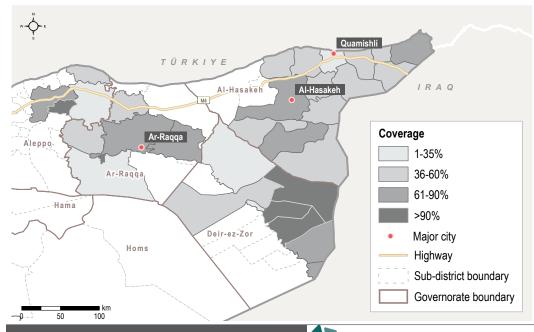
Introduction and Methodology

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 **1259 communities** across Aleppo¹ (225 communities), Ar-Raqqa (246 communities), Al-Hasakeh (696 communities), and Deir-ez-Zor (92 communities). **Data was collected between 3-21 July 2022** from **4,323 KIs** (16% 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

July findings highlight the ongoing impact of Northeast Syria's (NES) economic crisis on access to livelihoods, water, healthcare, and food. Economic insecurity affected people's ability to meet basic needs and forced them to engage in negative coping strategies. Drinking water was one of the most reported Water, Sanitation and Hygiene (WASH) priority needs. Households struggled to afford to pay for health services. The currency depreciation contributed to an increase in market prices, which complicated food access.

• Economic insecurity affected people's ability to meet basic needs. Livelihoods was the most commonly reported priority need for both host communities and internally displaced people (IDPs). Insufficient income and a lack of employment opportunities that match people's skills were the most commonly reported barriers to meeting basic needs, reported by KIs in 94% and 66% of assessed communities, respectively. To cope with the lack of income/resources to meet basic needs, KIs indicated that households engaged in negative coping strategies. KIs reported that households borrowed money from family or friends in 91% of assessed communities, a proportion of children were sent to work in 57% of assessed communities, and households purchased items on credit in 52% of assessed communities.

• As groundwater levels declined and rainfall levels remained low this summer,^a access to water remained challenging. KIs in 69% of assessed communities reported that households did not have access to enough water to fulfill their needs in the month prior to data collection. Drinking water was the second most reported priority WASH need in NES. 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 trucking was the most reported barrier to accessing sufficient water, reported by KIs in 66% of assessed communities, and meant that households had to spend money on water at the cost of other necessities, reported by KIs in 49% of assessed communities.

• Healthcare was reported as one of the top three priority needs for both host communities and IDPs. 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 66% of assessed communities reported medicines and other commodities as the top priority healthcare need. To cope with a lack of health access, KIs in 97% of assessed communities reported households went to a pharmacy instead of a clinic, and KIs in 26% of assessed communities reported households substituted prescribed medication for herbal medicine.

• **High prices complicated access to food.** The Syrian pound depreciated since June, dropping from 3,945 to 4,000 SYP per USD in July,^{b,c} which contributed to an increase in market prices. KIs in 83% of assessed communities also reported that food was available in markets, but essential food items were too expensive.

HSOS Dashboard

For a breakdown of sector-specific indicators by location, please see the <u>HSOS</u> <u>dashboard</u>. The interactive HSOS dashboard provides a monthly sectoral overview of key indicators disaggregated at the sub-district and community level.





Feedback on improvements to this product can be done anonymously using the following link.



Priority Needs and Humanitarian Assistance



	FIRST	SECOND	THIRD	OVERALL	
1	WASH▲	Livelihoods	Livelihoods	🛅 Livelihoods	82%
2	Livelihoods	WASH	Healthcare	س WASH	61%
3	Healthcare	Healthcare	Infrastructure	इं Healthcare	57%

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



% of assessed communities where KIs reported the presence of the following types of assistance for residents⁴

- 1% Livelihoods
- 2% WASH
- 3% Healthcare

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

2

3

In communities where access to)
humanitarian assistance was reported	

- Assistance provided was insufficient to cover all people in need Quantity of assistance provided to households was insufficient
 - Assistance provided was not relevant to all needs 41%

i communities where no access to
umanitarian assistance was reported

- **94%** No humanitarian assistance was available
- **5%** Not aware if assistance was available
- **1%** People not aware of the procedures to follow to receive assistance

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

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	FIRST	SECOND	THIRD	OVERALL	
1	Food	Livelihoods	Livelihoods	Eivelihoods	79%
2	Livelihoods	Food	Healthcare	ङ्ठं Healthcare	55%
3	WASH	Healthcare	Summer items ▼	🛎 Food	55%

