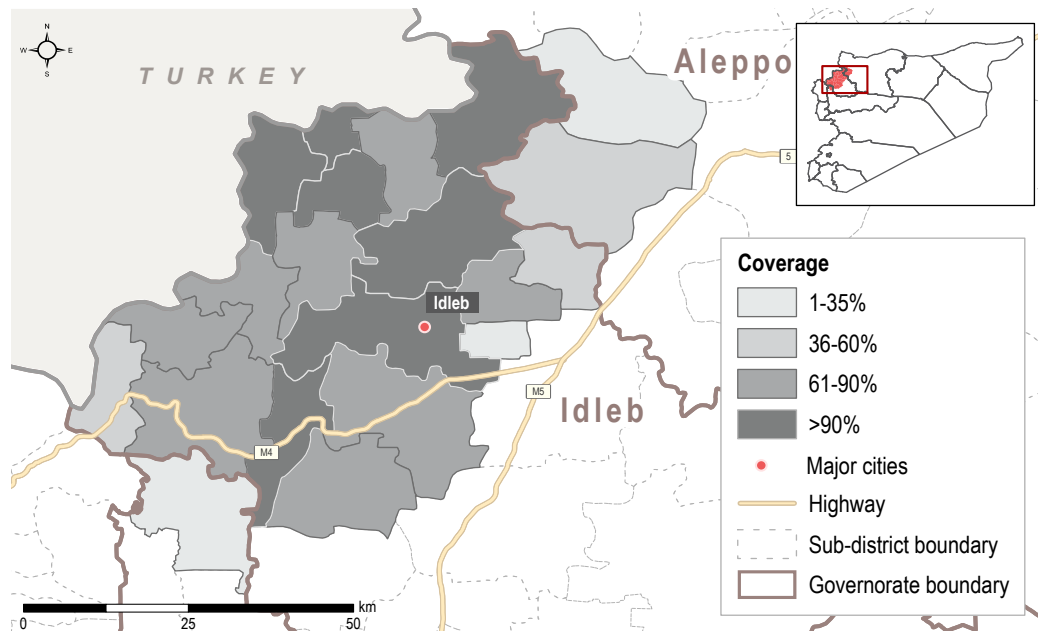


Introduction and Methodology

HSOS is a monthly assessment that provides comprehensive, multi-sectoral information about the humanitarian needs and conditions 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 the Greater Idleb area in Northwest Syria (NWS). **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 six 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 **370 communities** across the greater Idleb area.¹ **Data was collected between 12-25 May 2022 from 1,353 KIs** (13% 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 May, humanitarian conditions in Greater Idleb remained problematic. The conflict in Ukraine had knock-on effects on essential food item prices in Greater Idleb. Dwindling international aid, paired with high prices, decreased access to food and healthcare.

- The conflict in Ukraine had knock-on effects on essential food item prices in Greater Idleb.** Ukraine and Russia together produce 73% of globally traded sunflower oil which the countries are now unable to export at previous levels.^a In response to the crisis, global vegetable oil prices rose by almost 30% since the onset of the crisis until the beginning of May and sunflower oil prices increased by more than 40%.^b In Greater Idleb, cooking oil prices increased by 60% from early February to early March 2022, before recovering slightly towards April. However, cooking oil prices were already largely unaffordable to households in Greater Idleb before the onset of the crisis, with KIs in 56% of assessed communities reporting it as a priority food need for IDPs in February 2022 and 53% for residents. In May, this increased to 80% and 77%, respectively. This is concerning as vegetable oils are the second most important food group in terms of calories supplies, and further provide an important source of nutrients.^c

- High food prices, paired with dwindling international aid, decreased access to food.**^d The high price of food meant that KIs in 91% of assessed communities reported that despite markets existing and food being available, essential food items were unaffordable. This should be seen in the context of heavy reliance on aid, with KIs in 69% of communities reporting residents receiving food assistance, and 77% for IDPs. Given reports of the World Food Programme (WFP) decreasing the size of their food bundles from May 2022 onwards,^e access to food will likely decrease. In communities where access to humanitarian assistance was reported, KIs in half of communities reported that the quantity of assistance provided was insufficient.

