Al-Hasakeh City

Humanitarian Situation Overview in Syria (HSOS)

SUMMER 2022

Urban Household Assessment

Introduction

The HSOS[1] Urban Household Assessment is a quarterly review of the humanitarian situation inside cities in Northeast Syria (NES). The assessment collects multi-sectoral information from host community households and internally displaced households in urban locations. This factsheet presents findings on the access to services, living conditions, economic conditions, and priority needs across accessible areas in Al-Hasakeh city.

With a significant proportion of the response that targets out of camp and host communities in NES located in urban areas,[2] the assessment addresses the need for comprehensive and regular information on the humanitarian conditions in cities where the impact of an increasingly complex crisis has hit hundreds of thousands.

Sustained economic deterioration and climate shocks resulting in unstable markets and worsening food and water access compound the pre-existing vulnerabilities of urban populations who face persistent insecurity, damaged infrastructure, and complex population dynamics.

To support sustainable interventions, the assessment aims to integrate a durable solutions lens by (1) providing representative data on household behaviours and perceptions of both host community and internally displaced persons (IDPs); and (2) by drawing indicators from the Syria Analytical Framework[3].

The HSOS Urban Household Assessment is conducted in cooperation with the NES Forum.

The complete multi-sectoral descriptive analysis can be accessed on the REACH Resource Centre.

Methodology

The HSOS Urban Household Assessment is conducted using a **household methodology at city level**. Face-to-face data collection was carried out by REACH enumerators between **1** and **8 August 2022** from **209 households** (104 host community households and 105 IDP households) in Al-Hasakeh city. The recall period to which indicators refer is specified throughout the factsheet, either in the title, or with the following symbols: ■ (refers to the current situation at the time of data collection), and ● (refers to 3 months prior to data collection).

Findings can be generalised to **the host community[4] and the IDP population[5]** at city level for the neighbourhoods assessed, with a 95% confidence level and 10% margin of error. Representative samples of the host and IDP populations were calculated according to the population estimates collected by the Humanitarian Needs Assessment Programme (HNAP) in May 2022. **Stratified simple random household selection** was conducted through random spatial sampling using geographic information systems and considered population estimates by neighbourhood to distribute the random samples according to population density. The random spatial sampling was conducted across residential areas of the city, as classified by OpenStreetMap. Areas under the control of the Government of Syria and areas in their proximity, and areas identified as security concerns, were not covered.[6] Due to data collection protocols, the sample excludes households whose members are all below 18. Due to logistical limitations, the sample is biased towards households where at least one adult member is at home during the time of data collection, and towards cooperative, readily available households.

▼ **FINDINGS ARE NOT REPRESENTATIVE (SEE NOTES ON ANALYSIS, PAGE 17)**

♦ **THE DIFFERENCE IN FINDINGS FOR THE HOST AND IDP POPULATIONS IS STATISTICALLY SIGNIFICANT AT 0.05 LEVEL (SEE NOTES ON ANALYSIS, PAGE 17)**

► **THE INDICATOR ALIGNS WITH THE SYRIA ANALYTICAL FRAMEWORK FROM THE DURABLE SOLUTIONS PLATFORM**

HOST COMMUNITY HOUSEHOLDS

IDP HOUSEHOLDS

Water was one of the most reported priority needs for both host community and IDP households. Similar to the previous reporting period, almost all households (99%) in Al-Hasakeh city reported having insufficient access to water to fulfil all their needs. Reduced water access led households to reduce non-drinking water consumption (particularly bathing and doing laundry), which may increase health risks. Furthermore, 69% of households experienced issues with drinking water (up from 64% in May). The most common issue was that the water tasted bad, reported by half of households. More concerningly, higher numbers of households reported that water was perceived to be making people sick. 25% of host community households and 21% of IDP households reported this – up from 7% and 6% respectively in May.

Although access to electricity slightly improved, rationing continued. In May 2022, 60% of households reported having 9 or more hours of electricity per day – by August, this increased to 85%. Although access to electricity improved, rationing by local authorities continued and was reported as the main barrier to accessing electricity (reported by 95% of surveyed households). Households struggled coping with network shortages as the alternatives, solar and fuel-powered generators, were beyond the purchasing power of most.

