NORTHEAST SYRIA

TAL BRAK, AL-HASAKEH

AREA PROFILE

AREA-BASED ASSESSMENT 2021

Sida

REACH Informing more effective humanitarian action

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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

Tal Brak is located in central Al-Hasakeh Governorate's Be'r Al-Hulo Al-Wardeyyeh sub-district, approximately 34 km northeast of Al-Hasakeh city and 44 km southwest of Qamishli city. More broadly, it is situated within the temperate region of northeast Syria (NES), with typically dry and hot summers.[1]

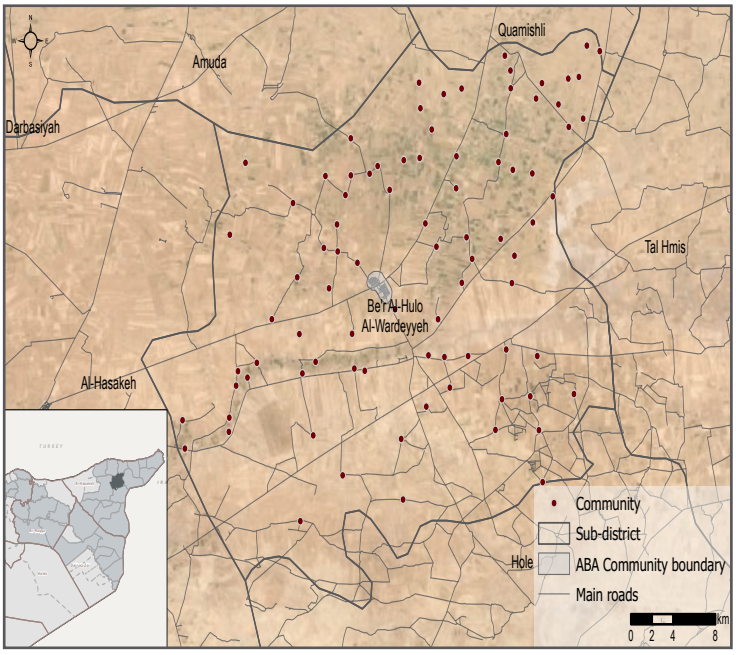
Tal Brak is located approximately 30 km northeast of the Khabur River at its closest point, and also sits less than 5 km north of the Jaghjagh river, a tributary of the Khabur.

Following the occupation of Tal Brak by the so-called Islamic State of Iraq and the Levant (ISIL) from 2014 to 2015, the security situation has been relatively stable, with the town under the governance of the Self Administration of Northeast Syria (SANES). Since that time only a handful of conflict incidents have occurred around the town.[2]

According to mapping focus group discussion (MFGD) participants (see pg. 2, Phase 1) Tal Brak Community acts as a central point for access to services and administration for surrounding villages. The area is governed most directly by the Tal Brak Local Council (LC), which coordinates directly with the representatives of 35 "communes", the region's smallest administrative unit, 30 of which belong to surrounding villages. Each of these is led by Heads of Commune, who act as voluntary representatives of the local populations to the LC, responsible for conveying the needs of the population.

MFGD participants emphasised that governance in the area follows the general hierarchy of SANES, whereby Tal Brak LC is subordinate to the Qamishli General Council, which itself is subordinate to the Jazeera Canton authorities. Participants noted that the Tal Brak LC is able to make lower-level, localised decisions that do not require intervention or support from higher authorities. However, decisions concerning the wider area or for which additional resources are needed are taken by the General Council or Canton-level bodies, where the LC is then responsible for implementation.

Map 1: Assessed Area and Sub-District Boundaries



ASSESSMENT METHODOLOGY

Data for this assessment were collected in Tal Brak between 19 June and 2 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	19 June, 2021
HH Surveys	110 HHs	12-15 July, 2021
KI Interviews	8 interviews	12-14 August, 2021
Community FGDs	6 sessions	29 August - 2 September, 2021

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

REACH teams conducted 1 participatory MFGD in Tal Brak on 19 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.

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 "Tal Brak area" assessed in all further phases of data collection.

Phase 2: Household (HH) Surveys

REACH teams conducted 110 household surveys in Tal Brak from 12-15 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.

The small size of the IDP population in Tal Brak created challenges to ensuring a sufficient and randomized sample of IDP HHs to achieve representative results for IDPs versus residents with the available capacity. Therefore, simple random sampling was used produce findings that are representative, instead, for the total area population 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	Total Population Sample Size (95/10)
2,691	36	1%	110

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 from 12-14 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 6 CFGD sessions with community members between 29 August and 2 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.

The 6 CFGD sessions were disaggregated by displacement status, gender, and age of participants in order to ensure privacy and allow each group to explore these topics in relation to their specific experiences. The following sessions took place: adult female residents, adult male residents, adult female IDPs, adult male IDPs, female youth, and male youth. Youth sessions (participants aged 18-24) were not further disaggregated by displacement status due to time and capacity constraints.

Each CFGD included between 5 and 6 participants, identified based on their belonging to a specific population group (IDP/resident, women/men, youth/adult). Community representatives who participated in the MFGD assisted REACH teams with participant identification and helped to ensure the inclusion of participants from diverse backgrounds.

KEY LIMITATIONS

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

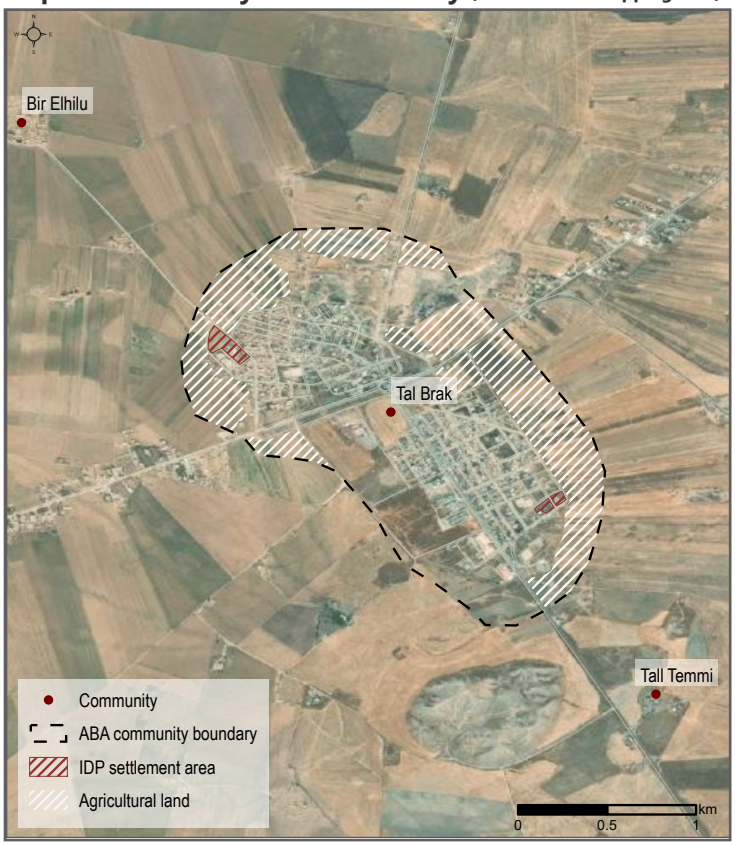
Therefore, disaggregated findings are not shown for IDPs versus resident/returnee HHs. Findings presented for female-headed HHs are also not representative and should be interpreted as only indicative of the broader situation for those groups. In the assessed area, 2% of surveyed HHs were IDP HHs, 5% of surveyed HHs were female-headed HHs, and 80% of surveyed HHs were returnee HHs as defined for this assessment.

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 Tal Brak community, an area which is centred around Tal Brak town and its most closely-associated lands.

In defining their community and differentiating it from others nearby, participants highlighted the importance of both cultural similarity and geographic proximity. Participants further explained that people living within the defined area share the same services and resources, have similar needs and experiences, and share the same hardships due to economic and living conditions.

People living in the area also reportedly share common kinship ties and cultural traditions. Participants felt that the defined area was different to nearby communities as those living in Tal Brak have relatively better access to services, making the community somewhat of a central point for services and administration within the surrounding area.

DEMOGRAPHICS

According to MFGD and KI figures, IDPs comprise a very small portion of Tal Brak's population (approximately 1% or 36 HHs), with nearly all IDPs reportedly well-integrated into residential housing according the community KI (see pg. 5). Of the resident population, KI data indicate that the majority (approximately 75%) have previously been displaced from the area for 1 or more months and since returned to the area.

In terms of age and gender and age distribution, the vast majority of the population is under 60 years of age, with roughly 47% under 18 based on HH data. Gender distribution is roughly even 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 15% of HHs are headed by women. Further, it is estimated that 4% of HHs are headed by older community members (60+ years) and 4% are headed by children (under 18 years). The average HH size among surveyed HHs is 6.5 HH members.

57% of surveyed HHs reported that the head of HH had completed either primary or secondary schooling. Only 4% of HHs reported that the head of HH identified as a religious or ethnic minority within the community, whose population is primarily Arab and Sunni Muslim.

2,727 **Number of HHs** (MFGD participant estimate)

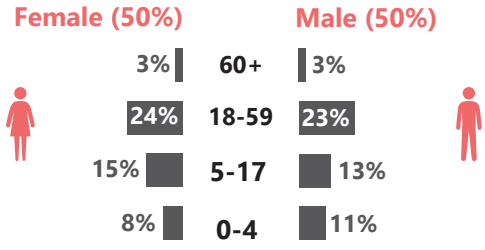
6.5 **Average number of HH members** (all surveyed HHs)

Estimated proportion of HHs by displacement status[3]

(based on triangulation of MFGD, community KI, and HH survey data)

24% Non-displaced residents
75% Returnees
1% IDPs

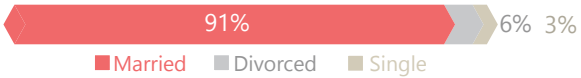
Age and gender distribution of surveyed HHs (by % of all HH members in surveyed HHs)



69% of surveyed HHs reported the **presence of school- aged children** (5-17) among their HH members

KI estimated % female-headed HHs:	KI estimated % HHs headed by older persons:	KI estimated % child-headed HHs:
15%	4%	4%

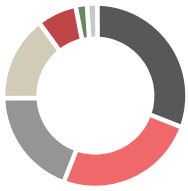
Head of HH reported marital status (by % of surveyed HHs)



44 Years is the average age of the head of HH among surveyed HHs in the area

5% 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)



32% Primary (years 1-6)
25% Secondary (years 7-9)
19% None
15% High school (years 10+)
7% Undergraduate university
1% Vocational education
1% Postgraduate

HH member pregnancy, chronic illness, and disability:[4]

