

Multi Sector Needs Assessment of Quneitra Governorate and Sa'sa' and Beit Jan sub districts of Rural Damascus

March 2014



A former school in Um Batna, Quneitra - home to 250 people

A multi-sector assessment of Quneitra Governorate and the Sa'sa' and Beit Jan sub districts of Rural Damascus by the Assessment Working Group for Southern Syria

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Introduction

A rapid needs assessment was carried out in February 2014 in Quneitra Governorate and the sub districts Sa'sa' and Beit Jan in the southern part of Rural Damascus. The assessment covered an estimated current total population of 273,000, of whom 167,000 are internally displaced within the assessed areas.

The assessment was a rapid multi-sectoral humanitarian assessment aimed at providing an overall description of accessible areas, population groups and humanitarian needs in the south-western part of Syria. It complements previous assessments in Syria conducted in the last 3 months, i.e., the Syria Integrated Needs Assessment (SINA) and the Dar'a Governorate assessment. The assessment intends to inform operational and funding decisions and highlight areas for further assessment where required.

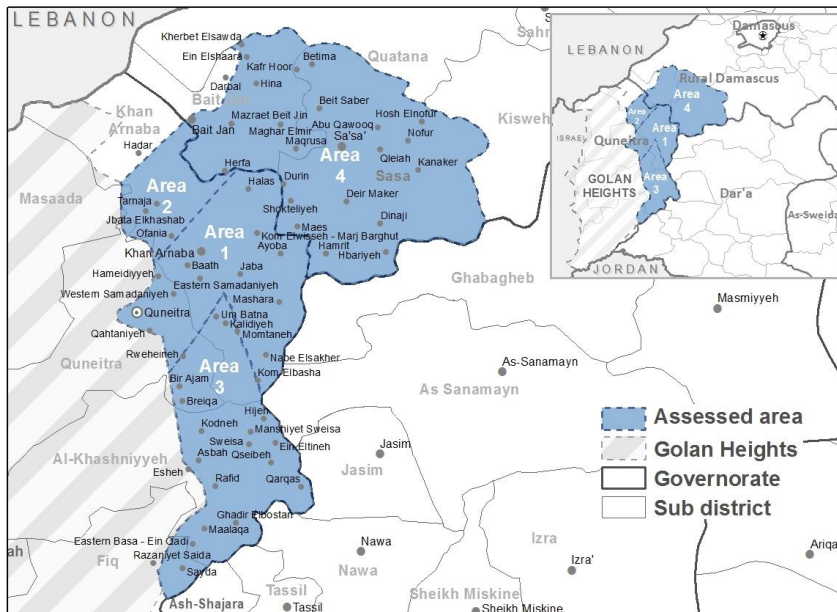
The assessment was carried out with technical assistance from the Mada - Golan Organisation for Relief and Development. Information was collected through key informant interviews, direct observations in the field and a review of secondary data.

Key Findings

- The main humanitarian needs, in order of priority as identified by key informants, are food security, access to health services and shelter.
- Intense fighting and policies of besiegement as well as high transportation and production costs of food, have led to massive displacements and a deterioration of people's access to livelihoods.
- Some 60% of the current population (167,000 people) in Quneitra and Sa'sa'/Beit Jan are displaced, originating from within the area itself, Damascus, Rural Damascus and Dar'a.
- IDPs in vacated or unfinished buildings (some 21,275 people), followed by IDPs in collective shelters (19,150) and people in open spaces including spontaneous "camp" settings (1,450) were ranked as the priority groups amongst those affected.
- A total of 171,000 people (63% of total population) were found to be in need of humanitarian food and livelihoods assistance of which 9,750 (3.5%) were considered to be in acute need. The crisis has had a severe impact on livelihoods and the level of self-sufficiency. Humanitarian assistance and social support have become two of the main, albeit irregular, sources of income.
- Conflict has eroded the already poor provision of health services in Quneitra leaving people highly dependent on basic emergency health care and referrals outside the Governorate that comes with high cost for transport and with considerable security risks.
- The large majority of IDPs 69% (115,625 out of 167,000) have settled with host families, with the majority in Area 1 (Khan Arnaba) and Area 3 (Ghadir Elbostan). In these areas high concentration of IDPs has resulted in increased immediate need for adequate shelter.

Methodology

On-going conflict, frequent shelling and fighting in the southern part of Syria, and consequent access restrictions, severely reduce the operational environment for humanitarian activities. Data was collected at a sub-district level and the assessed area represents a convenience sample where areas were chosen based on where the researchers could move with relative safety. Best efforts were made to collect information with minimum bias. The methodology builds on other multi-sectoral assessments conducted in Syria in 2013.



Assessed Areas: 1, 2 & 3 in Quneitra and 4 in Rural Damascus

The humanitarian needs in the assessed area varied within the sub-districts to such a degree that it was not possible to analyse the data following acknowledged geographical sub-district boundaries. Data from communities with similar needs in geographical proximity to each other were aggregated in four areas, hereafter addressed as Area 1, Area 2, Area 3 and Area 4, as shown on the map to reflect the different realities on the ground including the different areas of territorial control and access. The areas represent the Syrian side of the Golan Heights in Quneitra and the sub-districts of Sa'sa' and Beit Jan in Rural Damascus. This approach was also

implemented to reflect variances in humanitarian needs in different areas of control in urban centres such as Deir-ez-Zor City and Aleppo City in the SINA.

The magnitude of humanitarian needs is measured through two indicators in this assessment: the severity of problems faced by the population and the number of people in need. Similar to the findings of other assessments in Syria, in areas that are besieged, or where access comes with significant security risks, the relative severity is considerably higher, whereas the number of people in need corresponds to areas with high concentration of IDPs. Most of the assessed area is either contested or under GoS control. Area 2 and the western part of Area 4 are besieged with access roads frequently shelled, making it almost impossible to move in or out of these areas.

The researchers were trained over the course of 1½ days in basic assessment principles, the assessment tools, humanitarian principles, triangulation methodologies and a method for ranking key informant reliability. All researchers were from the assessed areas and had prior knowledge of the area including a network of contacts available to assist with collecting data.

The primary data collection tools included a multi-sector key informant questionnaire and a direct observation checklist for the enumerators' discretionary use when collecting data in the various areas. Key informant interviews consisted of semi-structured conversations with one or more selected individuals, based around a set of core questions on a particular topic. For example, health practitioners and school staff were suggested as key informants for health and education sectors, respectively. The selection of key informants also depended on their accessibility and the security situation. Key informants were often prominent members of the community or people in key positions, such as Local Councils and relief committees, school staff, health-workers, etc.

