

Quneitra Governorate, April 2018

Humanitarian Situation Overview in Syria (HSOS)

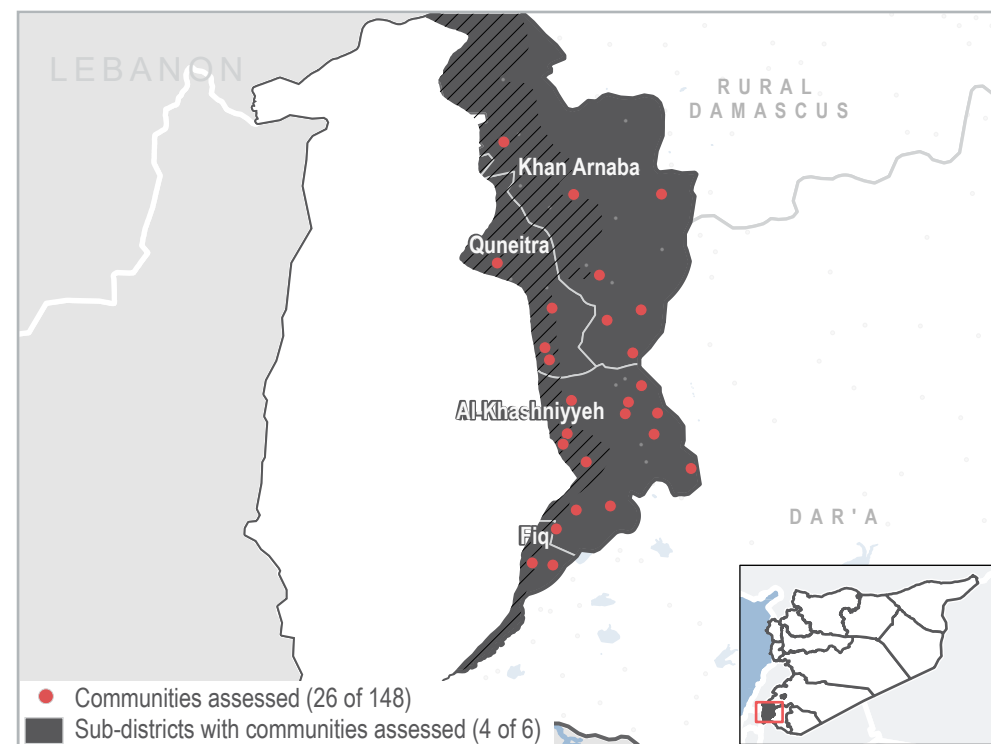
OVERALL FINDINGS¹

Quneitra governorate is located in southern Syria in the Syrian Golan Heights. Situated within the Jordan River Basin in close proximity to the Mediterranean Sea, Quneitra receives the highest average rainfall throughout Syria. Approximately **half** of the assessed communities in Quneitra sourced their water from closed wells, and all communities reported having a sufficient amount of water to cover household needs. Additionally, Key Informants (KIs) reported that water was fine to drink in all of the assessed communities.

Approximately **50,796** IDPs were reported in **25** of the assessed communities. Pre-conflict populations reportedly lived in independent apartments or houses in all of the assessed communities. KIs reported that IDPs most commonly lived in either independent apartments or houses (**48%**) or shared apartments or houses (**32%**). Additionally, KIs in Syda and Rafid reported that IDPs most commonly resided in tents. The majority of the assessed communities reported that solar power was their main source of electricity. However, in Quneitra city, KIs estimated that **76-100%** of the buildings were damaged and the primary source of electricity was batteries. Of the assessed communities, **24** stated that residents experienced a lack of fuel. Burning productive assets and plastic were the most commonly reported coping strategies to deal with insufficient fuel. Notably, **54%** of the assessed communities also reported acute respiratory infections as one of the most commonly reported health issues faced by community members in April. KIs in **22** communities reported that women most commonly gave birth in medical facilities in neighbouring communities rather than facilities within their community. Additionally, KIs in **9** of the assessed communities reported having no available medical facilities within their communities.

