, 62% of surveyed HHs reported being in debt at the time of data collection (similar for all HH types), with only 10% reporting the ability to repay the debt in the coming 6 months.

Adjustment of food consumption practices was also common amongst HHs, and CFGD participants stated that HHs resort to purchasing lower quality, less expensive food and non-food items. Participants further noted that community members, particularly IDPs, settle for working for lower wages or manual labour work, and work longer hours or multiple jobs to support their needs. Other strategies include sale of land, real estate, cars, and livestock in emergency cases, measures which IDPs are less able to utilise due to lower asset ownership. Persons with disabilities and older persons are also reportedly less able to cope with high prices and meet basic needs.

Most commonly reported coping strategies for inability to afford basic needs used by HHs in the previous 3 months (by % of the 56% of resident HHs and 60% of IDP HHs reporting use of coping strategies)⁺

Resident HHs			IDP	HHs
Borrowing money	34%	1	51%	Borrowing money
Adjusting food consumption practices	34%	2	36%	Adjusting food consumption practices
Decreasing non-food expenditures	29%	3	28%	Decreasing non-food expenditures
Selling humanitarian assistance	14%	4	18%	Purchasing items on credit
Purchasing items on credit	12%	5	14%	Selling humanitarian assistance

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

62%

of surveyed HHs reported being in debt at the time of data collection. 66% of female-headed HHs reported being in debt.

10% of those HHs reported having the capacity to repay their debt in the next 6 months

21%

of surveyed HHs reported having liquidated savings at the time of data collection. 6% of female-headed HHs reported having savings.

7% of those HHs reported their savings decreased or significantly decreased over the previous 12 months

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

Male adults (25-59)	80%
Female adults (25-59)	10%
Older males (60+)	7%





🖶 Local Business & Livelihoods Opportunities

While many HH are dependent on income from agriculture, Darkosh hosts a relatively diverse range of other business sectors, including among others wholesale and retail stores, restaurants and cafés, crafts and construction businesses, and industrial facilities for local production of dairy, cleaning products, and building materials.

However, ABA data point to both skills gaps and lack of investment capital and credit as key barriers to business growth and creation which would support increased employment. Indeed, the majority of local businesses are micro or small in size, unable to employ a large number of community members. Only 7% of surveyed HHs reported running a business, where they noted that market limitations such as high cost of shop rental or lack or display space were key challenges. HHs and CFGD participants also cited a lack of quality inputs and lack of credit and capital as key issues for running local businesses.

While 14% of HHs reported interest in starting businesses, HHs are restricted by a lack of start-up capital and by market limitations. CFGD participants also emphasised the need for increased skills and vocational training opportunities for creation of new businesses and improved employability, especially for women. While MFGD participants noted the presence of a private training centre which provides paid computer and nursing courses, findings suggest that additional support is needed to provide a wider range of affordable or free training opportunities with specialised and qualified trainers.

KI data suggest that training is needed to increase women's business administration skills, including for accounting, finance, and English language, for improved employment and business opportunities.

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



50% Micro (owner/family)
30% Small (1-4 employees)
15% Medium (5-9 employees)
5% Large (10+ employees)

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

Sewing/textiles	
None reported	
Electrical/gas/water/sewage /waste	

New economic sectors in previous 12 months

Previously-existent economic sectors

ctrical/gas/water/sewage
/wasteNeeded economic sectors (in
demand but not currently
available)

Support for improved cleaning

production would reportedly

benefit community recovery

products and clothing and shoes

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

most

Woodwork Cleaning products Clothing and shoes Construction materials



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



79% No, have not considered it

14% Yes, but have not started

7% Yes, currently running a business

1% Yes, started but no longer active

Most commonly reported primary challenges to running HH businesses (by % of the 4% of HHs reporting)⁺

Market limitations¹⁴

Warket Infiliations	53%
No challenges	40%
Unavailability/insufficiency/ quality of inputs	22%
Absence of access to credit	15%
Absence of start-up capital	15%

Most commonly reported primary factors preventing HH members from starting/continuing businesses (by % of the 15% of HHs reporting)*

Absence of start-up capital	93%
Market limitations	48%
Absence of necessary skills	11%
Unavailability/insufficiency/quality of infrastructure	7%
Unavailability/insufficiency/quality of inputs	7%

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

Women	Youth	IDPs
Accounting/finance	IT/computing	IT/computing
Management	agement Communications/ mobile repairs	Communications/ mobile repairs
Languages		Agriculture

Youth and IDPs would reportedly benefit from IT/computing and communications/mobile repair trainings, where such skills were reported to be present in only 6% and 1% of surveyed HHs, respectively. IDPs would also reportedly benefit from agricultural skills trainings for increased involvement in the sector.

KI data indicate that support to the growing textile sector would benefit economic recovery and point to a need for increased local manufacturing/processing and growth of sectors related to electricity/ gas/water/sanitation. Further, a number of non-food items are produced locally, where increased production of cleaning materials and clothing/shoes would reportedly benefit the community most.

Recommendations: FGD participants and the livelihoods KI cited a need for cash for work opportunities for immediate mitigation of unemployment and poverty, for increased access to vocational training opportunities, and for support to local businesses for sustainable livelihoods growth (particularly to projects run by youth).

Markets & Financial Services

Darkosh hosts several sizeable market areas, including central open air markets for food and NFIs and areas with smaller shops offering a variety of products and services. The markets KI also reported the availability of currency exchange and money transfer (hawala) services in the community.

