



NORTHEAST SYRIA

**WESTERN SALHABIYEH,
AR-RAQQA**

AREA PROFILE

AREA-BASED ASSESSMENT 2021

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BACKGROUND & INTRODUCTION

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

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

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

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

Area Context

Western Salhabiyeh is located in south-west Ar-Raqqa governorate, sitting approximately 24 km west of Ar-Raqqa city and 20 km northeast of Al-Tabqa city. The community lies in an agricultural region along the banks of the Euphrates river, sitting approximately 17 km north-east of Lake Assad and the southern end of Al Tabqa Dam. More broadly, it is situated within the semi-arid steppe region of northeast Syria (NES).¹

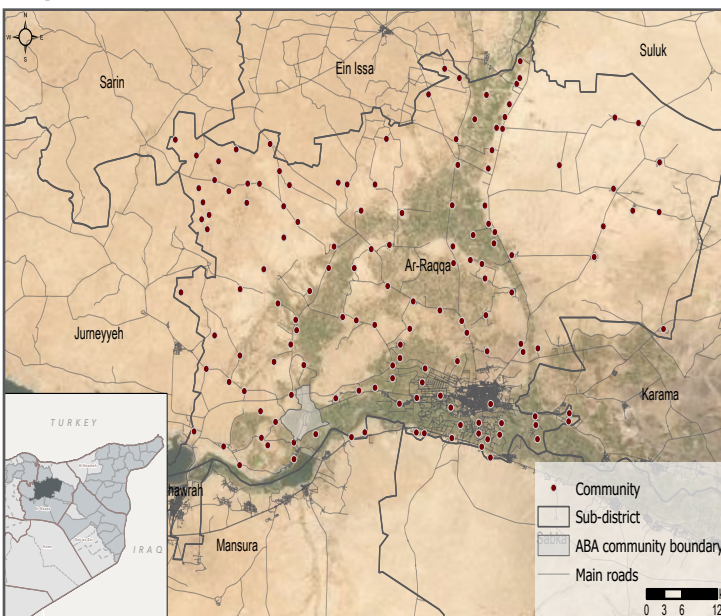
The security situation in Western Salhabiyeh has been largely stable since the end of the so-called Islamic State of Iraq and the Levant's (ISIL) occupation of the area in 2017 and the heavy fighting that took place in Ar-Raqqa city and its surroundings, following which the Self Administration of Northeast Syria (SANES) assumed governance. Since that time, few sporadic detonations of improvised explosive devices (IEDs) have taken place near the community with decreasing frequency.²

According to mapping FGD participants (see pg. 2. Phase 1), Western Salhabiyeh community is directly governed by the Western Salhabiyeh Local Council (LC), which administers and coordinates to resolve issues for the area's "communes", the region's smallest administrative unit. Each of these Communes is led by Heads of Commune, which act as voluntary representatives of the local populations to the LC, responsible for conveying the needs as requests of the population through a feedback and complaints mechanism.

The Western Salhabiyeh LC itself is subordinate to the Ar-Raqqa Supreme Council in Ar-Raqqa city, which is reportedly the primary decision-making body and through which the LC must coordinate its actions and take final approvals for most decisions related to local governance.

Beyond the administrative and public service oriented departments of the LC, there are several community-oriented bodies associated with the Council. These include the Reconciliation Committee which is responsible for resolving disputes among the population, the Worker's Union which is responsible for representing the local labour force, the Women's committee which support with issues such as divorce, alimony, and child custody, and the Youth Committee which primarily deals with organised sports.

Map 1: Assessed Area and Sub-District Boundaries





ASSESSMENT METHODOLOGY

Data for this assessment were collected in Western Salhabyeh between 10 June and 15 September, 2021 using a mixed-methods approach with 4 key phases. REACH teams carried out qualitative mapping focus group discussions, quantitative household surveys, primarily quantitative key informant interviews, and qualitative community focus group discussions.

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

Data Collection Method	Amount	Date of Collection
Mapping FGDs	1 session	10 June, 2021
HH Surveys	257 HHs	7-15 July, 2021
KI Interviews	8 interviews	19 August, 2021
Community FGDs	5 sessions	7-15 September, 2021

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

REACH teams conducted 1 participatory MFGD in Western Salhabyeh on 10 June, 2021 with the aim of identifying community boundaries and features, obtaining initial population estimates, and collecting information about governance and service provision structures in the area.

Participants were selected based on their strong knowledge of the area and local dynamics, with focus on ensuring participants represented a variety of perspectives. Participant profiles included the Head of the Local Council, 3 Local Council representatives, 1 Head of Commune, 1 IDP representative, 1 youth representative, and 1 informal community representative, all of whom were residing in the assessed area.

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

Phase 2: Household (HH) Surveys

REACH teams conducted 257 household surveys in Western Salhabyeh between 7 and 15 July, 2021. The quantitative survey

used collected information on household demographics and displacement history, socio-economic conditions, access to and satisfaction with basic services, and household perceptions of engagement in and ability to contribute towards local recovery efforts.

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 on Initial Figures from MFGD Participants

Estimated Number of Resident HHs	Estimated Number of IDP HHs	Estimated % of IDPs in Total Population	Resident HH Sample Size (95/10)	IDP HH Sample Size (95/10)
1,650	1,000	38%	137	120

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

Using a primarily quantitative survey, KI interviews were conducted with 1 community leader and 7 individuals with specialized knowledge of service provision and sectoral conditions in the area on 19 August, 2021.

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

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

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



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

REACH teams conducted 5 CFGD sessions with community members from 7-15 September, 2021, using a semi-structured questioning route. Information and key points of agreement and disagreement were collected about unique population group needs, vulnerabilities and protection risks, factors impacting local resilience and recovery, community prioritisation of resilience and recovery solutions, and social cohesion.

CFGD sessions were disaggregated by displacement status, gender, and age 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, and male youth. A female youth session could not be completed due to a socio-cultural constraints. The male youth session (participants aged 18-24) was not further disaggregated by displacement status due to time and capacity limitations.

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.

! KEY LIMITATIONS

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

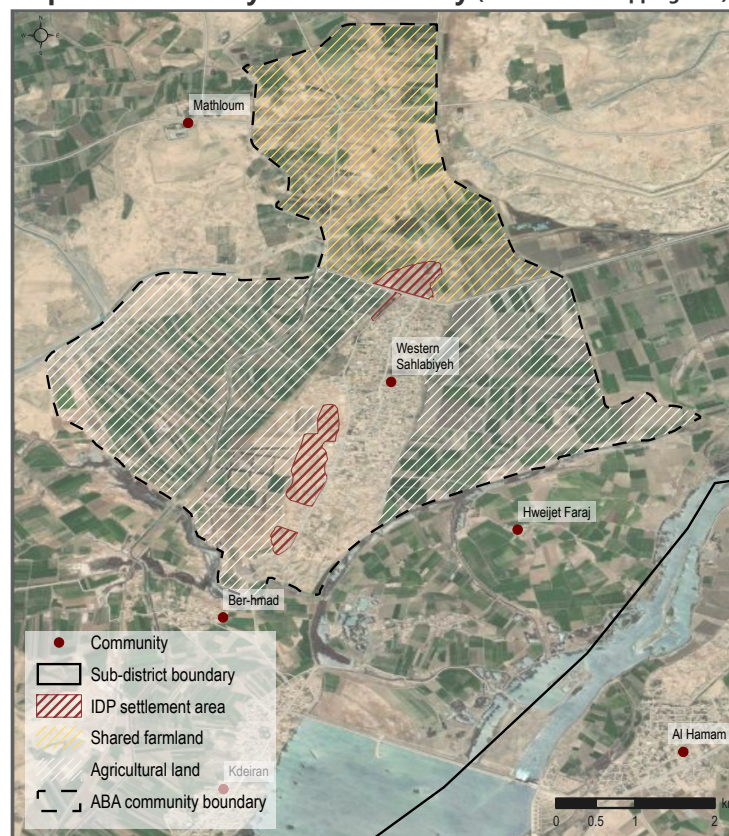
Therefore, findings for returnee HHs and female- and male-headed HHs are not representative and should be interpreted as only indicative of the broader situation for those groups. In the assessed area, 14% of surveyed HHs were female-headed HHs, and 15% of surveyed HHs were returnee HHs.

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.

AREA MAPPING & CHARACTERISTICS

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



As delineated during participatory mapping FGDs, the above map represents the locally-defined boundaries of Western Salhabiyeh community, an area which is centred around Western Salhabiyeh town and its most closely-associated lands. This lands are primarily agricultural and privately owned by community members. However, much of the northern lands are of mixed ownership with people from surrounding villages (see yellow marked area). Western Salhabiyeh is governed most directly by Western Salhabiyeh Local Council (see pg. 1).

In defining their community MFGD participants noted that, while for residents the area is where they were born and raised and where they have familial and other social connections, IDPs reportedly also feel a sense of shared belonging due to similar customs and tribal and social culture.

It was noted that shared sense of community was fostered due to sharing of the same basic services and resources, and also by sharing in the same difficulties related to poverty and meeting basic needs, while noting that these difficulties are greater for IDPs. Across the many clans present in the area, participants said that there are shared customs and traditions that bind people together. Participants stated that the presence of most basic services in the community make it a destination for people from surrounding areas.

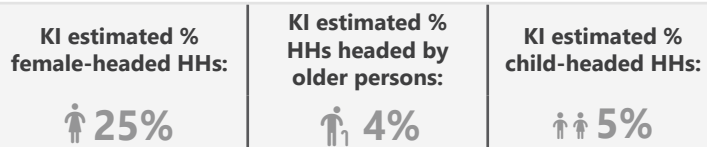


DEMOGRAPHICS

According to KI and MFGD findings, IDPs comprise a significant portion of the larger population in Western Salhabyeh (approximately 40%), with about half of IDPs living in camp or camp-like settings (see pg. 5). Of the resident population, KI data indicate that around two-thirds have previously been displaced from the area for 1 or more months and since returned to the area. IDP HHs are, on average, slightly larger than resident HHs (7 members vs 6.1, respectively).

Western Salhabyeh's population is young, with 51% of the population under 18 based on HH data. Further, there is roughly even gender distribution across all age groups. While the majority of surveyed HHs are headed by males between the ages of 18 and 59, KI data indicate that around 25% of HHs in the area are headed by women. Additionally, it is estimated that 5% are headed by children (under 18 years), and 4% are headed by older persons (60+ years).

Heads of surveyed HHs had most commonly completed primary schooling (34%) or no schooling at all (24%), with only 36% reportedly having completed secondary school or higher. Only 4% of HHs reported that the head of HH identified as a religious or ethnic minority within the community.



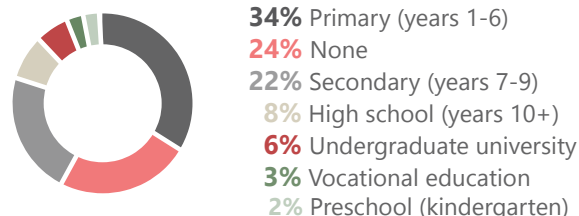
Head of HH reported marital status (by % of surveyed HHs)



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

4% of surveyed HHs reported that the head of HH identified as a religious or ethnic minority within the community

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



HH member pregnancy, chronic illness, and disability:⁴

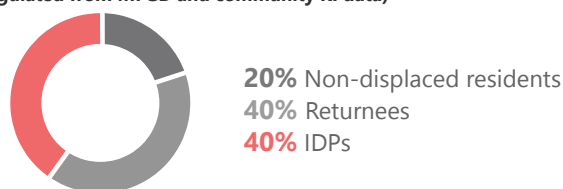
15% of surveyed HHs reported the presence of at least one pregnant HH member

28% of surveyed HHs reported at least one HH member with a chronic illness

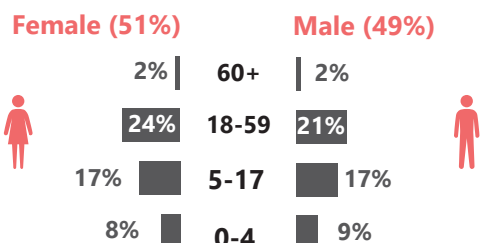
29% of surveyed HHs reported at least one HH member with a disability

Most commonly reported disability: 16% of surveyed HHs reported at least 1 HH member had difficulty walking or climbing stairs

Estimated proportion of HHs by displacement status³ (as triangulated from MFGD and community KI data)

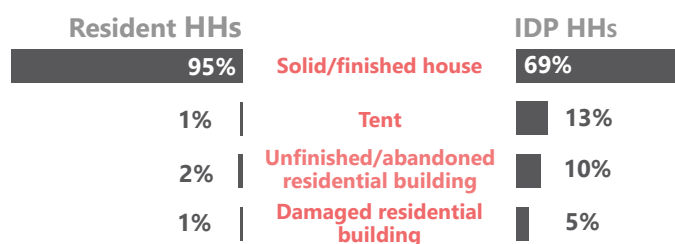


Age and gender distribution of surveyed HHs (by % of all HH members across all surveyed HHs)



73% of surveyed HHs reported the presence of school-aged children (5-17) among their HH members

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





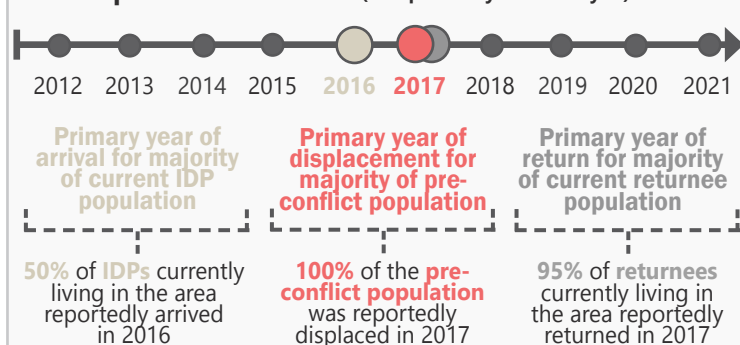
DISPLACEMENT

Western Salhabyeh has been heavily impacted by displacement, with around 40% of the population being IDPs displaced by conflict across different regions of Syria, both associated with anti-ISIL campaigns and conflict between other parties. Further, the vast majority (up to 100%) of the resident population was displaced by anti-ISIL campaigns in Ar-Raqqa city in 2017, with most (95%) returning the same year.

