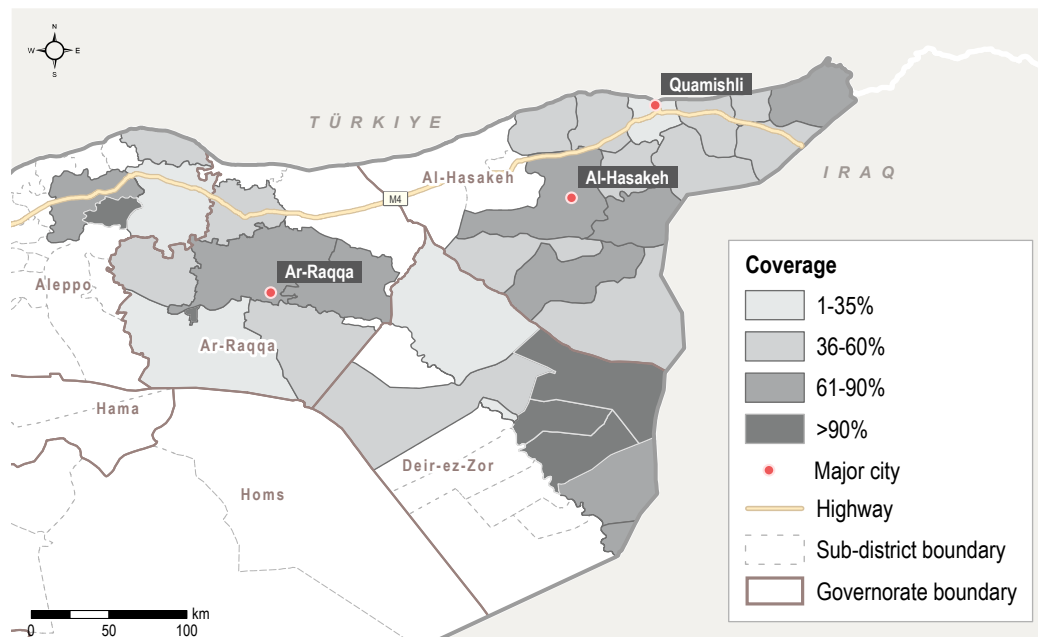


Introduction and Methodology

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

The assessment is conducted using a key informant (KI) methodology at the community level. REACH enumerators are based inside Syria and interview three to five KIs per assessed location, either directly or remotely (via phone). KIs are chosen based on their community-level and sector-specific knowledge. This factsheet presents information gathered in **1,266 communities** across Aleppo¹ (225 communities), Ar-Raqqa (251 communities), Al-Hasakeh (698 communities), and Deir-ez-Zor (92 communities). **Data was collected between 5-16 June 2022 from 4,624 KIs** (18% female). Unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection. Findings are indicative rather than representative, and should not be generalized across the population and region. Findings that are calculated based on a subset of the community are indicated by the following footnote ♦, with each subset specified in the endnotes.

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



Key Highlights

In June, the declining economic situation in northeast Syria limited households' access to essential food items, water, and health services.

- Rising food costs are complicated by wheat shortages.** Wheat shortages were largely driven by the lack of adequate agricultural outputs as a result of the deteriorating local economy and increasingly severe drought conditions in the region.^a These shortages have been exacerbated by the conflict in Ukraine, which has affected wheat prices and supply globally.^b Such shortages are bound to increase food insecurity due to the unaffordability of wheat products on the market.^c Accordingly, KIs in 82% of assessed communities reported essential food items were unaffordable, and bread was the third most cited priority food need, reported by KIs in 66% of assessed communities for both residents and IDPs.

- Access to water slightly decreased.** KIs in 69% of assessed communities reported that households had insufficient access to water, up from 61% in April. While households mainly rely on the piped network for drinking water, a lack of water from the network forced households to use costly private water trucking to meet their drinking water needs. The high cost of water meant that households had to spend money on water at the cost of other necessities (reported by KIs in 45% of assessed communities). Commonly used strategies to avoid running out of water include bathing or doing laundry less frequently, reported by KIs in 46% and 42% of assessed communities, respectively. Households mainly reduced water consumption for hygiene and sanitation, raising the risk for increased public health needs.^d

- The unaffordability of health services decreased access to healthcare.** KIs in 90% of assessed communities reported households could not afford health services. It was especially difficult for households to access medicines, as KIs in 67% of assessed communities reported medicines and other commodities as the top priority healthcare need. To cope with a lack of health access, KIs in 96% of assessed communities reported households went to a pharmacy instead of a clinic, and KIs in 27% of assessed communities reported households substituted prescribed medication for herbal medicine.