- Health services continued to be at risk following cuts in international aid.** The health sector in Greater Idleb lacks self-financing and depends on the support provided by international donors through humanitarian and international organisations operating in the region.^f Since the past ten months, international aid to the health sector dropped by 40% following the overall reduction of international assistance to Syria.^g This led to shortages in staff, medicines, equipment, and unaffordable health services. In May, a lack of medicines/medical equipment and the unaffordability of health services were widespread issues, reported by KIs in 62% (48% in August 2021) and 57% (46% in August) of the assessed communities, respectively. Increased shortages in medicines and equipment, coupled with the high cost of services, made accessing healthcare particularly difficult for populations across Greater Idleb.

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.



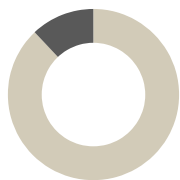
Priority Needs and Humanitarian Assistance



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

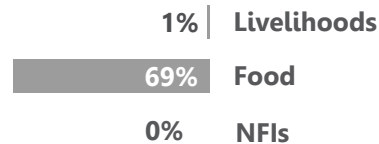
	FIRST	SECOND	THIRD	OVERALL	
1	Food	Livelihoods	Livelihoods	Livelihoods	77%
2	Livelihoods	Food	NFIs ▲	Food	60%
3	Healthcare	NFIs	Infrastructure	NFIs	46%

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



Yes: **88%**
No: **12%**

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



Most commonly reported barriers that resident households faced in accessing humanitarian assistance (by % of assessed communities) ^{4, 5}

In communities where access to humanitarian assistance was reported

- Assistance provided was insufficient to cover all people **75%** **1**
- Assistance provided was not relevant to all needs **47%** **2**
- Quantity of assistance provided to households was insufficient **46%** **3**

In communities where no access to humanitarian assistance was reported

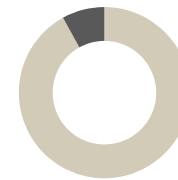
- No humanitarian assistance was available **91%**
- Distribution points were too far or the routes were inaccessible **9%**



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

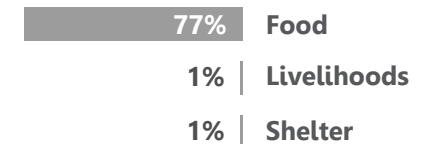
	FIRST	SECOND	THIRD	OVERALL	
1	Shelter	NFIs	Livelihoods	Food	61%
2	Food	Food	NFIs	Livelihoods	57%
3	Livelihoods	WASH	Food	Shelter	53%

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



Yes: **92%**
No: **8%**

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



Most commonly reported barriers that IDP households faced in accessing humanitarian assistance (by % of assessed communities) ^{4, 5}

In communities where access to humanitarian assistance was reported

- Assistance provided was insufficient to cover all people **76%** **1**
- Some people did not comply with the eligibility criteria **46%** **2**
- Quantity of assistance provided to households was insufficient **46%** **3**

In communities where no access to humanitarian assistance was reported

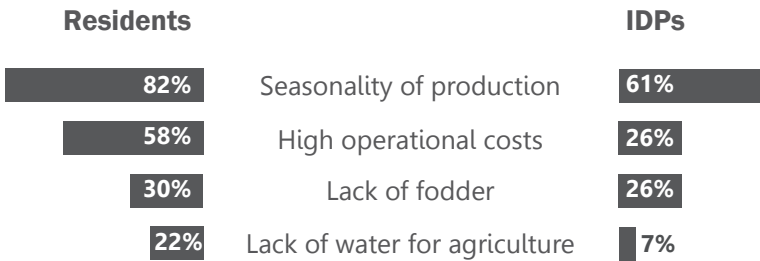
- No humanitarian assistance was available **93%**
- Distribution points were too far or the routes were inaccessible **7%**



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}		
	75 TRY			350 TRY			30 TRY		
% of assessed communities where indicator was reported in following currencies [*]	SYP	TRY [▲]	USD	SYP	TRY	USD	SYP	TRY	USD
		0%	100%	0%	0%	62%	38%	0%	100%

