Deir-ez-Zor: Situation Overview and Sub-district Profiles

Syria, June 2018



%→ Background

Since mid-2017, ongoing conflict has led to displacement from and within Deir-ez-Zor governorate, totalling an estimated 230,000 persons from July to mid-December. While there had been de-escalation in some parts of the governorate in early 2018, renewed sustained conflict and related violence between Syrian Democratic Forces (SDF) and the group known as Islamic State of Iraq and the Levant (ISIL) as well as sporadic clashes between SDF and Government of Syria (GoS) are precipitating further displacement and exacerbating already-severe humanitarian conditions. Following previous assessments in February and April 2018, REACH recently conducted another rapid needs assessment to address information gaps and to provide an overview of the location and humanitarian situation of different population groups. Assessed locations are clustered along three main transects of the Euphrates and Khabour river (see Map 1).

Methodology

Overall, 112 locations in Deir-ez-Zor governorate were assessed between 4 and 11 June 2018 through remote Key Informant (KI) interviews, with one to five KIs per assessed community depending on availability and one KI per informal site. Different tools were used to assess communities and informal sites to identify population estimates and multi-sectoral needs.

Whilst efforts were made to cover as many locations as possible, assessed sites and communities were selected on the basis of their accessibility and should not be considered as a fully comprehensive list. Information should only be considered as relevant to the time of data collection, given the dynamic situation in the governorate. Findings are not statistically representative and should be considered as indicative only, particularly as they are aggregated across locations between which the sectoral situation may vary.

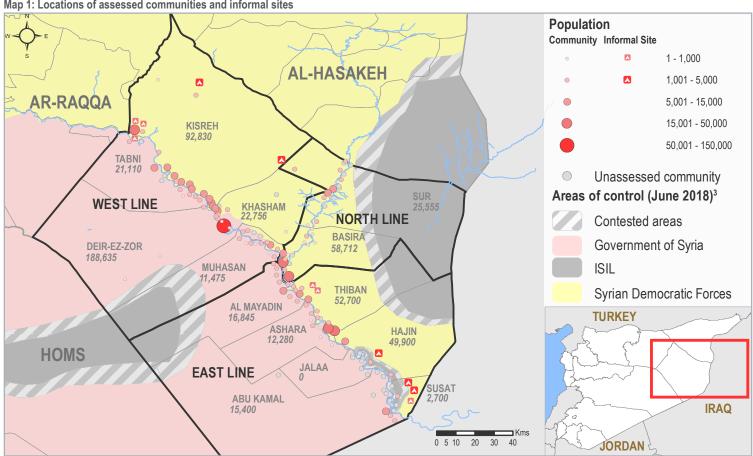
...II Overview

Assessed communities / total communities: 101 / 135 Assessed informal sites (tents): Total estimated population in assessed locations: 586,300

- Health: Although health facilities are present and accessible throughout Deir-ez-Zor governorate, specialised health services are needed. Surgery and treatment for chronic diseases were reported as primary health needs in more than 70 of 112 assessed locations. In addition, more basic services such as first aid / emergency care (52 of 112 of assessed locations) and diarrhoea treatment (35 of 112 assessed locations) were also identified as key needs.
- WASH: The quality of drinking water is poor across the governorate. In all subdistricts, many communities and informal sites reported that water tastes and smells bad, and in nearly half of assessed locations people reportedly fell ill after drinking the water available to them. Additionally, in sub-districts to the east of the Euphrates river at least half of households in some assessed locations lack sufficient quantities of water, regardless of its quality.
- · Food security: Food markets are reportedly functional in all assessed communities, and assessed core food items are generally available and affordable in communities;² however, these items are reportedly unaffordable in locations

- under ISIL control. Food distributions reportedly occurred in the two weeks prior to data collection primarily in sub-districts west of the Euphrates river, with some communities in Kisreh sub-district also reporting food distributions.
- IDP shelters: The vast majority of IDPs are reportedly residing in host communities rather than in the assessed informal sites, and are predominantly residing in apartments or houses in these communities. However, in around a third of assessed communities, KIs reported that IDPs are living in collective
- Education: While formal primary schools are present and accessible in most assessed locations in the governorate, facilities are reportedly in poor condition. Child labour and customs and traditions (such as early marriage) are also limiting children's school attendance.
- Electricity: Across the governorate, electricity is primarily accessed from private generators, typically for two to six hours per day. In particular, electricity was identified as a priority need in sub-districts to the west of the Euphrates.
- Protection: Protection concerns are most severe (threat from airstrikes or direct gunfire) in the North and East Line areas, where the active conflict is most concentrated. Across the governorate, there are reportedly challenges with freedom of movement and document confiscation.

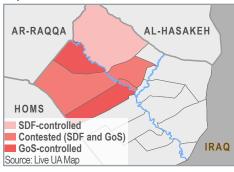
Map 1: Locations of assessed communities and informal sites



1. OCHA, "Syria Crisis: Northeast Syria - Situation Report No.20", 21 January 2018.
2. The assessed core food items are bread, rice, bulgur, flour, lentils, cooking oil, and sugar.
3. Areas of control taken from http://syria.liveuamap.com/ as of 27 June 2018. Data was not collected for communities in Jalaa sub-district because of a lack of available KIs. While ISIL controls marginal territory in desert areas of the North and East Line sub-districts, the Syrian Democratic Forces control populated areas. This overview therefore does not consider those sub-districts as contested.

WEST LINE

Map 2: West Line sub-districts



Assessed communities: 49 / 56
Assessed informal sites: 5
Estimated population:
341,900 individuals in total
44,500 IDPs
297,400 host community members
83% of host community members are returnees

Context

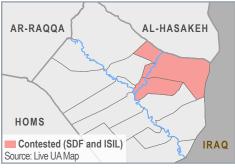
- The West Line area of Deir-ez-Zor governorate comprises SDF-controlled Kisreh sub-district, the contested Khasham sub-district, and the primarily GoS-controlled sub-districts (Tabni, Deir-ez-Zor, Muhasan) west of the Euphrates river.³
- As the area was the first to be taken by GoS and SDF forces in offensives at the end of 2017, there
 is a high number of returnees as well as IDPs from elsewhere in the governorate (who were
 displaced as the offensives progressed south).
- Humanitarian access is better than elsewhere in the governorate but remains limited, despite slight improvements in recent months. GoS-controlled sub-districts are particularly difficult to access.

Key findings

- Access to comprehensive health services is poor, even in areas where hospitals are operational, with KIs reporting limited medical supplies for vulnerable groups and a lack of formal facilities. Surgery, emergency care, and treatment for chronic conditions are the primary health needs.
- There is limited electricity in the areas to the west of the Euphrates, specifically Tabni, Muhasan
 and western parts of Deir-ez-Zor sub-district. In these areas, households are primarily accessing
 electricity from private generators, typically for less than four hours per day.
- The WASH situation has reportedly improved slightly since the April 2018 assessment, with
 increased availability of water from the main network and sufficient water for household purposes
 in most communities. KIs reported that issues with drinking water quality remain, and IDPs are
 reportedly practicing open defecation in Kisreh, Khasham and Deir-ez-Zor sub-districts.

