

Quneitra Governorate, December 2017

Humanitarian Situation Overview in Syria (HSOS)

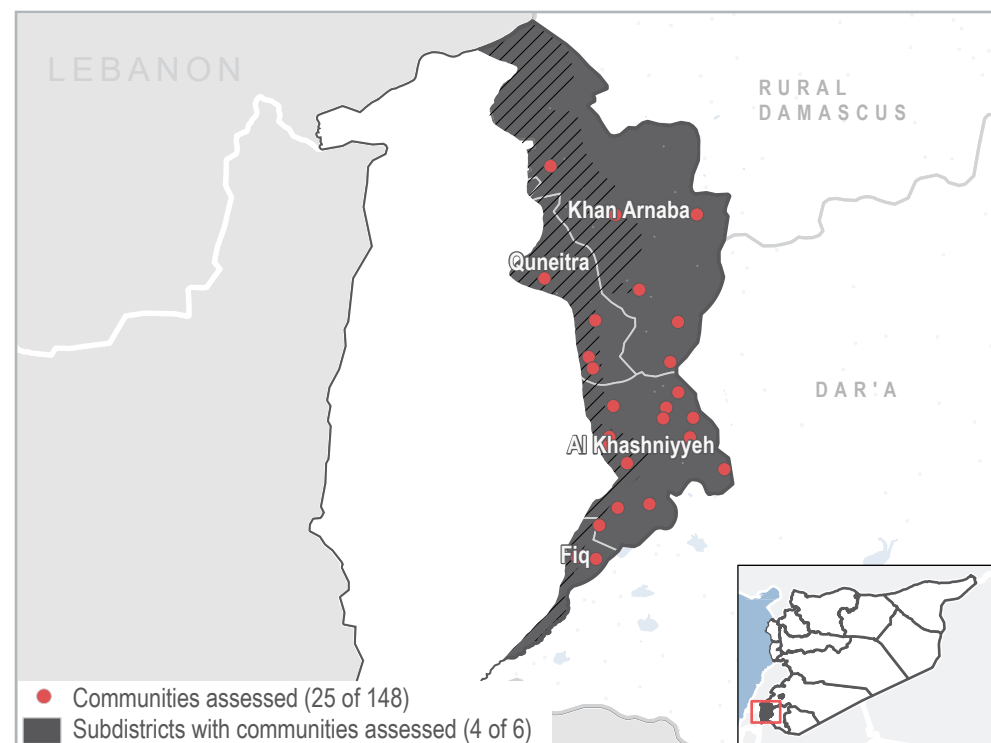
OVERALL FINDINGS¹

The southern governorate of Quneitra, is a largely agricultural governorate located in the Syrian Golan Heights. **Three** of the assessed communities in Quneitra, had no pre-conflict population remaining on the last day of December: Breiqa, Quneitra and Bir Ajam (all in Quneitra subdistrict). However, all three communities reported the presence of IDPs, with particularly large numbers reported in Bir Ajam (4,050 individuals) and Breiqa (5,500 individuals). Of the 25 communities assessed, **two** witnessed spontaneous refugee returns from Lebanon and Jordan in December: Asbah and Rweheineh². Refugees in both communities reportedly returned to reunite with their families. In Asbah refugees reportedly also returned to protect or reclaim their assets, while in Rweheineh KIs reported that refugees returned due to a perceived cessation of hostilities in their community of origin. KIs in all of the **11** communities that reported the presence of returnees noted that returnees had been displaced multiple times prior to returning.

All but one of the assessed communities reported hosting IDPs. The largest estimated numbers of IDPs were reported in Khan Arnaba (8,700), Breiqa (5,500) and Rafid (4,800). The most common shelter lived in by IDPs in Rafid was tents, while IDPs in the other two communities were most commonly either squatting or renting independent apartments or houses. The most common shelter lived in by IDPs in Qseibeh (reporting 2,750 IDPs present) was collective public spaces not designed for shelter. Between 30 and 35 IDPs arrived in Quneitra City in December, despite **76-100%** of buildings being reportedly destroyed. IDPs in Quneitra reportedly lived in unfinished houses or apartments and relied on batteries as their main source of electricity. Of the communities assessed, **all but two** reported a lack of fuel while water was reportedly fine to drink and sufficient to cover household needs across all of them. Nonetheless, **17** communities reported problems with latrine functionality such as insufficient water to flush and an inability to empty septic tanks, and **80%** of assessed communities reported that diarrhoea was a predominant health concern in their community. Only **eight** communities reported the absence of health facilities in their area and **two**, Breiqa and Rweiheneh, reported that none of the assessed medical items were available in December.

