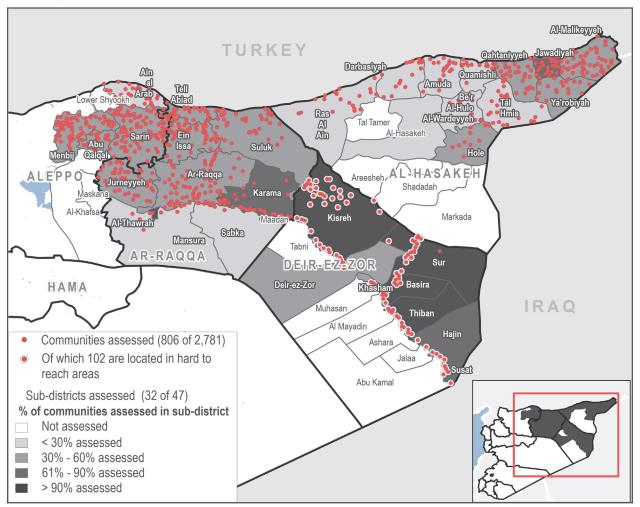
Humanitarian Situation Overview in Syria (HSOS)

Northeast Syria, August 2019



Coverage



Introduction

HSOS is a monthly assessment that aims to provide comprehensive, multi-sectoral information about the humanitarian situation inside Syria. The assessment is conducted at the community level covering displacement, shelter and non-food items (SNFI), health, water, sanitation and hygiene (WASH), food security and livelihoods (FSL), and education.

The factsheet presents information gathered in 806 communities across Al-Hasakeh (235 communities), eastern Aleppo* (197 communities), Deir-ez-Zor (103 communities), and Ar-Raqqa (271 communities) governorates. Data was collected during the month of September 2019, and refers to the situation in the northeast region in August 2019. Findings are indicative rather than representative, and should not be generalised across the region.

Community-level datasets are available on the <u>REACH Resource Centre</u>, the <u>Humanitarian Data Exchange</u>, and are also distributed through partners across the humanitarian community.

*The eastern part of Aleppo where humanitarian response and coordination is conducted from the northeast rather than the northwest.

Top 3 reported priority needs in assessed communities:

1 Healthcare

2 Education

6 Livelihoods

People in need (PIN) Demographics'

1,009,541 PiN 524,411 People in Acute Need

Survival Minimum Expenditure Basket (SMEB): 1,2

Average price in August 2019

74,127 (SYP)

One month change:

+8%

Six month change:

+10%

* PiN refers to people whose physical security, basic rights, dignity, living conditions or livelihoods are threatened or have been disrupted, and whose current level of access to basic services, goods and protection is inadequate to re-establish normal living conditions within their accustomed means without assistance.

People in Acute Need refers to those facing more severe forms of deprivation in terms of their security, basic rights and living conditions and face life-threatening needs requiring urgent humanitarian assistance (<u>HNO 2019</u>).

The calculated PiN numbers are indicative as they are calculated using the OCHA dataset and coverage varies slightly

Key events impacting the humanitarian situation in Northeast Syria (NES)

Ar-Raqqa and Deir-ez-Zor cities fully liberated from ISIL. a,b

Delayed rainfall resulted in late wheat yield. However, subsequent rainfall in late 2018 and early 2019 resulted in large yields.

Hostilities in ISIL-held areas of Hajin and Baghouz intensified, more than 63,000 people displaced.^d

Last ISIL-held pockets captured, few new displacements.^e

Fires in NES affected large areas of farmland and devastated wheat and barley harvests.^{f.g}

May 2019

The United States and the Government of Turkey agreed on setting up a security mechanism area or so-called 'safe zone' in northeast Syria.h

October-November 2017 October 2018 November 2018 - March 2019 April 2019

g

August 2019

CONTEXT

In August 2019, the United States and the Government of Turkey (GoT) agreed on establishing a security mechanism area or so-called 'safe zone' in northeast Syria (NES) and began discussions surrounding the specifics of the zone and its administration. In anticipation of the agreement, dozens of households (approximately 350 individuals) reportedly displaced from the border town of Tell Abiad to Ar-Raqqa City and Ain Issa. Beyond displacement, the overarching humanitarian context in NES did not change significantly in August. Health care continued to be reported as the top priority need, followed by Education and Livelihoods. Additionally, prices increased across the region, with REACH's August Market Monitoring Exercise for Northeast Syria reporting that the price of the Survival Minimum Expenditure Basket (SMEB) increased by 8% from 117 to 121 USD, or 70,194 to 74,127 SYP. At the time of data collection, the SYP/USD exchange rate in August was also the highest ever reported by the Market Monitoring Exercise (see dataset), namely at 614 SYP/1 USD.

