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

Syria, April 2018



## **⅓**→ Background

Since mid-2017, ongoing conflict has led to displacement from and within Deirez-Zor governorate, totalling an estimated 230,000 persons from July to mid-December.¹ The recent de-escalation of conflict in parts of the governorate has allowed limited humanitarian access for the first time since 2014. However, there are still significant access and security limitations, and actors face substantial information gaps in terms of the location and priority needs of non-displaced residents, returnees and internally displaced persons (IDPs), in both the host community and informal sites in Deir-ez-Zor governorate. In order to address these gaps, REACH has conducted a second assessment aiming to provide an overview of the location and humanitarian situation of these different population groups, following an initial February 2018 assessment. Assessed locations are clustered along three main transects of the Euphrates and Khabour river (see map).

## Methodology

In total, 92 locations in Deir-ez-Zor governorate were assessed between 3 and 8 April 2018 through remote Key Informant (KI) interviews, with a minimum of three KIs per assessed community 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.

## ... Overview

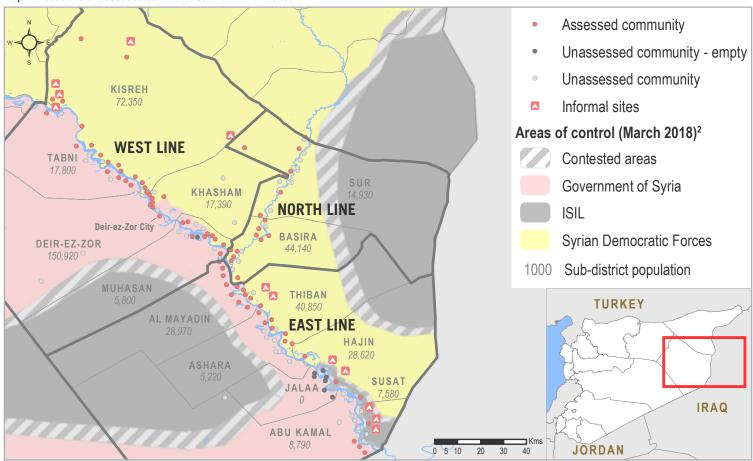
Assessed communities / total communities: 79 / 135
Assessed informal sites (tents): 12
Total estimated population in assessed communities: 513,600

- Health: The availability of health services varies greatly across the governorate. While hospitals are present in Kisreh, Basira, Deir-ez-Zor and Abu Kamal sub-districts, host community members and IDPs in many areas primarily seek health treatment through visits to doctors' / nurses' private homes. Services are particularly limited in Khasham, Muhasan, Hajin, and Susat sub-districts. Medical supplies for injured / war-wounded and disabled individuals are generally unavailable.
- WASH: Access to water is reportedly poorest in the North Line area and on the
  east side of the Euphrates in the East Line area, where the main water network
  is not functioning in most communities. Water network access is reportedly
  better on the west side of the Euphrates and in the West Line area, although
  most KIs from across the governorate reported issues with water quality.
- Education: Education services are reportedly very limited in the North Line

sub-districts and in the East Line area on the east side of the Euphrates. Formal primary schools and nurseries are reportedly accessible in nearly all communities in the West Line and in other communities on the west side of the Euphrates. Secondary and intermediary education is difficult to access across the governorate.

- Electricity: Power from the main network is reportedly only available in communities in two sub-districts (Al Mayadin and Thiban). Elsewhere, households are mostly reliant on private generators and typically have 4-6 hours of electricity per day.
- Protection: In communities on the west side of the Euphrates, the main
  protection issues are reportedly the confiscation of documents and restrictions
  on freedom of movement, while the threat from scorpions and snakes is
  prevalent along the eastern bank. KIs reported that the threat from airstrikes
  and gunfire remain a key protection concern across the governorate.
- Food security: Markets have reopened across the governorate and are reportedly functioning in the majority of communities. In addition to food purchased in markets, the main food source is own production.

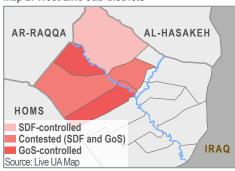
Map 1: Locations of assessed communities and informal sites



1. OCHA, "Syria Crisis: Northeast Syria - Situation Report No.20", 21 January 2018.
2. Areas of control taken from http://syria.liveuamap.com/ as of 31 March 2018. Data was not collected for communities in Jalaa sub-district because of a lack of available KIs. While the group known as the Islamic State of Iraq and the Levant (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: 37/56
Assessed informal sites: 5
Estimated population:
291,420 individuals in total
29,060 IDPs
262,360 host community members
83% of host community members are returnees

### Context

- The West Line area of Deir-ez-Zor governorate comprises the Syrian Democratic Forces (SDF)controlled Kisreh sub-district, the contested Khasham sub-district, and the primarily Government of
  Syria (GoS)-controlled sub-districts (Tabni, Deir-ez-Zor, Muhasan) west of the Euphrates river.<sup>2</sup>
- 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, particularly in GoS-controlled sub-districts.

## **Key findings**

- Kls reported freedom of movement challenges in areas on the west side of the river. There has reportedly been confiscation of documents, restrictions on movement and a lack of affordable transportation.
- Healthcare services are a priority need in the area. There are reportedly no formal health
  facilities functioning in Khasham and Muhasan, and services are severely limited in Tabni; as a
  result, households living to the west of the Euphrates must travel to Deir-ez-Zor subdistrict for health
  services, while those living to the east must travel to Kisreh. Additionally, KIs in Deir-ez-Zor subdistrict
  reported a growing number of leishmaniasis and measles cases.
- The water quality is reportedly poor across the West Line area, with widespread reports of water tasting or smelling badly and causing sickness. Kls reported that although water is generally available from the main water network, households are also relying on untreated water trucked from the Euphrates.

### **NORTH LINE**

Map 3: North Line sub-districts



Assessed communities: 16/29
Assessed informal sites: 0
Estimated population:
74,480 individuals in total
15,410 IDPs
59,070 host community members
73% of host community members are returnees

#### Context

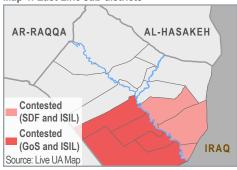
- Basira and Sur sub-districts comprise the North Line area, which extends along the Khabour river from Al-Hasakeh governorate to the Euphrates. Communities are largely clustered around both rivers and adjacent to roads running parallel to the Khabour river. While this area is primarily controlled by the SDF, the front line with the group known as Islamic State of Iraq and the Levant (ISIL) is in the desert southwest of the Khabour river.<sup>2</sup>
- IDPs from other conflict-affected areas of the governorate have fled to Basira and Sur subdistricts and comprise a significant proportion of the sub-districts' total population (more than 20%). The IDPs' areas of origin include Khasham to the north and Hajin, Susat, and Abu Kamal to the south.
- There is limited humanitarian access to this area from Shadadeh in al-Hasakeh governorate.

