Dar’a Governorate Multi Sector Needs Assessment

January 2014

A multi-sector assessment of Dar'a Governorate facilitated by the Syria Needs Analysis Project (SNAP) with support from both organisations in Syria and international humanitarian organisations

Table of Contents

Summary

A rapid needs assessment was carried out from mid-November to mid-December 2013 in Dar'a Governorate and covered a population of 692,000 people across 12 of the 17 sub-districts.

Key findings

- About 28% (190,650 people) of the population present in the assessed sub-districts are internally displaced (IDPs). Most IDPs live with host families, followed by those in rental accommodations, unfinished or vacated buildings and collective centres. 70% of the current estimated population in Jizeh sub-district, which borders Jordan, are IDPs.
- The food security and health sectors were ranked as the top priority for assistance, similar to other assessments conducted in Syria. The shelter/NFI sector was ranked third priority, followed by education and then WASH.
- Food insecurity is widespread across all assessed areas and is the highest sectoral priority for humanitarian assistance. 75% of the population is in need of food assistance. 20% of these are in acute need of food assistance. Wheat flour/bread and infant formula were identified by key-informants as the top priorities for food security interventions.
- 12% of the assessed population is in need of lifesaving health support and 36% is in moderate need. The highest number and percentage of those in acute need of medical assistance were reported to be in Busra Esh-Sham, Jizeh, Mzeireb and Mseifra sub-districts. Injuries, psychological trauma, chronic diseases and malnutrition were the most frequently reported health problems. The lack of medicine, vaccines and treatment for chronic illnesses were identified as the top priorities for health interventions.
- About half of the population is in immediate (16%) and moderate need (35%) of shelter assistance. Over half of the population in Jasim and Jizeh sub-districts, which host large number of IDPs, are in immediate need of shelter assistance. The need for more shelter and the provision

of safe shelter (protection from airstrikes) were identified as the top priorities for shelter interventions.

- Only 22% of primary school age children and 28% of secondary school age children are accessing learning spaces on a regular basis. The education interventions were prioritised as: 1) the provision of school materials/resources 2) the need for repairs to learning spaces and 3) teachers.
- With the exception of Busra Esh-Sham sub-district, where life-threatening problems with access to water were reported, WASH assistance was identified as a very low priority need across most of the sub-districts. This is likely due to the rural nature of the assessed areas and their increased access to wells, compared to urban areas which are more dependent on piped water networks. The digging of wells, repair to piped water networks and improved access to safe water supplies were identified as priority water interventions.
- Across all sectors the most affected groups are reported to be 1) IDPs living in collective centres 2) the resident population who has not been displaced 3) IDPs living with host families and 4) IDPs living in unfinished or vacated structures. Within these categories, children, the elderly and pregnant and lactating women were identified as the most vulnerable.
- Mseifra and Ash-Shajara reported the presence of a total of 750 IDPs living in the open and likely to be particularly in need of shelter, WASH and health assistance.
- 3 sub-districts reported life-threatening problems across all sectors: Busra Esh-Sham, Nawa and Kherbet Ghazala. These sub-districts are exposed to high levels of conflict, lack of humanitarian access and therefore lack of assistance. According to key informants, all 3 areas are under siege, where parties to the conflict intentionally hamper the movement of goods and people to and from the area. Some 27,000 people, including IDPs, currently reside in Kherbet Ghazala sub-district with most living in rural areas having fled the urban areas. Busra Esh-Sham was reportedly besieged for 2 months by Government of Syria (GoS) forces at the time of the assessment. Most of the roads are closed with the only open road, to As-Sweida, controlled by many GoS checkpoints.
- Most sub-districts reported receiving some type of relief in the last 30 days, although, it was not usually provided on a regular basis.
- The most severe and most reported reasons for access problems were related to fighting and the closure of access routes affecting the ability of relief agencies and beneficiaries to move freely, resulting in insufficient delivery of humanitarian aid.

1.0 Introduction

Three years into the Syria crisis, the humanitarian situation has significantly deteriorated, leaving large areas of Syria in acute and very serious need of humanitarian assistance. The Dar'a Governorate assessment was a rapid multi-sectoral humanitarian assessment aimed at providing an overall description of accessible areas, population groups and humanitarian needs in the Governorate of Dar'a. The assessment intends to inform operational and funding decisions and highlight areas for further assessment where required.

Dar'a governorate is a strategically important transit route between Syria, Jordan and the Gulf states. Bordering the Golan Heights, Dar'a is traditionally one of the most militarised regions in Syria. As the location of the first protests in March 2011 which led to the current conflict, the Governorate has experienced heavy fighting over the last 3 years, with shifting frontlines between opposition forces and forces loyal to the Government of Syria (GoS). Consequently, large portions of the population have been driven from their homes seeking refuge within Syria or in neighbouring countries.

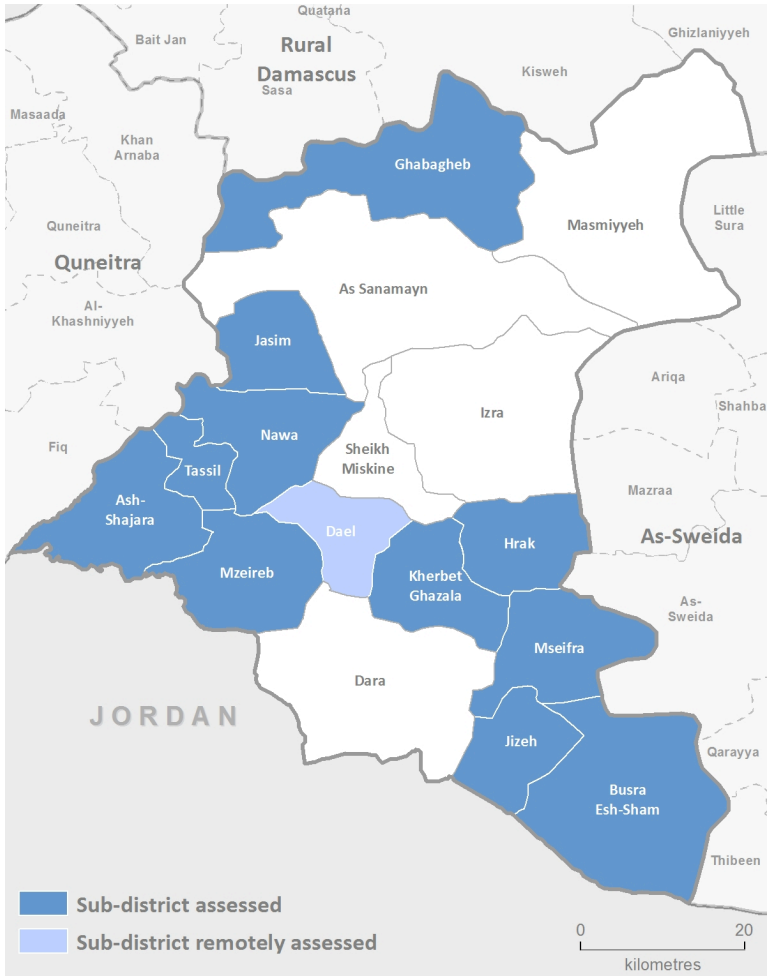
The assessment was carried out from mid-November to mid-December 2013. Information was collected through key informant interviews, direct observations in the field and a review of secondary data.

1.1 Methodology

Conditions in Dar'a, 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 sub-districts were chosen based on where the enumerators 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.

Six enumerators, all male, 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 enumerators were originally from Dar'a. During the training they were assigned the sub-district(s) they were to assess. The allocation was done based on the individual enumerator's knowledge and network of contacts available to assist with collecting data.

Map 1: Dar'a Governorate Assessment Coverage



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 sub-districts. 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.

The assessment collected data in 14 of the 17 sub-districts of Dar'a, one of which was assessed remotely due to access restrictions. However, the final report includes only 12 sub-districts as data from 1 sub-district was deemed unreliable and was therefore discarded while data from a second sub-district was discarded as it was not possible to debrief the enumerator.

