Quneitra Governorate, November 2017
Humanitarian Situation Overview in Syria (HSOS)

REACH Informing more effective humanitarian action

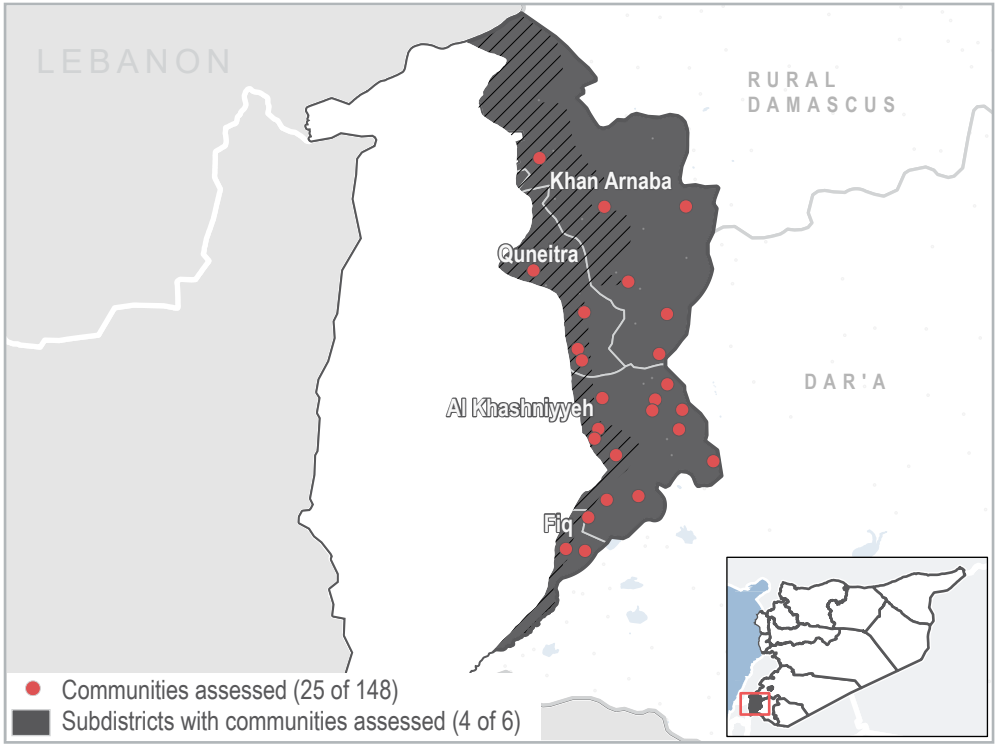
OVERALL FINDINGS[1]

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 November: Breiqa, Quneitra and Bir Ajam (Quneitra sub-district). However, **all three** communities reported the presence of IDPs, with particularly large numbers reported in Bir Ajam (4,100 individuals) and Breiqa (5,500 individuals). Of the 25 assessed communities, **3** witnessed spontaneous returns in November[2]. In Qarqas (Al-Khashniyyeh sub-district), refugees reportedly returned from Jordan due to the perceived cessation of hostilities in their community of origin, as well as to reunite with their families and protect their assets. In Kalidiyeh (Khan Arnaba sub-district) and Rweheineh (Quneitra sub-district), IDPs returned from locations within Quneitra governorate to reunite with their families, protect their assets and due to reduced access to basic services in their host communities. **All but one** of the assessed communities reported an IDP presence. The largest estimated number of IDPs (8,750 people) was reported in Khan Arnaba. The most common shelter lived in by IDPs in Rafid (reporting 4,800 IDPs present) and Sayda (reporting 1,900 IDPs present) was tents. The most common shelter lived in by IDPs in Qseibeh (reporting 2,750 IDPs present) and Qarqas (reporting 2,600 IDPs present) was collective public spaces not designed for shelter. **All four** communities relied on solar power as their main source of electricity and reported a lack of fuel in November, while water was reportedly sufficient to cover household needs.

