



URBAN AREA HUMANITARIAN PROFILE: AL HASAKEH

SYRIA CRISIS

FOOD, HEALTH AND WATER ASSESSMENT

AUGUST 2014

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About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH was created in 2010 to facilitate 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. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information, please visit: www.reach-initiative.org. You can write to us at: geneva@reach-initiative.org and follow us @REACH_info.

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LIST OF ACRONYMS

IDP	Internally Displaced Person
KI	Key Informants
PYD	Partiya Yekîtiya Demokrat (Kurdish Democratic Union Party)
NGO	Non-Governmental Organisations
SINA	Syria Integrated Needs Analysis

GEOGRAPHIC CLASSIFICATIONS

Governorate	Highest form of governance below the national level
District	Sub-division of a governorate in which government institutions operate
Sub-District	Sub-division of a district composed of towns and villages
City	Urban centre located within a sub-district
Neighbourhood	Lowest administrative unit within a city

INTRODUCTION

*This assessment presents an analysis of **data collected by REACH** enumerators between 22 and 30 July 2014 in **Al Hasakeh city**. The findings from this assessment highlight **sector specific – Food, Health and Water – humanitarian needs and gaps** in order to inform the relief response for **affected populations** in Al Hasakeh city. This assessment does not aim to provide detailed programmatic information; it is designed to share with a broad audience a concise overview of the current situation Al Hasakeh and to guide further assessments.*

The city of Hasakeh is located in the Kurdish-majority, oil-rich governorate of Hasakeh in the northeast of Syria, close to both the Iraqi and Turkish borders. The city is currently divided in three zones (Map 1), each controlled by a different entity:

- (1) To the **North**, the Kurdish Democratic Union Party (PYD), controls most of the city. This zone hosts **175,000 inhabitants** and encompasses the other two zones.
- (2) In the **South**, the Regime controls a smaller, but almost an equally as populated zone, with **165,000 residents**.
- (3) To the **East** is found an isolated zone, hosting 6,000 residents mostly concentrated on the northern edge.

The borders of these three sectors have shifted in tandem with hostilities. The southern regime-controlled zone became smaller whilst the northern Kurdish zone expanded. Although both entities reportedly coexist, minor clashes still occur. The eastern zone was previously held by the opposition, but there is currently no overarching authority. This zone is **regularly impacted by the conflict via both ground offensives and aerial bombardment**.

Blocking the main access roads which serve as supply routes and which connect Al Hasakeh with the rest of Syria is the presence of a third armed party to the conflict. This has led Al Hasakeh's residents to primarily **rely on supplies from Iraq and Turkey**, as well as on **airlifted aid deliveries**¹.

Whilst humanitarian needs in the three assessed zones are reportedly different, all are affected by the volatility of the security context which constrains and often blocks access to basic utilities and services. Each zone also hosts internally displaced persons (IDPs) from the sub-districts of Deir ez-Zor and Ar Raqqa². This sub-group tends to face greater challenges and is hence more vulnerable than the host population.

*As part of the presentation of findings for each of the sectors covered by this assessment, suggested **priority interventions** are included to **inform aid actors** in planning timely and appropriate relief response for affected populations in Al Hasakeh city.*

¹ [Syria Crisis Response, Situation Update](#) WFP (19 March – 1 April, 2014)

² [Hasakah residents fear ISIS rally in east Syria](#) Al Monitor (24 June, 2014)

METHODOLOGY

The methodology applied for this assessment was done in a phased approach which included **primary data collection and analysis between 22 and 30 July 2014 as well as a secondary data review which was used to triangulate and validate the primary data.**

Due to access and security constraints, a combination of purposive and convenience sampling was deemed the most appropriate methodology for this assessment. The two main data collection methods used were Key Informant (KI) interviews as well as direct observations from the field carried out by a trained REACH enumerator. These methods were designed to enforce, supplement and validate findings from primary and secondary data.