According to HH data, most IDPs originate from Aleppo or Homs governorates (36% and 30% of surveyed IDP HHs). Half of the area's IDPs arrived in 2016, according to the KI, primarily drawn the more stable security situation. Roughly half of IDPs are integrated into residential housing according to HH and KI findings, while the remainder live in camps and informal settlements where they are exposed to harsh weather and other shelter vulnerabilities according to CFGD participants. Participants also noted that increasing rent prices limit IDPs' ability to afford to live in residential housing.

KI data indicate that the poor economic situation and fear of forced recruitment have resulted in new displacement in the previous year, with loss of income also a driver of anticipated future displacements.

Area displacement timeline (as reported by community KI)



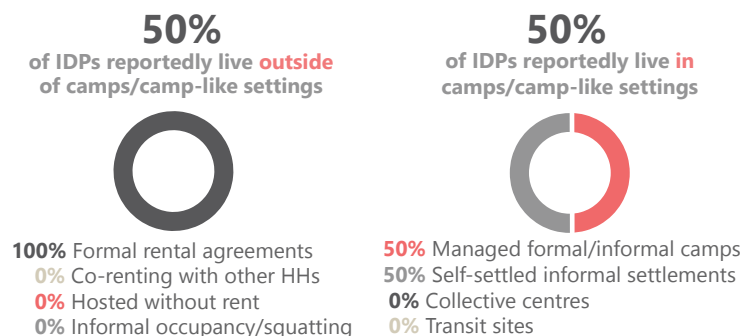
Push factors: Most commonly reported overall⁵ top reasons for most recent displacement (by % of surveyed IDP and returnee HHs)

	IDPs	Returnees*
1	Conflict/security situation 50%	Conflict/security situation 53%
2	Loss of income 15%	No other reason 13%
3	No other reason 8%	Reduced access to food 11%

Pull factors: Most commonly reported overall⁵ top reasons motivating HHs to come/return to the assessed area (by % of surveyed IDP and returnee HHs)

	IDPs	Returnees*
1	Safety/security situation 35%	Family ties/other relationships 47%
2	Access to income/employment 24%	Safety/security situation 23%
3	Family ties/other relationships 14%	Access to shelter/shelter support 9%

Reported IDP living situations (as reported by community KI)



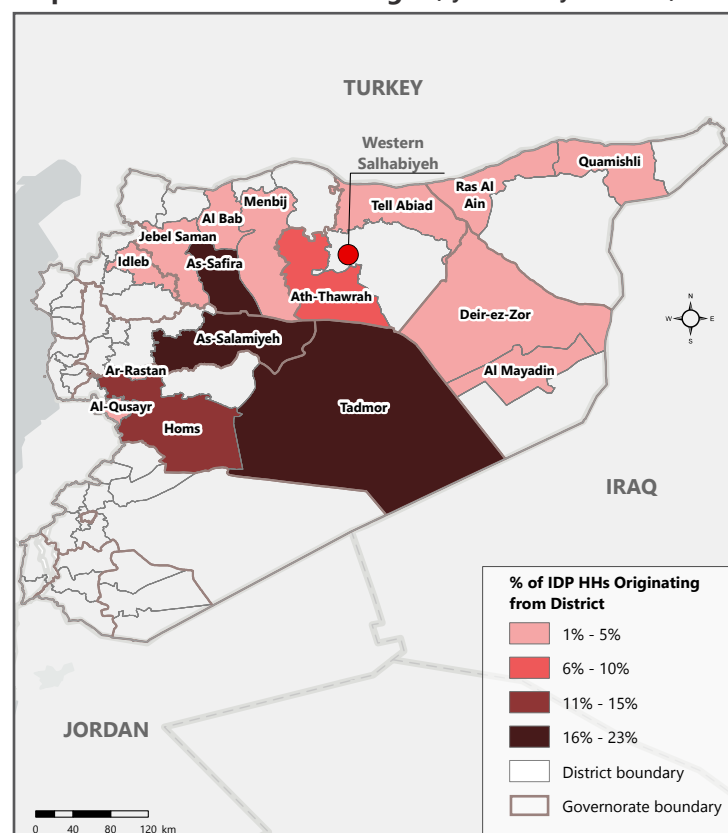
Recent displacement from the assessed area (as reported by community KI)

Approximately **10 HHs** were reportedly displaced from the area in the 12 months prior to data collection, primarily due to **loss of income** and **anticipation of forced recruitment**. The majority reportedly moved to communities outside of Syria.

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

Further displacement was **expected** in the weeks and months following data collection, primarily due to **loss of income**. For IDPs, never-displaced residents and returnees currently living in the area were expected to be at risk for new displacement.

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





★ COMMUNITY PRIORITIES

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

Findings from both HH and CFGD questions regarding priorities for community recovery emphasise local prioritisation of support for increased employment opportunities and business creation and growth. Local stakeholder recommendations indicate that such support is desired in order to expand livelihoods opportunities beyond the more traditional sectors of agriculture and livestock.

However, HH and CFGD findings also show the prioritisation of support to these traditional sectors on which the majority of HHs currently rely for income, particularly in relation to supporting farmers to cope with recent shocks/stresses and reviving local production.

Overall top priorities⁵ for community recovery, as reported by HHs:

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

Priorities⁶ for community recovery, as reported by CFGD participants:

1	Support to livelihoods
2	Improved access to quality education
3	Support to agriculture
4	Support to livestock
5	Improved healthcare quality/affordability
6	Improved sanitation infrastructure

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

Service sector		% of HHs dissatisfied or very dissatisfied
	Electricity	84%
	Water quality (non-drinking source, if different)	64%
	Healthcare	54%
	Water quality (drinking or all-purpose source)	53%
	Sanitation (wastewater)	51%
	Sanitation (solid waste)	44%
	Water quantity (drinking or all-purpose source)	42%
	Water quantity (non-drinking source, if different)	41%
	Transportation	40%
	Education (girls)	38%
	Financial services	35%
	Education (boys)	34%
	Roads	28%
	Markets	24%

HH prioritisation and satisfaction findings highlight that improved access to electricity is a key concern, impacting HH ability to meet basic needs and also greatly affecting access to water in Western Salhabyeh. Following from this HH findings also show prioritisation of improved water access, both in relation to quantities available and improved water quality.

Additionally, HH and CFGD findings clearly point to healthcare as a priority area, primarily in relation to improved access to public and reduced-cost care, affordability of medications, and access to more specialised services

CFGD participants also prioritised improved education, both in relation to increased access to and affordability of school as well as in terms of improved education quality.

Finally, CFGD participants prioritised improvements to sanitation for both wastewater and solid waste, mirrored in HH dissatisfaction figures. However, participants specifically highlighted the need to improve access to wastewater disposal infrastructure and services.



KEY ISSUES & RECOMMENDATIONS

Livelihoods Issues: Limited economic sectors beyond agriculture/livestock, skills gaps for increased employability and business creation, lack of access to start-up capital, lack of access to quality inputs for local businesses, difficulty finding work for female-headed HHs, older persons, persons with disabilities, and youth.



Local Stakeholder Recommendations: Support for agricultural and livestock livelihoods, MSME⁷ support, and vocational training (particularly for youth). Potential sectors for growth include woodwork, clothing/shoes production, and revitalisation of public healthcare and mechanical repairs sectors.

Market Issues: Exchange rate instability affecting market and financial service access, lack of robust local market and lack of financial service providers in the community, high cost of shop rental, lack of sufficient water for market operations.



Local Stakeholder Recommendations: Provision of cash assistance for most vulnerable, imposition of price controls in local markets.

Agriculture Issues: Unaffordability of key inputs (including fuel, quality seeds, fertiliser, and pesticides) leads to high operational costs for farmers and reduction in cultivation/production, crop loss due to frost and agricultural pests, reduced agricultural income and employment opportunities, lack of licences for IDP farmers.



Local Stakeholder Recommendations: provision of reduced-cost fertilisers, quality seeds, and other key inputs, regulation of input prices, control over agricultural land rental prices, and increased provision of agricultural licences to IDPs.

Livestock Issues: Unaffordability of fodder and reduced pasture area due to drought and lower agricultural production, destocking of herds, decreased production and increased price of livestock goods in local market.



Local Stakeholder Recommendations: Provision of reduced-cost of fodder and other inputs, improved fodder quality, provision of additional lands for grazing, support for monitoring of feed price and herd size, and support for expanded and improved veterinary services.

Water Issues: Piped network does not reach all HHs (particularly IDPs), network pumping only 4 days per week due to insufficient electricity network functionality, dependence on poor quality trucked water sourced from irrigation canals, agricultural water insufficiency due to drought and insufficient pumping pressure.



Local Stakeholder Recommendations: Support for increased pumping frequency and efficiency, installation of filtration wells to sterilise water for general use.

Sanitation Issues: Absence of sewer networks leads to reliance on soak pits and leakage of wastewater in streets, lack of wastewater management capacity, insufficient solid waste collection services (frequency and coverage) leads to waste build-up and reliance on burning waste and HH dumping to a waste disposal site.



Local Stakeholder Recommendations: Construction of wastewater disposal infrastructure, namely sewer networks, increased access to and frequency of solid waste collection services.

Healthcare Issues: Lack of public healthcare facilities leading to unaffordability of services and treatment, physical and financial barriers for travel to access services in other communities, unaffordability and/or unavailability of medication.



Local Stakeholder Recommendations: Support for increased access to free or reduced-costs healthcare locally, support to local facilities through provision of medications and medical supplies and equipment.

Education Issues: COVID-19 disruptions and school closures, unaffordability and poor quality of locally-available services, increasing drop-out rates due to economic hardship, lack of staff training and educational resources, insufficient access to secondary schooling, lower attendance rate for girls and lower educational attainment rates for adult women.



Local Stakeholder Recommendations: Distribution of free or reduced-cost school supplies, road rehabilitation to improve accessibility of facilities, rehabilitation of schools (particularly for improved sanitation).

Electricity Issues: Limited network operationality (4 hours per day), regular network shortages and low output, increased reliance on more expensive alternatives, significant impact on access to water for HH and agricultural usage, lack of access to network for IDP HHs.



Local Stakeholder Recommendations: Support for increased efficiency and operating hours of the electric network.

Road and Transport Issues: Poor quality of roads impacts access to education and healthcare, unaffordability of transportation services (compounded by poor road conditions).



Local Stakeholder Recommendations: Repair and rehabilitation of roads connecting Western Salhabyeh to surrounding communities for increased service access, reduced transport cost, and increased freedom of movement.



* RESILIENCE: SHOCKS & STRESSES

To better understand what support is needed to increase resilience and foster community recovery in Western Salhabyeh, it is essential to understand the key factors related to the types of negative shocks and stresses⁸ experienced, the broader impacts of those shocks and stresses, and the perceived strengths and weaknesses of the community in adapting to and mitigating them. Findings detailed below summarize and triangulate qualitative resilience-focused data collected in KI interviews and in CFGD sessions.

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



The **depreciation of the Syrian pound (SYP)** against the U.S. dollar (USD) was the most commonly reported shock/stress impacting the community in the 12 months prior to data collection, both in relation to sudden drops in value affecting price stability as well as the continuous decline in purchasing power due to consistent price inflation. Beyond impacts on market prices, livelihoods, and reduced HH ability to afford basic goods, depreciation and price inflation has also impacted agriculture, and education, leading to high cost of agricultural inputs and increased cost of stationary and other educational materials. This contributed to a decrease in agricultural production, with further impacts on the livestock sector's ability to meet fodder needs, and impacted school attendance.