All but four communities reported that residents experienced challenges in accessing sufficient amounts of food, but no extreme food-based coping strategies were reported. A vast majority of KIs in these communities reported that residents either lacked sufficient funds to purchase available food or were unable to buy food due to the high cost of some items (please refer to the Syria [market monitoring exercise](#) for additional information on food prices in Quneitra). The average price of a food basket was more than **50%** of the reported average monthly household income of **less than 50,000 SYP**. Business or trade, unstable employment and agriculture were cited as the main sources of income in a majority of communities. **All** communities reported coping strategies to deal with insufficient income, and children in approximately **a fourth** of assessed communities were sent to work or beg to supplement household incomes³. **Nine** communities reported that some children were unable to attend school, most commonly due to the destruction of facilities and long distances to existing services.

Coverage



Top 3 reported priority needs

1. Food security
2. Water security
3. Healthcare

Demographics*

100,561 people in need

51,085 49,476

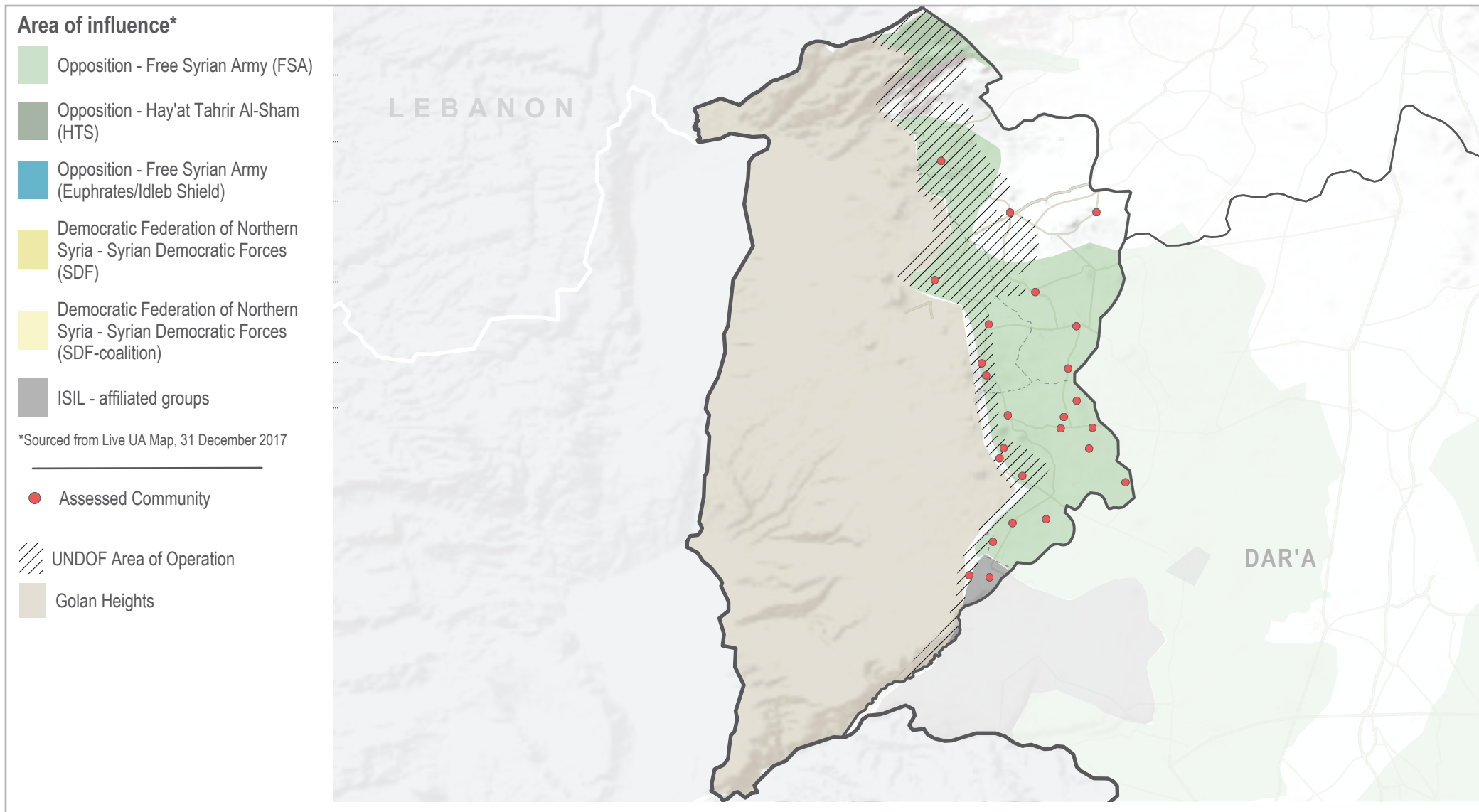
* Figures based on HNO 2018 population data for the entire governorate.