## **Key findings**

- Education services are severely lacking in this area. There are only a limited number of facilities
  in assessed communities in Sur sub-district, all of which provide only primary education, while there
  are reportedly no functional facilities operating in assessed communities of Basira sub-district.
- The quality of available water is poor. While residents rely on both water trucking and the main water network, water reportedly has a bad taste and smell. Trucked water is retrieved from the Khabour river and is typically untreated.
- Households have limited access to electricity. Host community residents and IDPs are generally
  relying on private generators as their main source of electricity. Access is particularly limited in Basira
  sub-district, where households only have 2-4 hours of electricity per day.

## **EAST LINE**

Map 4: East Line sub-districts



Assessed communities: 26/50
Assessed informal sites: 7
Estimated population:
147,700 individuals in total
26,670 IDPs
120,030 host community members
64% of host community members are returnees

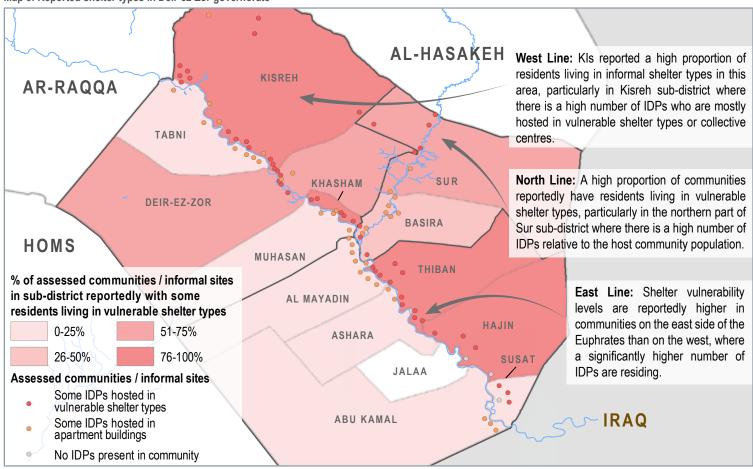
## Context

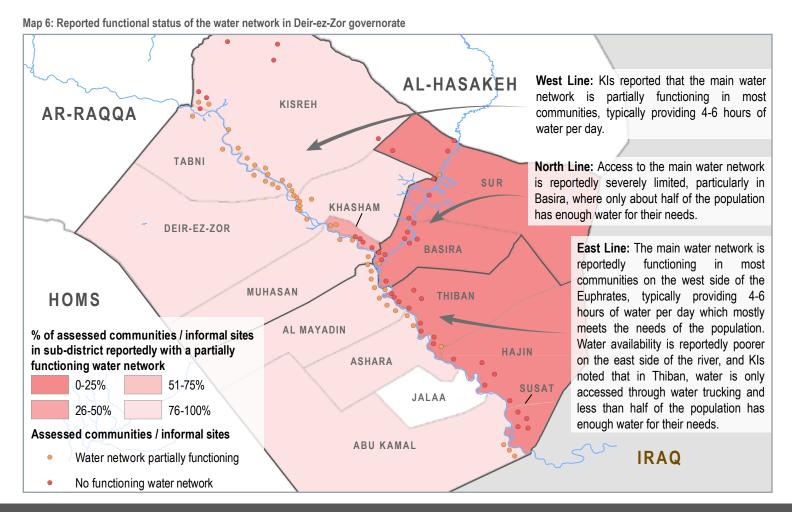
- The East Line area comprises the primarily GoS-controlled sub-districts of Al Mayadin, Ashara, Jalaa and Abu Kamal, in addition to the primarily SDF-controlled Thiban, Hajin and Susat sub-districts.<sup>2</sup>
- Active conflict persists in this area, as most populated communities within Hajin and Susat remain under ISIL control and sporadic clashes between ISIL, SDF and GoS continue all along this segment of the river.<sup>2</sup> There are high levels of displacement as a result, particularly along the western bank of the river. Seven informal sites are situated in this area, and IDPs comprise approximately 18% of the population of assessed locations in these sub-districts. Jalaa sub-district was reportedly sparsely populated at the time of data collection.

## Key findings

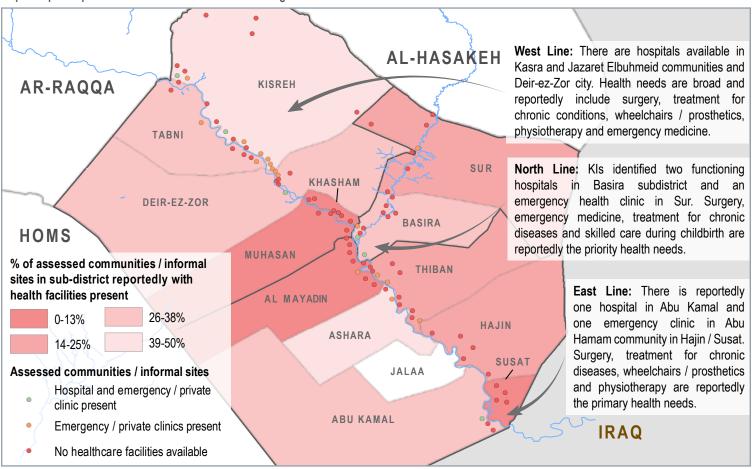
- Humanitarian conditions differ significantly between sub-districts on either side of the Euphrates river. In the GoS-controlled sub-districts of Al Mayadin, Ashara, and Abu Kamal, public infrastructure is largely functional while key facilities (such as health clinics and schools) are operational. Key needs in this area include more consistent access to electricity and improved water quality.
- In contrast, few services are available in the sub-districts along the river's eastern bank, where ISIL remains present and conflict is more frequent. Communities and informal sites reportedly rely on trucked water that is of poor quality, and education services are extremely limited.
- Households within assessed locations in these sub-districts reportedly face significant protection risks, including movement restrictions and the threat of harm from airstrikes.

Map 5: Reported shelter types in Deir-ez-Zor governorate

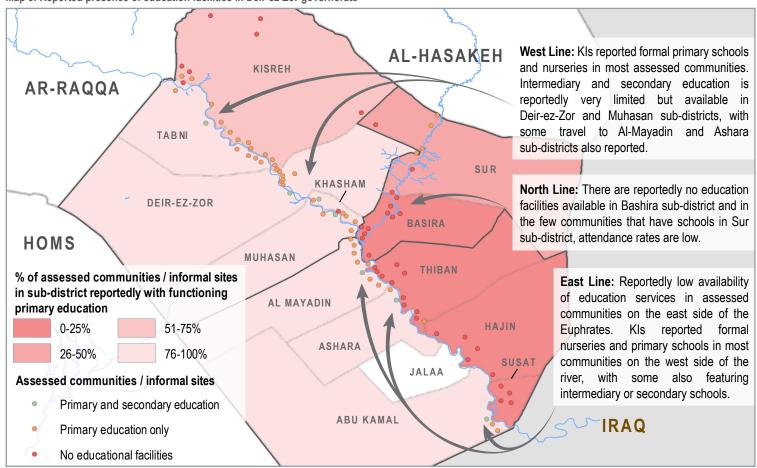




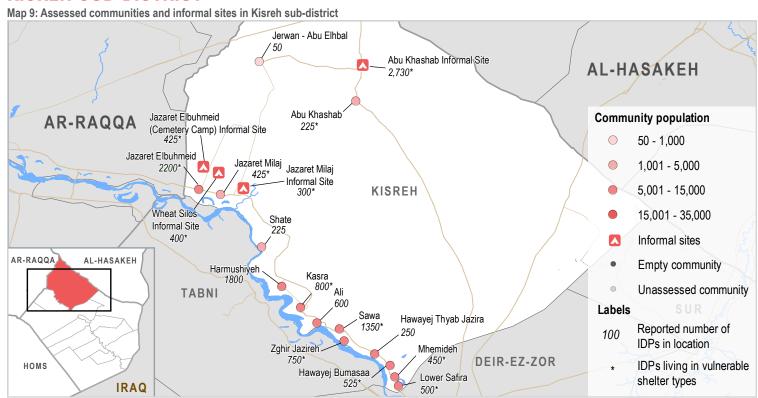
Map 7: Reported presence of health facilities in Deir-ez-Zor governorate