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



% of assessed communities where KIs reported the presence of the following types of assistance for IDPs⁴

1% Livelihoods
4% Healthcare
31% Food

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

2

3

In communities where access to humanitarian assistance was reported

- Assistance provided was insufficient to cover all people in need **70%**
 - Quantity of assistance provided to households was insufficient **56%**
 - Assistance provided was not relevant to all needs

In communities where no access to humanitarian assistance was reported

- **98%** No humanitarian assistance was available
- 1% Not aware if assistance was available



NESNGO \blacktriangle Water Sanitation and Hygiene (WASH)

FORUM \blacksquare Summer items include fans, sleeping nets, and water cooler boxes.

Humanitarian Situation Overview in Syria (HSOS)

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	20,000 SYP	50,000 SYP	7,000 SYP
Aleppo	10,000 SYP	25,000 SYP	7,000 SYP
Al-Hasakeh	30,000 SYP	90,000 SYP	7,000 SYP
Ar-Raqqa	2,000 SYP	50,000 SYP	8,000 SYP
Deir-ez-Zor	35,000 SYP	45,000 SYP	6,500 SYP

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



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

Livelihood source	Residents	IDPs
Food crop production	40%	24%
Cash crop production	62%	7%
Livestock products	50%	25%
Sale of livestock	56%	27%

77% and **91%**

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

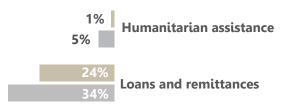
79 days

Number of days the average day labourer would need to work to earn the monthly cost of basic SMEB^A items 5.9

95% and 66%

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

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



Intersectoral findings on unaffordability hindering access to goods and services

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

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

KIs in **73%** of assessed communities cited the high cost of **solar panels** as a common challenge

KIs in 46% of assessed communities cited the high cost of water trucking as a common challenge

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- KIs in 82% of assessed communities cited the high cost of **food** as a common challenge ⁸
- Ż KIs in 90% of assessed communities cited the high cost of **health services** as a common challenge



Living Conditions

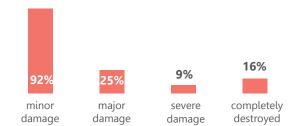
In **93%** of assessed communities at least **80%** of the resident population reportedly owned their shelter

In **80%** of assessed communities reportedly none of the IDP households owned their shelter

In **10%** of assessed communities at least one fifth of the IDP population reportedly lived in unfinished or abandoned residential buildings

In 8% of assessed communities at least one fifth of the IDP population reportedly lived in tents

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



Shelter and repair materials being too expensive was the most commonly reported challenge for households to repair their shelter (reported by KIs in 92% of assessed communities) ⁴ A lack of toilets was reported as a shelter issue for IDPs in **14%** 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 **39%** of assessed communities

 No problems, water was safe to drink was the most commonly reported problem with drinking water (reported by KIs in 61% of assessed communities)

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

Rodents and/or pests are frequently visible

27%

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Solid waste in the streets

21%

Sewage system pollutes public areas

Stagnant water

7%

Flooding in the streets



28%

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

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

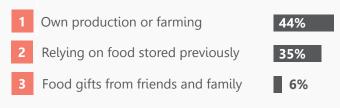
Most commonly reported coping strategies for a lack of food (by % of assessed communities) 4

1	Borrowing money to buy food	80%
2	Relying on less preferred food / lower food quality	79%
3	Buying food with money usually used for other things	70%