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



88% and 95%

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

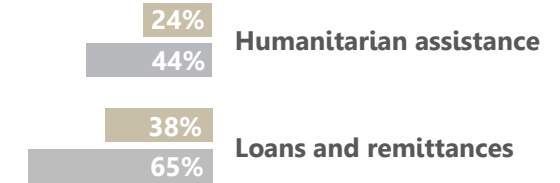
79 days

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







92% and 51%

% of assessed communities where KIs reported the **insufficient income of households** and general lack of employment opportunities 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 **71%** of assessed communities cited that **rent** was unaffordable for the majority of people
-  KIs in **44%** of assessed communities cited the high cost of **fuel for generators** as a common challenge
-  KIs in **84%** of assessed communities cited the high cost of **solar panels** as a common challenge
-  KIs in **44%** of assessed communities cited the high cost of **water trucking** as a common challenge
-  KIs in **89%** of assessed communities cited the high cost of **food** as a common challenge ⁸
-  KIs in **57%** of assessed communities cited the high cost of **health services** as a common challenge

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

 Livelihood source	Residents	IDPs
Food crop production	64%	18%
Cash crop production	49%	7%
Livestock products	70%	59%
Sale of livestock	13%	15%



Living Conditions

In **96%** of assessed communities at least **80%** of the resident population reportedly owned their shelter

In **63%** of assessed communities reportedly none of the IDP households owned their shelter

In **25%** of assessed communities at least one fifth of the IDP population reportedly lived in unfinished or abandoned residential buildings

In **20%** 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 **4%** of assessed communities



A lack of bathing facilities was reported as a shelter issue for IDPs in **8%** of assessed communities

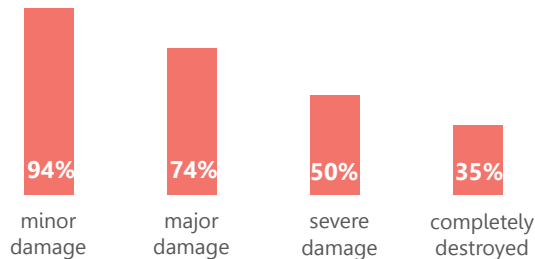


Problems with the drinking water were reported in **50%** of assessed communities



Water being calcareous was the most commonly reported problem with drinking water (reported by KIs in 50% of assessed communities)

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 90% of assessed communities) ⁴

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

Rodents and/or pests are frequently visible

4%

Solid waste in the streets

16%

Sewage system pollutes public areas

2%

Stagnant water

6%



98%

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



In **21%** 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

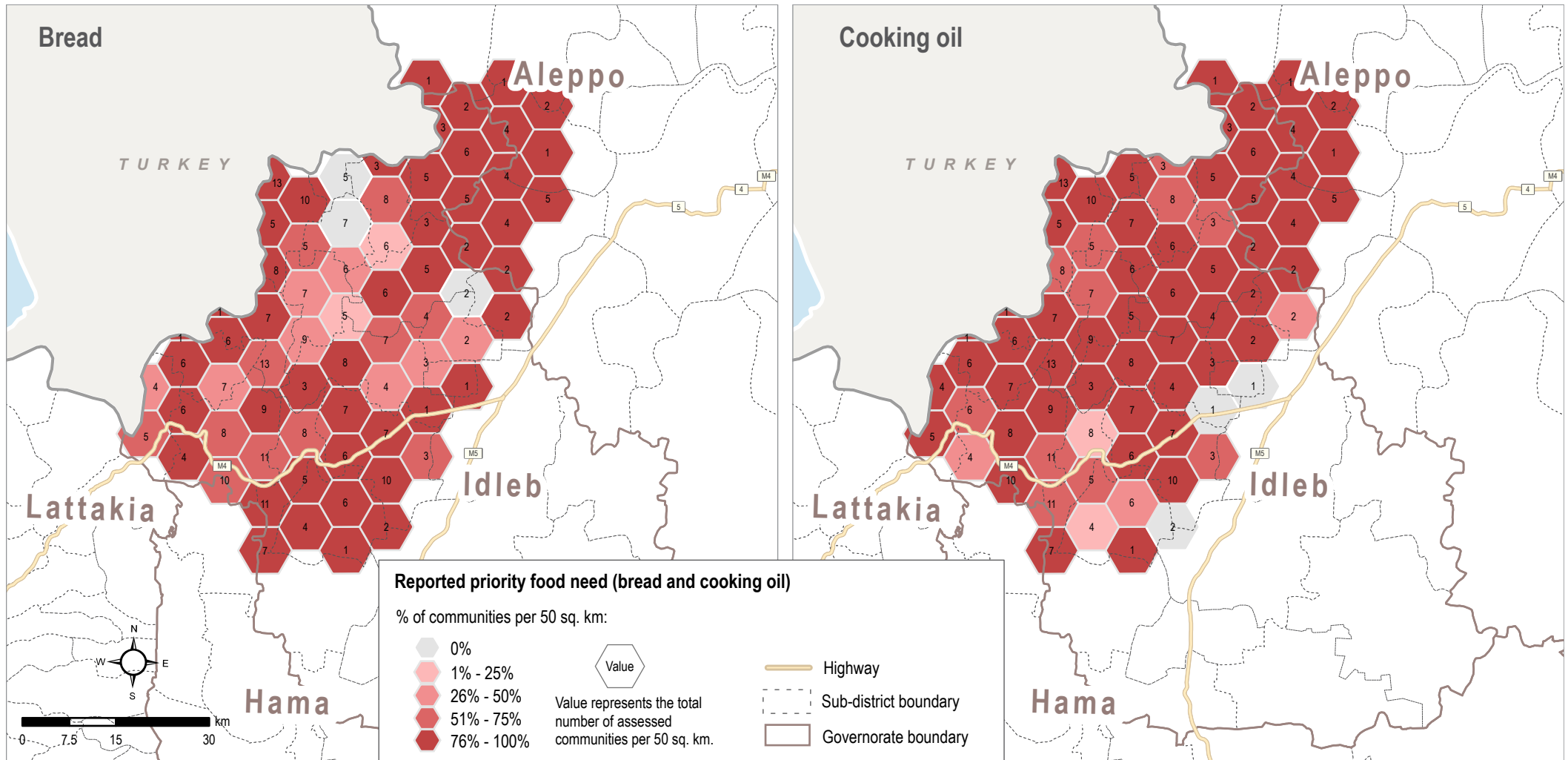
- 1 Relying on less preferred food / lower food quality **83%**
- 2 Borrowing money to buy food **74%**
- 3 Buying food with money usually used for other things **60%**