Map 8: Reported presence of education facilities in Deir-ez-Zor governorate



## KISREH SUB-DISTRICT



#### Overview

## Assessed communities: 14/14 Assessed informal sites: 4

The SDF have controlled Kisreh sub-district since ISIL were expelled in late 2017;<sup>2</sup> as a result the majority of households have returned to this area. Kisreh hosts the largest reported number of IDPs within the governorate, who are found within the host community, collective centres and informal sites, particularly centred around the communities of Jazaret Elbuhmeid and Jazaret Milaj. 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:**

86.090 individuals in total

13,740 IDPs

72,350 host community members

93% of host community members are returnees

#### **IDPs**

### Population breakdown:

42% male and 58% female

46% children (under 18)

40% adults (18 - 59)

14% elderly (60+)

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

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

First arrivals: January 2014

% of IDPs staying longer than 1 week: 94%

#### Sectoral needs

<b>&gt;</b>	Priority	needs
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- The WASH situation is reportedly severe for IDPs living in informal sites. A lack of latrines
  has resulted in widespread open defecation and bathing facilities are not accessible to many.
- Despite a widespread presence of primary education services, school attendance is reportedly low. Poor school conditions, an absence of teachers, occurrence of child labour and perceived lack of education's importance are key barriers.

#### 

- Main type of IDP shelter: Apartment / houses, collective centres, unfinished buildings, tents and rubb halls / mass tents
- Reported electricity access: Private generators and solar panels used in Abu Khashab informal site provide electricity for 4-6 hours per day
- Reported primary NFI needs: Light sources, cooking fuel, water containers, disposable diapers, batteries

### WASH

- Primary drinking water source: Main water network and water trucking. Where functioning, the network reportedly provides 4-6 hours of water each day
- Reported primary drinking water quality problems: Water tastes and smells bad, has a bad colour and people reportedly got sick after drinking
- Reported water access: Everyone / nearly everyone has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines. IDPs in some locations, including those living in communities, reportedly practice open defecation
- Main types of bathing facilities: IDPs use private bathing facilities within and outside their home and communal bathing facilities. Some IDPs do not have access to bathing facilities

#### **\*** Healthcare

- Healthcare facilities: Hospitals (located in Jazaret Elbuhmeid and Kasra), emergency clinics, private clinics, mobile clinics and visits to private homes of doctors / nurses are available. Pharmacies and stores selling medical supplies are reportedly widespread.
- Healthcare provider: NGOs, private providers and local authorities
- Medical supplies for vulnerable groups: Available for pregnant / breastfeeding women and chronic disease sufferers, disability equipment and supplies for injured / war-wounded are partially available
- Reported primary health needs: Surgery, skilled care during childbirth, emergency medicine, treatment for chronic diseases, physiotherapy

#### Food security

- Main food source: Households producing their own food, food purchased from markets within the community, purchased from markets outside the community
- Main sources of cooking fuel: Kerosene, purchased gas, burning animal manure, burning cardboard, burning wood, municipal gas
- Bakery functionality: Some communities have functioning bakeries

#### ❤ Protection

- Reported freedom of movement barriers: Official conditions on departure
- Reported protection risks: Confiscation of documents, movement restrictions

#### **☐** Education

- Education facilities: Formal primary schools are available in most communities, but few children are attending.
- Reported barriers to education: Schools not in a good condition, schools lack trained teachers, children have to work, education not considered important

## KHASHAM SUB-DISTRICT

Map 10: 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.2 Many residents have not returned to this area, and IDPs from within the sub-district are waiting to return to their homes. Poor humanitarian access limits support for those living here.

#### **Estimated population:**

20.780 individuals in total

**3.390** IDPs

17,390 host community members

76% of host community members are returnees

#### **IDPs**

#### Population breakdown:

46% male and 54% female

38% children (under 18)

43% adults (18 - 59)

19% elderly (60+)

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

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

First arrivals: December 2013

% of IDPs staying longer than 1 week: 98%

#### Sectoral needs

Healthcare

- No formal healthcare facilities are functioning in assessed communities. Priority needs Households rely on visiting doctors / nurses in their homes and travelling to Basira. Deir-ez-Zor and Thiban sub-districts for more formal healthcare. Fear of airstrikes is a key concern. Airstrikes have been reported within the month prior to data collection and KIs reported concerns about return of conflict to the sub-district. Main type of IDP shelter: Apartments/houses, collective centres, unfinished buildings and tents Shelter / NFIs • Reported electricity access: Private generators provide electricity for 4-6 hours per day Reported primary NFI needs: Light sources, cooking fuel, water containers, disposable diapers, batteries
  - WASH Primary drinking water source: Main water network and water trucking. Where functioning, the network reportedly provides 4-8 hours of water each day
    - Reported primary drinking water quality problems: Water tastes and smells bad
    - Reported water access: Everyone / nearly everyone has enough water for their needs
    - Main types of latrines: IDPs use private and communal latrines. IDPs in some locations, including those living in communities, reportedly practice open defecation
    - Main types of bathing facilities: IDPs use private bathing facilities within their home and communal bathing facilities
    - Healthcare facilities: Visits to doctors' / nurses' private homes are the only form of healthcare. Pharmacies and stores selling medical supplies are reportedly widespread. Households can also access hospitals and private and emergency clinics in Basira, Deir-ez-Zor and Thiban sub-districts
      - Healthcare provider: Private providers
      - Medical supplies for vulnerable groups: Mostly available for pregnant / breastfeeding women and chronic disease sufferers, disability equipment and supplies for injured / war-wounded are unavailable
      - Reported primary health needs: Surgery, treatment for chronic diseases, emergency medicine, wheelchairs / prosthetics, physiotherapy, antibiotics
  - Main food source: Households producing their own food Food security
    - Main sources of cooking fuel: Kerosene, purchased gas, burning animal manure / wood
    - Bakery functionality: Some communities have functioning bakeries
  - Reported freedom of movement barriers: Insufficient transportation options, **₩** Protection transportation options available but too expensive
    - Reported protection risks: Threat from airstrikes, confiscation of documents, movement restrictions
- Education facilities: Formal primary schools are available in most communities with **Education** nurseries, intermediary and secondary education available in Mathlum community, with most children attending. Additional secondary education is available in Ashara.
  - **Reported barriers to education:** Schools in poor condition, children have to work, safety / security concerns, school is too far away / no transport available

## DEIR-EZ-ZOR SUB-DISTRICT



#### Overview

## Assessed communities: 8/16 Assessed informal sites: 1

Deir-ez-Zor sub-district is split between GoS and SDF control, on either side of the Euphrates river.<sup>2</sup> 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, with many former IDPs returning to their areas of origin in the south of the governorate. To date some humanitarian assistance has been able to reach the city, reportedly from government-controlled areas to the west.