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}

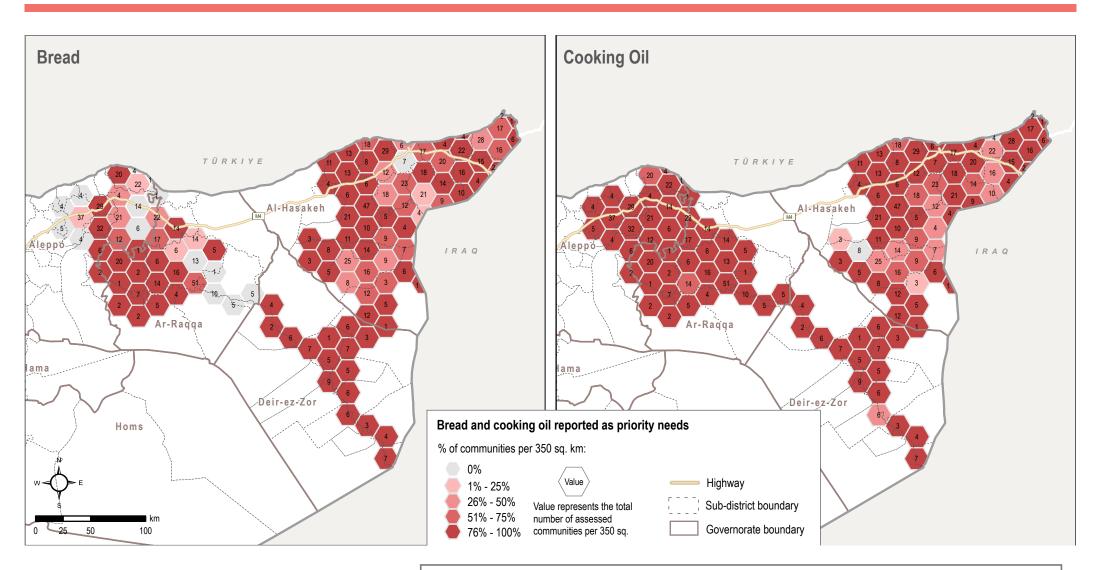
Commonly reported sources of food for households other than markets (by % of assessed communities) ⁴



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Food priority needs

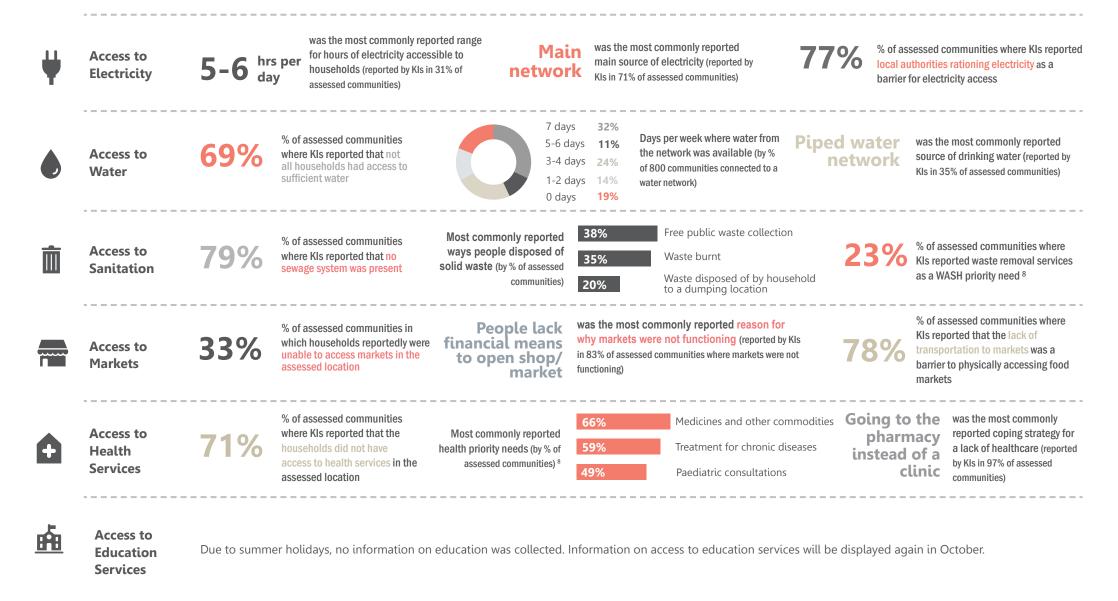
Note on the map

This map shows the percentage of communities where bread and cooking oil were reported as priority food needs. In NES, cooking oil was the most commonly reported priority food need, and bread was the third most commonly reported priority food need.