NORTH LINE

Map 3: North Line sub-districts



Assessed communities: 20 / 29
Assessed informal sites: 0
Estimated population:
84,300 individuals in total
11,600 IDPs
72,700 host community members
68% of host community members are returnees

Context

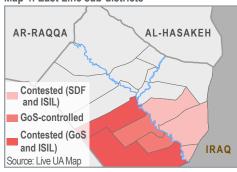
- Basira and Sur sub-districts comprise the North Line area, which extends along the Khabour river from Al-Hasakeh governorate to the Euphrates. Communities are largely clustered around both rivers and adjacent to roads running parallel to the Khabour river. While this area is primarily controlled by the SDF, the front line with ISIL is in the desert southeast of the Khabour river.³
- IDPs from other conflict-affected areas of the governorate have also fled to Basira and Sur sub-districts, primarily from Khasham, Hajin, Jalaa and Susat sub-districts as well as Hasakeh governorate. These households are primarily residing in apartments or houses, while, on average, around one quarter of IDP households are reportedly sheltering in collective shelters within communities.

Key findings

- The quality of available drinking water is poor. In more than half of assessed locations, KIs reported individuals fell ill after consuming drinking water in the two weeks prior to data collection. Water trucking is the primary source of water for all but four communities in this area.
- Though medical needs are significant, healthcare services are limited. Medical supplies for
 the injured / war-wounded and those suffering from chronic disease were reported to be available
 in no more 10% of assessed communities, while supplies for civilians with disabilities are reportedly
 unavailable in all communities in the sub-district. Although health facilities are functional in some
 communities or accessible in other locations, in others (such as Rweished and Shiheil) there are
 reportedly no formal facilities and households cannot access facilities elsewhere.

EAST LINE

Map 4: East Line sub-districts



Assessed communities: 32 / 44
Assessed informal sites: 6
Estimated population:
160,200 individuals in total
32,100 IDPs
128,100 host community members

70% of host community members are returnees

Context

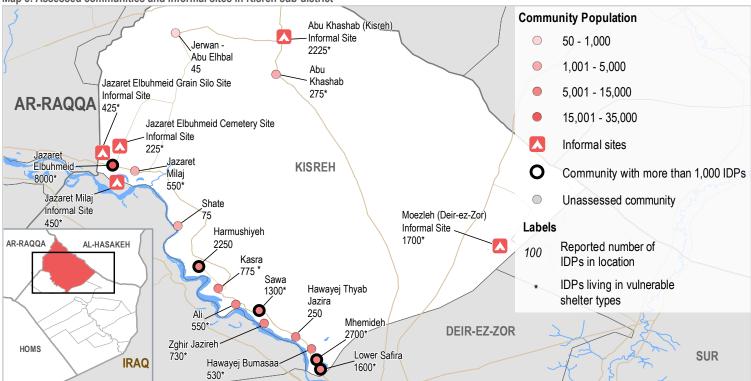
- The East Line area comprises the primarily GoS-controlled sub-districts of Al Mayadin, Ashara, Jalaa and Abu Kamal, in addition to the primarily SDF-controlled Thiban, Hajin and Susat sub-districts.³
- Active conflict persists in this area, as most populated communities within Hajin and Susat remain
 under ISIL control and sporadic clashes between ISIL, SDF and GoS continue all along this segment
 of the river.³ There are high levels of displacement as a result, particularly along the eastern bank of
 the river. Six informal sites are situated in this area, and IDPs comprise approximately 20% of the
 population of assessed locations in these sub-districts.

Key findings

- The quality of available drinking water is poor. In more than half of assessed locations KIs reported individuals fell ill after consuming water in the two weeks prior to data collection. Households east of the Euphrates are attaining water from trucks, while in many communities on the western bank of the river households can access water from the main network, though to a limited extent.
- Civilians face numerous protection challenges. In more than half of assessed communities and informal sites KIs reported having documents confiscated and being under the threat of airstrikes. Freedom of movement is also limited in communities and informal sites throughout the East Line sub-districts, as there are official restrictions on movement and transportation options are expensive.
- All assessed core food items are reportedly unaffordable in the four informal sites in Hajin and Susat district. No food assistance was provided to any of the six informal sites in this area in the two weeks prior to data collection.

KISREH SUB-DISTRICT

Map 5: Assessed communities and informal sites in Kisreh sub-district



Overview

Assessed communities: 14 / 14 Assessed informal sites: 4

Since ISIL were expelled from SDF-controlled Kisreh sub-district in late 2017;³ the majority of households have returned to the area. The number of IDPs in Kisreh, which has increased by around 9,000 since April 2018, is the largest of any subdistrict in the governorate. IDPs are mostly residing in the host community, collective centres and informal sites. The location of the sub-district has facilitated the greatest potential humanitarian response, although to date this has mostly been focused on Abu Khashab informal site.

Estimated population:

96,200 individuals in total

23,000 IDPs

73,200 host community members

84% of host community members are returnees

IDPs

Population breakdown:

40% male and 60% female

46% children (under 18)

40% adults (18 - 59)

14% elderly (60+)