HSOS Dashboard

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



Priority Needs and Humanitarian Assistance



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

	FIRST	SECOND	THIRD	OVERALL	
1	Livelihoods	Livelihoods	Livelihoods	Livelihoods	81%
2	WASH [▲]	Healthcare	Healthcare	Healthcare	56%
3	Healthcare	WASH	Infrastructure	WASH	54%

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



Yes: 27%
No: 73%

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

- 1% | Livelihoods
- 2% | Healthcare
- 2% | WASH



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

	FIRST	SECOND	THIRD	OVERALL	
1	Livelihoods	Livelihoods	Livelihoods	Livelihoods	85%
2	Food	Food	Healthcare	Healthcare	58%
3	WASH	Healthcare	Summer items [▼]	Food	55%

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



Yes: 37%
No: 63%

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

- 1% | Livelihoods
- 3% | Healthcare
- 30% | Food

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

In communities where access to humanitarian assistance was reported

- Assistance provided was insufficient to cover all people 73% **1**
- Quantity of assistance provided to households was insufficient 51% **2**
- Assistance provided was not relevant to all needs 44% **3**

In communities where no access to humanitarian assistance was reported

- No humanitarian assistance was available 97%
- Not aware if assistance was available 1%
- Perceived discrimination in provision of humanitarian assistance 1%

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

In communities where access to humanitarian assistance was reported

- Assistance provided was insufficient to cover all people in need 64% **1**
- Quantity of assistance provided to households was insufficient 51% **2**
- Assistance provided was not relevant to all needs 43% **3**

In communities where no access to humanitarian assistance was reported

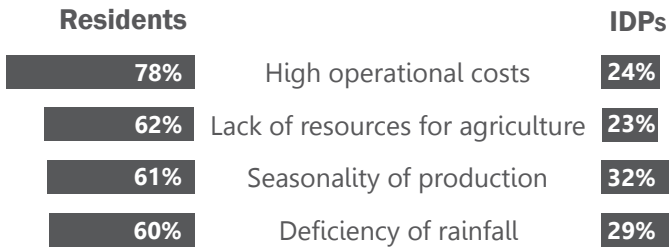
- No humanitarian assistance was available 99%
- Not aware if assistance was available 1%



Economic Conditions

Region	Median estimated monthly household expense for water for a household of six ^{5,6}	Median estimated monthly rent price for a two bed-room apartment ^{5,6}	Median estimated daily wage for unskilled labour ^{5,7,8}
Northeast Syria	16,000 SYP	50,000 SYP	7,000 SYP
Aleppo	8,000 SYP	25,000 SYP	6,000 SYP
Al-Hasakeh	25,000 SYP	80,000 SYP	7,000 SYP
Ar-Raqqa	2,000 SYP	45,000 SYP	7,500 SYP
Deir-ez-Zor	40,000 SYP	45,000 SYP	6,000 SYP

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



79% and 92%

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

82 days

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

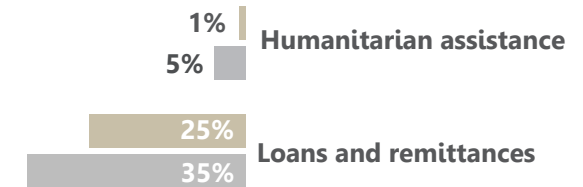
94% and 68%

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

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

Livelihood source	Residents	IDPs
Food crop production	39%	23%
Cash crop production	62%	7%
Livestock products	54%	28%
Sale of livestock	56%	25%

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



Intersectoral findings on unaffordability hindering access to goods and services



KIs in 25% of assessed communities cited that rent was unaffordable for the majority of people