Field data collection occurred over a period of approximately 2 weeks. Upon completion of data collection, the data were processed and researchers debriefed in interviews with 2 trained staff. The affected population was defined as population in an area requiring humanitarian assistance, including resident population and IDPs. IDPs were also categorised according to type of shelter they were residing in.

In addition a secondary data review was carried out examining all available information such as assessments reports, situational reports, as well as English and Arabic media sources. In-crisis data from three months prior to the data collection period was utilised.

Limitations

Access: The assessed areas were under control of both opposition forces and forces loyal to the Government of Syria (GoS) during the primary data collection period. This report outlines general findings, but these findings do not necessarily apply to areas that were not possible to reach.

Severity: The severity ratings used during analysis were not weighted. When reading the severity levels, they should be considered together with the size (% or absolute number) of the assessed population in need.

Disclosure: To protect researchers and key informants, the sources of provided information are not identified in the report or the corresponding database. Where possible, the type of organisation providing the information is provided.

Population figures: the population figures provided in this report are given by key informants and measured against registration lists, beneficiary lists, and local knowledge or secondary data verifications. When using these figures, readers should consider the following:

- Population movement in Syria is highly dynamic and no existing tracking system currently captures displacement patterns in real time.
- The situation varies significantly by sub-district and is influenced by a number of factors, including security.
- These figures should be considered as a rough estimate, but they do provide a sufficiently accurate indication of the major population dynamics in the assessed areas. Trends were verified by a secondary data review and are consistent with available information.

Dynamics: The local situation is subject to frequent change and significant changes can occur from one week to another. Thus, the accuracy and usefulness of the information will decrease over time.

Protection: Given the sensitivities involved in collecting data on protection issues, this sector was not included as a stand-alone sector in the questionnaire, but rather included across the sectors and included as a specific question concerning safety concerns. It is apparent that the extent of general protection issues related to gender, and the prevalence of certain protection issues in particular, is not captured by this assessment.

Diversity: The data recorded in the questionnaire are aggregated from multiple observations at a sub-district level. The methodology is based on perceived needs as expressed by multiple key informants coupled with direct observations by the researchers and their experience from working in the area. Therefore, the assessment does not always account for the diversity of situations within an area. Additionally, given the perception-based nature of the assessment some of the data collected may have been influenced by key informant and researcher bias. For example are the profiles of key informants mostly men, and women and children were not included equally as key informants, which may affect priorities and the interpretation of the situation.

Information gaps and needs

The assessment aimed to provide an overview of the humanitarian situation, priority needs and vulnerable groups across areas which were accessible to researchers. This process revealed a number of areas that require further in-depth assessment, including:

- **Population:** Due to frequent and large population movements within Syria and across borders, there are no reliable population estimates available post-2011.
- **Displacement:** More detailed information is needed on IDPs, particularly the types and conditions of collective centres being used and more detailed information on the impact on host families, which are sheltering the vast majority of IDPs.
- **Protection:** More protection information and analysis is required and should be collected by gender-balanced assessment teams trained in protection issues and the management of confidential information.
- **Disease surveillance and monitoring:** While the Ministry of Health (MoH) and WHO maintain a national Early Warning and Response System (EWARS) for disease surveillance, the assessment showed that people in the assessed areas are highly dependent on field hospitals and other ad hoc health posts, which are often not included in the EWARS. There is a need for more systematic collection and analysis of data from these health facilities to complement the EWARS data.

- **Nutrition:** Nutrition was not included as a stand-alone sector but findings from the food security sector reveal that a number of conditions exist that could lead to malnutrition among vulnerable groups particularly children under 5, the elderly and pregnant and lactating women.
- **Market assessments:** A more comprehensive price monitoring system at the sub-district level is required for both food and non-food items as is a greater understanding of how these markets function.
- **Who, what, where:** Information on needs and response is often not shared between the relief actors operating in southern Syria. Given the security and logistical challenges of operating in Syria this limits the efficiency and effectiveness of aid provided

Background

The southwest part of Syria with Quneitra Governorate has played an important role in Syria's modern history through the conflicts with Israel. Edged on the Golan Heights the area is important from a military strategic perspective, and more than half the governorate came under Israeli control after the Six-Day War in 1967. Following the 1973 war¹, Israel returned parts of the Governorate to Syria and a demilitarised zone under the military control of UN peacekeeping forces was established. The 1974 armistice prohibits the GoS from engaging in military activity within the buffer zone that runs along the border between Quneitra and the Israeli-occupied Golan Heights. The Governorate has remained disputed albeit without any major clashes between Israel and Syria for the last 40 years.

Quneitra Governorate lies within the part of Syria with the highest average annual rainfall, making the land fertile, and is one of the country's suppliers of agricultural produce.² The area is rural with no major cities or population centres. Pre-crisis, unemployment rates were lower, and access to services like water, sanitation and electricity was higher than the average for Syria as a whole.³ However, there were very few health centres available, and no specialised clinics.⁴

The impact of the crisis has led to massive displacements and a gradual deterioration of access to basic services. It has also been the destination for many IDPs from neighbouring Dar'a and Rural Damsacus governorates. In August 2013, many of the estimated 75,000 IDPs from Nawa and Al-Harra in Dar'a Governorate reportedly fled to Quneitra.⁵ In spite of some access to agricultural products, the population was considered amongst the most vulnerable and food insecure with as much as 75% without a sufficient income to purchase food towards the end of 2013.⁶

Since the outbreak of the current crisis, Quneitra has experienced several clashes between Syrian opposition and GoS forces, including inside the demilitarised zone, as a result of which Israel increased its military presence along the Line of Control.⁷ As the conflict eroded basic services, hundreds of Syrians, primarily the war-wounded, were evacuated to hospitals in Israel.⁸

Largely under control of opposition forces at the beginning of 2013, Quneitra and the bordering sub-districts of Rural Damascus were subject to regular fighting throughout 2013 as the Syrian Armed Forces (SAF) sought to regain control. In March and June 2013, opposition groups overran several towns near the Israeli-occupied Golan Heights and took over the Quneitra crossing, the only crossing in the Golan Heights.

Conflict continues in the area with several areas in Quneitra besieged and frequently shelled impeding humanitarian access and leaving large areas cut off from normal supply routes. In early December 2013, heavy fighting affected several villages in the governorate, resulting in the closure of all roads access to Quneitra. The conflict in Area 3 is cyclical and, at the time of assessment, Kodneh and Asbah Hanashe were experiencing a period of most intense conflict.