Primary area(s) of origin: Deir-ez-Zor, Hajin, Jalaa sub-districts

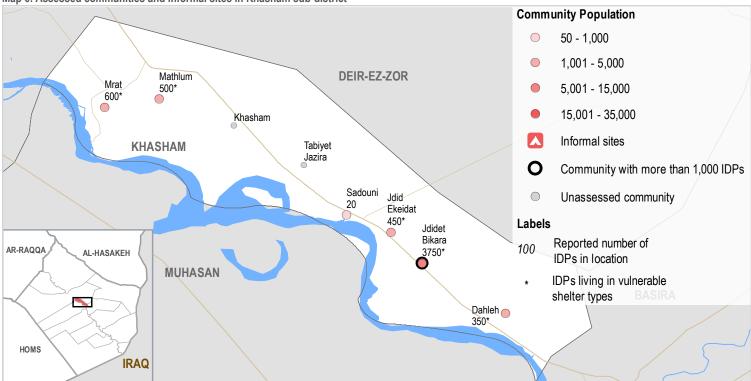
First arrivals: January 2013

IDPs staying longer than 1 week: 90%

- Priority needs
- The WASH situation is poor, particularly for IDPs, who are reportedly practicing open defecation in some communities.
- Despite the presence of health facilities across the sub-district, services are reportedly limited, with medical supplies only partially accessible for most vulnerable groups. Surgery and treatment for chronic diseases are the primary health needs.
- Main type of IDP shelter: Apartment / house with or without host community members, tent, collective shelter (mosque, school, shared space), unfinished buildings, Rubb hall or mass tent
- Reported electricity access: Private generators and solar panels provide electricity for 4-6 hours per day
- Reported primary NFI needs: Sources of light, cooking fuel, batteries
- * WASH
- Primary drinking water source: Main water network and water trucking. Where functioning, the network reportedly provides 4-6 hours of water per day
- Reported water access: Everyone / nearly everyone has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines. IDPs, including those living in communities, also practice open defecation
- Main types of bathing facilities: iDPs use communal bathing areas and private bathing facilities within and outside their home
- **†** Healthcare
- Healthcare facilities: Hospitals, general emergency clinics, private clinics, informal emergency care points and mobile clinics are present and visits to private homes of doctors / nurses are common. Pharmacies and stores selling medical supplies are also widespread
- Healthcare providers: Private providers, local authorities, NGOs
- Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women partially accessible, supplies for chronic diseases partially accessible, disability equipment partially accessible, supplies for injured / war-wounded partially accessible
- Reported primary health needs: Surgery, treatment for chronic disease (diabetes, blood pressure, heart problems, kidney problems)
- Food security
- Main food source: Purchased from markets inside the community, own production, purchased from markets outside the community
- Main sources of cooking fuel: Kerosene, purchased gas, burning wood
- Bakery functionality: Most communities have functional bakeries
- Protection
- Reported freedom of movement barriers: Transportation options available but expensive, safety / security situation, restrictions on movement
- Reported protection risks: Restrictions on movement, threat from mines or UXO, serious threat from scorpions / snakes
- **Education**
- Education facilities: Formal primary schools are accessible and present in most communities
- Reported barriers to education: Schools lack trained teachers, customs / tradition, education not considered important

KHASHAM SUB-DISTRICT

Map 6: Assessed communities and informal sites in Khasham sub-district



Overview

Assessed communities: 6 / 8 Assessed informal sites: 0

Khasham sits on the eastern bank of the Euphrates river, and has been heavily contested by the SDF and GoS since the removal of ISIL from the area, with each force controlling portions of the sub-district.³ The number of residents has increased by around 2,000 since the April 2018 assessment. Poor humanitarian access limits support for those living here.

Estimated population:

22,800 individuals in total

5,700 IDPs

17,100 host community members

75% of host community members are

returnees

IDPs

Population breakdown:

48% male and 52% female

44% children (under 18)

39% adults (18 - 59)

17% elderly (60+)

Primary area(s) of origin: Deir-ez-Zor,

Khasham sub-districts

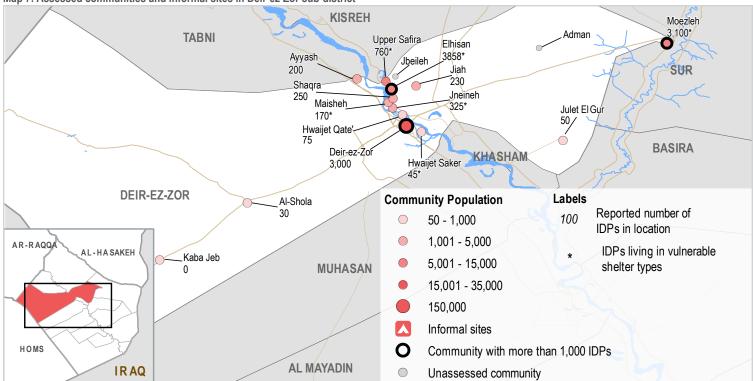
First arrivals: December 2013

IDPs staying longer than 1 week: 99%

- Priority needs
 Fear of airstrikes remain a primary safety concern, as in the April 2018 assessment.
 - Although formal health facilities are now operational in some assessed communities, healthcare remains a priority need. Medical supplies are reportedly severely lacking, particularly for people with disabilities and injuries / conflict wounds.
- **Shelter / NFIs**
- Main type of IDP shelter: Apartment / house with or without host community members, tent, unfinished buildings, collective shelter (mosque, school, shared space)
- Reported electricity access: Private generators and solar panels provide electricity for 4-6 hours per day
- Reported primary NFI needs: Sources of light, cooking fuel, batteries
- * WASH
- Primary drinking water source: Main water network and water trucking. Where functioning, the network reportedly provides 4-6 hours of water per day
- Reported water access: Everyone / nearly everyone has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines. IDPs, including those living in communities, also practice open defecation
- Main types of bathing facilities: IDPs use private bathing facilities within their home and communal bathing areas
- **Healthcare**
- Healthcare facilities: Private clinics are present and visits to private homes of doctors / nurses are common. Pharmacies and stores selling medical supplies are also widespread. Households can also access hospitals within Abu Kamal and Basira sub-districts
- Healthcare providers: Private providers
- Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women accessible, supplies for chronic diseases partially accessible, disability equipment only accessible in Mathlum town, supplies for injured / war-wounded inaccessible
- Reported primary health needs: First aid / emergency care (accident and injuries), antibiotics, treatment for chronic disease (diabetes, blood pressure, heart problems, kidney problems)
- Food security
- Main food source: Purchased from markets inside the community, own production, purchased from markets outside the community
- Main sources of cooking fuel: Kerosene, purchased gas, burning wood
- Bakery functionality: Some communities have functional bakeries
- ❤ Protection
- Reported freedom of movement barriers: Insufficient transportation, transportation options available but expensive, safety / security situation, restrictions on movement
- Reported protection risks: Threat from airstrikes, restrictions on movement, confiscation of documents, serious threat from scorpions / snakes
- ☐ Education
- Education facilities: Formal primary schools are accessible and present in most communities
- Reported barriers to education: Schools in poor condition, children have to work, customs / tradition

DEIR-EZ-ZOR SUB-DISTRICT

Map 7: Assessed communities and informal sites in Deir-ez-Zor sub-district



Overview

Assessed communities: 14 / 16 Assessed informal sites: 1

Deir-ez-Zor sub-district is split between GoS and SDF control, on either side of the Euphrates river.³ The largest proportion of residents of the governorate reside in this sub-district, predominantly in the city of Deir-ez-Zor. It hosts relatively few IDPs given its size, although the number of IDPs has increased by around 3,000 since the April 2018 assessment. To date some humanitarian assistance has been able to reach the city, reportedly from government-controlled areas to the west.

Estimated population:

- 190,400 individuals in total
- 13.800 IDPs
- 176,600 host community members
- **84%** of host community members are returnees

IDPs

Population breakdown:

- 45% male and 55% female
- 47% children (under 18)
- **40%** adults (18 59)
- **13%** elderly (60+)