KIs in 59% of assessed communities cited the high cost of fuel for generators as a common challenge



KIs in 70% of assessed communities cited the high cost of solar panels as a common challenge



KIs in 45% of assessed communities cited the high cost of water trucking as a common challenge



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



KIs in 90% of assessed communities cited the high cost of health services as a common challenge



Living Conditions

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

In **79%** of assessed communities reportedly none of the IDP households owned their shelter

In **9%** of assessed communities at least one fifth of the IDP population reportedly lived in unfinished or abandoned residential buildings

In **10%** of assessed communities at least one fifth of the IDP population reportedly lived in tents



A lack of toilets was reported as a shelter issue for IDPs in **15%** of assessed communities



A lack of bathing facilities was reported as a shelter issue for IDPs in **11%** of assessed communities



Problems with the drinking water were reported in **38%** of assessed communities



KIs in 62% of assessed communities reported **No problems, water was safe to drink.**



98%

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



In **18%** of these communities, KIs reported that the **unavailability of certain food items** was a challenge to accessing sufficient food⁸

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

- 1** Relying on less preferred food / lower **79%**
- 2** Borrowing money to buy food **79%**
- 3** Buying food with money usually used for other things **67%**

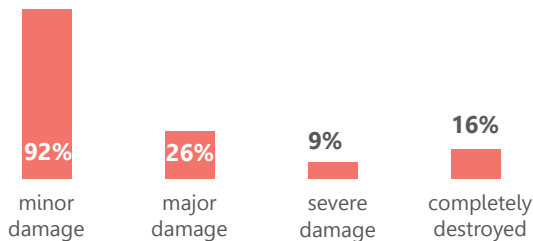


High price of suitable foods formula was the most commonly reported challenge to feeding young children (reported by KIs in 97% of assessed communities)^{4,11}

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

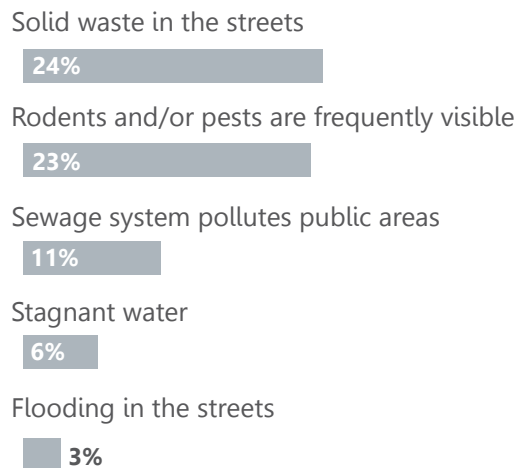
- 1** Own production or farming **44%**
- 2** Relying on food stored previously **33%**
- 3** Food gifts from friends and family **5%**