¹ Also known as the October War or Yom Kippur War

² FAO/WFP Crop and Food Security Assessment, July 2013

³ CBS, 2011

⁴ PI, 14/02/21

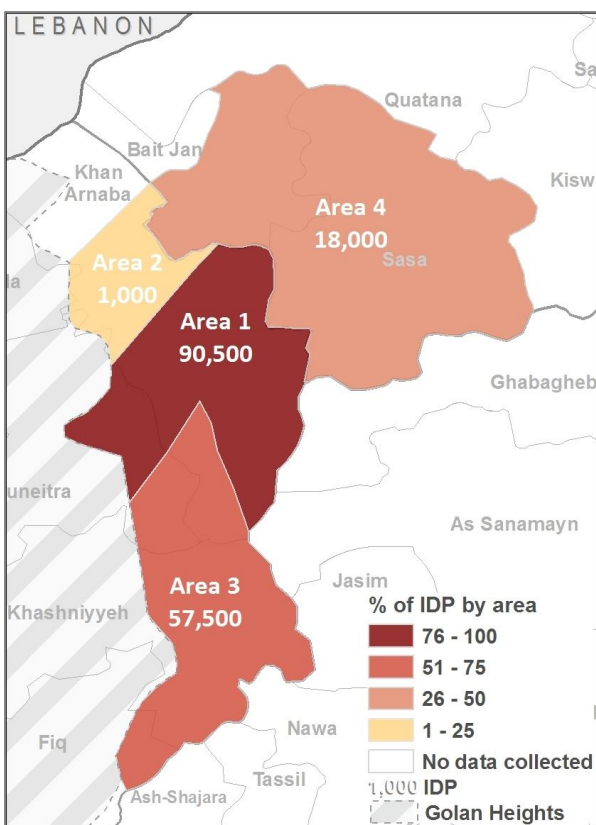
⁵ WFP 2013/08/07

⁶ Joint Rapid Food Security and Agricultural Needs Assessment, FAO/WFP Ministries of Social Affairs and Agriculture and Agrarian Reform, November 2013

⁷ [Lebanon Daily Star](#) 14/02/25, [Al-Akhbar](#), 14/02/22

⁸ [BBC](#) 2013/11/13

Displacement Profile



Number and percentage of IDPs

In Area 2, an estimated 75% (12,000 people) of the pre-crisis population has fled the area, leaving a current population of 5,000, including 1,000 IDPs. Almost all the buildings in the area are reported to be damaged due to the fighting, and there has been no central electricity for the last 18 months. IDPs live in collective shelters and vacated buildings, but some also in the open as buildings are considered at risk from shelling.

In Areas 1 and 4, the situation is relatively better with improved access to supplies and less fighting. Consequently the areas host many IDPs from southern Syria. In Area 1, the population has grown more than three times compared with pre-crisis figures. Most IDPs came from Dar'a, Homs, Damascus, Rural Damascus. A small percentage of people were displaced within the same geographical area of Area 1.

As a result of the GoS push to regain control of Quneitra between June and December 2013, the number of IDPs increased. In September 2013, intense shelling of Ghadir Elbostan led to the displacement of 10,000 people to a neighbouring village and in late November 2013, fighting in the southwest of Quneitra led to the displacement of 18,500 people.⁹

Internal displacement continues within the assessed areas in reaction to fighting. Reports suggest that an unspecified number of families remain trapped in the southern and western parts of the governorate, where intense shelling is ongoing.¹⁰

The findings indicate that the assessed areas host a total number of 167,000 IDPs – around 60% of the estimated current population. Most IDPs (115,625 of 167,000 or 69%) have settled with host families, with the majority in Area 1 and Area 3.

In Area 3 IDPs are constantly on the move to find safe areas. Around 1,400 were found to be residing in the open, while seeking shelter – a process that can take up to 2 months. Reports suggest that people are afraid to light fires for warmth at night so as not to attract shelling. Allegedly, people have been freezing to death during the winter months as a consequence, but this has not been confirmed.

Displaced Population

	Area 1	Area 2	Area 3	Area 4	Grand Total
IDPs in host families	74,775	350	34,500	6,000	115,625
IDPs in vacated/unfinished buildings	3,875	200	7,200	10,000	21,275
IDPs in collective shelter (schools, etc.)	2,600	150	14,400	2,000	19,150
IDPs in rented accommodations	9,250	250	0	0	9,500
IDPs in open spaces (incl. spontaneous camps)	0	50	1,400	0	1,450
IDPs in organised, structured camps	0	0	0	0	0

While most IDPs (69%) have settled in host families, 24% live in vacated/unfinished buildings or collective shelters, around 6% rent accommodation and 1% sleeps in the open. Area 3 was found to have the highest proportion of IDPs residing in collective centres.

⁹ SHARP 2013/12/16

¹⁰ WFP, 2013/12/10

IDPs in vacated or unfinished buildings (some 21,275 people), followed by IDPs in collective shelters (19,150) and people in open spaces including spontaneous “camp” settings (1,450) were ranked as the priority groups amongst those affected.

Most Affected Groups

	Area 1	Area 2	Area 3	Area 4	Average Rank
IDPs in vacated/unfinished buildings	3.00	1.00	1.00	3.00	2.00
IDPs in collective shelter (schools, etc.)	2.00	2.00	2.00	0.00	1.50
IDPs in open space (incl. spontaneous “camp” settings)	0.00	3.00	3.00	0.00	1.50
IDPs living in host families	1.00	0.00	0.00	2.00	0.75
Resident population hosting IDPs	0.00	0.00	0.00	1.00	0.25
IDPs in rented accommodations	0.00	0.00	0.00	0.00	0.00
Resident non-displaced population	0.00	0.00	0.00	0.00	0.00



In Area 3 the majority of IDPs were reported to be moving within the area, as movement in and out of the area is severely restricted due to the security situation. IDPs live in empty schools, empty buildings and with host families. No registration has been conducted but an estimated 57, 500 IDPs are on the move due to the security situation.

In all areas, apart from Area 2, IDPs originated from other governorates, such as Dar’a, Rural Damascus and Damascus.

