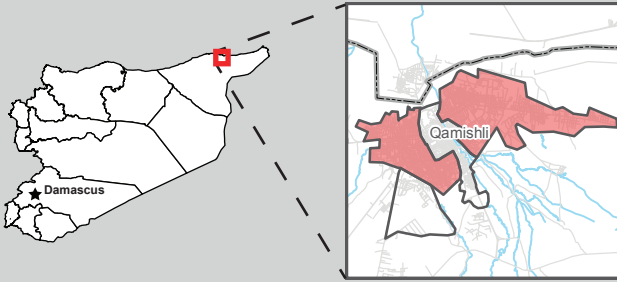


Needs Overview: Food, Health, Water Zone A | Qamishli City | Hasakeh Governorate



Current Area Population: **210,000**

Internally Displaced Persons (IDPs): **No Data Available**

IDPs That Arrived in the Last 30 Days: **800**



FOOD

Overall Situation:

Severity level: **4. Severe, life threatening situation***

Can Markets Fulfill Household Needs?

Mostly

Can Markets Restock Within 7 Days?

No

Top 3 Availability Issues:

1. Lack of food diversity
2. Lack of cooking fuel
3. Lack of local products

Top 3 Access Issues:

1. Commodities are expensive
2. No resources to grow food
3. Loss of agricultural assets

Most Urgently Required Food Interventions:

1. Food baskets
2. Cash assistance
3. Cooking fuel

Reasons Why Bakeries are Not Functioning:

1. Lack of machinery
2. No electricity
3. Lack of repairs



HEALTH

Overall Situation:

Severity level: **4. Severe, life threatening situation***

Top 3 Issues:

1. Communicable diseases
2. Maternal health issues
3. Chronic diseases

Health Service Coverage:

Emergency care	10%
Emergency management	15%
Medical consultations	20%
Growth monitoring/nutrition	20%
Chronic diseases care	30%
Medicine distribution	35%
Reproductive health	40%
Vaccination	65%

% Health Centers Functioning:

80%

Most Urgently Required Health Interventions:

1. Cash assistance
2. Health care facilities
3. Health staff



WATER

Overall Situation:

Severity level: **4. Severe, life threatening situation***

Top 3 Concerns:

1. Access
2. Availability
3. Quality

Top 3 Availability Issues:

1. Water networks damaged
2. Lack of electricity
3. Reduction in water points

Top 3 Access Issues:

1. Lack of water treatment chemicals
2. Lack of resources to purchase
3. Physical constraints

% Water Network Damaged:

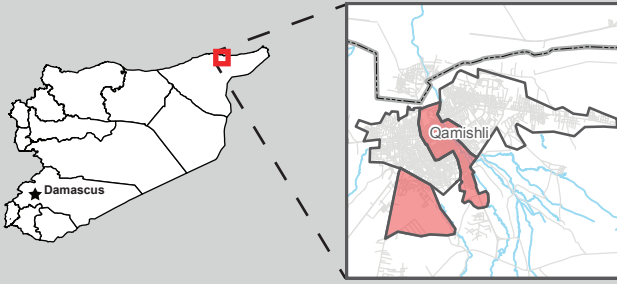
No data available

Most Urgently Required Water Interventions:

1. Electricity
2. Digging wells
3. Network repairs

* See annex for full severity scale description

Needs Overview: Food, Health, Water Zone B | Qamishli City | Hasakeh Governorate



Current Area Population: **263,000**

Internally Displaced Persons (IDPs): **No Data Available**

IDPs That Arrived in the Last 30 Days: **600**



FOOD

Overall Situation:

Severity level: **3. Major concern, not life threatening***

Can Markets Fulfill Household Needs?

Mostly

Can Markets Restock Within 7 Days?