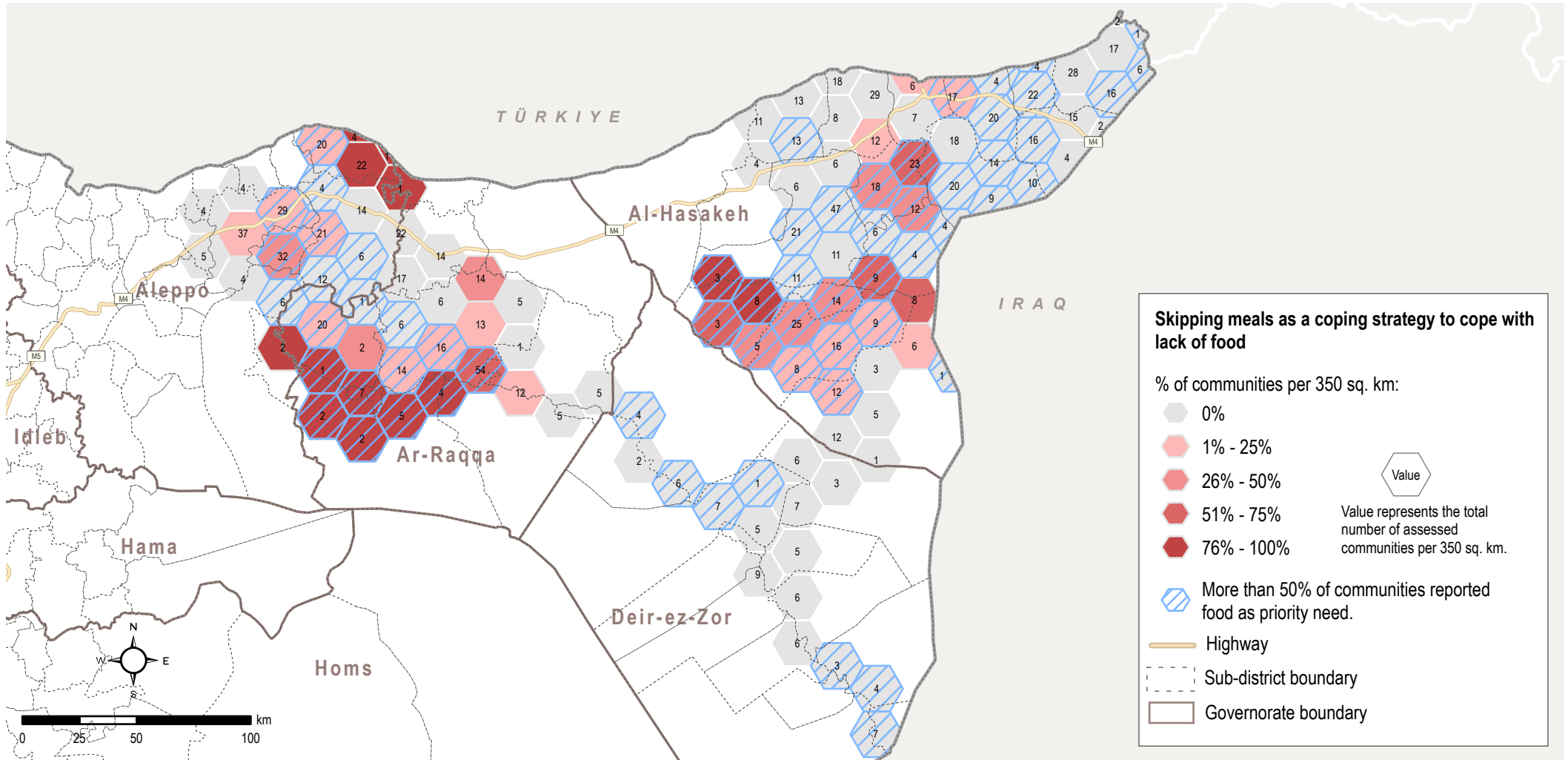
Reported presence of occupied shelters with damage across communities where damages were reported (by % of assessed communities)^{5,10}



Shelter and repair materials being too expensive was the most commonly reported challenge for households to repair their shelter (reported by KIs in 92% of assessed communities)⁴

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





Coping strategy to cope with lack of food - skipping meals

Note on the map
 This map shows the percentage of communities reporting skipping meals as a coping strategy to cope with a lack of food.



Access to Basic Services



Access to Electricity

5-6 hrs per day

was the most commonly reported range for hours of electricity accessible to households (reported by KIs in 37% of assessed communities)

Main network

was the most commonly reported main source of electricity (reported by KIs in 71% of assessed communities)

77%

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



Access to Water

69%

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



Days per week where water from the network was available (by % of 796 communities connected to a water network)

Piped water network

was the most commonly reported source of drinking water (reported by KIs in 37% of assessed communities)

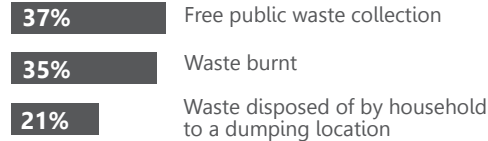


Access to Sanitation

79%

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

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



28%

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



Access to Markets

32%

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

People lack financial means to open shop/market

was the most commonly reported **reason for why markets were not functioning** (reported by KIs in 83% of assessed communities where markets were not functioning)