#### **Estimated population:**

159,400 individuals in total

10.380 IDPs

149,020 host community members

82% of host community members are returnees

#### **IDPs**

#### Population breakdown:

41% male and 59% female

44% children (under 18)

41% adults (18 - 59)

**15%** elderly (60+)

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

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

First arrivals: November 2012

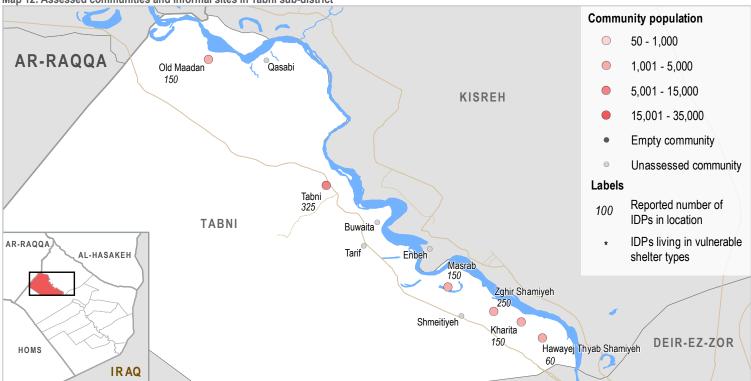
% of IDPs staying longer than 1 week: 98%

#### Sectoral needs

- Priority needs
   Drinking water quality is very poor. Kls reported that water is taken from the Euphrates river and is not treated before being delivered by the water network or by trucks.
  - Spread of diseases is reportedly a concern. KIs reported that cases of leishmaniasis and measles are reportedly growing.
- Shelter / NFIs
   Main type of IDP shelter: Apartment / houses, collective centres, unfinished buildings, tents and rubb halls / mass tents
  - Reported electricity access: Private and community generators provide 4-6 hours per day
     Reported primary NEI needs: Light sources cooking find water containers
  - Reported primary NFI needs: Light sources, cooking fuel, water containers, disposable diapers, batteries
- Primary drinking water source: Main water network and water trucking. Where functioning, the network reportedly provides 4-6 hours of water each day
  - Reported primary drinking water quality problems: Water tastes and smells bad, has a bad colour and people reportedly got sick after drinking
  - Reported water access: Everyone / nearly everyone has enough water for their needs
  - Latrines: IDPs use private and communal latrines. IDPs in some locations, including those living in communities, reportedly practice open defecation
  - Main types of bathing facilities: IDPs use private bathing facilities within and outside their home and communal bathing facilities. Some IDPs do not have access to bathing facilities
- Healthcare facilities: Hospitals, private clinics, mobile clinics and visits to doctors' /
  nurses' private homes are available. Pharmacies and stores selling medical supplies
  are reportedly widespread. Households can also access hospitals in Kisreh sub-district
  - Healthcare provider: NGOs, private providers and local authorities
  - Medical supplies for vulnerable groups: Available for pregnant / breastfeeding women and chronic disease sufferers, disability equipment is unavailable and supplies for injured / war-wounded are partially available
  - Reported primary health needs: Surgery, skilled care during childbirth, emergency medicine, treatment for chronic diseases, wheelchairs / prosthetics, physiotherapy
- Food security
   Main food source: Households producing their own food, food purchased from markets within the community, food distributions
  - Main sources of cooking fuel: Kerosene, purchased gas, burning animal manure / wood
  - · Bakery functionality: Some communities have functioning bakeries
- Protection
   Reported freedom of movement barriers: Insufficient transportation options, transportation available but too expensive
  - Reported protection risks: Confiscation of documents, movement restrictions, threat from sniper fire / gunfire, disputes between residents, exploitation (forced / underpaid labour)
- Education
   Education facilities: Formal primary schools are available in most communities, with nurseries, intermediary and secondary education available in Deir-ez-Zor city.
   Attendance rates are reportedly low outside of Deir-ez-Zor city.
  - Reported barriers to education: Schools in poor condition, schools lack trained teachers, no education services available, children have to work, education not considered important

## TABNI SUB-DISTRICT





#### Overview

## Assessed communities: 6/11 Assessed informal sites: 0

Tabni, as with other sub-districts west of the Euphrates river, is under GoS control.<sup>2</sup> 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:**

- 18.890 individuals in total
- 1,090 IDPs
- 17,800 host community members
- 71% of host community members are returnees

#### **IDPs**

#### Population breakdown:

- 48% male and 52% female
- 36% children (under 18)
- 50% children (drider 1
- **52%** adults (18 59)
- 22% elderly (60+)

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

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

First arrivals: February 2012

% of IDPs staying longer than 1 week: 99%

#### Sectoral needs

- Priority needs
- Comprehensive healthcare is unavailable. Whilst private clinics are functional in some communities, disabled and injured people are unable to access the supplies they need.
- Freedom of movement is limited. A lack of affordable transportation coupled with security
  concerns and confiscation of documents limits opportunities to access services outside of
  the sub-district.
- **Shelter / NFIs**
- Main type of IDP shelter: Apartment / houses
- Reported electricity access: Private generators provide electricity for 4-6 hours per day
- Reported primary NFI needs: Heating fuel, light sources, batteries, mattresses, cooking utensils
- T WASH
- Primary drinking water source: Main water network. The network reportedly provides 4-6 hours of water each day
- Reported primary drinking water quality problems: Water tastes and smells bad, has a bad colour and people reportedly got sick after drinking
- Reported water access: Everyone / nearly everyone has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines. IDPs in some locations, including those living in communities, reportedly practice open defecation
- Main types of bathing facilities: IDPs use private bathing facilities within their home
- **Healthcare**
- Healthcare facilities: Private clinics ares present, with visits to private homes of doctors / nurses the most common form of healthcare. Pharmacies and stores selling medical supplies are also reportedly widespread. Households can also access hospitals and private clinics in Deir-ez-Zor sub-district.
- Healthcare provider: Private providers
- Medical supplies for vulnerable groups: Available for pregnant / breastfeeding women and chronic disease sufferers, disability equipment and supplies for injured / war-wounded are unavailable
- Reported primary health needs: Surgery, wheelchairs / prosthetics, physiotherapy, treatment for chronic diseases, skilled care during childbirth
- Food security
- Main food source: Households producing their own food
- Main sources of cooking fuel: Purchased gas, burning animal manure / wood
- Bakery functionality: Some communities have functioning bakeries
- **₩** Protection
- Reported freedom of movement barriers: Insufficient transportation options, transportation options available but too expensive, official conditions on departure, safety / security situation
- Reported protection risks: Confiscation of documents, threat from airstrikes, disputes between residents
- ☐ Education
- Education facilities: Formal nurseries and primary schools are available in all communities with intermediary and secondary education available in Tabni community, with around half of children attending. Formal intermediary and secondary education is also available in Deir-ez-Zor sub-district.
- Reported barriers to education: Safety / security concerns, school is too far away / no transport is available, children have to work, customs / traditions