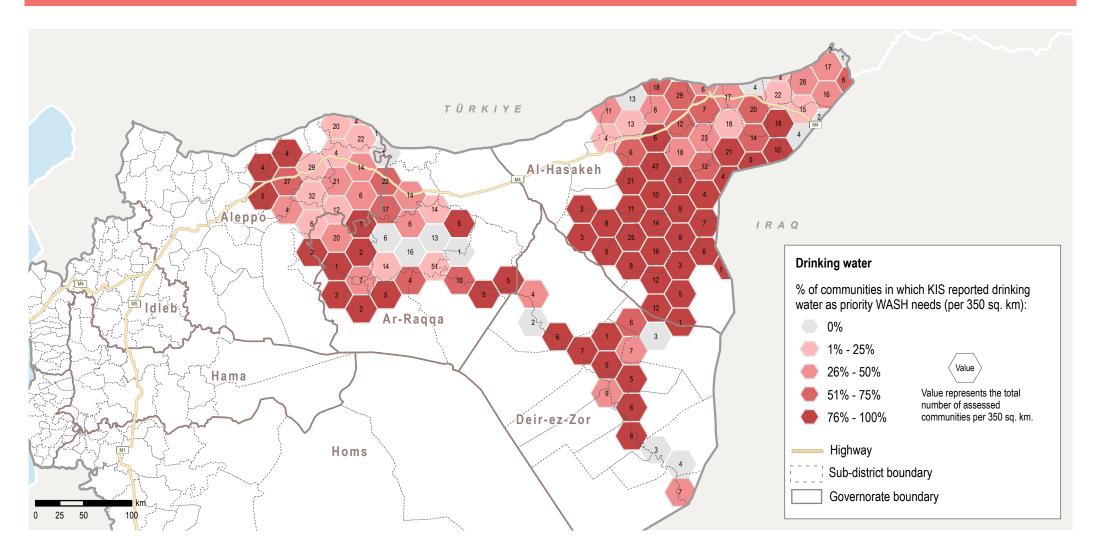


Access to Basic Services









WASH priority needs

Note on the map

This map shows the percentage of communities where drinking water was reported as a priority WASH need. Drinking water was the second most commonly reported WASH need in NES.





Unavailable

Northeast Syria

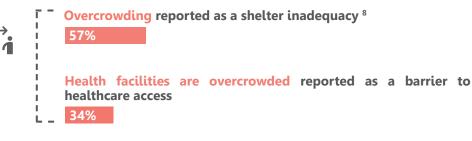
COVID-19

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



None of the available livelihood 84% sectors were affected At least one of the available livelihood sectors was partially or 16% totally affected

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





Washing hands less frequently reported as a coping strategy for

- 7%
- 3

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- - Shortage of health workers reported as a barrier to healthcare access
 - 11%

6%

a lack of water

Lack of medicines or medical equipment at the health facility reported as a barrier to healthcare access

52%

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



Shops/markets

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



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



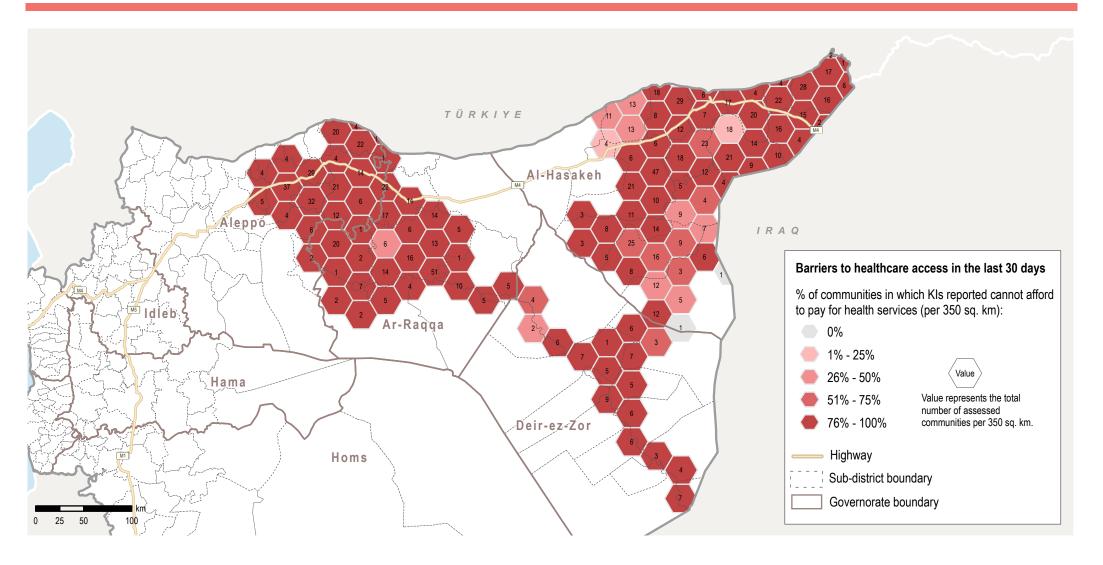
reportedly hindered because markets reduced opening hours or days because of COVID-19





NESNGO Findings on the availability and market prices of COVID-items (including FORUM masks, gloves, sanitiser, bleach, etc.) can be found in the <u>REACH Market</u>





Barriers to healthcare access

Note on the map

This map shows the percentage of communities in which KIs reported households could not afford to pay for health services. This was the most commonly reported barrier to accessing healthcare in the region.