KEY HIGHLIGHTS³

Access to health care remained a major concern across NES

Across NES, access to health care remained restricted in August in the assessed communities, with KIs in 565 (70%) of 806 communities reporting an absence of functioning medical facilities. Additional barriers to accessing health care included cost of health services, reported in 60% of assessed communities, and transportation cost, reported in 53% of communities. Provision of medicines and chronic disease care were reported as the top two health care service needs, with KIs in 541 (67%) and 513 (64%) of the 806 assessed communities respectively reporting these in August. Antenatal care was the third most needed type of health care services, reported by KIs in 395 (49%) of the 806 assessed communities across NES. Chronic disease care services were in particularly high need in eastern Aleppo governorate, with KIs in 160 (81%) of 197 assessed communities reporting it as a top health care service need.

Opportunities to access education more limited in Deir-ez-Zor governorate

In Deir-ez-Zor governorate, KIs in 62 (60%) of 103 assessed communities reported sending children to work or beg as a common strategy to cope with a lack of income in August. This was reported significantly more often in Deir-ez-Zor governorate than in other governorates. This is likely to negatively impact school attendance in the long run, especially as a lack of livelihoods opportunities remained prevalent in assessed communities. Although primary schools are mostly functional in 100 communities (97%) out of 103 assessed – secondary schools were only functional in 12 communities (12%) in Deir-ez-Zor governorate, and high schools were reportedly not functional in any of the assessed communities. Moreover, KIs in 87% of assessed communities reported that children were not attending school in nearby villages if learning facilities were not available in their own community. KIs cited most commonly early marriage as a reason for children not attending school in 58 (56%) assessed communities, followed by a lack of school supplies (reported in 47% of assessed communities) and child labour (reported in 38% of assessed communities) across Deir-ez-Zor governorate. The long-term impact on children's education and protection is likely to be significant if the livelihoods situation in Deir-ez-Zor governorate does not improve.

- KIs in 789 of the 806 assessed communities in NES (98%) reported no pre-conflict population (PCP) left their community in the last month. KIs reported that the main reasons for staying were to protect assets (748 communities; 93%), family ties (692 communities; 86%), and access to employment and/or income and/or shelter (666 communities; 83%).
- In the few communities that reported PCP departure, loss of income was the most common reason given, reported in 12 of the assessed communities (1%).

Food Security and Livelihoods

- Of the 806 communities assessed in NES, KIs in 616 communities (76%) reported that people lacked resources to buy food, and KIs in 669 communities (83%) reported some food items as being too expensive.
- Within NES, the most commonly reported strategy to cope with a lack of income reported by KIs was borrowing money from family and friends (79%; 634 out of 806 assessed communities).
- · KIs in only 69 (9%) of 806 assessed communities reported that people in their communities felt that their income was sufficient.

Education

- KIs reported in only 13 (13%) of 103 assessed communities in Deir-ez-Zor governorate that all children accessed education services. The two most commonly reported reasons for low attendance rates were early marriage (56%; 58 out of 103 communities) and lack of school supplies (47%; 48 out of 103 communities).
- Of the communities in which challenges to education were reported in NES, KIs reported in 91% of the assessed communities (454 out of 498), that boys and girls were equally affected. Only KIs in Al-Hasakeh governorate reported girls experiencing greater challenges to education (29%; 29 out of 101 communities).

Water, sanitation and hygiene (WASH)

- KIs in 94 (91%) out of 103 assessed communities in Deir-ez-Zor governorate reported issues in relation to latrines and toilets
 while, on average, KIs in the other three governorates in NES reported issues in 258 (37%) of 703 assessed communities.
 Specifically, the three main issues KIs reported in Deir-ez-Zor governorate were lack of privacy (60%), latrines/toilets not being
 clean (50%), and no water available to flush (40%).
- In 3 of the 4 assessed governorates, KIs reported water was fine to drink in the majority of communities in eastern Aleppo (98%), AI-Hasakeh (96%) and Ar Raqqa (70%) governorates. However, KIs in only 32 (31%) of 103 assessed communities in Deir-ez-Zor governorate reported that water was fine to drink.
- KIs in 38 (14%) of 271 assessed communities in Ar-Raqqa reported that people were perceived to be getting sick after drinking the water. This was most commonly reported in the sub-districts of Ar-Raqqa, Jurneyyeh, Karama, Sabka, Suluk and Tell Abiad.