Humanitarian Access and Response Coverage

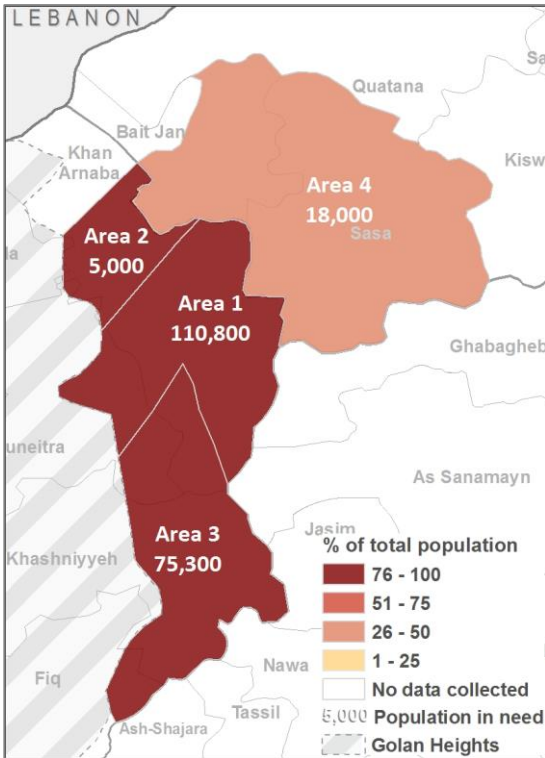
Most of the assessed area was either contested or under GoS control. Area 2 and the western part of Sha’sa’/ Beit Jan were effectively besieged as access roads suffered frequent shelling making it almost impossible to move in or out of these areas.

All areas reported problems in the delivery of humanitarian assistance over the 30 days prior to the assessment although some assistance had been provided through informal channels. In Area 2 and Area 3 the access problems were considered more severe than in Area 1, while in area 4 problems were reported to be of lower severity, apart from the western part of Beit Jan closer to the mountains and border area towards Lebanon. Here, and in Area 2, humanitarian access was extremely limited due to besiegement. The besieged area of Beit Jan had some access via an SAF-controlled road leading to Lebanon. Area 2, however, borders the Line of Control towards the Golan Heights and Israel and was cut off from Quneitra to the south. Some assistance was provided in Area 2 through informal delivery channels, but humanitarian access was extremely limited and assistance comes with a high cost as unconfirmed reports suggested that aid workers had been killed while trying to bring in humanitarian assistance. The area had been frequently shelled and the security situation was very tense. There was no reported movement in and out of this area, and people were surviving on limited agricultural products.

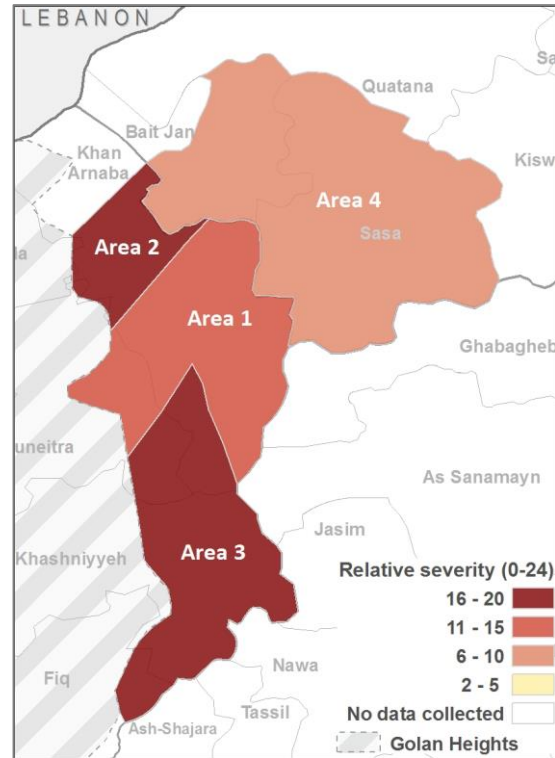
Area 1 was receiving assistance managed by GoS but faced restrictions on the provision of aid as SAF selected beneficiaries. Other organisations provided assistance on a confidential and secretive basis. In Area 3 some assistance was being provided by local relief organisations. It was possible to get supplies from Dar’a and Jordan, but this came with transportation costs and security risks and the quantity remained inadequate. Local councils were trying to provide assistance, e.g., wood, food baskets, blankets, but this assistance did not meet the needs. Other responders were providing some cash assistance (USD 30 per family) but it was deemed insufficient. There was no evidence of assistance in this area from the Syrian Arab Red Crescent (SARC).

Restrictions on movements for relief agencies, interference in implementation of humanitarian activities and restrictions on the affected population’s access to assistance due to ongoing insecurity were the most severe problems limiting humanitarian access to the areas.

Key Priorities and Population in Need



Number and percentage of people in need



Overall severity of humanitarian needs

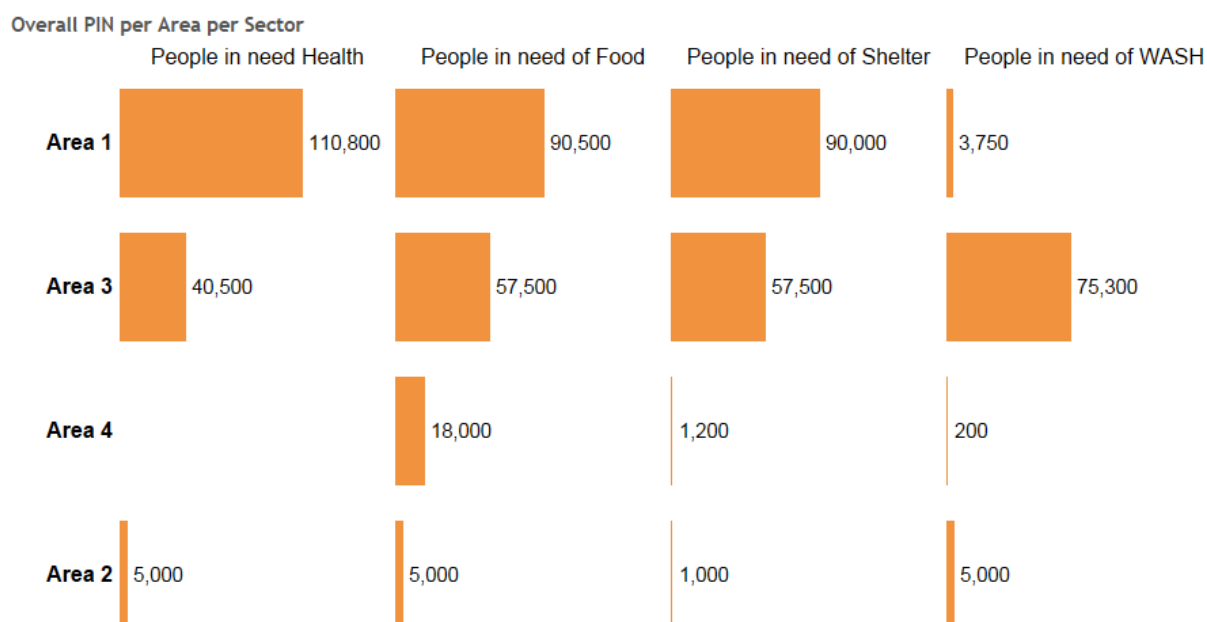
The magnitude of humanitarian needs is measured through two indicators: the severity of problems faced by the population and the number of people in need. Similar to the findings of other assessments in Syria, in areas that are besieged, or where access comes with significant security risks, the relative severity is considerably higher, whereas the number of people in need corresponds to areas with high concentration of IDPs.