Although all communities assessed in Quneitra in November reported that water was fine to drink and sufficient to cover household needs, diarrhoea, acute respiratory infections and/or communicable diseases were reported as the predominant health concerns across **all assessed communities**. Out of the 25 communities assessed, **17** reported that they were unable to flush latrines and **12** reported that residents were unable to empty septic tanks. Only **eight** communities reported the absence of health facilities in their area.

Of the communities assessed, **21** reported that residents experienced challenges in accessing sufficient amounts of food, but no extreme food-based coping strategies were reported. Nonetheless, children in **a fourth** of the assessed communities were sent to work or beg to supplement household incomes[3]. **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

March	26 June	3 November	12 November	13 November	19 November
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].

Quneitra Governorate, November 2017

DISPLACEMENT

15 - 20 Estimated number of IDP arrivals in assessed communities in November.

130 - 170 Estimated number of spontaneous returnee arrivals in assessed communities in November[2].

Communities with the largest estimated number of IDP arrivals:

Maalaqa **15 - 20**

No further arrivals reported

Top 3 sub-districts of origin of most IDPs arrivals[3,4]:

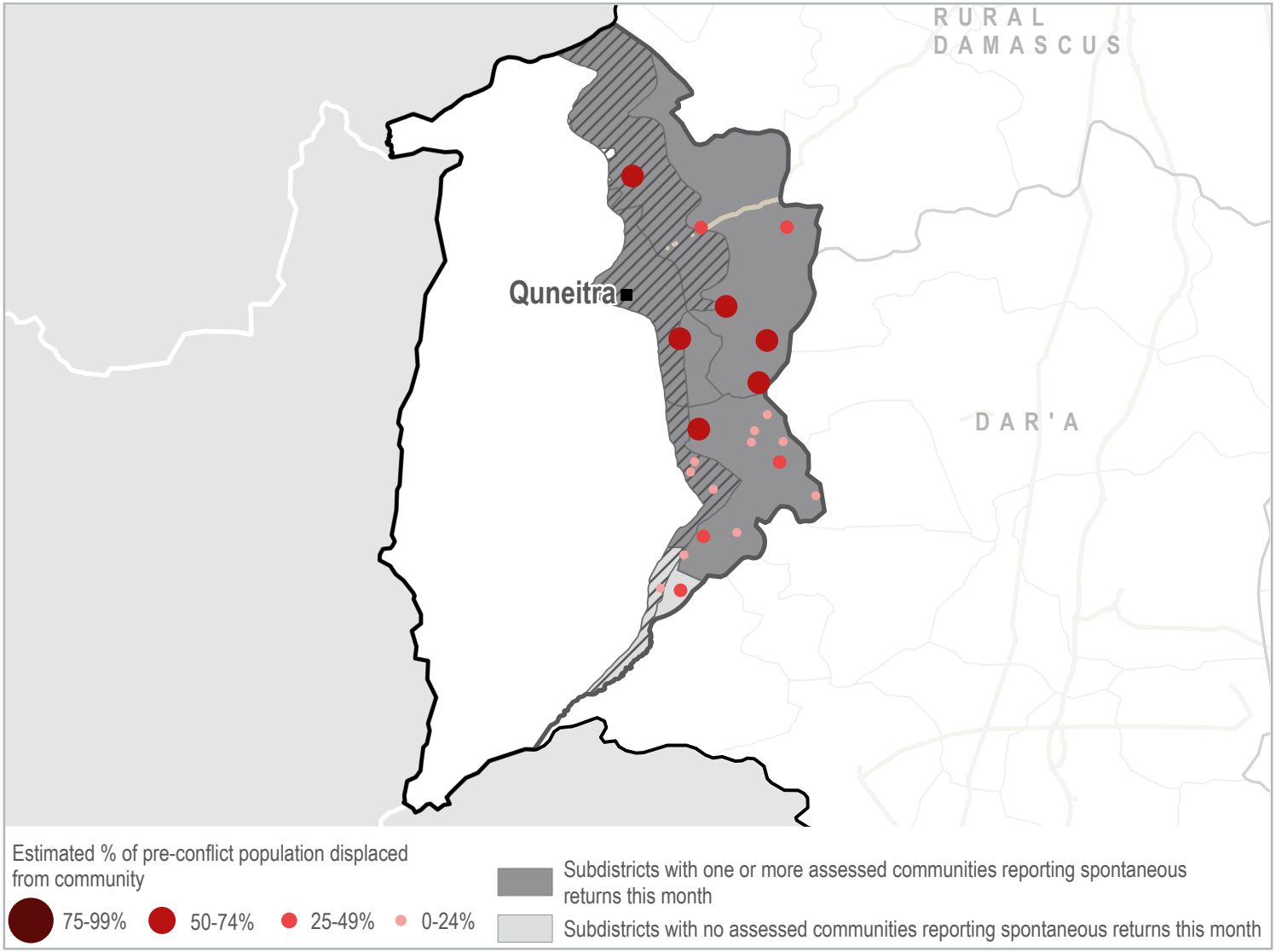
Hara (Dar'a) 100%

25 communities reported no PCP departures.

Top 3 reasons for PCP displacement in the remaining 0 assessed communities[3,4]:

No reported PCP departures

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



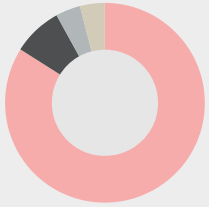
[3] Multiple choices allowed.

[4] By percent of communities reporting.

Quneitra Governorate, November 2017

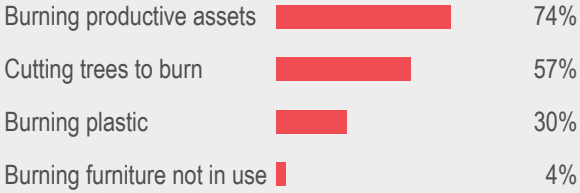
SHELTER AND NFI

Primary source of electricity reported:[4]



- 84% Solar power
- 8% Network
- 4% Generator
- 4% Batteries

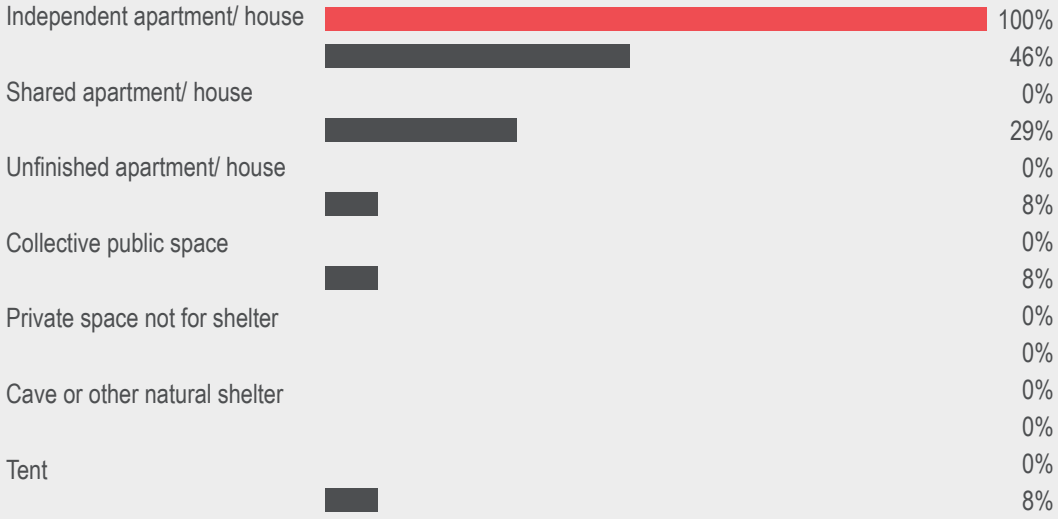
2 communities reported no lack of fuel. Most common strategies to cope with a lack of fuel in the remaining 23 assessed communities[3,4]:



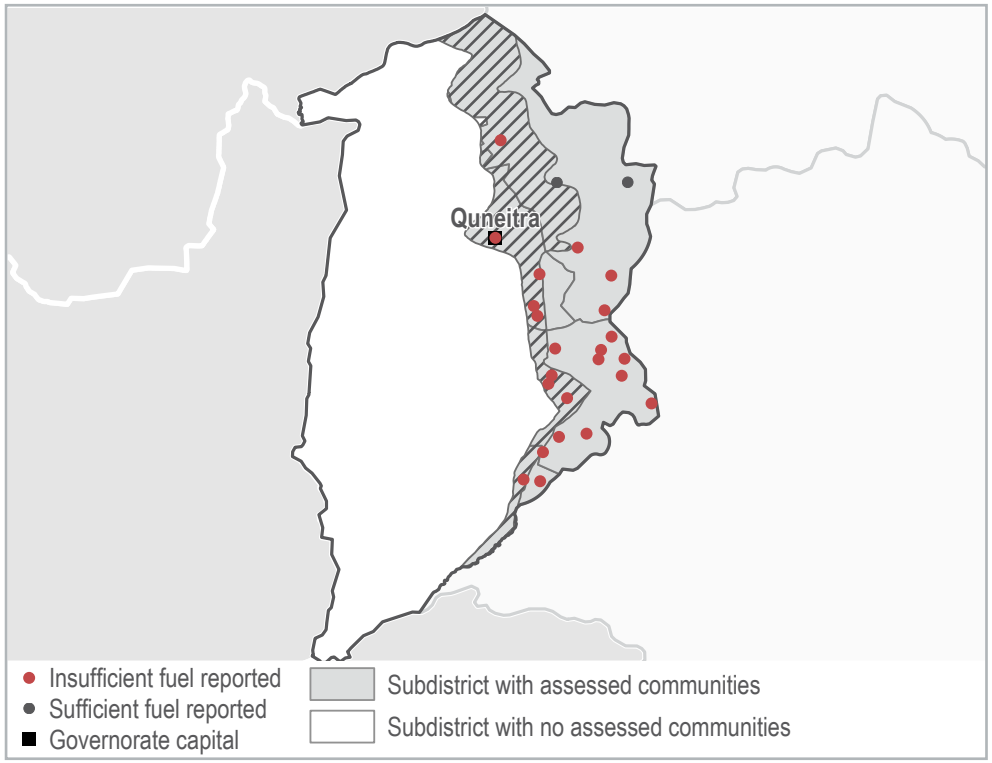
4,375 SYP Governorate average reported rent price in Syrian Pounds (SYP) accross assessed communities.[5]

6,815 SYP Syrian average reported rent price in SYP accross assessed communities.[5]

Most commonly reported shelter type for PCP (in red) and IDP (in grey) households[4]:



Fuel sufficiency:



Reported fuel prices (in SYP)[5]:

Fuel type:	Governorate average price in November:	Governorate average price in October:	Syrian average price in November:
Coal (1 kilogram)	450	450	332
Diesel (1 litre)	388	402	496
Butane (1 canister)	7,423	8,098	6,275
Firewood (1 tonne)	75,000	80,000	85,004

[3] Multiple choices allowed.

[4] By percent of communities reporting.

[5] 1 USD = 508 SYP (UN operational rates of exchange as of 1 November 2017)

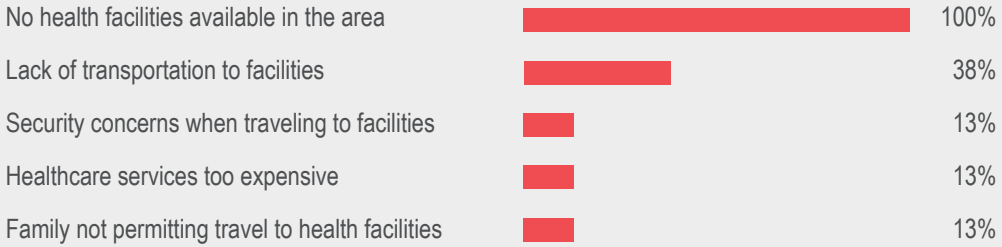
Quneitra Governorate, November 2017

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.