MFGD participants noted that people from nearby communities commonly access Darkosh's markets and HH data indicate the population generally has good access to food and NFI markets. However, nearly 50% of HHs were dissatisfied with market accessibility or quality/availability of items and improvements to these aspects were a top priority reported by surveyed HHs.

HHs most commonly reported experiencing issues with unstable item prices, due to the fluctuation of TRY value against the USD, as well as with the unaffordability of basic goods due to price inflation and reduced purchasing power. Unstable exchange rates were also reported by the KI as a barrier to market functionality, alongside issues with high shop rental costs and other market limitations, and issues with the quality of products due to supply and storage challenges.

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





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Most commonly reported issues with markets in assessed

and/or nearby communities (by % of the 100% of HHs reporting)

Item prices are unstable	59%
Cannot afford essential items	44%
No issues	32%
Distance to markets	18%
Lack of transportation to markets	16%

Primary market functionality barriers (as reported by markets KI)

🛱 Unstable exchange rate causes frequent price fluctuation

Market limitations (high shop rental cost/lack of display space)

Low quality/spoiled products, supply/storage issues



Additionally, the markets KI noted that the sporadic passing of military aircraft and the imposition of COVID-19 measures negatively impact market and business functionality as well as trade and export of locally-produced goods.

Recommendations: The markets KI emphasised the need for cash assistance to support HHs in meeting basic food and NFI needs, more effective price monitoring and control measures, and support for increased quality of goods available in local markets.







AGRICULTURE

As the most common source of HH income for Darkosh's population (see pg. 9), shocks and stresses on the agricultural sector have had significant negative impacts on local livelihoods and the economy. Indeed, the convergence of increased input costs with drought and harsh temperatures has led to an overall decrease in production and the decline of the sector and related livelihoods more generally.

The agricultural sector in Darkosh centres primarily around citrus and olive production, where agricultural land is more commonly owned or leased by resident HHs than by IDPs (35% of surveyed resident HHs reporting ownership/rental versus only 2% of IDP HHs). Additionally, while men and women are commonly involved in agricultural activities around their HH's crop production, only 11% of surveyed female-headed HHs reported owning agricultural land.[•] Locally produced crops are primarily processed locally sold in Darkosh's markets, making local production important for local food security.

KI and CFGD findings highlight increasing production costs as a key challenge. Specifically, farmers face issues due to rising prices of fuel, fertilisers, pesticides, and seeds, reportedly leading to an increase in debt as farmers resort to borrowing money to afford inputs. Increasing costs have also led farmers to cultivate smaller areas, use reduced amounts of fertiliser, and reduce the number of insecticide spraying cycles, all of which have contributed to reduced yields.

📸 Agricultural Livelihoods & Land Ownership

29% of surveyed HHs reported agriculture as their primary income source

of surveyed HHs reported agriculture as a secondary income source

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



6 dunams* Average number of dunams owned and/or leased by surveyed HHs 5 13 2 Resident HH average IDP HH average Leaded HH average*

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Y Agricultural Production

Primary HH members involved in agricultural and/or livestock production activities (by % of the 21% of HHs owning/ renting land and/or livestock)^{*}

Male adults (25-59)	41%	
Female adults (25-59)	41%	
Male young adults (18-24)	15%	



Reported crops HHs primarily earn income from (by % of the 18% of HHs owning/renting land for agriculture)^{*}

1	Citrus	60%
2	Olives	51%
3	Other fruits	28%
4	Other vegetables	23%
5	Grapes	9 %
5	Tomatoes	6%

The majority of locally-grown crops are processed locally and sold in markets within the community, with most common buyers being wholesalers, retailers, and consumers at markets, as reported by the agricultural KI

KI and CFGD data show that the high cost of fuel also acts as a barrier for irrigation-related pumping (see pg. 16) and that drought conditions have contributed to crop loss, crop damage, and lower production. Additionally, farmers reportedly resort to continuing cultivation of summer crops in other seasons to deal with drought and high temperatures. Adding to crop damage from lack of rain, KI data indicate that the presence of frost and the poor quality of available pesticides further reduced crop quality in the previous season.

High production costs and crop damage have led to the reduced value of local crops, where such loss in value was reported as having significant negative impacts on community recovery and resilience as farmers were often forced to sell crops at a loss. CFGD participants also noted that these challenges have caused farmers to move away from work in the agricultural sector, further reducing already lowered local production, and challenging the sector as a key source of local income and food security.





Agricultural Management & Capacity

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

Agricultural Directorate, (Affiliated with the SSG's Ministry of Agriculture) Coordinates with Darkosh Local Council to provide seeds for farmers. Issues statements and carries out agricultural assessments.

Relief Office (Darkosh Local Council) Responsible for compiling list of local land owners and farmers in need of seed support, coordinating with the Agricultural Directorate for distribution.

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



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



The overall decrease in production not only led to reduced income for farmers and reduced availability of locally-produced goods in Darkosh's markets, but also to the reduced availability of agricultural employment, impacting community members who rely on the sector for daily work. Challenges facing the sector have also reportedly impacted the local livestock sector due to the reduced variation of fodder crops being cultivated and reduced availability of viable pasture areas (see pg. 15).

In relation to local capacity, CFGD participants highlighted the need for increased knowledge and skills training for local farmers. The agriculture KI also highlighted gaps in agricultural management resources and capacities. In particular, participants noted that farmers often lack information about crop suitability, and the KI noted that training is needed for both farmers and management actors on a wide range of topics and skills, including planting cycle methods and soil preparation techniques, practices for reduced use of chemicals, early production methods, and greater awareness of the impacts of negative agricultural practices.