🕏 Health

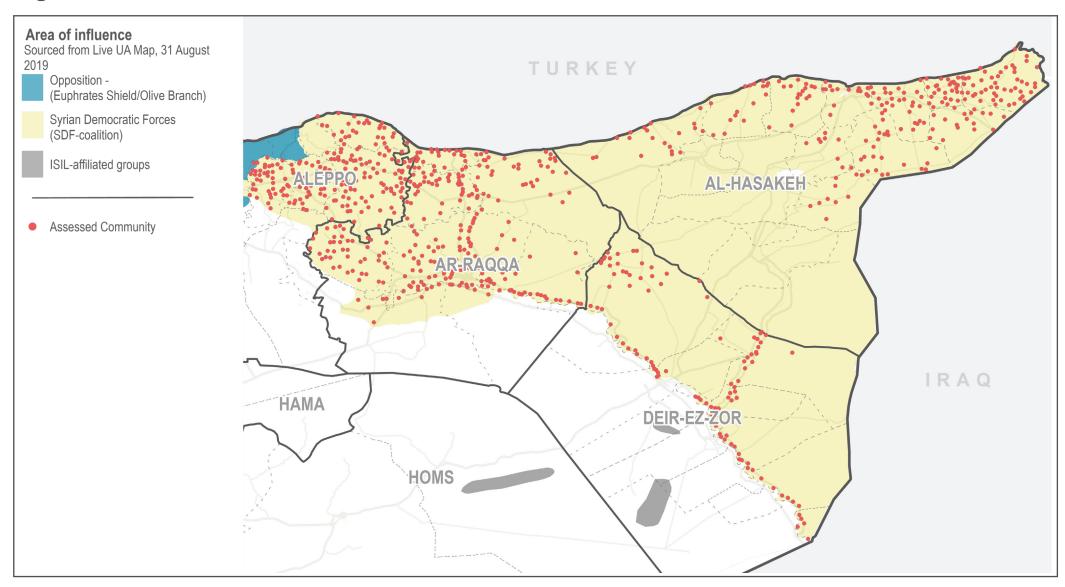
- Across NES, KIs in 186 (23%) of 806 assessed communities reported acute respiratory diseases as a common health problem in their community. However, KIs in 79 (77%) of 103 assessed communities in Deir-ez-Zor governorate reported acute respiratory diseases, indicating that this is a more common health care problem in Deir-ez-Zor governorate than in other NES governorates.
- Especially in Al-Hasakeh governorate problems of equal access to health care were reported. In 12% of communities, Kls
 reported that elderly people were experiencing more barriers to accessing health care than other people. Unequal access to
 health care was also reportedly true for children (according to Kls in 10% of communities) and women (in 9% of communities).

n Shelter and non-food items (NFI)

Deir-ez-Zor governorate was the only assessed governorate in which KIs in the majority of communities reported people using generators as the main source of electricity—65 (63%) out of 103 communities.



Regional areas of influence:



7→ DISPLACEMENT⁴

3,747 - 4,200

Estimated number of IDP arrivals in assessed communities in August 2019.

Estimated number of spontaneous 17.248 - 19.792 returns in assessed communities in August 2019.5

Communities with the largest estimated number of IDP arrivals:

1,000 Mehbash (Kisreh, Deir-ez-Zor) 800 Hajin (Hajin, Deir-ez-Zor) Jdidet Bikara (Khasham, Deir-ez-Zor) 450

Reported as community, (sub-district, governorate)

Top 3 reported subdistricts of origin for IDP arrivals:6,7

Abu Kamal (Deir-ez-Zor)

Khasham (Deir-ez-Zor)