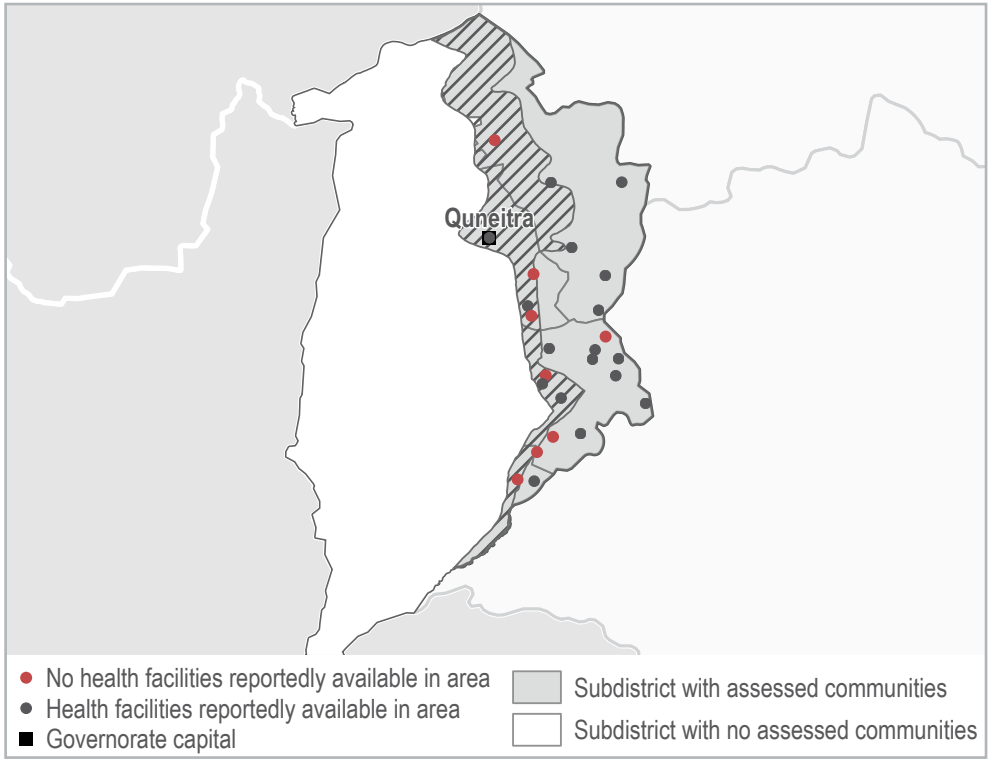
17 communities reported that residents experienced no barriers to accessing healthcare services. The barriers in the remaining 8 assessed communities were[3,4]:



Communities reporting that residents used one of the following medical coping strategies:

Using non-medical items for treatment:	Recycling medical items:	Carrying out operations without anaesthesia:
None	None	None

Presence of health facilities in assessed communities:



Top 3 most needed healthcare services reported[3,4]:

Surgical care	76%
Chronic disease support	76%
Medicine	72%

Top 3 most common health problems reported[3,4]:

Acute respiratory infections	92%
Diarrhoea	56%
Severe diseases affecting those younger than 5	32%

[3] Multiple choices allowed.

[4] By percent of communities reporting.