COVID-19-related **border and road closures** were also commonly reported as having had a negative impact across sectors, namely on markets, healthcare, and education. Border closures reportedly led to the establishment of monopolies in markets due to increase reliance on smuggling of goods, resulting in further price inflation without regulation. In addition, road closures during lockdown periods reportedly impacted medication prices due to disrupted trade and transport, and also prevented students from attending schools and universities in other areas. Relatedly, the **COVID-19 lockdowns** resulted in the loss of daily work opportunities and access to income more broadly, temporary market and shop closures, and reduced access to education due to temporary school closures.

Additionally, **drought** and the broader regional water crisis⁹ were commonly cited as having had significant negative impacts on the community, particularly in relation to agricultural and livestock-

related livelihoods. Compounding the issue of high agricultural input costs, reduced water levels and increased difficulties in pumping due to lower output from hydroelectric dams resulted in reduced access to water for irrigation. The resulting decrease in agricultural production resulted in both a decrease in available pasture and agricultural grazing areas for livestock and in a drastic increase in fodder price, leading to the overall weakening of the livestock sector.

Related to agricultural production, **extreme temperatures** and the presence of **agricultural pests** further affected the sector, with frost impacting fruit-bearing trees and with corn worm causing significant damage to crops, resulting in decreased crop value. High temperatures also reported livestock health, leading to the spread of disease and increased mortality.

In what can also be understood as development constraints more broadly,¹⁰ the **poor road conditions** and **insufficient infrastructure** for sanitation were also commonly perceived as having significant negative impacts, causing barriers to travel when accessing healthcare and education in other communities, and leading to the spread of pollution and contamination from wastewater leakage.

Also cited was the negative impact of **poor quality water** on public health, where increased reliance on water from untreated sources led to the increased illness in the community. Finally, the **spread of COVID-19** in the community was reportedly widespread, similarly impacting public health while many community members lacked access to affordable healthcare.

In describing **strengths of the community** in coping with and mitigating these shocks and stresses, CFGD participants commonly reported that the ability to borrow money and to depend on relatives were key capacities. Participants also mentioned that, due to the commonality of livestock and land ownership, community members were able to sell livestock products or rent out or sell agricultural land in emergency cases, which was perceived as a strength.

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



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)



Conversely, the lack of job opportunities and perceived hiring based on relations rather than skills were noted by CFGD participants as **limiting factors** for the community's ability to adapt to shocks and stresses. They also noted that the provision of food and other aid to only some groups, the lack of support from local organisations and authorities, and the lack of price controls for land rental were limiting factors.



SOCIO-ECONOMICS, LIVELIHOODS, & MARKETS

ABA resilience findings demonstrate that socio-economic, livelihoods, and market conditions in Western Salhabiyeh have been significantly affected by drought and water crisis, COVID-19 measures, and the price inflation and reduced purchasing power caused by SYP depreciation. Support for livelihoods, including for agricultural and livestock livelihoods as well as for improvement of employment and business opportunities more generally, was the top community recovery priority cited by both surveyed HHs and CFGD participants, particularly as CFGD and HH findings emphasize that community members face significant difficulties in meeting basic needs and accessing sufficient income due to a lack of job opportunities.

HH findings emphasise the reliance of both resident and IDP populations on agricultural and livestock livelihoods, where agriculture was the most commonly cited primary income source for 54% of surveyed resident HHs, 43% of IDP HHs, and 57% of female-headed HHs.

HH Income & Employment

Average monthly HH income¹³ (by surveyed HH type)

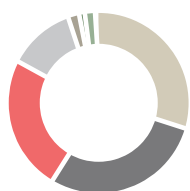
HH Type	Income amount
All HHs	272,091 SYP
Resident HHs	271,059 SYP
IDP HHs	273,883 SYP
Male-headed HHs	279,155 SYP
Female-headed HHs	228,778 SYP

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

Resident HHs ¹¹	IDP HHs
Agriculture 54%	43% Agriculture
Government/public services 7%	10% Livestock
Real estate/construction 6%	8% Trade/transportation
Education/childcare 5%	7% Real estate/construction
Trade/transportation 2%	6% Machinery/mechanics/repairs

52% of surveyed HHs did not earn income from other sectors/sources

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



- 30% Self-employment/entrepreneurship
- 29% Informal daily work agreement (verbal)
- 24% Informal long-term work agreement (verbal)
- 12% Longer-term formal employment agreements (written, 1 month+)
- 3% Prefer not to answer/Other
- 1% Short-term formal employment agreements (written, less than 1 month)

27% of surveyed HHs reported the presence of unemployed¹² adult male HH members

Most common reasons for male HH member unemployment (by % of the 27% of HHs reporting)

- 80% General lack of employment opportunities
- 25% Lack of employment opportunities matching skills
- 11% Physically unable to work
- 11% Lack of information about employment opportunities

74% of surveyed HH reported no adult female HH members earning income

Most common reasons for female HH members not earning income (by % of the 74% of HHs reporting)

- 68% Homemaker/looking after household members
- 29% General lack of employment opportunities
- 21% Family does not allow them to work
- 14% Lack of employment opportunities matching skills

Most commonly reported sources from which female HH members were actively earning income (by % of the 26% of HHs reporting)

Agriculture	76%
Sewing/textiles	10%
Education/childcare	5%

Additionally, 31% of surveyed HHs reported owning livestock, with 10% of IDP HHs reporting livestock as their primary income source. Beyond these sectors, trade/transport, construction, and public service were among the more common primary sources.

More than half of surveyed HHs (52%) reported they did not earn income from additional sectors/sources, increasing the importance of agricultural and livestock productivity. Where HHs reported secondary sources, borrowing/loans was most common for resident, IDP, and female-headed HHs alike (18%, 14%, and 20% of HHs, respectively). This was followed by agriculture for resident HHs (14%) and livestock for IDP and female-headed HHs (11% and 14% of HHs, respectively).

Data point to significant male unemployment, where 27% of HHs reported that male HH members were unemployed. HH data also emphasise a lack of women in the workforce, with 74% of HHs reporting that no female HH members were actively earning income. A general lack of opportunities and lack of skills fitting available jobs were among the most commonly-cited reasons for both male and female unemployment. However, family/household responsibilities and socio-cultural norms act as additional barriers for female employment. CFGD participants noted that female-headed HHs, older persons, and persons with disabilities face significant challenges in securing employment. Additionally, participants perceived that jobs are often given based on relations rather than skills.

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



HH Expenditure & Ability to Meet Needs

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

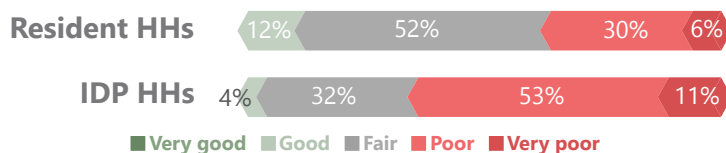
HH Type	Expenditure	Income
All HHs	671,731 SYP	272,091 SYP
Resident HHs	736,555 SYP	271,059 SYP
IDP HHs	564,771 SYP	273,883 SYP
Male-headed HHs	627,491 SYP	279,155 SYP
Female-headed HHs	949,054 SYP	228,778 SYP

The average surveyed HH reported a monthly expenditure amount 3.3 times their reported monthly income

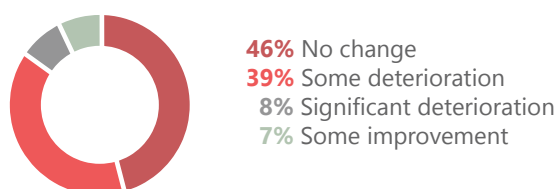
Top HH expenditure categories and average expenditure amounts (by average % of monthly income of surveyed HHs)

	Average % of HH monthly income	Average monthly HH expenditure
Food	105%	215,652 SYP
Healthcare & medication	73%	115,983 SYP
Agriculture/livestock/productive assets & inputs	54%	105,492 SYP
Debt repayment	28%	82,902 SYP
Repair & maintenance of HH or agricultural items/machines/vehicles	22%	34,174 SYP

Reported HH ability to meet basic needs¹⁴ 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)



The lack of sufficient access to employment and income, paired with the high cost of goods and services creates economic barriers for HHs to meet basic needs. HH income is often insufficient to cover basic expenditures, where 80% 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 more than triple (3.3 times) their reported income.

Indeed, 64% of surveyed IDP HHs and 36% of resident HHs said their ability to meet basic needs in the previous 3 months was poor or very poor, with 44% of surveyed female-headed HHs reporting the same.

The inability to meet needs appears worse among IDP HHs, where 58% of surveyed HHs said their ability to meet needs had deteriorated over the same period (compared to 41% of resident HHs).

To make ends meet, CFGD participants stressed that HHs commonly rely on borrowing money or buying items on credit, resulting in the high prevalence of debt among the population. Indeed this was the most commonly coping strategy reported by HHs, 85% of whom reported being in debt at the time of data collection, with only 37% reporting the ability to repay the debt in the coming 6 months.

Beyond taking on debt, surveyed HHs reported spending less on non-food expenditures, or adjusting food consumption practices. CFGD participants noted that the most common practices are reduction of portion sizes and substitution of staple food items with cheaper goods (e.g. switching bread for bulgur). HHs also reported selling productive assets, echoed by CFGD participants who stated that HHs may sell agricultural lands, livestock, or other properties to afford basic needs or to pay off debt, having a negative impact in the longer-term.

Additionally CFGD participants noted that HHs may cope with lack of income by sending children to work; 26% of surveyed IDP HHs and 16% of resident HHs reported that 1 or more children in their HH were currently earning an income.

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

Resident HHs	IDP HHs
Borrowing money 74%	85% Borrowing money
Decreasing non-food expenditure 43%	35% Decreasing non-food expenditure
Adjusting food consumption practices 19%	14% Adjusting food consumption practices
Selling productive assets/vehicles 12%	13% Selling productive assets/vehicles
Not applicable 8%	8% Sending children (15 or below) to work

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

85% of surveyed HHs reported being **in debt** at the time of data collection. 86% of female-headed HHs reported being in debt.

37% of those HHs reported having the **capacity to repay their debt** in the next 6 months

10% of surveyed HHs reported having **liquidated savings** at the time of data collection. 11% of female-headed HHs reported having savings.

56% 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)	74%
Female adults (25-59)	11%
Older males (60+)	9%



Local Business & Livelihoods Opportunities

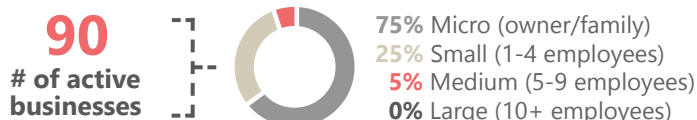
As Western Salhabyeh's economy is highly dependent on agriculture, the number of active businesses in other sectors is more limited, with KI data indicating that the majority of active businesses are micro or small in size, with few if any medium or large businesses to employ more of the community's population. CFGD and HH findings point to the absence of capital among the population, market limitations such as high shop rental prices, and issues with availability and quality of inputs as primary barriers to business generation and growth.

Indeed, HH findings show that the absence of start-up capital was the most commonly-reported challenge both for HHs currently running a business and those considering starting one. Additionally, among the 4% of HHs who reported they were running a business, the availability and quality of inputs and raw materials for their business was a top-reported challenge. For those considering starting business, limitations such as high rental prices, unavailability/quality of inputs, and lack of access to credit were also more commonly reported.

Beyond a general lack of employment opportunities, primary barriers for employment cited in HH and KI data were a lack of opportunities matching existing skills. Outside of agricultural or pastoral skills, HHs most commonly reported HH members with skills related to tailoring/embroidery/crafts (17% of HHs) proficient reading/writing (12%), mechanics/repairs (9%), and sales/marketing (9%).

KI data also suggest that skills are needed outside of agriculture and livestock sectors, where training in was needed for different population groups across the beauty/grooming, medical, communications, and crafts sectors, in addition to further agricultural training for IDPs.