KEY EVENTS

Tariff introduced at Khirbet Ghazaleh trade checkpoint halts export of vegetables, disrupting an area heavily reliant on agriculture ⁴ .	Fighting intensifies in the Syrian Golan Heights around Baath city ⁵ .	Violence escalates in Druze village Hader ⁶ .	Breiqa Camp receives food assistance, yet conditions in the camp remain dire ⁷ .	An obstetrics and gynecology hospital opens in Breiqa to serve patients from across the governorate ⁸ .	Local authorities complete the renovation of five schools in Ghadir Elbostan and surrounding villages ⁹ .
March	26 June	3 November	12 November	13 November	19 November

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Governorate areas of influence:



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DISPLACEMENT

145 - 155 Estimated number of IDP arrivals in assessed communities in December.

75 - 90 Estimated number of spontaneous returns in assessed communities in December².

Communities with the largest estimated number of IDP arrivals:

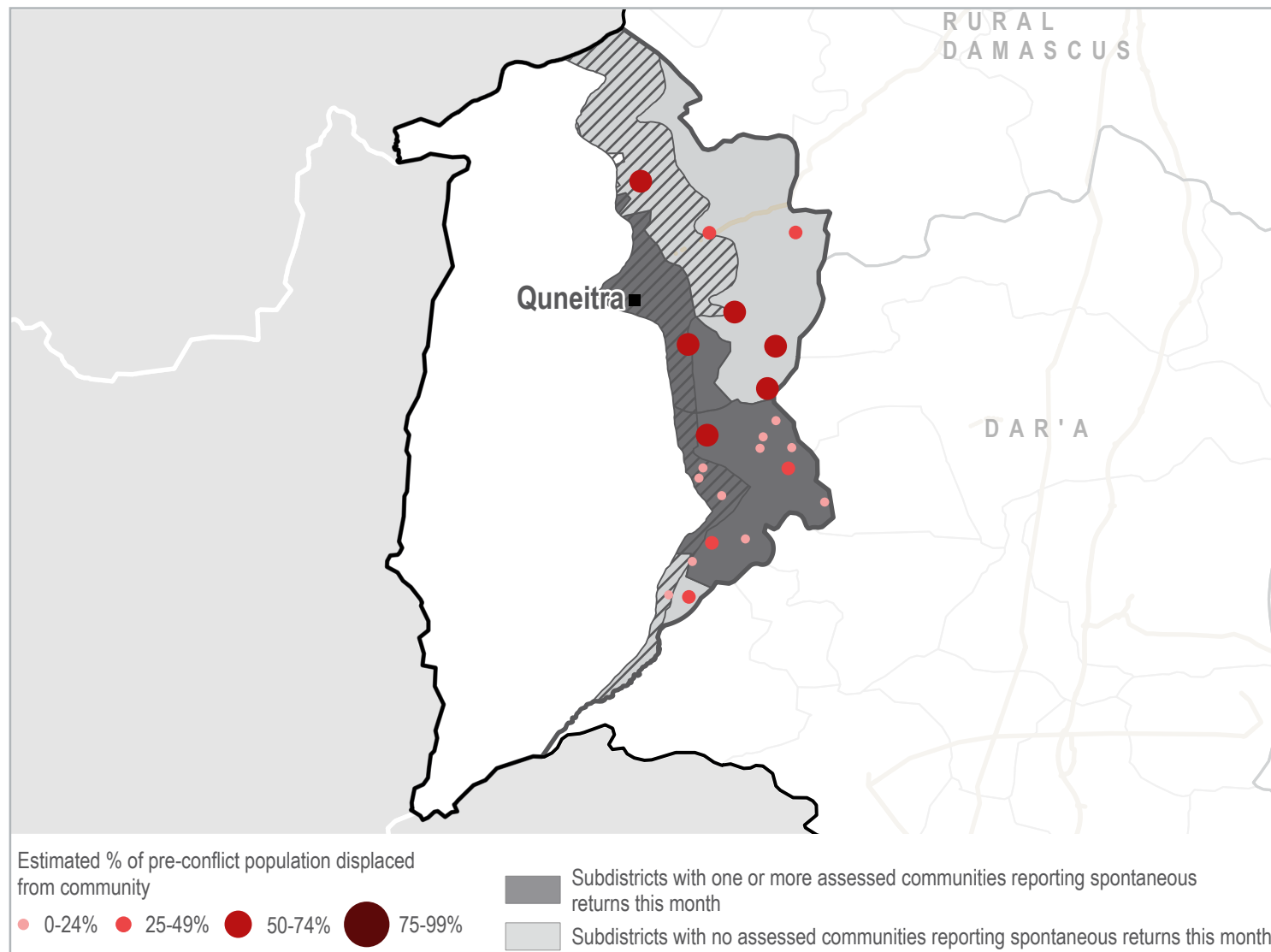
Ein Eltineh	115 - 120
Quneitra	30 - 35
No further arrivals reported	

Top 3 subdistricts of origin of most IDPs arrivals^{3,4}:

Sa'sa' (Rural Damascus)	50%
Quneitra (Quneitra)	50%

25 communities reported no PCP departures^{3,4}.