Field data collection occurred over a period of approximately 2 weeks. Upon completion of data collection, the data were processed and enumerators debriefed in one-on-one interviews with 2 trained staff, 1 of whom had extensive knowledge of the situation in Dar'a.

For the field data collection, 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 (see figure 1).

In addition a secondary data review was carried out by examining pre-crisis and in-crisis UN and NGO assessments and reports, as well as English and Arabic media sources on Dar'a. In-crisis data from August to November 2013, or 4 months prior to the data collection period, was utilised. A detailed description of the methodology is provided in Annex A.

1.2 Limitations

Access: Most assessed areas were under control of opposition forces 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. Apart from 1 sub-district, which was assessed remotely (Da'el), areas primarily under control of forces loyal to the GoS were not represented and the humanitarian situation in these areas may vary hugely from the findings of this report. In 2011, the assessed sub-districts were host to 57% of the Governorate's population. It needs to be noted that Dar'a city, the most densely population sub-district in the governorate, where the humanitarian situation has been reported as dire, was not represented in the assessment.

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. See Annex B for a detailed description.

Disclosure: To protect enumerators 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: As all figures are estimates based on information collected from key informants, they should be interpreted as a general summary of the number of people in need, rather than a precise figure. The methodology of the assessment is not suitable to be used for precise numbers, but provides an adequate indication of trends and population dynamics.[1]

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

[1] Illustratively, during the debriefing process, it was confirmed that the enumerator responsible for Jasim sub-district covered additional areas in neighbouring As-Sanamayn and Izra sub-districts. As noted in other assessments in the region, Syrian enumerators and key informants often use place names that do not correspond to the official administrative boundaries.

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. However all the enumerators were male and this gender imbalance should be kept in mind when interpreting the results of the assessment. 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 enumerators. Therefore, the assessment does not always account for the diversity of situations within a sub-district. Additionally, given the perception-based nature of the assessment some of the data collected may have been influenced by key informant and researcher bias.

1.2 Information gaps and needs

The Dar'a assessment aimed to provide an overview of the humanitarian situation, priority needs and vulnerable groups across areas within the governorate which were accessible to enumerators. 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. 2 sub-districts reported the presence of a total of 750 IDPs living in the open and likely to be particularly in need of shelter, WASH and health assistance.
- **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. Within the protection sector, there should be a focus on the reportedly high levels of psychosocial trauma, as well as vulnerable groups such as women, children, the elderly and disabled.
- **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, pregnant and lactating women and older persons.
- **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.
- **Education:** While the assessment collected information on the number of functional learning spaces, it did not collect information on the conditions of school facilities and the extent to which attendance is limited due to the presence of IDPs sheltering in schools.
- **Who, what, where:** Information on needs and response is often not shared between the highly diverse relief actors operating in Dar'a. Given the security and logistical challenges of operating in the governorate this limits the efficiency and effectiveness of aid provided.

2.0 Background on Dar'a

The first protests calling for the removal of President Bashar al-Assad originated in Dar'a city in March 2011, triggering a crackdown by the Syrian authorities. As the conflict intensified and became more violent, conflict engulfed much of the governorate, sending thousands fleeing, primarily to neighbouring Jordan.[2] With the exception of northern Dar'a, the governorate remains contested and the conflict has continued to be dynamic with regular displacement and shifting areas of control throughout 2013. In late 2013, clashes centred on key transit routes and population centres along the main Damascus-Dar'a highway as the GoS sought to cut off the opposition's access to supplies from Jordan. Since the beginning of the crisis, access has been extremely limited for international aid organisations due to insecurity and lack of permission from GoS authorities for aid agencies registered with the GoS. Some aid agencies, such as UNRWA, had a long-term presence in Dar'a prior to the conflict and continue to operate in the governorate.

Prior to the crisis, the estimated population of the governorate was about 1 million or 5% of the Syria's total population.[3] Dar'a's population is predominantly Syrian Sunni Muslim; in addition, there are approximately 29,000 Palestinians[4] and a small number of Druze. Dar'a's economy was centred on agriculture (wheat, barley and vegetables); related food-processing industries (which also drew migrant labourers from other parts of the country) and the public sector. The governorate is also host to a number of military bases, due to its proximity to Israel and the occupied Golan Heights.

2.1 Displacement Profile

Dar'a has seen very high levels of displacement, with a large number of people having left the governorate and the return of refugees from Jordan and displaced from other areas. As of July, 38% of the estimated 2011 population of Dar'a were registered as refugees in Jordan.[5] Internal displacement patterns in Dar'a are characterised by frequent displacement for relatively short-term periods to host communities, public facilities and unfinished buildings in nearby villages and neighbourhoods.

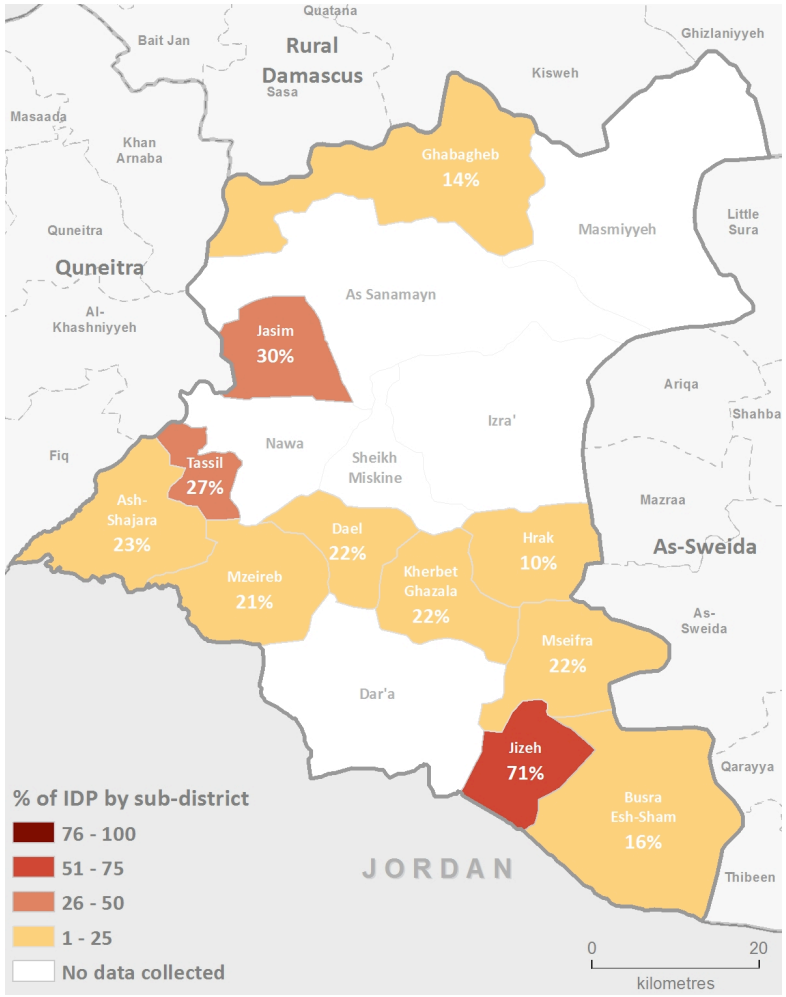
In September 2013, UNICEF, using GoS and SARC figures, reported that over 71,000 families or 355,000 people were displaced within Dar'a – equivalent to about one-third of the pre-crisis population. The majority of IDPs were living with members of the host community, with about 4,500 families living in public facilities and unfinished buildings.[6]

A total of 190,650 IDPs were reported to reside within the 12 assessed sub-districts, a figure similar to other secondary sources.[7] It is likely that there are a high number of IDPs in more densely populated urban areas, such as Dar'a City and As-Sanamayn, due to their relatively improved access to goods and services, however, these areas were not assessed or represented in this report. These areas are witnessing regular clashes and population movements due to their proximity to the main road between Damascus and Dar'a city.