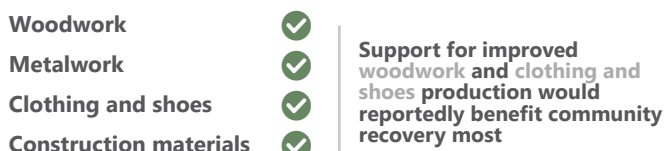
Estimated number and size of active local businesses (as reported by livelihoods KI)



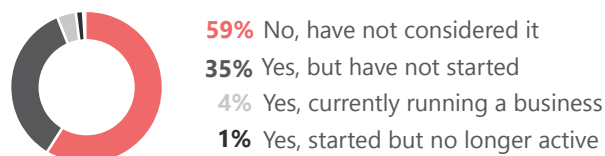
Reported economic sector change and need (as reported by livelihoods KI)



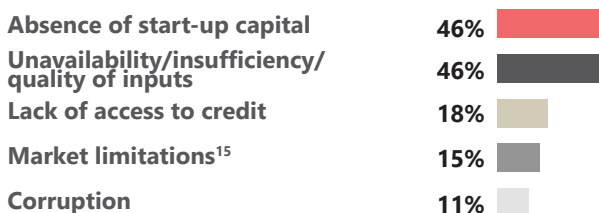
Non-agricultural/livestock products produced as an income source in the community (as reported by livelihoods KI)



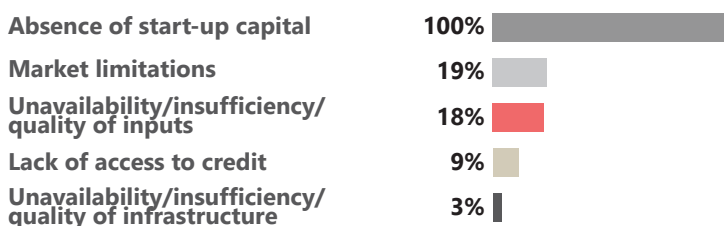
HHs who have started or considered starting their own business (by % of surveyed HHs)



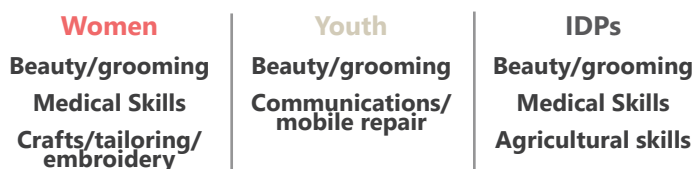
Most commonly reported primary challenges to running HH businesses (by % of the 4% of HHs reporting)



Most commonly reported primary factors preventing HH members from starting/continuing businesses (by % of the 36% of HHs reporting)



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



Indeed, KI data suggest that the revitalisation of the previously present public healthcare sector may be possible with an increase in local medical skills (nursing, technicians, etc.), and that the mechanical repair sector may also have potential to be restarted. KI data also indicate that there is a need for the humanitarian and/or social work sector in the community, which may be achieved through support and capacity-building of CBOs/Syrian NGOs in the area.

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

Recommendations: Beyond support for agricultural and livestock livelihoods, CFGD participants pointed to a need for MSME support and vocational training, where it was emphasized that youth need special support for increased economic opportunities.



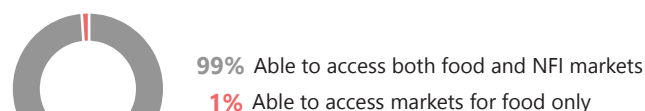
Markets & Financial Services

Western Salhabyeh hosts a limited local market comprised of an area of small stores selling food and NFIs. However, KI and CFGD data point to significant impact of SYP depreciation and border closure on markets, leading to inflation and a lack of price controls. The same data also point to the unavailability of certain goods in markets, and the creation of monopolies by traders due to increased smuggling activities.

While all surveyed HHs reported access to markets in Western Salhabyeh or nearby communities such as Ar-Raqqa city, over 70% of HHs reported experiencing issues with item affordability and instability of prices due to exchange rate instability. This also impacted access to financial services, as did distance to service providers as HHs sought such services in nearby Ar-Raqqa city.

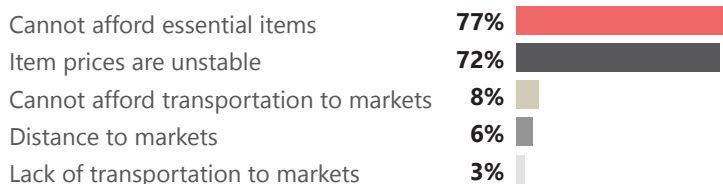
Recommendations: The livelihoods and markets KI emphasised the need for price controls in local markets as well as the need for cash assistance to support the population with meeting their basic needs.

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



24% of surveyed HHs with access reported being dissatisfied or very dissatisfied with market accessibility and quality and availability of items

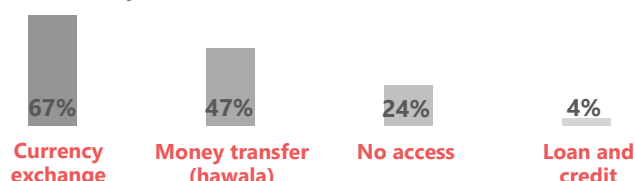
Most commonly reported issues with markets in assessed and/or nearby communities (by % of surveyed HHs)†



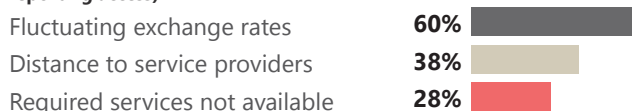
Primary market functionality barriers (as reported by markets KI)

- Unstable exchange rate causes frequent price fluctuation
- Market limitations (high shop rental cost/lack of display space)
- Lack of sufficient water

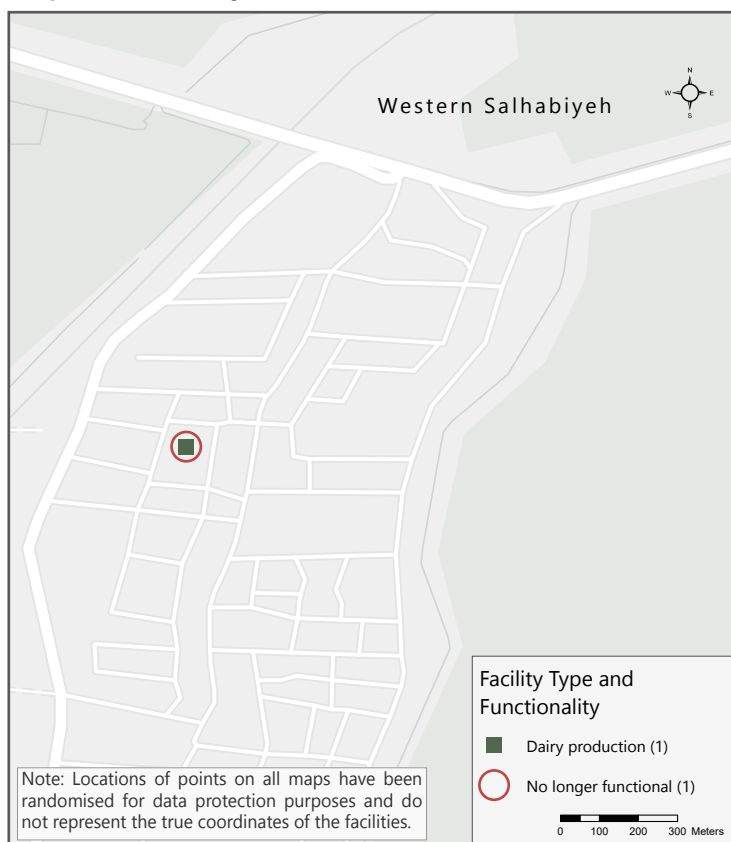
Reported HH access to access financial services in assessed and/or nearby communities (by % of surveyed HHs)†



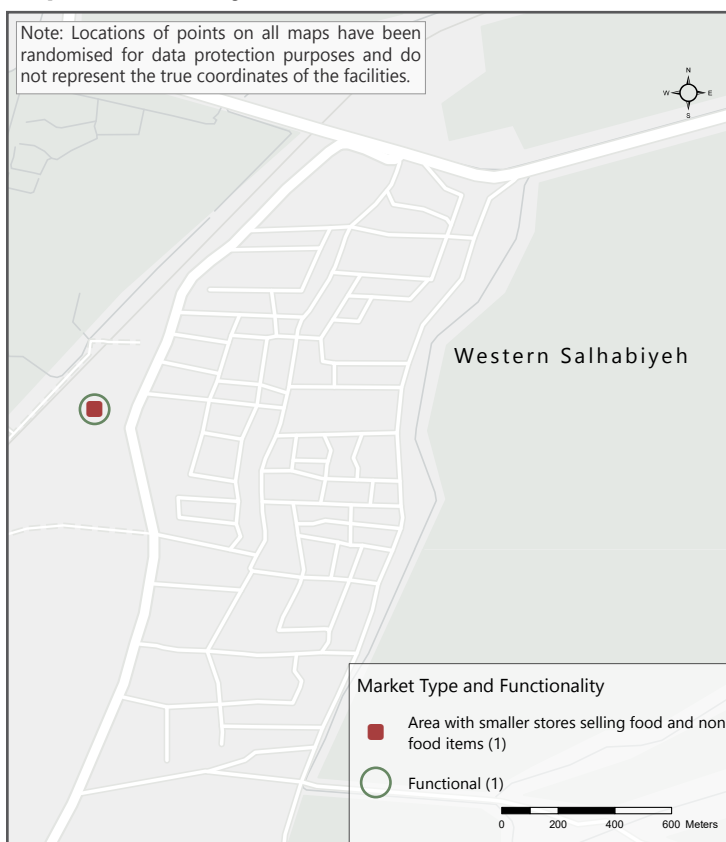
Most commonly reported issues with financial services in assessed and/or nearby communities (by % of the 76% of HHs reporting access)†



Map 4: Community Industrial Facilities (identified by livelihoods KI)



Map 5: Community Market Points (identified by markets KI)





AGRICULTURE

As the most common source of income for HHs in Western Salhabyeh (see pg. 9), support to the agricultural sector was emphasized as a top priority for community recovery by both surveyed HHs and CFGD participants.

Among the 37% of surveyed HHs that reported owning and/or leasing agricultural land, barley, cotton, and assorted vegetables are the dominant crops grown. Data also indicate that most HHs are producing crops for income rather than for subsistence (reported by only 9% of HHs owning/leasing land). However, 30% of HHs owning land (all resident) reported leasing their land to others which was noted by CFGD participants as a strategy to deal with low income and impacts of drought. What crops are produced, are primarily bought by local authorities and consumers at markets, and generally processed locally and sold in markets within Western Salhabyeh community.

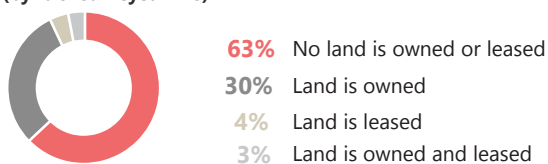
In regards to land use, data highlight disparities in land ownership and access between the resident and IDP population, where only 1% of surveyed IDP HHs reported owning land and only 3% reported leasing land, indicating that while IDPs commonly earn income from the sector, it is generally from agricultural labour. Indeed, CFGD participants highlighted that agricultural licences are not commonly given to IDPs by local authorities.

Agricultural Livelihoods & Land Ownership

50% of surveyed HHs reported agriculture as their primary income source

13% of surveyed HHs reported agriculture as a secondary income source

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



32% of surveyed female-headed HHs reported owning or leasing agricultural land*

15 dunams*

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



Agricultural Production

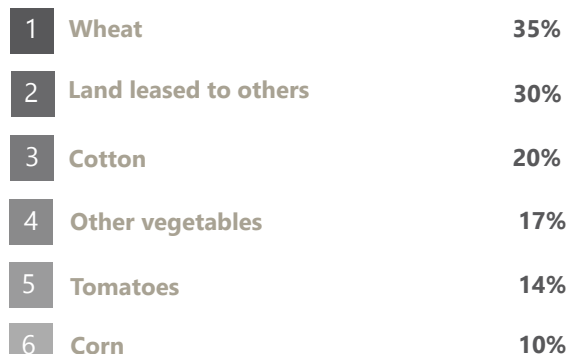
Primary HH members involved in agricultural and/or livestock production activities (by % of the 68% of HHs owning/renting land and/or livestock)*



Irrigation methods and barriers (as reported by agriculture KI)

Primary: Surface flood
Secondary: Drip irrigation
Barriers: Drought, not enough pressure to pump water

Reported crops HHs primarily earn income from (by % of the 37% of HHs owning/renting land for agriculture)*



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

Lack of licenses for IDPs can reportedly lead to tensions in the community and causes feelings of insecurity among the IDP population. IDP participants also noted high land rental costs which act as a barrier to IDPs earning increased income from the sector.

In relation to key issues affecting the sector's productivity, beyond issues with agricultural water sufficiency (see pgs. 13 and 14), KI and CFGD data point to the unaffordability of key inputs, including fuel, seeds, fertilisers, and pesticides, as significant having had significant negative impacts. Attributed to the depreciation of the SYP, unaffordability of these inputs resulted in the cultivation of fewer areas as well as in the reduced use of fertilisers and pesticides, resulting in decreased overall production, reduced income for land owners, and decreased agricultural labour employment opportunities (impacting IDPs specifically). Further, the general reduction in agricultural productivity also impacted the livestock sector, resulting in decreased access to sources of animal feed (see pg. XX)



Agricultural Management & Capacity

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

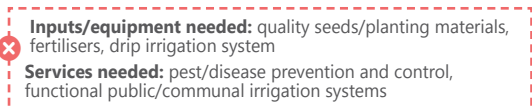
Agricultural Committee (Western Salhabyeh Local Council)

Responsible for resolving complaints received from local Farmer's Associations, distribution of fuel, and managing agricultural licenses.