Primary area(s) of origin: Deir-ez-Zor, Khasham, Susat sub-districts

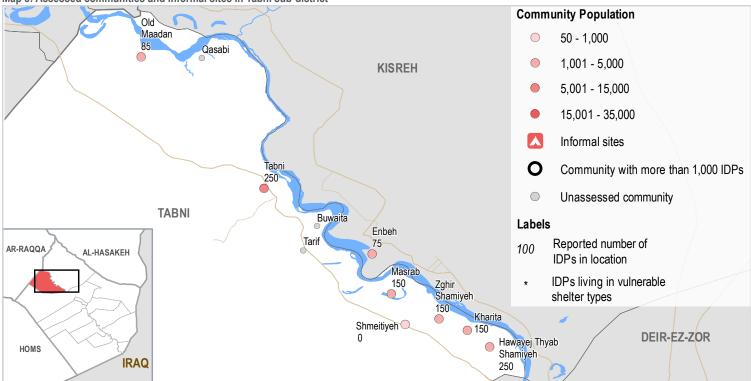
First arrivals: June 2012

IDPs staying longer than 1 week: 95%

- Priority needs
- Electricity for households is limited. In all communities except Deir-ez-Zor city, households only access electricity through private generators, typically for less than 6 hours per day.
- The quality of drinking water available throughout the sub-district is poor. Kls in all locations indicated the water has a bad taste, and in the vast majority of communities and informal sites it is discoloured.
- Main type of IDP shelter: Apartment / house with or without host community members, tent, collective shelter (mosque, school, shared space), Rubb hall or mass tent, unfinished building
- Reported electricity access: Main network and private generators provide electricity for 4-6 hours per day
- Reported primary NFI needs: Cooking fuel, sources of light, batteries
- WASH
- Primary drinking water source: Main water network, river / natural source, water trucking. Where functioning, the network reportedly provides 4-6 hours of water per day
- Reported water access: Everyone / nearly everyone has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines. IDPs, including those living in communities, also practice open defecation
- Main types of bathing facilities: iDPs use communal bathing areas and private bathing facilities within and outside their home
- ***** Healthcare
- Healthcare facilities: Hospitals, general emergency clinics, private clinics and mobile clinics are present and visits to private homes of doctors / nurses are common. Pharmacies and stores selling medical supplies are also widespread. Households can also access hospitals within Basira and Kisreh sub-districts
- · Healthcare providers: Private providers, NGOs
- Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women mostly accessible, supplies for chronic diseases partially accessible, disability equipment inaccessible, supplies for injured / war-wounded partially accessible
- Reported primary health needs: First aid / emergency care (accident and injuries), treatment for chronic disease (diabetes, blood pressure, heart problems, kidney problems)
- Food security
- Main food source: Purchased from markets inside the community, own production, purchased from markets outside the community
- Main sources of cooking fuel: Kerosene, purchased gas, burning wood
- Bakery functionality: Most communities have functional bakeries
- ❤ Protection
- Reported freedom of movement barriers: Transportation options available but expensive, safety / security situation
- Reported protection risks: Confiscation of documents, restrictions on movement, threat of mines and UXO
- **Education**
- Education facilities: Formal primary schools are accessible and present in most communities and informal sites, and intermediary and secondary education facilities present in a small number of communities
- Reported barriers to education: No education available for students of a certain age, schools not in good condition, schools lack trained teachers

TABNI SUB-DISTRICT

Map 8: Assessed communities and informal sites in Tabni sub-district



Overview

Assessed communities: 8 / 11 Assessed informal sites: 0

Tabni, as with other sub-districts west of the Euphrates river, is under GoS control.³ It hosts a relatively small number of IDPs compared to areas to the east of the Euphrates river. Most of these IDPs have come from other GoS-controlled areas that are further south and closer to areas of active conflict. Communities are spread along the river, with the majority of the host community and IDP population residing in Tabni community.

Estimated population:

21,100 individuals in total

1.100 IDPs

20,000 host community members

82% of host community members are

returnees

IDPs

Population breakdown:

49% male and 51% female

44% children (under 18)

35% adults (18 - 59)

21% elderly (60+)

Primary area(s) of origin: Abu Kamal, Jalaa sub-districts

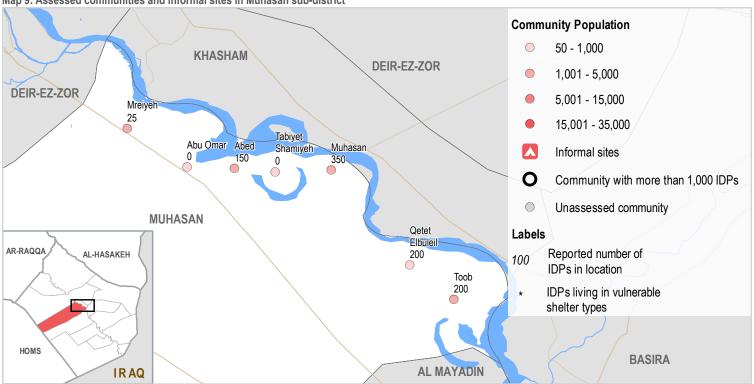
First arrivals: November 2012

IDPs staying longer than 1 week: 100%

- Priority needs
- The availability of electricity is reportedly poor, with residents receiving only 2-4 hours per day, primarily from private generators.
- Comprehensive healthcare services reportedly remain challenging to access, as in April 2018. While private clinics are available, the only accessible hospital is in the neighbouring Deir-ez-Zor sub-district. Medical supplies are inaccessible for people with disabilities, and those who are injured or war wounded.
- Main type of IDP shelter: Apartment / house with or without host community members
- Reported electricity access: Private generators provide electricity for 2-4 hours per day
- · Reported primary NFI needs: sources of light, batteries, heating fuel
- WASH
- Primary drinking water source: Main water network. The network reportedly provides 4-6 hours of water per day
- Reported water access: Everyone / nearly everyone has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines
- Main types of bathing facilities: IDPs use private bathing facilities within their home
- Healthcare
- Healthcare facilities: Private clinics are present and visits to private homes of doctors / nurses are common. Pharmacies and stores selling medical supplies are also widespread. Households can also access hospitals and private clinics within Deirez-Zor sub-district
- Healthcare providers: Private providers
- Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women mostly accessible, supplies for chronic diseases partially accessible, disability equipment inaccessible, supplies for injured / war-wounded inaccessible
- Reported primary health needs: First aid / emergency care (accident and injuries), surgery, assistive devices (wheelchairs, prosthetics)
- Food security
- Main food source: Purchased from markets inside the community, own production, purchased from markets outside the community
- · Main sources of cooking fuel: Kerosene, burning animal manure / wood
- Bakery functionality: Bakeries only functional in Tabni and Shmeitiyeh towns
- Protection
- Reported freedom of movement barriers: Transportation options available but expensive, safety / security situation, insufficient transportation
- Reported protection risks: Restrictions on movement, confiscation of documents, threat from airstrikes, serious threat from scorpions / snakes
- **Education**
- Education facilities: Formal primary schools are present and accessible in all communities, with formal intermediary facilities in most communities
- Reported barriers to education: No education available for students of a certain age, customs / tradition, children have to work

MUHASAN SUB-DISTRICT

Map 9: Assessed communities and informal sites in Muhasan sub-district



Overview

Assessed communities: 7 / 7 Assessed informal sites: 0

Muhasan sub-district is located within GoS-held territory and is away from active conflict lines towards the east and south.³ This area is sparsely populated, and the small number of IDPs are mostly living in the host community, most of whom are from Deir-ez-Zor and Khasham. Its relatively small population and distance from major urban centres means residents have limited access to services and humanitarian assistance.