75%

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

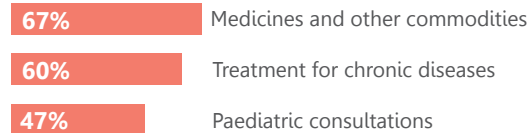


Access to Health Services

71%

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

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



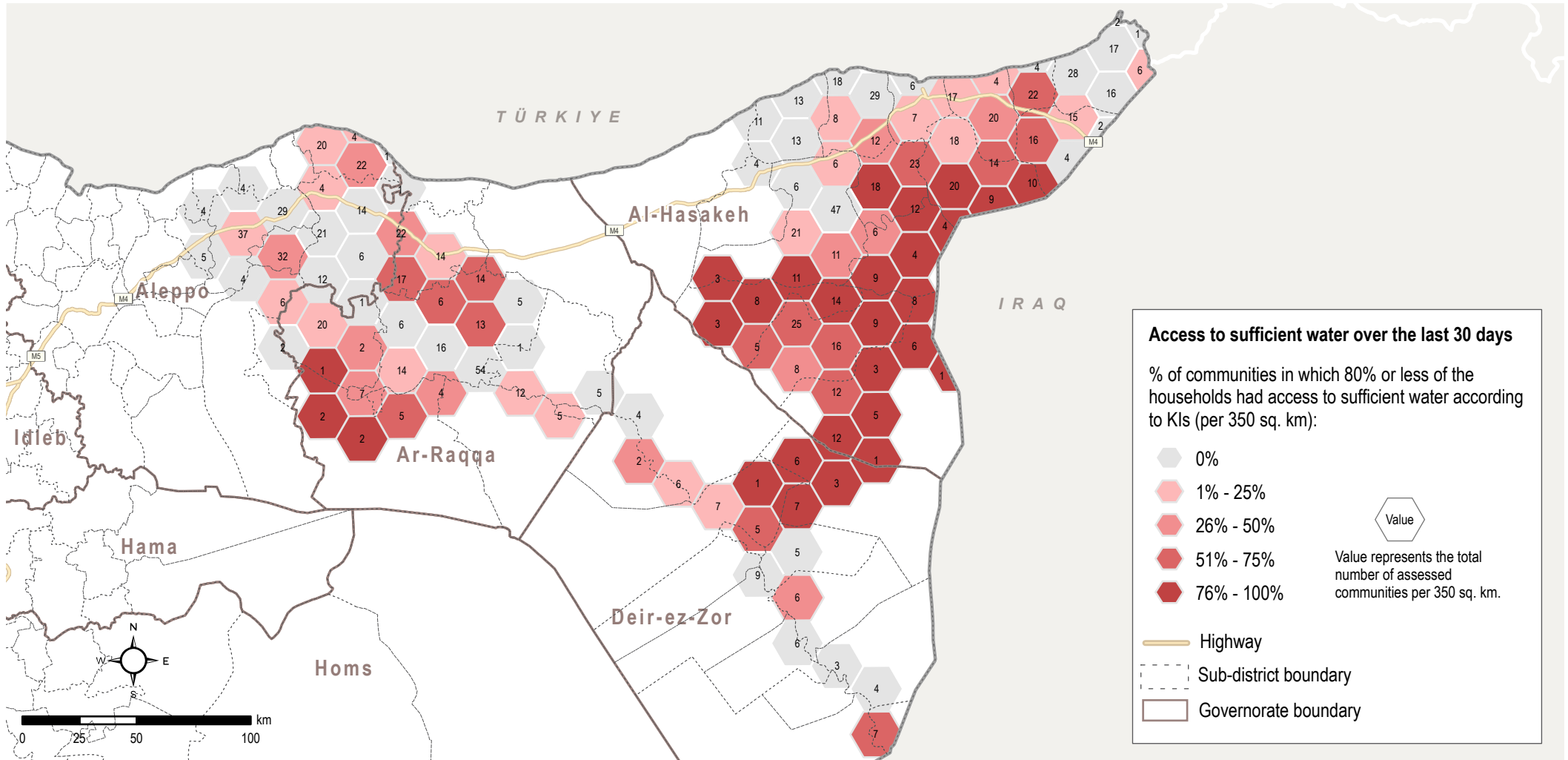
Going to the pharmacy instead of a clinic

was the most commonly reported coping strategy for a lack of healthcare (reported by KIs in 96% of assessed communities)



Access to Education Services

Due to summer holidays, no information on education was collected. Information on access to education services will be displayed again in October.