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

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

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

-  Sufficient technical knowledge and skills 
 -  Needed inputs/equipment are available 
 -  Needed services are available 
-  **Inputs/equipment needed:** quality seeds/planting materials, fertilisers, drip irrigation system
Services needed: pest/disease prevention and control, functional public/communal irrigation systems

Additionally, beyond drought conditions, CFGD participants emphasised that the presence of agricultural pests and extreme cold impacted crop production and quality. While drought significantly impacted wheat, barley, and vegetable production, CFGD participants noted that the presence of corn worm caused significant damage to crops and that frost had affected fruit-bearing trees and vegetables. The impacts of both pest and frost damage reportedly led to decreased crop value, further impacting farmer income.

CFGD participants reported that most crops were grown in debt due to the high cost of inputs and the generally poor economic situation, where crop loss and reduced yield resulted in significant additional losses for farmers

Further, participants noted that support from local authorities was limited. Indeed, MFGD and KI findings indicate that the LC's Agricultural Committee is primarily concerned with subsidised fuel distribution and management for agricultural licences. While the Committee is also responsible for resolving issues raised by local farmers through Farmers Associations, additional support seems to be needed to help farmers cope with the negative impacts of water insufficiency, high input costs, presence of pests, harsh weather conditions, and other issues.

Recommendations: The agriculture KI pointed to a need for support to farmers with provision of reduced-cost fertilisers and quality seeds. CFGD participants echoed the need for support with inputs and IDP participants further noted a need for regulation of input prices, control over agricultural land rental prices, and increased provision of agricultural licences to the IDP population.

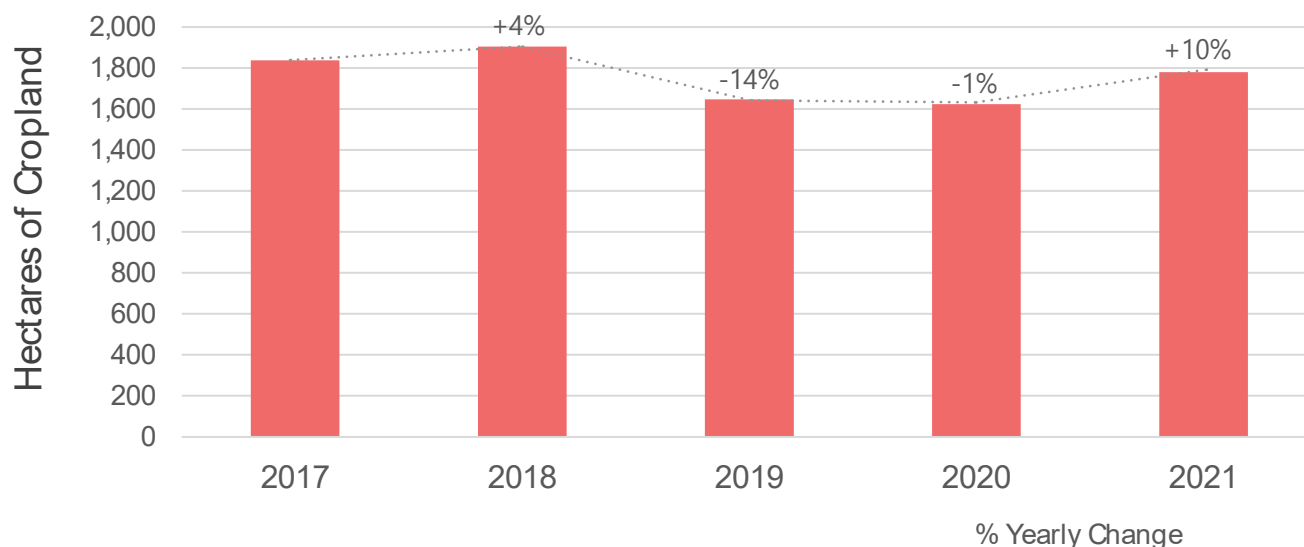
Key Agricultural Issues

Key reported agricultural issues (as reported by agriculture KI)

- Increased operational costs due to increased input costs
 - Reduction in cultivated land and fertiliser use, overall reduction in local production
 - Impact on income/livelihoods
- Crop damage due to frost and corn worm



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





LIVESTOCK

Livestock support was commonly prioritised by participants of IDP CFGD sessions, echoing findings that livestock was the second most commonly reported primary income source for IDP HHs (see pg. 9).

Both the livestock KI and CFGD participants cited decreased agricultural production (see pg. 16) as the primary factor affecting the sector, leading to decreased availability of local wheat and barley for fodder, increasing reliance on costly imports, and driving up fodder prices in general. CFGD participants further noted that drought and decreased crop production led to reduced availability of pasture and agricultural grazing areas.

According to KI and CFGD findings, increased fodder cost and reduced availability of pasture has led to significant loss of income for livestock holders as production costs outstrip livestock value. Further contributing to reduced value, the livestock KI pointed to the increasingly common practice of destocking, or sale of some animals at low prices in order to afford inputs for the remainder of the herd.

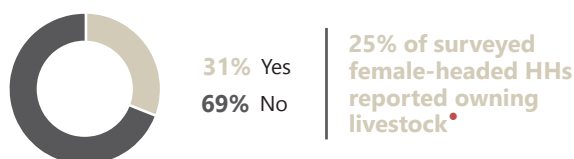
Lack of fodder and pasture also results in decreased production of livestock goods, including milk and cheese, resulting in significant price increases for these goods, according to KI data. As local livestock goods are primarily sold within the community, this has further implications for food security and dietary diversity.

Livestock Livelihoods & Ownership

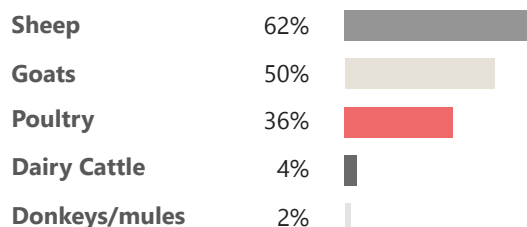
5% of surveyed HHs reported livestock as their primary income source

10% of surveyed HHs reported livestock as a secondary income source

HH livestock ownership (by % of surveyed HHs)



Types of livestock and animals owned by surveyed HHs (by % of the 31% of HHs owning livestock)*



Livestock Goods Production

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

Meat	✓
Eggs	✓
Milk	✓
Cheese/yogurt	✓
Butter/ghee	✓
Animal labour	✓
Fertilizer/manure	✓

Support for improved milk production and animal labour would reportedly benefit community recovery most

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

The sector reportedly lacks management, where the KI noted the absence of a range of technical knowledge and skills, lack of key inputs and materials, and lack of veterinary and other services.

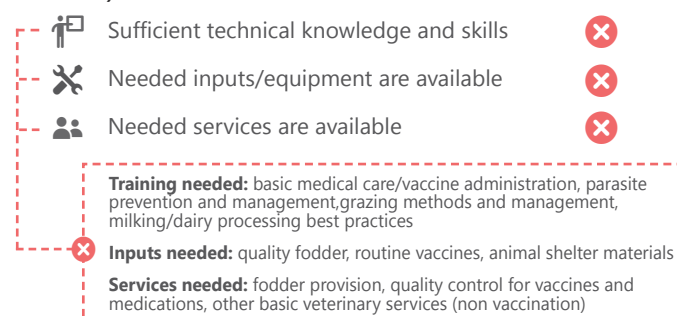
Recommendations: The livestock KI and CFGD participants cited a need for provision of reduced-cost of fodder and other inputs, improved fodder quality, provision of additional lands for grazing, support for monitoring of feed price and herd size, and support for increased and improved veterinary services.

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)



Key Livestock Issues

Key reported livestock issues (as reported by livestock KI)

- Increased fodder price and decreased pasture area decreased
 - Destocking of herds to afford inputs
 - Decreased value production of livestock goods



WATER

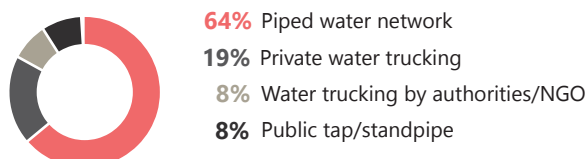
ABA data point to impacts of regional water crisis¹⁰ and electricity insufficiency on water access in Western Salhabyeh, leading to insufficiency for HH and agricultural use, and in the context of quality concerns with alternative sources. In fact, CFGD participants commonly noted that community members are unable to meet their water needs, and improved water access and quality was among the top reported community recovery priorities cited by surveyed HHs.

While the piped water network is the primary source of drinking or all-purpose water used by surveyed HHs, data demonstrate that not all HHs have access. Among surveyed IDP HHs, only 49% reported the piped network as their primary drinking or all-purpose source (compared to 74% of resident HHs) and 21% of IDP HHs reported lack of access to the network as an issue.

Beyond insufficient connectivity, electricity insufficiency creates additional issues for those relying on the network or other water sources requiring pumping; the water KI indicated that the network operates only 4 days per week with short pumping hours as a result of rationed operating hours of the electricity network (see pg. 23) and a lack of other pumping mechanisms. HH data indicate that lack of pumping pressure and regular network shortages were key concerns.

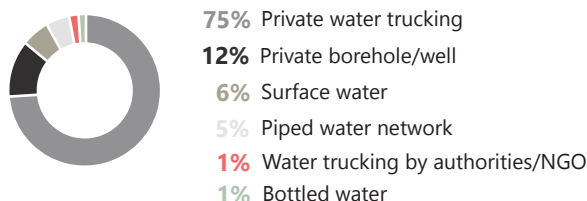
HH Water Usage & Sufficiency

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



53% of surveyed HHs were dissatisfied or very dissatisfied with source quantity
29% 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 39% of HHs who reported using a different primary source for non-drinking water than for drinking water)



41% of surveyed HHs were dissatisfied or very dissatisfied with source quantity (if different)
64% of surveyed HHs were dissatisfied or very dissatisfied with source quality (if different)

Water network infrastructure is reportedly present but supply is insufficient and 21%-40% of HHs are not connected, according to water KI

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

- Not enough pressure to pump water** 44%
- Alternative sources too expensive** 37%
- Regular network shortage** 33%
- Lack of household storage containers** 30%
- Pumping not frequent enough** 26%

Quality issues with primary source (network)
(as reported by water KI)

None reported

Due to these issues, HHs resort to using trucked water (primarily private). However the water KI reported that the quality of trucked water is poor as it is sourced directly from local irrigation canals and is distributed without first being treated. The KI further reported that the poor water quality has negative impact on public health, leading to kidney problem and to diarrhoea and enteritis in children.

As a result of these issues, 39% of surveyed resident HHs and 28% of IDP HHs reported they did not have sufficient water to meet basic needs in the 3 months before data collection. Where resident HHs most commonly reported coping by relying on stored water, 40% of surveyed IDP HHs reported they lacked sufficient containers to do so, likely accounting for the lower number of IDP HHs reporting use of this strategy. Additionally, a higher percentage of surveyed IDP HHs reported reducing drinking water consumption and borrowing water than did resident HHs. However, both resident and IDP HHs commonly reported coping by spending money on water that would typically be spend on other things

Beyond HH usage, the agricultural KI indicated that water sufficiency for irrigation is impacted by both drought and insufficient pressure to pump water. Among other factors (see pg. 13), water insufficiency has contributed to reduced crop production, with secondary impacts on availability of livestock feed and pasture.

39% of surveyed resident and IDP HHs reported **insufficient water for basic needs** in previous 3 months
28%

Most commonly reported coping strategies for a lack of water used by HHs in the previous 3 months (by % of the 39% and 28% of resident and IDP HHs reporting insufficiency)

	Resident HHs		IDP HHs
Rely on previously stored drinking water	58%	1	55%
Spend money usually spent on other things	58%	2	48%
Reduce non-drinking water consumption	39%	3	36%
Borrow water from friends/family	19%	4	33%
Reduce drinking water consumption	11%	5	21%
			Spend money usually spent on other things
			Borrow water from friends/family
			Rely on previously stored drinking water
			Reduce non-drinking water consumption
			Reduce drinking water consumption



Agriculture & Livestock Water Usage and Sufficiency

Agriculture (reported by agriculture KI)

Primary water source: Irrigation canals

Secondary water sources: None

Agricultural water sufficiency: Partially insufficient

↳ **Causes:** Drought/lack of rain, not enough pressure to pump water

Reported impacts: Loss of agricultural season and crops, decrease in livestock pasture and weakening of livestock sector

Livestock (reported by livestock KI)

Primary water source: Surface water

Livestock water sufficiency: Completely sufficient

↳ **Causes:** N/A

Reported impacts: N/A

Water Management Actors & Capacity

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

Salhabiyeh Water Unit
(Affiliated with Ar-Raqqa Supreme Council)

Responsible for pumping water to the area and carrying out maintenance and repair of water lines

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

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

Key Water Issues

Key issues and reported causes of water insufficiency

(as reported by water KI)

- Reliance on trucked water (quality issues)
- Short pumping hours (electricity network issues)
- Not all HHs are connected to water network



Recommendations: The area water KI stated the need for support to increase access to electricity for pumping of water as well as the need for installation of filtration wells to sterilise water for general use.