[2] According to UNHCR, refugee flows to Jordan peaked in the first trimester of 2013 with an average of 1,700 daily arrivals. However, arrivals declined dramatically thereafter as border crossings between Dar'a and Jordan were restricted.
[3] Syrian Arab Republic, Central Bureau of Statistics, 2011.
[4] *ibid*

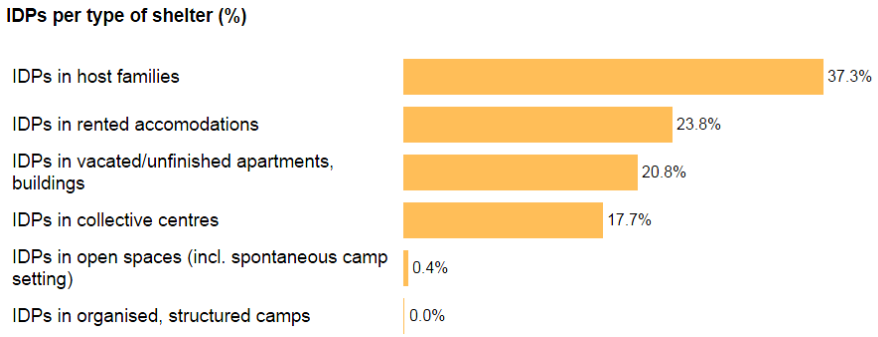
[5] UNHCR, "Syrian Refugee Response Jordan," 13 July 2013.
[6] UNICEF, "Much-needed support in the face of huge needs in Dara'a, Syrian Arab Republic," 18 September 2013.
[7] Private interview, 2 January 2014.

Map 3: Percentage of IDPs by sub-district



Most IDPs were found to reside with host families (37%), while others lived in rented accommodation (24%), vacated/unfinished buildings (21%) and in collective shelters (18). A total of 750 IDPs (0.4%) were reported to be living in open spaces in Ash-Shajara and Mseifra sub-districts. One enumerator reported IDPs to be residing in houses rent-free to protect the house from, among other things, looting.

Figure 1: IDPs per type of shelter (%)



Around 58% of IDPs in assessed sub-districts were under 18 years old and 54% female.[8]

Most sub-districts indicated that IDPs residing in the sub-district had fled from other sub-districts within the same district. Only one sub-district, Mzeireb, reported hosting IDPs from other governorates: Rural Damascus and As-Sweida. As Mzeireb borders Jordan it is assumed that IDPs from other governorates are attempting to access Jordan.

Only one of the assessed sub-districts, Nawa, reported to have no IDPs, which was also confirmed by a reliable source.[9] In Nawa, 65,000 of the 90,000 residents (72%) had already fled, most likely because of frequent fighting and shelling. This was further corroborated by WFP reports in August of major displacement from Nawa due to heavy clashes and shelling. [10]

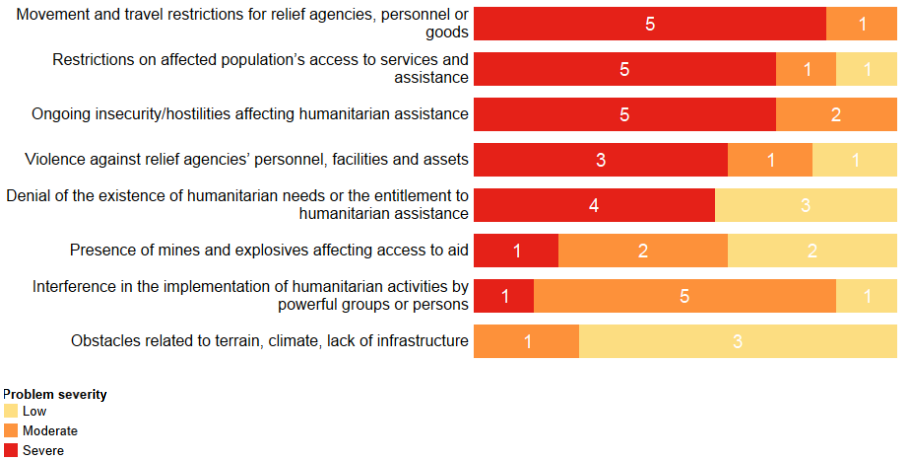
264,950 people were found to have fled the assessed areas. A large proportion of these displaced persons fled to Jordan, as stated by 8 out of 12 assessed sub-districts. 7 sub-districts reported that IDPs fled to other areas within the governorate, while 4 sub-districts reported that IDPs fled to other governorates, primarily Damascus or As-Sweida.

[8] The estimates are based on only 10 of the 12 assessed sub-districts, as two had no disaggregated data for women and children.
[9] Private interview, 8 January 2013.
[10] WFP, "Syria Crisis Response: Situation Update," 20 August 2013.

3.0 Humanitarian Access

In September 2013 GoS forces continued their offensive in Dar'a to gain strategic control of population centres along transit routes and border crossings, but lost some momentum in October as they shifted their focus to Damascus. The southwestern region of the governorate, along the Golan Heights and Jordanian border, is primarily under opposition control and is subject to regular shelling and airstrikes. The GoS controls the north and the areas along the Damascus-Dar'a highway, which crosses through the centre of the governorate.

Figure 2: Number of sub-districts reporting problems identified in the delivery of humanitarian assistance in the last 30 days



The main road between Dar'a and Damascus is known to be subject to sporadic fighting, numerous checkpoints and bureaucratic delays, which continue to hamper the delivery of basic supplies and assistance and pose protection risks for civilians.[11] In addition, transport capacity is limited as the available commercial transport services are reportedly overwhelmed and fuel is in short supply.[12]

In the 30 days prior to the assessment, humanitarian assistance was provided in all 12 assessed sub-districts and most of the population were informed of how to access it. However, 8 of the sub-districts reported that there had been problems in the delivery of humanitarian assistance in the last 30 days.

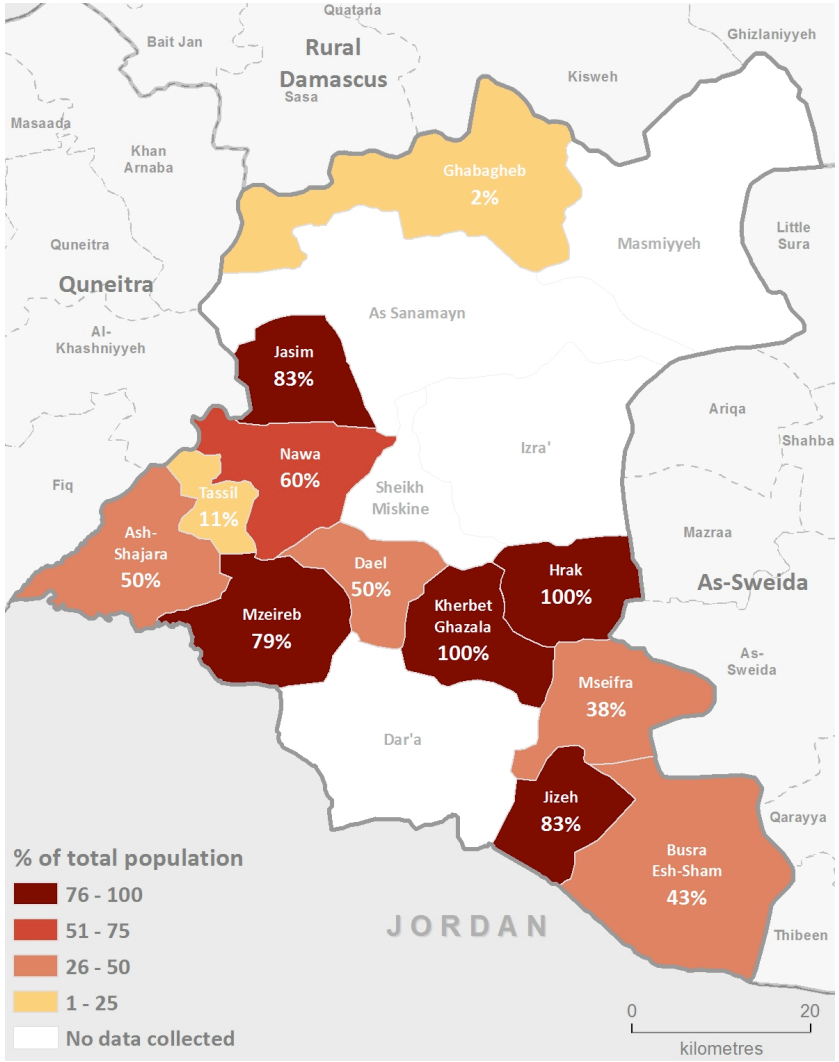
The most severe and most reported reasons for access problems were related to fighting and the closure of access routes affecting the ability of relief agencies and beneficiaries to move freely, resulting in insufficient delivery of humanitarian aid. Violence against relief actors, their facilities and assets was reported to be a severe problem in 3 out of 5 sub-districts where this was mentioned as a problem to humanitarian access. In addition, interference in the implementation of humanitarian activities and restriction of access to services was often mentioned.