### **MUHASAN SUB-DISTRICT**



#### Overview

## Assessed communities: 3/7 Assessed informal sites: 0

Muhasan sub-district is located within GoS-held terriority and is away from active conflict lines towards the east and south.<sup>2</sup> This area is sparsely populated and is home to relatively few residents are returnees. A small number of IDPs are found to be living in the host community, most of whom 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:**

6.260 individuals in total

**460** IDPs

5,800 host community members

60% of host community members are returnees

#### **IDPs**

#### Population breakdown:

50% male and 50% female

32% children (under 18)

43% adults (18 - 59)

25% elderly (60+)

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

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

First arrivals: November 2012

% of IDPs staying longer than 1 week: 100%

#### Sectoral needs

- Accessing comprehensive healthcare is a huge challenge for residents and IDPs.
   With no health centres functioning, residents are reliant on visiting the homes of medical professionals, or travelling to neighbouring sub-districts to receive treatment.
- Movement of households is limited with a reported large number of checkpoints.
   Movement restrictions, confiscation of documents and lack of available and affordable transport options restrict movement of households.

#### 

- Main type of IDP shelter: Apartment / houses
- Reported electricity access: Private generators provide electricity for 4-6 hours per day
- Reported primary NFI needs: Mattresses, cooking utensils, light sources, shoes, batteries

#### WASH

- Primary drinking water source: Main water network. The network reportedly provides 6-8 hours of water each day
- Reported primary drinking water quality problems: None
- 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.
   Some IDPs do not have access to bathing facilities

#### Healthcare

- Healthcare facilities: Visits to private homes of doctors / nurses are the only form of healthcare. Pharmacies and stores selling medical supplies are reportedly widespread. Households can access hospitals and private clinics in Al Mayadin and Deir-ez-Zor sub-districts
- Healthcare provider: Private providers
- Medical supplies for vulnerable groups: Available for pregnant / breastfeeding women and chronic disease sufferers, disability equipment and supplies for injured / war-wounded are unavailable
- Reported primary health needs: Surgery, wheelchairs / prosthetics, physiotherapy, treatment for chronic diseases

#### Food security

- Main food source: Households producing their own food
- Main sources of cooking fuel: Kerosene, purchased gas, burning animal manure
- Bakery functionality: Some communities have functioning bakeries

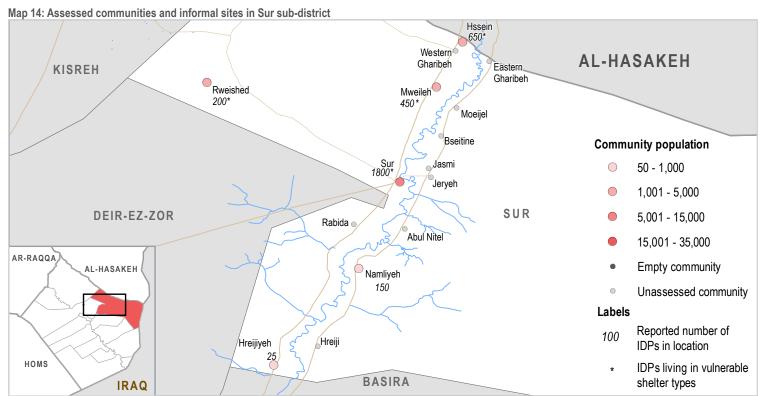
### Protection

- Reported freedom of movement barriers: Insufficient transportation options, transportation options available but too expensive, official conditions on departure
- Reported protection risks: Confiscation of documents, movement restrictions, threat from airstrikes

#### **Education**

- Education facilities: Formal nurseries and primary schools are available in all communities with intermediary and secondary education available in Muhasan community, with most children attending. Additional intermediary and secondary education services are available in Al Mayadin and Ashara sub-districts.
- Reported barriers to education: Safety / security concerns, school is too far away / no transport is available, children have to work, customs / traditions

## SUR SUB-DISTRICT



#### Overview

## Assessed communities: 6/15 Assessed informal sites: 0

Communities in Sur sub-district are in SDF-controlled areas and are largely clustered along the Kharbour river.<sup>2</sup> The area hosts a relatively high proportion of IDPs relative to its host community population, the majority of whom have fled from conflict-affected areas further south. Humanitarian access has improved in recent months, with assistance items being distributed in some communities.

#### **Estimated population:**

- 18,210 individuals in total
- **3,280** IDPs
- 14,930 host community members
- 88% of host community members are returnees

#### **IDPs**

#### Population breakdown:

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

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

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

First arrivals: December 2017

% of IDPs staying longer than 1 week: 91%

#### Sectoral needs

Healthcare

Priority needs	• Drinking water quality is reportedly poor. Residents reported that water being delivered by water trucking or through the network is taken directly from the river and is cloudy, bad
	tasting and smelling.

 Education services are lacking. Few communities have primary education services, and secondary education is unavailable within the sub-district

## Shelter / NFIs Main type of IDP shelter: Apartment / houses, collective centres, unfinished buildings and tents Reported electricity access: Private and community generators provide electricity for 4-6

hours per day

• Reported primary NFI needs: Light sources, cooking fuel, water containers, disposable

## diapers, batteries • Primary drinking water source: Main water network and water trucking. Where

## functioning, the network reportedly provides 4-6 hours of water each day • Reported primary drinking water quality problems: Water tastes and smells bad

- and has a bad colour

   Reported water access: Everyone / nearly everyone has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines. IDPs in some locations, including those living in communities, reportedly practice open defecation
- Main types of bathing facilities: IDPs use private bathing facilities within and outside their home and communal bathing facilities

Healthcare facilities: Emergency clinics, private clinics, mobile clinics and visits to

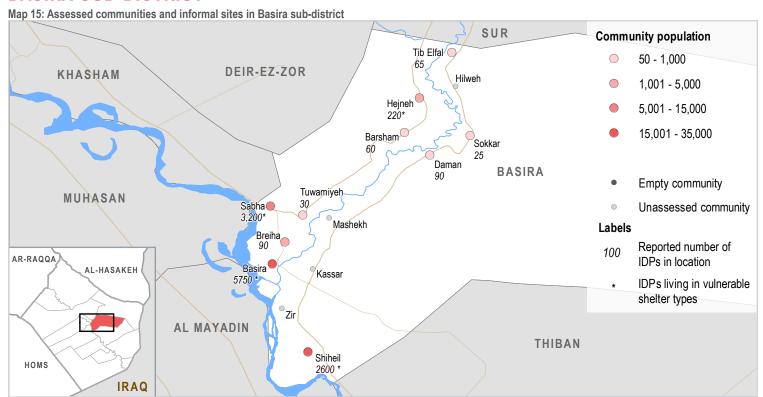
## private homes of doctors / nurses are available. Pharmacies and stores selling medical supplies are reportedly widespread. Households can also access hospitals in Basira

and Kisreh sub-districts.