Quneitra Governorate, November 2017

WASH

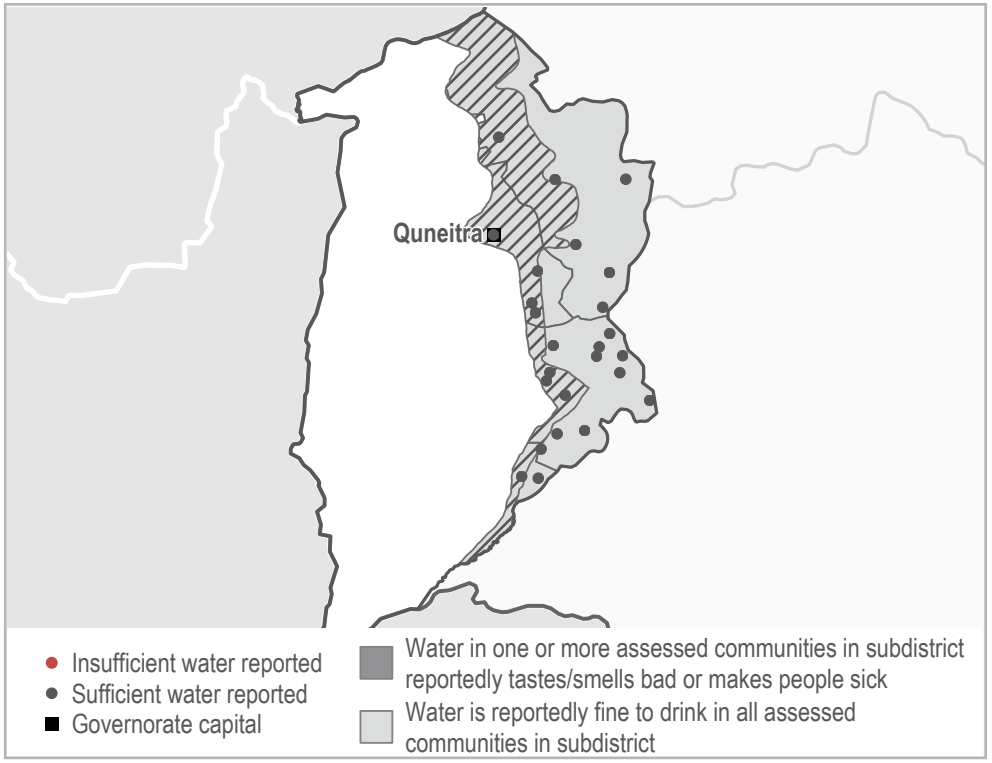
0 Communities reported that water from their primary source tasted and/or smelled bad.

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

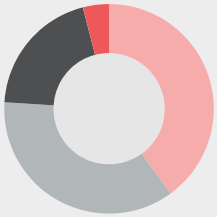
8 communities reported that they had no problems with latrines. The most prevalent problems with latrines in the remaining 17 assessed communities were[3,4]:

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 reported[4]:



40%	Closed well
36%	Water trucking
20%	Network
4%	Open well

Top 3 reported methods of garbage disposal[3,4]:

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

[3] Multiple choices allowed.

[4] By percent of communities reporting.

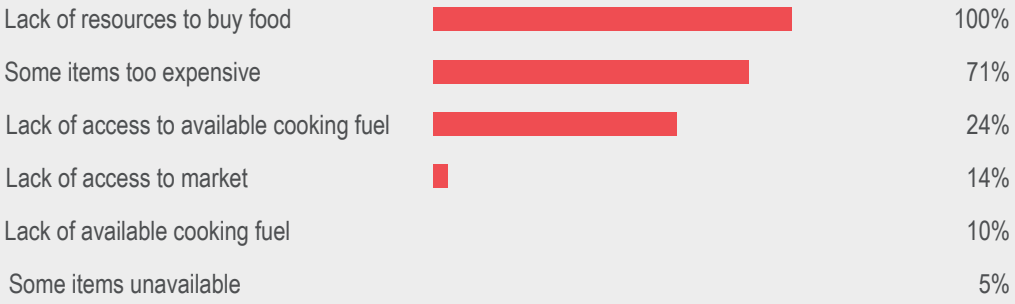
Quneitra Governorate, November 2017

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.