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 **60%**
- 2 Relying on food stored previously **34%**
- 3 Assistance from local council or NGOs **21%**



Priority Food Needs - Bread and Cooking Oil

Note on the map

This map shows the percentage of communities where bread and cooking oil were reported as priority food needs.



Access to Basic Services



Access to Electricity

7-8 hrs per day

was the most commonly reported range for hours of electricity accessible to households (reported by KIs in 34% of assessed communities)

Solar panels

was the most commonly reported main source of electricity (reported by KIs in 62% of assessed communities)

44%

% of assessed communities where KIs reported the main network is partially or completely not functioning as a barrier for electricity access ♦



Access to Water

48%

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



7 days	12%
5-6 days	12%
3-4 days	19%
1-2 days	6%
0 days	51%

Days per week where water from the network was available (by % of 331 communities connected to a water network) ♦

Private water trucking

was the most commonly reported source of drinking water (reported by KIs in 45% of assessed communities)



Access to Sanitation

38%

% 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)

43%	Paid private waste collection
21%	Waste burnt
14%	Free public waste collection

32%

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



Access to Markets

8%

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

Not enough consumers to support markets in the assessed location

was the most commonly reported reason for why markets were not functioning (reported by KIs in 72% 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

38%

% 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

54%	Treatment for chronic diseases
50%	Paediatric consultations
42%	Medicines and other commodities

Going to the pharmacy instead of a clinic

was the most commonly reported coping strategy for a lack of healthcare (reported by KIs in 80% of assessed communities)