Healthcare providers NGOs and private providers

- Medical supplies for vulnerable groups: Mostly available for pregnant / breastfeeding women and chronic disease sufferers, disability equipment and supplies for injured / war-wounded are unavailable
- Reported primary health needs: Surgery, emergency medicine, treatment for chronic diseases, skilled care during childbirth
- Food security Main food source: Households producing their own food
  - Main sources of cooking fuel: Kerosene, burning animal manure, purchased gas
  - Bakery functionality: Some communities have functioning bakeries
- Protection
   Reported freedom of movement barriers: Insufficient transportation options, transportation options available but too expensive
  - Reported protection risks: Serious threat from scorpions / snakes
- Education
   Education facilities: Formal primary schools are available in some communities, with few children attending
  - Reported barriers to education: Schools in poor condition, schools lack trained teachers, children have to work, education not considered important, customs / traditions

### BASIRA SUB-DISTRICT



#### Overview

## Assessed communities: 10/14 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.<sup>2</sup> The sub-district is home to a relatively high proportion of IDPs who have fled areas of active conflict to the south. Road access from Shadadeh has allowed humanitarian access into this area in recent months.

#### **Estimated population:**

56,270 individuals in total

12.130 IDPs

44,140 host community members

68% of host community members are returnees

#### **IDPs**

#### Population breakdown:

40% male and 60% female

45% children (under 18)

40% adults (18 - 59)

**15%** elderly (60+)

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

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

First arrivals: November 2017

% of IDPs staying longer than 1 week: 88%

#### Sectoral needs

\* WASH

- Children in the sub-district are not receiving any formal education. Educational services are reportedly unavailable in all assessed communities and informal sites.
   Households have limited access to electricity. Host community residents and IDPs rely on private generators to access electricity, as a result they are limited to 2-4 hours per day.
- Shelter / NFIs
   Main type of IDP shelter: Apartment / houses, collective centres, unfinished buildings and tents
  - Reported electricity access: Private generators provide electricity for 2-4 hours per day

     Reported primary NEL modes Light sources exclains fuel water centainers.
  - Reported primary NFI needs: Light sources, cooking fuel, water containers, disposable diapers, batteries
  - Primary drinking water source: Main water network and water trucking. Where functioning, the network reportedly provides less than 2 hours of water each day
  - Reported primary drinking water quality problems: Water tastes and smells bad and has a bad colour
  - 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 in some locations, including those living in communities, reportedly practice open defecation
  - Main types of bathing facilities: IDPs use private bathing facilities within their home and communal bathing facilities
- Healthcare
   Healthcare facilities: Hospitals, general emergency clinics, private clinics and visits
  to private homes of doctors / nurses are available. Pharmacies and stores selling
  medical supplies are reportedly widespread. Households can also access hospitals
  in Kisreh sub-district
  - Healthcare provider: Private providers
  - Medical supplies for vulnerable groups: Partially available for pregnant / breastfeeding women and chronic disease sufferers, disability equipment and supplies for injured / war-wounded are unavailable
  - Reported primary health needs: Surgery, skilled care during childbirth, treatment for chronic diseases, wheelchairs / prosthetics, physiotherapy, emergency medicine
- Food security Main food source: Households producing their own food
  - Main sources of cooking fuel: Kerosene, purchased gas, burning animal manure / wood
  - Bakery functionality: Some communities have functioning bakeries
- Protection
   Reported freedom of movement barriers: Transportation options available but too expensive
  - Reported protection risks: Serious threat from scorpions / snakes, disputes between residents, threat from sniper fire / gunfire, threat from explosive devices
- Education Education facilities: No education facilities are reportedly available.
  - Reported barriers to education: No education services available

## AL MAYADIN SUB-DISTRICT

Map 16: 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, though an unknown number of Iraqi refugees from Anbar governorate also reportedly continue to seek refuge in the area.<sup>2</sup> Host community members are reportedly returning to the sub-district in order to flee areas of active conflict, as well as to access employment opportunities and assistance distributions. While services and infrastructure are somewhat functional throughout the subdistrict, freedom of movement is limited and protection concerns persist.

#### **Estimated population:**

30,120 individuals in total

**1.150** IDPs

28,970 host community members

58% of host community members are returnees

#### **IDPs**

#### Population breakdown:

54% male and 46% female

34% children (under 18)

44% adults (18 - 59)

22% elderly (60+)

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

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

First arrivals: August 2012

% of IDPs staying longer than 1 week: 95%

#### Sectoral needs

Priority needs

Electricity supply remains limited. Households reportedly only have 2-4 hours of electricity per day and are in need of batteries and sources of light.

Shelter / NFIs

- Main type of IDP shelter: Apartment / houses
- Reported electricity access: Private generators and the main network provide electricity for 2-4 hours per day
- Reported primary NFI needs: Light sources, clothing, shoes, batteries, heating fuel

WASH

- Primary drinking water source: Main water network, which reportedly provides 4-6 hours of water each day
- Reported primary drinking water quality problems: None
- 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: A private clinic is present, with visits to doctors' / nurses' private homes the most common form of healthcare. Pharmacies and stores selling medical supplies are also reportedly widespread. Households can also access hospitals and private clinics in Abu Kamal and Deir-ez-Zor sub-districts
- Healthcare provider: Private providers
- Medical supplies for vulnerable groups: Available for pregnant / breastfeeding women and chronic disease sufferers. Disability equipment is only partially available, and supplies for the injured / war-wounded are unavailable.
- Reported primary health needs: Surgery, wheelchairs / prosthetics, physiotherapy, emergency medicine, treatment for chronic diseases

Food security

- Main food source: Households producing their own food, food purchased from markets within the community
- Main sources of cooking fuel: Kerosene, purchased gas, burning animal manure / wood
- Bakery functionality: There is reportedly only one functional bakery, located in Al Mayadin community

**₩** Protection

- Reported freedom of movement barriers: Insufficient transportation options, transportation available but too expensive, official conditions on departure, safety / security situation
- Reported protection risks: Confiscation of documents, movement restrictions, threat from airstrikes

**Education** 

- Education facilities: Formal nurseries and primary schools are available in all communities, with intermediary and secondary education available in Al Mayadin community. Most children attend school
- Reported barriers to education: School is too far away / no transport is available. safety / security concerns, customs / traditions, children have to work, education not considered important

## ASHARA SUB-DISTRICT



#### Overview

### Assessed communities: 2/7 Assessed informal sites: 0

Ashara sub-district remains under GoS control and is situated along a relatively stable front line with the SDF.2 Conflict in this area is occuring less frequently than in sub-districts at other points along the Euphrates river, and the population of the assessed communities is reportedly increasing as households originally from the sub-district return to this relatively more stable area. While services and infrastructure are somewhat functional in assessed communities, protection issues persist, including confiscation of documents and movement restrictions.