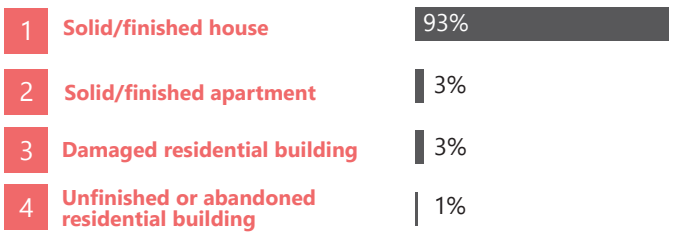
13% of surveyed HHs reported the presence of **at least one pregnant HH member**

46% of surveyed HHs reported **at least one HH member with a chronic illness**

43% of surveyed HHs reported **at least one HH member with a disability**

Most commonly reported disability: 26% of surveyed HHs reported at least 1 HH member had difficulty **seeing even when wearing glasses**

Reported shelter types of surveyed HHs (by % of surveyed HHs)



DISPLACEMENT

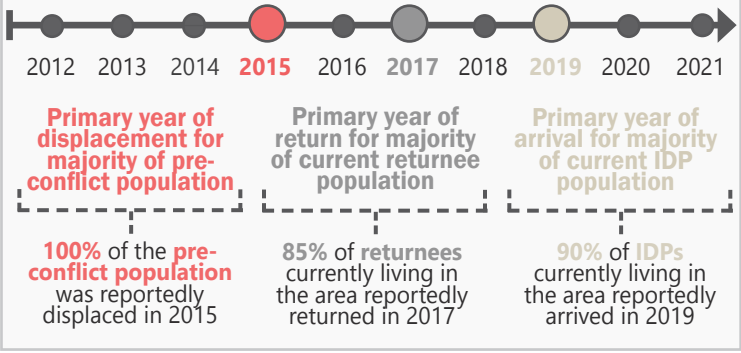
While Tal Brak does not host a large number of IDPs, its resident population was greatly affected by ISIL occupation of the community between 2014 and 2015, where KI estimates indicate that vast majority (up to100%) of the pre-conflict population was displaced by in 2015 due primarily to the security situation. The community KI estimated that the majority (85%) returned in 2017, with few people (1%-20%) remaining displaced outside of the community.

Among those HHs who returned to the area after being displaced, only 2% reported that the majority of the HH had previously been living outside of Syria. Primary factors for return included familial or other relations and the improved safety and security situation.

As noted, the majority of the IDP population is integrated into residential housing in the community. However the community KI estimated that 5% of IDPs live in informal settlements

While the KI reported there had been no recent displacement from the area, future displacements were anticipated due to loss of income and poor living conditions

Area displacement timeline (as reported by community KI)



Push factors: Most commonly reported overall[5] top reasons for most recent displacement (by % of surveyed IDP and returnee HHs)

1	Conflict/security situation	51%
2	Anticipation of future conflict	18%
3	Loss of income	11%

Pull factors: Most commonly reported overall[5] top reasons motivating HHs to come/return to the assessed area (by % of surveyed IDP and returnee HHs)

1	Family ties/other relationships	37%
2	Safety and security situation	34%
3	Access to income/employment	10%

Reported IDP living situations (as reported by community KI)

95% of IDPs reportedly live **outside** of camps/camp-like settings

- **95%** Formal rental agreements
- 5% Co-renting with other HHs
- 0% Ownership arrangement
- 0% Hosted without rent
- 0% Informal occupancy/squatting

5% of IDPs reportedly live **in** camps/camp-like settings

- **100%** Self-settled informal settlements
- 0% Managed formal/informal camps
- 0% Transit sites
- 0% Collective centres

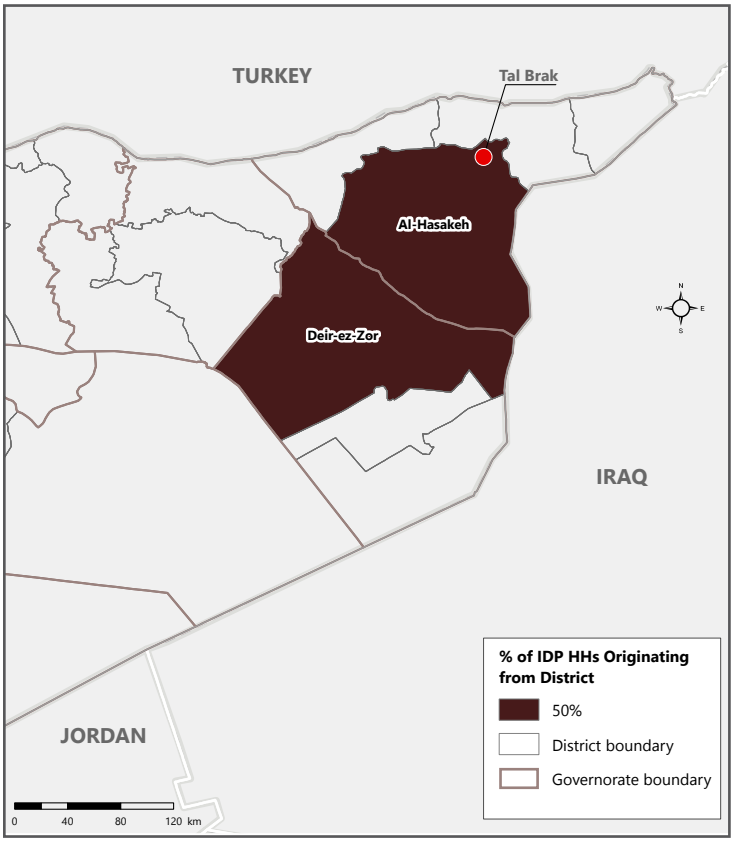
Recent displacement from the assessed area (as reported by community KI)

> **There were reportedly no displacements from the area in the 12 months prior to data collection.**

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 and poor living conditions. Both IDPs 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

Findings on community priorities and HH satisfaction with basic services and infrastructure in Tal Brak denote high prioritisation of responses to improve access to electricity, support to agricultural/ livestock livelihoods, support for more diversified livelihoods opportunities, enhance healthcare access, increase water access, and improve education and road quality.

Both HH and CFGD data emphasise community prioritisation of solutions for improved access to electricity, where current insufficiency impacts the water and agricultural sectors, impedes operation of local business, and increases dependence on costly alternatives.

Also commonly cited by surveyed HHs and CFGD participants, support for agricultural and livestock livelihoods is a top priority for community members as Tal Brak lies is a primarily agricultural area and recent shocks and stresses have significantly impacted the productivity of these sectors. Beyond agriculture and livestock, HHs and CFGD participants highlighted the need for broader livelihoods support for increased employment opportunities and business creation and growth.

Overall top priorities[5] for community recovery, as reported by HHs:

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

Priorities[6] for community recovery, as reported by CFGD participants:

1. Support to agriculture (and livestock)
2. Improved access to electricity
3. Support to livelihoods
4. Improved access to healthcare

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

Service sector	% of HHs dissatisfied or very dissatisfied
Electricity	70%
Roads	44%
Education (boys)	43%
Education (girls)	41%
Water quantity (drinking or all-purpose source)	38%
Healthcare	36%
Water quantity (non-drinking source, if different)	21%
Transportation	21%
Sanitation (solid waste)	12%
Markets	10%
Financial services	9%
Sanitation (wastewater)	7%
Water quality (non-drinking source, if different)	6%
Water quality (drinking or all-purpose source)	3%

Additionally, CFGD and HH findings clearly point to healthcare as a priority area, specifically in relation to increased local availability of both basic and specialised services as well as improved access to medication and medical equipment.

Further, HH priority and satisfaction findings highlight water access as a priority, where the quantity of water available is a key concern for community members due to changes in water resource allocation and the impact of water insufficiency on the agricultural and livestock sectors.

Finally, though not among the top priorities listed by HHs or CFGD participants, education and road quality were also high on the list of services with which HHs were most dissatisfied, largely due to the quality and affordability of education and the fact that poor road quality inhibits access to services in other locations.

KEY ISSUES & RECOMMENDATIONS

Livelihoods Issues: Lack of access to start-up capital and credit for businesses, high shop rental costs and issues with availability/ insufficiency/ quality of infrastructure and inputs/assets, skills gaps for employability and business creation, difficulty finding employment for women and youth.

Local Stakeholder Recommendations: Provision of MSME[7] support and vocational training (particularly for youth and women), agricultural and livestock livelihoods support (especially for IDPs). Potential sectors for growth include the healthcare, IT/ computing, and machinery/mechanical repairs.

Market Issues: Reliance of local market on imported items, border closure leading to reduced item availability and increased prices, insufficient electricity for operations, lack of access to financial services.

Local Stakeholder Recommendations: Establishment of mid-sized factories, such as for cooking oil production and other basic good, to increase access to affordable items in local markets and create employment opportunities.

Agriculture Issues: Unaffordability of key inputs (fuel and quality seeds) leads to high operational costs for farmers and reduced crop production, decreased agricultural income and employment opportunities, gaps in management capacity for inputs, equipment, and service provision.

Local Stakeholder Recommendations: Increased access to affordable and fuel and seeds, including through subsidies.

Livestock Issues: Increased fodder cost due to reduced agricultural production leading to destocking, reduced income from livestock and livestock goods, and increased livestock mortality, lack of access to vaccines and low livestock management capacity further contributes to declining herd health.

Local Stakeholder Recommendations: Provision of affordable fodder, support for increased access to vaccines.

Water Issues: Insufficient quantities of water available due to lack of water pumping capacity, high cost of water trucking as an alternative, insufficient water for agriculture and livestock use due to drought, high cost or irrigation, and high cost of alternatives.

Local Stakeholder Recommendations: Support for increased pumping efficiency for the piped network through increased electricity access, rehabilitation of old or abandoned wells for agricultural use.

Sanitation Issues: Frequent malfunction of sewage system due to blockages and need for repair, limited management capacity for maintenance and lack of needed parts and equipment.

Local Stakeholder Recommendations: Acquisition of a sufficient number of network spare parts, purchase of new machinery for wastewater management and disposal.

Healthcare Issues: Insufficient number of facilities and specialised services available locally leading to reliance on facilities in other communities, increased cost of travel, shortage and unaffordability of medication.

Local Stakeholder Recommendations: Establishment of new health centres in Tal Brak to provide additional and more specialised services and reduce the need to travel.

Education Issues: Poor quality of education due to lack of staff capacity and insufficient educational resources, poor state of facilities and infrastructure, drop-outs due to economic hardship and quality of education, lower educational attainment rates for adult women.

Local Stakeholder Recommendations: financial support for the rehabilitation and maintenance of infrastructure, as well as the provision of sufficient supplies and educational materials.

Electricity Issues: Regular shortages and low output resulting from damage to the electricity network, increased reliance on community generators, impacts on water pumping and crafts sector.