KIs reported that food security was the top priority need in the assessed communities. Of these communities, **24** reported that residents were producing their own food. Additionally, all of the assessed communities reported that residents were also obtaining food through purchase. Nonetheless, KIs reported that in the majority of communities, residents faced difficulties in accessing sufficient amounts of food. The most commonly reported barriers were a lack of resources to buy food and some food items being too expensive. Additionally, in the [March](#) and [April](#) Market Monitoring Situation Overview, food prices saw the largest fluctuation in 12 months. The rise in prices was attributed to market actors altering behaviour in response to widespread food distribution, which is especially relevant as all but one of the communities assessed in the area received food distributions in the past 12 months. Business and trade, and unstable, daily employment were the most commonly reported sources of income in the majority of assessed communities. However, none of the assessed communities reported that residents had sufficient amounts of income to meet household needs. All of these communities reported borrowing money from family or friends as a coping strategy to deal with the lack of income, and **35%** of the communities also reported sending children to work or beg as a coping strategy³. Children faced additional barriers to education in **11** of the assessed communities, most commonly due to services located too far away, destruction of facilities, and a lack of teaching staff.

Coverage



Top 3 reported priority needs

1. Food security
2. Water security
3. Healthcare

Demographics*

100,561 people in need

51,085 **49,476**

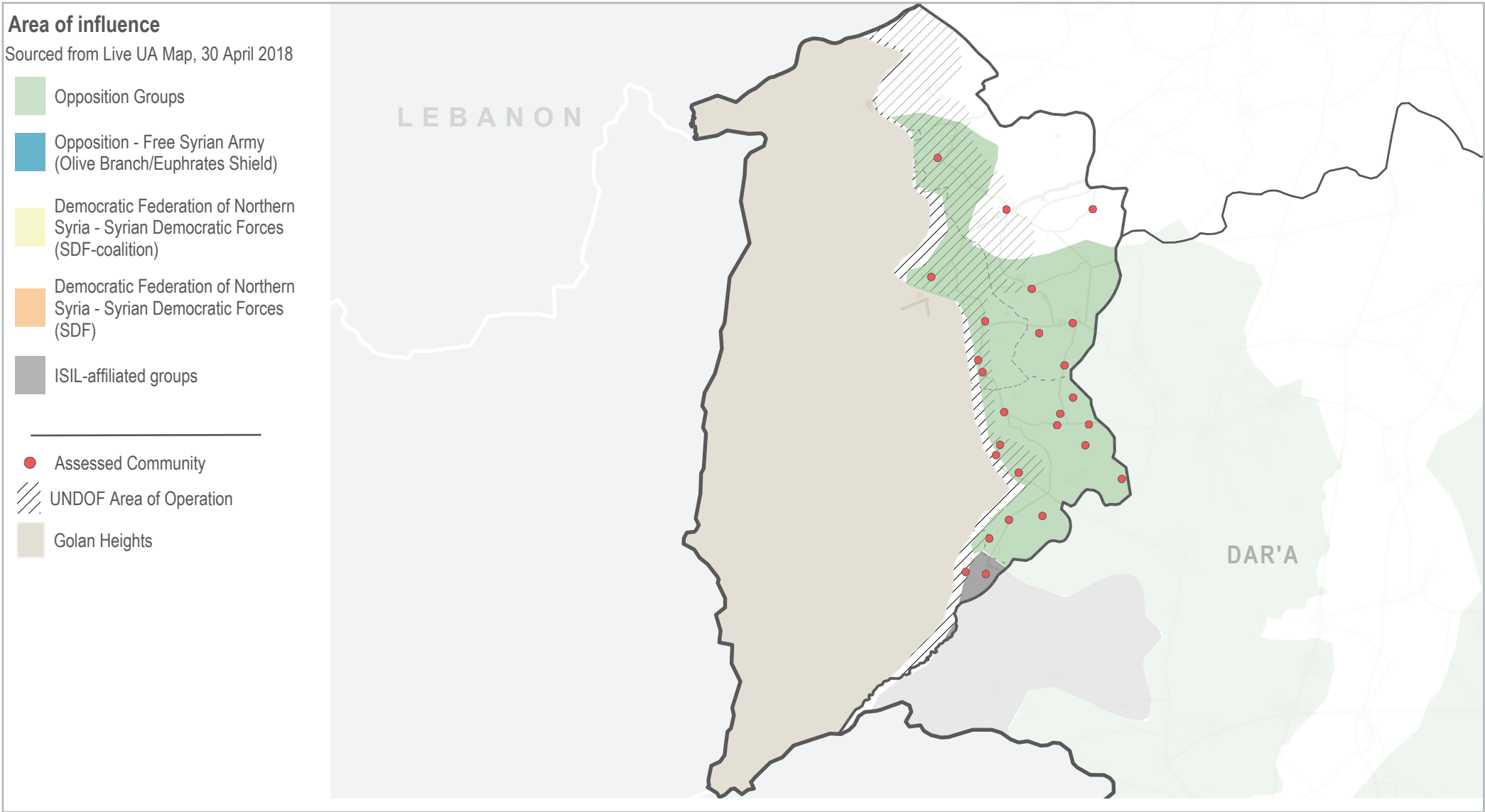
* Figures based on HNO 2018 population data for the entire governorate.

