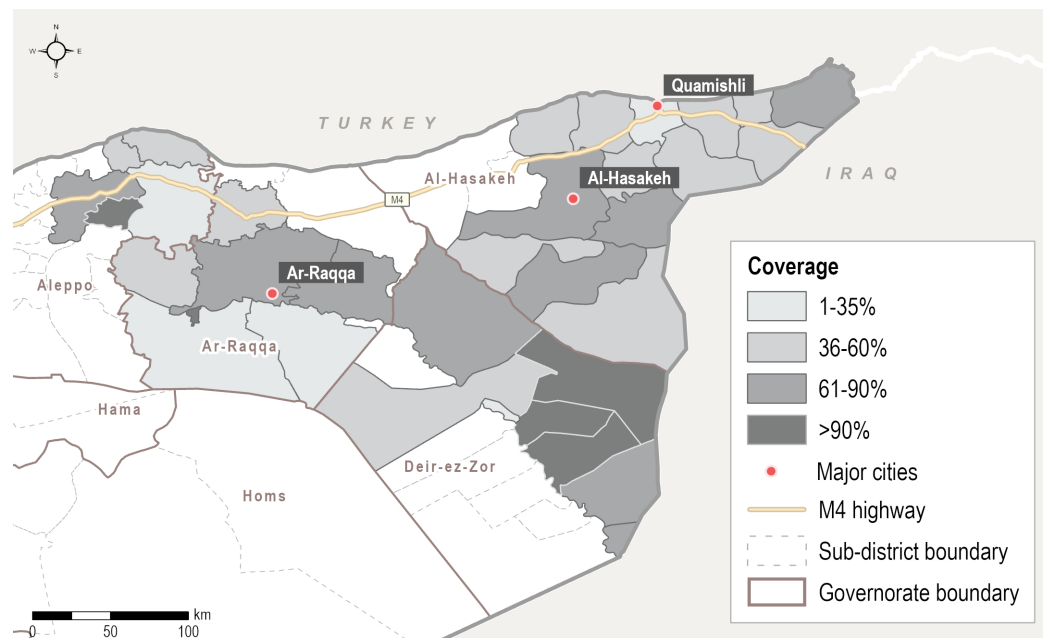


Introduction and Methodology

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

The assessment is conducted using a key informant (KI) methodology at the community level. REACH enumerators are based inside Syria and interview three to five KIs per assessed location, either directly or remotely (via phone). KIs are chosen based on their community-level and sector-specific knowledge. This factsheet presents information gathered in **1,296 communities** across Aleppo¹ (252 communities), Ar-Raqqa (261 communities), Al-Hasakeh (705 communities), and Deir-ez-Zor (78 communities). **Data was collected between 4-18 December 2022 from 4,720 KIs** (18% female). Unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection. Findings are indicative rather than representative, and should not be generalized across the population and region. Findings that are calculated based on a subset of the community are indicated by the following footnote ♦, with each subset specified in the endnotes.

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



Key Highlights

The population in NES experienced a decrease in access to electricity and fuel due to a series of shelling damaging energy infrastructures. Heightened conflict volatility led to the growing sentiment of insecurity and impacted access to some basic services such as food markets and education. HSOS data indicated that Raqqa governorate witnessed a rise in severe diseases affecting children under five.

- **Households' access to electricity and heating fuel worsened due to damage to energy infrastructures.** A series of shelling impacted several oil fields and one gas plant in Northeast Syria, causing power cuts and gas shortages in the region.^a The percentage of assessed communities in which key informants (KIs) reported that the main electricity network was partially or completely not functioning rose from 17% to 29% between November and December 2022. The situation particularly deteriorated in Al-Hasakeh governorate, where the percentage of communities in which KIs reported more than 12 hours of electricity access per day dropped from 11% to 5% between November and December. In the meantime, KIs in 68% of assessed communities reported heating fuel to be a priority winterisation item as temperatures fell during the reporting period.

- **Intensified hostilities in NES coincided with a growing sentiment of insecurity.** Reports of protection risks related to conflict significantly increased at the end of 2022. In December, KIs reported the threat from imminent conflict in 21% of assessed communities (compared to 7% in November). Likewise, KIs reported the threat from shelling as a protection risk in 20% of communities (4% in November). In addition, an increased number of communities reportedly saw safety and security-related issues as barriers to accessing basic services. The number of communities in which KIs reported that general safety and security concerns at markets increased from 4 in November to 35 in December, and the percentage of KIs reporting that the escalation of violence made schools or travel to schools unsafe rose from 0% in November to 17% in December.