SANITATION & WASTE MANAGEMENT

Improved sanitation infrastructure (especially for wastewater) was among the community recovery priorities listed by CFGD participants, where HH dissatisfaction with both wastewater and solid waste disposal methods was significant (51% and 44% of HHs, respectively).

Western Salhabiyeh lacks a sewage system, the most commonly reported sanitation issue cited by surveyed HHs (97% of IDP HHs and 90% of resident HHs). This results in reliance on soak pits for HH wastewater disposal, and a general inability to meet sanitation needs, especially for IDPs living camp settings, according to CFGD participants. Participants also noted the leakage of wastewater in the streets, leading to pollution and the spread of insects which may cause Leishmaniasis.

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



95% HH septic tank or soak pit
5% Surface run-off

51%

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



Sewer network infrastructure reportedly not present in assessed area, according to sanitation KI

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



64% Free public waste collection
23% Waste is burnt
11% Waste disposed to dumping location
2% Waste is left in public areas

44%

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

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

	Resident HHs		IDP HHs
No sewage system in community	90%	1	97%
Waste collection services too infrequent	10%	2	14%
Rodents and/or pests frequently visible	8%	3	12%
Cannot afford desludging	26%	4	8%
Presence of solid waste in the streets	4%	5	5%
			No sewage system in community
			Presence of solid waste in the streets
			Waste collection services too infrequent
			Rodents and/or pests frequently visible
			Cannot afford desludging



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

Public primary, secondary, and high schools

Sanitation Management Actors & Capacity

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

Water and Environment Unit (Western Salhabiyeh Local Council)	Responsible for coordinating solid waste collection services
No management	Due to the lack of wastewater infrastructure and services, no actors are currently assuming management responsibilities.

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

	Sufficient number of staff	
	Sufficient technical knowledge	
	Sufficient technical skills	Not sure
	Needed tools/equipment are available	Not sure
Barriers to staffing: lack of sewer networks to justify additional staff for wastewater management Knowledge needed: safe wastewater disposal methods, wastewater treatment technologies		

Key Sanitation Issues

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

- Absence of wastewater infrastructure and services
 - Wastewater leakage from pit latrines into streets
 - Negative impact on public health and hygiene

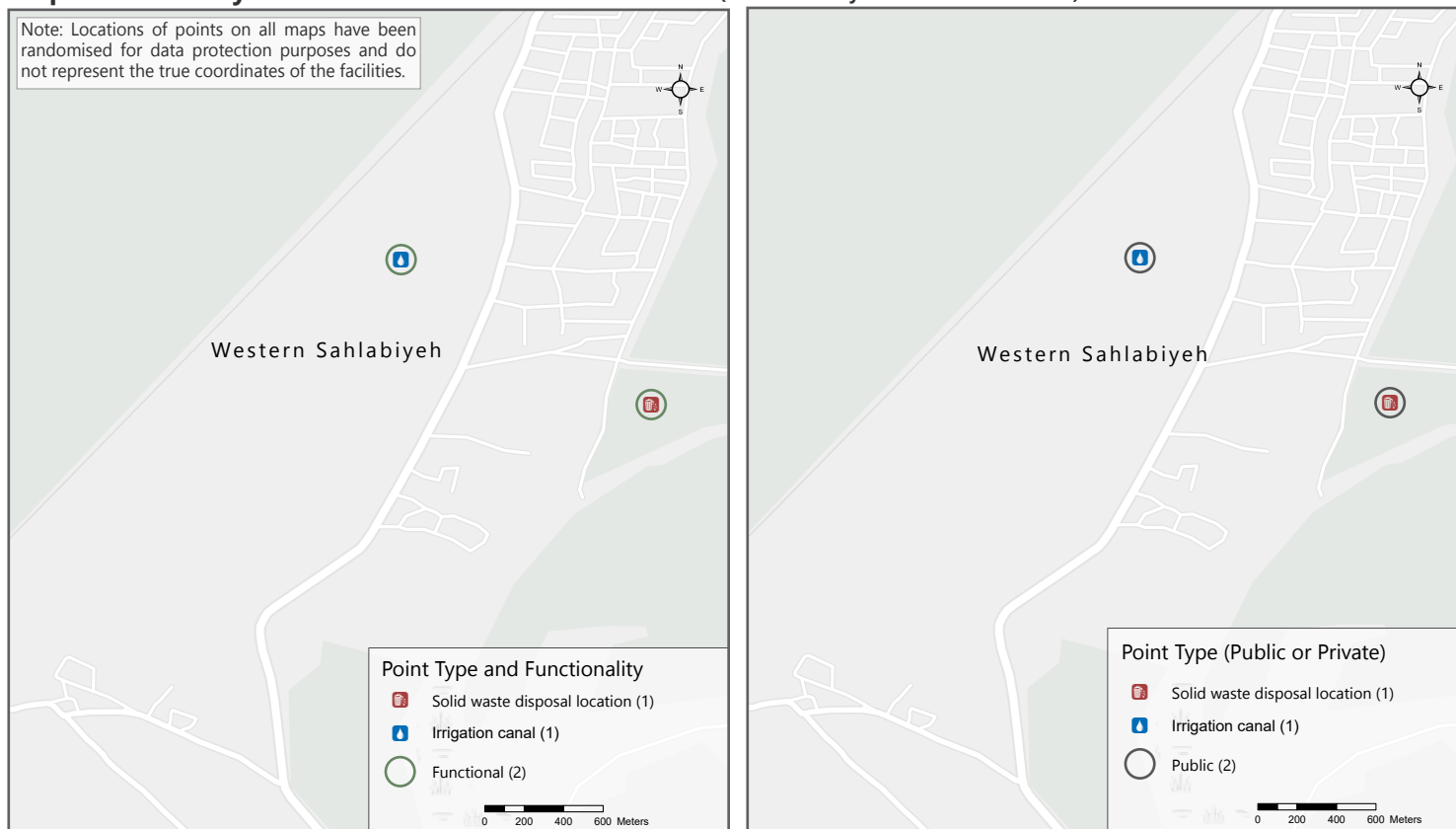
While KI data show that training on safe wastewater disposal and treatment are needed for increased management capacity, no actor is currently taking active responsibility for wastewater management. The lack of infrastructure reportedly acts as a barrier to justification of hiring dedicated staff.

Additionally, the education KI noted a lack of functional sanitation infrastructure in local primary, secondary, and high school facilities.

Beyond wastewater disposal, HH data point to issues with solid waste removal. While 64% of surveyed HHs reported reliance of public waste collection services, 23% of HHs reported resorting to burning waste and 11% reported bringing their waste to a dumping location. HH disposal at a dumping location was reported by a higher percentage of IDP HHs (17% vs 8% of resident HHs), potentially indicating lower IDP access to waste collection. Additionally, while KI data indicate that waste is collected at least once per week, 11% of all surveyed HHs reported collection was to infrequent and 8% reported the presence of solid waste in the streets as an issue.

Recommendations: The sanitation KI pointed to the need for wastewater disposal infrastructure, namely the construction of sewer networks. Data also suggest increased access to and frequency of solid waste collection services are needed.

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





HEALTHCARE

ABA data point to a lack of access to quality healthcare facilities and medical treatments in Western Salhabyeh, primarily due to the unaffordability of local private care options and high cost of medications. Additionally, data indicate the need for more specialized services at local facilities.

Increased access to affordable, quality healthcare was cited by both surveyed HHs and CFGD participants as a key priority for community recovery. Further illustrating the need for improved care, 54% of surveyed HHs reported being dissatisfied or very dissatisfied with the quality and availability of services at facilities they had access to.

Western Salhabyeh lacks public healthcare facilities, hosting only private clinics and medical laboratories, in addition to pharmacies, as reported by the healthcare KI. Without local options for free or reduced-cost care, the large majority of surveyed resident and IDP HHs reported their inability to afford treatments (88% and 87% of HHs, respectively). Further CFGD participants highlighted that the high cost of care (including treatment and medication) was the main barrier to meeting healthcare needs, noting it is especially unaffordable for IDPs.

The lack of public facilities reportedly results in community members seeking care in other areas with public options such as Ar-Raqqa city, or even as far as Qamishli, Aleppo, or Damascus according to CFGD participants. Community members also travel to access a wider range of services according to CFGD participants, as local facilities do not offer more specialised services. Such travel creates additional financial burdens for HHs already low on income.

Local Healthcare Facilities & Services

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

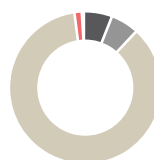
Public hospital	✗
Private hospital	✗
Public clinic	✗
Private clinic	✓
Public medical laboratory	✗
Private medical laboratory	✓
Pharmacy	✓

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

Medical advice and consultation	✓
Treatment of diarrhoea (medication only)	✓
Routine vaccinations	✓
Family planning/reproductive healthcare	✓
Laboratory services	✓

HH Healthcare Access & Issues

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



6% Access only in assessed area
6% Access in assessed area and other communities
86% Access only in other communities
1% No access

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



62% Access only in assessed area
32% Access in assessed area and other communities
6% Access only in other communities
0% No access

54%

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

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

	Resident HHs		IDP HHs
Cannot afford price of medicines	90%	1	93%
Cannot afford treatment costs	88%	2	87%
Lack of medicines and/or equipment at facilities	58%	3	66%
Cannot afford travel costs to facilities	57%	4	58%
Distance to facilities	37%	5	34%
			Specialized services not available



115,983 SYP

Average monthly healthcare and medication expenditure of surveyed HHs

Those unable to afford travel are left with more limited and costly care options in their community. Additionally, participants noted that COVID-19 movement restrictions severely limited ability to travel for healthcare access, as did poor road conditions which impede access for ambulance services for transporting patients to nearby hospitals.

Beyond the service costs, more than 90% of surveyed resident and IDP HHs reported inability to afford medication. This was echoed by CFGD participants who noted the high price of medicines in pharmacies and the absence of effective price regulation. Participants attributed increasing costs to COVID-19-related road and border closures, reducing ability trade and import ability, and to the spread of the pandemic itself which increased overall demand for medications.

In the face of such cost concerns, CFGD participants noted that community members resort to using herbal remedies, taking less than the prescribed dose of medication, borrowing money to cover costs, or even selling assets such as land and livestock to make ends meet. KI findings also suggest that doctors may prescribe medication while foregoing medical diagnostics in order to help patients cut expenses.



Beyond unaffordability of medications, KI data points to the unavailability of some types of medications in local facilities, including antibiotics, insulin and diabetes medication, and heart disease and hypertension medications. Surveyed HHs also reported that lack of medication and equipment at facilities was an issue they had experienced, cited by 66% of IDP HHs and 58% of resident HHs.

Further, KI data indicate infrastructural issues in local facilities, including a lack of access to sufficient electricity and clean water.