KEY EVENTS

Violence escalates in Druze village Hader ⁴ .	Breiqa Camp receives food assistance, yet conditions in the camp remain dire ⁵ .	An obstetrics and gynecology hospital opens in Breiqa to serve patients from across the governorate ⁶ .	Local authorities complete the renovation of five schools in Ghadir Elbostan and surrounding villages ⁷ .	Heavy flooding in IDP camps is reported near the Golan Heights ⁸ .	Conflict and shelling intensify in the countryside of Quneitra governorate ⁹ .
3 November 2017	12 November 2017	13 November 2017	19 November 2017	Mid-January 2018	April 2018

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Governorate areas of influence:



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DISPLACEMENT

120 - 152 Estimated number of IDP arrivals in assessed communities in April.

0 Estimated number of spontaneous returns in assessed communities in April².

Communities with the largest estimated number of IDP arrivals:

Jbata Elkhashab	100 - 125
Khan Arnaba	10 - 15
Rafid	10 - 12

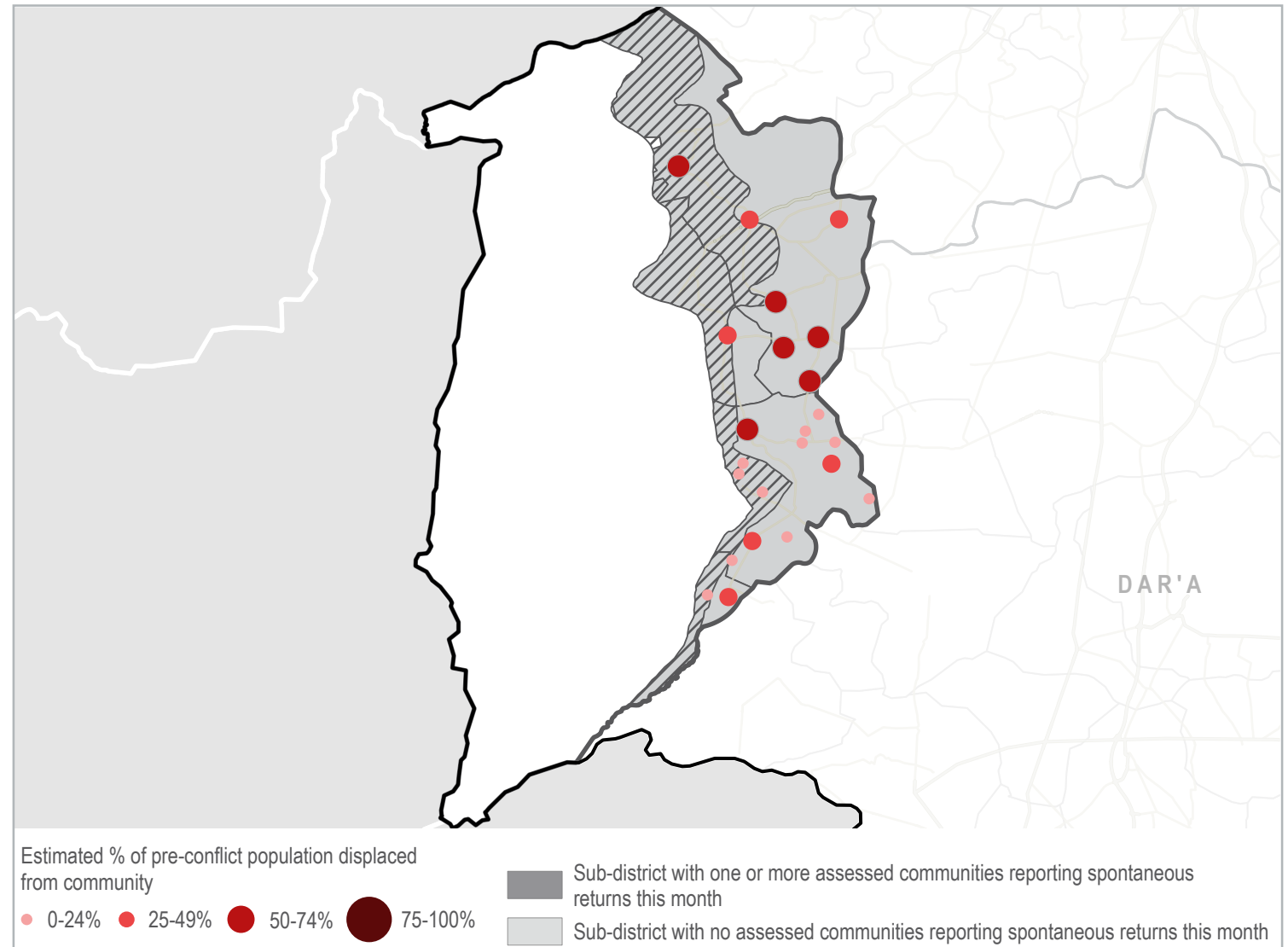
Top 3 sub-districts of origin of most IDPs arrivals^{3,4}:

Khan Arnaba (Quneitra)	67%
Tassil (Dar'a)	33%

24 communities reported no PCP departures. Top 3 reasons for PCP displacement in the remaining **2** assessed communities^{3,4}:

No further information

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



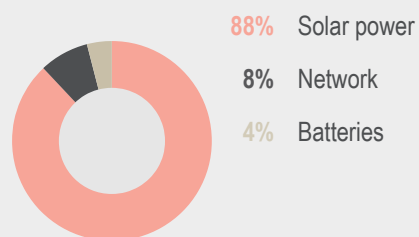
³ Multiple choices allowed.

⁴ By percent of communities reporting.

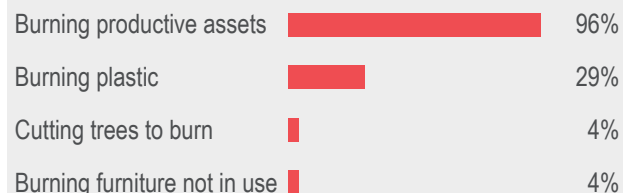
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SHELTER AND NFI

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 24 assessed communities^{3,4}:



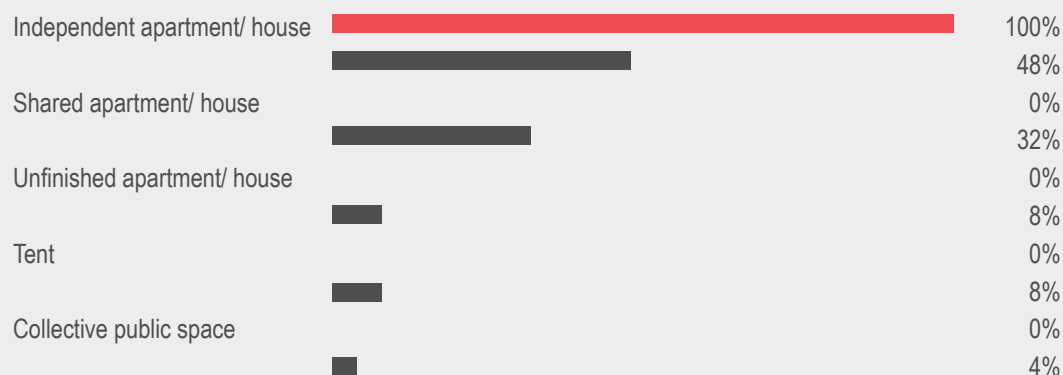
3,950 SYP

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

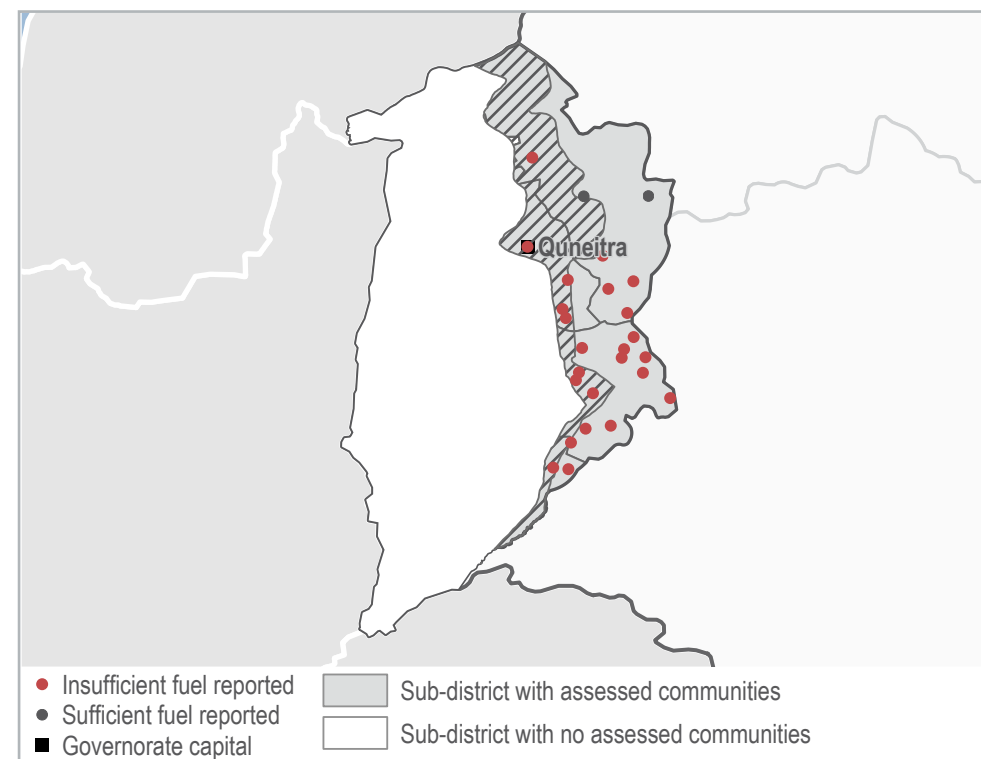
6,108 SYP

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 April:	Governorate average price in March:	Syrian average price in April:
Coal (1 kilogram)	470	470	280
Diesel (1 litre)	323	324	227
Butane (1 canister)	5,348	6,272	5,940
Firewood (1 tonne)	50,000	55,000	53,131

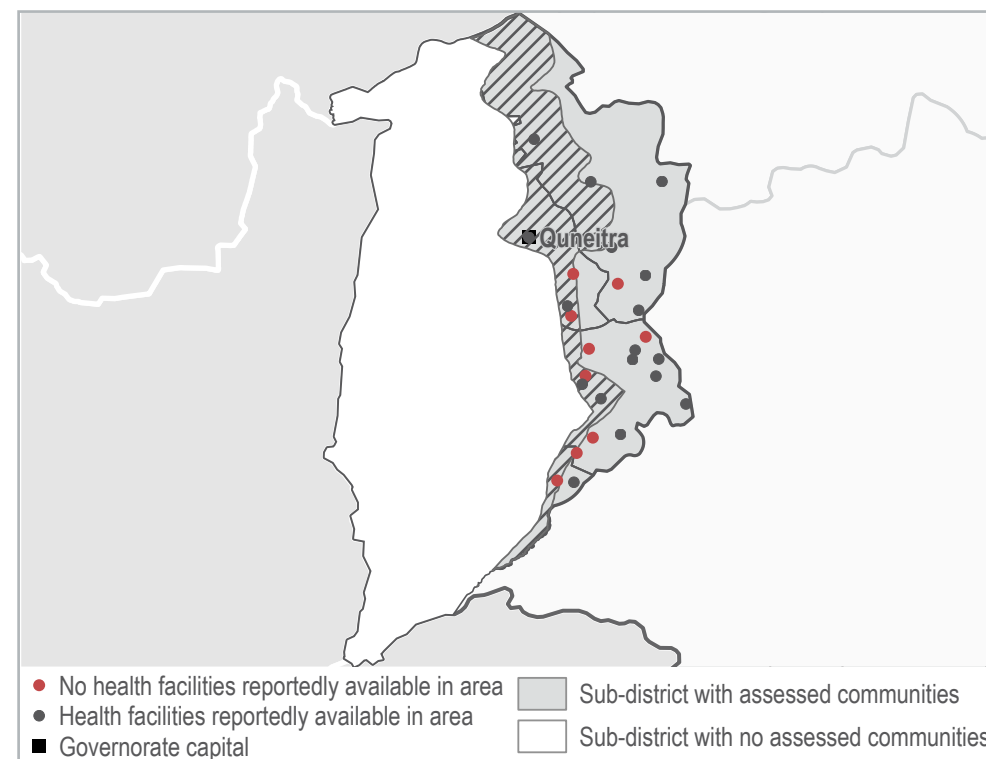
³ Multiple choices allowed.

⁴ By percent of communities reporting.

⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 April 2018)

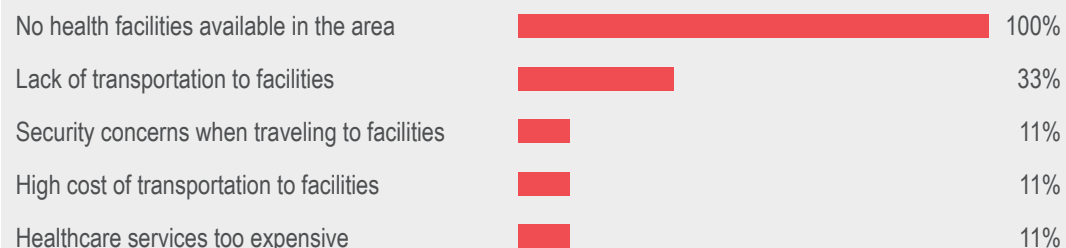


Presence of health facilities in assessed communities:



- 2** Communities reported that no assessed medical items were available in their community.
- 2** Communities 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 9 assessed communities were^{3,4}:



25 communities reported that residents were not using coping strategies to deal with a lack of medical supplies. The coping strategies used in the remaining 1 community was^{3,4}:



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

Chronic disease support	92%
Surgical care	73%
Medicine	65%

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

Severe diseases affecting those younger than 5	85%
Acute respiratory infections	54%
Chronic diseases	35%

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.

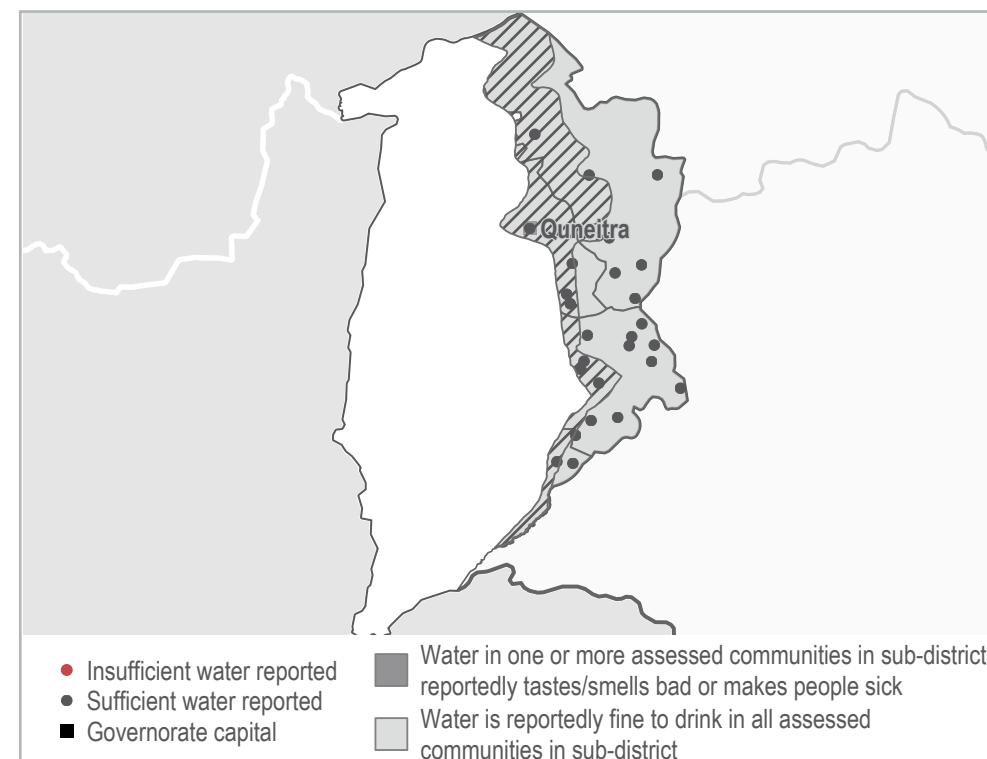
0 Communities reported that drinking water from their primary source made people sick.

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

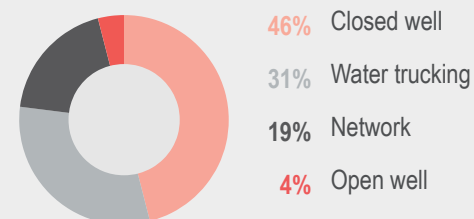
No water to flush		88%
Inability to empty septic tanks		82%
Lack of privacy		12%
Blocked connections to sewage		6%
Too crowded/insufficient		6%

26 communities reported that they had sufficient amounts of water to meet household needs.