The overall key priorities per sector and area reflect a similar situation as identified in assessments in neighbouring Dar'a with food security being the first priority, followed by health and shelter and non-food items.

Priority Sectors

	Area 1	Area 2	Area 3	Area 4	Average Rank
Food Security	2.00	1.00	3.00	3.00	2.25
Health	1.00	3.00	2.00	1.00	1.75
Shelter and Non-Food Items	3.00	0.00	0.00	2.00	1.25
Water, Sanitation, Hygiene	0.00	2.00	1.00	0.00	0.75
Education	0.00	0.00	0.00	0.00	0.00





Humanitarian Sectors

Protection

Given the sensitivities involved in collecting data on protection issues, protection was not included as a stand-alone sector in the assessment, but rather streamlined across the sectors and included as a specific question concerning safety concerns.

Armed violence against civilians was ranked as the highest concern in all areas, while lack of access to basic services was ranked second. Unfair treatment, abuse, and torture of detainees is also ranked high, with psychosocial distress also being mentioned.

Groups most at Risk of Protection Concerns

	Area 1	Area 2	Area 3	Area 4	Average Rank
IDPs in vacated/unfinished apartments, buildings	3.00	1.00	1.00	2.00	1.75
IDPs in collective shelter (schools, etc.)	2.00	2.00	2.00	0.00	1.50
IDPs in open space (incl. spontaneous "camp" settings)	0.00	3.00	3.00	0.00	1.50
IDPs living in host families	1.00	0.00	0.00	3.00	1.00
Resident population hosting displaced persons	0.00	0.00	0.00	1.00	0.25
IDPs in organised, structured camps	0.00	0.00	0.00	0.00	0.00
IDPs in rented accommodations	0.00	0.00	0.00	0.00	0.00
Resident non-displaced population	0.00	0.00	0.00	0.00	0.00



IDPs living in vacated buildings were identified as most at risk of these concerns, while IDPs living in open spaces and IDPs living in collective shelters were ranked second while IDPs living with host families were ranked third. The areas experiencing the most severe access problems, Areas 2 and 3,

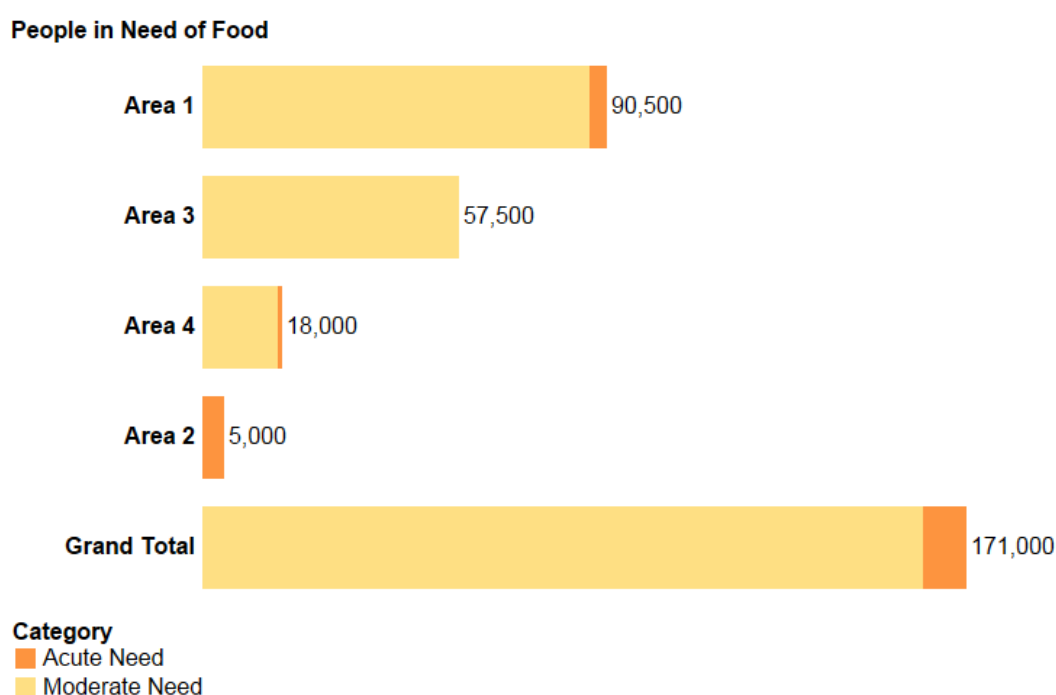
were also the areas where IDPs living in open spaces were considered most at risk from main protection issues¹¹.

The lack of private space and privacy for women was reported as a protection concern due to overcrowding. There is a high likelihood that protection concerns relating to gender based violence, sexual violence and harassment are under-reported. Information on protection concerns remains a large information gap despite the evidence of high levels of conflict and besiegement.

Food Security and Livelihoods

The assessment found food security to be the top humanitarian priority in the assessed area. This finding is consistent with an assessment in the neighbouring Governorate of Dar'a in late 2013¹². In January, WFP reported that the closure of the Dar'a-Damascus highway had seriously affected the dispatch of food assistance to southern areas, including Quneitra,¹³ aggravating an already dire food security situation.

A total number of 171,000 (63% of total population) people were found to be in need of humanitarian food and livelihoods assistance of which 9,750 (3.5 % population) were considered to be in acute need (life-threatening).