Healthcare Management & Capacity

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

Health Committee (Western Salhabiyeh Local Council)

Responsible for regulating drug prices and services, and providing licenses for operation

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

	Facilities have sufficient number of staff	✓
	Staff have sufficient training/qualifications	✓
	Facilities have sufficient supplies/equipment	Not sure
	Facilities have sufficient medication	✗
	Facilities have sufficient clean water	✗
	Facilities have sufficient electricity	✗
	Lack of antibiotics, insulin and diabetes medications, heart disease and hypertension medications	

Key Healthcare Issues

Key reported healthcare issues (as reported by healthcare KI)

- High cost of care in local private facilities
- Unaffordability and unavailability of medications
 - Reliance on herbal remedies
 - Scaled-back medical care due to cost concerns

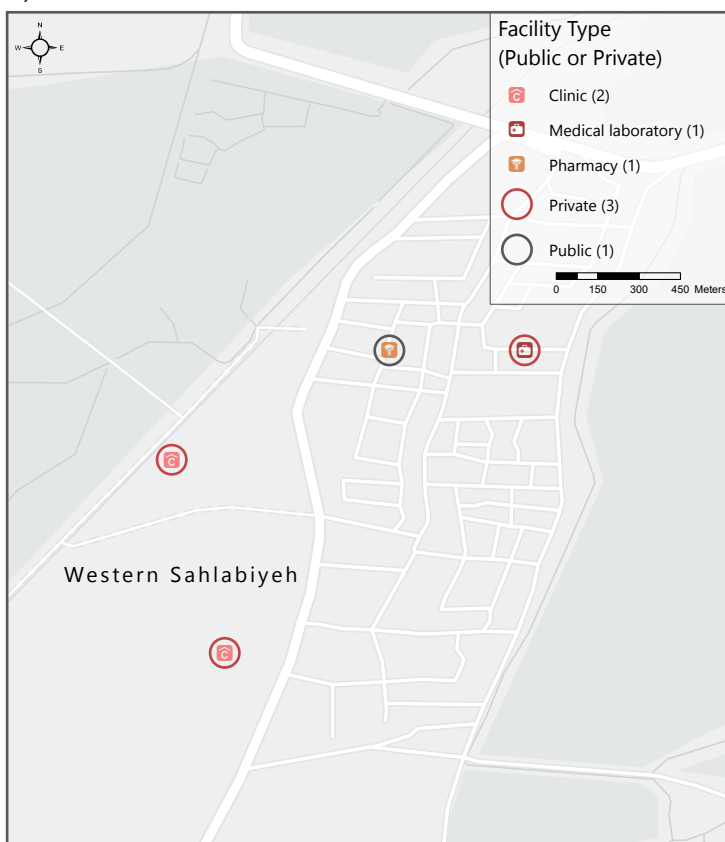
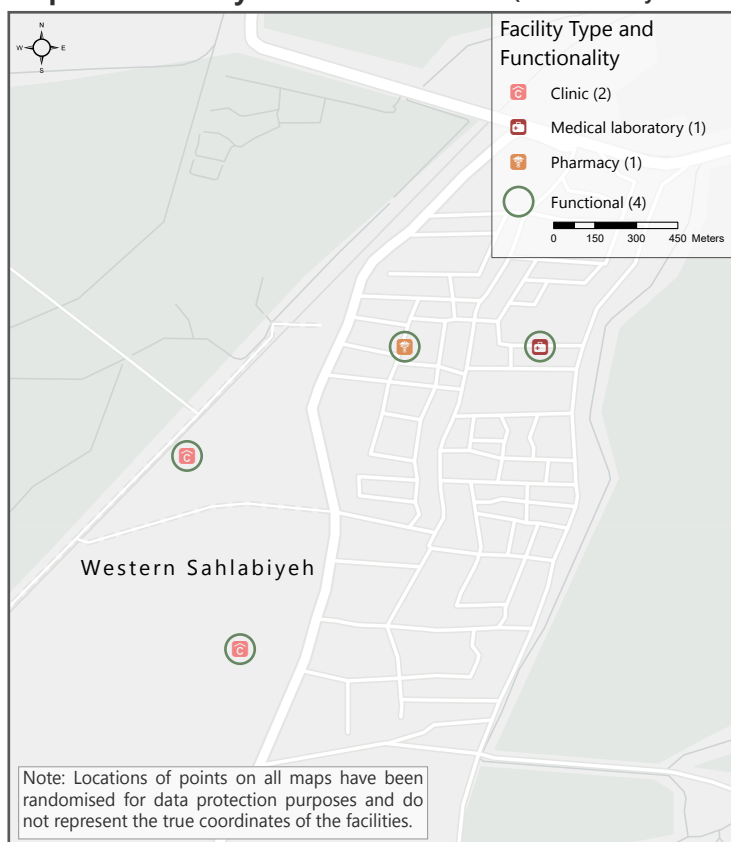


Of additional concern, CFGD participants stated that persons with disabilities and older community members experience difficulties in meeting their medical needs. Both groups reportedly lack access to specialized care, such as physiotherapists for persons with disabilities. Further, participants noted that IDPs in camps, especially girls, are at higher risk for spread of illness due to poor public health conditions.

Western Salhabiyeh LC's Health Committee is reportedly responsible for management of the healthcare sector in the community, including provision of operations licenses and regulation of services and drug prices (despite the perception among CFGD participants that current regulatory measures were lacking).

Recommendations: CFGD participants and the healthcare KI noted that, there is need for free or more affordable services locally, and for support to local facilities through provision of medications and medical supplies and equipment.

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





EDUCATION

ABA findings highlight a desire for improved affordability and quality of education as well as increased access to secondary schooling, currently limited by COVID-19-related disruptions, economic hardship, and a lack of staff training and educational resources. Improved educational access was commonly cited by CFGD participants as a community priority, who noted the importance of education for ensuring that youth are able to access employment opportunities.

While schools are present and generally accessible within the assessed area according to HH and KI data, CFGD participants commonly pointed to COVID-19-related closures as having had a negative impact on access to education among the population, where the education KI also noted school closures and the suspension of public education services for more than a month. In addition they reported that road closures during lockdown periods restricted university students from accessing their institutions.

In the face of closures, participants noted that some HHs resorted to private schools or tutors, an option that is unaffordable for most of the population. Further, the cost of education in general was reported as an access barrier by CFGD participants, surveyed HHs, and the education KI alike, where many families, particularly IDPs, lack the financial resources to send their children to school. KI data suggest that school drop outs have led to an increase in the number of children working in order to help support their families.

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)	41%-60% (around half)
Secondary (years 7-9)	41%-60% (around half)	21%-40% (less than half)
High school (years 10+)	1%-20% (few)	1%-20% (few)

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

↑ 61% - 80%

Most male adults are reportedly literate

61% - 80% ↓

Most female adults are reportedly literate

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

↑ 1% - 20%

Few school-aged boys are reportedly not attending

Families lack financial resources to afford education
Quality of education is poor

21% - 40% ↓

Around half of school-aged girls are reportedly not attending

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

Local Education Facilities

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

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

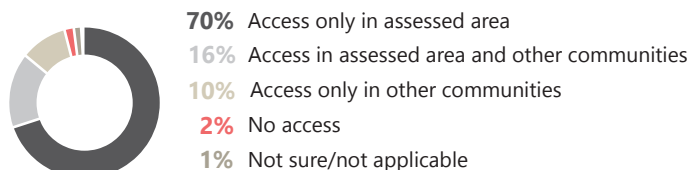
HH Education Access & Issues

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

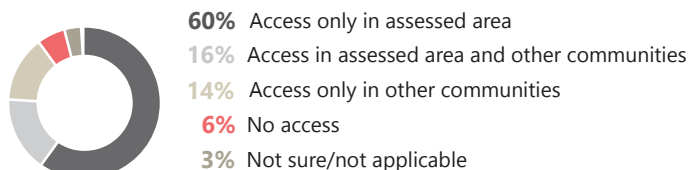


■ Not functioning ■ Functioning in person ■ Functioning online

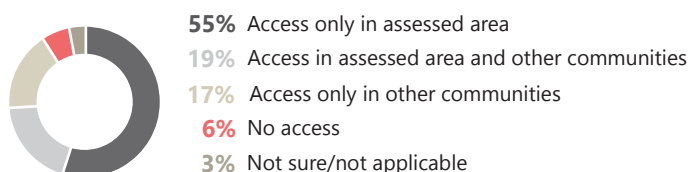
HH access to a functioning primary school (by % of the 73% of surveyed HHs with school-aged children)



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



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



34% of surveyed HHs were dissatisfied or very dissatisfied with quality of education for boys in accessible facilities

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



Most commonly reported HH issues with available education services (by % of surveyed resident and IDP HHs with school-aged children)[†]

Resident HHs	IDP HHs
Quality of education 49%	1 48% Cannot afford price of services and/or materials
Cannot afford price of services and/or materials 38%	2 45% Quality of education
Distance to facilities 24%	3 27% Distance to facilities
Unsuitable facilities 13%	4 27% No issues but children do not attend school
No issues 13%	5 10% Cannot afford travel costs

In addition to issues of unaffordability, the quality of available education is perceived to be low, as seen in HH findings on satisfaction and issues. According to the education KI, education management capacity could be enhanced through provision of trainings on basic curriculum and certification from a recognised authority, in addition to provision of core curriculum materials and writing supplies.

Further, HH data highlight lower access to secondary schooling within the community due to a lower number of facilities offering these services, also reflected in lower rates of adult educational attainment beyond primary, especially for women. CFGD participants stated that road rehabilitations in the area could improve access to such facilities in nearby communities by facilitating easier travel.

Recommendations: The education KI indicated that distribution of free or reduced-cost school supplies would help improve access to education by reducing costs for families. Additionally, beyond road rehabilitations, CFGD participants noted that rehabilitation of schools is needed, where sanitation access is lacking (see pg. 18).

Education Management & Capacity

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

Education Committee
(Associated with Ar-Raqqa Education Directorate)

Responsible for managing schools, employee salaries, provision of curriculum and materials, and conducting teacher's training

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

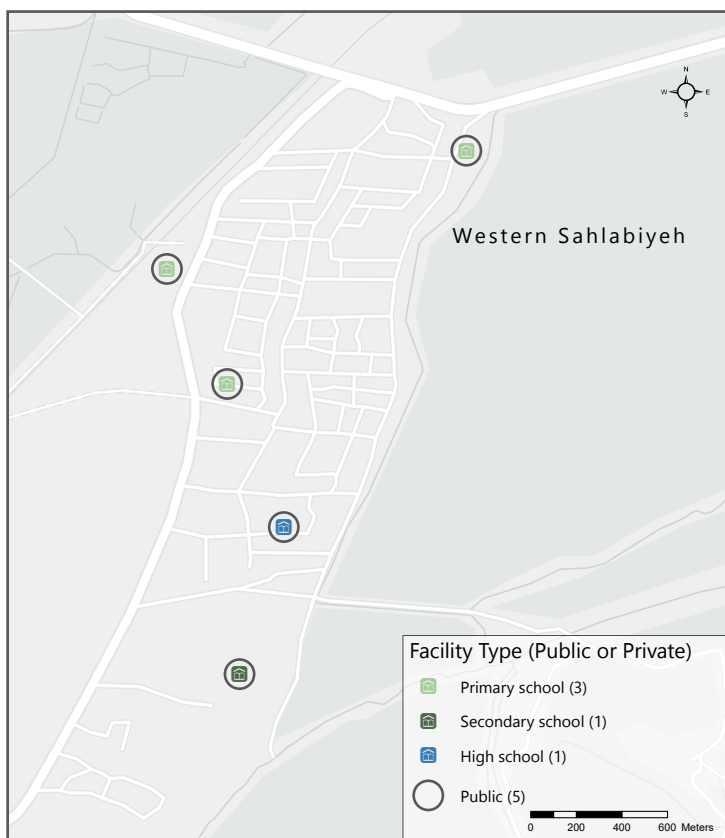
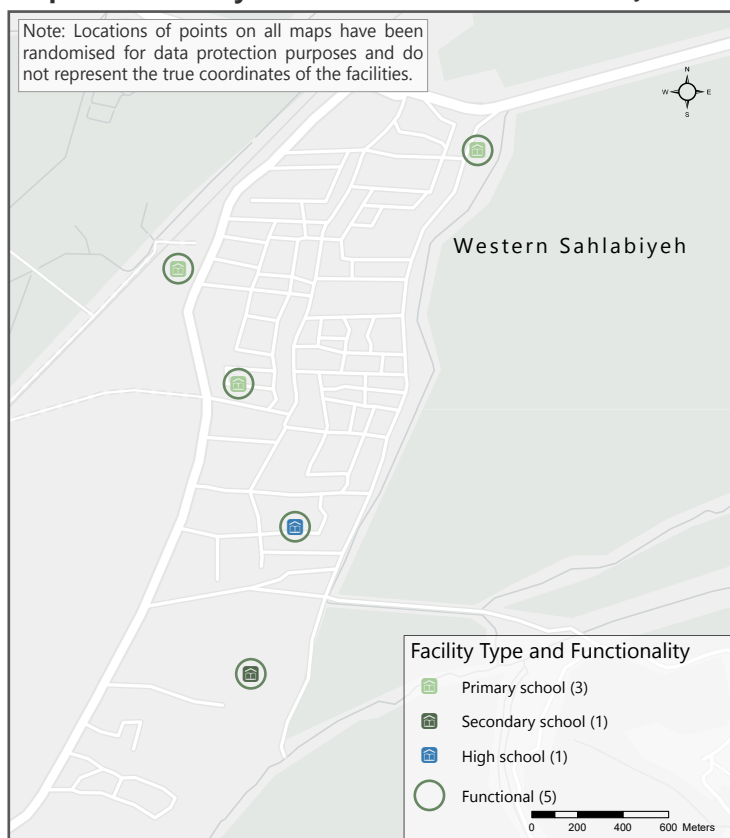
Facilities have sufficient number of staff	✓
Staff have sufficient training/qualifications	✗
Facilities have sufficient supplies	✗
Facilities have sufficient desks and/or chairs	✓
Facilities have adequate sanitation access	✗
Training/qualifications needed: Basic curriculum, official certification from a recognised authority Supplies needed: Core curriculum textbooks/materials, writing supplies	

Key Education Issues

Key reported education issues (as reported by education KI)

- COVID-19-related suspension of education services
- Unaffordability and perceived low quality
- Low access to secondary schooling

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





ELECTRICITY

Improved access to electricity was among the top priorities cited by surveyed HHs in Western SalhABIYEH, where 84% of HHs reported being dissatisfied or very dissatisfied with the quality of electricity from available sources.