In addition, the KI reported the need for pest and disease prevention and control services as well as for the installation of functional public irrigation systems. Beyond increasing access to affordable inputs, the KI again cited the need for irrigation system as well as the need for and access to zero-tillage machinery and smaller agricultural tools.

Recommendations: The agriculture KI pointed to a need for support to farmers for improved access to fertilisers and seeds, provision of fuel or solar pumping systems, and provision of periodic agricultural consultations and monitoring by technical experts. CFGD participants further reported the need for increased training of local farmers on suitable crop selection and modern cultivation methods, and for increased knowledge-sharing and connection among those working in the sector.

Key Agricultural Issues

Key reported agricultural issues (triangulated KI and CFGD findings)

- Increased operational costs due to increased input and fuel costs
- → Reduction in cultivated land and fertiliser and insecticide use, overall reduction in local production
- ightarrow Decreased crop value, impact on income and employment
- Crop damage due to drought and extreme temperatures

- Gaps in agricultural knowledge/skills, available services, and management resources and capacities

IVESTOCK

CFGD participants noted that livestock ownership is seen as a strength for dealing with shocks and stresses in the community, where the sale of livestock or livestock products can act as a source of additional income when needed. Despite this fact, KI and CFGD data highlight that the unaffordability of feed, reduced pasture areas, lack of access to veterinary services and treatments, and lack of support for livestock goods production act as significant challenges to the sector.

While the livestock sector was not commonly reported as a key source of income for Darkosh's population, 11% of surveyed female-headed HHs[•] and 9% of resident HHs reported livestock ownership (reported by only 2% of IDP HHs). Further, the KI reported the local production and processing of a number of livestock good and animal products.

However, ABA data indicate that reduced agricultural production and pasture availability has led to significant price increases for fodder, exacerbated by the similarly high price of imported fodder. According to the livestock KI, increased prices result in the low value of livestock and livestock goods compared to the cost of production, leading to reduced income for livestock holders. High fodder prices also reportedly lead livestock holders to sell off animals at low prices (destocking) in order to afford costs for the remainder of their animals.

📸 Livestock Livelihoods & Ownership

of surveyed HHs reported livestock as % their primary income source

of surveyed HHs reported livestock as a secondary income source

Yes

HH livestock ownership (by % of surveyed HHs)



11% of surveyed female-headed HHs reported owning livestock[•]

Concentrate mix

Crop residue

Types of livestock and animals owned by surveyed HHs (by

% of the 5% of HHs owning livestock)

Sheep	40%	
Dairy cattle	40%	
Goats	39%	
Poultry	31%	
Non-dairy cattle	20%	





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

Meat	\checkmark	
Milk	Support for	
Cheese/yogurt	improved meat ar	۱d
Butter/ghee	milk production would reportedly	
Honey	benefit communit recovery most	ÿ
Fertiliser/manure		

Most locally-produced livestock goods are processed locally and sold in other markets of Idleb governorate, with the most common buyers being retailers, wholesalers and consumers at market, as reported by the livestock KI

Additionally, data point to challenges with livestock management capacity and service availability. The sector reportedly lacks official management and dedicated support, where the absence of basic services such as vaccination campaigns is linked to declining livestock health and, in combination with destocking, with livestock and livestock goods shortages. Local livestock holders reportedly also require training to increase their capacity for herd management and increased production.

Recommendations: The livestock KI cited a need for supporting the sector with feed, medicines, and other veterinary services, as well as improvement of livestock breeds for enhanced production. CFGD participants also noted the need for support to local businesses for improved livestock goods production.

🖺 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)

r- 1i⊡ Sufficient technical knowledge and skills X Needed inputs/equipment are available ** Needed services are available Knowledge/skills needed: basic medical care/vaccine administration, parasite prevention/ management, fodder diversification methods. bee-keeping best practices Inputs needed: quality fodder

Services needed: vaccination campaigns, fodder provision, other basic veterinary services

Key Livestock Issues

Key reported livestock issues (triangulated KI and CFGD findings) Lack of affordable, quality fodder ightarrow Destocking of herds to afford inputs Wheat/barley fodder \rightarrow Decreased livestock goods production and income Lack of access to veterinary services



Primary types of livestock feed used

🔁 WATER

The availability of ground and surface water resources and free public water services were emphasised by CFGD participants as strengths of the community in meeting basic needs. However, HH and KI data suggest that some community members experience issues accessing sufficient quantities of water due to insufficient network coverage and pumping capacity. Data also indicate partial water insufficiency for agricultural irrigation due to lack of rain and the high cost of pumping.

While HH data show that two-thirds of surveyed HHs rely on the piped network for drinking or all-purpose water, network coverage and functionality issues have led to increased reliance on more expensive and often lower-quality alternative sources such as private water trucking and wells. HH and KI findings show that the expansion of the water network has not kept pace with population growth and urban expansion, where 10% of surveyed HHs reported lacking connection.

Where HHs are connected, water is sourced from nearby Ain Al Zarqa and Al Dabbagh springs and local wells and is delivered on a rotating basis to different neighbourhoods due to the associated water station's lack of capacity to simultaneously deliver to all areas.