- **Healthcare access remained strained amid ongoing cholera outbreak and flu spread.** Despite a relative slowdown in the spread of cholera,^b 3,543 suspected cases were detected in NES throughout December.^c Additionally, KIs reports of severe diseases affecting children under 5 increased between November and December, especially in Raqqa governorate where KIs reported this health issue in 73% of assessed locations in December (51% in November). Raqqa city was indeed impacted by a flu that resulted in the closure of kindergartens and schools.^d In the meantime, KIs in 44% of assessed communities in NES reported the absence of functioning health facilities in their locations, while paediatric consultations were only reported to be available in 6% of assessed communities, forcing sick people to travel to other communities to seek medical attention. The costs of such travels are often an obstacle, with KIs reporting in 76% of assessed communities that high transportation costs were a barrier to accessing healthcare.

HSOS Dashboard

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



Priority Needs and Humanitarian Assistance



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

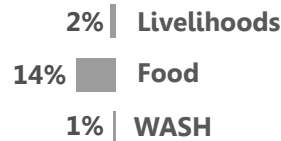
	FIRST	SECOND	THIRD	OVERALL	
1	Livelihoods	Livelihoods	Livelihoods	Livelihoods	78%
2	WASH [▲]	WASH	Healthcare	Food	48%
3	Food	Food	Winterisation	WASH	46%

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



Yes: 23%
No: 77%

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



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

	FIRST	SECOND	THIRD	OVERALL	
1	Food	Livelihoods	Livelihoods	Livelihoods	78%
2	Livelihoods	Food	Winterisation	Food	62%
3	WASH	Winterisation	Food	Winterisation	37%

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



Yes: 41%
No: 59%

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



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

In communities where access to humanitarian assistance was reported

In communities where no access to humanitarian assistance was reported

Assistance provided was insufficient to cover all people in need	66%	1	94%
Assistance provided was not relevant to all needs	51%	2	3%
Quantity of assistance provided to households was insufficient	49%	3	2%

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

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

In communities where access to humanitarian assistance was reported

In communities where no access to humanitarian assistance was reported

Assistance provided was not relevant to all needs	64%	1	96%	No humanitarian assistance was available
Assistance provided was insufficient to cover all people in need	62%	2	4%	Perceived discrimination in provision of humanitarian assistance
Quantity of assistance provided to households was insufficient	44%	3	<1%	People did not comply with the eligibility criteria



Economic Conditions

Region	Median estimated monthly household expense for water for a household of six ^{5,6}	Median estimated monthly rent price for a two bedroom apartment ^{5,6}	Median estimated daily wage for unskilled labour ^{5,7,8}
Northeast Syria	20,000 SYP	50,000 SYP	9,000 SYP
Aleppo	15,000 SYP	40,000 SYP	10,000 SYP
Al-Hasakeh	27,000 SYP	100,000 SYP	8,000 SYP
Ar-Raqqa	2,000 SYP	60,000 SYP	10,000 SYP
Deir-ez-Zor	35,000 SYP	50,000 SYP	7,000 SYP

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

Residents		IDPs
76%	High operational costs	26%
67%	Lack of resources for agriculture	28%
65%	Lack of agricultural inputs	23%
62%	Seasonality of production	24%

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

Livelihood source	Residents	IDPs
Food crop production	40%	27%
Cash crop production	67%	15%
Livestock products	50%	17%
Sale of livestock	51%	19%

74% and 90%

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

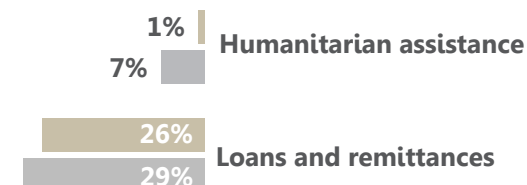
86 days

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

94% and 65%

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

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



Intersectoral findings on **unaffordability** hindering access to goods and services



KIs in **20%** of assessed communities cited that **rent** was unaffordable for the majority of people



KIs in **61%** of assessed communities cited the high cost of **fuel for generators** as a common challenge



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



KIs in **43%** of assessed communities cited the high cost of **water trucking** as a common challenge



KIs in **82%** of assessed communities cited the high cost of **food** as a common challenge ⁸



KIs in **86%** of assessed communities cited the high cost of **health services** as a common challenge