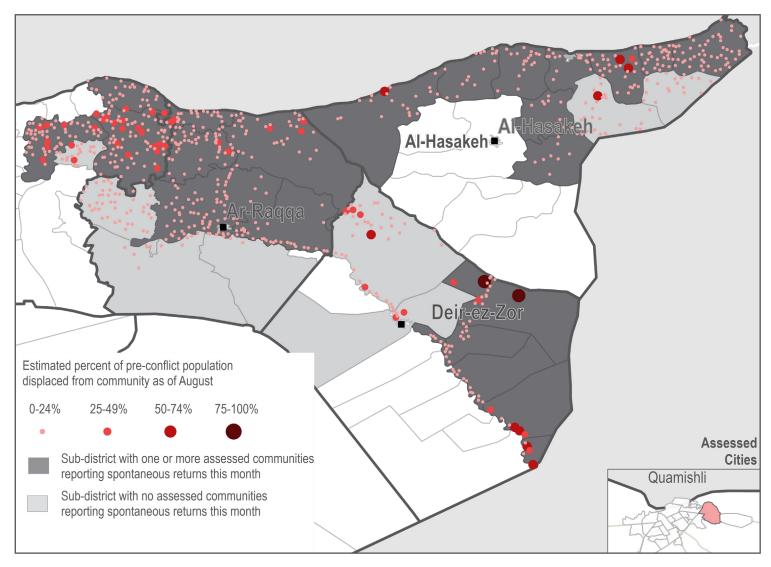
Ar-Ragga (Ar-Ragga)

Reported as sub-district (governorate)

789 communities reported no PCP departures in August.8 Top 3 reasons for PCP departures in the remaining 17 assessed communities:6,7,9

Loss of income	71%
Reduced access to basic services	41%
Access to money to pay for departure	29%

Estimated proportion of pre-conflict population (PCP) displaced from community:



FOOD SECURITY & LIVELIHOODS

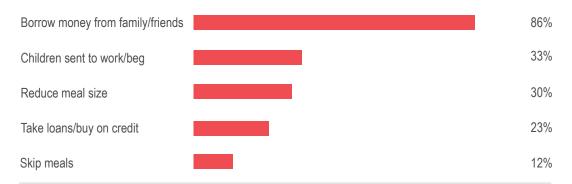
109/806 Communities reported having received food distributions in the last month.

154/806 Communities reported that residents were unable to access shops and markets.

0/806 Communities reported that residents used extreme food-based coping strategies to deal with insufficient income.¹⁰

From 50,000 to 100,000 SYP Most commonly reported household monthly income range.¹

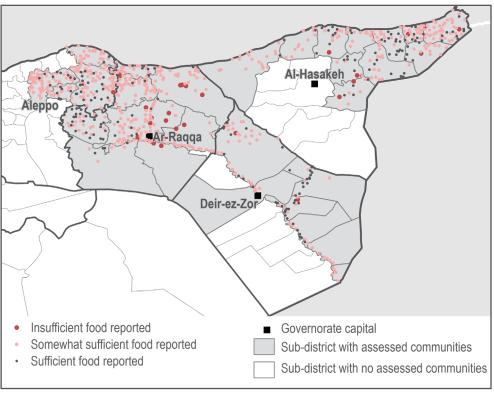
69 communities reported that residents had enough income to cover household needs. The most commonly reported coping strategies to deal with a lack of income in the remaining 737 assessed communities were:^{6,7,9}



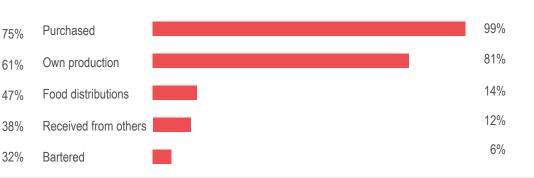
Most commonly reported main sources of income:6,7



Communities that reported having an insufficient quantity of food:11



Most commonly reported ways of obtaining food:6,7



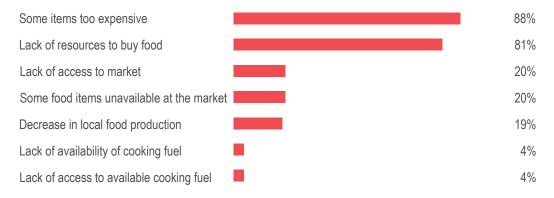
FOOD SECURITY & LIVELIHOODS

Core food item prices reported (in SYP):1,12

Food item:	Regional average price in August 2019:	One month change:	Six month change:
Bread (8 pieces)	140	-3%	+40%
Rice (1 kilogram)	500	0%	+18%
Lentils (1 kilogram)	400	+7%	+33%
Sugar (1 kilogram)	350	0%	+8%
Cooking oil (1 litre)*	4,900	+11%	+24%