Water sufficiency for household needs:



Primary drinking water source reported⁴:



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

Buried or burned	31%
Left in street/ public area	27%
Public free collection	23%

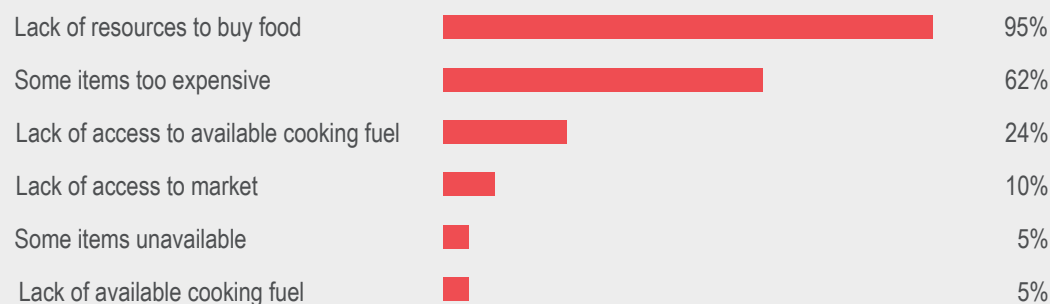
³ Multiple choices allowed.

⁴ By percent of communities reporting.

FOOD SECURITY

- 1** Community 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.

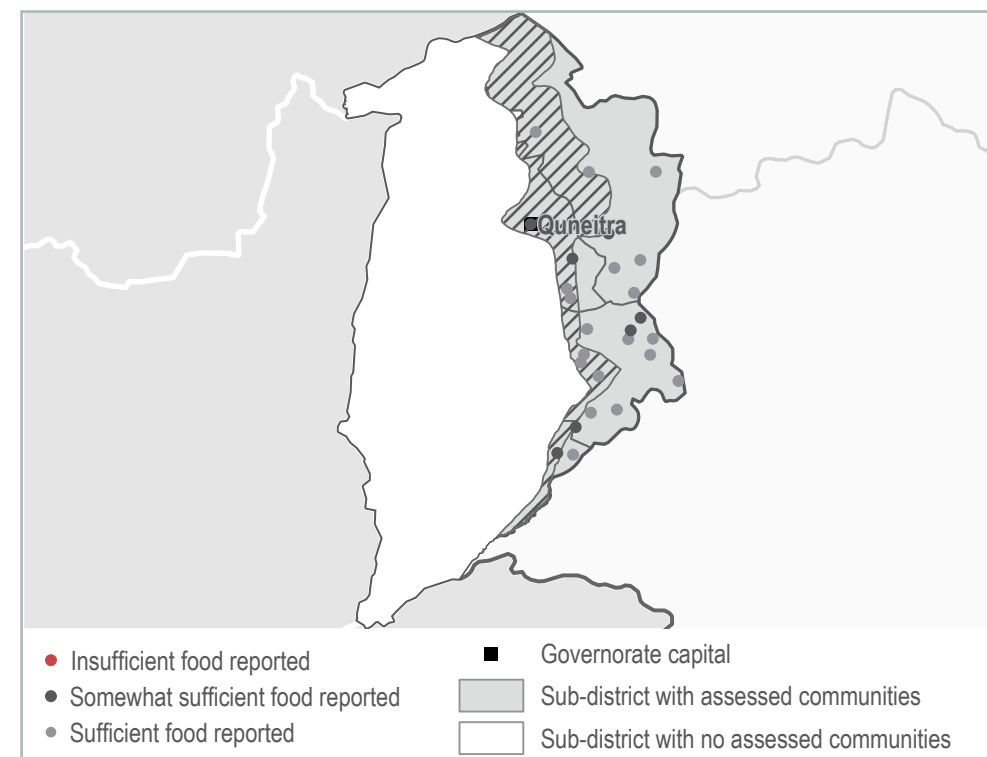
5 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining **21** assessed communities were^{3,4}:



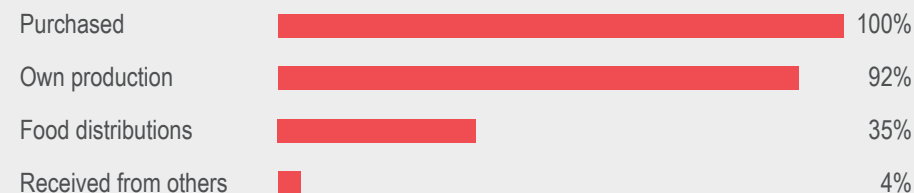
Core food item prices reported (in SYP)⁵:

Food item:	Governorate average price in April:	Governorate average price in March:	Syrian average price in April:
Bread public bakery (1 loaf)	100	100	115
Rice (1 kilogram)	591	554	430
Lentils (1 kilogram)	191	234	330
Sugar (1 kilogram)	250	260	308
Cooking oil (1 litre)	667	670	546

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 April 2018)

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LIVELIHOODS

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

25,075 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 **26** assessed communities were^{3,4}:



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



³ Multiple choices allowed.