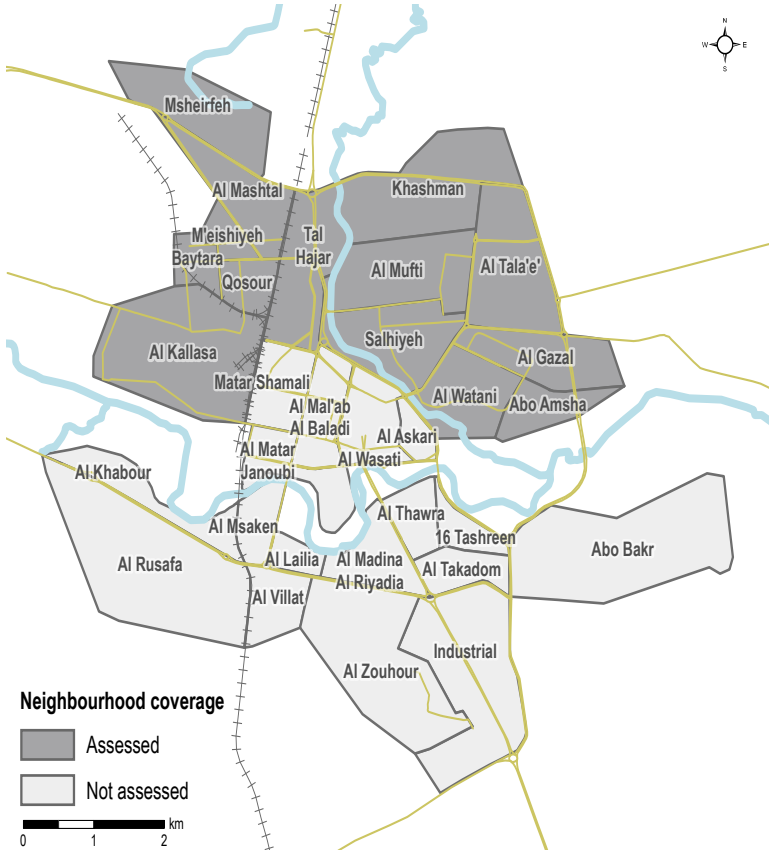
Households took on more debt to meet their basic needs. Almost a quarter of host community households and more than half of IDP households rated their ability to meet basic needs as poor or very poor. Moreover, 54% of host community households and 80% of IDP households reported that their ability to meet basic needs worsened in the 3 months prior to data collection. In the context of rising prices and lower incomes, almost 70% of households reported that their income was lower than their estimated monthly expenses. As a result, 88% of households were in debt in August, representing a 10% increase from May (78%). Furthermore, 80% of households indicated they were unable to repay their debt within the next 6 months, up from 74% in May. This indicates an increase in household economic vulnerability.

Food access remained difficult. Similar to the previous reporting period (May 2022), more than 90% of households had issues with accessing sufficient food because they did not have enough money. Faced with difficult economic conditions, households' ability to consume adequate and diverse nutrients reduced. Poor diets were higher among IDPs, with 45% of IDP households having a poor or borderline food consumption score (FCS), compared to 37% for host community households. Despite an increase in inadequate food consumption, households reported using fewer food-based coping strategies. The rates of skipping meals, reducing portion size of meals, and restricting adult consumption for young children to eat have decreased compared to May. This may be due to their greater reliance on livelihood-based coping strategies, such as borrowing money (reported by 82% of households in August, up from 77% in May) and purchasing items on credit (reported by 64% of households in August, up from 60% in May). The use of negative livelihood-based coping strategies has a greater impact on the coping capacity of households in the long run.

Access to healthcare remained difficult. Similar to the previous reporting period, 95% of households experienced issues with accessing healthcare. It was especially difficult for households to buy medicines, including painkillers, as medicines were unaffordable for 86% of households. Additionally, treatment costs were found to be too expensive by 78% of households. To cope with a lack of health access, households with unmet health needs substituted prescribed medication for herbal medicines and forwent non-essential treatment. While COVID-19 continued to spread,[7] 90% of households reported that not all members were vaccinated. The lack of trust in/information about the vaccine were the most reported reasons why adult household members are not vaccinated against COVID-19.

Coverage

Hasakeh City neighbourhoods covered in the sample



Priority Needs

Most commonly reported **first, second, and third** and **overall** priority needs for host community households (by % of host community households)

	FIRST	SECOND	THIRD	OVERALL	
1	Water	Food	Livelihoods	Water♦	81%
2	Livelihoods♦	Water	Water	Livelihood	76%
3	Health♦	Electricity	Summer items ►	Food	43%

Most commonly reported **first, second, and third** and **overall** priority needs for IDP households (by % of IDP households)

	FIRST	SECOND	THIRD	OVERALL	
1	Livelihoods♦	Food	Food	Livelihoods	76%
2	Shelter	Water	Livelihoods	Water♦	62%
3	Water	Livelihoods	Water	Food	55%

► Summer items include fans, sleeping nets, and water cooler boxes.