Living Conditions

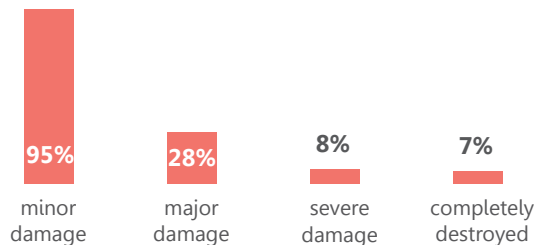
In **93%** of assessed communities at least **80%** of the resident population reportedly owned their shelter

In **76%** of assessed communities reportedly none of the IDP households owned their shelter

In **5%** of assessed communities at least one fifth of the IDP population reportedly lived in unfinished or abandoned residential buildings

In **4%** of assessed communities at least one fifth of the IDP population reportedly lived in tents

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



Shelter and repair materials being too expensive was the most commonly reported challenge for households to repair their shelter (reported by KIs in 94% of assessed communities) ⁴



A lack of toilets was reported as a shelter issue for IDPs in **13%** of assessed communities



A lack of bathing facilities was reported as a shelter issue for IDPs in **8%** of assessed communities



Problems with the drinking water were reported in **37%** of assessed communities



No problems, water was safe to drink was the most commonly reported problem with drinking water (reported by KIs in 62% of assessed communities)

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

Rodents and/or pests are frequently visible

15%

Solid waste in the streets

23%

Sewage system pollutes public areas

14%

Stagnant water

10%

Flooding in the streets

4%



98%

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



In **17%** of these communities, KIs reported that the **unavailability of certain food items** was a challenge to accessing sufficient food ⁸

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

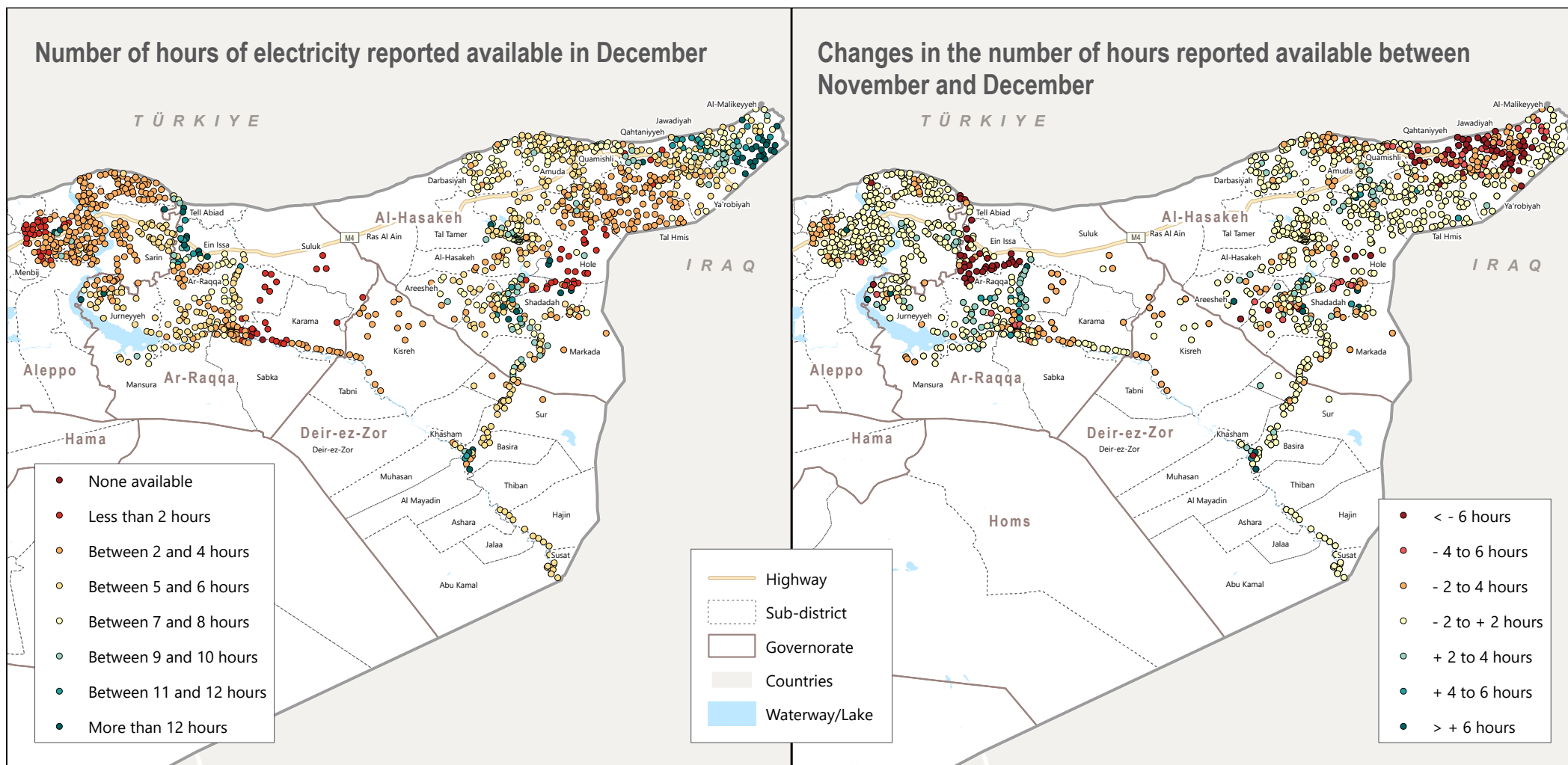
- 1 Relying on less preferred food / lower food quality **82%**
- 2 Borrowing money to buy food **82%**
- 3 Buying food with money usually used for other things **64%**