Access to Education Services

15%
32%

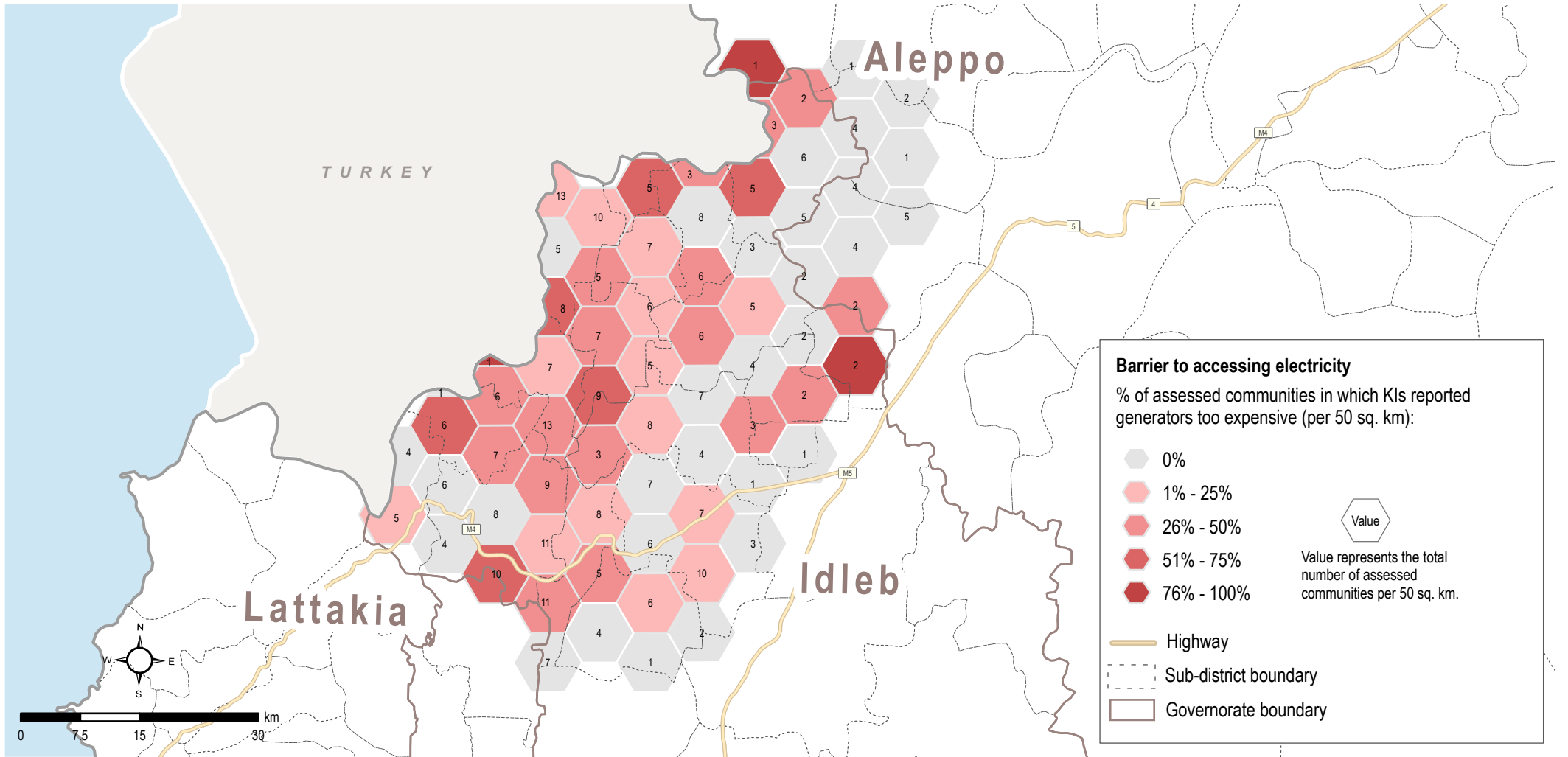
% of communities in which half or less of the school aged-children accessed school in the last 30 days for residents and IDPs

88%	In person
4%	Online
12%	Not functioning

% of assessed communities where KIs reported on the functioning of education services in the assessed location ⁴

14%

% of communities where KIs reported that the lack of access to internet, electricity and/or equipment was a barrier to accessing (online) education services ⁸



Barrier to accessing electricity

Note on the map

This map shows the percentage of assessed communities in which KIIs reported generators were too expensive.