#### **Estimated population:**

5.360 individuals in total

**140** IDPs

5,220 host community members

62% of host community members are returnees

#### **IDPs**

#### Population breakdown:

50% male and 50% female

35% children (under 18)

40% adults (18 - 59)

25% elderly (60+)

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

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

First arrivals: January 2012

% of IDPs staying longer than 1 week: 100%

**₩** Protection

Sectoral needs		
➡ Priority needs	<ul> <li>Comprehensive healthcare is unavailable. Specialized services for the disabled and injured are not available, nor is treatment for individuals suffering from chronic ailments. Although a hospital is located further south in Abu Kamal sub-district, reported movemer restrictions and official conditions on departure may limit households' access to this facility.</li> </ul>	
Shelter / NFIs	<ul> <li>Main type of IDP shelter: Apartment / houses</li> <li>Reported electricity access: Private generators provide electricity for 4-6 hours per day</li> <li>Reported primary NFI needs: Bedding items, mattresses, light sources, clothing batteries, heating fuel</li> </ul>	
₩ASH	<ul> <li>Primary drinking water source: Main water network. The network reportedly provides 4-8 hours of water each day</li> <li>Reported primary drinking water quality problems: None</li> <li>Reported water access: Everyone / nearly everyone has enough water for their need</li> </ul>	

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: Private clinics are present, with visits to doctors' / nurses' private Healthcare homes the most common form of healthcare. Pharmacies and stores selling medical supplies are also reportedly widespread. Households can also access hospitals in Abu Kamal sub-district

• Healthcare provider: Private providers

Medical supplies for vulnerable groups: Available for pregnant / breastfeeding women and chronic disease sufferers. Disability equipment or supplies for injured / war-wounded unavailable

Reported primary health needs: Surgey, wheelchairs / prosthetics, physiotherapy, treatment for chronic diseases

Main food source: Households producing their own food, food purchased from Food security markets within and outside the community

Main sources of cooking fuel: Kerosene, purchased gas, burning wood

Bakery functionality: Some communities have functioning bakeries

Reported freedom of movement barriers: Insufficient transportation options, transportation available but too expensive, official conditions on departure

Reported protection risks: Confiscation of documents, movement restrictions, threat from airstrikes

Education facilities: Formal nurseries and primary schools are available in all **Education** communities, with intermediary and secondary education available in Ashara

Reported barriers to education: Safety / security concerns, school is too far away / no transport is available, children have to work, customs / traditions

## THIBAN SUB-DISTRICT

Map 18: Assessed communities and informal sites in Thiban sub-district



#### Overview

# Assessed communities: 8/10 Assessed informal sites: 2

Thiban sub-district is mostly under SDF control and hosts a large number of IDPs relative to the sub-district population, comprising nearly a quarter of the total population.<sup>2</sup> These households have reportedly fled areas further south where ISIL maintains control and active conflict continues. Services and infrastructure are extremely limited in the sub-district and are insufficient to meet civilian needs, and households remain vulnerable to numerous protection issues.

#### **Estimated population:**

**52,820** individuals in total

11,970 IDPs

40,850 host community members

**80%** of host community members are returnees

#### **IDPs**

#### Population breakdown:

37% male and 63% female

43% children (under 18)

57% adults (18 - 59)

**10%** elderly (60+)

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

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

First arrivals: November 2017

% of IDPs staying longer than 1 week: 99%

#### Sectoral needs

$\Rightarrow$	<b>Priority</b>	needs

- Water is insufficient. As households are relying solely on water trucking as a drinking water source, less than half of households have access. The available water is reportedly of poor quality
- Education is unavailable. Despite the high proportion of children among the assessed locations' population, KIs reported these children have no access to education services

#### 

- · Main type of IDP shelter: Apartment / houses, collective centres and tents
- Reported electricity access: Private generators and main network provide electricity for 2-4 hours per day
- Reported primary NFI needs: Light sources, water containers, disposable diapers, bedding items, mattresses

## \* WASH

- Primary drinking water source: Water trucking
- Reported primary drinking water quality problems: Water tastes bad and has a bad colour
- Reported water access: Less than half of the population has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines. IDPs in some locations, including those living in communities, reportedly practice open defecation
- Main types of bathing facilities: IDPs use private bathing facilities within their home.
   Some IDPs have no access to bathing facilities

#### **\*** Healthcare

- Healthcare facilities: Private clinics are present, with visits to doctors' / nurses' private
  homes the most common form of healthcare. Pharmacies and stores selling medical
  supplies are also reportedly widespread. Households can also access hospitals and
  emergency clinics within Basira and Kisreh sub-districts
- Healthcare provider: Private providers
- Medical supplies for vulnerable groups: Partially available for chronic disease sufferers. Medical supplies for pregnant / breastfeeding women and injured / warwounded are unavailable, as is disability equipment
- Reported primary health needs: Surgery, treatment for chronic diseases, skilled care during childbirth

#### Food security

- Main food source: Households producing their own food, food purchased from markets within the community
- Main sources of cooking fuel: Kerosene, burning animal manure / wood, purchased gas
- · Bakery functionality: Most communities have functioning bakeries

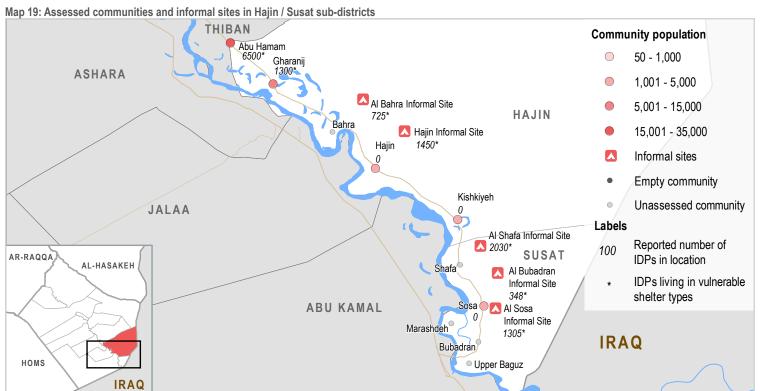
#### **₩** Protection

- Reported freedom of movement barriers: Insufficient transportation options, transportation options available but too expensive
- Reported protection risks: Threat from explosive devices and unexploded ordnance, disputes between residents, threat from armed actors, threat from sniper fire / gunfire, serious threat from scorpions / snakes

#### ☐ Education

- Education facilities: No education facilities are reportedly available.
- Reported barriers to education: No education services available

## HAJIN / SUSAT SUB-DISTRICT



#### Overview

## Assessed communities: 5/10 Assessed informal sites: 5

Conflict between GoS, SDF and ISIL continues to threaten civilians' lives and livelihoods in Hajin and Susat sub-districts.<sup>2</sup> More than a quarter of individuals are displaced from their homes, and households throughout the sub-district are vulnerable to harm from airstrikes, gunfire and armed actors. Services and infrastructure are very limited or non-existent, particularly in informal sites. While food staples are generally available in all areas of the sub-districts, many of these items are reportedly unaffordable in communities and informal sites under ISIL control.