Estimated population:

11,500 individuals in total

900 IDPs

10,600 host community members

71% of host community members are returnees

IDPs

Population breakdown:

48% male and 52% female

46% children (under 18)

37% adults (18 - 59)

17% elderly (60+)

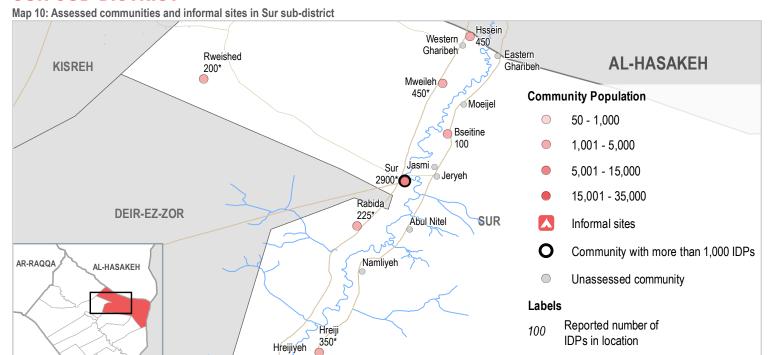
Primary area(s) of origin: Abu Kamal, Deirez-Zor, Muhasan sub-districts

First arrivals: June 2012

IDPs staying longer than 1 week: 96%

- Priority needs
- The availability of electricity is reportedly poor, with residents receiving only 2-4 hours per day, primarily from private generators.
- Households face difficulties with movement, due to the availability and affordability of transportation options as well as restrictions on movement.
- Shelter / NFIs
- Main type of IDP shelter: Apartment / house with or without host community members
- Reported electricity access: Private generators provide electricity for 2-4 hours per day
- Reported primary NFI needs: Heating fuel, sources of light, batteries, cooking fuel, bedding items
- * WASH
- Primary drinking water source: Main water network and water trucking. Where functioning, the network reportedly provides 4-6 hours of water per day
- Reported water access: Everyone / nearly everyone has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines
- · Main types of bathing facilities: IDPs use private bathing facilities within their home
- **Healthcare**
- Healthcare facilities: Private clinics are present and visits to private homes of doctors / nurses are common. Pharmacies and stores selling medical supplies are also widespread. Households can also access hospitals and private clinics within Deirez-Zor sub-district
- Healthcare providers: Private providers
- Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women partially accessible, supplies for chronic diseases partially accessible, disability equipment inaccessible, supplies for injured / war-wounded inaccessible
- Reported primary health needs: First aid / emergency care (accident and injuries), surgery
- Food security
- Main food source: Purchased from markets inside the community, own production, purchased from markets outside the community
- Main sources of cooking fuel: Kerosene, purchased gas, burning wood
- · Bakery functionality: Most communities have functional bakeries
- Protection
- Reported freedom of movement barriers: Safety / security situation, restrictions on movement, insufficient transportation, transportation options available but expensive
- Reported protection risks: Confiscation of documents, restrictions on movement
- ☐ Education
- Education facilities: Formal primary schools are present and accessible in all communities, with formal intermediary and secondary facilities in a small number of communities.
- Reported barriers to education: Schools in poor condition, children have to work, schools lack trained teachers, no education available for students of a certain age

SUR SUB-DISTRICT



BASIRA

Overview

HOMS

Assessed communities: 8 / 15 Assessed informal sites: 0

Communities in Sur sub-district are in SDF-controlled areas and are largely clustered along the Kharbour river.³ Civilians are susceptible to harm from direct conflict between SDF and ISIL in the sub-district and vulnerable to related violence. IDPs fleeing areas within the sub-district, elsewhere in Deir-ez-Zor governorate, and in Hasakeh governorate have sought shelter in host communities in Sur sub-district.

IRAQ

Estimated population:

25,600 individuals in total

4,700 IDPs

20,900 host community members

37% of host community members are returnees

IDPs

Population breakdown:

41% male and 59% female

43% children (under 18)

42% adults (18 - 59)

15% elderly (60+)

Primary area(s) of origin: Deir-ez-Zor, Hajin,

Jalaa, Šusat sub-districts First arrivals: June 2013

IDPs staying longer than 1 week: 87%

Sectoral needs

- Priority needs
- Trucked water is the only reported drinking water source. Although access to water is reportedly sufficient for the population, the quality of water is poor, with reports of individuals falling sick after consumption.

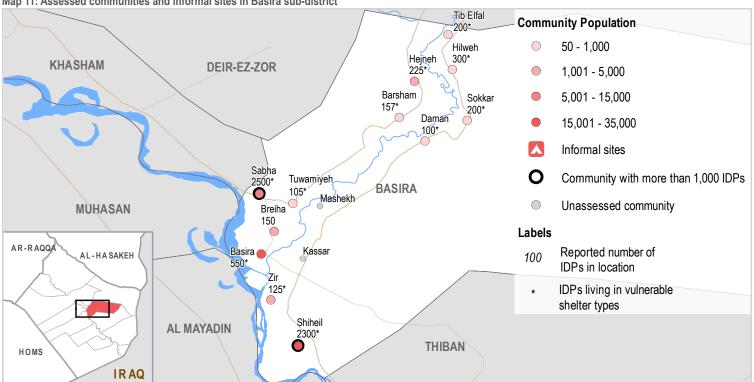
IDPs living in vulnerable

shelter types

- Access to health services is limited due to a lack of formal health facilities in the sub-district. Medical supplies for vulnerable groups are also reportedly insufficient.
- Main type of IDP shelter: Apartment / house with or without host community members, tent, unfinished buildings, collective shelter (mosque, school, shared space), Rubb hall or mass tent, none (sleeping in open air)
- Reported electricity access: Private and communal generators provide electricity for 4-8 hours per day
- Reported primary NFI needs: cooking fuel, batteries, heating fuel
- WASH
- · Primary drinking water source: Water trucking
- Reported water access: Everyone / nearly everyone has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines
- Main types of bathing facilities: IDPs use private bathing facilities within their home and communal bathing areas
- ***** Healthcare
- Healthcare facilities: Private and mobile clinics are present and visits to private homes of doctors / nurses are common. Pharmacies are also widespread. Households can also access hospitals and general emergency clinics within Abu Kamal and Kisreh sub-districts
- Healthcare providers: Private providers
- Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women partially accessible, supplies for chronic diseases partially accessible, disability equipment inaccessible, supplies for injured / war-wounded inaccessible
- Reported primary health needs: First aid / emergency care (accident and injuries), surgery, skilled care during childbirth, treatment for chronic disease (diabetes, blood pressure, heart problems, kidney problems)
- Food security
- Main food source: Purchased from markets inside the community, own production, purchased from markets outside the community
- Main sources of cooking fuel: Kerosene, purchased gas, burning animal manure
- Bakery functionality: Most communities have functional bakeries
- ❤ Protection
- Reported freedom of movement barriers: Transportation options available but expensive
- Reported protection risks: Serious threat from scorpions / snakes, threat from airstrikes
- Education
- Education facilities: Formal primary schools are present and accessible in most communities, with formal intermediary and secondary facilities in a small number of communities
- Reported barriers to education: Schools in poor condition, lack trained teachers, no education available for students of a certain age, customs / tradition

BASIRA SUB-DISTRICT

Map 11: Assessed communities and informal sites in Basira sub-district



Overview

Assessed communities: 12 / 14 Assessed informal sites: 0

Communities in Basira sub-district sit along the Khabour and Euphrates rivers, in an area primarily controlled by the SDF. It remains proximal to ongoing clashes in the north between GoS and SDF forces, and also to the south in ongoing conflict between SDF and ISIL.³ Since April 2018, the number of IDPs in the sub-district has fallen by around 5,000 as people have returned to other areas. Road access from Shadadeh has allowed humanitarian access into this area in recent months.