[11] Human Rights Council, "Report of the independent international commission of inquiry on the Syrian Arab Republic," 16 August 2013.

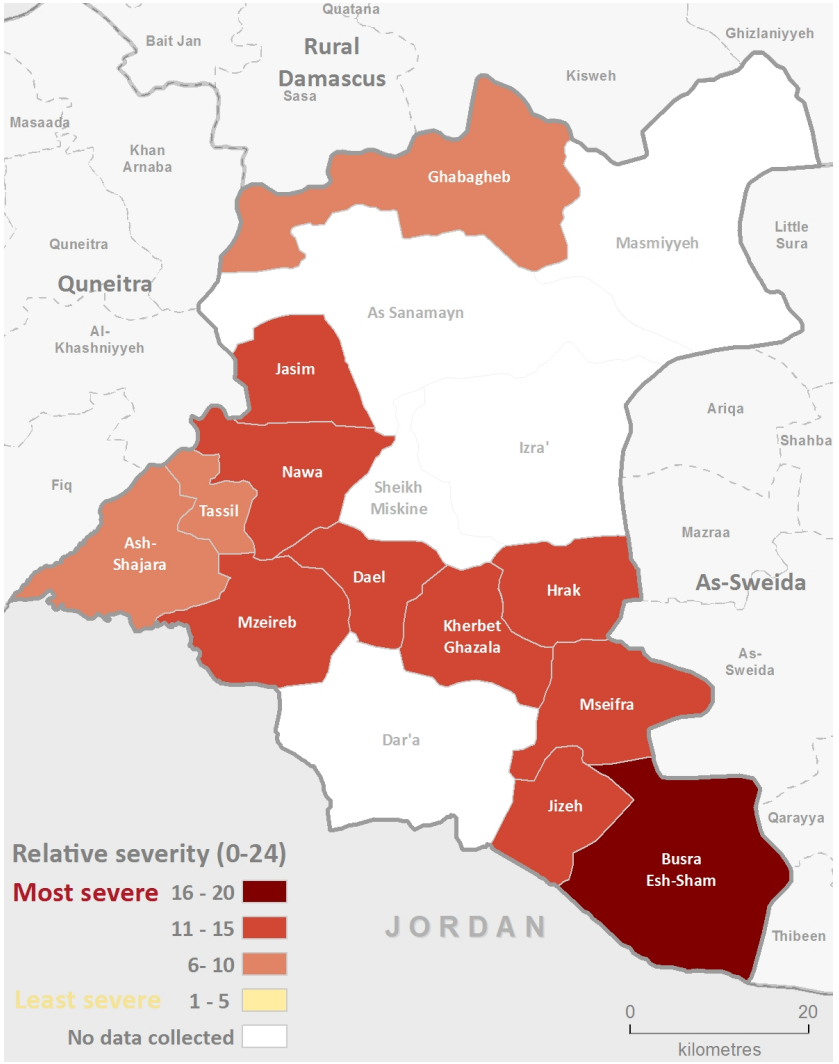
[12] UNHCR, "Syria Crisis Response, 18 August to 11 September," 20 September 2013.

4.0 Key Priorities and population in need

Map 4: Percentage of people in acute need

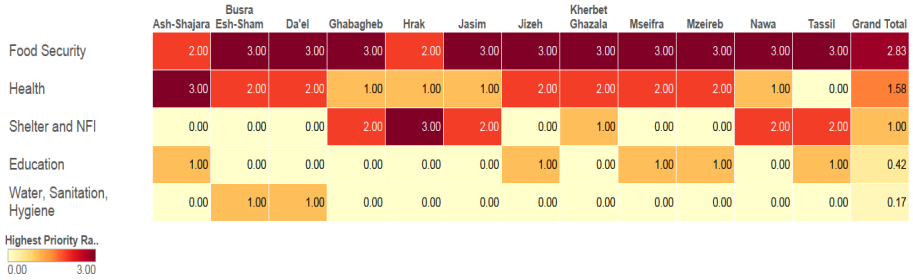


Map 5: Overall severity of humanitarian needs



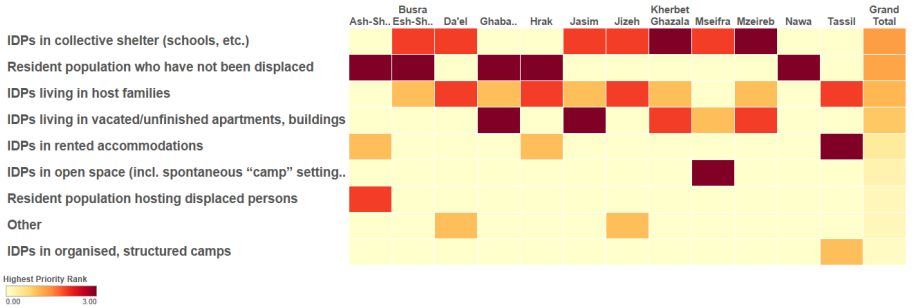
The overall key priorities per sector, per sub-district and per population group are as follows:

Figure 3: Key priorities per sub-district



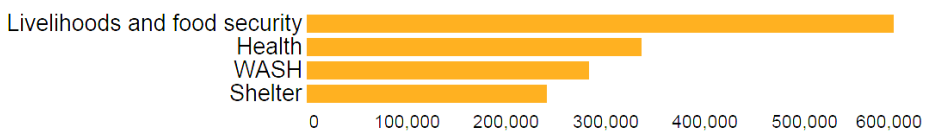
Food security and health were ranked as the priority sectors, similar to other assessments conducted in Syria. The shelter/NFI sector was ranked third priority, followed by education. Surprisingly, WASH was ranked as the last priority, although assessments undertaken in the northern region of Syria showed it to rank higher than both shelter/NFI and education. The low prioritisation of WASH compared to the other assessments in Syria is likely due to the fact that 10 of the 12 sub-districts assessed were categorised as mostly or completely rural, where people are more likely to have access to wells. In contrast, populations in urban areas usually depend primarily on piped networks, which are more easily contaminated or affected by fighting than individual wells.

Figure 4: Main groups at risk[13]



Of note is the high ranking, as a main group at risk, of the resident population who have not been displaced. IDPs living in camps were ranked as the lowest priority due to the general lack of camps in assessed areas; only Mzeireb reported the presence of an organised, structured camp. However, when looking at key concerns regarding humanitarian access, problems related to lack of security and free movement are prevalent across the board and affect all humanitarian sectors and population groups.