High price of suitable foods formula was the most commonly reported challenge to feeding young children (reported by KIs in 96% of assessed communities) ^{4,11}

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

- 1 Relying on food stored previously **41%**
- 2 Own production or farming **38%**
- 3 Food gifts from friends and family **3%**



Evolution of households' daily electricity access

Note on the map

The map on the left displays the average number of electricity hours per day households were able to access in each assessed communities, regardless of the electricity source. The map on the right shows the change in the daily electricity access between November and December 2022. The northeast of Hasakeh governorate and Ras Al Ain sub-district experienced significant drop in electricity access during this period, likely as a result of shellings which damaged some energy infrastructures.



Access to Basic Services



Access to Electricity

2-4 hrs per day

was the most commonly reported range for hours of electricity accessible to households (reported by KIs in 36% of assessed communities)

Main network

was the most commonly reported main source of electricity (reported by KIs in 73% of assessed communities)

82%

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



Access to Water

70%

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



7 days
5-6 days
3-4 days
1-2 days
0 days

Days per week where water from the network was available (by % of 812 communities connected to a water network)

Piped water network

was the most commonly reported source of drinking water (reported by KIs in 35% of assessed communities)



Access to Sanitation

79%

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

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

37%

Waste burnt

35%

Free public waste collection

19%

Waste disposed of by household to a dumping location

22%

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



Access to Markets

35%

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

People lack financial means to open shop/market

was the most commonly reported **reason for why markets were not functioning** (reported by KIs in 84% of assessed communities where markets were not functioning)

76%

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



Access to Health Services

73%

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

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

58%

Medicines and other commodities

56%

Treatment for chronic diseases

47%

Paediatric consultations

Going to the pharmacy instead of a clinic

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



Access to Education Services

28%

% of communities in which half or less of the school aged-children accessed school in the last 30 days for **residents** and IDPs