Household Composition

AVERAGE	# OF HOUSEHOLD MEMBERS	# OF CHILDREN 0-4	# OF CHILDREN 5-17	# OF ADULTS 18+	# OF OLDER PERSONS 60+
	5.7	0.9	1.8	3.0	0.3
	6.0	1.1	1.9	3.1	0.4

33% % of households with newborns (0-1)

63% % of households with young children (0-4)

72% % of households with school-aged children (5-17)

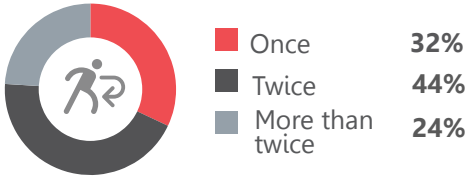
87% % of households with children (0-17)

Returnees

Date of return (by % of households that returned in each period)

BEFORE 2019	2019	2020	2021+
91%	0%	0%	9%

Times of displacement



2.0 average number of displacements for returnee households

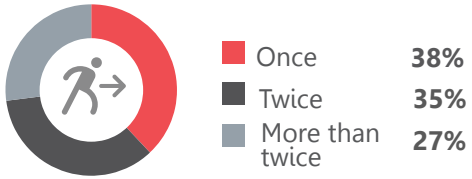
33% % of host community households who are returnees

IDPs

Date of arrival (by % of households that arrived in each period)

Before 2019	2019	2020	2021+
29%	43%	15%	13%

Times of displacement



1.9 average number of displacements for IDP households

Most common Governorates of origin for IDP households

1	Al-Hasakeh	71%
2	Deir-ez-Zor	23%
3	Aleppo	3%

Most common Sub-districts of origin for IDP households

1	Ras Al Ain	57%
2	Deir-ez-Zor	13%
3	Shadadah	6%

8% % of households with members who lack civil documents and need them[▶,■]

63% of host community households and **41%** of IDP households face theft as a security concern[●,♦]

8% of host community households and **80%** of IDP households reported facing housing, land and property concerns[♦,●]

Top housing, land and property concerns for IDP households[8,●]

Rental problems (landlord/tenant)[♦]	78%
Threats of eviction due to inability to pay rent[♦]	4%

Confidence of being able to reside in the current place of residence for 3 more months, for host community and IDP households [▶]

	VERY CONFIDENT	MODERATELY CONFIDENT	SOMEWHAT CONFIDENT	SLIGHTLY CONFIDENT	NOT CONFIDENT AT ALL
	92%[♦]	3%[♦]	4%[♦]	0%	1%
	38%[♦]	15%[♦]	37%[♦]	8%	2%

Movement intentions for host community and IDP households[▶]

	NO PLANS TO LEAVE	DON'T KNOW	YES WITHIN 1 MONTH	YES WITHIN 6 MONTHS	YES WITHIN A YEAR	YES WITHIN LONGER TIME FRAME
	94%[♦]	2%	0%	1%	0%	3%[♦]
	70%[♦]	6%	3%	3%	2%	17%[♦]

Top reason for leaving (by % of households who intend to leave) is the high cost of living, reported by 75% of host community households and 65% of IDP households.[8,▼]

Household's relationship with other community members for host community and IDP households [▶,■]

	VERY POSITIVE	POSITIVE	NEITHER POSITIVE OR NEGATIVE	NO RELATION WITH OTHER COMMUNITY
	49%	43%	7%	1%
	30%	55%	13%	2%

Housing Situation

Most common shelter types[▶,■]

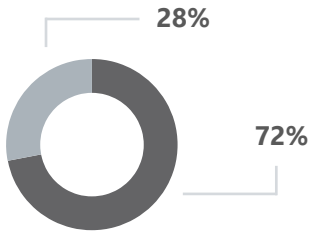
1	73%	Solid/finished houses
2	25%	Solid/finished apartments
3	1%	Unfinished/ abandoned residential building

AVERAGE % OF MONTHLY INCOME SPENT ON RENT[9]	
23%	32%
AVERAGE EXPENDITURE ON RENT AS A % OF TOTAL HOUSEHOLD EXPENDITURE[9]	
20%	24%

Most common occupancy arrangements[▶,■]

88%	owning[♦]	6%
11%	renting[♦]	90%
1%	hosted	4%

Rental contract (by % of IDP households who are renting [90%])[▼,■]



- with a written contract
- with a verbal agreement

Most common challenges in finding a place to rent for households (by % of households who face challenges [81%])[8,■,▼]

Difficult to find an affordable accommodation	92%
Landlord requesting large first instalment or deposit	56%

81%

% of households renting a property who faced challenges in finding a place to rent[■]