Note: In Area 3 there was no information available on number of people in acute need of food

- **People in need:** The area with the largest proportion of people in acute need for food assistance was Area 2 with 5,000 people (all the reported population) while in Area 1 had the highest total number of people in need as all 90,500 IDPs were judged to be in need of food. While the food situation is not life threatening and food aid is provided, assistance was reported to be insufficient due to the large IDP population in the area. The biggest problem reported was the lack of income and livelihood opportunities to buy food which has become very expensive. Generally it was reported that there is food in the markets, however the supply is inconsistent as some goods may be available one week but not the next when the main road is closed due to security.
- In Area 3, 57,500 people (74% of the population) were reported to be in need of food but no information available on the number in acute need of food assistance. Considering the overall severity

¹¹ All rankings and prioritisations in this report are summarised using the Borda count method. The Borda count determines the most preferred items of an election by giving each response a certain number of points corresponding to the position in which it is ranked by each respondent. Once all preferences have been counted, the item with the most points is determined as the most preferred.

See ACAPS Resources: [Heat Maps as Tools to Summarize Priorities](#)

¹² Dar'a Multi Sector Needs Assessment, January 2014

¹³ WFP, 14/02/04

of needs in this area, one may assume that the number of people in acute need of food assistance is high, particularly as it was reported that there is lack of flour due to high transportation costs.

- Area 2 was reported to have been under siege for three months, and no food was entering the area. However, as it is fertile land, people are able to grow some food and rely on animal products. During the recent winter season livestock had enough pasture, but the food security situation is expected to deteriorate during the drier summer months.
- **Problems identified:** All areas, apart from Area 4 reported problems with loss of cultivated land, livestock and locally produced food. All areas reported the main problem in accessing food to be lack of money/income to purchase food products, fuel for cooking or to invest in food production. Security related problems also hampered access to markets in Area 2, Area 3 and Area 1. In Area 4 food was reported to be generally available as farming communities distribute food to other families through community solidarity. Cooking oil and infant formula were the 2 products found most lacking in the assessed areas as a whole.
- Compared to the areas assessed in Dar'a the bread prices in the assessed areas in Quneitra were within the same range for unsubsidised bread with an overall average of around 180 SYP, although in Area 3 there was no consistent sale of bread, and a lack of flour resulted in higher bread prices of around SYP 200. The high cost of transport was preventing regular supplies of flour as it is not economically viable. In addition to the lack of flour, bakeries were reported to be damaged in Area 3. People were generally living on one meal a day. In Area 2, there was no bread available.
- In Area 4 the price of bread varies according to location of the bakeries, with bread from bakeries in villages generally being cheaper. However bakeries hold only sufficient flour for immediate use, and would run out in 4-5 days should the security situation or other access issues stop flour deliveries/purchases. The average price of subsidised bread in both Dar'a and Quneitra is SYP 95. Subsidised bread in Area 4 is among the cheapest at SYP 50 where available.
- **Vulnerable groups:** The most vulnerable groups identified for food insecurity were IDPs living in vacated buildings, in open spaces and in collective centres. Within these groups, children, the elderly and pregnant and lactating women were identified as most at risk of lacking food to survive. All areas reported that pregnant and lactating women are eating less than they should and are breastfeeding exclusively.
- **Prioritised interventions:** The most desired food security interventions were for the provisions of infant formula, followed by wheat and food baskets. Borrowing, depending on charities, or eating less preferred food were found to be the primary coping mechanisms. This was closely followed by reducing number of meals and limiting portion sizes. Only in Area 3 was it mentioned that adults reduced food consumption to feed children.

Being a typical rural area where the primary sources of income are related to agricultural production, the crisis has had a severe impact on livelihoods and the level of self-sufficiency all over Quneitra and Area 4. All areas reported that humanitarian assistance or social support have become one of the main sources of income in addition to food crop production and sales. Humanitarian and social support were however, very irregularly provided, and in Area 2 and Area 3 was also largely insufficient.

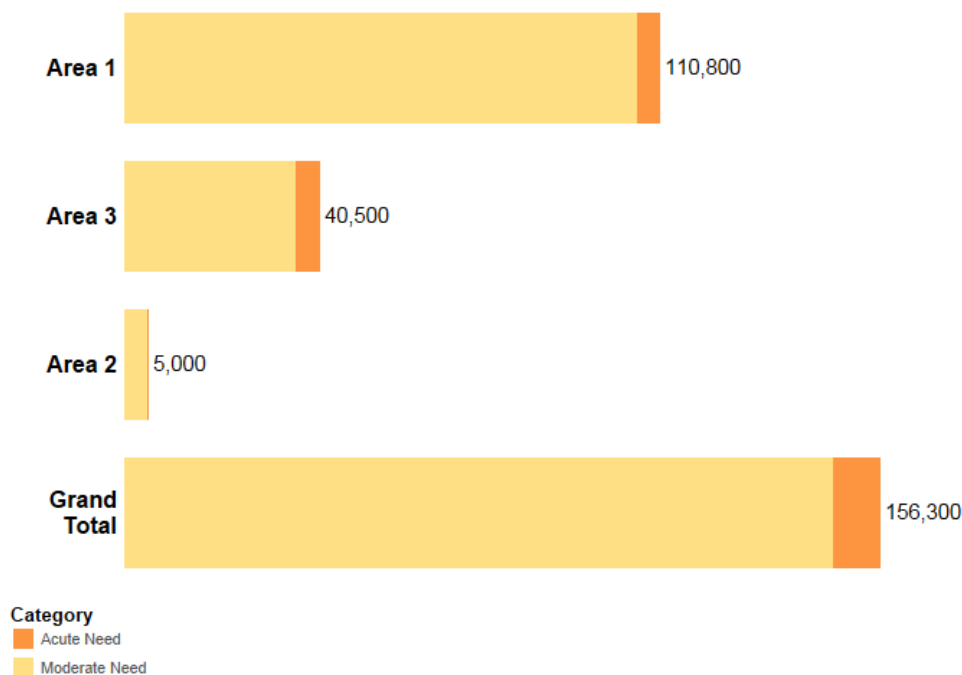
Health

The specialised clinics and health centres in the province of Quneitra face several challenges in providing services as required due to the lack of most medicines. The medicines for chronic diseases have been in shortage since the beginning of last year, and existing medicines in the pharmacy do not cover the needs of patients with chronic diseases.¹⁴

Health services throughout the assessed areas have been seriously affected by the crisis, with lack of clinics/hospitals, medical staff with necessary skills, and medical supplies. Only emergency health care (first aid) was provided in Area 3 and other cases had to be referred to Dar'a Governorate or across the border to Jordan. Transport was considered a security risk however, and also very expensive. Due to the siege and closure of supply routes, Area 2 reported having medical stocks for 1 month only at the beginning of February and that some materials (such as bandages) were being re-used. Local relief organisations working within the health sector reported there to be very few medical staff in the whole of Quneitra, as most of the staff had fled the areas.