Local Stakeholder Recommendations: Increased access to solar and alternative energy sources, repair of the main network.

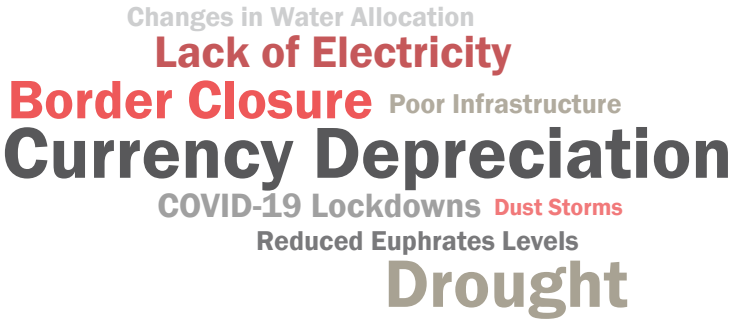
Road and Transport Issues: Poor quality of roads, lack of lighting, frequent blocks/closures, inadequate road connectivity, unaffordability of transportation services, service irregularity, overcrowding.

Data-based Recommendations: Road maintenance and/or rehabilitation, increased access to more affordable transportation options.

RESILIENCE: SHOCKS & STRESSES

To better understand what support is needed to increase resilience and foster community recovery in Tal Brak, it is essential to understand the key factors related to the types of negative shocks and stresses[8] 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)



As depicted above the **depreciation of the Syrian pound (SYP)** against the U.S. dollar (USD) was the most frequently cited shock/stress affecting the community in the 12 months prior to data collection, with sudden drops in value impacting price stability and longer-term loss of value consistently pushing prices higher and reducing HH purchasing power. Beyond the impact on market prices and the ability of HHs to meet basic needs with diminishing income, SYP depreciation and resulting price inflation also impacted the agricultural sector, leading to increasing cost of inputs and operations and contributing to the termination of agricultural projects and the reduction of cultivated land.

Also commonly-cited as having had significant negative impacts on the community were drought, the broader regional water crisis[9] and the resulting reduction in Euphrates River water levels. Broader **drought** conditions contributed to decreased agricultural production, also impacting the demand for hiring of agricultural machinery and agricultural labour. This reportedly contributed to increased unemployment as well as increased food insecurity.

Further, **reduced Euphrates water levels** further impacted agricultural production, with knock-on impacts for the availability of livestock feed, and also reportedly led to damage to the electricity network, disruption of sectors that require electricity to function, and impacted water availability. In relation to drought, a smaller number of CFGD participants noted that **dust storms** further impacted agricultural productivity in the area. Also in relation to the water crisis, the **reallocation of some of the area's water resources** to nearby Al-Hasakeh city had a negative impact on availability of water.

Compounded by the impacts of reduced Euphrates levels on the electricity network, general **electricity insufficiency** is a chronic stressor for the community and was commonly cited as such, impacting not only HH access to power for daily needs, but more broadly impacting access to water and functionality of some livelihoods sectors such as crafts.

COVID-19 related border closure was also commonly noted as a significant shock, affecting markets, livelihoods, and the healthcare sector. Closure primarily impacted the availability and affordability of items in local markets, opening opportunities for traders to create monopolies on scare goods and exacerbating the already dire economic situation for community members. Among the impacted items were medications, leading to dramatic price increases and reduced affordability of treatment for the population.

Relatedly, **COVID-19 lockdown measures**, including curfews and other movement restrictions had significant impacts on livelihoods, leading to loss of daily work and other employment opportunities, and to a loss of income in general amongst community members.

Finally, the poor state of infrastructure for sanitation, which causes pollution and public health risks in the community, was noted as a stressor, also to be understood more broadly as a development constraint for Tal Brak.[10]

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

Adaptability of the population	Good social relations and cohesion	Cooperation among population	Clan and kinship bonds

Most commonly reported factors limiting the ability to cope with and mitigate reported shocks/stresses (as most commonly reported by participants across different CFGD sessions)

Lack of employment opportunities	Worsening economic situation	Infrastructure and service issues	Lack of support from authorities/ organisations

In describing **strengths of the community** in coping with and mitigating these shocks and stresses, CFGD participants commonly reported that the population's ability to adapt in the face of adversity was a key factor. Participants also commonly cited good social cohesion, strong social networks, clan and kinship bonds, and general cooperation among the population as strengths, saying that community members are able to solve problems and overcome challenges together.

However, lack of employment opportunities and the worsening economic situation were the most commonly cited **limiting factors** for the community's ability to adapt to shocks and stresses. A lack of effective bodies to support livelihoods and the economy was also more commonly cited, as were a lack of resources, lack of cash and food aid, the need for better basic services (especially in relation to electricity).

SOCIO-ECONOMICS, LIVELIHOODS, & MARKETS

In the context of broader socio-economic crisis and the impacts of COVID-19 measures and regional water crisis, livelihoods and market conditions in Tal Brak have been severely impacted by price inflation, reduced purchasing power and diminishing income, and reduced availability of and access to income-earning opportunities.

ABA data highlight improved livelihoods opportunities as a top factor for community recovery, cited by both CFGD participants and surveyed HHs. Within the context of continuous price increases, CFGD participants emphasised that community members face economic vulnerability resulting from lack of income and employment, low wages, and lack of assistance.

While Tal Brak is situated within a highly agricultural area, HH employment data demonstrate that community members are employed across a variety of sectors, the most common being construction and/or real estate (18% of surveyed HHs). Data also highlight that work in public services and administration is relatively common in Tal Brak. Other common sectors include marketplace vending (7%), agriculture (7%), and trade and transportation (7%).

HH Income and Employment

Average monthly HH income[12] (by surveyed HH type)

HH Type	Income amount
All HHs	369,773 SYP
Male-headed HHs	371,394 SYP
Female-headed HHs	341,667 SYP

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

1	Real estate/construction	18%
2	Security/police/military forces	17%
3	Government/public services	11%
4	Marketplace vending	9%
5	Agriculture	7%

51% 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)

- 39% Longer-term formal employment agreements (written, 1 month+)
- 32% Self-employment/entrepreneurship
- 22% Informal daily work agreement (verbal)
- 3% Informal long-term work agreement (verbal)
- 2% Short-term formal employment agreement (written, less than 1 month)
- 2% Prefer not to answer

22% of surveyed HHs reported the presence of unemployed[11] adult male HH members

Most common reasons for male HH member unemployment (by % of the 22% of HHs reporting)

- 87% General lack of employment opportunities
- 63% Lack of employment opportunities matching skills
- 25% Lack of information about employment opportunities
- 21% Discrimination in job provision

94% of surveyed HH reported no adult female HH members earning income

Most common reasons for female HH members not earning income (by % of the 94% of HHs reporting)

- 64% General lack of employment opportunities
- 51% Lack of employment opportunities matching skills
- 39% Homemaker/looking after household members
- 9% Lack of employment opportunities for people with physical and cognitive difficulties

Most commonly reported sources from which female HH members were actively earning income (by % of the 6% of HHs reporting)

More than half of surveyed HHs reported they did not earn income from additional sectors/sources. However, among those who did, borrowing/loans was most common (9%), followed by agriculture (8%), and livestock (8%).

Where women were employed, HHs most commonly said that female HH members work in the education/childcare, sewing/textile, and public service sectors. However, female employment does not appear to be particularly common in Tal Brak, as only 6% of HHs reported that female HH members were actively earning income.

The remaining 94% of HHs commonly pointed to the general absence of employment opportunities and lack of skills as reasons for their lack of employment. Additionally, family and household responsibilities act as a barrier for some women to enter the workforce, as do a lack of opportunities for women with disabilities. The livelihoods KI added that lack of childcare also acts as a barrier. CFGD participants also noted that youth face significant issues in finding work, with the KI noting youth face security and legal/administrative-related barriers.

Male unemployment was also noted in 22% of HHs, where male HH members seeking work also face a lack of available job opportunities and a lack of skills needed to fill existing opportunities. In addition, more commonly-cited barriers also included a lack of information of about available work opportunities and discrimination in employment.

In seeking additional opportunities outside of the community, KI estimates indicate that 1-20% of the local workforce migrates seasonally to other areas for work, most commonly in the construction, domestic work/manual labour, and hospitality sectors.

HH Expenditure & Ability to Meet Needs

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

HH Type	Expenditure	Income
All HHs	495,881 SYP	369,773 SYP
Male-headed HHs	500,018 SYP	371,394 SYP
Female-headed HHs	424,167 SYP	341,667 SYP

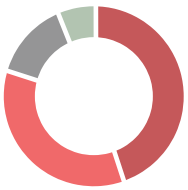
The average surveyed HH reported a monthly expenditure amount 1.5 times their reported monthly income

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	69%	211,909 SYP
Healthcare & medication	19%	42,077 SYP
Debt repayment	15%	83,809 SYP
Repair & maintenance of HH or agricultural items/ machines/vehicles	12%	34,927 SYP
Education	7%	26,118 SYP

Reported HH ability to meet basic needs[13] over the previous 3 months (by % of surveyed HHs)

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



45% Some deterioration
35% No change
14% Significant deterioration
6% Some improvement

Citing reduced purchasing power and low wages, CFGD participants noted that HHs struggle to meet most basic needs, particularly for food and healthcare. Indeed, HH data evidence the fact that HH income is often insufficient to cover basic expenditures; 44% of surveyed HHs reported a monthly expenditure amount that was higher than their reported monthly income and the average HH's reported expenditures were 1.5 times their income.

Further, 44% of HHs said that their ability to meet basic needs in the previous 3 months was poor or very poor, with 50% of surveyed female-headed HHs reporting the same.• The ability to meet needs deteriorated for many HHs over the same time period, with 59% of all HHs and 66% of female-headed HHs• reporting some degree of deterioration. Additionally, CFGD participants reported that female-headed HHs and IDPs in particular face difficulties meeting their needs due to a lack of income.

CFGD participants noted that most HHs lack the ability to effectively deal with shocks and stressed due to limited economic means, with most HHs resorting to taking on debt that they have little ability to repay. This is mirrored by HHs most commonly reported coping mechanisms, borrowing money and purchasing items on credit. Further, 80% of surveyed HHs reported being in debt at the time of data collection, with less than 30% reporting having the capacity to pay off the debt in the coming 6 months.