The enumerator who participated in the assessment in Al Hasakeh city has been trained by a leader of enumerator teams based in Syria. This training ensured a good understanding of key terms and underlying factors for each assessed sectors, as well as assessment techniques such as triangulation and interviewing. The REACH team in Turkey followed up with a remote training to cover assessment standards, terminology, methodology and tools, as well as humanitarian principles.

REACH designed and provided a multi-sector questionnaire to the enumerator based on data collection tools adapted from the Syria Integrated Needs Assessment (SINA)³ to ensure that data could be compared where appropriate. The questionnaire includes an evaluation of needs, priorities and severity across the sectors of food, health and water. Key Informants were asked to rank severity on a seven-point scale ranging from 0, meaning “normal situation”, to 6, indicating a “catastrophic” humanitarian situation (Table 1). Three questionnaires focusing on (1) the North (Kurdish), (2) South (Regime) and (3) East (Self-governed) zones of Al Hasakeh city were completed for this assessment (Map 1).

The REACH enumerator selected KI based on their knowledge of sector-specific issues. These included individuals such as local leaders working with private or public service providers.⁴ To increase the reliability of data collected through KI interviews, the enumerator was asked to triangulate their findings through different sources familiar with the context in Al Hasakeh city across the food, water and health sectors. To ensure further data consistency, the REACH assessment team conducted a remote debriefing during August 2014 to review and validate the completed questionnaires.

The focus of this debriefing was to further elaborate on these findings and to ensure that any apparent inconsistency in the data was clarified, rectified, or altogether discarded. The REACH assessment staff also conducted shorter interviews with KI from other organisations, to cross-check the information shared by the enumerator.⁵

Due to the recurrence of population movements and the limited access to Al Hasakeh city, population numbers are difficult to estimate. For this reason, the population and displacement figures provided in this factsheet should be interpreted as informed estimates only.

The main limitation for this assessment is the reliance on a limited number of KI interviews as the primary data collection method. KI were chosen on the basis of availability of access as well as subjective judgements by enumerators, meaning that a degree of bias is inherent to this exercise. This constrained the analysis of results, despite the checks and balances set by REACH during the triangulation process. Despite this, the limitations and difficulties of movement in the assessed zones currently make KI interviews the most feasible and accessible source of information.

³ [Assessment Working Group for Northern Syria](#), 31/12/13

⁴ KI usually include, but are not limited to, local council, relief committees, and health and education officials, along with community leaders.

⁵ The information relative to the organisations and contacts remains confidential.

Map 1: Assessed zones of Al Hasakeh city, 30 July 2014⁶



Table 1: Severity Scale, from 6 (“Catastrophic situation”) to 0 (“No problem”)

6	Catastrophic situation for <sector name>. Affected population faces life-threatening conditions causing high level of suffering, irreversible damages to health status and deaths. Large number of deaths are reported directly caused by the current <sector name> conditions and will result in many more deaths if no immediate <sector name> assistance is provided.
5	Critical situation for <sector name>. Affected population faces life-threatening conditions causing high level of suffering, irreversible damages to health status and deaths. Deaths are already reported , directly caused by the current <sector name> conditions, and more deaths are expected if no immediate <sector name> assistance is provided.
4	Severe situation for <sector name>. Affected population faces life-threatening conditions causing high level of suffering and irreversible damages to health , which can result in deaths if no humanitarian assistance is provided.
3	Situation of major concern for <sector name>. Majority of people are facing <Sector name> problems or shortages causing discomfort and suffering which can result in irreversible damages to health, but they are not life threatening . Affected population will not be able to cope with the <Sector name> current conditions if the situation persists and no humanitarian assistance is being provided .
2	Situation of concern for <sector name>. Many people are facing <sector name> problems or shortages causing discomfort and suffering , but they are not life threatening . Affected population is feeling the strain of the situation but can cope with the current situation with local resources .
1	Situation of minor concern for <sector name>, but conditions may turn concerning . Few people are facing problems or shortages in <sector name> but they are not life threatening . Affected population is feeling the strain of the situation but can cope with the current situation with local resources .
0	Normal situation for <sector name>. Population is living under normal conditions . All <sector name> needs are met .