Estimated percent of pre-conflict population (PCP) displaced from community:



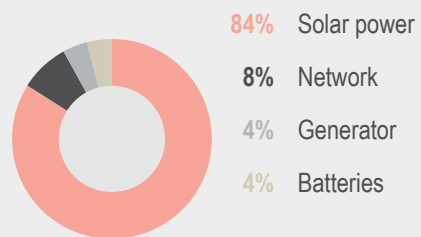
³ Multiple choices allowed.

⁴ By percent of communities reporting.

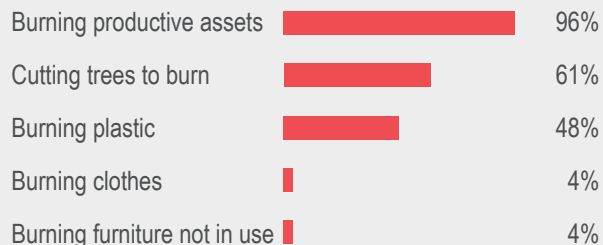
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SHELTER AND NFI

Primary source of electricity reported:⁴



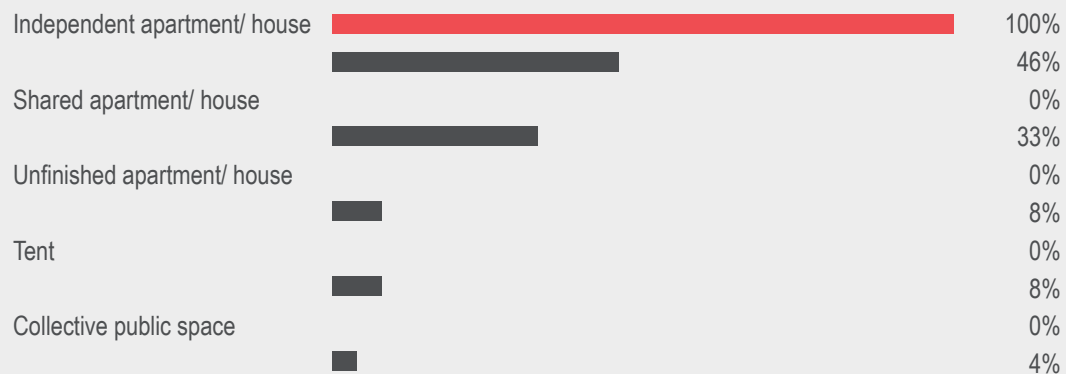
2 communities reported no lack of fuel. Most common strategies to cope with a lack of fuel in the remaining 23 assessed communities^{3,4}:



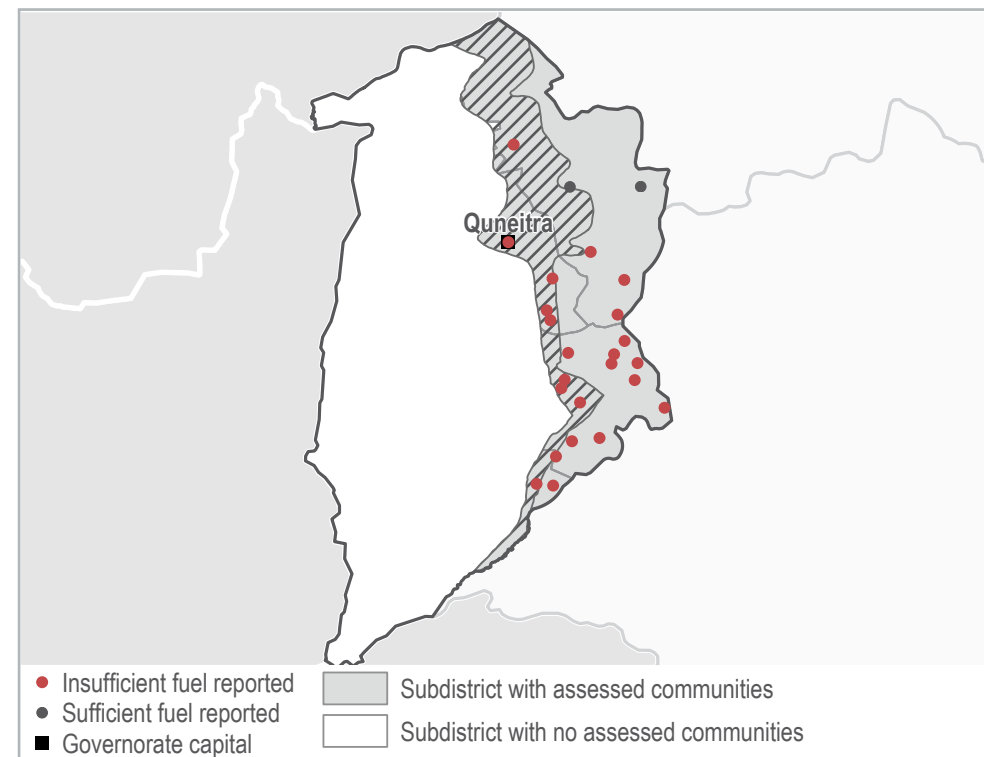
4,475 SYP Governorate average reported rent price in Syrian Pounds (SYP) across assessed communities.⁵