Access to water

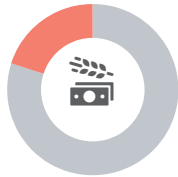
Note on the map

This map shows the percentage of communities in which KIs reported 80% of the households or less had access to sufficient water.



COVID-19

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



None of the available livelihood sectors were affected **80%**

At least one of the available livelihood sectors was partially or totally affected **20%**

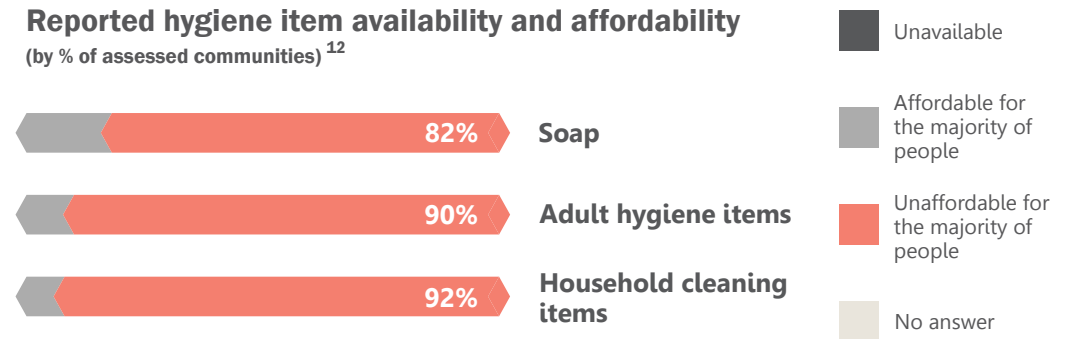
Most commonly reported sectors affected by COVID-19 (by % of assessed communities)

- 18%** Daily waged labour
- 16%** Trading
- 15%** Home based enterprises

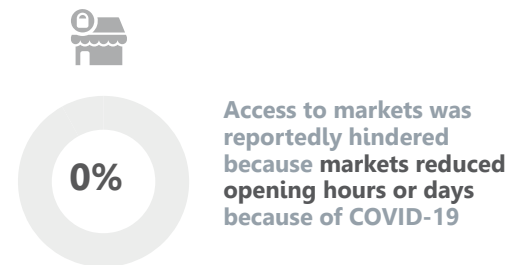
% of assessed communities where COVID-19 risk indicators were reported by KIs