Security and Protection

Intersectoral findings on security

- General safety and security concerns restricting movement to markets was a reported barrier to market access in 22 communities
- General safety and security concerns at markets was a reported barrier to market access in **16** communities
- Movement restrictions was reported as a protection risk in 2 communities ⁸
- Tribal disputes were reported as a protection risk in 17 communities ⁸
- Threat from shelling was reported as a protection risk in 23 communities ⁸
- Fear from imminent conflict was reported as a protection risk in **171** communities ⁸
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The inability to lock homes securely was reported as a shelter inadequacy in **37%** of assessed communities ⁸

Lack of privacy inside the shelter was reported as a shelter inadequacy in **61%** of assessed communities ⁸

Lack of lighting around the shelter was reported as a shelter inadequacy in 83% of assessed communities ⁸

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 43 communities

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



18%

15%

11%

9%

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

Lack or loss of civil documentation as a protection risk

Some people did not have the necessary personal documents as a barrier to accessing humanitarian assistance *

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

Resid	ents	IDP
11%	Early marriage	13%
4%	Forced marriage	8%
4%	High risk work	3%
2%	Sending family members to beg	4%
56%	Sending children (15 or below) to work	67%

Age, Gender, and Diversity

	KIs in 34% of assessed communities reported a lack of employment opportunities for women as a barrier to meeting basic needs ⁸
	 KIs in 18% of assessed communities reported a lack of employment opportunities for persons with a disability as a barrier to meeting basic needs ⁸
a	KIs in 13% of assessed communities reported a lack of privacy for women and girls at health facilities as a barrier to healthcare access
ary	KIs in 20% of assessed communities reported a lack of market access for people with restricted mobility
ng ic	KIs in 5% of assessed communities reported that women and girls feel unsafe when traveling to markets
D _S	
%	 Children below the age of 12 were reported as a group affected by child labour in 13% of assessed communities ⁸
%	 Hazardous child labour was reported as a protection risk in 36 communities ⁸



Endnotes

1. Aleppo governorate includes Menbij and Ain Al Arab districts.

2. KIs were asked to select a first, second, and third highest priority needs in their communities. The ranking shows the sectors most frequently chosen as either first, second or third highest priority. The overall priority need refers to the frequency a sector was selected across all three categories (first, second or third highest priority).

3. KIs could select three answers, thus findings might exceed 100%.

4. KIs could select multiple answers, thus findings might exceed 100%.

5. KIs were asked about the situation at the time of data collection, instead of the last 30 days.

6. KIs had the option to select the price in United Stated 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 July 2022, 1 USD = 4,000 SYP; 1 TRY= 240 SYP.

7. According to the NES JMMI July 2022, 1 USD = 4,000 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 July 2022, the Survival Minimum Expenditure Basket (SMEB) = 555,730 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 (accesss/barriers/ inadequacies/damages/coping strategies/risks etc.) for the relevant population group(s)

Indicator N.o of communities reporting on:	Subset	Indicator N.o of communities reporting on:	Subset
Residents	1258	Barriers to assistance access (IDPs)	414
IDPs	650	Barriers to accessing sufficient food (merge)	1237
Challenges to assistance access (resident)	269	Days when water is available from network	800
Barriers to assistance access (resident)	980	Barriers to markets functioning	413
Challenges to assistance access (IDPs)	225		

Sources

a. European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). (July 2022). Syria - Severe Drought. Daily Flah of 18 July 2022. Retrieved from: <u>https://reliefweb.int</u>

b. Joint Market Monitoring Initiative (JMMI). (June 2022). Cash Working Group dataset -Northeast Syria. Retried from: <u>https://www.reachresourcecentre.info</u>

c. Joint Market Monitoring Initiative (JMMI). (July 2022). Cash Working Group dataset - Northeast Syria. Retried from: <u>https://www.reachresourcecentre.info</u>

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.reachinitiative.org. You can contact us directly at: geneva@reach-initiative.org.