6,882 SYP Syrian average reported rent price in SYP across assessed communities.⁵

Most commonly reported shelter type for PCP (in red) and IDP (in grey) households⁴:



Fuel sufficiency:



Reported fuel prices (in SYP)⁵:

Fuel type:	Governorate average price in December:	Governorate average price in November:	Syrian average price in December:
Coal (1 kilogram)	450	450	337
Diesel (1 litre)	396	388	472
Butane (1 canister)	7,569	7,423	6,125
Firewood (1 tonne)	75,000	75,000	84,744

³ Multiple choices allowed.

⁴ By percent of communities reporting.

⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 December 2017)

HEALTH

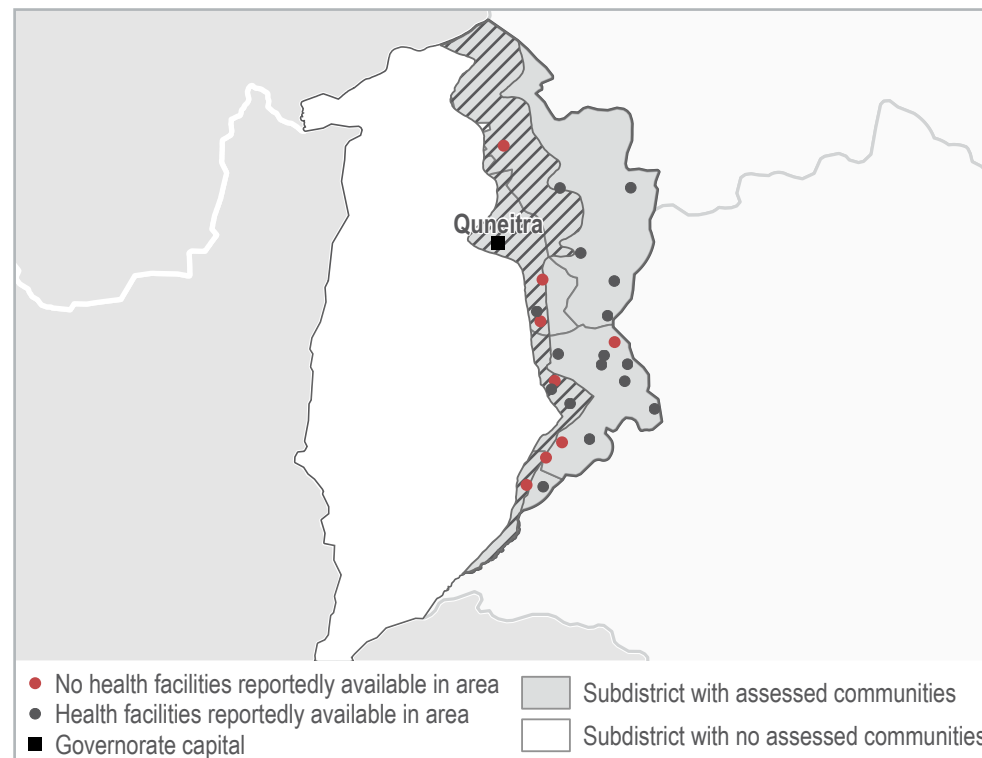
- 2 Communities reported that no medical items were available in their community.
- 1 Community reported that the majority of women did not have access to formal health facilities to give birth.

17 communities reported that residents experienced no barriers to accessing healthcare services. The barriers in the remaining 8 assessed communities were^{3,4}:

No health facilities available in the area	100%
Lack of transportation to facilities	38%
Healthcare services too expensive	13%

25 communities reported that residents were not using coping strategies to deal with a lack of medical supplies^{3,4}.

Presence of health facilities in assessed communities:



Top 3 most needed healthcare services reported^{3,4}:

Surgical care	80%
Chronic disease support	72%
Medicine	72%

Top 3 most common health problems reported^{3,4}:

Severe diseases affecting those younger than 5	80%
Diarrhoea	80%
Acute respiratory infections	72%

³ Multiple choices allowed.