Beyond taking on debt, CFGD participants noted that HHs may reduce number, size or diversity of meals (also reported by 30% of HHs), sell assets (reported by 11% of HHs), and buying lower-quality or used items. The availability of used goods for purchase and the ability to purchase from stores on credit were cited as positive capacities for community members' ability to cope with inability to meet needs. Further, participants noted that HHs may send youth outside the community to find work and send remittances

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

1	Borrowing money	74%
2	Purchasing items on credit	50%
3	Decreasing non-food expenditures	38%
4	Adjusting food consumption practices	30%
5	Selling productive assets/means of transport	11%

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

80% of surveyed HHs reported being in debt at the time of data collection. 100% of surveyed female-headed HHs reported being in debt.•

→ **28%** 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. 0% of surveyed female-headed HHs reported having savings.•

→ **72%** 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)

The median recorded USD/SYP exchange rate for Tal Brak in July 2021 was 3,160 SYP (REACH, Joint Market Monitoring Initiative, July 2021)

Local Business & Livelihoods Opportunities

Despite the range of reported HH employment sectors, ABA data suggest that additional support is needed to strengthen and further diversify the existing sectors and provided much needed employment opportunities for the population.

In supporting the generation of new businesses and growth of existing ventures, HH and KI findings point to the absence of access to capital and credit as key limitations. Beyond these challenges, among the 6% of HHs currently running a business, market limitations such as high cost of shop rental was the most common challenge reported, while issues with availability, insufficiency, and quality of infrastructure and inputs/assets were also more common. Similar barriers were reported by the 46% of HHs who had considered starting a business or whose business was no longer active.

Beyond a broader lack of employment opportunities, primary barriers for employment cited in HH and KI data were related to the population's skills. Current skills most commonly reported to be present within surveyed HHs include agriculture (41% of HHs), construction and building repair (34%), proficient reading/writing (29%), pastoral skills (20%), and crafts/tailoring/embroidery (15%).

The area livelihoods KI noted that, in order to improve employability, training in was needed for different population groups across the medical and IT/computing sectors, in addition to crafts/tailoring/embroidery training for women, alternative energy sector skills for youth, and mechanical repairs skills for IDPs.

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

250
# of active businesses

25% Micro (owner/family)
25% Small (1-4 employees)
15% Medium (5-9 employees)
35% Large (10+ employees)

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

IT/communications Manufacturing/processing Machinery/mechanical repairs	**New economic sectors in previous 12 months**
None reported	**Previously-existent economic sectors**
None reported	**Needed economic sectors (in demand but not currently available)**

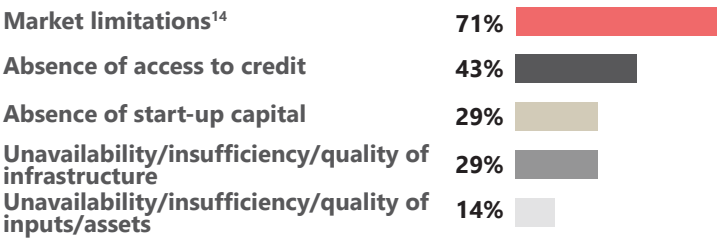
Non-agricultural/livestock products produced as an income source in the community (as reported by livelihoods KI)

None reported

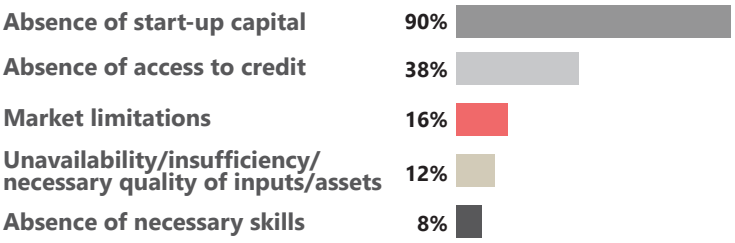
HHs who have started or considered starting their own business (by % of surveyed HHs)

48% No, have not considered it
40% Yes, but have not started
6% Yes, currently running a business
5% Yes, started but no longer active

Most commonly reported primary challenges to running HH businesses (by % of the 6% of HHs reporting)



Most commonly reported primary factors preventing HH members from starting/continuing businesses (by % of the 45% of HHs reporting)



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

Women	Youth	IDPs
Crafts/tailoring/embroidery	Alternative energy	Mechanical repairs
IT/computing	IT/computing	IT/computing
Medical skills	Medical skills	Medical skills

With ABA data pointing to a strong need for additional healthcare staff within the community (see pg. 19), increased medical skills could both provide employment and help fill a critical service gap if funds for additional facilities and/or staff can be provided as suggested by local stakeholders.

The KI also noted that both IT/communications and machinery/mechanical repairs were new and growing sectors in Tal Brak over the year prior to data collection, where training in these skills may help community members access new employment opportunities. Manufacturing and processing was also listed by the KI as a new sector, though significant production of non-agricultural or livestock products was not reported by the KI at the time of data collection.

Recommendations: The livelihoods KI and CFGD participants emphasised that vocational training and MSME support were essential, particularly to improve youth livelihoods and further integration of women into the workforce.

Markets & Financial Services

Tal Brak hosts a sizeable market area, comprised of small shops and an open air market offering a range of food and non-food items. All surveyed HHs reported having access to food and NFI markets in Tal Brak or other areas, where MFGD participants noted that community members travel to Al-Hasakeh city if local markets do not meet their needs.

Dissatisfaction with markets was low (10% of HHs), where the most commonly reported issues were in relation to price fluctuation and inflation. The markets KI noted that reliance on imports, border closures, and lack of electricity impact the local market functionality. Additionally, 40% of HHs reported lacking access to financial services completely. Among those that reported access, fluctuating exchange rates and the distance to providers were more common issues.

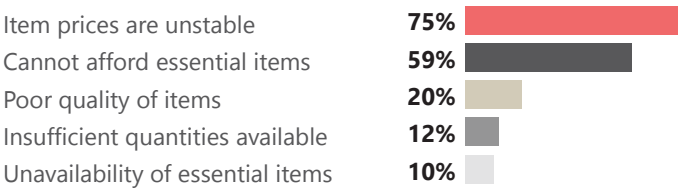
Recommendations: The markets KI suggested that the establishment of mid-sized factories, such as those for cooking oil production and other basic good, would help to increase access to affordable items in local markets in addition to creating employment opportunities

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

100% Able to access both food and NFI markets

10% of surveyed HHs with access reported being dissatisfied or very dissatisfied with market accessibility and quality and availability of items

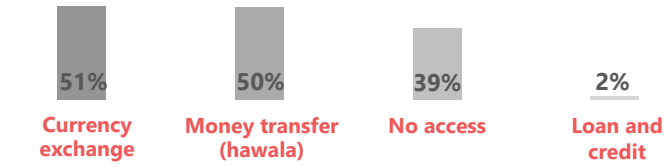
Most commonly reported issues with markets in assessed and/or nearby communities (by % of the 100% of HHs reporting)♦



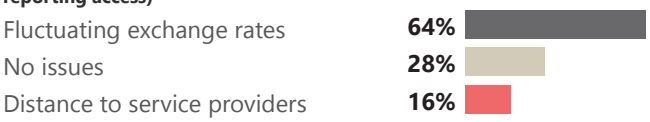
Primary market functionality barriers (as reported by markets KI)

- Unstable exchange rate causes frequent price fluctuation
- High reliance on imported goods
- Border closures
- Lack of electricity

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



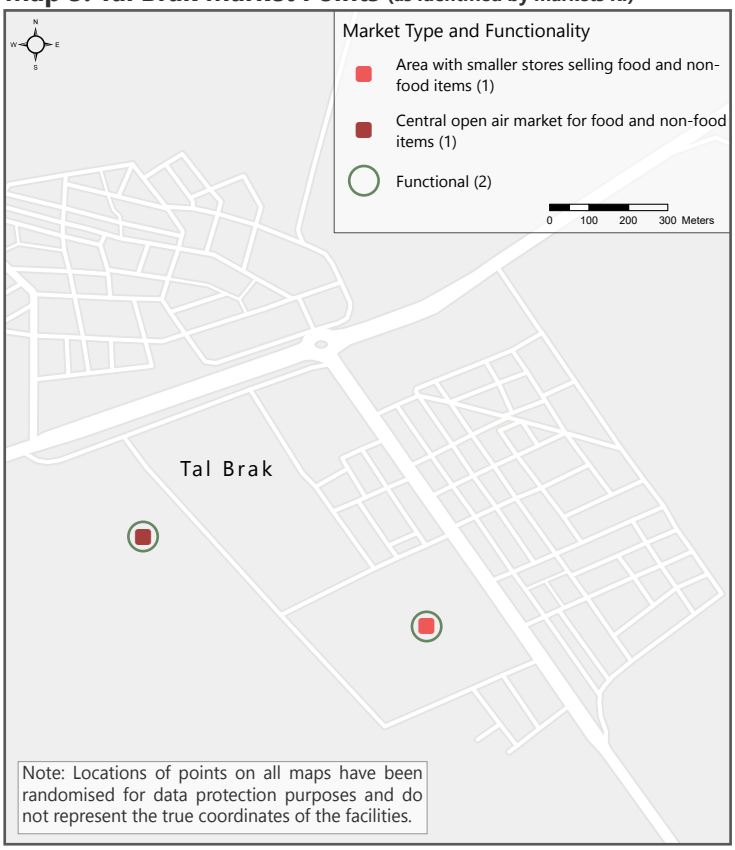
Most commonly reported issues with financial services in assessed and/or nearby communities (by % of the 61% of HHs reporting access)♦



Map 4: Tal Brak Industrial Facilities (as identified by livelihoods KI)

Note: Locations of points on all maps have been randomised for data protection purposes and do not represent the true coordinates of the facilities.

Map 5: Tal Brak Market Points (as identified by markets KI)



Note: Locations of points on all maps have been randomised for data protection purposes and do not represent the true coordinates of the facilities.

AGRICULTURE

Strengthening of the agricultural sector is a top priority for community recovery and improved resilience according to both CFGD and HH data, owing to the current employment of a large number of people in the sector as well as to the potential for additional income and employment (particularly for IDPs), for increased local food security, and a strengthened livestock sector if production is increased.

Among the 32% of surveyed HHs reporting owning and/or leasing agricultural land wheat and barley are the primary crops produced for income. Data also indicate that few HHs (3%) are producing crops only for HH consumption rather than income. However, 11% of HHs reported leasing their land to others as a source of income, rather than cultivating it themselves to profit from crop sales. What crops are grown are generally processed locally, bought primarily by local authorities and wholesalers, and sold in other markets in Al-Hasakeh governorate.

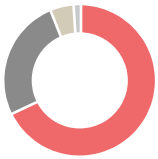
Aside from the impact of drought and broader regional water crisis (see pg. 16), KI and CFGD findings emphasize that, as a result of broader economic crisis, the sector has suffered from the unaffordability and/or unavailability of key inputs such as fuel and seeds as well as from the rising cost of agricultural labour. According to KI data, fuel costs in particular reportedly led to significant increases in operational costs, both in relation to the cost of operating irrigation systems in the context of drought and reduced water access, and regarding the cost of operating agricultural machinery.