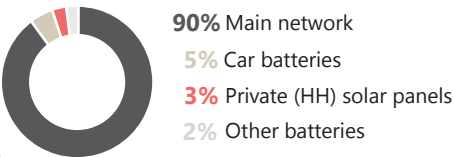
While the majority (90%) of surveyed HHs reported relying on the network as their primary electricity source, regular shortages and low output results in increased reliance on more expensive alternatives to meet needs such as solar panels or generators, according to CFGD participants. Participants noted that the network operates only 4 hours per day, which also significantly impacts access to water, where regular shortages and low output significantly affects pumping efficiency for HH and other use alike (see pg. 16).

Additionally, CFGD participants reported that the network does not reach all HHs in the community, mirrored by the 18% of IDP HHs who reported that their HH lacks access. Nearly all HHs who reported this also reportedly live in tents within the camp or informal settlements in the community, highlighting that IDPs in these settings must rely on alternatives more commonly, such as car batteries or solar panels (reported as a main source by 13% and 8% of surveyed IDP HHs, respectively).

Recommendations: KI and CFGD findings indicate that support is needed to increase the network's operating hours and efficiency.

HH Electricity Access & Issues

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



84% of surveyed HHs were dissatisfied or very dissatisfied with quality of available electricity sources

17,422 SYP 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 HHs		IDP HHs	
Regular shortage/low output	76%	1	62% Solar panels are unaffordable
Solar panels are unaffordable	54%	2	60% Regular shortage/low output
Fuel for generators is unaffordable	29%	3	26% Fuel for generators is unaffordable
Generators are not available	12%	4	21% Generators are not available
No issues	7%	5	18% Main network does not reach household

ROADS & TRANSPORTATION

The high cost of transportation and poor quality of roads act as barriers for Western SalhABIYEH's population when accessing services in surrounding areas, particularly for healthcare and education.

CFGD participants emphasized that the high cost of transportation has a negative impact on community members' ability to access services, echoed by the 84% of surveyed HHs that reported the inability to afford transportation costs. Compounding high costs, community members must often travel longer distances over poorly maintained roads, even further increasing the cost of travel.

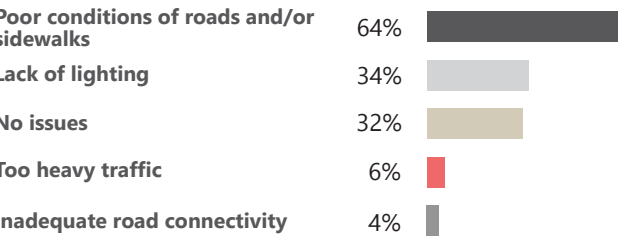
CFGD participants agreed that healthcare and education access are most impacted, where transport of emergency patients to nearby hospitals is slowed by poor road conditions (see pg. 19), and where access to schools outside of Western SalhABIYEH (particularly secondary+) is limited by inaccessibility of roads and cost of transportation (see pg. 21).

Recommendations: CFGD participants highlighted the need for repair and rehabilitation of roads in the area in order to increase access to education, reduce cost of transportation, and increase freedom of movement.

HH Road & Transportation Access & Issues

28% 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)



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



40% of surveyed HHs that reported availability of transportation services were dissatisfied or very dissatisfied with quality and availability

Most commonly reported HH issues with available transportation services (by % of the 98% of HHs reporting availability)

1	Cannot afford cost of transport	84%
2	Irregularity	45%
3	Overcrowding	12%



PROTECTION

CFGD participants noted a range of protection risks and unique vulnerabilities affecting Western Salhabyeh's population. Movement restrictions were noted to affect youth, men, IDPs, and residents, largely in connection to either risk of being targeted during military conscription campaigns or due to lack of civil documentation and documents required for IDP movement between different regions of northeast Syria. In addition, the community KI reported that lack or loss of civil documentation may cause barriers to accessing assistance.

An additional common concern across groups was risk of drug use/abuse and involvement in theft, where both have reportedly increased as economic conditions have declined. Participants also noted that children often start working at a younger age due to the poor economic situation and need for additional HH income. They further reported that older community members and persons with disabilities currently lack access to specialized care and support that they need, making them more vulnerable. Persons with disabilities are reportedly subject to stigmatisation and vulnerable to verbal abuse.

Additionally, CFGD participants noted that IDPs face more vulnerabilities in relation to housing and conditions in camps, including inability to afford residential housing. In addition to housing issues, HH survey data shows that 13% of IDP HHs reported experiencing an issue related to land and property, most commonly issues accessing documentation or issues due to changes in regulations.

Risks, Safety, and Security

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

Children	Child labour, early marriage (girls/IDPs), inability to register for aid and education(girls), lack of registration in family books (girls), health risks in camps (girls)
Youth	Lack of civil documentation, movement restrictions, military conscription, child labour, risk of drug abuse, risk of involvement in theft
Older persons	Lack of specialized care
Persons with disabilities	Lack of specialized care/assistance, stigmatisation, vulnerable to verbal abuse
IDPs	Lack of civil documentation, movement restrictions, risk of drug abuse, lack of access to aid
Residents	Military conscription, movement restrictions, risk of drug abuse, vulnerable to theft, risk of harassment
Women	Vulnerable to verbal abuse (widows/divorcees), psychological stress (widows/returnees)
Men	Movement restrictions, psychological stress

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



Presence of agricultural land

Family/kinship relations

Ability to borrow money

Ability to resolve conflicts

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



Poor economic situation

Fear of kidnapping and theft

Drug use in community

Movement restrictions and forced recruitment

Civil Documentation

1% - 20% (Few) of the population in the assessed area is reportedly affected by lack or loss of civil documentation, according to the community KI

Population groups reportedly more commonly affected by lack/loss of civil documentation (as reported by community KI)

- Women/girls
- Youth
- IDPs
- Never-displaced residents
- Ethnic/religious minorities
- Men/boys
- Older persons
- Returnees
- Persons with disabilities

Risks associated with lack/loss of civil documentation (as reported by community KI)

Movement restrictions
Barriers in accessing humanitarian assistance



Housing, Land, & Property Issues

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

Resident HHs



IDP HHs



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

When more broadly asked what factors made them feel safe in their community, CFGD participants most commonly cited the presence of agricultural land which supports employment and food security for the population, and the presence of family who are able to provide support in difficult times. Additionally, the ability to resolve conflict when it arises, whether through dispute resolution mechanisms or directly between community members, contributed to feelings of safety, as did the ability to borrow and a number of other factors.

Conversely, when asked about aspects of living in the community that made them feel unsafe, economic insecurity was a key factor, as was the related increase in drug use and fear of economically-motivated crimes. Movement restrictions and forced conscription were additional factors more commonly-cited as making participants feel unsafe.



SOCIAL COHESION

When asked about the relationship between resident and IDP populations, participants in most CFGD sessions noted that there is a normal or good relationship between the two groups. However, male IDP participants stated that they felt there was little sympathy for the area's IDPs and that the relationship has always been negative.

However, responses indicate that relations may vary depending on IDP area of origin, where male host participants noted that relations are generally good with IDPs from Aleppo but that IDPs from Hama were suspected to have been previously involved in thefts. Indeed, the occurrence of thefts and drug use in the community appears to be a source of tension between IDPs and residents, as well as between IDPs. However, female host participants noted that relations following a security incident in 2020 that caused damage to the relationship.

Participants in both IDP sessions also noted that there are sometimes tensions during aid distributions, where resident participants also noted that the continued provision of aid only to IDPs could create social tensions. There are reportedly also tensions among IDPs during distributions, related to the perception that aid is distributed based on clan relations of different IDP groups rather than based on need.

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

Job provision based on relations	Bias between clans	Lack of assistance to residents	Bias between IDPs and residents	Decrease in employment opportunities
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Employment also appears to be a point of tension between IDPs and residents, where IDP participants noted discrimination in the labour market, with residents often being given preference based on family relations. However, resident participants also noted that jobs are often given according to relations rather than skill and noted that this can create tensions within the community more broadly.

Additionally, male IDP participants noted that the resident-IDP relationship is harmed by increasing rent prices, where IDPs feel residents fail to take into account the hardships faced by IDPs. Additionally they reported that the insufficient bread allocations led to tensions between the groups, as did the failure to give IDPs agricultural licenses.

In relation to the implementation of longer-term recovery and resilience-oriented interventions in their community, the vast majority of participants noted that any projects that result in improved employment opportunities and improved basic services would be perceived positively. However, IDP participants noted that due to IDPs' general lack of property, there should be consideration to ensure IDPs also directly benefit. Female hosts also noted that the most vulnerable HHs must also be directly supported.

COMMUNITY GROUPS & PARTICIPATION

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

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

KI findings indicate that Western Salhabyeh lacks easily identifiable civil society or youth groups but hosts a group for women's training in the medical field and local farmers associations (see pg. 14).

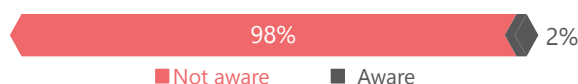
Regarding community member participation in social, economic, and political life more broadly, CFGD participants noted no significant barriers to participation in social life.

However, participants noted a number of barriers to economic participation, most commonly citing the perception that jobs are given based on relations. Both IDP and resident participants noted that there are fewer opportunities for IDPs, and female IDPs noted that IDPs face additional barriers like lack of documentation.

Relating to political participation, male host participants cited barriers in terms of community members' ability to participate in decision-making. Male IDP participants stated that IDPs are generally not included in decision-making or invited to participate in politics.

HH data also indicate a low level of community member awareness of and participation in meetings and planning regarding local recovery, with only 2% of HHs reporting awareness of such activities. All HHs reporting awareness also reported having attended such meetings and were employed in agriculture or livestock.

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



HH participation in community-level local recovery meetings/planning in previous 12 months (by % of the 2% of HHs aware of local recovery discussions/planning)





ENDNOTES

- ◆ Respondents could select all answers that applied, thus findings might exceed 100%.
 - ◆ Respondents could select up to three answers, thus findings might exceed 100%.
 - Disaggregated findings for male- and female-headed HHs, as well as for returnee HHs, are not based on representative sampling and should therefore only be seen as providing an indication of the situation among such HHs.
- 1 Hylke E. Beck, et al., [Present and future Köppen-Geiger climate classification maps at 1-km resolution](#), October 2018.
- 2 Armed Conflict Location & Event Data Project (ACLED), [Syria Dataset \(2017-2022\)](#), Accessed January 2022.
- 3 For the purposes of this assessment, returnee HHs were defined as those who had previously been displaced from their community of origin (the assessed location) for more than one month, regardless of length of time since their return. Non-displaced residents may include those who were displaced for short periods of time (less than 1 month) and are not considered returnees under the above definition.
- 4 Respondents were asked to indicate how many of the members of their HH (including themselves) had the following conditions to the extent that they interfere with daily life: difficulty seeing even when wearing glasses, difficulty hearing even if using a hearing aid, difficulty walking or climbing stairs, difficulty with self-care (bathing or dressing), difficulty remembering or concentrating, difficulty communicating in their usual language (understanding or being understood).
- 5 Overall findings for top reported reasons/factors were calculated using the borda-count method. Using this method each HH ranks their top 3 choices among the answer options. Those answer options then get “points” according to their places in the HH ranking (i.e., 3 points for 1st place, 2 points to 2nd place and 1 point to 3rd place). The analysis output then displays the % of points for each answer option, including the survey weights, where the options with the highest % of points are listed as the overall top reported.
- 6 CFGD participants were asked to identify and rank the top three most important priorities for community recovery and increased ability to adapt to and mitigate shocks and stresses. In order to present the findings as a ranked list, each priority that was mentioned was weighted by how commonly it was mentioned across different CFGD sessions as well as by whether it was listed as the 1st, 2nd, or 3rd most important recovery priority. The displayed ranking is relative and all listed priorities were seen as among the top factors for recovery by CFGD participants.
- 7 MSME is an acronym for “micro, small, and medium enterprises”.
- 8 For this assessment, shocks were defined as “sudden onset, high-impact events usually of a limited duration”, while stresses were defined as “slow onset events or changes ... that undermine development outcomes”. These definitions are based on Mercy Corps’ STRESS Guidance Note where further information and examples of shocks and stresses can be found (Mercy Corps, [STRESS: Strategic Resilience Assessment Guidance note](#), July 2017).
- 9 REACH, [Briefing Note: Situation Overview in Northeast Syria](#), June 2021.
- 10 In relation to resilience, a development constraints are defined as “factors that limit, inhibit or reverse positive achievements towards development goals and objectives” (Mercy Corps, [STRESS: Strategic Resilience Assessment Guidance note](#), July 2017).
- 11 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.
- 12 Respondents were asked if any of the adult male (18+) members of their HH were currently unemployed and actively looking for work.
- 13 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.).
- 14 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).
- 15 Examples of market limitations include high prices of shop rental and lack of spaces to display goods.

Cropland Area and Yearly Change Data

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

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

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms.

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