^{*}includes the combined vegetable oil and ghee prices

49 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining 757 assessed communities were:6,7,9



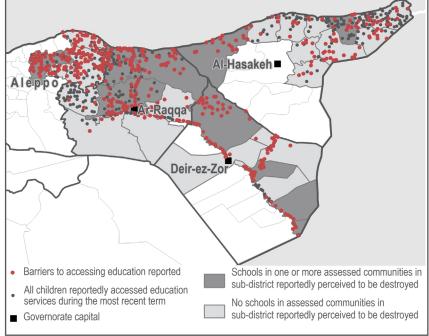
E EDUCATION

755/806 communities reported having functioning primary education facilities, while 227 communities reported having functioning secondary education facilities. 13

308 communities reported that all children were able to access education. The most commonly reported barriers to education in the remaining 498 assessed communities were: 6,7,9



Prevalence of barriers to accessing education services:

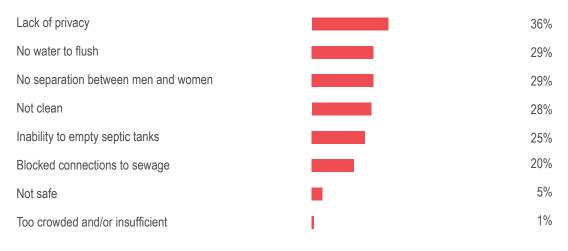


WASH

123/806 Communities reported that water from their primary source tasted and/or smelled bad.

42/806 Communities reported that drinking water from their primary source was perceived to have made people sick.

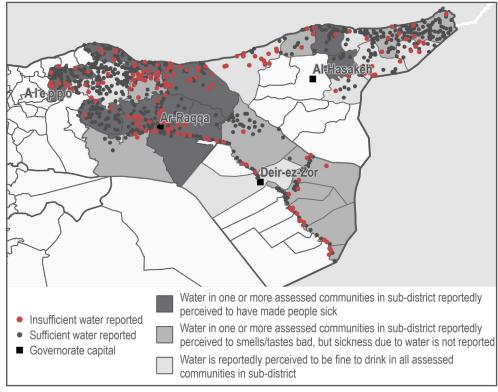
454 communities reported that residents had no problems with latrines. The most commonly reported problems with latrines in the remaining 352 assessed communities were:^{5,7,9}



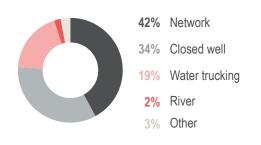
624 communities reported that they had sufficient amounts of water to meet household needs. The most common coping strategies to deal with a lack of water in the remaining 181 assessed communities were:^{6,7,9}

Spend money usually spent on other things to buy water	56%
Modify hygiene practices	52%
Reduce drinking water consumption	38%
Drinking water usually used for other purposes	23%

Communities that reported insufficient amounts of water to meet household needs:11



Primary drinking water source reported:7



Primary method of garbage disposal reported:6,7

Buried or burned	31%
Free public collection	30%
Disposed of at designated site	24%
Paid private collection	8%
Left in street/public area	6%

常 HEALTH

532/806

Communities reported that no assessed medical items were available in their community.¹⁴

167/806

Communities reported that the majority of women did not give birth in a formal health facility.

0/806

Communities reported that some individuals had been diagnosed with SAM (Severe Acute Malnutrition). ¹⁵

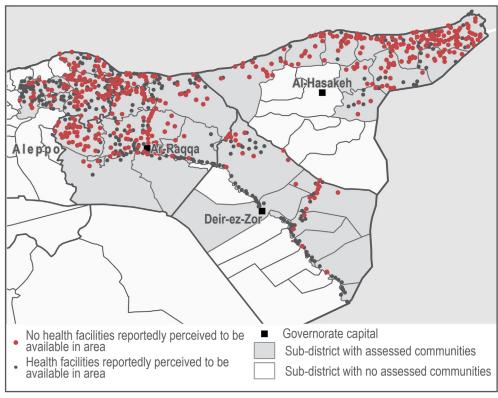
26 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining 780 assessed communities were:^{6,7,9}



348 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining 458 communities were:^{6,7,9}



Presence of medical facilities in assessed communities:



Top 3 most needed healthcare services reported:6,7

71%

68%

13%

Provision of medicines	67%
Chronic disease support	64%
Antenatal care	49%

Top 3 most common health problems reported:^{6,7}

Chronic diseases	77%
Severe diseases affecting those younger than 5	54%
Pregnancy related diseases	34%

SHELTER AND NFI

4,086 SYP Regional average monthly reported rent price in SYP across assessed communities.¹

6,394 SYP Northern Syria average monthly reported rent price in SYP across assessed communities. 1,1

Most commonly reported shelter type for PCP households:7



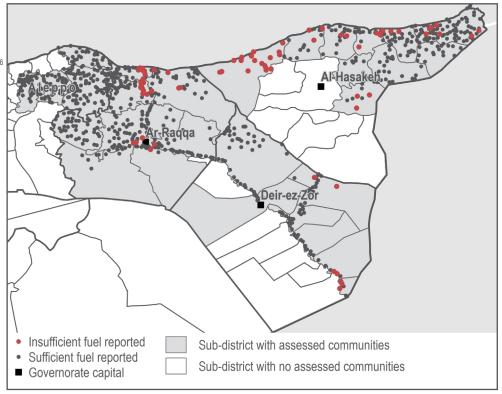
Most commonly reported shelter type for IDP households:7

Independent apartment/house		39%
Shared apartment/house		10%
Tent	1	3%
No information		46%

Reported fuel prices (in SYP):1,2

Fuel type (1L):	Regional average price in August 2019:	One month change:	Six month change:
GoS petrol	410	+16%	+37%
GoS diesel	125	+138%	+127%
Manually refined petrol	162.5	-35%	-19%
Manually refined diesel	112.5	-21%	-13%
Cooking fuel	3,437.5	+10%	+10%

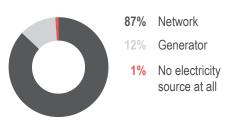
Communities that reported insufficient amounts of fuel to meet household needs:11



733 communities reported no lack of fuel. Most common strategies to cope with lack of fuel in the remaining 48 assessed communities:6,7,9

Burning furniture not in use	62%
Cutting trees to burn	60%
Burning clothes	38%
Burning productive assets	25%
Burning furniture in use	12%

Primary source of electricity reported:⁷



METHODOLOGY

HSOS data collection is conducted through an enumerator network in accessible locations throughout Idleb, Aleppo, northern Hama, Deir-ez-Zor, Ar-Ragga, and Al-Hasakeh governorates. REACH enumerators are based inside Syria and interview Key Informants (KIs) directly in the community about which they are reporting. Where access and security constraints render direct data collection unfeasible, some KI interviews are conducted remotely through participants identified in camps and settlements in neighbouring countries by REACH field teams. Participants contact multiple KIs in their community in Syria to collect information about their community. KIs are asked to report at the community level. KIs generally included local council members, Syrian NGO workers, medical professionals, teachers, shop owners and farmers, among others, and were chosen based on their community-level or sector specific knowledge. In cases where KIs disagree on a certain piece of information, enumerators triangulate the data with secondary sources or select the response provided by the KI with the more relevant sector-specific background. For each question asked, confidence levels are assigned based on the KI's area of expertise and knowledge of the sector-specific situation. The confidence levels associated with each question are presented in the final dataset. The full confidence matrix used to assign confidence levels is available upon request.

Findings are triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-up is conducted with enumerators and participants. Findings are indicative rather than representative, and should not be generalised across the region.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH info.