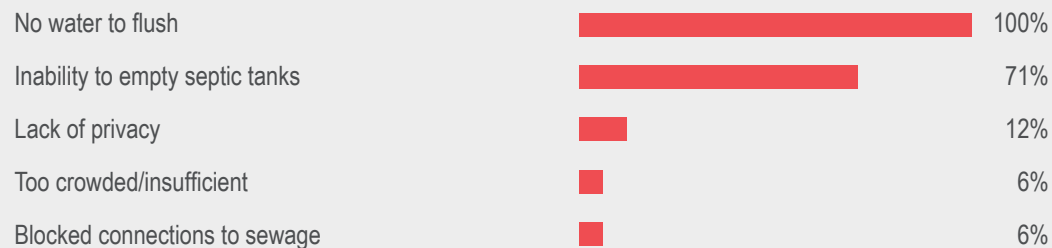
⁴ By percent of communities reporting.

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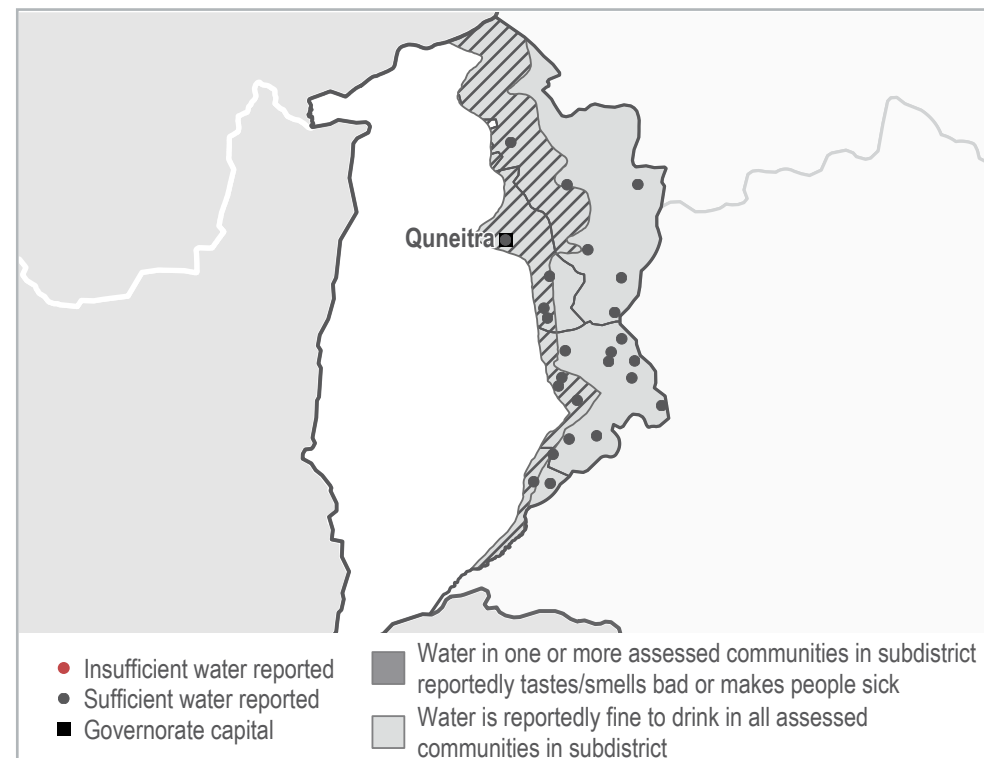
- 0 Communities reported that water from their primary source tasted and/or smelled bad.
- 0 Communities reported that drinking water from their primary source made people sick.

8 communities reported that residents had no problems with latrines. The most prevalent problems with latrines in the remaining 17 assessed communities were^{3,4}:

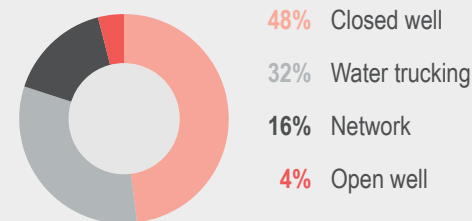


25 communities reported that they had sufficient amounts of water to meet household needs^{3,4}.