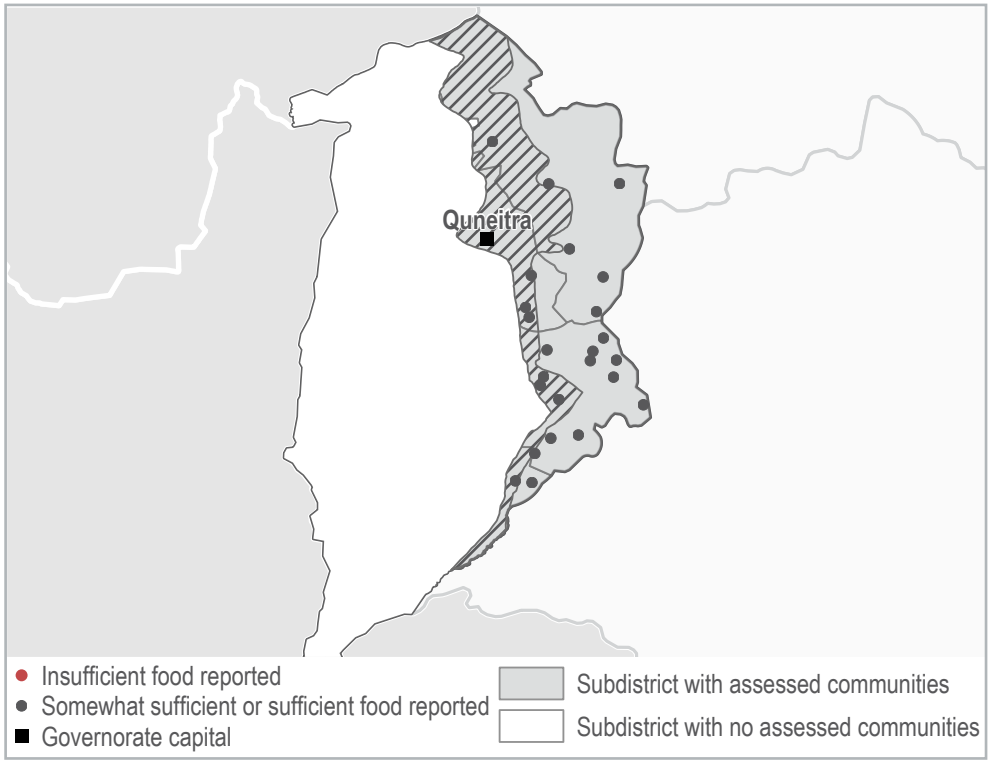
4 communities reported that they had enough food to meet household needs. The most common difficulties experienced in the remaining 21 assessed communities were[3,4]:



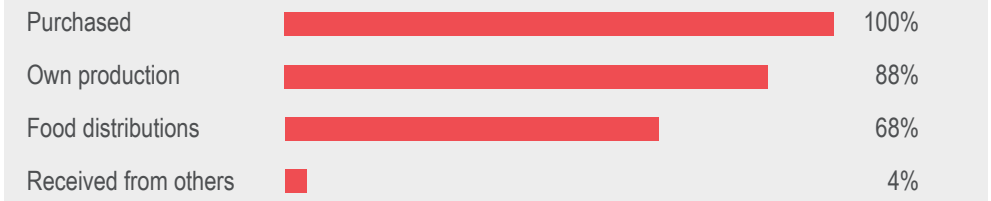
Core food item prices reported (in SYP)[5]:

Food item:	Governorate average price in November:	Governorate average price in October:	Syrian average price in November:
Bread public bakery (1 loaf)	100	100	115
Rice (1 kilogram)	598	642	641
Lentils (1 kilogram)	318	328	445
Sugar (1 kilogram)	299	308	895
Cooking oil (1 litre)	729	754	964

Food sufficiency:



Most common ways of obtaining food reported[3,4]:



[3] Multiple choices allowed.