¹⁴ Tishreen, 14/01/13

People in Need of Health Assistance



Note: Area 4 reported only 300 people in need for humanitarian health assistance

- **People in Need:** In total 156,300 people (57% of total population) were found to be in need for humanitarian health assistance, of which 9,850 (3.5 % of total population) were found to be in acute need of health assistance. The severity was highest in Area 3 and Area 2 where it is considered to be life-threatening. Area 1 reported the highest number of people (110,800) in need of health support but the besieged area of Area 2 reported its whole population of 5,000 people to be in need. In Area 2 deaths have allegedly already occurred – caused directly by the lack of sufficient health care.
- In Area 3, 40,500 people (52% of the total population) were found to be in need of humanitarian health assistance with a high prevalence of conflict-related injuries. Only 1 field hospital was providing first aid and there were no specialists to treat injuries. People are referred to Dar'a and Jordan for treatment, although transport costs and considerable security risks impede travel. Area 3 was found to face life-threatening (severity 4) problems with health particularly in areas under shelling which reported the highest number of injuries and lack of adequate health care.
- In Area 1, people who are wanted for political reasons do not seek medical attention in the government hospital. Even persons from particularly areas that have a known political affiliation do not seek medical attention because they may be targeted based on their area of origin. Pregnant women were reported to be especially affected in Area 1 due to the lack of specialised services, and people reportedly travel to Damascus or Dar'a to receive adequate health care. In Baath and Khan villages of Area 1 the situation is a little better due to the proximity of the hospital.
- Area 4 reports considerably less people in need for humanitarian health assistance, only 300, but this area also has better access to health facilities with more GoS hospitals functioning and less damage to existing infrastructure. However people who are "blacklisted" because of their possible affiliation with particular parties to the conflict cannot be treated and are seeking treatment in mobile clinics. There are three particular medical points where these patients can seek treatment, but these are not equipped to treat patients accordingly due to funding issues. People with chronic diseases and older persons are especially vulnerable. Some 20% of the health-infrastructure is half demolished, as these were clearly identifiable areas for aerial attacks and shelling.
- **Problems identified:** All areas apart from Area 4 reported that there was a problem with health in the area and that the situation had gotten worse in the last 30 days. A wide range of medical issues was reported, but conflict related injuries are the key health concern. Water related issues like diarrhoea and skin diseases were reported in all areas, and pneumonia and Hepatitis A was reported as common illnesses affecting children in Area 1, Area 2, and Area 3. Limited economical resources and

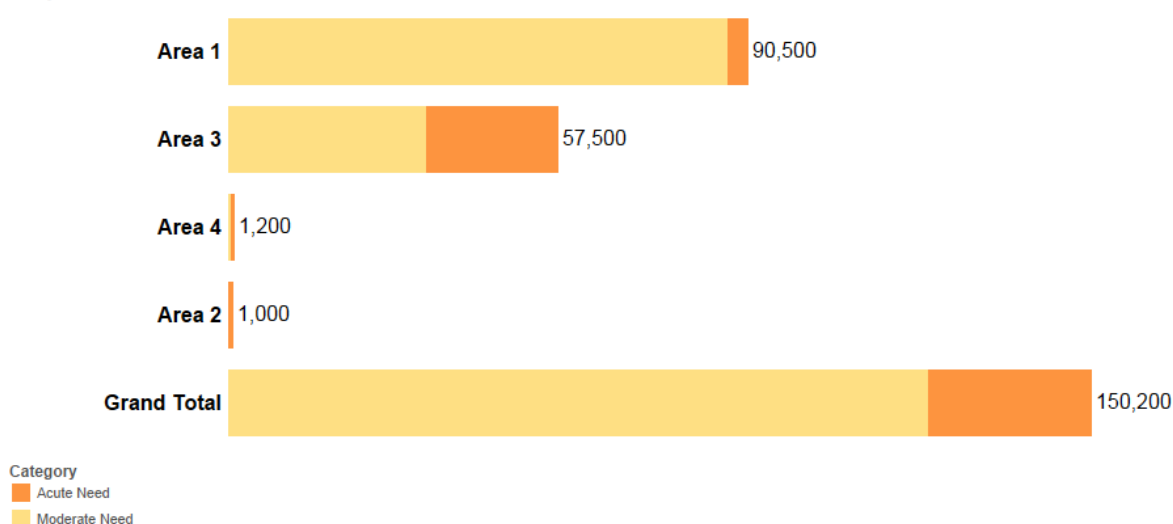
security constraints impedes population's access to health services. Emergency and injury care was reported to be available in all areas, but in Area 2 and Area 3 it is also the only health services provided as they lack medicines, functional medical facilities and sufficient skilled staff to address a wider range of issues. In addition, these two areas have no undamaged health facilities and up to 40 % of the facilities are reported heavily damaged or completely destroyed.

- **Vulnerable groups:** IDPs living in vacated buildings were perceived to be most at risk of health issues. IDPs in open spaces and collective shelters were also ranked high. Within these groups, children, the elderly and pregnant and lactating women were the most vulnerable.
- **Priority interventions:** The provision of medicines, including those from chronic diseases was the top priority identified. This was followed by need for medical facilities and staff. This finding is identical with a similar analysis in the assessment in neighbouring Dar'a conducted a few months ago.¹⁵

Shelter and Non-Food Items

Shelter and NFI were ranked as the third of the 5 sectoral priorities. 150,200 people (55% of total population) were considered to be in need of humanitarian shelter/NFI assistance, of which 28,450 (10.5%) people were considered to be in acute need.

People in Need of Shelter



- **People in Need:** Both in Area 1 and Area 3 the entire IDP population is considered to be in need for shelter/NFI assistance. The assessment found that there is a severe lack of places to rent and collective shelters for the displaced. Most of the shelters used for collective shelters in the assessed areas are public facilities such as schools, mosques, hospitals, sports centres, among others.¹⁶ Overcrowding is a problem as up to 50 people were reported to be sharing two rooms, and in many cases people who are not related are forced to share small living spaces with no privacy. In Area 4 overcrowding is mentioned as a problem as well, but in general the IDPs have more physical space here compared to the other areas. The security situation is better, making it easier for people to move freely. Markets are generally supplied with non-food items, but a general lack of income makes it difficult to access these.
- Different to others sectors, only 1,000 people are considered in need for Shelter/NFI in Area 2, but this is also an area that has been contested for a long period, leading to an estimated 75% of the pre-crisis population having previously fled the area. The 1,000 in need are all IDPs who have been displaced before the current besiegement. Even with such an exodus, leaving a current population of 5,000 people the shelter situation in Area 2 is considered to be of a life threatening severity. That stems from the current conflict and constant shelling making most shelters unsafe.