89%

In person

0%

Online

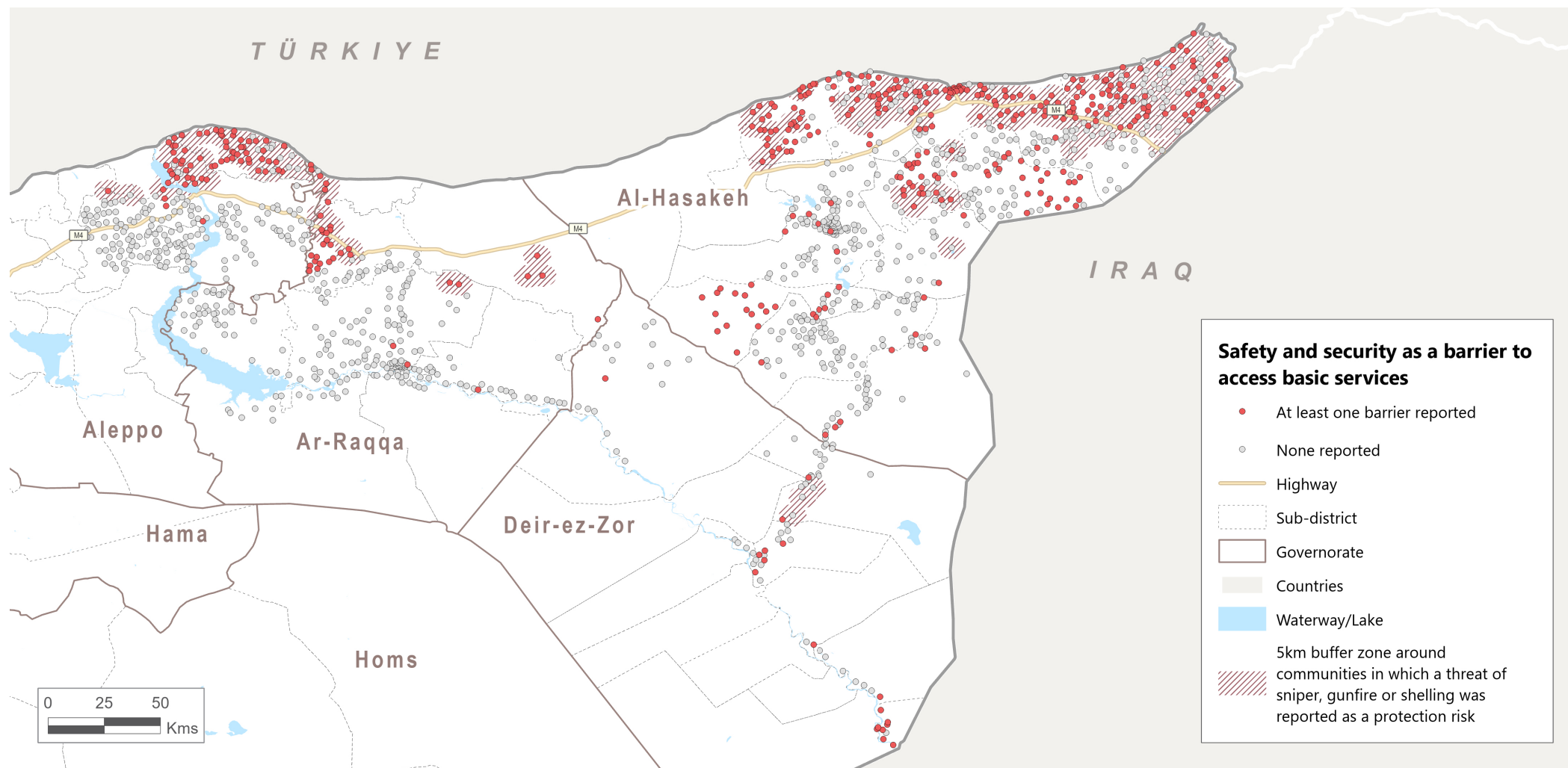
11%

Not functioning

% of assessed communities where KIs reported on the functioning of education services in the assessed location ⁴

58%

% of assessed communities where KIs reported that the **high cost of transportation to school** was a barrier to accessing education services ⁸



Perception of the safety and security situation in NES

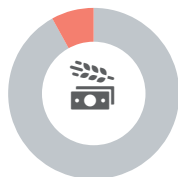
Note on the map

This map shows the communities in which KIs reported that safety and security-related issues hindered the access to some basic services (markets, health facilities and schools). It also highlights the areas in which KIs reported that the threat of sniper, gunfire or shelling was perceived as a protection risk. The majority of communities reporting both of these indicators are located along the northern border.



COVID-19

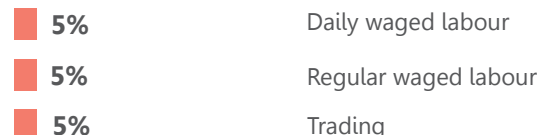
Effects of COVID-19 on livelihoods sectors in the community (by % of assessed communities)