Agricultural Livelihoods & Land Ownership

7% of surveyed HHs reported agriculture as their primary income source

8% of surveyed HHs reported agriculture as a secondary income source

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



- 68% No land is owned or leased
- 26% Land is owned
- 5% Land is leased
- 1% Land is owned and leased

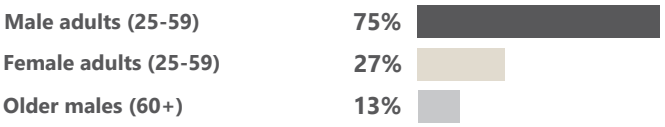
0% of surveyed female-headed HHs reported owning or leasing agricultural land[♦]

93 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 47% of HHs owning/renting land and/or livestock)[♦]



Male adults (25-59)	75%
Female adults (25-59)	27%
Older males (60+)	13%

Irrigation methods and barriers (as reported by agriculture KI)

- Primary: Furrow irrigation
- Secondary: Sprinkle/spray
- Barriers: Drought, high cost of operating irrigation systems

Reported crops HHs primarily earn income from (by % of the 32% of HHs owning/renting land for agriculture)[♦]

1	Wheat	71%
2	Barley	69%
3	Legume/pulses	14%
4	Land leased to others	11%
5	Aromatic/medicinal herbs and plants	6%
6	HH consumption only (no income)	3%

> **The majority of locally-grown crops are processed locally and sold in other markets within the governorate, with most common buyers being local authorities, and wholesalers, as reported by the agricultural KI**

The agricultural KI reported that these high prices resulted in overall increased operational and production costs for farmers, leading to a reduction in cultivation and, ultimately, in reduced overall production. In fact, remote sensing data on crop land change in the assessed area (see chart on pg. 14) suggest that the amount of cultivated land within Tal Brak's most immediate boundaries decreased by more than 91% between 2020 and 2021.

Moreover, as a result of decreased production, owners of agricultural machinery saw further reduced income as demand for the hiring of equipment was reduced, according to KI findings. High prices and also reportedly led farmers to take on debt in order to afford inputs or machinery repairs, ultimately impacting their ability to earn a profit from the crops produced.

Beyond the agricultural sector, the livelihoods KI highlighted that reduced production led to reduced availability of agricultural employment (particularly affecting IDPs) and resulting in increased unemployment. Additionally, reduced production impacted the availability and affordability of fodder, according to livestock KI data.

* 100 dunams is equal to 1 hectare

Agricultural Management & Capacity

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

Agricultural Authority (Jazeera Canton Governance, Al-Hasakeh)

In coordination with Tal Brak LC's Agriculture and Fuel Departments, provides subsidised seeds/fertiliser/fuel and cash for farmers for licensed projects. Responsible for contracting with local farmers for grain multiplication and agricultural projects.

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

No groups reported

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, water pumps/operating engines, larger machinery

Services needed: Seed multiplication, seed/pesticide/fertiliser quality control, pest/disease prevention and control

Additionally, some CFGD participants noted that the occurrence of drought-induced dust storms and agricultural pests such as mice have compounded the previously mentioned agricultural issues and further impacted production.

While the Agricultural Authority coordinates with the Tal Brak LC to provide a limited amount of subsidised inputs for licensed farmers, gaps in agricultural management capacity are reportedly present in relation to inputs, equipment, and services.

In particular, KI findings point to a need for larger agricultural machinery, additional water pumps and operating engines, and for quality seeds. A number of additional services are also required, including seed multiplication, input quality control, and pest/disease prevention and control. Further CFGD participants voiced the opinion that the sector is limited by reliance on outdated methods, requiring increased capacity to implement more modern approaches, particularly for irrigation.

Recommendations: CFGD participants noted that support to farmers for increased access to affordable and fuel and seeds, including through subsidies, would strengthen the sector. Participants noted that improved production is needed to support employment of IDPs in the wider area.

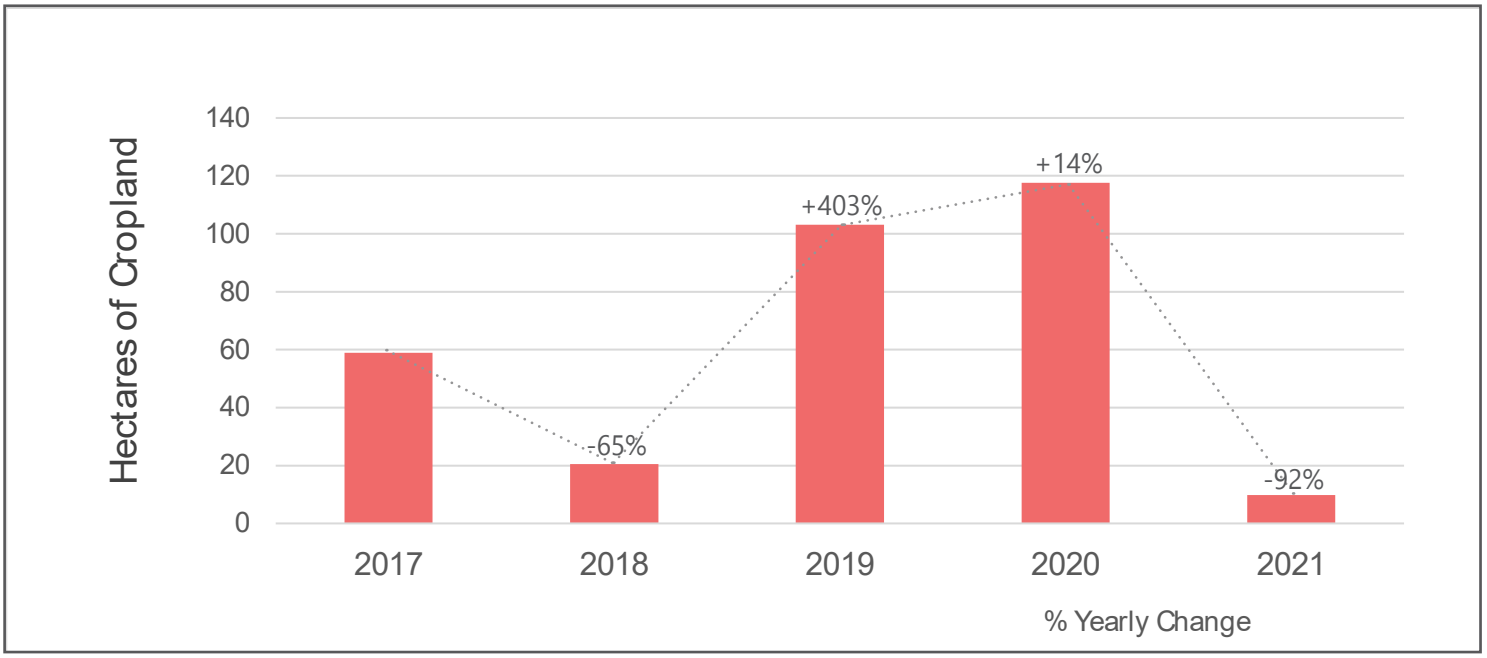
Key Agricultural Issues

Key reported agricultural issues (as reported by agriculture KI)

- **High cost of fuel and seeds**
- **Increased cost of agricultural labour**
- **Increased operational costs for farmers**

→ **Limited agricultural production, reduced food security**

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



LIVESTOCK

Support for the livestock sector was a top recovery priority cited by CFGD participants, who also noted that the ability to depend on the sale or consumption of livestock products was a strength of the community in dealing with income and food security-related challenges.

Twenty-eight percent (28%) of surveyed households in Tal Brak reported owning livestock, whether as a source of income or for household consumption of livestock products, where KI data indicate that livestock is primarily owned by residents. However, in addition drought-related to issues with livestock water sufficiency (see pg. 16), ABA data highlight that fodder unaffordability and the unavailability of veterinary services have negatively impacted the sector, with knock-on effects to local livelihoods and food security.

According to the livestock KI, reduced regional agricultural production (particularly of wheat and barley) has resulted in decreased availability and affordability of fodder, a primary source of livestock feed in Tal Brak. Significant increases in fodder costs translate into reduced income for livestock holders as overall value of their animals and profit against cost is reduced, and as they are forced to sell products at higher prices meaning fewer consumers can afford their purchase.

Additionally, combined fodder and water insufficiency reportedly result in the sale of livestock at low prices to reduce herd size (destocking), reduced production of livestock and livestock goods, and high livestock mortality according to the KI.

Livestock Livelihoods & Ownership

3% of surveyed HHs reported livestock as their primary income source

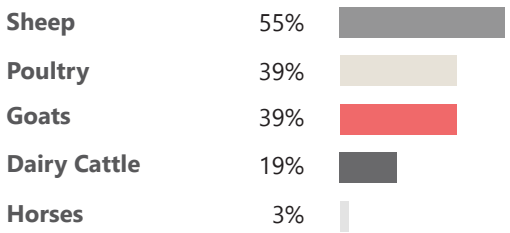
8% of surveyed HHs reported livestock as a secondary income source

HH livestock ownership (by % of surveyed HHs)

28% Yes
72% No

50% of surveyed female-headed HHs reported owning livestock

Types of livestock and animals owned by surveyed HHs (by % of the 28% of HHs owning livestock)♦



Primary types of livestock feed used (reported by livestock KI)

- Wheat/barley fodder
- Forage (hay/silage)
- Crop residue

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

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

The majority of locally-produced livestock goods are processed outside Tal Brak and sold in other markets within Al-Hasakeh governorate, with the most common buyers being retailers and consumers at market, as reported by the livestock KI

Additionally, KI data suggest a lack of access to vaccines and veterinary services and treatments, further contributing to declining livestock health and increased mortality. KI findings on livestock management capacity also point to significant barriers in the provision of support by authorities and local actors, including a lack of needed skills, inputs, and services. While the Agricultural Authority reportedly provides limited amounts of subsidised fodder and vaccines, the provision of other support was not noted.

Recommendations: The livestock KI and CFGD participants cited a need for provision of affordable fodder and support for increased access to vaccines.

Livestock Management & Capacity

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

Agricultural Authority (Jazeera Canton, Al-Hasakeh): In coordination with Tal Brak LC's Agriculture Department, provides fodder and bran at a subsidized price and free vaccines for livestock holders.

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

- Sufficient technical knowledge and skills ✗
- Needed inputs/equipment are available ✗
- Needed services are available ✗

Training needed: basic medical care/vaccine administration, bee-keeping practices

Inputs needed: quality fodder, routine vaccines, specialised vaccines/ medicines

Services needed: vaccination campaigns, specialised veterinary services, fodder provision

Key Livestock Issues

Key reported livestock issues (as reported by livestock KI)

- Insufficient access to affordable fodder
- Lack of veterinary services and vaccines
  - → Reduced livestock goods production and income
  - → Increased livestock mortality

WATER

While CFGD participants reported that availability of water has generally been a factor that community members find security in, ABA findings demonstrate that water access in Tal Brak has been negatively impacted by regional water crisis and further reduced access to electricity. HH data indicate improved water access as a priority for HHs and KI data also point to the need for improved access for agriculture and livestock use.