⁶ Map data: REACH and © OpenStreetMap contributors.

PRIORITY GROUPS

- For each assessed zone, KI identified different priority groups in need of immediate assistance. **All priority groups were reported to be IDPs.** The groups in most need of assistance in all three zones are IDPs living in precarious places, including: **open spaces, damaged and unfinished locations, or collective shelters.** Further, IDPs living in rented accommodation are also one of the groups in immediate need of assistance in the city, as accommodation costs can represent an additional **financial burden which IDPs cannot sustain over long periods of time** (Table 1).

Table 2: Groups most in need of assistance in assessed zones of Al Hasakeh city, 30 July 2014

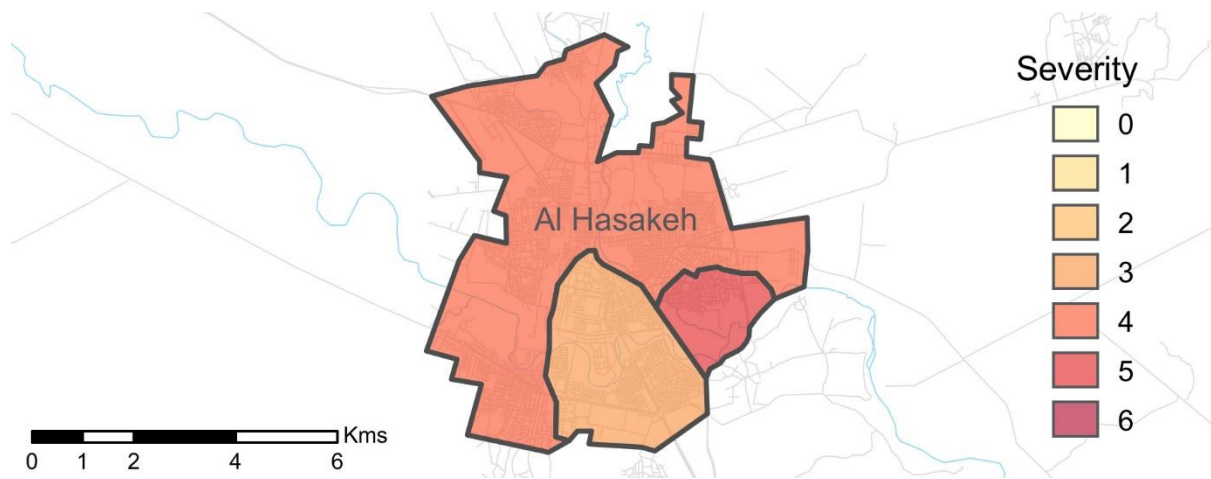
	North	South	East
IDPs in damaged/unfinished locations			
IDPs in open spaces			
IDPs in collective shelters			
IDPs in rented accommodations			
IDPs in host families			
IDPs in organised/structured camps			
Residents			
Residents hosting IDPs			

FOOD FINDINGS

SEVERITY LEVEL: MAJOR CONCERN (3) (SOUTH), SEVERE (4) (NORTH), AND CRITICAL (5) (EAST)

- Food security conditions vary between the three assessed zones (Map 2). The zone controlled by the regime (South) is reportedly facing a situation of *major concern* (severity 3), but *not life-threatening*. The Kurdish, PYD-controlled zone (North) encounters *severe* and *life-threatening challenges* (severity 4).
- The zone that has no controlling authority (East) has the worst conditions and most acute needs when compared to the other two zones. The situation there is reportedly *critical* and *life-threatening* (severity 5).