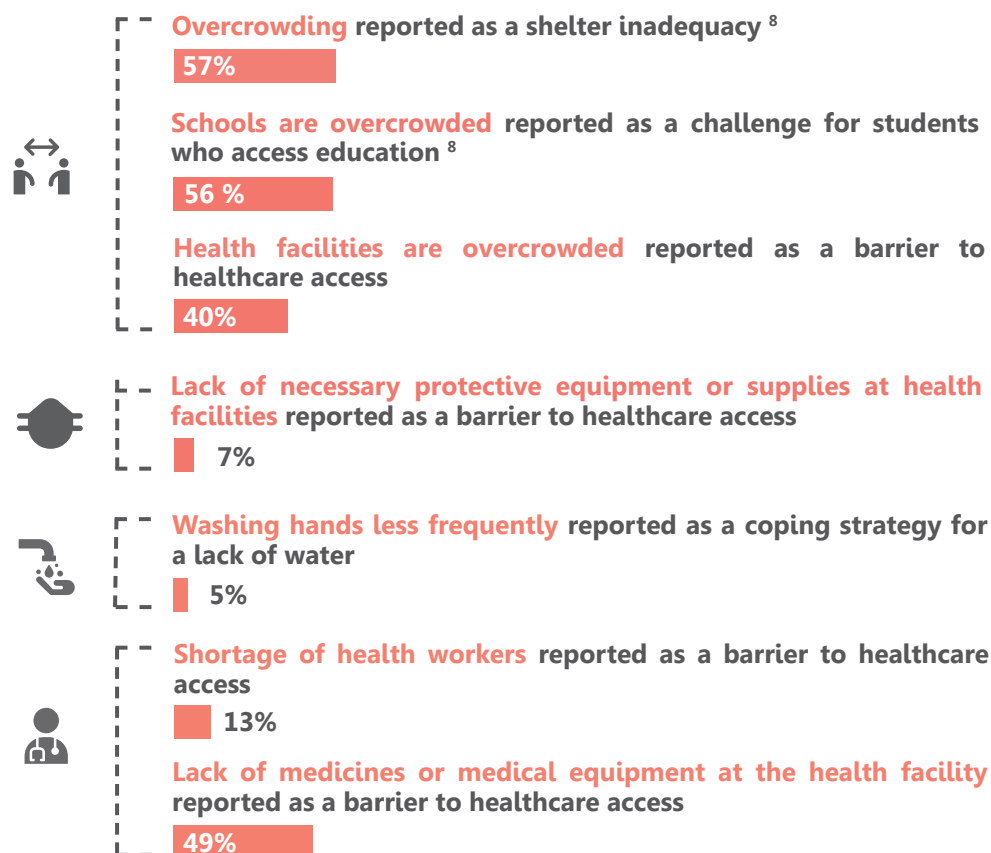
None of the available livelihood sectors were affected 92%

At least one of the available livelihood sectors was partially or totally affected 8%

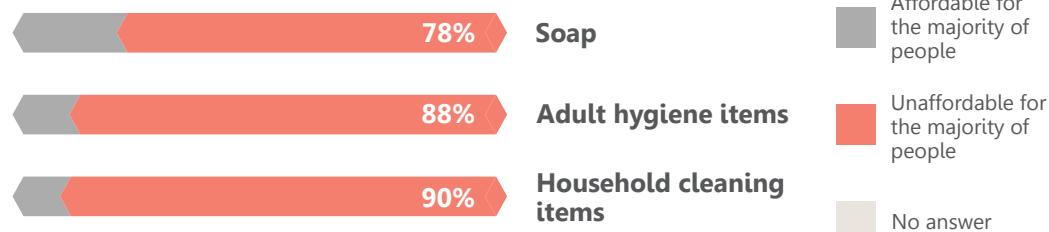
Most commonly reported sectors affected by COVID-19 (by % of assessed communities)



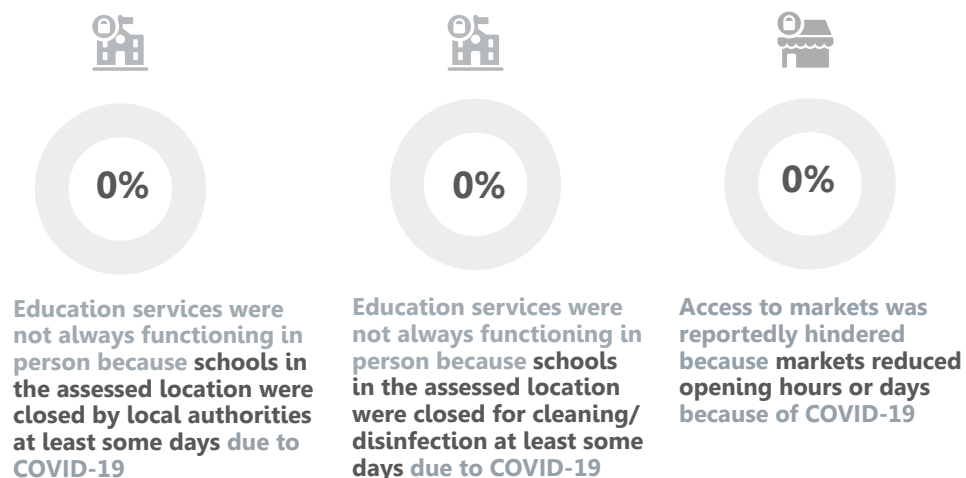
% of assessed communities where COVID-19 risk indicators were reported by KIs