Estimated population:

58,700 individuals in total

6.900 IDPs

51,800 host community members

81% of host community members are returnees

IDPs

Population breakdown:

40% male and 60% female

49% children (under 18)

40% adults (18 - 59)

10% elderly (60+)

Primary area(s) of origin: Basira, Hajin, Jalaa, Khasham, Susat sub-districts

First arrivals: January 2017

IDPs staying longer than 1 week: 91%

- Priority needs
- The quality of drinking water available throughout the sub-district is poor. Kls in half
 of assessed communities noted people have fallen ill after consuming the available drinking
 water. Water is reportedly discoloured and has a bad taste in most of these locations.
- Both basic health support and specialized supplies are needed in most communities.
 First aid, emergency assistance and diarrhea treatment are key needs in the sub-district, while supplies for those with disabilities or chronic diseases are not available in any communities.
- Main type of IDP shelter: Apartment / house with or without host community members, collective shelter (mosque, school, shared space), tent, unfinished buildings, sleeping in open air
- Reported electricity access: Private and communal generators provide electricity for 4-6 hours per day
- Reported primary NFI needs: bedding items (sheets, pillows), mattresses/sleeping mats, water containers, sources of light
- * WASH
- Primary drinking water source: Main water network and water trucking. Where functioning, the network reportedly provides 4-6 hours of water per day
- Reported water access: More than half the population has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines. IDPs, including those living in communities, also practice open defecation.
- Main types of bathing facilities: IDPs use private bathing facilities within their home
- Healthcare
- Healthcare facilities: Hospitals, general emergency clinics, and private clinics are
 present and visits to private homes of doctors / nurses are common. Pharmacies and
 stores selling medical supplies are also widespread. Households can also access
 hospitals and general emergency clinics within Abu Kamal, Al-Mayadin and Deir-ezZor sub-districts
- Healthcare providers: Private providers, local authorities, NGOs
- Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women partially accessible, supplies for chronic diseases partially accessible, disability equipment inaccessible, supplies for injured / war-wounded partially accessible
- · Reported primary health needs: Skilled care during childbirth
- Food security
- Main food source: Own production, purchased from markets inside the community, purchased from markets outside the community, mobile markets
- · Main sources of cooking fuel: Kerosene, purchased gas, burning wood
- · Bakery functionality: Some communities have functional bakeries
- Protection
- Reported freedom of movement barriers: Transportation options available but expensive
 Penetted protection risks: Serious threat from scorpions / snakes threat from spinors /
- Reported protection risks: Serious threat from scorpions / snakes, threat from snipers / gunfire, threat from armed groups
- **Education**
- Education facilities: Formal primary schools are accessible and present in most communities
- Reported barriers to education: Schools lack trained teachers, no education available for students of a certain age, no space in school/unable to register, children have to work

AL MAYADIN SUB-DISTRICT

Map 12: Assessed communities and informal sites in Al Mayadin sub-district



Overview

Assessed communities: 8 / 8 Assessed informal sites: 0

Al Mayadin sub-district is under GoS control and hosts relatively few IDPs in comparison to areas east of the Euphrates river. Services are generally available throughout the sub-district, including accessible formal primary schools in most communities, and the main water network is functional in all communities. However, freedom of movement is limited and protection concerns persist.

Estimated population:

16.845 individuals in total

745 IDPs

16,100 host community members

53% of host community members are returnees

IDPs

Population breakdown:

50% male and 50% female

45% children (under 18)

35% adults (18 - 59)

20% elderly (60+)

Primary area(s) of origin: Deir-ez-Zor, Hajin, Jalaa sub-districts

First arrivals: July 2012

IDPs staying longer than 1 week: 51%

octoral moor	
Priority needs	 Households have limited electricity. Residents of all communities reportedly use private generators as their main source of electricity and require additional power from batteries. Households in all communities are also in need of sources of light.
會 Shelter / NFIs	 Main type of IDP shelter: Apartment / house with or without host community members Reported electricity access: Private generators provide electricity for 2-4 hours per day Reported primary NFI needs: Sources of light, batteries, disposable diapers, clothing
** WASH	 Primary drinking water source: Main water network. The network reportedly provides 2-6 hours of water per day Reported water access: Everyone / nearly everyone has enough water for their needs Main types of latrines: IDPs use private and communal latrines Main types of bathing facilities: IDPs use private bathing facilities within their home
* Healthcare	 Healthcare facilities: Hospitals and private clinics are present and visits to private homes of doctors / nurses are common. Pharmacies and stores selling medical supplies are also widespread. Households can also access hospitals within Abu Kamal and Deir-ez-Zor sub-districts Healthcare providers: Private providers Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women accessible, supplies for chronic diseases mostly accessible, disability equipment inaccessible, supplies for injured / war-wounded inaccessible Reported primary health needs: First aid / emergency care (accident and injuries), surgery, assistive devices (wheelchairs, prosthetics)
> Food security	 Main food source: Purchased from markets inside the community, own production, purchased from markets outside the community Main sources of cooking fuel: Kerosene, purchased gas, burning wood Bakery functionality: Some communities have functional bakeries
♥ Protection	 Reported freedom of movement barriers: Insufficient transportation, transportation options available but expensive, restrictions on movement Reported protection risks: Serious threat from scorpions / snakes, confiscation of documents, restrictions on movement
Ⅲ Education	 Education facilities: Formal primary and intermediate schools are accessible and present in most communities, with formal secondary schools only present in Al-Mayadin town Reported barriers to education: Children have to work, customs / tradition (early marriage, gender etc.), newly arrived to the community

ASHARA SUB-DISTRICT

Map 13: Assessed communities and informal sites in Ashara sub-district



Overview

Assessed communities: 7 / 7 Assessed informal sites: 0

Ashara sub-district remains under GoS control and is situated along a front line with the SDF.3 Although conflict in this area is occurring less frequently than in sub-districts at other points along the Euphrates river, numerous conflict-related protection issues persist, including threats from airstrikes and improvised explosive devices (IEDs). While services such as education and healthcare facilities are functional, KIs reported residents in most communities were not typically acquiring water or electricity from main networks in the two weeks prior to data collection. Few IDPs are seeking shelter in the sub-district.