Map 2: Food insecurity severity in assessed zones of Al Hasakeh city, 30 July 2014⁶



MARKET STOCKS AND SHORTAGES

- The markets in neighbourhoods found in the south have part of the required stock, while those in the northern zone have none. In both zones, no existing market has the capacity to restock within seven days. These issues highlight (1) **severe shortages in local food production** and (2) **access constraints to deliver food to markets** in Hasakeh city.
- In the eastern zone, there is currently no market to service the estimated 6,000 people who live there. These residents have to rely on the markets located in the two other zones and may face access constraints due to mobility restrictions.
- The main reported shortages on markets across all three assessed zones are (1) **lack of food diversity**, (2) **lack of cooking fuel**, and (3) **shortages in infant formula** (Table 3).

Table 3: Food availability issues and shortages in assessed zones of Al Hasakeh city, 30 July 2014

	North	South	East
Food diversity on markets	Red	Red	Red
Cooking fuel	Red	Red	Red
Infant formula	Red	Red	Red
Locally produced food	Grey	Grey	Grey
Utensils	Grey	Grey	Grey

ACCESS CONSTRAINTS

- **Financial impediments such as pricing and lack of resources are the main obstacles** to securing food in all three zones. The prices of basic food and food-related items such as **milk, oils and cooking fuel** are prohibitive. These price levels highlight the **limited availability** of such products. Additionally, the current drought affecting northern Syria, including Hasakeh Governorate, is considerably reducing yields and will likely further increase prices of basic food items⁷.
- In the North and South zones, KI also highlighted residents' **lack of resources to grow their own food**. If residents had the financial resources and required inputs to grow their own food, this would contribute to mitigate the insufficient stocks of local markets. In the eastern zone, **physical and security constraints** such as distance, on-going fighting, and the existence of check-points impede access to markets located in the adjacent northern and southern zones (Table 4).

Table 4: Access constraints to food in assessed zones of Al Hasakeh city, 30 July 2014

	North	South	East
Some commodities are too expensive	Red	Red	Red
No resources to grow food	Red	Red	Grey
Lack of resources to purchase food	Red	Red	Red
Physical constraints	Grey	Grey	Red
Food suppliers cannot reach markets	Grey	Grey	Grey
Loss of agricultural assets/inputs	Grey	Grey	Grey
Security constraints for residents	Grey	Grey	Grey

FUNCTIONING OF BAKERIES

- The main factors impeding bakeries' functionality in the North and South zones are the same: bakeries primarily face shortages in **electricity, flour, and machinery** (Table 5). In the self-governed zone, besides electricity and machinery shortages, KI singled out **destruction** as the most critical impediment, emphasising the higher level of conflict in this zone.

Table 5: Factors impacting bakeries' functionality in assessed zones of Al Hasakeh city, 30 July 2014

	North	South	East
No electricity	Red	Red	Red
Lack of flour	Red	Red	Grey
Destruction	Grey	Grey	Red
Lack of machinery	Red	Red	Red
Lack of fuel	Grey	Grey	Grey
Lack of staff	Grey	Grey	Grey
Lack of yeast	Grey	Grey	Grey
Poor maintenance/repair	Grey	Grey	Grey

⁷ [Syria: Red Cross and Red Crescent alarmed about water shortages](#) (ICRC, July 25, 2014)

PRIORITY INTERVENTIONS

- As a result of financial challenges, compounded by nutrition issues resulting from a lack of food diversity, KI prioritised **food baskets, cash assistance and infant formula** as the most urgently needed interventions in each assessed zone (Table 6).
- These interventions would mitigate residents' financial constraints as well as low levels of local production and food imports which are adversely impacting public health in the city.