HH data show higher levels of dissatisfaction with quantities of water available from their primary sources rather than issues with quality. The vast majority (87%) of surveyed HHs rely on the piped water network for drinking or all-purpose water, with private or public trucking as the most common source for HHs that use a different primary source for non-drinking water. In relation to water from these sources, the primary barriers to water sufficiency appear to be linked to water pumping capacity and water cost.

Three of the top four most commonly reported HH water issues relate to pumping capacity, including insufficient pressure (reported by 51% of HHs), pumping being too infrequent (35%), and regular network shortages (25%).

HH Water Usage & Sufficiency

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

- 87% Piped water network
- 4% Water trucking by authorities/NGO
- 4% Private water trucking
- 3% Public tap/standpipe
- 2% Bottled water

38% of surveyed HHs were dissatisfied or very dissatisfied with source quantity

3% 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 43% of HHs who reported using a different primary source for non-drinking water than for drinking water)

- 64% Private water trucking
- 21% Water trucking by authorities/NGO
- 11% Piped water network
- 2% Private borehole/well
- 2% Bottled water

21% of surveyed HHs were dissatisfied or very dissatisfied with source quantity (if different)

6% of surveyed HHs were dissatisfied or very dissatisfied with source quality (if different)

Water network infrastructure is reportedly present and functions with minimal issues, according to the water KI

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

1	Not enough pressure to pump water	51%
2	Pumping not frequent enough	35%
3	Alternative sources too expensive	31%
4	Regular network shortages	25%
5	No issues	18%

Quality issues with primary source (network) (as reported by water KI) | None reported

The area water KI also highlighted insufficient water pumping capacity as a key barrier for access, linking this specifically to issues with insufficient electricity (see pg. 23) and the need to rely on generators that are costly to operate. Beyond issues with pumping, 31% of surveyed HHs also cited the cost of alternative sources, namely water trucking, as an issue.

In relation to management, data point to the need for inputs for water station operation, particularly provision of parts. The KI also indicated that a change in water availability due to resources being shared with Al-Hasakeh city to fill gaps resulting from issues with Alok station, thereby reducing the amount available for Tal Brak.

As a result of these issues, 20% of surveyed HHs reported they did not have sufficient water to meet basic needs in the 3 months before data collection, leading them to resort to negative coping strategies such as spending money on water that would usually be spent on other basic needs and reducing drinking water consumption.

Finally, water insufficiency also impacted the agricultural and livestock sectors (see pgs. 13 and 15), which both primarily rely on communal wells. KI data indicate that the quantity of water available for agricultural is completely insufficient due to drought and high costs or irrigation and that water for livestock is partially insufficient due to drought and high cost of alternatives (such as trucking). This reportedly leads to increased reliance on diesel fuel for pumping and switching to use of private wells, both of which increase operational costs.

20% of surveyed HHs reported insufficient water for basic needs in previous 3 months

Most commonly reported coping strategies for a lack of water used by HHs in the previous 3 months (by % of the 20% HHs reporting insufficiency)♦

1	Rely on drinking water stored previously	82%
2	Spend money usually spent on other things	41%
3	Borrow water from friends/family	32%
4	Reduce drinking water consumption	32%
5	Reduce non-drinking water consumption	23%

Agriculture & Livestock Water Usage and Sufficiency

Agriculture (reported by agriculture KI)

Primary water source: Private boreholes/wells

Secondary water sources: Rainwater

Agricultural water sufficiency: Completely insufficient

→ **Causes:** Drought/lack of rain, high cost of operating irrigation systems

Reported impacts: Decreased production, negative impact on food security

Livestock (reported by livestock KI)

Primary water source: Communal boreholes/wells

Livestock water sufficiency: Partially insufficient

→ **Causes:** Drought/lack of rain, alternative sources too expensive

Reported impacts: Decreased availability of livestock and goods, decreased local food security, decreased income from sale of goods

Water Management Actors & Capacity

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

Municipal Water Committee (Tal Brak Local Council)	Responsible for managing water access, addressing technical issues, maintenance of water lines, and network expansion

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 ✗

✗ **Barriers to staffing:** lack of funds to pay wages for additional employees

Equipment needed: electrical, mechanical, network spare parts

Key Water Issues

Key issues and reported causes of water insufficiency (as reported by water KI)

- **Poor pumping efficiency**
- **Change in water distribution**
- Reliance on high-cost trucked water

Recommendations: The water KI cited a need for increased pumping efficiency for the piped network, particularly in connection to increasing access to electricity. The agriculture KI also noted that the rehabilitation of old or abandoned wells could help farmers cope with drought.

SANITATION & WASTE MANAGEMENT

ABA findings highlight sewage system dysfunction, due to infrastructural and maintenance issues, as the key sanitation issue in Tal Brak, an issue similarly prioritised by some CFGD participants for support.

While nearly all surveyed HHs (98%) reported relying on the sewer network for wastewater disposal, just under 20% of HHs also reported that the system is in need of repair (18%) or cleaning (17%). Indeed the area sanitation KI noted the frequent malfunction of wastewater disposal mechanisms due to damage and blockages, causing leakage and pollution in the community and creating public health risks.

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

- **98%** Connection to sewer network
- **2%** Connection to septic tank

7% of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of waste water disposal methods/services

✓ Sewer network infrastructure is reportedly present and functions with minimal issues, according to the sanitation KI

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

- **86%** Free public waste collection
- **6%** Waste is disposed off by HH to dumping location
- **5%** Paid private waste collection
- **3%** Waste is burned

12% 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 HHs)

1	No issues	58%
2	Sewage system needs repair	19%
3	Sewage system needs cleaning	18%
4	Rodents and/or pests frequently visible	13%
5	Solid waste in the streets	7%

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

Public primary school(s)

Sanitation Management Actors & Capacity

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

Municipal Service Office (Tal Brak Local Council)	Responsible for maintenance of sewage network and for solid waste disposal. Follows-up on complaints submitted by community members to their Heads of Commune.

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

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

Skills needed: pipe connection/installation, repair methods
Equipment needed: network spare parts, welding machines

Key Sanitation Issues

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

- Frequent malfunctioning of wastewater management infrastructure (blockage and need for repair)
- Lack of management capacity for maintenance and repairs

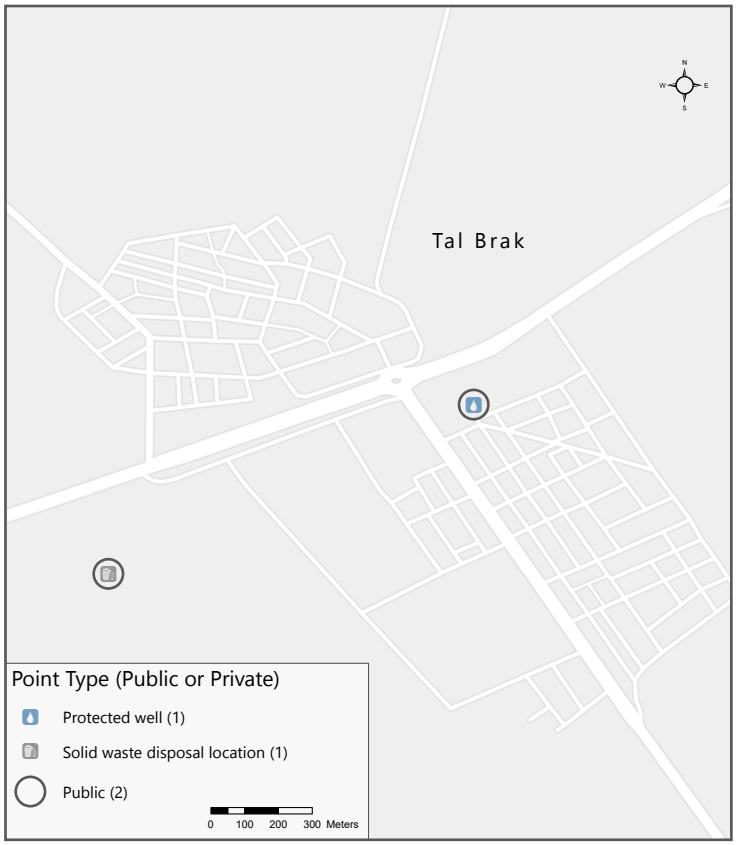
→ Pollution in community and increased health risks

Furthermore, education KI data also indicate that local public primary schools lack access to adequate sanitation facilities, contributing to broader concerns with the suitability of educational facilities (see pg. 21).

The LC's Municipal Service Office is responsible for both wastewater and solid waste management. However, the KI noted insufficiencies in sanitation management capacity, with regards to available skills and equipment. Needs include additional skills for repair of wastewater infrastructure and pipe connection/installation methods, alongside network spare parts and welding equipment.

Recommendations: The sanitation KI pointed to the need for the securing of a sufficient number of spare parts for the sewage system and the purchase of new machinery.

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



HEALTHCARE

ABA findings highlight insufficient access to healthcare services and treatments within Tal Brak due to the lack of local facilities, absence of specialised services, and the unavailability and unaffordability of medication. Solutions for improved healthcare were commonly cited by both surveyed HHs and CFGD participants, also reflected in the finding that 36% of surveyed HHs were dissatisfied with the quality and availability of care in facilities they had access to.

Beyond pharmacies, Tal Brak hosts only one clinic (public) which, according to the area healthcare KI and MFGD participants, is critically understaffed and unable to fully meet the basic medical needs of the population, let alone provide the range of more specialised services often required. Indeed, a lack of specialised services was reported as an issue by 58% of surveyed HHs.

The same data further indicate that insufficiency of locally-available care this leads community members to seek treatment in other locations (most commonly in Al-Hasakeh or Qamishli cities). However, 35% of HHs reported an inability to afford travel costs, pointing to the fact that the need to travel to access care is an additional financial burden for community members, if not a complete barrier.