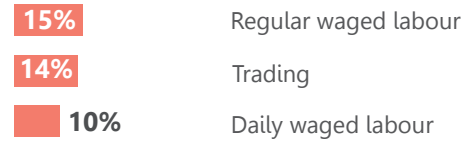
COVID-19

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

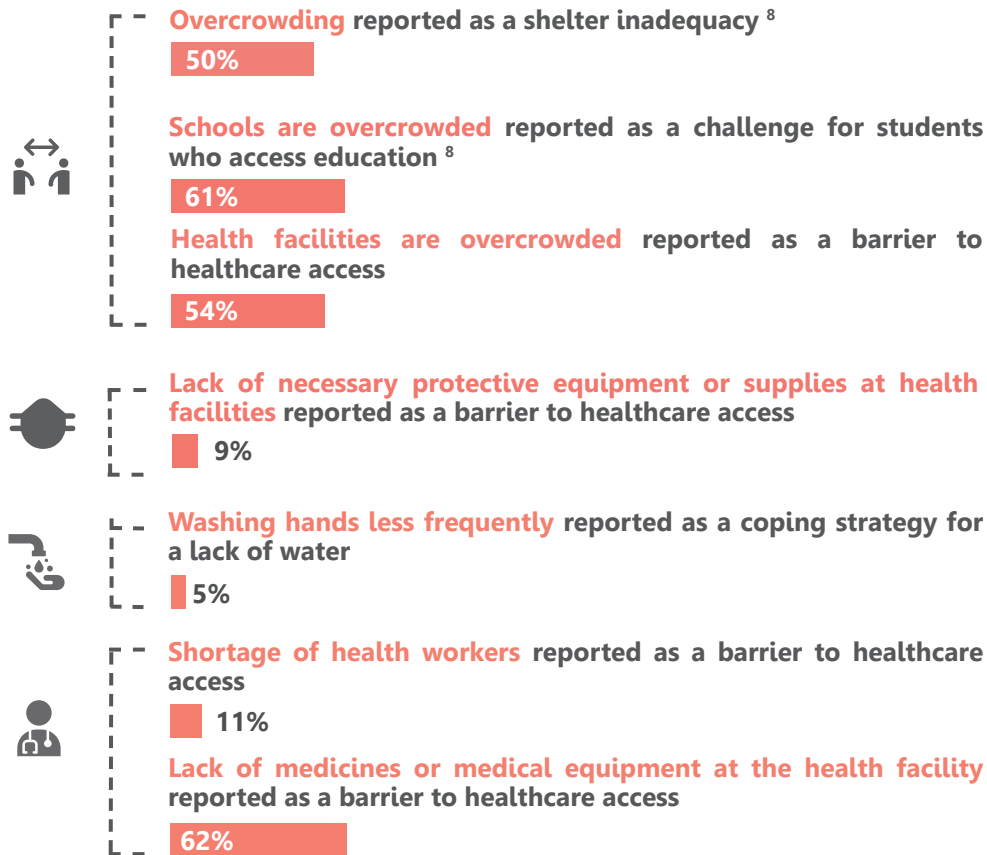


None of the available livelihood sectors were affected **84%**
At least one of the available livelihood sectors was partially or totally affected **16%**

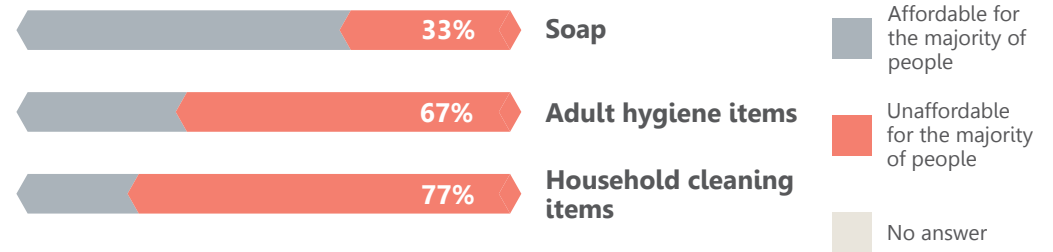
Most commonly reported sectors affected by COVID-19 (by % of assessed communities)