Shelter Conditions

92% **% of households whose shelter had inadequacies[▶,■]**

Most common shelter inadequacies (by % of households)[8,■]

71%	High temperatures inside shelters	66%
67%	Lack of lighting inside shelter	53%
38%	Lack of space/overcrowding	27%
21%	Poor sanitation	31%
24%	Lack of privacy	23%
23%	Lack of lighting around shelter	13%
11%	Windows/doors not sealed	19%
12%	Lack of water (fixtures)	17%
13%	Lack of ventilation	6%
7%	Lack of electricity (fixtures)	13%
7%	Unable to lock home securely	9%
3%	Leakage from roof/ceiling during rain	9%

Access to Water

Primary sources of drinking water

Piped network	73%
Private water trucking	25%
Bottles/bottled water	1%

11% % of households who do not have a secondary source of drinking water

Most common secondary sources of drinking water for households whose primary source of drinking water is piped water network[8]

Private water trucking	95%
Public or NGO water trucking	2%
Bottles/bottled water	1%

Primary sources of non-drinking water

Private water trucking	36%
Piped network	32%
Community borehole or well	18%
Private borehole or well	12%
Community water tank	1%

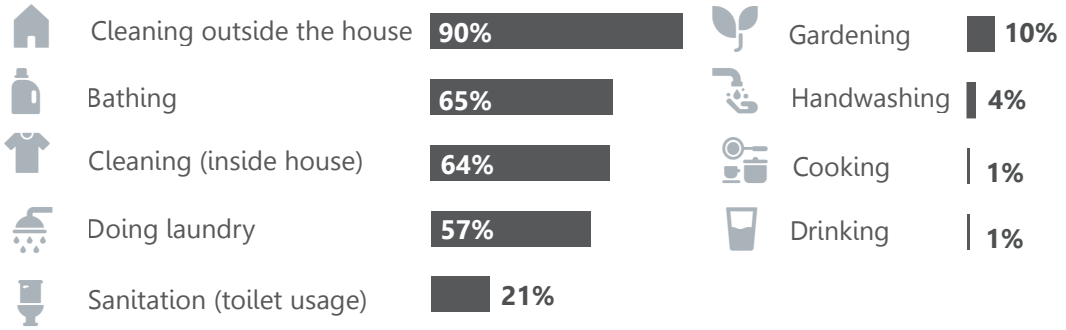
69% % of households experience issues with drinking water

Water tastes bad is the top problem with drinking water for households (reported by 51% of households)

25% of host community households and **21%** of IDP households reported perceiving drinking water is **making people sick**

63% % of households who do not use any methods to make drinking water safer

Water needs for which households had to reduce consumption because of not having access to sufficient water[8]



Cleaning outside the house	90%
Bathing	65%
Cleaning (inside house)	64%
Doing laundry	57%
Sanitation (toilet usage)	21%
Gardening	10%
Handwashing	4%
Cooking	1%
Drinking	1%

Access to Water

AVERAGE % OF MONTHLY INCOME SPENT ON WATER[9]	
7%	7%
AVERAGE EXPENDITURE ON WATER AS A % OF TOTAL HOUSEHOLD EXPENDITURE[9]	
6%	6%

99%

% of households had insufficient access to water to fulfill their needs

Common strategies used by households to avoid running out of water[8,]

1	Reducing non drinking water consumption	99%	99%
2	Spending money on water that is usually spent on other things	72%	79%
3	Relying on drinking water stored previously	40%	37%
4	Receiving water on credit/borrowing water	15%	17%

Common barriers to accessing water for households (by % of households who had insufficient water access [99%])[8,]

1	Not enough water tanks or tanks not big enough	84%	90%
2	Storage containers are too expensive	82%	88%
3	Water is too expensive♦	71%	91%
4	Not enough water from the network	58%	47%
5	Household skipped in schedule of refilling tanks	9%	10%

Access to Sanitation

71% **% of households who experience sanitation issues**

Common sanitation issues for households[8,]

1	53%	Sewage system needs cleaning
2	37%	Rodents/or pests frequently visible in the street
3	29%	Solid waste/trash in the street♦
4	28%	Sewage system needs repair
5	23%	Waste collection services too infrequent♦

Access to Electricity

AVERAGE % OF MONTHLY INCOME SPENT ON ELECTRICITY[9]	
4%	4%
AVERAGE EXPENDITURE ON ELECTRICITY AS A % OF TOTAL HOUSEHOLD EXPENDITURE[8]	
4%	3%

Primary sources of electricity

Community generator	91%
Main network	4%
Solar panels	3%
Private generator	2%

Secondary sources of electricity (by % of households who have access to a secondary source [98%])[8]