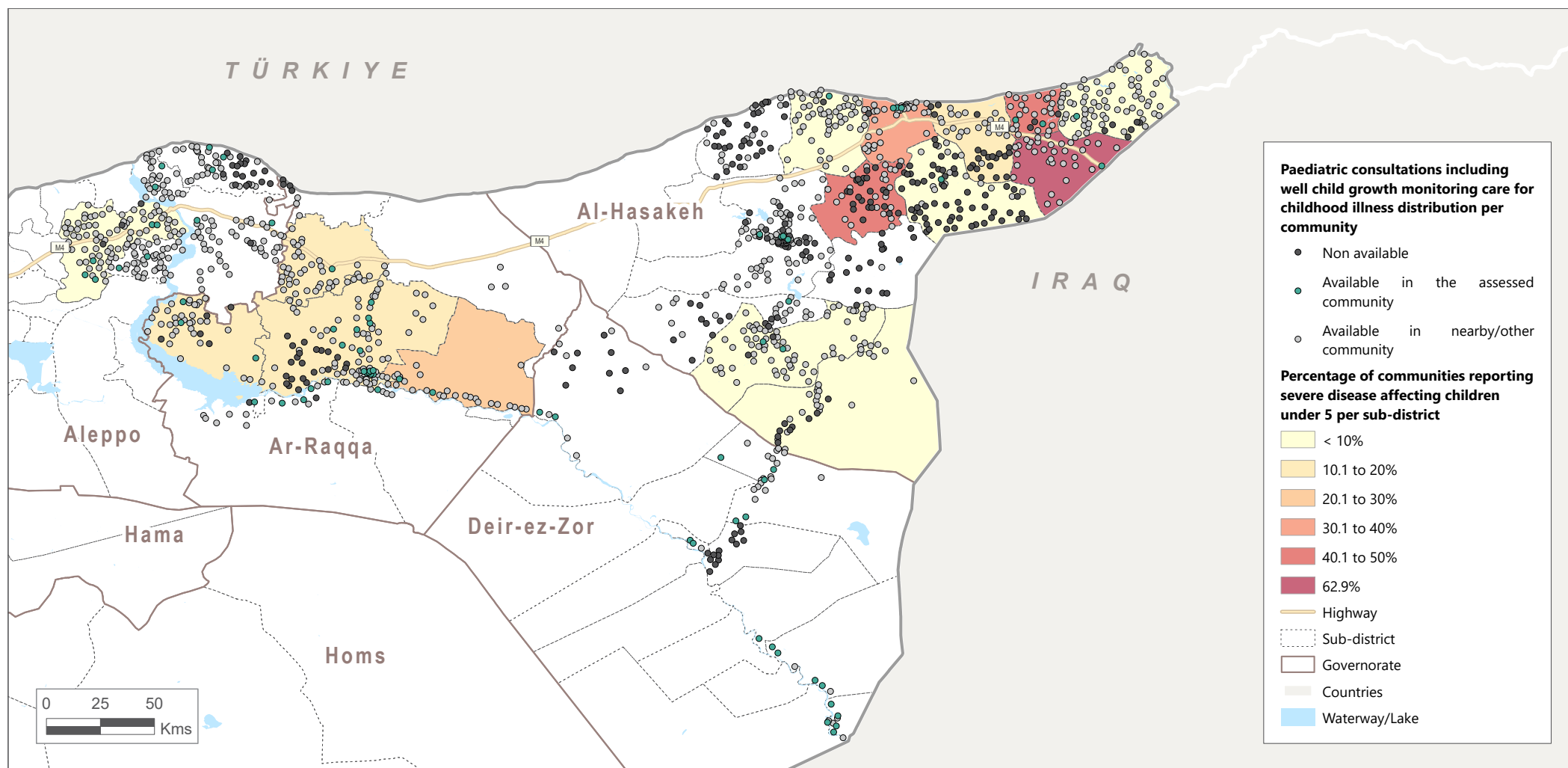


Reported hygiene item availability and affordability (by % of assessed communities)¹²



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





Paediatric diseases and services in NES

Note on the map

This map shows the availability of paediatric services in assessed communities. It displays communities in which paediatric consultations were available, communities in which households could access this service in nearby locations, and communities where this service was neither available locally nor in nearby locations. Additionally, the map shows the percentage of communities reporting severe disease affecting young children by sub-district.