ENDNOTES

KEYEVENTS AND DEVELOPMENTS

- ^a Sen. (18 October 2017). After the Battle for Raqqa, Now Comes the Hard Part. News Deeply. Retrieved from https://newsdeeply.com/syria.
- ^b UNHCR. (21 January 2018). Syria Crisis: Northeast Syria Situation Report No. 20 (1 December 31 December 2017). Retrieved from https://reliefweb.int.
- ^c El Dahan, M. (9 October 2018). War and drought produce Syria's smallest wheat crop in 30 years: U.N. Reuters. Retrieved from https://reuters.com.
- ^d United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA). (15 December 31 March 2019). Syria Crisis: Northeast Syria. Situation Report No. 31. Retrieved from https://reliefweb.int.
- ^e BBC. (23 March 2019). IS 'caliphate' defeated but jihadist groups remains a threat. Retrieved from https://www.bbc.com.
- ^f Smart News Agency. (26 May 2019). Self-administration reported approximately 2,500 hectares fired in Northeast Syria. Retrieved from https://smartnews-agency.com.
- ⁹ Smart News Agency. (26 May 2019). Fire affected areas of wheat and barley fields in Ar-Raqqa governorate. Retrieved from https://smartnews-agency.com.
- ^h Al Jazeera. (24 August 2019). Turkey-US ops centre on Syria safe zone 'fully operational'. Retrieved from https://aljazeera.com.
- Smart News (31 August 2019). Dozens of families have been displaced from the town of Tal Abyad, which borders Turkey, north of Ar-Ragga. Retrieved from https://smartnews-agency.com.

MAIN TEXT

- ¹1 USD = 614 SYP (See Syria Market Monitoring Dataset August 2019).
- ² 18 items comprise the Survival Minimum Expenditure Basket (SMEB), which represents the minimum culturally adjusted items required to support a 6-person household for a month. SMEB items: Bread, bulgur, chicken, eggs, fresh vegetables, ghee/vegetable oil, red lentils, rice, salt, sugar, tomato paste, bathing soap, laundry/dish soap, sanitary pads, toothpaste, cooking fuel, water trucking, smartphone data, float (other costs).
- ³ All information and figures reported in HSOS factsheets refer to the situation in assessed communities and cannot be generalised to other non-assessed communities of the region.
- ⁴ For population numbers, KIs were asked to provide the number of resident and IDPs present in the community as of 31 August 2019. A minimum of three KIs were interviewed in each assessed community. Where discrepancies in the information provided by KIs were deemed too large, further triangulation with additional KIs and local organizations was conducted. Estimated individual figures in this report are rounded to the nearest tenth.

Discrepancies with other available population data may be the result of any of the following: differences in assessment coverage dates; differences in definitions of population sub-groups (IDPs and residents); differences in geographic scope of assessed locations (e.g. included/excluded nearby camps and sites); differences in KI types interviewed; and differences in average household sizes used to calculate individual numbers, among others.

The definition of IDPs used by enumerators for this assessment was 'Individuals or groups of people who have been forced to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights, or natural or man-made disasters, and who have not crossed an international border'.

- ⁵ Spontaneous returns refers to IDPs or refugees who return to their community of origin that they left due to conflict but not necessarily to their places of habitual residence (their former homes); who intend to remain in the community for an undetermined period; and who do not meet the IASC framework on durable solutions (IASC framework includes "not necessarily voluntary, safe or sustainable" elements).
- ⁶ Assessed using select multiple questions.
- ⁷ By percentage of communities reporting.
- 8 The definition of resident (pre-conflict) population (PCP), was 'Individuals or groups of people who

- currently reside in their communities of origin, or communities of permanent residence prior to the Syrian conflict. This includes populations that were never displaced as well as previously displaced populations that have returned to their communities of origin'.
- ⁹ Not all surveys have answers for every question, in these scenarios the KI or participant will input no answer. When the dataset has no answer for a particular question the reported number of assessed communities will not add up to the total number of communities assessed and percentages will be calculated based on submitted responses.
- ¹⁰ Extreme food-based strategies: eating food waste; eating non-edible plants and spending days without eating.
- ¹¹ Based on KI perception of sufficiency.
- ¹² Bread, rice, lentils, sugar, and cooking oil are considered core food items used in food baskets across Syria. For further information on all SMEB items please see the <u>Northeast Syria Market Monitoring Situation Overview August 2019</u>.
- ¹³ Reported numbers indicate the number of communities with functioning primary and secondary education facilities during the data collection period. It is important to note that simply having a functioning facility is not indicative of students being able to attend said facility. In addition, in some cases KIs reported that children attend schools in a neighbouring community.
- ¹⁴ Assessed HSOS medical items; anti-anxiety medication, contraception, clean bandages, blood transfusion bags, diabetes medicine, anaesthetics, blood pressure medicine, antibiotics, burn treatment.
- ¹⁵ This information was derived from medical professionals (KIs). The number of total communities refers to all communities that had a KI as medical professional available.
- ¹⁶ Includes HSOS data for Idleb, Aleppo, northern Hama, Deir-ez-Zor, Ar-Raqqa and Al-Hasakeh governorates.