Table 6: Priority food interventions in assessed zones of Al Hasakeh city, 30 July 2014

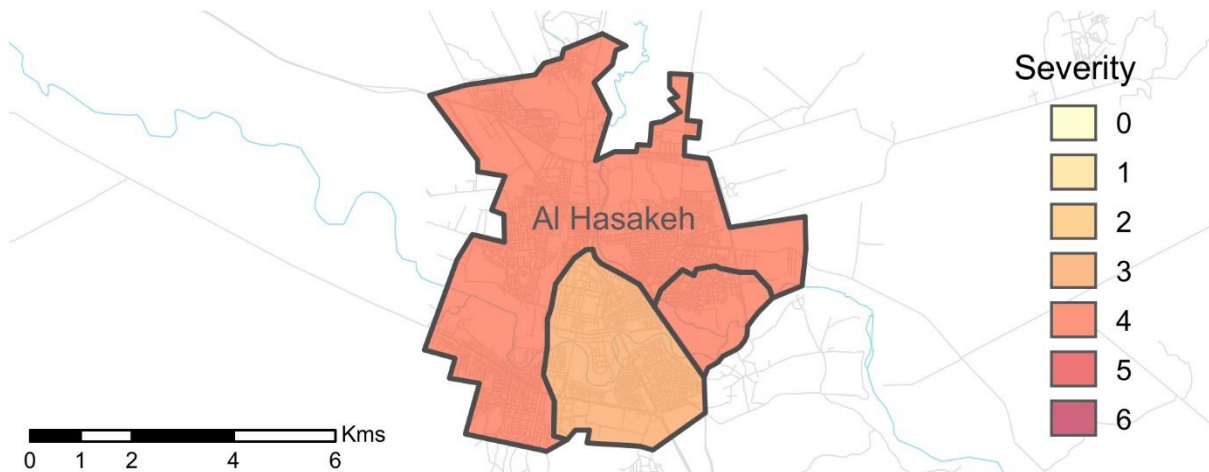
	North	South	East
Food baskets			
Cash assistance			
Infant formula			
Agricultural support (seeds, tools)			
Bread			
Cooking fuel			
Fuel for bakeries			
Wheat flour			

HEALTH FINDINGS

SEVERITY LEVEL: SEVERE (4) (NORTH AND EAST) AND OF MAJOR CONCERN (3) (SOUTH)

- Health conditions are similar in the North and in the East, and were described as *severe and life-threatening* (severity 4) by KI (Map 3). Although they are reportedly less severe and not life-threatening in the southern zone, they are still of *major concern* (severity 3).

Map 3: Health conditions severity in assessed zones of Al Hasakeh city, 30 July 2014⁶



MAIN HEALTH ISSUES

- Health concerns and needs are reportedly different in zones with a controlling authority, namely southern and northern zones, when compared to the eastern, self-governed zone (Table 7).
- In the South and North zones, the main health issues are **chronic and communicable diseases**, followed by **maternal health issues**.
- In the zone without any controlling entity (East), **conflict related injuries** are the most pressing issue due to the **higher level of conflict**.
- Communicable diseases and **severe diseases affecting children under five** are also of major concern in the eastern zone. This last issue is compounded by a reported high prevalence of malnutrition⁸, along with non-existent growth monitoring services there.

Table 7: Main reported medical conditions in assessed zones of Al Hasakeh city, 30 July 2014

	North	South	East
Chronic diseases	High	Medium	Low
Communicable diseases	Medium	High	Medium
Conflict-related injuries	Low	Low	High
Maternal Health Issues	Medium	Medium	Low
Psychological trauma	Low	Low	Low
Severe diseases affecting children <5	Low	Low	Medium

MEDICAL SERVICE COVERAGE AND ACCESS

- Medical service coverage is unequally distributed amongst the three zones. The best coverage for each assessed type of service is found in the regime zone (South), although it remains low even here. Coverage is noticeably lower in the Kurdish zone (North), and almost non-existent in the self-governed zone (East) (Table 8).
- Whilst **conflict-related injuries** are the most pressing issue in this self-governed zone, emergency health services, ambulances and injury management services to address them are close to **non-existent**.
- Due to several reported **vaccination campaigns**, related vaccination services managed to cover **75% of the needs in each zone**.
- The lack of medical consultations in all three zones highlights the **challenges to identify and treat chronic and communicable diseases** such as measles and acute respiratory infections⁹ which were reported by KI from the health sector.