1	Main network	95%
2	Community generator	4%
3	Private generator	3%
4	Car batteries	3%

2% % of households who did not use a secondary source of electricity

Most common barriers to accessing electricity[8]

1	Rationing of electricity by local authorities	95%
2	Electricity from the community generator is too expensive	71%
3	Solar panels too expensive	66%
4	Private generators too expensive	48%
5	Regular shortages/low output	48%
6	Car batteries too expensive	40%

Average number of hours of electricity per day reported by households

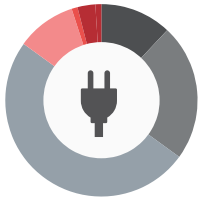
13 OR MORE	12-11	10-9	8-7	6-5	4-3	2-1	0
12%	23%	50%	10%	1%	3%	1%	0%

99%

% of households who experienced issues with accessing electricity

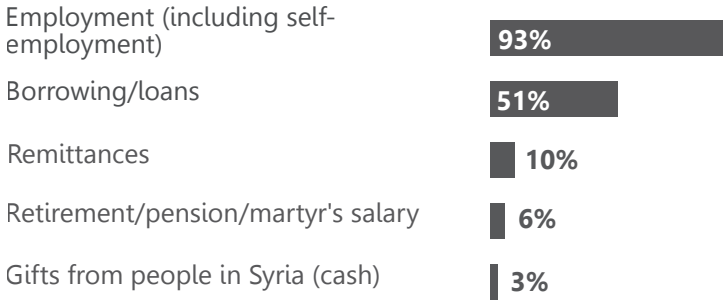
10.4hrs

Average hours of electricity per day available to households



Income sources and employment

Sources of income in the month prior to data collection[8]



Most common employment sectors (by % of households where employment is a source of income [48%])[8]

1	Trade/transportation	18%
2	Marketplace vending	16%
3	Real estate/construction	15%
4	Government/public services	11%
5	Armed forces	11%
6	Education/childcare	8%
7	Wholesale/retail	8%
8	Machinery/mechanics/repairs	6%
9	Electrical/gas/water/sewage/waste	3%
10	Humanitarian & social work	3%

Most common primary source of income for host households

1	Self-employment/entrepreneurship	48%
2	Formal longer-term[10] employment	25%
3	Informal day-to-day work agreements	10%

Most common primary source of income for IDP households

1	Self-employment/entrepreneurship	37%
2	Formal longer-term[10] employment	24%
3	Informal day-to-day work agreements	18%

AVERAGE NUMBER OF ADULTS PER HOUSEHOLDS WHO ARE:		
EMPLOYED	1.2	1.3
NOT IN EMPLOYMENT	1.9	1.9
NOT EMPLOYED AND LOOKING FOR A JOB (UNEMPLOYED)[11]	0.6	0.6

48% % of households where self-employment/entrepreneurship is a source of income

6% % of households where informal day-to-day work is the only income source

Income and Expenses

	AVERAGE MONTHLY INCOME FOR A FAMILY OF 6 MEMBERS[12]	AVERAGE MONTHLY EXPENSE FOR A FAMILY OF 6 MEMBERS[13]	AVERAGE MONTHLY DEFICIT FOR A FAMILY OF 6 MEMBERS
	800,213 SYP	776,654 SYP	NO DEFICIT
	543,108 SYP	687,270 SYP	-144,162 SYP

Income and Expenses

Average monthly expense calculated for households that had the expense (for host community households and IDP households) and share of households who spent money on the expense category in the 30 days prior to data collection (for host community households and IDP households).

→ Food
322,692 SYP
266,667 SYP

→ Water
35,304 SYP
35,080 SYP

→ Electricity
24,152 SYP
17,931 SYP

→ Communication
19,347 SYP
16,361 SYP

→ Transportation
55,629 SYP
39,597 SYP

→ Non Food Items (NFIs)
27,738 SYP
20,516 SYP

→ Healthcare
67,198 SYP
53,758 SYP

→ Tobacco
50,312 SYP
51,014 SYP

→ Rent
143,750 SYP
143,242 SYP

→ Debt repayment
96,750 SYP♦
103,731 SYP♦

→ COVID-19 items
12,067 SYP
7,222 SYP

→ Social gifts
40,500 SYP♦
31,250 SYP♦

→ Asset maintenance
73,000 SYP
81,875 SYP

→ Education
113,750 SYP♦
300,000 SYP♦

→ Productive assets
525,500 SYP
12,667 SYP

→ Family support
17,500 SYP
0 SYP

Ability to Meet Basic Needs

Households' perceived ability to meet basic needs

Very poor	2%	13%
Poor	20%	42%
Fair	71%	45%
Good	6%	0%
Very good	1%	0%

Change in the households' perceived ability to meet basic needs

Significant deterioration	15%	39%
Some deterioration	39%	41%
No change	39%	20%
Some improvement	5%	0%
Significant improvement	1%	0%