Water sufficiency for household needs:



Primary drinking water source reported⁴:



Top 3 reported methods of garbage disposal^{3,4}:

Buried or burned	36%
Private paid collection	24%
Left in the street/public area	20%

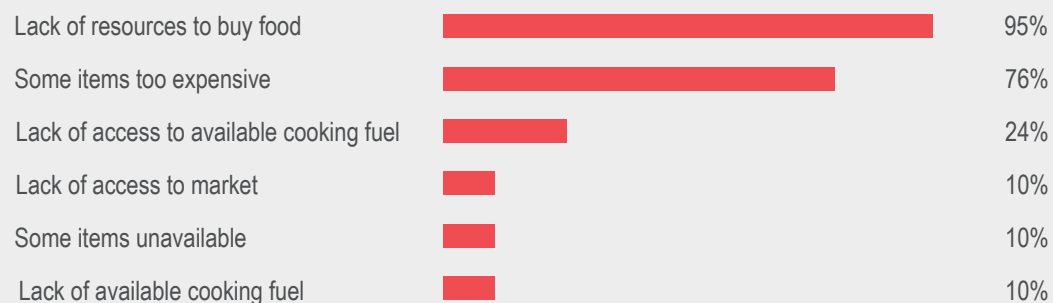
³ Multiple choices allowed.

⁴ By percent of communities reporting.

FOOD SECURITY

- 0 Communities reported not having received a food distribution in the last 12 months.
- 0 Communities reported that residents were unable to purchase food at shops and markets.

4 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining 21 assessed communities were^{3,4}:



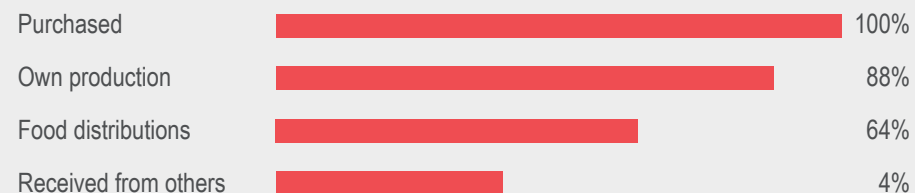
Core food item prices reported (in SYP)⁵:

Food item:	Governorate average price in December:	Governorate average price in November:	Syrian average price in December:
Bread public bakery (1 loaf)	100	100	114
Rice (1 kilogram)	590	598	565
Lentils (1 kilogram)	306	318	472
Sugar (1 kilogram)	274	299	410
Cooking oil (1 litre)	696	729	697

Food sufficiency:



Most common ways of obtaining food reported^{3,4}:



³ Multiple choices allowed.

⁴ By percent of communities reporting.

⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 December 2017)

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LIVELIHOODS

Less than 50,000 SYP Most commonly reported household income range⁵.

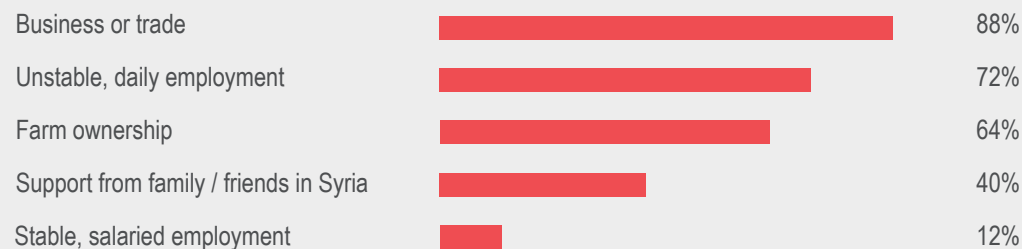
27,550 SYP Governorate average food basket price^{5,6}.

0 Communities reported that residents used extreme food-based coping strategies to deal with insufficient income⁷.

0 communities reported that residents had enough income to cover household needs. The most commonly reported coping strategies to deal with a lack of income in the remaining **25** assessed communities were^{3,4}:



Most commonly reported main sources of income^{3,4}:



³ Multiple choices allowed.

⁴ By percent of communities reporting.

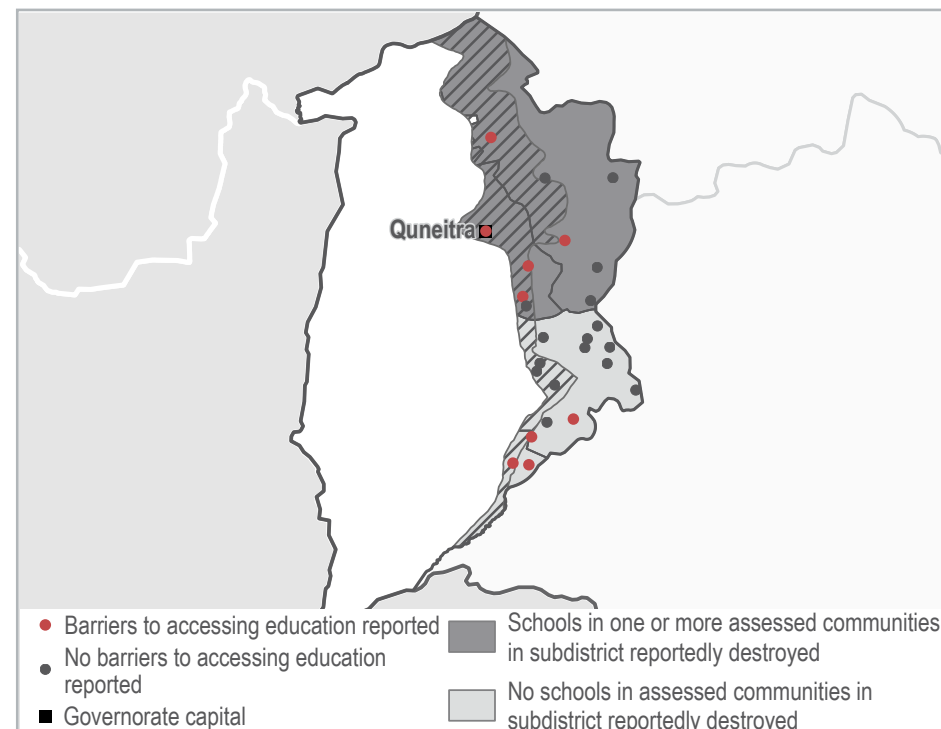
⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 December 2017)