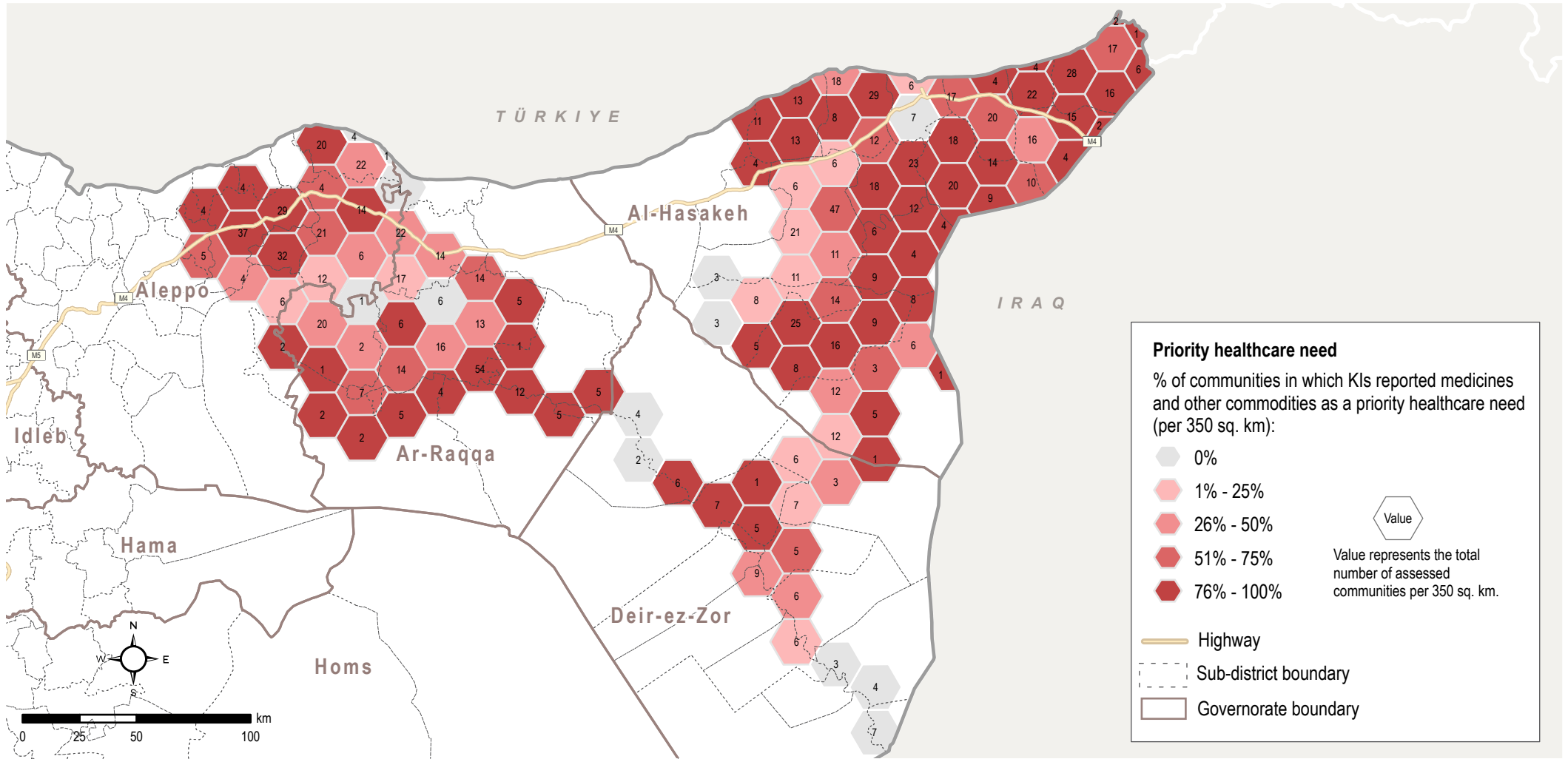
- Overcrowding reported as a shelter inadequacy⁸** **55%**
- Health facilities are overcrowded reported as a barrier to healthcare access** **32%**
- Lack of necessary protective equipment or supplies at health facilities reported as a barrier to healthcare access** **8%**
- Washing hands less frequently reported as a coping strategy for a lack of water** **7%**
- Shortage of health workers reported as a barrier to healthcare access** **9%**
- Lack of medicines or medical equipment at the health facility reported as a barrier to healthcare access** **52%**

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



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





Priority healthcare need - medicines and other commodities

Note on the map
 This map shows the percentage of communities in which KIs reported medicines and other commodities as a priority healthcare need.



Security and Protection

Intersectoral findings on security



General safety and security concerns restricting movement to markets was a reported barrier to market access in **46** communities

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

Movement restrictions was reported as a protection risk in **22** communities⁸



Inter-communal disputes were reported as a protection risk in **25** communities⁸

Threat from shelling was reported as a protection risk in **26** communities⁸

Fear from imminent conflict was reported as a protection risk in **133** communities⁸



The inability to lock homes securely was reported as a shelter inadequacy in **40%** of assessed communities⁸

Lack of privacy inside the shelter was reported as a shelter inadequacy in **61%** of assessed communities⁸

Lack of lighting around the shelter was reported as a shelter inadequacy in **83%** of assessed communities⁸

The security situation was reported as a barrier to shelter repairs in **7%** of assessed communities



Safety and security concerns travelling to health facilities was reported as a barrier to healthcare in **42** communities

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

- 1 81%** Special assistance for vulnerable groups
- 2 51%** Specialised child protection services
- 3 30%** Psychosocial support

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

- 17%** Lack or loss of civil documentation as a protection risk
- 15%** Some people did not have the necessary personal documents as a barrier to accessing humanitarian assistance⁴