Figure 5: Number of people identified as in acute or moderate need[14]



[13] This graph and the other heat maps in the report are based on 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: http://www.acaps.org/resourcescats/downloader/heat_maps_as_tools_to_summarise_priorities/69

[14] For Education the number of people in acute or moderate need was not included as a question

5.0 Humanitarian Sectors

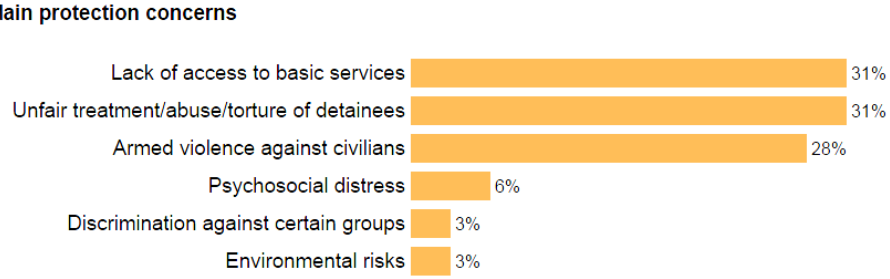
5.1 Protection

Given the sensitivities involved in collecting data on protection issues, protection 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. In addition, as all the enumerators were male 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 report.

The key findings in the protection sector are as follows:

- There was widespread consistency across sub-districts with 9 out of 12 assessed sub-districts reporting the same 3 protection concerns. Lack of access to basic services and unfair treatment and abuse or torture of detainees were the most mentioned protection concerns across all assessed areas. Armed violence against civilians was noted to be a main protection concern in 10 of the 12 sub-districts.
- IDPs were found to be the most vulnerable group, particularly those living in collective centres, followed by those living with host families.
- Residents who have not been displaced were identified as a high-risk group, although 4 out of 5 of the districts that ranked residents as the top priority had the lowest reported IDP populations.

Figure 8: Main protection concerns



While there is limited primary data on protection issues, these findings are supported by the available secondary data. According to the Oxford Research Group, Dar'a has the highest rate of child deaths of any governorate in Syria, with over 1,100 killed between March 2011 and August 2013.[15] The UN Human Rights Council has documented the widespread abuse, harassment and threat of arrest faced by men, boys, women and IDPs at checkpoints in Dar'a.[16] Rape in Dar'a has also been documented by NGOs but this issue was not noted during the assessment, likely due to the challenges in reporting rape as well as the fact that all the enumerators were male.

[15] Oxford Research Group, "Stolen Futures: the Hidden Toll of Child Casualties in Syria," 24 November 2013.

[16] Human Rights Council, "Report of the independent international commission of inquiry on the Syrian Arab Republic," 16 August 2013.

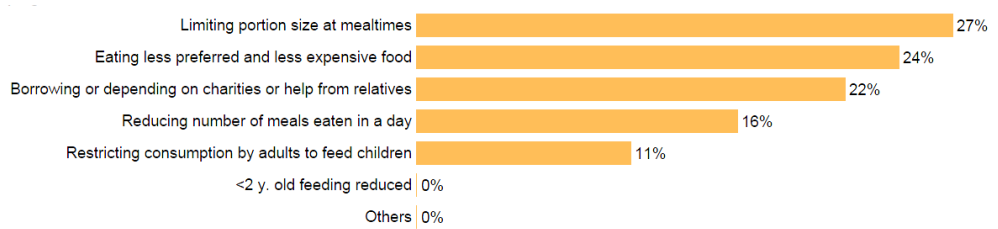
5.2 Food Security and Livelihoods

Prior to the conflict, livelihoods in Dar'a were based on agricultural production and industries, particularly wheat, barley, fruit and vegetable cultivation and the public sector. Due to changing climactic conditions and economic dependence on agriculture, Dar'a was one of the 6 governorates with the highest proportion of people living below the food poverty line in 2009 - an indication of pre-existing vulnerabilities.[17] Over the past 2 years, agricultural production decreased by one-third in Dar'a.[18]

The assessment found food security to be the top humanitarian priority in 10 of the 12 assessed sub-districts. The key findings in the food security and livelihoods sector were as follows:

- **People in need:** The majority of the population in assessed sub-districts, 590,100 people, were estimated to be food insecure, with 121,100 people (20%) in acute need and 469,000 (80%) in moderate need of food assistance
- **Geographic severity:** Sub-districts with the largest proportion of the population in acute need of food were Nawa (60%), Ash-Shajara (50%), Busra Esh-Sham (43%) and Kherbet Ghazala (22%), while the largest populations in acute need of food were Ash-Shajara (35,000 people), Busra Esh-Sham (16,000 people), Nawa (15,000 people) and Hrak (12,400 people) sub-districts.
- In addition, 3 out of 12 sub-districts reported facing severe, life-threatening problems with access to food: Nawa, Busra Esh-Sham and Kherbet Ghazala. These sub-districts reported that they are besieged by parties to the conflict and no food assistance was received in the 30 days prior to the assessment.
- **Problems identified:** In terms of availability of food products, the main problem identified in all assessed sub-districts was the inadequate amount and poor diversity of food products in the market. 10 sub-districts reported that there was a lack of infant formula and cooking fuel.
- In all but 1 sub-district, the main problem in accessing food products available in the markets was insecurity, which restricted physical access to markets. The lack of income to purchase both food and cooking fuel was reported in 8 sub-districts.
- **Vulnerable groups:** The top 3 most vulnerable groups identified for food insecurity were IDPs living in collective shelters, IDPs living with host families and residents who have not been displaced. Within these groups, children, the elderly and pregnant and lactating women were identified as most at risk of lacking food to survive. While IDPs living in unfinished buildings or in open spaces are generally considered vulnerable, they are not present in all assessed sub-districts.
- Almost all sub-districts reported that infants under 6 months were exclusively breastfed, however, none reported that pregnant and lactating women were consuming sufficient food (50% more than usual).
- **Prioritised interventions:** The most desired food security interventions were for the provision of wheat/bread, infant formula followed by food baskets.
- The primary coping mechanisms to address the lack of food were to: 1) limit portion size of meals, 2) eat less preferred and less expensive food and 3) to borrow money or depend on external assistance.
- The average price of un-subsided bread across the assessed sub-districts is SYP 165. The highest price was recorded in Ghabagheb (SYP 350).

Figure 9: Coping mechanisms in response to food shortages



[17] WFP/FAO, "Food Security and Crop Assessment Mission to the Syrian Arab Republic," July 2013.
[18] Private interview, September 2013.

According to the assessment findings, livelihoods have been deeply eroded, leaving people dependent on external support in the form of humanitarian aid, remittances and other irregular social support All but 2 sub-districts highlighted these income sources as their top sources of income. These income sources are usually provided on an irregular basis in most areas. In the last 30 days, one-third of the assessed sub-districts reported receiving humanitarian assistance. Traditional livelihoods, such as food and livestock production and casual labour, were also cited as income sources. Only 1 sub-district, Mzeireb, mentioned livestock production/sales as a main source of income while Hrak was the only sub-district where casual/wage labour was noted as a main source of income. Some civil servants, particularly teachers, were reportedly able to receive their salaries from the GoS, although this only concerns a small number of people.

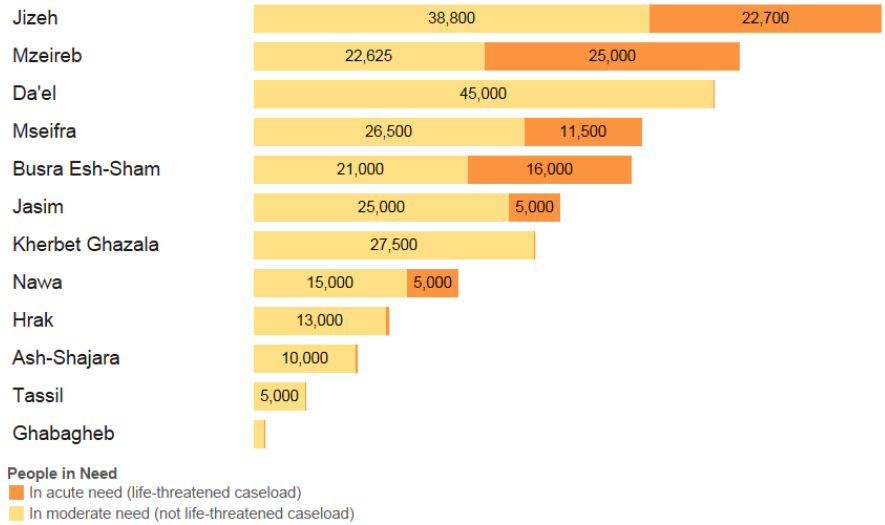
5.3 Health

Secondary data sources show that treatment of diseases is very limited in Dar'a. In September 2013, a UN inter-agency mission reported that 3 out of 7 hospitals in Dar'a and a number of health centres in nearby villages were not functioning. In areas around Dar'a city, families reported walking up to 1 hour to obtain vaccinations.[19] In addition, the UN mission reported that nearly one-third of health staff in Dar'a had fled the governorate. The assessment found health to be the second highest priority need across the 12 sub-districts.