⁸ Malnutrition affecting children under five can be correlated to infant formula shortages, and an overall lack of food diversity.

⁹ KI reported a high level of pollution in Hasakeh, contributing to the spread of communicable diseases – KI emphasised the lack of solid waste management services and the unsupervised exploitation of oil fields near Hasakeh city.

Table 8: Average medical service coverage compared to needs in assessed zones of Al Hasakeh city, 30 July 2014

	North	South	East
Emergency health services/ambulances	10%	10%	0%
Emergency and injury management	5%	15%	5%
Growth monitoring/nutrition surveillance services	15%	25%	5%
Medical consultations	10%	25%	10%
Chronic diseases management	30%	50%	5%
Medicine distribution	30%	50%	10%
Reproductive Health incl. emergency obstetric care	50%	65%	20%
Vaccination	75%	75%	75%

FUNCTIONING OF HEALTH CENTRES

- The regime zone (South) reportedly gathers the largest number of available and functioning health centres that were built before the conflict (Table 9). The northern Kurdish zone, which hosts more residents (175,000) than the regime zone (165,000), has approximately **three times fewer functioning health centres**.

Table 9: Health centres' functionality in assessed in assessed zones of Al Hasakeh city, 30 July 2014


- In the eastern zone, KI reported only **one health centre to cover the needs of 6,000 residents**. While this is the highest ratio in terms of number of residents per functional health facility, this health centre suffered **conflict damage** and has limited capacity.
- The main factors determining whether a health centre functions differ depending on the zone where they are located, although the **lack of electricity** is a consistent issue in all three zones (Table 10). In the zones where needs are reportedly more acute, namely North and East, the **lack of funding** to run existing health centres was also emphasised.

Table 10: Main factors impeding health centres' functionality in assessed zones of Al Hasakeh city, 30 July 2014

	North	South	East
Lack of electricity			
Lack of medical equipment			
Conflict-related damage			
Lack of medical staff			
No funding available			
Lack of medicine and consumables			
Used for alternate purposes			

PRIORITY INTERVENTIONS

- KI identified the provision of **qualified health staff**, especially for **maternal health care**, as priorities in all three assessed zones (Table 11). This would ensure a **better coverage** of existing medical service in terms of current needs, especially for maternal health care. The reported lack of basic emergency obstetric care to respond to prenatal and antenatal care is indeed of particular concern.
- Whilst the third priority for the South was reported to be medical equipment, KI reported **mobile clinics** as a priority in the North and East, which emphasised the **higher level of conflict** in these two zones. These are believed to be vital in providing emergency medical assistance and injury management in the field.
- In both Kurdish and self-governed zones, mobile clinics would allow to **mitigate safety risks** associated with static health centres, which are more prone to be damaged with the on-going fighting. Mobile clinics would thus **facilitate access** to medical services.

Table 11: Priority health interventions in assessed zones of Al Hasakeh city, 30 July 2014

	North	South	East
Chronic diseases	Red	Light Red	Light Grey
Communicable diseases	Light Red	Red	Light Red
Conflict-related injuries	Light Grey	Light Grey	Red
Maternal Health Issues	Light Red	Light Red	Light Grey
Psychological trauma	Light Grey	Light Grey	Light Grey
Severe diseases affecting children <5	Light Grey	Light Grey	Light Red