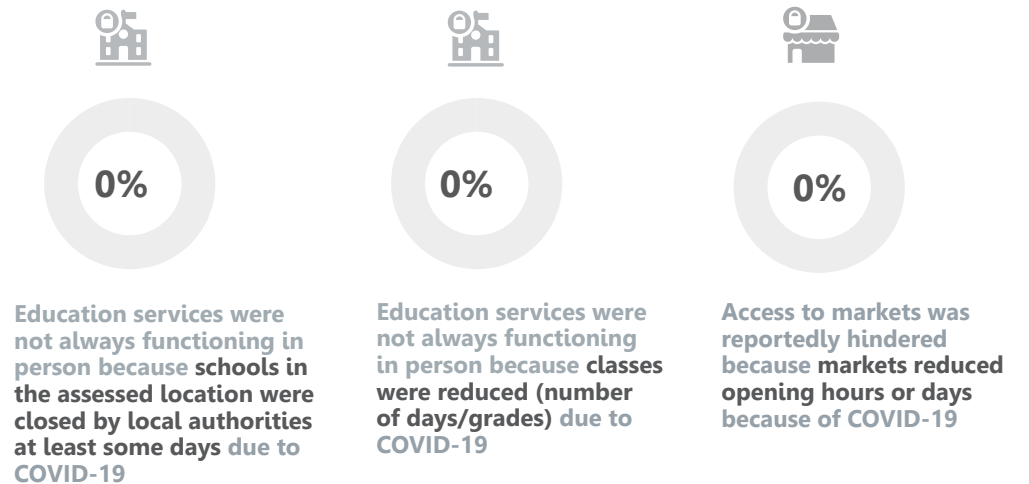
% of assessed communities where COVID-19 risk indicators were reported by KIs

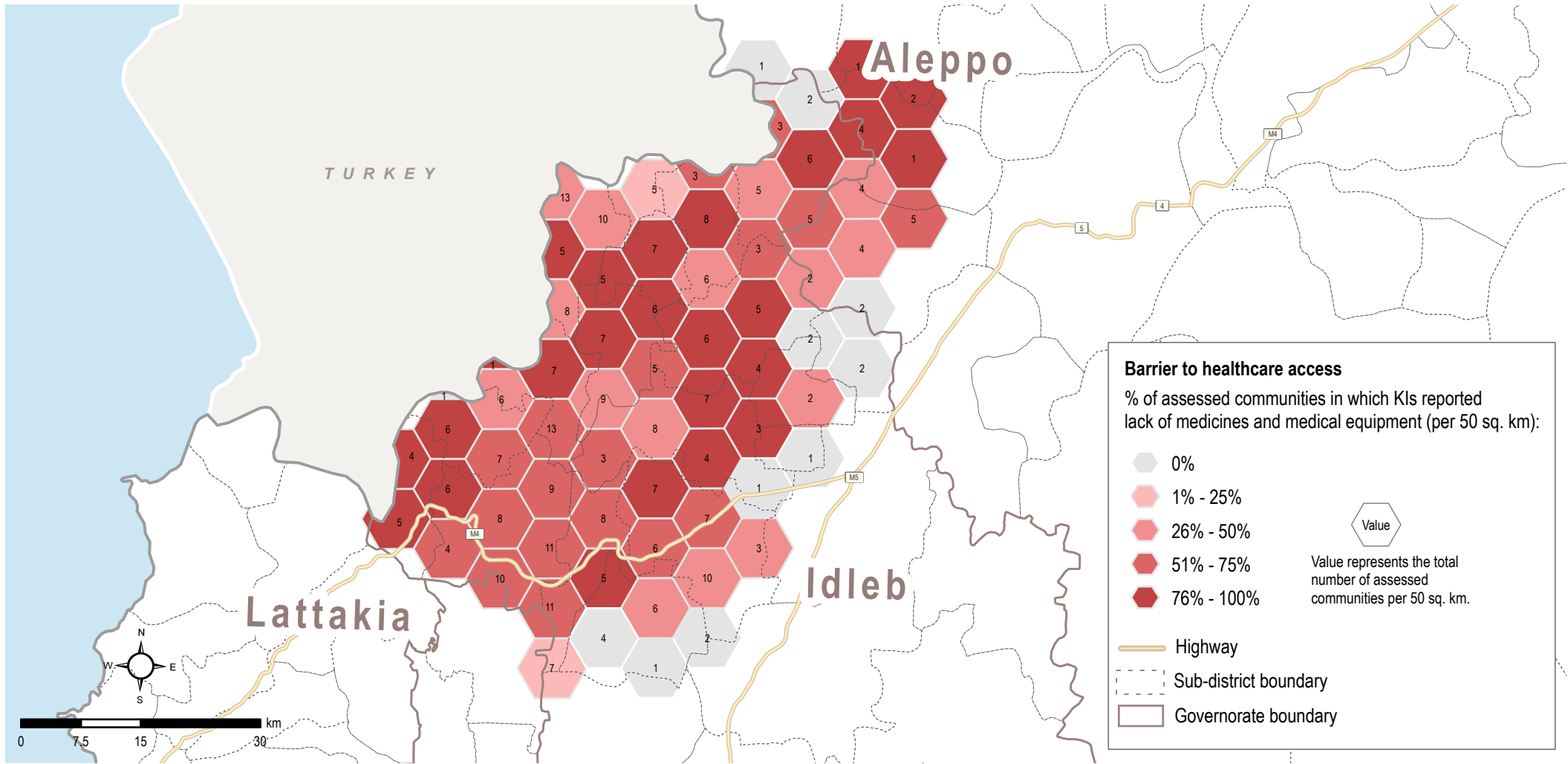


Reported hygiene item availability and affordability (by % of assessed communities)¹²