69% % of households whose monthly income is lower than their estimated monthly expenses

44% % of households whose monthly income would not cover minimum expenses as estimated by the Survival Minimum Expenditure Basket (SMEB)[14]

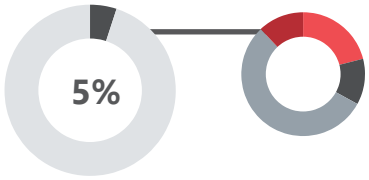
Most common barriers to meeting basic needs[8]

1	The wage is not in line with the rising prices	91%
2	Lack of employment opportunities	77%
3	Lack of skills for a better paying job	53%

Most common coping strategies adopted to meet basic needs[8]

1	Borrowing money	82%
2	Purchasing items on credit	64%
3	Decreasing non-food expenditures	39%

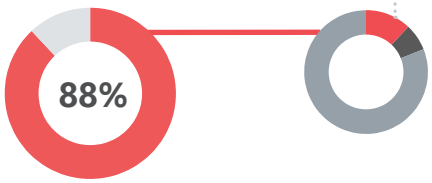
% of households with savings



Change in savings

Significantly decreased	21%
Slightly decreased	12%
Stayed the same	54%
Slightly increased	12%

% of households in debt



% of households able to repay their debt in 6 months

Yes	12%
Don't know	7%
No	81%

AVERAGE % OF MONTHLY INCOME SPENT ON DEBT REPAYMENT[9]	
17%	19%
AVERAGE EXPENDITURE ON DEBT REPAYMENT AS A % OF TOTAL HOUSEHOLD EXPENDITURE[9]	
14%	14%

Food Access and Consumption

Average number of days food groups were consumed by households in the 7 days prior to data collection

FISH/MEAT/EGGS	1.6	1.3
FRUIT	1.1	0.5
PULSES, NUTS, AND SEEDS	1.2	1.0
TUBERS/ROOTS	2.4	2.4
VEGETABLES AND LEAVES	4.6	4.0
MILK, AND DAIRY	2.8	2.9
BREAD AND CEREALS	7.0	7.0
SWEETS	6.9	7.0
OILS AND FATS	6.9	6.9

Most common source of food

- Permanent market 96%
- Other 4%

92% % of households who experienced issues with accessing sufficient quantities and quality of food

Barriers to accessing sufficient quantities and quality of food[8]

1. Not enough money for food — 88%
2. Delayed or skipped assistance or distribution — 23%
3. Quality of available food is poor — 12%
4. Loss of customary benefits at market — 11%

22% % of households reporting perceiving that at least one member had lost weight due to insufficient food access

AVERAGE % OF MONTHLY INCOME SPENT ON FOOD[9]	
58%	56%
AVERAGE EXPENDITURE ON FOOD AS A % OF THE TOTAL HOUSEHOLD EXPENDITURE[9]	
53%	44%
AVERAGE MONTHLY FOOD EXPENDITURE PER PERSON IN A HOUSEHOLD	
62,524 SYP	47,480 SYP
% HOUSEHOLDS WHOSE MONTHLY FOOD EXPENDITURE IS MORE THAN 50% OF THEIR TOTAL EXPENDITURE	
61%	27%

19% % of households who did not consume any eggs, meat or fish in the 7 days prior to data collection

50% % of households who did not consume any fruit in the 7 days prior to data collection

Food Consumption Score (FCS)

Food Consumption Score (by % of host community and IDP households)

Poor	10%	11%
Borderline	27%	34%
Acceptable	63%	54%

38% % of host community households with children with poor or borderline food consumption ▼

45% % of IDP households with children with poor or borderline food consumption ▼

FCS Interpretation

Poor Food Consumption (score between 0-21): This category includes households that are not consuming staples and vegetables every day and never or very seldom consume protein-rich food such as meat and dairy.[15]

Borderline Food Consumption (score between >21-35): This category includes households that are consuming staples and vegetables every day, accompanied by oils and pulses a few times a week.[15]

Acceptable Food Consumption (score >35): This category includes households that are consuming staples and vegetables every day, frequently accompanied by oils and pulses and occasionally meat, fish and dairy.[15]