The health situation in 9 out of 12 sub-districts was reported to have deteriorated over the past 3 months. The top health problems were injuries, psychological trauma, chronic diseases and malnutrition. There was one suspected but unconfirmed case of polio in Mseifra district. Communicable diseases, such as diarrhoea, respiratory illnesses and skin diseases are fairly common.

- **Geographic severity:** The highest number and proportion of those in acute need of medical assistance were reported to be in Busra Esh-Sham, Jizeh, Mzeireb and Mseifra sub-districts.

Figure 10: Number of people identified in acute or moderate need of health assistance



- Emergency and injury care was reported to be available in all the assessed sub-districts in the last 30 days, but reproductive health care was available in only one-third of sub-districts and treatment for chronic diseases in one-quarter of sub-districts. Even when health services were available, vaccination and medicines were in short supply.
- 2 out of 12 sub-districts (Busra Esh-Sham and Nawa) reported severe and critical (life-threatening) problems with access to health care. Both sub-districts further reported that the health status of the population has deteriorated in the 3 months prior to the assessment. Only first aid is provided in field hospitals in Busra Esh-Sham and no health assistance was reported in Nawa. The 2 sub-districts are besieged areas and medical assistance to military personnel is prioritised in the governmental hospitals.

[19] OCHA, "Humanitarian Bulleting Syria, 27 August to 9 September," 10 September 2013.

- **Infrastructure damage:** Ash-Shajara, Da'el, Kherbet Ghazala and Hrak reported 50-80% of their health facilities to be heavily damaged or destroyed during the conflict. People were increasingly dependent on field hospitals or first aid posts, which function on an ad hoc basis depending on security and the availability of medicine and supplies. All sub-districts reported shortages of medicine as well as vaccinations.
- **Vulnerable groups:** IDPs living in collective shelters, in unfinished or vacated buildings and with host families, as well as residents who have not been displaced were perceived to be at most risk in terms of health issues. Within these groups, children, the elderly and pregnant and lactating women are most vulnerable.
- **Access issues:** The primary factor limiting physical access to health support is the lack of security to reach health facilities. The lack of money for medicine or transport also hampers people's access to healthcare.
- **Prioritised interventions:** The provision of medicines, including vaccinations and those for chronic disease treatment, was one of the top 3 priorities identified across all districts. This was followed by the need for medical centres and health staff.

Figure 11: Most reported health issues

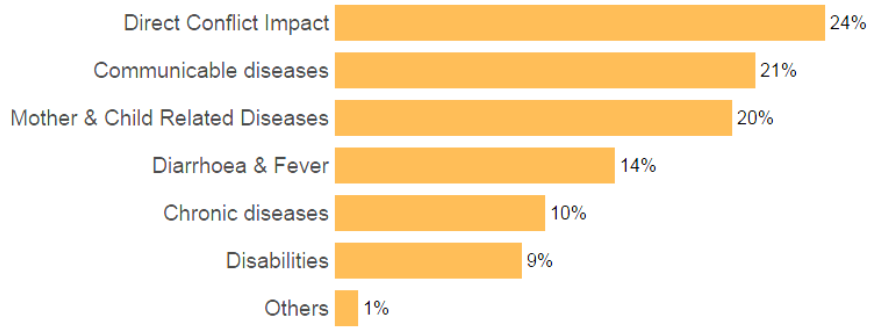
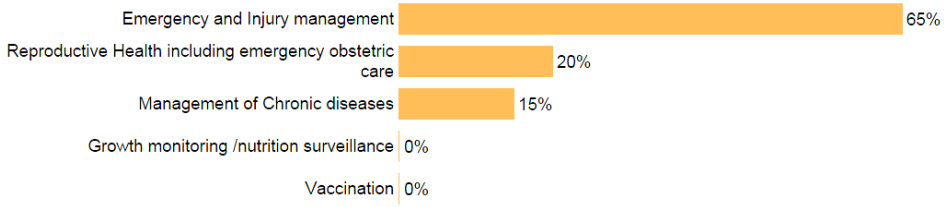


Figure 12: Health services provided over the past 30 days



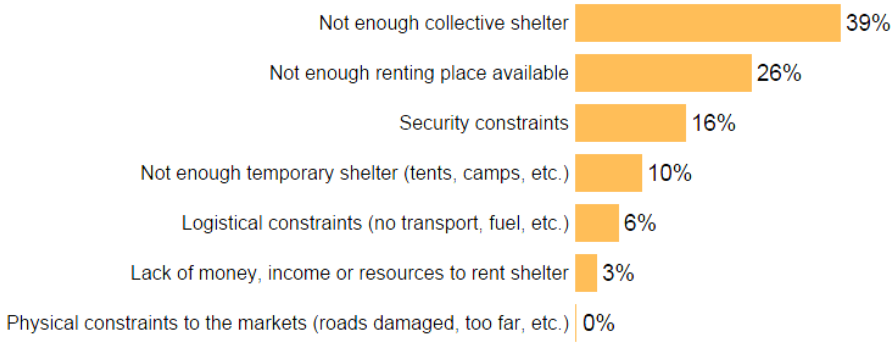
5.4 Shelter and Non-Food Items

Shelter and NFI needs were ranked as the third of the 5 sectoral priorities.

- **People in need:** 101,000 people were reported to be in acute need of shelter assistance and 241,000 in moderate need of shelter support.
- **Geographic severity:** Sub-districts reporting the highest proportion of heavily damaged and destroyed shelters were Kherbet Ghazala (50% of all shelters), Jasim (40%), Da'el (35%) and Ash-Shajara (35%). On average, the assessed sub-districts reported that 29% of shelters have been heavily damaged or destroyed.
- In Busra Esh-Sham, IDPs who settled in vacated houses were forced to evacuate the homes of the returning population. These IDPs are said to have fled to Jordan.
- **Infrastructure damage:** Tassil, Ghabagheb and Nawa reported the highest proportion of undamaged and slightly damaged shelters, ranging from 65% to 80%.
- All assessed sub-districts, with the exception of Tassil and Ghabagheb, reported problems accessing NFIs on the market.
- In addition, the electricity network has been affected in all assessed sub-districts. Of the 12 assessed sub-districts, 50% were able to access electricity for only 1-2 hours a day in the last 30 days. Ghabagheb, Ash-Shajara and Hrak reportedly had the best access to electricity with 2-6 hours each day.

- **Vulnerable groups:** The groups at most risk due to the lack of shelter and NFIs are IDPs living in collective shelters, with host families and in unfinished or vacated buildings. Within these groups, children, the elderly and pregnant and lactating women are most vulnerable.