HH Water Usage & Sufficiency

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

	66% Piped water network
	15% Private borehole/well
	10% Paid community borehole/well
	5% Private water trucking
	4% Free community borehole/well
L	
13%	of surveyed HHs were dissatisfied or very dissatisfied with source quantity
1%	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 10% of HHs who reported using a different primary source for non-drinking water than for drinking water)

•		5	5	-
		62%	Private water truck	ing
		16%	Private borehole/w	vell
		6%	Public tap/standpi	ре
		6%	Paid community be	orehole/well
		5%	Surface water	
		5%	Bottled water	
	20%	of surveyed	HHs were dissat	sisfied or very
	00/	of curveyed	HHc wore discat	ticfied or yory
	0%	dissatisfied	with source qual	lity (if different)
r — — · I	Water	network i	nfrastructure	is reportedly
	present	t but supply	is insufficient	and 1%-20% of
	HHs ar	e not connec	ted, according	to water KI
		Informing		

REACH more effective humanitarian acti Most commonly reported HH water issues (by % of surveyed HHs)⁺

	Quality issues with primary source (network)	None re	ported
5	Pumping not frequent enough		6%
4	Not enough pressure to pump water		6%
3	Main network does not reach HI	H in	10%
2	Alternative sources too expensiv	/e	10%
1	No issues		78%

(as reported by water KI)

As such, HHs with connection receive water between 3 and 4 days per week. MFGD participants noted that the area's geography also poses challenges to network functionality, where those living in higher elevations or on higher floors of buildings experience additional barriers related to pumping pressure.

Further, CFGD participants reported that while the Orontes River is a strategic public asset for the community, many HHs are unable to benefit from it due to reliance on insufficient or ineffective methods of fetching water directly from the river, leading to water wastage.

As a result of these issues, a relatively small percentage of HHs reported water insufficiency for basic needs in the 3 months prior to data collection. This insufficiency leads to adoption of negative coping strategies such as reduced drinking water consumption and dedicating more HH income expenditure to water costs from expensive sources such as water trucking. CFGD participants also noted that HHs may resort to digging new private wells for increased water access, where it is unclear if such activities are regulated.

Finally, beyond impacts of drought and lack of rain, the high cost of pumping water for irrigation (associated with fuel costs), has negatively impacted agricultural water sufficiency. With reliance on river water and private well water when rain-fed methods are not viable, limitations on water pumping compound other agricultural issues (see pg. 13) and contribute to decreased local production.

Reported coping strategies for a lack of water used by HHs in the previous 3 months (by % of the 7% and 2% of resident and IDP HHs reporting insufficiency)⁺

Resident HHs		IDP HHs		
Reduce drinking water consumption	86%	1	50 %	Reduce non-drinking water consumption
Reduce non-drinking water consumption	43%	2	50 %	Borrow water from friends/family
Rely on drinking water stored previously	43%	3	50 %	Spend money usually spent on other things
Spend money usually spent on other things	14%	4		No other strategies reported

Agriculture & Livestock Water Usage and Sufficiency

Agriculture (reported by agriculture KI)

Primary water source: Surface water

Secondary water sources: Private boreholes/wells, rainwater

Agricultural water sufficiency: Partially insufficient

► Causes: High cost of operating irrigation systems, water pumps only function a few hours per day

Reported impacts: Contributes to decreased production

Livestock (reported by livestock KI)

Primary water source: Surface water

Livestock water sufficiency: Completely sufficient

Causes: N/A

Reported impacts: N/A

B Water Management Actors & Capacity

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

Services Office (Darkosh Local Council) Supervises pumping and repairs for the water network, responsible for addressing complaints

International NGO

complaints Provides support for pumping at water stations

 \checkmark

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

Sufficient number of staff

1ª	Sufficient technical knowledge	
.	Sufficient technical skills	
X	Needed tools/equipment are available	

Key Water Issues

Key reported water issues (triangulated KI, HH, CFGD findings)

Population growth and urban expansion not matched by water network expansion

Insufficient water pumping capacity

Recommendations: The water KI and CFGD participants cited a need for support with expansion and increased functionality of the water network, including for pumping capacity. Data also point to support needs for improved irrigation pumping (see pg. 13).

SANITATION & WASTE MANAGEMENT

Improved sanitation was among the community recovery priorities listed by CFGD participants, where ABA data indicate that improved access to and quality of both wastewater and solid waste disposal infrastructure and services in needed.

As with the piped water network, expansion of the town's sewer networks has not kept pace with urban expansion, leaving HHs on Darkosh's outskirts without connection according to the sanitation KI; 8% of surveyed HHs reported lack of connection as an issue. In addition, the KI noted that some land owners on the outskirts of the community have not allowed for the extension of the sewage network within their lands in order to connect it to the disposal outlet in the Orontes River (see map 6). Lack of access forces reliance on HH use of soak pits and disposal methods associated with increased pollution and public health risks. Data also indicate that damage to the existing network risks water source pollution and spread of illness and disease.

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



9%

12%

Presence of solid waste

in the streets



Dead animals in the

streets





 \mathbf{T}

access to adequate sanitation facilities for students and to the presence of pests and rodents in the community, the most staff (as reported by education KI)



Sanitation Management Actors & Capacity

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



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Maintains and repairs sewage networks, responsible for collecting solid waste and street cleaning

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

	Sufficient number of staff	
Í [⊡]	Sufficient technical knowledge	
.	Sufficient technical skills	
×	Needed tools/equipment are available	

In addition to issues with wastewater disposal infrastructure, issues related to solid waste management are indicated by HH data. While the majority of surveyed HHs relied primarily on either private (45%) or public (37%) waste collection services, the infrequency of collection was among the more commonly-reported issues by both residents and IDP HHs, as was the presence of solid waste in the streets.

Functional educational facilities in assessed area without Alongside pollution from wastewater, solid waste build-up contributes common sanitation-related issue reported by surveyed HHs.