¹⁵ Dar'a Multi Sector Needs Assessment, January 2014

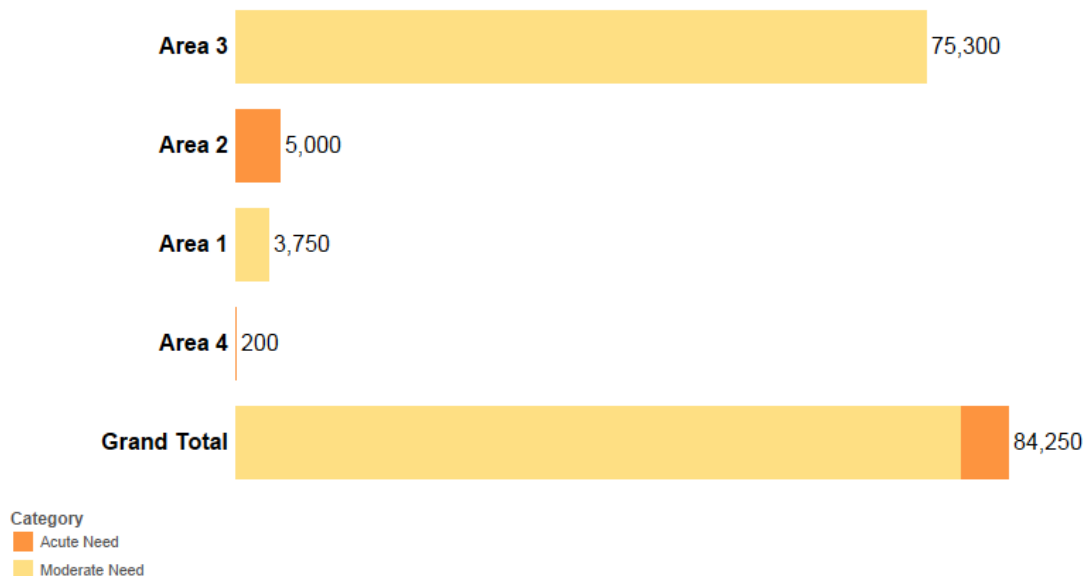
¹⁶ IOM 2014/03/05

- In both Area 2 and Area 3 there were no buildings that were un-damaged, and up to 30 % of the buildings were either heavily damaged or completely destroyed. These two areas have had no electricity for 6-18 months, and even if some people have had access to generators, the lack of fuel makes most of these inoperable.
- **Problems identified:** The problems most often mentioned for shelter/NFI were protection from weather, overcrowding (lack of private space), and lack of money to use for rent/NFIs. Lack of fuel was the predominant problem mentioned in NFI, with hygiene items and cleaning materials in general also being noticeably missing.
- **Vulnerable groups:** As with the other sectors, IDPs living in vacated buildings were perceived to be most at risk. IDPs in open spaces and collective shelters were also ranked high. Within these groups, children, the elderly and pregnant and lactating women were the most vulnerable. Cases of people dying as a result of cold temperatures in the open space were reported, but not confirmed.
- **Priority interventions:** Within the sector, identification of prioritised interventions were separated in shelter and NFI. The top 3 needs for shelter were provision of shelter materials, provision of cash assistance and maintenance of shelters. For NFI the top 3 were fuel, clothing and personal hygiene products.

WASH

The water and sewage network in Syria have traditionally been well developed with piped network in many areas. Following the crisis there is a distinct difference in water related issues between areas that are experiencing a systems breakdown versus areas where the networks are still working. 84,250 (31% of the estimated total population of assessed areas) were considered to be in need of WASH assistance, of which 5,200 (less than 2%) were considered in acute need, most of whom were found in Area 2 and Area 1 where the WASH situation is of life-threatening severity.

People in Need of Safe Water



Note: Area 1 and 3 had no information available on number of people in acute need of safe water

- **People in Need:** In Area 2 and Area 3 the water supply system has suffered a complete breakdown. Without electricity or fuel to operate generators, water needs to be extracted manually and consumed untreated. In both areas, solid waste was piling up in the streets and the sewage system was overburdened leading to unclean sanitation-facilities and a deterioration of the general hygiene. The situation was considerably better in Areas 1 and 4 where the systems were functioning.
- **Problems identified:** The situation in Area 2 and Area 3 has led to a rapid rise in water related health issues such as diarrhoea and skin diseases. All problems in these two areas were related to deficiencies with the water network like lack of electricity and fuel for generators. Areas 1 and 4 were

found to have no significant problems related to water, but in Area 1 a general lack of hygiene products in the markets and subsequent rise in prices has led to the most vulnerable not being able to purchase necessary items.

- **Vulnerable groups:** As with the other sectors, IDPs living in vacated buildings were perceived to be most at risk. IDPs in open spaces and collective shelters were also ranked high. Within these groups, children, the elderly and pregnant and lactating women were the most vulnerable.
- **Prioritised interventions:** The required interventions in both water and sanitation were ranked with restoration of water and sewage networks as the top priority, with restoration of electricity and/or fuel for generators as the second priority. Collection of waste and personal hygiene issues were also mentioned, but to a lesser degree than network related issues.

Education

Prior to the crisis, 90% of school aged children across Syria were enrolled in school, which was provided free of charge by the GoS. According to the Syrian Humanitarian Assistance Response Plan (SHARP), over 1 million Syrian children are out of school and another 1 million do not attend school regularly. The Ministry of Education estimates that damage to the education infrastructure totals USD 556 million.¹⁷ In the assessed areas the number of operational schools has reduced to 27 from 118 since the crisis. Only 37% of children between 6-18 years attend school for 4 days a week.

Geographical severity: Area 3 has suffered the biggest loss in regular schooling with no educational services reportedly available anymore. All the 48 schools available before the crisis were in use as collective shelters. There have been some attempts at establishing ad-hoc schooling, but people reportedly failed to send children to school due to travel distance; checkpoints; lack of available transportation; or parents prioritising other things for children like work and helping with the family. In Area 2 there was 1 school open, although people feared sending children there due to the risk of shelling. Also Area 1 and Area 4 has suffered a significant loss in educational services with buildings often used as collective shelters. In Area 1 some schools were also used as military bases.

Priority interventions: Rehabilitation of schools was ranked as the top priority, with educational materials second and salaries for teachers third.

¹⁷ OCHA, "Syrian Arab Republic Humanitarian Assistance Response Plan," 15 December 2013.