When HHs do seek care, affordability is a significant challenge, as demonstrated by the fact that the unaffordability of medicines and of treatment were the most commonly reported HH healthcare issues (reported by 65% and 59% of HHs). HH expenditure data emphasise this issue, where the average HH's reported monthly healthcare and medication expenses were equal to 19% of their reported 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)

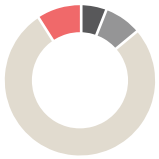
Medical advice/consultation	✓
Treatment for chronic disease	✓
Treatment of diarrhoea	✓
Mental health and psychological care	✓
Management/treatment of malnutrition	✓
Laboratory services and medical imaging	✓

HH Healthcare Access & Issues

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

- 53% Access only in assessed area
- 37% Access in assessed area and other communities
- 10% Access only in other communities
- 0% No access

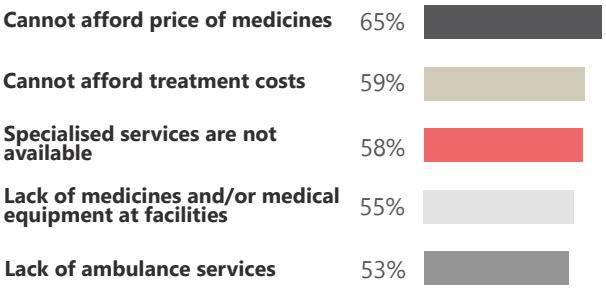
HH access to a functioning hospital (by % of surveyed HHs)



- 6% Access only in assessed area
- 8% Access in assessed area and other communities
- 77% Access only in other communities
- 9% No access

36% of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of healthcare services in these facilities

Most commonly reported issues with available healthcare services (by % of surveyed HHs)



25,000 SYP

Average monthly healthcare and medication expenditure of surveyed HHs

The KI noted that, in addition to the depreciation of the SYP, COVID-19-related border closure with Iraq significantly affected medicine availability, leading to dramatic price inflation in local markets. The KI explained that the increasing price of medications can also impact other item prices in local markets, including food and NFI, as vendors sometimes artificially increase prices to match levels of medication price inflation. Further, 55% of surveyed HHs indicated that healthcare facilities lacked medications or medical equipment, further limiting treatment options.

Of additional concern in relation to access to care, CFGD participants identified the lack of specialised care and support for persons with disabilities and older community members as a factor increasing their vulnerability. They also noted that both groups face difficulties in affording care more generally.

Healthcare Management & Capacity

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

Tal Brak Public Clinic	Main health service provider in the area, offering basic services free of cost
Health Authority (Qamishli General Council)	Supports the clinic with medications and equipment
International NGO	Supports the clinic by securing salaries of medical staff, providing additional medications and medical equipment

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 ✓
- Facilities have sufficient medication ✓
- Facilities have sufficient clean water ✓
- Facilities have sufficient electricity ✓

Staff needed: Doctors, nurses, midwives
Barriers to staffing: lack of funds to hire additional staff

Key Healthcare Issues

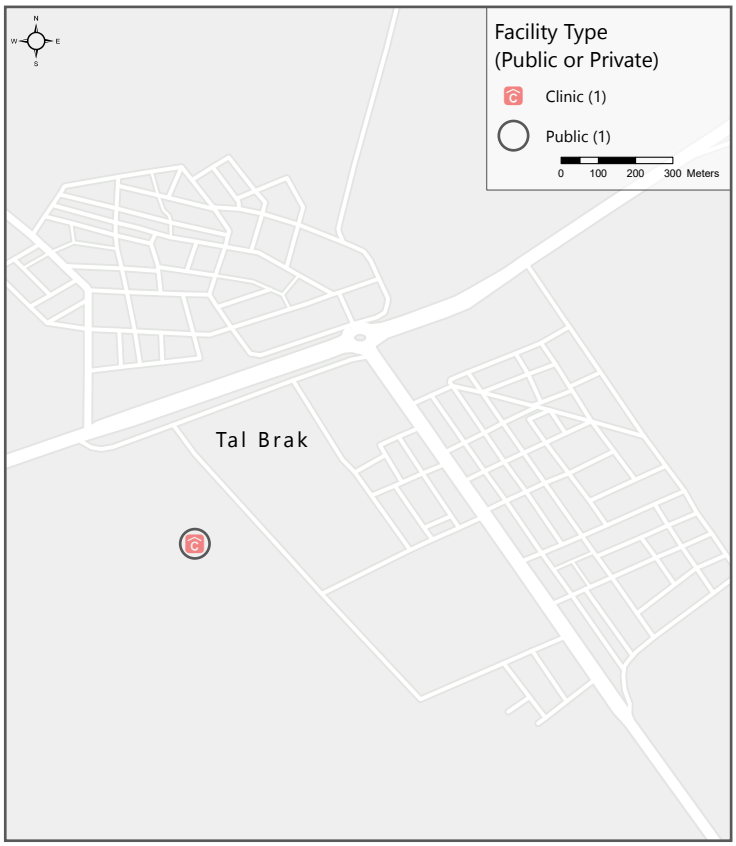
Key reported healthcare issues (as reported by healthcare KI)

- **Insufficient local facilities and specialised services**
  → **Increased travel costs to access needed care**
- **Shortage and high cost of medications due to border closures and currency depreciation**

As noted, the public clinic is the primary service provider in the community, providing basic services at no cost. The clinic is reportedly supported by higher authorities and an international NGO, who provide medications and equipment and support staff salaries. However, MFGD participants noted that the clinic is short-staffed, with only one doctor. KI findings confirm that the insufficient number of staff is a key issue for healthcare provision, noting a need for doctors, nurses, and midwives. The KI noted that a lack of funds to pay for wages of additional staff is the primary barrier to meeting capacity needs.

Recommendations: The healthcare KI and CFGD participants cited a need for the establishment of additional health centres in Tal Brak to provide additional and more specialised services and reduce the need to travel

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



EDUCATION

Triangulation of ABA highlight issues with the quality of education, lack of staff capacity and educational resources, and poor state of facilities and infrastructure as key concerns for provision of education in Tal Brak.

While the education KI confirmed the presence of public facilities offering childcare/early education, primary, secondary, and high school services in Tal Brak, HH data indicate significant dissatisfaction with the quality of education; the large majority (75%) of HHs with school-aged children cited poor quality of available education as an issue they had experienced. KI data further suggests that education quality may contribute to lack of boys' attendance

KI and HH findings point to several factors impacting education quality, including a lack of sufficient staff and lack of access to educational supplies. The education KI specifically noted the need for second language teachers and pointed to a lack of supplementary and recreational materials available in school as well as an insufficient number of textbooks in relation to class size. The KI noted that such issues can lead to children dropping out of school, particularly boys.

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

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

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

41% - 60%
Around half of female adults are reportedly literate

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

1% - 20%
Few school-aged boys are reportedly not attending

Quality of education provided is too low

1% - 20%
Few school-aged girls are reportedly not attending

Unsuitable environment/ infrastructure

Girls marry and do not finish their education

Families do not allow girls to attend

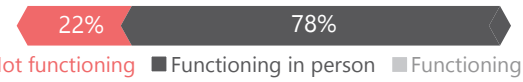
Local Education Facilities

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 69% of surveyed HHs with school-aged children)



HH access to a functioning primary school (by % of the 69% of surveyed HHs with school-aged children)

- 69% Access only in assessed area
- 14% Access in assessed area and other communities
- 0% Access only in other communities
- 10% No access
- 7% Not sure/not applicable

HH access to a functioning secondary school (by % of the 69% of surveyed HHs with school-aged children)

- 61% Access only in assessed area
- 14% Access in assessed area and other communities
- 3% Access only in other communities
- 12% No access
- 10% Not sure/not applicable

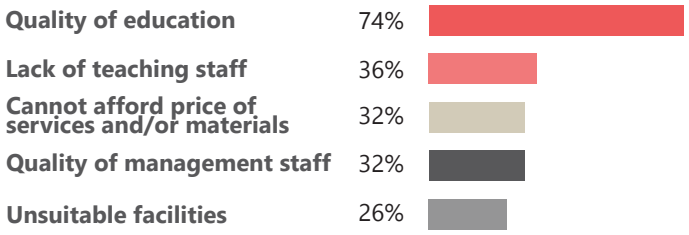
HH access to a functioning high school (by % of the 69% of surveyed HHs with school-aged children)

- 36% Access only in assessed area
- 12% Access in assessed area and other communities
- 10% Access only in other communities
- 27% No access
- 15% Not sure/not applicable

43% of surveyed HHs were dissatisfied or very dissatisfied with quality of education for boys in accessible facilities

41% of surveyed HHs were dissatisfied or very dissatisfied with quality of education for girls in accessible facilities

Most commonly reported issues with available education services (by % of the 45% of surveyed HHs with school-aged children with access to services)

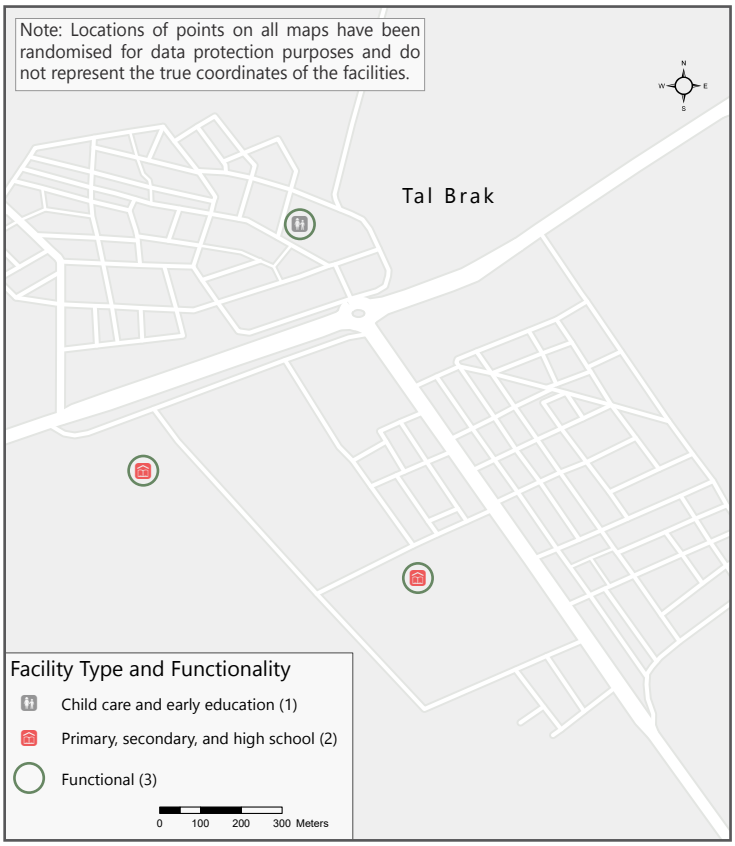


Further, education access and quality is reportedly limited by the state of facilities and infrastructure, reported as an issue by 26% of HHs with school-aged children. This was echoed by CFGD participants, who reported a need for rehabilitation of local schools and the provision of furniture, and by the KI who cited a need for facility maintenance and improved access to sanitation at primary school facilities.