> Surveyed female-headed HHs more commonly reported issues related to solid waste disposal,[•] such as presence of rodents/pests, solid waste build-up in the streets, and the presence of dead animals in the streets, suggesting that female-headed HHs may have less access to affordable collection services. Indeed, only 11% of surveyed female-headed HHs reported access to public waste collection services, while 50% reported relying on private collection.*

> MFGD participants reported that public sanitation services are provided by the Local Council, where staff from the Service Office manage the sewage networks and public waste removal to sites outside the community.

> **Recommendations:** The sanitation KI pointed to the need for expansion of existing sewer networks to reach all homes. Data also highlight the need for network repair and support for increased solid waste collection frequency.

Key Sanitation Issues

Key reported sanitation issues (triangulated KI, HH, CFGD findings)

- Lack of sewer network connection to all HHs, damage to networks
- ightarrow Increased reliance on HH-dug sewage pits
- ightarrow Increased pollution and public health risks
- Build-up of solid waste in community and increase pest presence





穿 HEALTHCARE

While the availability of free public health services was cited by CFGD participants as a strength of the community and a factor which made participants feel secure, support to the healthcare sector was among the most commonly listed community priorities mentioned in CFGDs. Findings suggest that support is needed to increase the capacity and resources of local facilities in the face of high demand, and to improve the affordability of medications and treatment for the population.

ABA data highlight the availability of various functional healthcare facilities in Darkosh, including Al-Rahma public hospital, public and private clinics and medical laboratories, and pharmacies. While access to some services such as cancer treatment and reproductive care are not available locally, only 10% of surveyed HHs reported issues with a lack of specialised services and few HHs reported accessing facilities in other communities. Indeed MFGD participants noted that people from surrounding areas commonly travel to Darkosh to access to the hospital and other healthcare facilities.

In addition to the influx of non-emergency patients from other areas, the healthcare KI reported that Darkosh's hospital and clinics receive large numbers of conflict-related casualties from Idleb's front line areas. High demand not only results in overcrowding and long lines at local facilities, it also requires staff to prioritise the most severe cases meaning not all emergency cases are able to be treated and facilities are often unable to accommodate regular patients. Additionally, CFGD participants reported that demand had further increased due to the spread of COVID-19 in the area.

Local Healthcare Facilities & Services

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

Public hospital	
Private hospital	\bigotimes
Public clinic	
Private clinic	
Public medical laboratory	
Private medical laboratory	
Pharmacy	

Healthcare services *not* available in facilities in the assessed area (as reported by healthcare KI)

Treatment of cancer	×
Family planning/reproductive healthcare	8
Malnutrition treatment/management	8
Eye care	\mathbf{x}

ht Healthcare Access & Issues 🗞

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

95% Access only in assessed area
4% Access in assessed area and other communities
1% Access only in other communities
0% No access

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

	82% Access only in assessed area
	12% Access in assessed area and other communities
	5% Access only in other communities
	1% No access
14%	of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of healthcare services in these facilities

Most commonly reported HH issues with available healthcare services (by % of surveyed resident and IDP HHs)*

Resident HHs			IDP HHs		
No issues	68%	1	63%	No issues	
Long waiting lines	22%	2	31%	Long waiting lines	
Cannot afford price of medicine	22%	3	26%	Facilities are overcrowded	
Lack of medicines and/or equipment at facilities	21%	4	22%	Cannot afford price of medicine	
Facilities are overcrowded	19%	5	22%	Lack of medicines and/or equipment at facilities	



Average monthly healthcare and medication expenditure of surveyed HHs

Further, measures taken to reduce the spread of COVID-19 have reportedly acted as additional barriers to healthcare access, where movement restrictions limit ability to travel for treatment and as local facilities reduced the number of consultations in an effort to curb overcrowding. As a result of these issues, the healthcare KI reported increased reliance on costly private care which many HHs can not afford, and CFGD participants estimated that up to 70% of patients do not receive appropriate care at the time of need.

Beyond stress on local facilities due to high demand, KI data point to a lack of equipment and medications at local facilities, specifically the need for emergency care equipment, oxygen, antibiotics, and other medications. The public hospital in particular was reported to be in need of sustained and more comprehensive support, especially as a key facility which populations in Darkosh and the wider area rely on to meet healthcare needs.



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In addition to lack of medications at facilities, the unaffordability of medications and general treatment costs was highlighted in HH and CFGD findings. In fact, just under a quarter of surveyed resident and IDP HHs reported inability to afford medication costs, where the same was reported by 69% of surveyed female-headed HHs.[•]

🖺 Healthcare Management & Capacity

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

Idleb Health Directorate (Affiliated with SSG's Ministry of Health) Responsible for managing and monitoring local health facilities in coordination with INGOs, supports with vaccine provision, staff salaries, and operational costs

International NGOs

Support the hospital and public clinics with operating costs, staff salaries, equipment, and medication

Reported local healthcare management capacity for facilities in the assessed area (triangulated KI and MFGD data)

	Facilities have sufficient number of staff	\mathbf{X}
† ₽	Staff have sufficient training/qualifications	
- Ťī	Facilities have sufficient supplies/equipment	\bigotimes
🗞	Facilities have sufficient medication	\bigotimes
٢	Facilities have sufficient clean water	
¥	Facilities have sufficient electricity	
	Staff needed: specialised doctors Supplies/equipment needed: intensive care equipment, oxygen Medication needed: antibiotics, painkillers, cold and cough medication	



Key Healthcare Issues

Key reported healthcare issues (triangulated KI, HH, CFGD findings)

- High pressure on local facilities due to influx of conflict-related casualties and COVID-19 spread
- ightarrow Reduced ability to provide care to all
- ightarrow Overcrowding and further spread of COVID-19
- Lack of medication and equipment at local facilities
- Unaffordability of medication and treatment costs

In order to cope with high medication costs, CFGD participants reported that community members rely on traditional remedies or purchase less expensive medication options.