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





Barrier to accessing healthcare

Note on the map

This map shows the percentage of assessed communities in which KIs reported a lack of medicines and medical equipment as a barrier to accessing healthcare.



Security and Protection

Intersectoral findings on security



General safety and security concerns restricting movement to markets was a reported barrier to market access in **2%** of assessed communities

General safety and security concerns at markets was a reported barrier to market access in **4%** of assessed communities

Markets not opening because of security issues was a reported barrier to markets not functioning in **0%** of assessed communities



Threat from airstrikes was reported as a protection risk in **28** communities⁸

Threat from shelling, snipers or gunfire was reported as a protection risk in **44** communities⁸

Threat from improvised explosive devices (IEDs), mines or unexploded ordnances was reported as a protection risk in **0** communities⁸

Fear from imminent conflict was reported as a protection risk in **75** communities⁸



The inability to lock homes securely was reported as a shelter inadequacy in **36%** of assessed communities⁸

Lack of lighting around the shelter was reported as a shelter inadequacy in **89%** of assessed communities⁸

The security situation was reported as a barrier to shelter repairs in **15%** of assessed communities



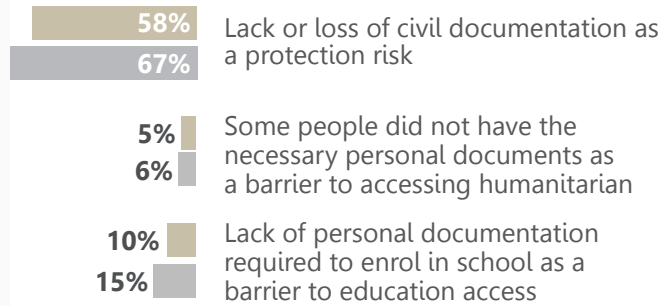
General safety and security concerns at the health facility was reported as a barrier to healthcare in **0%** of assessed communities

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

- 1 80%** Special assistance for vulnerable groups
- 2 67%** Specialised child protection services
- 3 38%** Psychosocial support



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



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

Residents

- 35%** Early marriage
- 0%** Forced marriage
- 3%** High risk work
- 1%** Sending family members to beg
- 83%** Sending children (15 or below) to work

IDPs

- 43%**
- 0%**
- 9%**
- 2%**
- 86%**

Age, Gender, and Diversity

KIs in **41%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to meeting basic needs⁸

KIs in **35%** 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 **36%** of assessed communities reported a **lack of market access for people with restricted mobility**

KIs in **6%** 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 **14%** of assessed communities⁸

Hazardous child labour was reported as a protection risk in **6%** of assessed communities⁸

Endnotes

1. The greater Idleb area includes Idlib governorate, parts of Aleppo western countryside, and parts of Hama northwestern countryside controlled by armed opposition groups (AOGs).

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 Idleb Governorate Market Monitoring exchange rate was used to calculate the amount in SYP. According to the [Joint Market Monitoring Initiative \(JMMI\)](#) May 2022, 1 USD = 3,930 SYP; 1TRY= 260 SYP.

7. According to the Idleb Governorate JMMI May 2022, 1 USD = 3,930 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 Idleb Governorate JMMI May 2022, the Survival Minimum Expenditure Basket (SMEB) = 615,638 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 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	366	Currency used for paying water	338
IDPs	358	Currency used for paying rent	281
Challenges to assistance access (resident)	314	Currency in which wages are paid (merge)	321
Barriers to assistance access (resident)	44	Barriers to accessing sufficient food (merge)	364
Challenges to assistance access (IDPs)	323	Days when water is available from network	331
Barriers to assistance access (IDPs)	28	Barriers to markets functioning	29

Sources

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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.