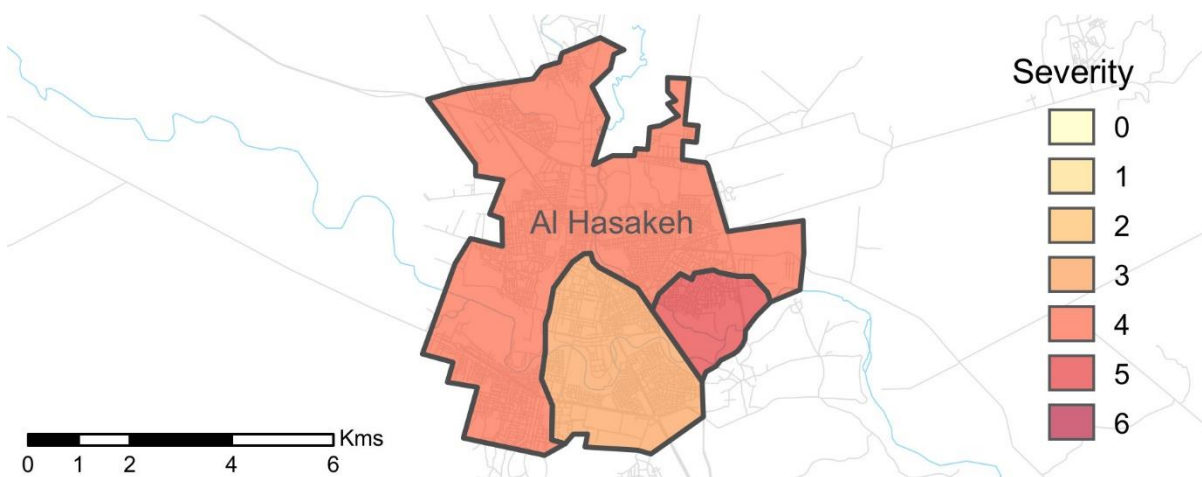
WATER FINDINGS

SEVERITY LEVEL: **MAJOR CONCERN (3) (SOUTH), SEVERE (4) (NORTH), AND CRITICAL (5) (EAST)**

- Drinking water conditions vary between the three assessed zones (Map 4). The southern zone is reportedly facing challenges of *major concern* (severity 3), which are *not life-threatening*. The Northern Kurdish zone encounter *severe and life-threatening challenges* (4). The eastern zone faces the worst situation when compared to the other two zones: the situation is reportedly *critical and life-threatening*.
- Current water conditions are likely related to a reported **high prevalence of diseases and symptoms originating from poor sanitation conditions**¹⁰.

¹⁰ Symptoms and diseases such as skin diseases and diarrhoea, associated with water- and vector-borne diseases have been reported by KI in all three zones of the city.

Map 4: Drinking water situation severity in assessed zones of Al Hasakeh city, 30 July 2014⁶



WATER NETWORK DEFICIENCY

- KI highlighted the **lack of fuel for generators** and **damage to the water network** as the main reasons for the reduction of water supply in all three assessed zones (Table 12).
- **Electricity shortages and rolling power cuts affecting the capacity of the water network** were emphasised by KI in both the South and North zones. Here, electricity is reportedly available for **0-2 hours/day** due to heavy conflict-related damage the power plant of Rmeilan and municipal infrastructure. The water network relies on electricity to function, and this limited availability considerably reduces water supply.
- KI further singled out the **lack of water tanks and other portable water storage infrastructure to collect and store water** as the main constraint in the Eastern zone.

Table 12: Water availability issues in assessed zones of Al Hasakeh city, 30 July 2014

	North	South	East
Lack of fuel for generators	Red	Red	Red
Lack of electricity to operate network	Red	Red	Grey
Damaged water network	Red	Red	Red
Lack of water tanks	Grey	Grey	Red
Overstretched water network	Grey	Grey	Grey
Reduction in water points	Grey	Grey	Grey

- Although major access constraints impact the severity of needs differently in the assessed zones, they are reportedly the same: **(1) physical constraints, (2) lack of water treatment chemicals, and (3) lack of financial resources to buy water**. KI emphasised the **poor maintenance of the public water network and dysfunctional generators** used for wells when the network is not running as the main physical constraints in each zone.