Coping strategies

9.1 Average reduced Coping Strategies Index (rCSI) in Hasakeh city

The rCSI is a relative score to measure the frequency and severity of food-related negative coping mechanisms adopted by households to cover their needs. Results indicate a severe level of coping in Al-Hasakeh city. Based on the Syria 2021 Inter-Sector Severity Model, the thresholds for the Reduced Coping Strategies Index are: (1) None/Minimal (rCSI= 0-2), (2) Stress (rCSI = 3-6), (3) Severe (rCSI = 7-11), (4) Extreme (rCSI = 12-19), (5) Catastrophic (rCSI>19).[16]

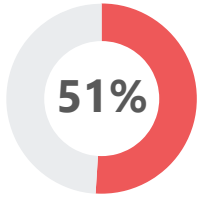
Coping strategies (CS) in the 7 days prior to data collection

(for households that experienced barriers to accessing sufficient food)

	AVERAGE #DAYS PER WEEK CS	% HHs THAT APPLIED CS
Relied on less preferred/less expensive food	4.7	94%
Borrowed food or relied on help from friends	0.4 ♦	17%
Reduced the portion size of meals at meal time	0.8	29%
Reduced the number of meals eaten per day	1.4 ♦	46%
Restricted the consumption by adults in order for young children to eat	0.7	21%
At least one member of the household spent a whole day without eating	0.06	2%

Access to healthcare

% of households with unmet health needs[16]



Most common inaccessible health treatments

(by % of households with unmet health needs [51%])[8]

1	Medicines or other commodities	58%
2	Treatment for chronic diseases	50%
3	Paediatric consultations	25%
4	General and/or specialist	10%
5	Dental services	8%

Most common inaccessible types of medicines

(by % of households with unmet health needs regarding medicines and other commodities [58%])[8]

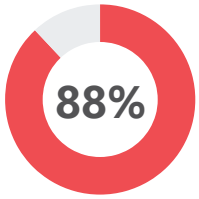
1	Painkillers/analgesics	67%
2	Medications for hypertension/heart conditions	38%
3	Diabetes medicines	35%
4	Antibiotics	30%
5	Children medicines, vaccines or malnutrition treatment	18%

95% % of households who experienced issues with accessing healthcare

AVERAGE % OF MONTHLY INCOME SPENT ON HEALTHCARE[9]	
10%	9%
AVERAGE EXPENDITURE ON HEALTHCARE AS A % OF TOTAL HOUSEHOLD EXPENDITURE[9]	
8%	8%

Most common barriers to accessing healthcare[8]

1	Cannot afford price of medicines	86%
2	Cannot afford treatment costs	78%
3	Health facilities overcrowded and/or long waiting times	41%



% of households with at least one member who showed signs of psychological distress

Most common coping strategies

(by % of host community households with unmet health needs [49%])[8]

1	Going to a pharmacy instead of a clinic	98%
2	Substituting prescribed medication for herbal medicine	24%
3	Foregoing non-essential treatment	10%

Most common coping strategies

(by % of IDP households with unmet health needs [53%])[8]

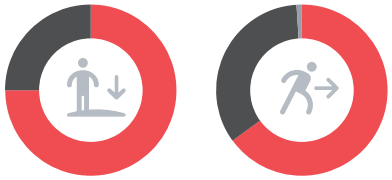
1	Going to a pharmacy instead of a clinic	95%
2	Substituting prescribed medication for herbal medicine	36%
3	Foregoing non-essential treatment	9%

COVID-19

Household's worry about contracting COVID-19 (by % of host community and IDP households)

Yes, a lot	18%	16%
Yes, a bit	21%	19%
No	61%	65%

Willingness to see a doctor or seek a test if a household member had COVID-19 symptoms (by % of host community and IDP households)

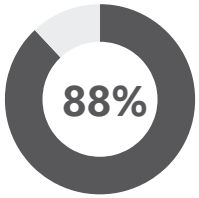


Yes	75%	65%
No	25%	34%
Don't know	0%	1%

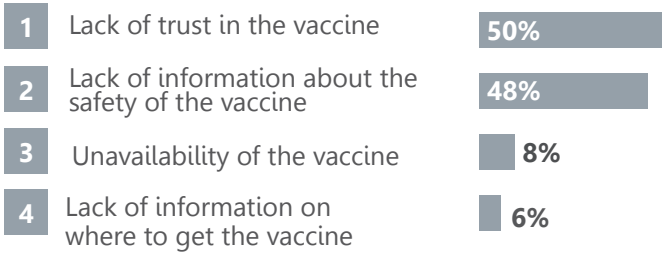
Main source of information on COVID-19 (by % of host community and IDP households)