Of additional concern, CFGD participants noted that older persons and persons with disabilities face difficulties meeting their healthcare needs due to lack of specialised care and issues accessing medications and support services. Surveyed female-headed HHs also more commonly cited issues with lack of specialised services.

KI data indicate that healthcare in Darkosh falls outside of the Local Council's management, where public services and instead overseen by the Health Directorate in Idleb city. The sector is further supported by several INGOs which provide public facilities with equipment, medication, and support for operational costs and staff salaries.

Recommendations: CFGD participants and the healthcare KI noted a need for permanent support for the public hospital and other public facilities including provision of staff salaries, equipment, medical supplies, and medications. Additionally, improved access to medications specialised treatments, increased COVID-19 awareness, and improved COVID-19 vaccination rates are needed.





EDUCATION

Improved access to quality education was the most commonly-cited priority by CFGD participants and among the top priorities listed by surveyed HHs. While education was seen as being key for community recovery and improved opportunities for the community's youth, data point to issues with high demand on under-resourced facilities, reduced access due to COVID-19, and unaffordability of education.

While Darkosh hosts a range of public and private educational facilities, findings indicate that the number of facilities is insufficient for the number of students attending school in the community due to population increase, IDP arrivals, and influx of students from surrounding areas. The resulting demand on local schools has reportedly resulted in overcrowding and increased COVID-19 risk.

In the face of high demand, CFGD, MFGD, and KI findings highlight that Darkosh's schools often lack the resources and infrastructure to provide quality education. KI and CFGD data point to an insufficient supply of learning materials and resources for the number of students attending. HH and CFGD data also suggest that not all facilities offer suitable learning environments, where some schools are in need of rehabilitation and provision of desks, chairs, and other equipment.

Data also highlight low teacher salaries, lack of funds to hire additional staff, and a need for teacher training to increase quality and efficiency. Among other subjects, teachers reportedly need training on provision of distance learning methods and on approaches for inclusive education for children with disabilities as such children experience higher barriers to accessing education.

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)

81% - 100% 81% - 100% Nearly all of male adults are reportedly literate

Nearly all 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)



Few school-aged boys are reportedly not attending

Families lack financial resources to afford education **Quality of education provided**

is too low

21% - 40%

Less than half of schoolaged girls are reportedly not attending

Families lack financial resources to afford education Girls marry and do not finish their education

🛉 Local Education Facilities

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

Public childcare/early education	\mathbf{x}
Private childcare/early education	\bigcirc
Public primary schools (years 1-6)	\bigcirc
Private primary schools (years 1-6)	
Public secondary schools (years 7-9)	\bigcirc
Private secondary schools (years 7-9)	\bigcirc
Public high schools (years 10+)	\bigcirc
Private high schools (years 10+)	\mathbf{x}
Public universities	\mathbf{x}
Private universities	×

HH Education Access & Issues

Functionality, in previous 3 months, of schools typically used by HHs (by % of the 73% of surveyed HHs with school-aged children)



■Not functioning ■Functioning in person ■Functioning online

HH access to a functioning primary school (by % of the 73% of surveyed HHs with school-aged children)

- 86% Access only in assessed area
 - 3% Access in assessed area and other communities
 - 3% Access only in other communities
 - 0% No access
 - 8% Not sure/not applicable

HH access to a functioning secondary school (by % of the 73% of surveyed HHs with school-aged children)



- 3% Access in assessed area and other communities
- 1% Access only in other communities
- 0% No access
- 20% Not sure/not applicable

HH access to a functioning high school (by % of the 73% of surveyed HHs with school-aged children)





Most commonly reported HH issues with available education services (by % of surveyed resident and IDP HHs with schoolaged children)^{*}



According to CFGD and KI data, COVID-19 school closures and distance learning have created additional access barriers, leading to lowered attendance and increased drop-outs. While some HHs cope by sending children to private facilities, the high cost limits its accessibility. CFGD participants noted that access for IDP children in particular is reduced as their families cannot afford private services.

More broadly, the high cost of education was the most commonly reported HH barrier, also noted by the KI as a key factor for nonattendance. In addition, three of Darkosh's public schools offer education for boys only, leading to lower local access for girls which is reflected in lower of attendance rates for girls and lower educational completion rates for adult women.

Recommendations: The education KI and CFGD participants requested support with staff salaries and school supplies and equipment, teacher trainings to increase educational quality and efficiency, establishment of recreational and educational activities, and monitoring and follow-up on students who have dropped out.



Education Management & Capacity

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

Idleb Education Directorate	Supervises and organises the education process and provides logistical and mater support in coordination with INGOs				
International NGOs	Support primary and secondary education with staff salaries and writing supplies				

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

 Facilities have sufficient number of staff
 Image: Staff have sufficient training/qualifications

 Facilities have sufficient training/qualifications
 Image: Staff have sufficient supplies

 Facilities have sufficient supplies
 Image: Staff have sufficient desks and/or chairs

 Facilities have sufficient desks and/or chairs
 Image: Staff have adequate sanitation access

 Facilities have adequate sanitation access
 Image: Staff heeded: primary and secondary teachers, janitorial staff

 Staff needed: primary and secondary teachers, janitorial staff
 Staffing barriers: lack of funds to hire additional staff, low salary offered, people are on the move - displacement/return

 Training needed: distance learning facilitation/, modern pedagogy/teaching methods, PSS, ECCD, inclusive education for children with disabilities, computer literacy for teachers

 Supplies needed: supplementary learning materials, writing supplies

Key Education Issues

 Key reported education issues (triangulated KI, HH, CFGD findings)

 - High demand on local facilities, overcrowding

 - Insufficient staff and training, lack of supplies/equipment





HELECTRICITY

Improved access to affordable electricity was commonly listed as a top community recovery priority by surveyed HHs, where electricity was among the infrastructures with the highest rates of HH dissatisfaction.