Estimated population:

12.280 individuals in total

11.750 host community members

51% of host community members are returnees

IDPs

Population breakdown:

54% male and 46% female

47% children (under 18)

38% adults (18 - 59)

15% elderly (60+)

Primary area(s) of origin: Ashara, Al-Mayadin,

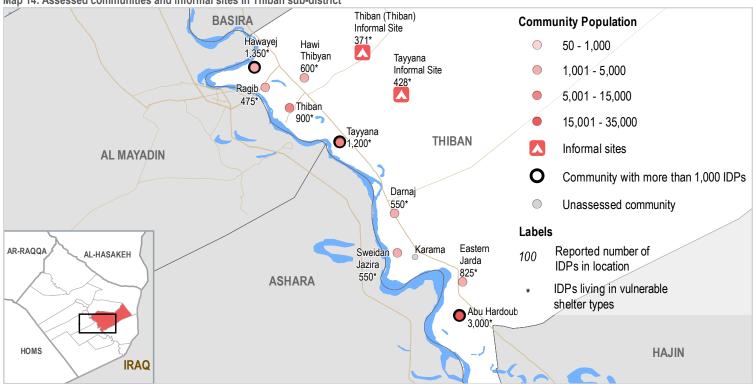
Jalaa sub-districts

First arrivals: December 2012 IDPs staying longer than 1 week: 75%

- Households have limited electricity. Residents of all communities reportedly use Priority needs private generators as their main source of electricity and require additional power from batteries. Households also require heating fuel in all communities.
- Shelter / NFIs • Main type of IDP shelter: Apartment / house with or without host community members
 - Reported electricity access: Private generators provide electricity for 2-4 hours per day
 - Reported primary NFI needs: Sources of light, heating fuel, bedding items
- WASH Primary drinking water source: Main water network and water trucking. Where functioning, the network reportedly provides 2-4 hours of water per day
 - Reported water access: Everyone / nearly everyone has enough water for their needs
 - Main types of latrines: IDPs use private and communal latrines
 - Main types of bathing facilities: IDPs use private bathing facilities within their home
- Healthcare facilities: General emergency and private clinics are present and visits to Healthcare private homes of doctors / nurses are common. Pharmacies and stores selling medical supplies are also widespread. Households can also access hospitals and private clinics within Kisreh and Sur sub-districts
 - Healthcare providers: Private providers
 - Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women partially accessible, supplies for chronic diseases mostly accessible, disability equipment inaccessible, supplies for injured / war-wounded inaccessible
 - Reported primary health needs: First aid / emergency care (accident and injuries), surgery, treatment for chronic disease (diabetes, blood pressure, heart problems, kidney problems)
- Main food source: Purchased from markets inside the community, purchased from Food security markets outside the community, own production
 - Main sources of cooking fuel: Kerosene, purchased gas, burning wood
 - Bakery functionality: Most communities have functional bakeries
- Reported freedom of movement barriers: Transportation options available **₩** Protection but expensive, safety / security situation, restrictions on movement, insufficient transportation
 - Reported protection risks: Confiscation of documents, threat from airstrikes, threat from IEDs, serious threat from scorpions / snakes
- Education facilities: Formal primary schools are accessible and present in all **Education** communities and intermediary schools accessible in most communities
 - Reported barriers to education: Customs / tradition, schools in poor condition, children have to work, no education available for students of a certain age

THIBAN SUB-DISTRICT

Map 14: Assessed communities and informal sites in Thiban sub-district



Overview

Assessed communities: 9 / 10 Assessed informal sites: 2

Thiban sub-district is mostly under SDF control and hosts a large number of IDPs who have reportedly fled sub-districts further south where ISIL maintains control or active conflict continues. These IDPs are primarily sheltering in host communities, though two informal sites also host displaced households. Services and infrastructure are limited in the sub-district and are insufficient to meet civilian needs, and households remain vulnerable to conflict-related protection issues.

Estimated population:

53,498 individuals in total

10.248 IDPs

43,250 host community members

82% of host community members are returnees

IDPs

Population breakdown:

41% male and 59% female

47% children (under 18)

42% adults (18 - 59)

11% elderly (60+)

Primary area(s) of origin: Abu Kamal, Ashara, Hajin, Jalaa, Susat sub-districts

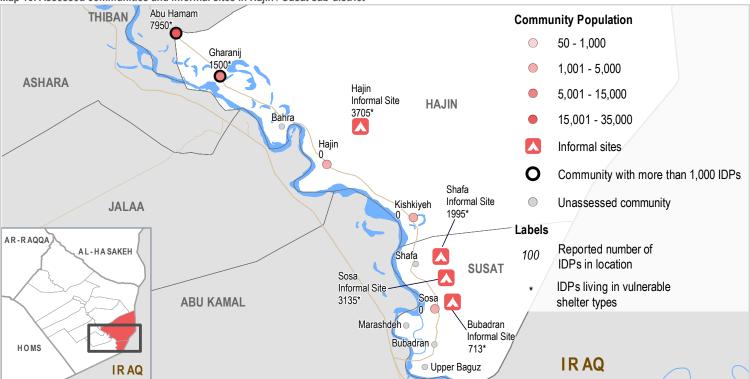
First arrivals: November 2012

IDPs staying longer than 1 week: 93%

- Priority needs
- Specialized medical supplies are not commonly accessible. Supplies for those with chronic diseases or disabilities are reportedly not accessible in any assessed communities.
- Drinking water is not sufficiently available and is of poor quality in the informal sites. Less than half of IDPs in each site had enough water to meet needs, and this water reportedly sickened residents.
- Main type of IDP shelter: Apartment / house with or without host community members, tent, unfinished buildings, collective shelter (mosque, school, shared space)
- Reported electricity access: Private and communal generators, car batteries provide electricity for 4-6 hours per day
- Reported primary NFI needs: Bedding items (sheets, pillows), water containers, sources of light
- * WASH
- Primary drinking water source: Main water network and water trucking. Where functioning, the network reportedly provides 2-6 hours of water per day
- Reported water access: About half of the population has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines. IDPs, including those living in communities, also practice open defecation
- Main types of bathing facilities: IDPs use communal bathing areas and private bathing facilities within and outside their homes
- **Healthcare**
- Healthcare facilities: Hospitals, general emergency clinics, and private clinics are
 present and visits to private homes of doctors / nurses are common. Pharmacies and
 stores selling medical supplies are also widespread. Households can also access
 hospitals within Basira sub-district
- Healthcare providers: Private providers, local authorities, NGOs
- Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women are accessible in Thiban town, supplies for chronic diseases partially accessible, disability equipment inaccessible, supplies for injured / war-wounded partially accessible
- Reported primary health needs: Surgery, skilled care during childbirth, treatment for chronic disease (diabetes, blood pressure, heart problems, kidney problems)
- Food security
- Main food source: Own production, purchased from markets inside the community, purchased from markets outside the community
- Main sources of cooking fuel: Kerosene, burning wood, municipal gas
- Bakery functionality: Most communities have functional bakeries
- Protection
- Reported freedom of movement barriers: Transportation options available but expensive, insufficient transportation
- Reported protection risks: Threat from armed groups, disputes between residents
- **☐** Education
- Education facilities: Formal primary schools are present and accessible in all communities
- Reported barriers to education: No education available for students of a certain age, schools lack trained teachers, children have to work

HAJIN / SUSAT SUB-DISTRICT

Map 15: Assessed communities and informal sites in Hajin / Susat sub-district



Overview

Assessed communities: 5 / 10 Assessed informal sites: 4

As the GoS-controlled Abu Kamal sub-district borders areas held by ISIL, insecurity continues to threaten households' safety.³ Despite these risks, key infrastructure and facilities are functional. The main water network is operational and reportedly provides a sufficient quantity of water in most communities. Additionally, a hospital is reportedly present and accessible in the sub-district and serves civilians from other locations, including communities in Ashara and Al-Mayadin sub-district. Nearly 6,000 more individuals are residing in the three assessed communities than was the case during the April 2018 assessment, an increase that also includes nearly 1,000 additional IDPs.