The unsuitable learning environments was reported by the KI to contribute to lack of girls' attendance, in addition to restrictions imposed by families, and due to the practice of early marriage. Indeed, lower female education access is also reflected in levels of educational attainment amongst adults, where completion rates for women are lower than for men across both primary and secondary. Additionally, CFGD participants commonly said that the poor economic situation contributes to children, especially boys, leaving school in order to help earn additional HH income.

Recommendations: The education KI and CFGD participants indicated that financial support for the rehabilitation and maintenance of infrastructure, as well as the provision of sufficient supplies and educational materials are needed.

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



Education Management & Capacity

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

Tal Brak Educational Directorate (Affiliated with Qamishli Education Directorate)

Supervises selection and training of teachers, coordinates preparation and distribution of curriculum.

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 ✗

Staff needed: Second language teachers
Barriers to staffing: lack of qualified candidates
Supplies needed: recreational and supplementary learning materials

Key Education Issues

Key reported education issues (as reported by education KI)

- Perceived poor quality of education
- Insufficient infrastructure at facilities
- Lack of sufficient staff
- Lack of educational materials

ELECTRICITY

While access to electricity was described as a general community strength by CFGD participants, they noted that reductions in access have impacted community resilience and recovery. Improved access was among the most commonly cited recovery priorities for both CFGD participants and surveyed HHs, 70% of which reported dissatisfaction with the quality of electricity from available sources.

While HHs in Tal Brak are generally connected to the main electricity network, only 55% of HHs reported the network as their primary source of electricity. The remaining 45% rely on power from communal generators, pointing to issues with network capacity and functionality. Indeed, CFGD participants noted that regular electricity shortages were a source of stress in the community, echoed by the 50% of HHs who reported shortages and low output.

CFGD participants noted that low Euphrates River levels and reduced hydroelectric dam output caused damage to the network. They added that reduced access to electricity has significantly impacted access to water in Tal Brak (see pg. 16), with additional consequences for agricultural productivity, and has affected operations of markets (see pg. 12) and the crafts sector on which many IDPs depend.

Recommendations: CFGD participants emphasised that increased access to solar and alternative energy and the repair of the main network would support community resilience and recovery.

HH Electricity Access & Issues

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

55% Main network

45% Community (shared) generator

70% of surveyed HHs were dissatisfied or very dissatisfied with quality of available electricity sources

15,159 SYP Average monthly electricity and fuel expenditure of surveyed HHs

Most commonly reported HH issues with available education services (by % of surveyed HHs)♦

Regular shortages/low output	50%
Solar panels are unaffordable	43%
Generators are unavailable	41%
Electricity is too expensive	36%
Main network needs repair	35%

ROADS & TRANSPORTATION

Nearly half of surveyed HHs (44%) reported dissatisfaction with the availability and quality of roads in and around Tal Brak, most commonly pointing to the poor quality of roads and/or sidewalks as an issue. HHs also more commonly cited lack of lighting, frequent road blocks/closures, and the inadequate connectivity of roads as issues.

The vast majority of HHs (95%) reporting having access to transportation, although transportation was commonly reported to be unaffordable (reported by 74% of HHs with access to services). HHs also noted the transport service irregularity and issues with overcrowding were a concern.

The combined issues with road and transportation access and quality create additional barriers for HHs in Tal Brak when accessing services, such as healthcare, outside of the community which may require traveling longer distances to larger cities such as Al-Hasakeh or Qamishli (see pg. 19).

Recommendations: HH data suggest that road maintenance or rehabilitation and increased access to more affordable transportation options would improve community members' access to services and general freedom of movement.

HH Road & Transportation Access & Issues

44% of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of roads in and around their community

Most commonly reported HH issues with roads in and around community (by % of surveyed HHs)♦

Poor conditions of roads and/or sidewalks	59%
Lack of lighting	35%
No issues	29%
Frequent road blocks/closures	18%
Inadequate road connectivity	16%

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

21% 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 95% of HHs reporting availability)♦

1	Cannot afford cost of transport	72%
2	Irregularity/infrequency	35%
3	Overcrowding	32%

PROTECTION

The primary protection risks identified in regards to Tal Brak's population were child labour, early marriage, lack of specialised care and support for older persons and persons with disabilities, lack of civil documentation for youth, and housing insecurity for IDPs. Additionally, the unstable economic situation also contributed to feelings of insecurity and lack of safety for community members.

When asked to identify population groups facing unique vulnerabilities or risks, CFGD participants most commonly noted the occurrence of child labour, particularly affecting boys who leave school to help provide additional income for their families. Among surveyed HHs 8% reported that one or more HH member between the ages of 5 and 17 was earning income at the time of data collection.

Early marriage was also among the more commonly mentioned risks, impacting younger girls and female youth. As noted previously, early marriage contributes to a lack of access to education for school-aged girls (see pg. 21). Additionally, the lack of specialised care and facilities to cater to the needs of older community members and persons with disabilities was highlighted by participants as a significant concern for these groups, increasing their overall vulnerability

Further, while IDPs only comprise a small percentage of the population, CFGD participants noted they face more vulnerabilities in relation to housing due to their economic vulnerability which makes it difficult to afford quality housing options.

Risks, Safety, and Security

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

Children	Child labour (boys), early marriage (girls)
Youth	Early marriage (girls)
IDPs	Housing/shelter insecurity
Older persons	Lack of specialised care and health facilities
Persons with disabilities	Lack of specialised care and health facilities

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

Stable security situation | Familial and kinship relations | Strong social customs and traditions | Availability of water

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

Economic insecurity | Poor living conditions | Economic migration of youth | Fear of future conflict escalation

Civil Documentation

21% - 40% (Less than half) 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
- Residents (never-displaced)
- 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 accessing public services
Issues with security forces

Housing, Land, & Property Issues

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

Finally, lack and/or loss of civil documentation reportedly impacts between 21% and 40% of the population, particularly youth according to the community KI. Such loss or lack is associated with a number of risks, including barriers to accessing assistance, movement restrictions and issues with security forces.

When more broadly asked what factors made them feel safe in their community, CFGD participants most commonly cited the stable security situation. Additionally, social connections and traditions, such as the presence of family or the strong social customs in the area that encourage provision of support to others. The general availability of water was also noted as making participants feel safe, where water insecurity is not as high in other areas of the region.

When asked about aspects of living in the community that made them feel unsafe, economic insecurity was the most common factor, citing poverty and poor living condition, and noting that the migration of youth out of the community to find work contributed to feelings of insecurity. Participants also noted that, while the security situation was currently stable, they feared the impacts if conflict escalated again in the future. safe, as did the difficulty and high cost of transportation.

SOCIAL COHESION

When asked about the relationship between resident and IDP populations in their community, participants in all of CFGD sessions described the relationship as either positive or as lacking any negative aspects. Participants most commonly mentioned that the presence of relatives and family ties between IDPs and host community was a strong positive aspect of the relationship.

Additionally participants in some sessions highlighted that the continuation of the improved humanitarian situation was a positive factor influencing their relations, and that regular social interactions, such as in marketplaces, works to strengthen the cohesion. Additionally, participants in some groups noted that the provision of free shelter for some IDPs and general equal access to jobs is positive for the relationship.

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

Discrimination based on ethnic, clan, or social affiliation | **Preferential access to services or assistance** | Increased economic and/or physical insecurity

Beyond the resident-IDP relationship, most participants stated there are no tensions between other groups in the community. However, a number of participants noted that there are occasional tensions between the population and local governance actors if there is perceived unequal treatment of different ethnic groups.

Relatedly, participants noted a number of factors which have the ability to create or increase tensions in the community, where discrimination based on ethnicity, clan, or other social affiliation was most commonly mentioned. This applied both to perceived preferential treatment in relation to assistance or access to services as well as to more general discrimination between community members themselves. Participants also reported that increases in physical or economic insecurity in the community or the wider area also may contribute to heightened tensions as community members are put more on-edge.

In relation to the implementation of longer-term recovery and resilience-oriented interventions in their community, the majority of CFGD participants noted that they would be seen positively and would not lead to tensions and would, in fact, improve societal conditions. However most participants also noted that support that does not also target the community's most vulnerable would create tension and harm community dynamics, as it could generate negative feelings towards groups seen to be benefiting over those in most need. Some participants suggested that assistance for the most vulnerable should be provided in concert with community recovery projects

COMMUNITY GROUPS & PARTICIPATION

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

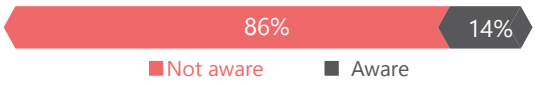
Group Type	Reported Presence
Civil Society Groups	✗
Women's Groups	✗
Youth Groups	✗
Agricultural Groups	✗
Livestock groups	✗

KI findings indicate that the Tal Brak lacks easily identifiable or well-known community groups.

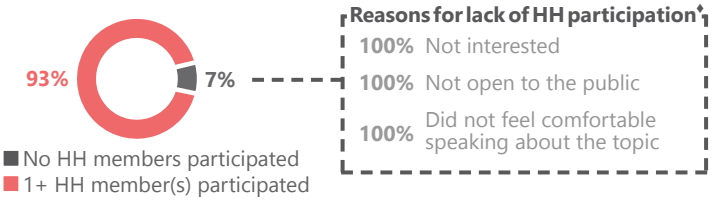
Regarding community member participation in community life and affairs in general, CFGD participants noted no significant barriers to participation in social or political life. However, some participants noted that deterioration of living conditions and the poor economic situation can limit the ability to carry out social duties or find time for political engagement as they are constantly seeking income.

Relating to economic life, participants commonly cited the lack of employment opportunities. Female resident and IDP participants also mentioned that the lack of job opportunities specifically impacts women, persons with disabilities, and older persons, who are less able to participate as a result. Lack of government support was the second most commonly mentioned barrier, in 2 of 6 CFGD sessions. Additional barriers were reported as the lack of government support and NGOs and the lack of credit systems to support businesses.

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 14% of HHs aware of local recovery discussions/planning)



Data also indicate some level of community member awareness of and participation in meetings and planning regarding community recovery, with 14% of HHs reporting awareness and the vast majority of those HHs reporting having participated. HHs reporting participation were employed in a variety of sectors. However, only 14% reported feeling that their input had contributed directly towards 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 Respondents were asked if any of the adult male (18+) members of their HH were currently unemployed and actively looking for work.

12 Respondents were asked to report the average monthly cash income over the previous 3 months from all sources for their HH (including salary, pension, benefits, trade, remittances, etc.).

13 Full answer choices were as follows: Very good (can easily meet all basic needs), Good (can meet basic needs), Fair (can meet basic needs with some difficulties), Poor (Cannot easily meet basic needs), Very poor (cannot meet basic needs at all)

14 Examples of market limitations include high prices of shop rental and lack of spaces to display goods.

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.

REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org.

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