Indeed, more than 40% of surveyed HHs reported some level of dissatisfaction with the quality of available electricity sources. MFGD and HH data indicate that damage to the existing network infrastructure has resulted in dependence on private solar panels, reported by 96% of surveyed HHs as their primary electricity source. However, the unaffordability of solar panels was the most commonly reported HH electricity issue. The high cost of fuel to power generators and the unsustainability of electricity sources (fuel or coal-powered) were other more commonly reported HH issues.

In addition to reported impacts, lack of reliable access to electricity has resulted in issues with water pumping for the piped network (see pg. 16) and the subsequent dependence on expensive fuel-powered pumping has impacted agricultural operations (see pg. 13). It has also reportedly impacted the price of local goods and services that require high amounts of energy to produce, such as bread.

Recommendations: Data indicate that repair and maintenance to restore the functionality of existing electricity infrastructure is needed, as is increased accessibility of alternative and sustainable sources such as solar power.

W HH Electricity Access & Issues

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



5 24 TRY

Average monthly electricity and fuel expenditure of surveyed HHs

Most commonly reported HH issues with available education services (by % of surveyed resident and IDP HHs)*

Resident	ent HHs		IDP HHs	
No issues	43%	1	45%	Solar panels are unaffordable
Solar panels are unaffordable	39%	2	42%	No issues
No main network in the location	24%	3	25%	No main network in the location
Fuel for generators is unaffordable	13%	4	13%	Electricity sources are not sustainable
Electricity sources are not sustainable	12%	5	9%	Main network needs repair

ROADS & TRANSPORTATION

Improved road conditions and better access to transportation were cited by CFGD and MFGD participants as community priorities for better ease of movement and access to surrounding areas.

Nearly half of surveyed HHs reported dissatisfaction with road conditions, primarily citing issues with the quality of roads and/ or sidewalks. CFGD participants noted that road damage impedes travel between communities and access to basic services, and data indicate that roads in the area are susceptible to flooding due to poor drainage. Additionally, HHs more commonly cited concerns around lack of lighting and safety for pedestrians as well as heavy traffic.

While 13% of HHs reported they lacked access to transportation services, those that reported access primarily cited issues with its high cost. In general CFGD participants mentioned that distance from the main cities and universities results in higher transport costs and greater exposure to risks on the road, whether from poor conditions or harassment from other drivers.

Recommendations: MFGD and CFGD participants highlighted the need for maintenance and rehabilitation of roads in the area to reduce travel-related hazards and facilitate access to surrounding areas.

🖳 HH Road & Transportation Access & Issues

46% 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	49%	
No issues	48%	
Lack of lighting	27%	
Heavy traffic	25%	
Unsafe for pedestrians	20%	

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

	1	3%	87%		
1		Not ava	ilable 🛛	Available	
8	8%	of surveyed H transportation dissatisfied with	Hs that services quality a	reported were dissa ind availabi	availability of tisfied or very lity of services
Most commonly reported HH issues with available transportation services (by % of the 87% of HHs reporting availability)*					
1	No issu	es		73%	
2	Cannot	afford cost of tra	nsport	26%	

Irregularity/infrequency



5%

PROTECTION

According to CFGD participants, the different population groups residing in Darkosh are most commonly affected by the prevalence of gender-based violence (GBV), poverty, and early marriage. Participants noted that residents, returnees, IDPs, older persons, men and women were all impacted by GBV, and that younger children suffered from lack of awareness about GBV and its effects.

Participants reported that IDP, returnee, and resident boys and girls were at risk of early marriage, as were youth. They also commonly reported that resident and IDP children were at risk of child labour due to poor economic conditions in the community. Boys were noted as being particularity at risk and said to be working in dangerous jobs. It was also reported that boys and girls suffer exposure to physical violence and to psychological stress from the conflict.

🔽 Risks, Safety, and Security

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

Children		ŤŤ	Child labour (boys), early marriage, exposure to physical violence, exposure to war and conflict, lack of awareness about gender- based violence
	Youth	††	Early marriage, risk of drug use, exposed to harassment, risk of enlistment with armed groups, societal restrictions
	Older persons	Ť 1	Exposure to gender-based violence, psychological stress, vulnerability from lack of access to specialised care and support
	Persons with disabilities	ભં	Exposure to bullying, exposure to physical violence, healthcare issues, vulnerability from lack of access to specialised care and support
	IDPs	% →	Gender-based violence, housing insecurity
	Residents	Ĺ≁	Gender-based violence, aid deprivation
	Returnees	% २	Gender-based violence, subject to abuse and exploitation, forced marriage, impacted by increased theft
	Adults	Ť	Gender-based violence, aid deprivation (women), exploitation (women), psychological stress (men)

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

Distance from conflict front lines	Proximity to Turkish border	Availability of free basic services	Strong social and communal ties
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Aspects of living in the assessed area that make community members feel unsafe (as reported by CFGD participants)





E Civil Documentation

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🛉 Housing, Land, & Property Issues

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



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

Youth are directly impacted by the economic situation, where drug use has reportedly increased and where they more commonly migrate out of the community to find employment to support their families. Youth also face harassment and risks related to enrolment with NSAGs.