⁴ By percent of communities reporting.

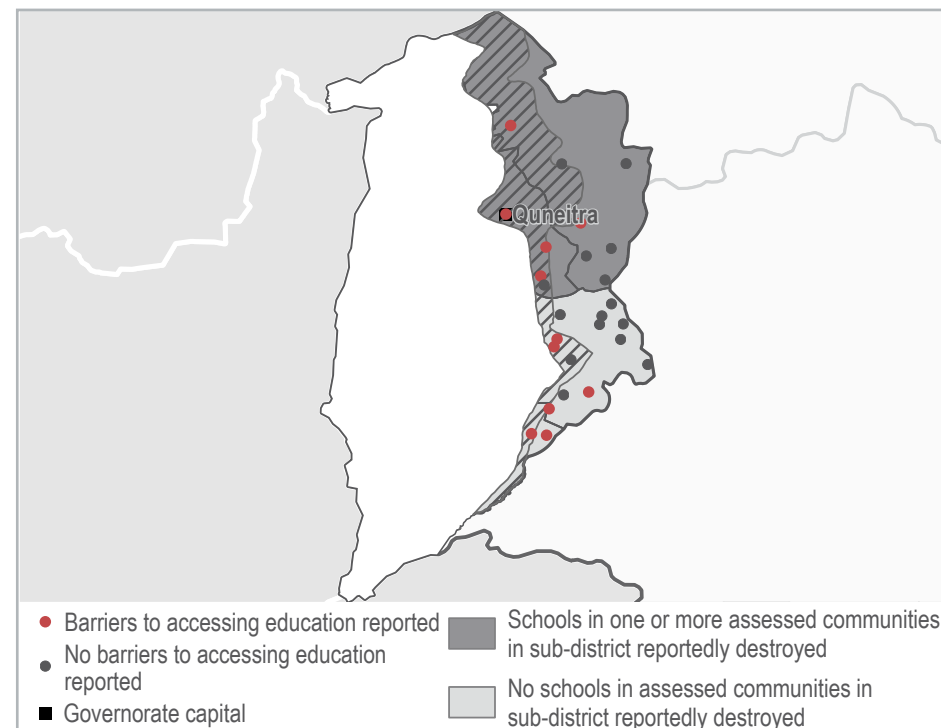
⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 April 2018)

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.

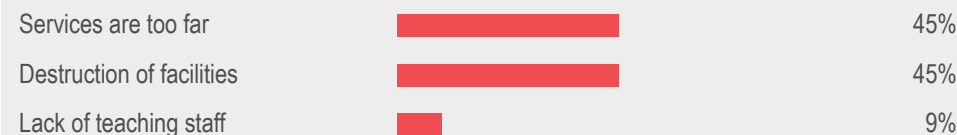
⁷ Extreme food-based strategies: Eating food waste; eating non-edible plants and spending days without eating.

EDUCATION

Barriers to accessing education services:



15 communities reported that most children were able to access education. The most commonly reported barriers to education in the remaining **11** 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 26 communities in May 2018, referring to the situation in Quneitra Governorate in April 2018. It presents key indicators, rather than the entire range of indicators gathered in the HSOS questionnaire. For community-level data on assessed sub-districts in Al-Hasakeh, Dar'a, Idleb, Rural Damascus and Quneitra, please refer to the monthly sub-district 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 about which they are reporting. Where access and security constraints rendered direct data collection unfeasible, KI interviews were conducted remotely 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.

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

⁵ Shaam Network. (10 November 2017). (Arabic Source). Retrieved from <http://www.shaam.org>.

⁶ Smart News (13 November 2017). (Arabic Source). Retrieved from <https://smartnews-agency.com>.

⁷ Moubader (18 November 2017). (Arabic Source). Retrieved from <http://www.moubader.com>.

⁸ a-Noufal & Clark (18 January 2018). 'Everything is drenched': Heavy flooding hits camps for displaced Syrians near Golan Heights. Retrieved from <http://syriadirect.org>.

⁹ Syrian Observatory for Human Rights. (27 April 2018). Clashes in the countryside of Quneitra and shells target areas in Khan Arnabah town. Retrieved from <http://www.syriahr.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.