#### **Estimated population:**

49,860 individuals in total

13.660 IDPs

36,200 host community members

54% of host community members are returnees

#### **IDPs**

#### Population breakdown:

39% male and 61% female

47% children (under 18)

37% adults (18 - 59)

16% elderly (60+)

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

Primary area(s) of origin: Hajin, Susat subdistricts

First arrivals: December 2017

% of IDPs staying longer than 1 week: 91%

#### Sectoral needs

ocotorar necus		
Priority needs	<ul> <li>Education services are extremely limited. While there is a high proportion of school-age IDPs within the sub-district, among assessed communities education faciliites are reported only present in northern Hajin sub-district</li> </ul>	
	<ul> <li>Main type of IDP shelter: Apartment/houses, unfinished buildings, tents and rubb hall / mass tents</li> <li>Reported electricity access: Private generators and car batteries provide electricity</li> </ul>	

\* WASH

 Primary drinking water source: Main water network (in Abu Hamam community) and water trucking. The network reportedly provides 4-6 hours of water each day in Abu Hamam

Reported primary NFI needs: Light sources, cooking fuel, water containers, disposable

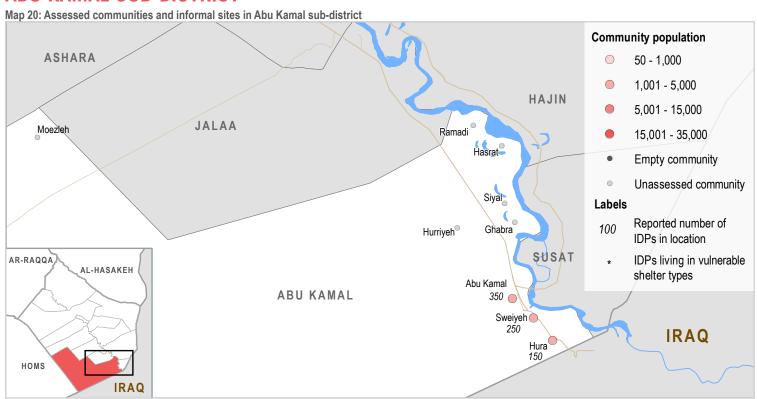
- Reported primary drinking water quality problems: Water tastes and smells bad, and has a bad colour
- Reported water access: More than half of the population has enough water for their needs
- Main types of latrines: IDPs use private and communal latrines. IDPs in some locations, including those living in communities, reportedly practice open defecation
- Main types of bathing facilities: IDPs use private bathing facilities within and outside their homes, though some have no access to bathing facilities
- **#** Healthcare
- Healthcare facilities: An emergency clinic is present, with visits to doctors' / nurses' private homes the most common form of healthcare. Stores selling medical supplies are reportedly widespread. Households can also access private clinics in Thiban sub-district
- Healthcare provider: Private providers

for 2-4 hours per day

diapers, batteries

- Medical supplies for vulnerable groups: Partially available for pregnant / breastfeeding women and chronic disease sufferers. Disability equipment and supplies for injured / war-wounded are unavailable.
- Reported primary health needs: Emergency medicine, antibiotics, vaccinations, surgery, treatment for chronic diseases, skilled care during childbirth
- Food security
- Main food source: Households producing their own food, food purchased from markets within and outside the community, family and friends providing food
- Main sources of cooking fuel: Kerosene, burning animal manure / wood, purchased gas
- Bakery functionality: Some locations have functioning bakeries
- ❤ Protection
- Reported freedom of movement barriers: Insufficient transportation options, transportation available but too expensive, official conditions on departure, safety / security situation
- Reported protection risks: Threat from airstrikes, confiscation of documents, movement restrictions, threat from sniper fire / gunfire and from armed actors
- ☐ Education
- Education facilities: Most communities have no education facilities. A formal primary school is available in Abu Hamam community
- Reported barriers to education: Schools in poor condition and lacking trained teachers, no services available, children have to work, education not considered important

## ABU KAMAL SUB-DISTRICT



#### **Overview**

## ssessed 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.<sup>2</sup> Despite these risks, key infrastructure and facilities (such as the main water network and health clinics) are functional and serve the civilian population. A greater proportion of men than women are living in the sub-district, reportedly due to some households' preference to remain in other sub-districts while the heads of households return to monitor their property. An unknown number of Iraqi refugees from Anbar governorate also reportedly continue to seek refuge in the area.

#### **Estimated population:**

9,540 individuals in total

**750** IDPs

8,790 host community members

**47%** of host community members are returnees

#### **IDPs**

#### Population breakdown:

56% male and 44% female

33% children (under 18)

45% adults (18 - 59)

22% elderly (60+)

Main household profiles: Married men with their families, married women with their families but without husbands, elderly-headed

**Primary area(s) of origin:** Hajin, Jalaa subdistricts

First arrivals: August 2012

% of IDPs staying longer than 1 week: 97%

### Sectoral needs

Sectoral needs	
<b>→</b> Priority needs	<ul> <li>Specialized health services are lacking. Although a hospital is present, households reportedly require specialized medical services, including psychosocial services and support for the injured and disabled.</li> <li>Civilians have limited freedom of movement. Official restrictions and official conditions on departure impede movement, as do the unaffordable expenses of travelling.</li> </ul>
	<ul> <li>Main type of IDP shelter: Apartment / houses</li> <li>Reported electricity access: Private generators provide electricity for 4-6 hours per day</li> <li>Reported primary NFI needs: Light sources, cooking fuel, clothing, shoes, batteries, heating fuel</li> </ul>
** WASH	<ul> <li>Primary drinking water source: Main water network, which reportedly provides 4-6 hours of water each day</li> <li>Reported primary drinking water quality problems: None</li> <li>Reported water access: Everyone / nearly everyone has enough water for their needs</li> <li>Main types of latrines: IDPs use private and communal latrines</li> <li>Main types of bathing facilities: IDPs use private bathing facilities within their home</li> </ul>
* Healthcare	<ul> <li>Healthcare facilities: Private clinics are available and households visit doctors' / nurses' private homes. Pharmacies and stores selling medical supplies are also reportedly widespread, and households can also access a hospital in Abu Kamal community.</li> <li>Healthcare provider: Private providers and local authorities</li> <li>Medical supplies for vulnerable groups: Available for pregnant / breastfeeding women and chronic disease sufferers. Disability equipment is partially available, while supplies for injured / war-wounded are not available.</li> <li>Reported primary health needs: Wheelchairs / prosthetics, physiotherapy, surgery, emergency medicine, psychosocial services</li> </ul>
Food security	<ul> <li>Main food source: Households producing their own food, food purchased from markets within the community</li> <li>Main sources of cooking fuel: Kerosene, purchased gas, burning animal manure / wood</li> <li>Bakery functionality: Some locations have functioning bakeries</li> </ul>
<b>♀</b> Protection	<ul> <li>Reported freedom of movement barriers: Transportation options available but too expensive, official conditions on departure</li> </ul>

• Reported protection risks: Confiscation of documents, movement restrictions

Education facilities: Formal nurseries and primary schools are available in all

assessed communities. Intermediary and secondary education available in Abu Kamal

• Reported barriers to education: Safety / security concerns, children have to work

community.

**Education**