Figure 13: Main problem related access to and availability of shelter

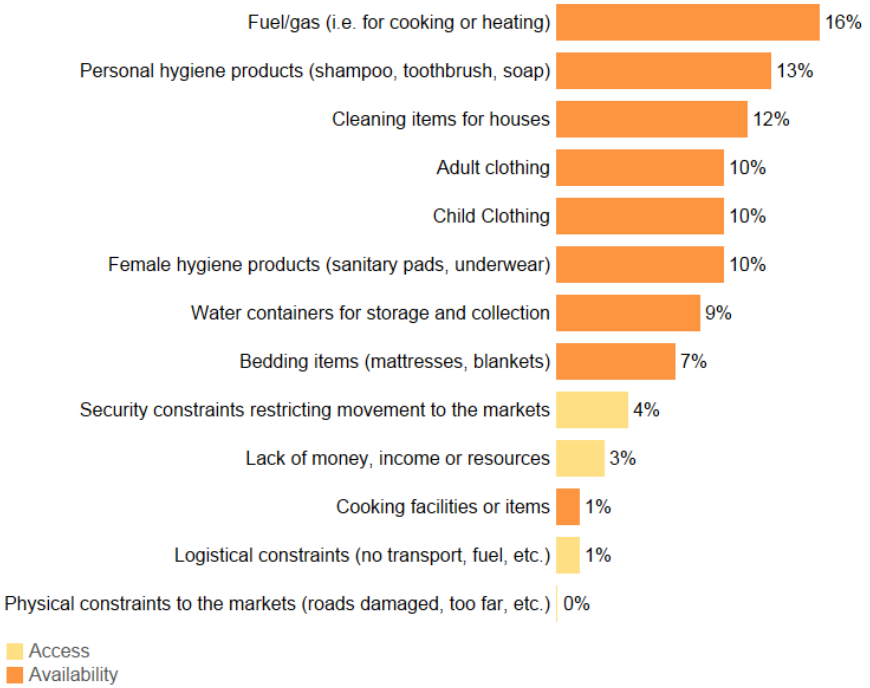


Access issues: The primary reported challenge to accessing shelter is the lack of collective shelters, followed by an inadequate supply of rental shelters and access to safe shelters.

- **Priority interventions:** Within the sector, the identification of prioritised interventions was separated into shelter and NFI assistance. The primary shelter needs identified were more shelter, followed by safety/security/protection from airstrikes. Among NFI interventions, the priorities identified were 1) cleaning materials 2) winter clothing and 3) fuel.

The NFI priorities do not appear to match with the responses related to the main problems with access and availability of NFI, which listed fuel in general as the biggest problem (Figure 14). This disparity should be seen in comparison to the responses in other sectors. While fuel is ranked as the fourth priority intervention in the NFI sector, it was noted as a major issue in the food security and water sectors.

Figure 14: Main problems related to access and availability of NFIs



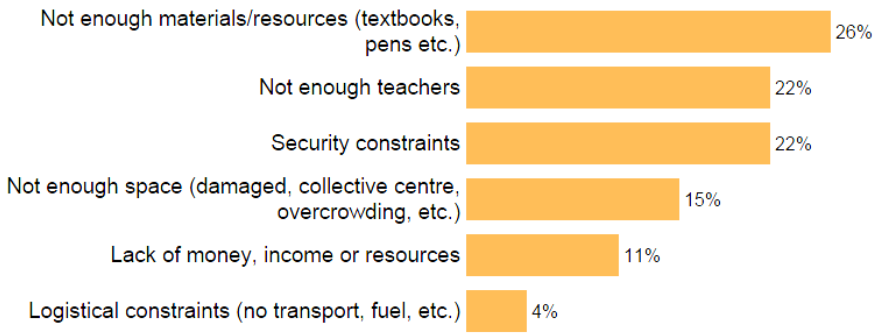
As noted in other sectors and across the country, there is a major shortage of non-food items available in the markets due to reduced production within Syria and restrictions on imports and logistical constraints in transporting goods within the country. These shortages combined with increasing prices and reducing purchasing power severely restrict access to basic NFIs. According to local media, the governorate requires 80 million litres of fuel to meet its needs during the winter months, while only 9 million litres were allocated by the GoS during the 2012/2013 winter.[20]

[20] Tishreen, "80 million of litres of fuel needed to shield the population," 15 October 2013.

5.5 Education

Prior to the crisis, 90% of school aged children across Syria were enrolled in school, which was provided free of charge by the Government. 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.[21]

Figure 15: Main problems related to access to and availability of education



- On average, sub-districts report that around 28% of primary school age children (age 6-14) go to a learning space at least 4 days a week. Approximately 22% of secondary school aged children (age 15-18) go to a learning space.
- There were no major differences between boys and girls' access to education, apart from in Ash-Shajara, where only 5% of girls go to a learning space compared to 30% of boys. The gender gap in attendance was attributed to safety concerns. 7 sub-districts reported slightly higher attendance rates for girls because boys were reportedly more likely to be involved in livelihood activities and/or boys were believed to be at greater risk of arrest and detention.
- **Geographical severity:** Access to education among primary school age children varies significantly across sub-districts, with Ghabagheb, Jasim and Tassil reporting attendance rates of 50-80% - well above the average. Only 6% of children in Kherbet Ghazala attend learning spaces due to regular shelling and insecurity, while the remaining sub-districts are slightly below the average.
- The number of safe learning spaces has reduced by 55% from 548 to 248 since the start of the crisis.
- **Access issues:** The main problems related to access and availability of education were: 1) the lack of educational materials/resources 2) not having enough teachers and security constraints restricting access (tied).
- **Priority interventions**: The education interventions were prioritised as: 1) the provision of education materials 2) repairs to learning spaces and 3) teachers.

In comparison to this assessment's findings, a recent NGO assessment identified safety, both at school and to reach school, as one of the top concerns of children.[22] In addition, the Global Child Protection Cluster found that 51% of adults perceived schools to be the place where children are most likely to be killed or injured.[23]

[21] OCHA, "Syrian Arab Republic Humanitarian Assistance Response Plan," 15 December 2013.

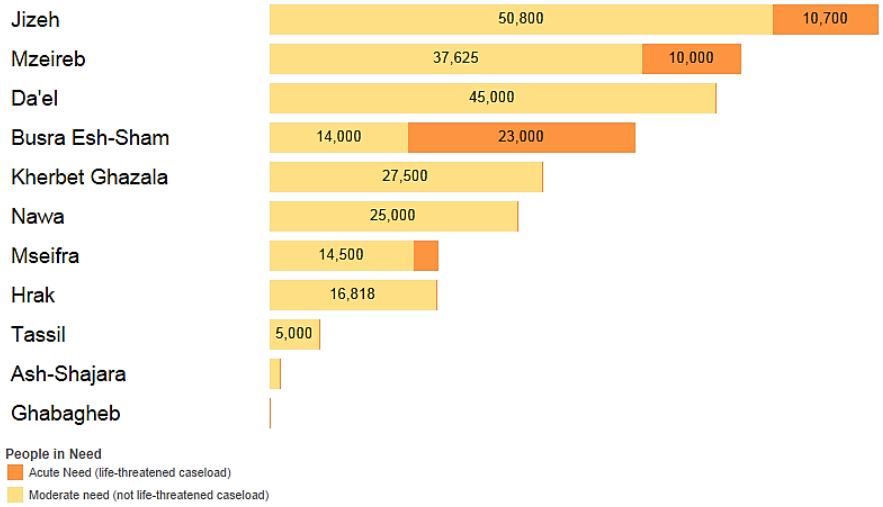
[22] Private interview, 30 December 2013.

[23] Global Child Protection Cluster, "Child Protection Assessment 2013," 10 September 2013.