⁶ Calculation of the average price of a food basket is based on the World Food Programme's standard basket of dry goods. The food basket includes 37 kg of bread, 19 kg of rice, 19 kg of lentils, 5 kg of sugar, and 7 kg of vegetable oil, and provides 1,930 kcal a day for a family of five for a month.

⁷ Extreme food-based strategies: Eating food waste; eating non-edible plants and spending days without eating.

EDUCATION

Barriers to accessing education services:



16 communities reported that most children were able to access education. The most commonly reported barriers to education in the remaining **9** assessed communities were^{3,4}:



METHODOLOGY

The HSOS project, formerly known as the AoO (Area of Origin) project, is a monthly assessment that aims to provide comprehensive, multi-sectoral information about the humanitarian situation inside Syria. This factsheet presents information gathered in 25 communities in January 2018, referring to the situation in Quneitra Governorate in December 2017. It presents key indicators, rather than the entire range of indicators gathered in the HSOS questionnaire. For community-level data on assessed subdistricts in Al Hasakeh, Dar'a, Idleb, Rural Damascus and Quneitra, please refer to the monthly subdistrict factsheets, available on the [REACH Resource Centre](#). The complete HSOS dataset is disseminated monthly via the REACH Syria mailing list.

Wherever possible, information was collected through an enumerator network. REACH enumerators are based inside Syria and interview Key Informants (KIs) directly in the community they report about. Where access and security constraints rendered direct data collection unfeasible, KI interviews were conducted indirectly through participants identified in camps and settlements in neighbouring countries by REACH field teams. Participants contact KIs in their community in Syria to collect information about their community. KIs were asked to report at the community level.

A minimum of three KIs were interviewed per community to enhance data accuracy. KIs generally included local council members, Syrian NGO workers, medical professionals, teachers, shop owners and farmers, among others, and were chosen based on their community-level or sector specific knowledge. In cases where KIs disagreed on a certain piece of information, enumerators triangulated the data with secondary sources or selected the response provided by the KI with the more relevant sector-specific background. For each question asked, confidence levels were assigned based on the KIs area of expertise and knowledge of the sector-specific situation. The confidence levels associated with each question are presented in the final dataset. The full confidence matrix used to assign confidence levels is available upon request.

Findings were triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-up was conducted with enumerators and participants. Findings are indicative rather than representative, and should not be generalised across the governorate.

ENDNOTES

¹ All information and figures reported in HSOS factsheets refer to the situation in assessed communities and cannot be generalised to other non-assessed communities of the governorate.

² Returns are not necessarily voluntary, safe, or sustainable.

³ 'Children' includes all persons below the age of 18.

⁴ Ibrahim and Edwards (13 September 2017). Quneitra farmers lose sole income as regime tariffs upend fragile agricultural balance: 'I haven't even begun to harvest'. Syria Direct. Retrieved from <http://syriadirect.org>.

⁵ Aljazeera (26 June 2017). Fighting intensifies in Syrian Golan Heights. Retrieved from <http://www.aljazeera.com>.

⁶ Reuters (3 November 2017). Israeli military says ready to protect Druze village in Syria. Retrieved from <https://www.reuters.com>.

⁷ Shaam Network. (10 November 2017). (Arabic Source). Retrieved from <http://www.shaam.org>.

⁸ Smart News (13 November 2017). (Arabic Source). Retrieved from <https://smartnews-agency.com>.

⁹ Moubader (18 November 2017). (Arabic Source). Retrieved from <http://www.moubader.com>.

About REACH

REACH is a joint initiative of two international non-governmental organisations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH aims to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to, and within the framework of, inter-agency aid coordination mechanisms. For more information, please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter: [@REACH_info](https://twitter.com/REACH_info).