Estimated population:

62.148 individuals in total

18,998 IDPs

43,150 host community members

72% of host community members are returnees

IDPs

Population breakdown:

38% male and 62% female

47% children (under 18)

38% adults (18 - 59)

15% elderly (60+)

Primary area(s) of origin: Al-Mayadin, Hajin

sub-districts

First arrivals: January 2018

IDPs staying longer than 1 week: 98%

Sectoral needs

	Priority	needs
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- Households in the four informal sites face particularly acute challenges. Diarrhea
 treatment was reported as a key health need in each location, while all assessed core food
 items are reportedly unaffordable for households in these sites.
- Schools are present only in Gharanij and Abu Hamam towns, leaving households in other areas of Haiin sub-district and in Susat sub-district without education opportunities.

- Main type of IDP shelter: Apartment / house with or without host community members, collective shelter (mosque, school, shared space), tent, Rubb hall or mass tent
- Reported electricity access: Private and communal generators provide electricity for 4-6 hours per day
- · Reported primary NFI needs: Water containers, cooking fuel, sources of light

WASH

- Primary drinking water source: Water trucking
- Reported water access: More than half the population has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines. IDPs, including those living in communities, also practice open defecation
- Main types of bathing facilities: IDPs use private bathing facilities within their home

Healthcare

- Healthcare facilities: Hospitals are present and visits to private homes of doctors / nurses are common. Pharmacies and stores selling medical supplies are widespread. Households can also access hospitals within Abu Kamal and Thiban sub-districts
- Healthcare providers: Private providers
- Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women inaccessible, supplies for chronic diseases partially accessible, disability equipment inaccessible, supplies for injured / war-wounded inaccessible
- Reported primary health needs: Antibiotics, treatment for chronic disease (diabetes, blood pressure, heart problems, kidney problems)

Food security

- Main food source: Purchased from markets inside the community, own production, food brought from place of origin
- Main sources of cooking fuel: Kerosene, purchased gas, burning wood
- Bakery functionality: Bakeries only functional in Sosa town

₩ Protection

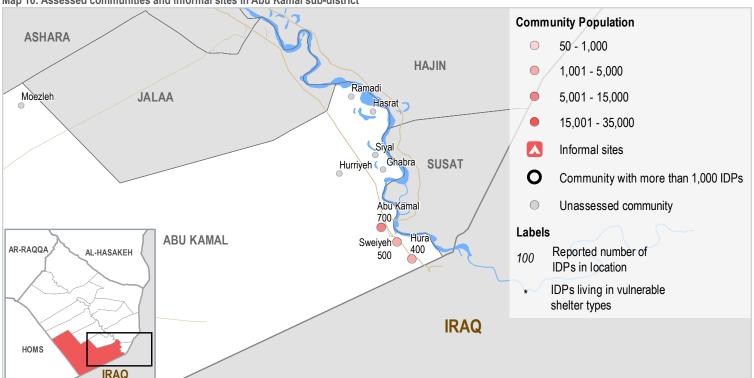
- Reported freedom of movement barriers: Restrictions on movement, safety / security situation, insufficient transportation
- Reported protection risks: Restrictions on movement, threat from airstrikes, confiscation of documents

☐ Education

- Education facilities: Formal primary schools are present and accessible in some communities in Hajin; there are no education facilities in Susat
- Reported barriers to education: Schools not in good condition, schools lack trained teachers, no space in school/unable to register, no education available for students of a certain age

ABU KAMAL SUB-DISTRICT

Map 16: Assessed communities and informal sites in Abu Kamal sub-district



Overview

Assessed communities: 3 / 9 Assessed informal sites: 0

As the GoS-controlled Abu Kamal sub-district borders areas held by ISIL, insecurity continues to threaten households' safety.³ Despite these risks, key infrastructure and facilities are functional. The main water network is operational and reportedly provides a sufficient quantity of water in most communities. Additionally, a hospital is reportedly present and accessible in the sub-district and serves civilians from other locations, including communities in Ashara and Al-Mayadin sub-district. Nearly 6,000 more individuals are residing in the governorate than was the case during the April 2018 assessment, an increase that also includes nearly 1,000 additional IDPs.

Estimated population:

15.400 individuals in total

1,600 IDPs

13,800 host community members

60% of host community members are returnees

IDPs

Population breakdown:

58% male and 42% female

46% children (under 18)

35% adults (18 - 59)

19% elderly (60+)

Primary area(s) of origin: Abu Kamal, Jalaa sub-district

Sub-district

First arrivals: June 2012

IDPs staying longer than 1 week: 90%

Sectoral needs

Sectoral liee	Sectoral needs		
→ Priority needs	 The quality of water available to households is poor in all communities, although the quantity available to civilians is sufficient. Kls indicated the water provided through the main network tastes and smells bad. In Abu Kamal town, the water has reportedly sickened those who consumed it. 		
Shelter / NFIs	 Main type of IDP shelter: Apartment / house with or without host community members Reported electricity access: Private generators provide electricity for 2-8 hours per day Reported primary NFI needs: Sources of light, batteries, heating fuel, disposable diapers 		
** WASH	 Primary drinking water source: Main water network. The network reportedly provides 4-6 hours of water per day Reported water access: Everyone / nearly everyone has enough water for their needs Main types of latrines: IDPs use private and communal latrines Main types of bathing facilities: IDPs use private bathing facilities within their home 		
* Healthcare	 Healthcare facilities: Hospitals and private clinics are present and visits to private homes of doctors / nurses are common. Pharmacies and stores selling medical supplies are also widespread Medical supplies for vulnerable groups: Supplies for pregnant / breastfeeding women accessible, supplies for chronic diseases inaccessible, disability equipment only accessible in Hura town, supplies for injured / war-wounded partially accessible Reported primary health needs: Psychiatric care, rehabilitation (recovery programmes for those who have recently experienced injuries, especially to muscles or limbs), assistive devices (wheelchairs, prosthetics) 		
➢ Food security	 Main food source: Purchased from markets inside the community, own production, purchased from markets outside the community Main sources of cooking fuel: Kerosene, burning animal manure Bakery functionality: Bakeries only functional in Abu Kamal town 		
♥ Protection	 Reported freedom of movement barriers: Safety / security situation, restrictions or movement, transportation options available but insufficient Reported protection risks: Serious threat from scorpions / snakes, confiscation or documents, threat from airstrikes 		
Education	Education facilities: Formal nursery schools and primary schools are accessible and present in all communities, with intermediate and secondary education present in Abu		

customs / tradition (early marriage, gender etc)

Reported barriers to education: Schools in poor condition, children have to work,