% of assessed communities where extreme coping strategies, used by residents and IDPs to meet basic needs, were reported⁴

Residents		IDPs	
11%	Early marriage	12%	
2%	Forced marriage	3%	
5%	High risk work	4%	
2%	Sending family members to beg	3%	
56%	Sending children (15 or below) to work	68%	

Age, Gender, and Diversity

KIs in **36%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to meeting basic needs⁸

KIs in **18%** of assessed communities reported a **lack of employment opportunities for persons with a disability** as a barrier to meeting basic needs⁸

KIs in **13%** of assessed communities reported a **lack of privacy for women and girls at health facilities** as a barrier to healthcare access

KIs in **20%** of assessed communities reported a **lack of market access for people with restricted mobility**

KIs in **5%** of assessed communities reported that **women and girls feel unsafe when traveling to markets**

Children below the age of 12 were reported as a group affected by child labour in **12%** of assessed communities⁸

Hazardous child labour was reported as a protection risk in **54** communities⁸

Endnotes

1. Aleppo governorate includes Menbij and Ain Al Arab districts.
2. KIs were asked to select a first, second, and third highest priority needs in their communities. The ranking shows the sectors most frequently chosen as either first, second or third highest priority. The overall priority need refers to the frequency a sector was selected across all three categories (first, second or third highest priority).
3. KIs could select three answers, thus findings might exceed 100%.
4. KIs could select multiple answers, thus findings might exceed 100%.
5. KIs were asked about the situation at the time of data collection, instead of the last 30 days.
6. KIs had the option to select the price in United States Dollars (USD), Turkish Lira (TRY), or Syrian Pounds (SYP). When the price was not reported in SYP, the NES [Joint Market Monitoring Initiative \(JMMI\)](#) exchange rate was used to calculate the amount in SYP. According to the REACH Market Monitoring June 2022, 1 USD = 3,945 SYP; 1TRY= 240 SYP.
7. According to the NES [JMMI](#) June 2022, 1 USD = 3,945 SYP.
8. Findings for residents and IDPs were merged. The merge was calculated as follows: (option was selected for either residents or IDPs) / (communities reporting challenges/barriers/coping strategies for either residents or IDPs).
9. According to the NES [JMMI](#) June 2022, the Survival Minimum Expenditure Basket (SMEB) = 570,751 SYP.
10. Minor damage (cracks in walls, leaking roof, need of new doors and window repairs, etc.); Major damage (buildings with extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls); Severe damage (buildings with significant structural damage to column slabs, or loadbearing walls, cracking, steel elements and deformations visible in concrete; the building would require extensive repairs); Completely destroyed (buildings with structural damage so significant that rehabilitation is not possible).
11. KIs were asked about the situation in the last two months, instead of the last 30 days.
12. Adult hygiene items include: shampoo, toothbrush, and toothpaste. Household cleaning items include: washing powder, liquid, and dish detergent.

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

<i>Indicator</i>	<i>Subset</i>	<i>Indicator</i>	<i>Subset</i>
<i>N.o of communities reporting on:</i>		<i>N.o of communities reporting on:</i>	
Residents	1265	Barriers to assistance access (IDPs)	413
IDPs	659	Barriers to accessing sufficient food (merge)	1244
Challenges to assistance access (resident)	329	Days when water is available from network	796
Barriers to assistance access (resident)	919	Barriers to markets functioning	403
Challenges to assistance access (IDPs)	236		

Sources

- a. REACH. Briefing Note: Humanitarian Impact of Water Shortages in Northeast Syria (April 2022). Retrieved from: <https://www.impact-repository.org/>
- b. Al Jazeera. (18 June 2022). How did the Russia-Ukraine war trigger a global food crisis. Retrieved from: <https://www.aljazeera.com/>
- c. Joint Market Monitoring Initiative (JMMI). (June 2022). Cash Working Group dataset - Northeast Syria. Retried from: <https://www.reachresourcecentre.info/>
- d. REACH. Briefing Note: Humanitarian Impact of Water Shortages in Northeast Syria (April 2022). Retrieved from: <https://www.impact-repository.org/>

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.