Social media	41%	48%
Television	23%	28%
Family, friends	16%	19%
Other♦	20%	5%

% of households where not all adult members are vaccinated against COVID-19

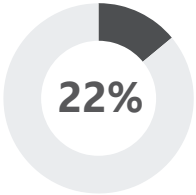


Reasons why adult household members are not vaccinated against COVID-19 (by% of households where at least one adult member is not vaccinated [96%])[8]



Applied behaviours aimed at preventing the spread of COVID-19 (by % of host community and IDP households)[8]

Washing hands	77%	58%
Wearing facemask	24%	16%
Social distance	24%	14%
Vulnerable persons stay at home	16%	12%
Limiting movements	14%	11%
Increased disinfectant usage	14%	10%



% of households where no COVID-19 preventive measure is applied♦

AVERAGE % OF MONTHLY INCOME SPENT ON COVID-19 ITEMS[9]	
0.4%	0.1%
AVERAGE EXPENDITURE ON COVID-19 ITEMS AS A % OF TOTAL HOUSEHOLD EXPENDITURE[9]	
0.5%	0.1%

Notes on Analysis

All indicators were analysed disaggregated by population group, as well as aggregated to the entire Syrian city population. Confidence intervals were calculated to assess whether the target margin of error was met, and thus findings were representative. For some indicators, a reduced sample of households answered the question as a result of a skip logic in the questionnaire. In some of these cases, the reduced sample of households also resulted in non-representative findings, which are indicated throughout the factsheet with the icon ▼.

In order to identify statistically significant differences between findings for host and IDP populations, a two-sided significance test was run for each indicator resulting in a total of 488 significance tests. When multiple hypotheses are simultaneously tested, an adjustment for the multiplicity of tests is necessary to control for the total number of false discoveries and address the problem of selective inference. The false discovery rate (FDR) method was preferred to Family Wise Error Rate (FWER) techniques as they were considered too conservative for this application. With FDR p-value adjustment method, the null-hypothesis (i.e., host and IDP populations have the same characteristics) was rejected in 39 instances at level 0.05, which are indicated throughout the factsheet with the icon ♦.

The complete multi-sectoral descriptive analysis can be accessed on the REACH Resource Centre.

Footnotes

1. The Humanitarian Situation Overview Syria (HSOS) project comprises regular multi-sectoral assessments reviewing information on humanitarian needs and conditions across accessible areas in northern Syria. The HSOS monthly KI assessments can be found here.

2. Findings from a 4W review in January 2022 indicated that roughly 60% of the out of camp response activities in NES are based in urban locations.

3. The Syria Analytical Framework is a Syria-specific analytical tool developed by the Durable Solutions Platform to guide the incorporation of a durable solutions lens into research and tool design.

4. Host populations are defined as individuals or groups of people who currently reside in their community of origin, or community of permanent residence prior to 2011. This includes populations that were never displaced as well as previously displaced populations that have returned to their community of origin (defined as returnees).

5. IDPs are defined as individuals or groups of people who have left their homes or places of habitual residence and have settled in the assessed city after 2011, as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, or violations of human rights.

6. Out of the 31 neighbourhoods of Al-Hasakeh city, 30 are residential and 1 is industrial. Out of the 30 residential neighbourhoods, 1 is under Government of Syria (GoS) control, 3 are in proximity to GoS areas, 1 is next to military sites, and 11 were not assessed due to security concerns. Consequently, the remaining 14 neighbourhoods were assessed.

7. World Health Organization (WHO). (31 July 2022). WHO Syria Monthly COVID-19 Bulletin. Retrieved from: https://reliefweb.int

8. Respondents could select multiple answers, thus findings might exceed 100%.

9. Computed for households who had this particular expense in the 30 days prior to data collection.

10. Longer-term formal employment is defined as employment with a written agreement whose duration is more than 1 month. Short-term formal employment is defined as employment with a written agreement whose duration is less than 1 month.

11. Calculated for households where employment is a source of income.

12. Computed as the mean of (household income/number of household members)*6.

13. Computed as the mean of (household expense/number of household members)*6.

14. Computed by comparing (household income/number of household members) to (550,644 SYP/6), where 550,644 is the median value of the Survival Minimum Expenditure Basket (SMEB) for a family of 6 in Al-Hasakeh city, from the July 2022 Joint Market Monitoring Initiative (JMMI). In July 2022, the median SMEB value was 576,901 SYP in the Governorate of Al-Hasakeh and 555,730 SYP in NES.

15. The United Nations World Food Programme (WFP). (May 2014). WFP Food Consumption Score - Technical Guidance Sheet. Retrieved from: https://fscluster.org/

16. Unmet health needs refer to anyone in the household who needed or wanted to access healthcare (including medicines) but could not access it.