In addition, participants commonly mentioned housing insecurity as an issue for IDPs due to their lower economic security and increasing rent costs. Also connected to poor economic conditions, it was noted that men and older persons face high psychological pressure due to poverty, lack of livelihoods, and poor living conditions. Participants also said that returnees are more commonly affected by increased theft and economic crime in the area.

Further, participants reported that women and returnees are more often subject to exploitation, and female youth reported that women have lower access to assistance. Female and male host participants also perceived that the host population in general suffers from deprivation of assistance. Additionally, older community members and persons with disabilities reportedly face challenges due to lack of specialised services and medical support. Persons with disabilities are also said to face harassment and bullying and as well as psychological issues due to exposure to conflict.

When asked more broadly what factors made them feel safe in their community, CFGD participants most commonly cited distance from conflict areas as well as closeness to the Turkish border. They also commonly pointed to the availability of free public services (such as water, education, and healthcare) and to the presence of strong social and communal ties.

When asked what factors made then feel unsafe, participants most commonly noted the spread of theft, kidnapping, and economicallymotivated crime, as well as increased housing insecurity due to increasing rental costs and fear of shelter loss/damage from flooding. It was also mentioned that distance from the main cities results in exposure to higher risks on the road and that reduced presence of security forces at night made participants feel less safe.

SOCIAL COHESION

When asked about the relationship between resident and IDP populations in their community, participants in all CFGD sessions noted both positive aspects and existing tensions. Participants across sessions most commonly reported that intermarriage between the two groups and cultural exchange, and cultural similarities as positive aspects that support good relations and social cohesion. They also noted that IDPs' involvement in market and economic activities also support good relations with the host community as they contribute to economic recovery and availability of goods and services.

However, IDP participants in the female youth session noted that they felt that the host population does not fully accept IDPs and adult female IDP participants felt that there was some discrimination by the host community. Additionally, male IDP participants felt that IDPs were sometimes taken advantage of in relation to housing rental. Male and female host participants also reported tension between the two groups owing to assistance being provided more commonly to IDPs, which participants felt undermined their own right to support.

Beyond the resident-IDP relationship, all CFGD participants agreed that there were no other tensions within the community between different population groups. However they noted a number of factors with the ability to negatively impact social relations in the community.

The most commonly-reported factor was divorce and other forms of social estrangement, followed by economic inequality between difference population groups and perceptions that IDPs are discriminated against in employment. Additionally both IDP and host participants reported that distinctions made between the two groups in targeting and delivery of assistance can lead to tensions.

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



In relation to the implementation of longer-term recovery and resilience-oriented interventions in their community, all CFGD participants noted that they would be seen as very positive and would be welcomed by the community.

Additionally, when asked if the implementation of community-level projects rather than direct assistance to the most vulnerable HHs would lead to tensions, participants in all CFGDs felt that such an approach would not create issues in the community as it would support better conditions for the whole population.



箊 COMMUNITY GROUPS & PARTICIPATION

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

Group Type	Reported Presence
Civil Society Groups	
Women's Groups	
Youth Groups	
Agricultural Groups	8
Livestock groups	8

Interviewed KIs and MFGD participants reported the presence of civil society groups, and groups related to women and youth in Darkosh, including local volunteer teams and charitable organisations, the newly-developed Women's Office and other groups providing support to women, and the LC's Youth Office (see pg. 1).

In terms of community members' participation in wider social, economic and political life, CFGD participants in half of the conducted sessions reported that women face barriers to social participation due to local customs and traditions, where women experience less freedom of movement. Participants in two of six sessions reported that persons with disabilities also face barriers as they are seen as being not physically or intellectually capable and participants in one session noted that older persons are less socially accepted due to their age and inability to work.

Relating to economic participation, participants in nearly all CFGDs reported that women face barriers and restrictions due to local customs, traditions and movement restrictions. Participants also commonly mentioned that older persons face difficulties finding work do to their age and that persons with disabilities were, again, seen as being less capable to engage in economic life.

Finally, in relation to political participation, women were again commonly mentioned as facing barriers due to customs and traditions. Additionally, MFGD participants noted that women do not hold positions on the Local Council. Older community members and persons with disabilities also face barriers due to the reasons listed previously. Further, IDP participants felt that IDPs are not welcomed in political affairs as they are seen as less permanent members of the community and are less knowledgeable about community affairs. Some participants also noted that some people simply do not have time to participate and that there may be reluctance to be politically active in order to avoid potential conflict with political and/or governmental authorities.

Findings also suggest that community members have low awareness of meetings and planning related to local recovery, with only 2% of surveyed HHs reporting they were not aware of and had attended such activities in the previous 12 months.

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 Orient News, Darkoush, the capital of popular tourism in northern Syria, June 2021.

2 The Guardian, Inside the war for Syria's mountains, January 2013.

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

4 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.

5 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).

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, <u>STRESS</u>: <u>Strategic Resilience Assessment Guidance note</u>, July 2017).

9 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, <u>STRESS: Strategic Resilience Assessment Guidance note</u>, July 2017).

10 Analysis displaying "resident HH" figures includes data from all surveyed HHs reporting the assessed area as their community of origin, including resident HHs who have never been displaced as well as returnee HHs.

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.

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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 indepth 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).

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