- KI also identified financial challenges impeding access to water as residents appear to **lack resources to purchase bottled water or water from private vendors**. These constraints have led them to resort to alternative water sources, such as wells that they are unable to consistently chlorinate due to **shortages in treatment chemicals** (Table 13). KI further emphasised the lack of treatment chemicals by reporting that water in the city **neither tastes nor looks good**.

Table 13: Access constraints to water in assessed zones of Al Hasakeh city, 30 July 2014

	North	South	East
Physical constraints	High	High	High
Lack of water treatment chemicals	High	High	High
Lack of resources to buy water	High	High	High
Reduction in vendors of water bottles	Low	Low	Low
Security constraints for residents	Low	Low	Low
Water price increased	Low	Low	Low

PRIORITY INTERVENTIONS

- Critical repairs to improve network capacity and **electricity shortages** led KI to identify these as two of the most **urgently needed interventions** across all three assessed zones.
- KI also highlighted the need for **water treatment chemicals** as a means of mitigating water network supply volatility. Such chemicals will allow residents to alternate water sourcing strategies whilst avoiding the negative consequences on health and welfare (Table 14).

Table 14: Priority water interventions in assessed zones of Al Hasakeh city, 30 July 2014

	East	North	South
Network repairs	High	High	High
Water treatment chemicals	High	High	High
Electricity	High	High	High
Cash assistance	Low	Low	Low
Digging wells	Low	Low	Low
Fuel for generators	Low	Low	Low
Generators	Low	Low	Low
Water cans	Low	Low	Low
Water pumps	Low	Low	Low
Water tanks	Low	Low	Low

CONCLUSIONS

GENERAL

- The residents of Hasakeh face **acute challenges and service gaps** which vary according to their location and the controlling entity of the zone in which they reside. Two different authorities control the North and South zones, which together host 340,000 people – respectively the Kurdish PYD and the Regime. In the **eastern zone** however, there is no controlling body, and the needs are reportedly **more severe** there, although the population is considerably smaller (6,000).
- **Access to and movement within the city is constrained.** First, access roads inside Syria have been cut off as a third armed-party gained control over the surrounding countryside. Second, movement from the East to the North or South zones is limited due to a volatile security context.

FOOD

- KI emphasised insecurity and limited resources, notably **lack of financial means in a context of high food prices**, as the main constraints impeding Al Hasakeh's residents' access to food. The population in the eastern zone faces additional **physical constraints** in servicing basic food needs due to the **absence of markets** and numerous checkpoints limiting access to the adjacent zones.
- KI reported lack of food diversity to be correlated to **shortages in local production** and almost exclusive reliance of Al Hasakeh's residents on **limited supplies from Iraq, Turkey, and airlifted aid delivery**.
- **Priority interventions** to improve food security were identified by KI to be **food baskets, cash assistance and infant formula**.

HEALTH

- KI from the health sector reported **different varying medical problems** in zones with a controlling body, compared to the eastern zone which does not have any an overarching entity. In the North and South zones, the priorities are communicable and chronic diseases, followed by maternal health issues. In the eastern zone however, **conflict related injuries** are the main issue, along with **communicable diseases and severe diseases affecting children under five**.
- The functioning and capacity of health centres is consistently diminished by lack of essential resources, namely medical staff, funding and specialised equipment. **Priority interventions** to improve health centres' functionality were identified by KI to be **medical staff and medical supplies**, along with **mobile clinics** for the South and the East as they are considered to be safer.

WATER

- KI identified **physical constraints, shortages in water treatment chemicals, and lack of resources to purchase water from private vendors** as the major impediments to residents' access to water sources in all three zones of Al Hasakeh city. Al Hasakeh's residents reportedly have access to generators which would help keep the network running, but there are **shortages in fuel**. They also **lack water tanks** to collect and store water when there is enough electricity for the network to function.
- **Priority interventions** to mitigate water issues were identified by KI to be **network repairs, treatment chemicals** for purification, and **electricity** to run the water network.