Security and Protection

Intersectoral findings on security



General safety and security concerns restricting movement to markets was a reported barrier to market access in **35** communities

General safety and security concerns at markets was a reported barrier to market access in **35** communities

Movement restrictions was reported as a protection risk in **2** communities ⁸



Tribal disputes were reported as a protection risk in **16** communities ⁸

Threat from shelling was reported as a protection risk in **254** communities ⁸

Fear from imminent conflict was reported as a protection risk in **277** communities ⁸



The inability to lock homes securely was reported as a shelter inadequacy in **43%** of assessed communities ⁸

Lack of privacy inside the shelter was reported as a shelter inadequacy in **56%** of assessed communities ⁸

Lack of lighting around the shelter was reported as a shelter inadequacy in **84%** of assessed communities ⁸

The security situation was reported as a barrier to shelter repairs in **8%** of assessed communities



Safety and security concerns travelling to health facilities was reported as a barrier to healthcare in **38** communities

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

- 77%** Special assistance for vulnerable groups
- 49%** Specialised child protection services
- 31%** Psychosocial support



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

- 16%** Lack or loss of civil documentation as a protection risk
- 15%** Some people did not have the necessary personal documents as a barrier to accessing humanitarian assistance ⁴
- 3%** Lack of personal documentation required to enrol in school as a barrier to education access
- 4%**
- 2%**
- 2%**

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

Residents

- 9%** Early marriage
- 2%** Forced marriage
- 6%** High risk work
- 2%** Sending family members to beg
- 51%** Sending children (15 or below) to work

IDPs

- 10%**
- 5%**
- 7%**
- 6%**
- 57%**

Age, Gender, and Diversity

KIs in **31%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to meeting basic needs ⁸

KIs in **20%** of assessed communities reported a **lack of employment opportunities for persons with a disability** as a barrier to meeting basic needs ⁸

KIs in **11%** of assessed communities reported a **lack of privacy for women and girls at health facilities** as a barrier to healthcare access

KIs in **17%** of assessed communities reported a **lack of market access for people with restricted mobility**

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

Children below the age of 12 were reported as a group affected by child labour in **11%** of assessed communities ⁸

Hazardous child labour was reported as a protection risk in **68** communities ⁸

Endnotes

1. Aleppo governorate includes Menbij and Ain Al Arab districts.
2. KIs were asked to select a first, second, and third highest priority needs in their communities. The ranking shows the sectors most frequently chosen as either first, second or third highest priority. The overall priority need refers to the frequency a sector was selected across all three categories (first, second or third highest priority).
3. KIs could select three answers, thus findings might exceed 100%.
4. KIs could select multiple answers, thus findings might exceed 100%.
5. KIs were asked about the situation at the time of data collection, instead of the last 30 days.
6. KIs had the option to select the price in United States Dollars (USD), Turkish Lira (TRY), or Syrian Pounds (SYP). When the price was not reported in SYP, the NES [Joint Market Monitoring Initiative \(JMMI\)](#) exchange rate was used to calculate the amount in SYP. According to the REACH Market Monitoring December 2022, 1 USD = 6,045 SYP; 1TRY= 312 SYP.
7. According to the NES [JMMI](#) December 2022, 1 USD = 6,045 SYP.
8. Findings for residents and IDPs were merged. The merge was calculated as follows: (option was selected for either residents or IDPs) / (communities reporting challenges/barriers/coping strategies for either residents or IDPs).
9. According to the NES [JMMI](#) December 2022, the Survival Minimum Expenditure Basket (SMEB) = 772,807 SYP.
10. Minor damage (cracks in walls, leaking roof, need of new doors and window repairs, etc.); Major damage (buildings with extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls); Severe damage (buildings with significant structural damage to column slabs, or loadbearing walls, cracking, steel elements and deformations visible in concrete; the building would require extensive repairs); Completely destroyed (buildings with structural damage so significant that rehabilitation is not possible).
11. KIs were asked about the situation in the last two months, instead of the last 30 days.
12. Adult hygiene items include: shampoo, toothbrush, and toothpaste. Household cleaning items include: washing powder, liquid, and dish detergent.

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

Indicator	Subset	Indicator	Subset
N.o of communities reporting on:		N.o of communities reporting on:	
Residents	1295	Barriers to assistance access (IDPs)	276
IDPs	467	Barriers to accessing sufficient food (merge)	1265
Challenges to assistance access (resident)	278	Days when water is available from network	812
Barriers to assistance access (resident)	999	Barriers to markets functioning	456
Challenges to assistance access (IDPs)	170		

Sources

- a. iMMAP. (5 January 2023). NES Context update December 2022
- b. World Health Organization. (18 December 2022). Whole of Syria cholera outbreak situation report no.10. Retrieved from <https://reliefweb.int>
- c. Health Working Group. NES Cholera Dashboard. Retrieved from [Microsoft Power BI](#)
- d. North Press Agency. (17 December 2022). School days suspended in Syria's Raqqa due to flu spread. Retrieved from <https://npasyria.com/>

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.