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[5] 1 USD = 508 SYP (UN operational rates of exchange as of 1 November 2017)

Quneitra Governorate, November 2017

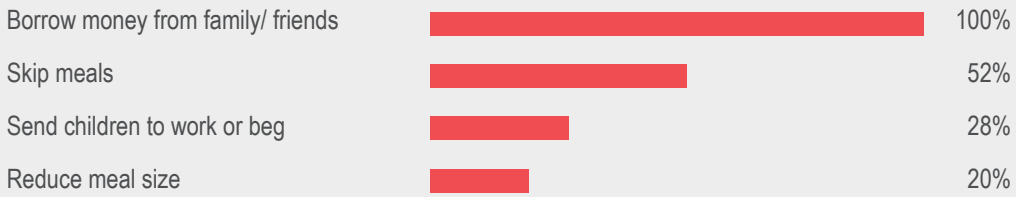
LIVELIHOODS

Less than 50,000 SYP — Most commonly reported household income range[5].

28,270 SYP — Governorate average food basket price[5,6].

0 — Communities reporting that residents used exteme food-based coping strategies to deal with insufficient income[7].

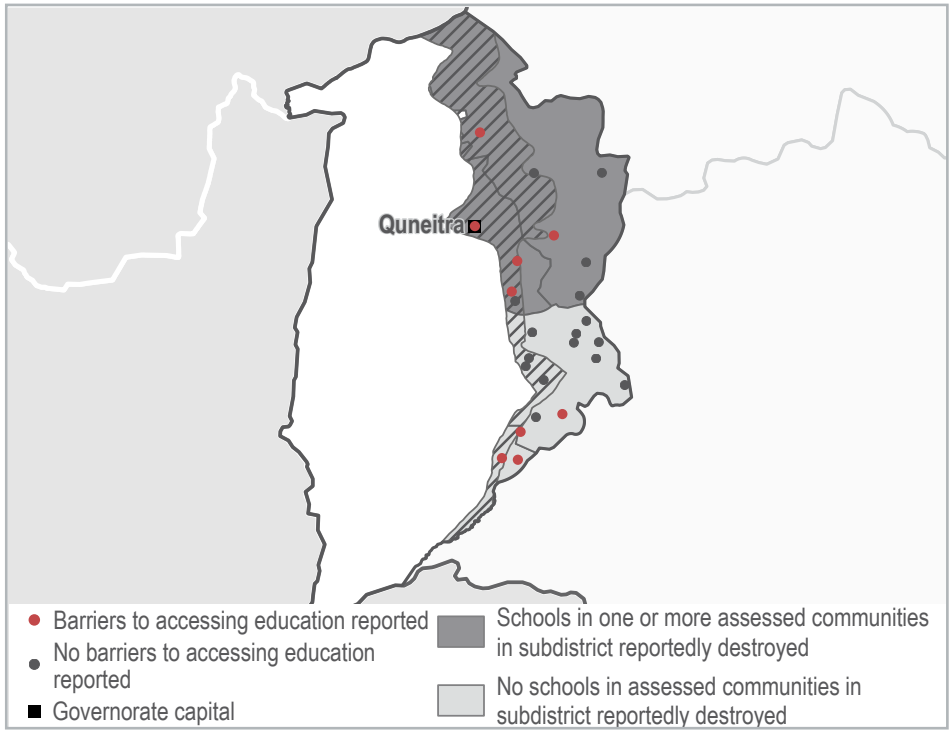
0 communities reported that residents had enough income to cover household needs. The most commonly reported coping strategies to deal with a lack of income in the remaining 25 assessed communities were[3,4]:



Most commonly reported main sources of income[3,4]:

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]:

[3] Multiple choices allowed.

[4] By percent of communities reporting.

[5] 1 USD = 508 SYP (UN operational rates of exchange as of 1 November 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.

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 December 2017, referring to the situation in Quneitra Governorate in November 2017. 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 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-initiaitive.org and follow us on Twitter: @REACH_info.