No

Top 3 Availability Issues:

1. Lack of local products
2. Lack of cooking fuel
3. Lack of food diversity

Top 3 Access Issues:

1. Commodities are expensive
2. No resources to grow food
3. Loss of agricultural assets

Most Urgently Required Food Interventions:

1. Wheat flour
2. Cash assistance
3. Cooking fuel

Reasons Why Bakeries are Not Functioning:

1. Lack of machinery
2. No electricity
3. Lack of repairs



HEALTH

Overall Situation:

Severity level: **3. Major concern, not life threatening***

Top 3 Issues:

1. Communicable diseases
2. Chronic diseases
3. Maternal health issues

Health Service Coverage:

Emergency care	25%
Emergency management	25%
Medical consultations	40%
Chronic diseases care	40%
Growth monitoring/nutrition	45%
Medicine distribution	55%
Vaccination	60%
Reproductive health	70%

% Health Centers Functioning:

90%

Most Urgently Required Health Interventions:

1. Health staff
2. Health care facilities
3. Medical consumables



WATER

Overall Situation:

Severity level: **3. Major concern, not life threatening***

Top 3 Concerns:

1. Quality
2. Availability
3. Access

Top 3 Availability Issues:

1. Lack of electricity
2. Lack of water tanks
3. Water networks damaged

Top 3 Access Issues:

1. Lack of water treatment chemicals
2. Lack of resources to buy water
3. Physical constraints

% Water Network Damaged:

No data available

Most Urgently Required Water Interventions:

1. Electricity
2. Water treatment chemicals
3. Digging wells

* See annex for full severity scale description

ANNEX: METHODOLOGY

The methodology applied for this assessment was done in a phased approach, which included **primary data collection – between 22 and 30 July 2014 – and analysis, as well as secondary data review.**

Due to access and security constraints, purposive sampling was deemed the most appropriate method for this assessment. The main two data collection methods used were Key Informant (KI) interviews as well as direct observations from the field carried out by a trained REACH enumerator. These methods were designed to supplement and validate findings from primary and secondary data sources.

The enumerator who participated in the assessment in Qamishli city had been trained by an interagency team of trainers during the Syria Integrated Needs Assessment (SINA)¹ carried out in 2013. This training took the shape of a multi-sector training to ensure a good understanding of key terms, methodology, tools, and underlying factors for each assessed sector, as well as humanitarian principles and assessment techniques such as triangulation and interviewing.

REACH designed and provided a multi-sector questionnaire to the enumerator based on data collection tools adapted from the SINA to ensure that data could be compared where appropriate.

The questionnaire includes an evaluation of needs, priorities and severity in the sector of food, health, and water. Key Informants were asked to rank severity on a seven-point scale, from 0, meaning “normal situation”, to 6, indicating a “catastrophic” humanitarian situation (Table 1).

Two questionnaires, focusing on (1) the Kurdish, PYD-controlled, and (2) the Regime-controlled areas of Qamishli city were completed for this assessment². For clarity purposes, those areas have been renamed zone A (Kurdish, PYD-controlled) and zone B (government-controlled).

The REACH enumerator selected KI based on their knowledge of sector-specific issues. These included individuals such as local leaders working with private or public services provider.³

To increase the reliability of data collected through KI interviews, enumerators were asked to triangulate their findings through different sources familiar with the context in Qamishli city, across the food, water and health sectors. To ensure further data consistency, the REACH assessment team conducted a remote debriefing during August 2014, to review and validate the completed questionnaires.

The focus of this debriefing was to further elaborate on these findings and to ensure that any apparent inconsistency in the data was clarified, rectified, or altogether discarded. The REACH assessment staff also conducted shorter interviews with KI from other organisations, to cross-check the information shared by the enumerator.⁴

Due to the recurrence of population movements and the ongoing limited access to Qamishli city, population numbers are difficult to estimate. For this reason, the population and displacement figures provided in this factsheet should be interpreted as informal estimates only.

The main limitation for this assessment is the reliance on a limited number of KI interviews as the primary data collection method. This constrained the analysis of results, despite the checks and balances set by REACH during the triangulation process. Despite this, the limitations and difficulties of movement in the assessed areas currently make KI interviews the most feasible and accessible source of information.

¹ [Assessment Working Group for Northern Syria](#), 31/12/13

² See coverage maps on each Factsheet. Map data: REACH and © OpenStreetMap contributors.

³ KI usually include, but are not limited to, local council, relief committees, and health and education officials, along with community leaders.

⁴ The information relative to the organisations and contacts remains confidential.

Table 1: Severity Scale, from 6 (“Catastrophic situation”) to 0 (“No problem”)

6	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.
5	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.
4	Severe situation for <sector name>. Affected population faces life-threatening conditions causing high level of suffering and irreversible damages to health , which can result in deaths if no humanitarian assistance is provided.
3	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, 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 .
2	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 .
1	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 .
0	Normal situation for <sector name>. Population is living under normal conditions . All <sector name> needs are met .