5.6 WASH

In the last quarter of 2013, water shortages were increasingly reported in Dar'a, particularly in the southeastern region. The shortages were attributed to increased pressure on wells due to IDP influxes, some wells being taken over by armed groups, as well as electricity cuts.[24] In Busra Esh-Sham, local media reported that severe water shortages were occurring due to disruptions at 2 of the networks projects, which usually provide water to the city. [25]

Figure 16: Number of people identified as in acute and moderate need of safe water assistance

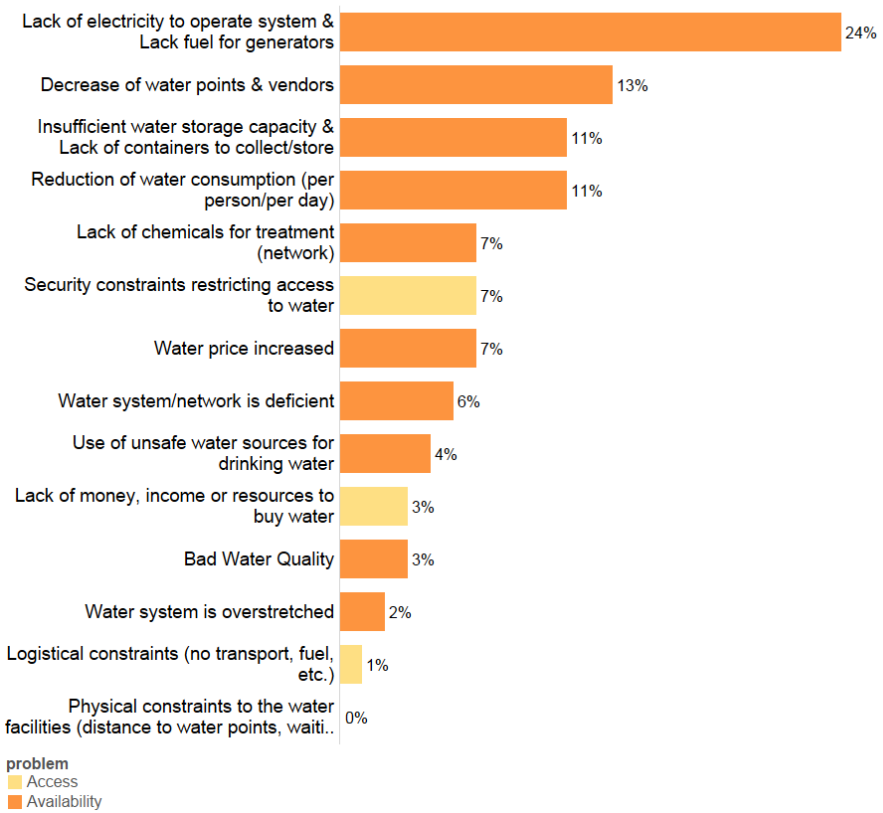


[24] Private interview, 28 October 2013.
[25] Tishreen, "Busra Esh-Sham council contributes to ease the water crisis and continues distribution of fuel," 13 November 2013.

WASH was found to be the last of the 5 sector priorities across the assessed sub-districts, however, it is of significant concern in Busra Esh-Sham and Da'el sub-districts.

- **Geographic severity:** Busra Esh-Sham reported 62% of its population to be in acute need of safe water supplies. It is also the only sub-district reporting critical, life-threatening problems with access to safe water. Due to the continued shelling the water network systems have been destroyed and the population currently depends on water storage tanks, which cost 1,500 SYP per tank in Busra Esh-Sham.
- Mzeireb, Jizeh and Jasim reported 17-21% of their respective populations to be in acute need of water. No other sub-districts reported acute needs. Jasim, Nawa, Da'el, Kherbet Ghazala, Hrak, Jizeh and Mzeireb reported 79-100% of their populations to be in moderate need of safe water supplies.
- **Vulnerable groups:** IDPs in collective shelters, IDPs living with host families and residents who have not been displaced, were identified as the most at risk groups due to the lack of safe water. Within these groups, children, the elderly and pregnant and lactating women were most vulnerable.
- **Access issues:** The primary obstacle identified to accessing safe water and sanitation is the lack of fuel or electricity to operate the water system or pumps.
- In the assessed sub-districts, people rely primarily on the piped water network, trucked water supplies and wells. Busra Esh-Sham reported to rely solely on trucking as its water source.
- **Infrastructure damage:** Busra Esh-Sham, Da'el, Kherbet Ghazala and Mzeireb reported that 45-65% of its water infrastructure was heavily damaged or destroyed.

Figure 17: Main problems related to access to and availability of water



- Of the 11 sub-districts that received water through the piped network, 8 reported the water to be untreated by chlorine. 10 of the 12 sub-districts reported that the sewage treatment was fully or partially functional and 1 sub-district reported that sewage was being discharged into water sources.
- **Prioritised interventions:** Water interventions were prioritised as: 1) digging of new wells 2) repairs to the water network and 3) improved access to safe water.

Annexes

Annex A: Methodology

Given conditions in Dar'a, access restrictions have steadily reduced the operational space for humanitarian activities. As a result, reaching the affected population to collect information is difficult and involves considerable security risks. The information was collected on a sub-district level and the assessed area represents a convenience sample where sub-districts were chosen based on where the enumerators could move without exposing themselves to too much danger. Nevertheless, best efforts have been made to collect information with minimum bias. The methodology builds on other multi-sectoral assessments conducted in Syria in 2013. The methodology included:

- Training of enumerators in the assessment methodology, a method for triangulating data and humanitarian principles
- Consulting the maximum number of key informants possible
- Using observations in addition to a questionnaire
- Debriefing enumerators thoroughly
- Conducting a secondary data review to inform both the debriefing and the final report
- Utilising reliability rankings in the questionnaire and discarding unreliable data

The organisation that was responsible for field data collection selected and recruited six enumerators, all male, who were trained over the course of 1 and a half days in basic assessment principles, the assessment tools, humanitarian principles, triangulation methodologies and a method for ranking key informant reliability. All enumerators were originally from Dar'a. During the training they were assigned to the sub-district(s) they were to assess. The allocation was done based on the individual researcher's knowledge and network of contacts that could assist with collecting data. In some instances, the enumerators were given responsibility of several sub-districts.

Two data collection tools were utilised for the primary data collection:

1. Sub-district Key Informant Questionnaire, which included a general section and sector-specific questions
2. Direct Observation Checklist: a structured checklist covering sector-specific and general observations for the enumerators' discretionary use when collecting data in the various sub-districts

The key informant selection criteria for field data collection were provided during the training. Key informant interviews consisted of a semi-structured conversation with selected individuals, based on a series of questions on a particular topic. For example, health 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, school staff, health-workers, etc.

The assessment collected data in 14 of the 17 sub-districts of Dar'a, one of which were assessed remotely due to access restrictions. However, data from two of the 14 were discarded during data processing, reducing the final number of reporting sub-districts to 12. One sub-district showed data that varied drastically compared to other assessed sub-districts and all the data from this sub-district was therefore discarded. The other sub-district data was discarded because it was impossible to reach the researcher by phone for debriefing.

Field data collection was collected over a period of approximately 2 weeks. The interviews focused on gathering essential information, secondary data, and current concerns from the perspective of the key informant. Information on the severity of needs in each sector was based on the perception of the interviewees, coupled with direct observations at locations visited and evidence viewed or collected by the enumerators, such as lists of locally-registered IDPs. Enumerators were also asked to list the evidence they had seen, to document population figures and other figures provided by each key informant, and when possible, to take evidence such as copies, photos, etc.

For the field data collection, 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.

The enumerators ranked the collected information on a reliability scale of 1-3 based on the records themselves, other evidence they reviewed and the reliability of key informants. The information collected by the questionnaire was triangulated whenever possible before being noted in the questionnaire. It was then labelled per sector with a reliability ranking. By default, data with the lowest reliability ranking[26] was not included in the analysis.

Upon completion of the sub-district data collection, the data was processed and enumerators were debriefed in one-on-one interviews with 2 trained staff, one of which had extensive knowledge of the situation in Dar'a. The debriefings were carried out over the phone. The debriefing process involved a review of completed questionnaires, entailing clarification and validation of written responses. The enumerators were also questioned about evidence seen, using a semi-structured question guide, giving the debriefers opportunity to extract additional qualitative information from the enumerators. Detailed debriefing notes were taken for each session, which was compiled into another database, later used for further analysis.

The secondary data review was carried out by examining pre-crisis and in-crisis UN and NGO assessments and reports, as well as English and Arabic media sources on Dar'a. In-crisis data from August to November 2013, or 4 months prior to the data collection period, was utilised.

[26] Reliability ranking 3 is described as "Triangulation not possible or sources not credible or triangulation reveals significant differences, information not confirmed with reliability, no observation."

Annex B: Severity ranking

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