

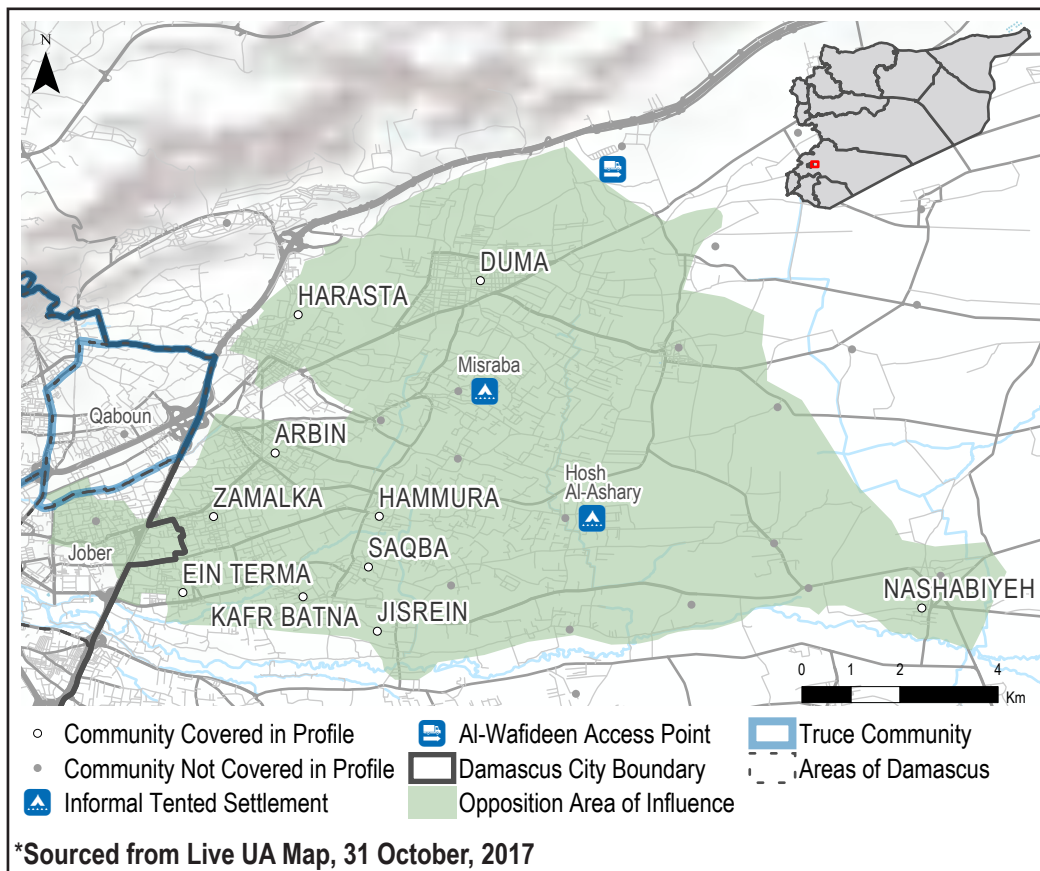
# Eastern Ghouta Situation Overview

Rural Damascus, Syria - October 2017



**REACH** Informing more effective humanitarian action

## EASTERN GHOUTA\*



### EXECUTIVE SUMMARY

Eastern Ghouta is an agricultural region east of Damascus that is home to approximately 400,000 people. The area has faced access restrictions since the beginning of the Syrian conflict and was classified by the United Nations (UN) as besieged in 2013<sup>1</sup>. This Situation Overview, based on interviews conducted remotely with Community Representatives, focuses on major developments which culminated in a severe decline in the humanitarian situation in October.

REACH began its assessments of Eastern Ghouta in June 2016. Since then, **protection issues related to civilian mobility have consistently been reported. Risks associated with movement have reportedly included detention at internal checkpoints; shelling and airstrikes when moving within the wider area; and violence against women and conscription while accessing Al-Wafideen in Duma, the only formal access point in Eastern Ghouta.** Through this point, movement is possible for only 1-10% of the entire area's population.

**Commercial and humanitarian vehicle access to the region has also remained severely limited** and is only permitted via Al-Wafideen. Meanwhile, entering goods via informal methods has not been possible since late February 2017, when tunnels connecting Eastern Ghouta to Qaboun and Barza in Damascus city were destroyed following the besiegement of the two neighbourhoods. **These persisting access restrictions have led to high rates of inflation and placed a substantial financial burden on residents, who have limited livelihoods opportunities.** Additionally, acute shortages in fuel and medical items, as well as the use of negative strategies to cope with a lack of food, have been reported.

The already-critical humanitarian situation in Eastern Ghouta was further exacerbated when the only trader that was allowed to import goods into Eastern Ghouta lost his authorization to trade in September. This, coupled with **a notable increase in airstrikes and shelling on the area, led to a sharp decline in the humanitarian situation in October. Prices of goods skyrocketed, and reports of widespread malnutrition and a critical lack of access to food surfaced in the media<sup>3</sup> and in REACH findings.**


Although there have been reports of some commercial vehicles entering at the end of November, barriers to the entry of vital goods and a high level of conflict persist at the time of writing. **The situation in Eastern Ghouta will continue to deteriorate if access restrictions on civilian movement, the entry of goods, and humanitarian assistance are not lifted.**

Closure of informal tunnel network connecting Eastern Ghouta (E.G.) to Damascus - supplies, most notably fuel, can no longer enter via tunnels	Sole formal access point (Al Wafideen) closed to commercial vehicles - entry of goods declines further, prices increase	Fighting erupts between armed groups inside E.G. - internal checkpoints established, clashes calm mid-May	Al-Wafideen reopens, humanitarian aid and commercial vehicles enter, E.G. declared "de-escalation zone"	Humanitarian aid enters Harasta in June, Duma in July - overall situation stable, but offensive on Ein Terma begins late June, intensifies in July	Fewer commercial vehicles permitted entry, offensive on Ein Terma escalates leading to 40% of its population displaced within E.G.	Humanitarian aid enters Harasta, only trader allowed to import goods into E.G. lost authorization to trade- no commercial vehicles enter <sup>2</sup> E.G.	No commercial vehicles enter <sup>2</sup> for second month, dramatic price increases, reports of starvation and malnutrition, aid enters but distribution delayed
Late February 2017	March and April 2017	Late April 2017	May 2017	June -July 2017	August 2017	September 2017	October 2017


**DEMOGRAPHICS**

	Arbin	Duma	Ein Terma	Hammura	Harasta	Jisrein	Kafr Batna	Nasha-biyeh	Saqba	Zamalka
UN classification:	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged
Estimated population <sup>4</sup> :	42,500-43,500	122,000-128,000	17,000-20,000	31,000-34,000	18,000-19,000	18,000-21,000	19,500-21,500	500-700	52,000-55,000	13,000-14,000
Of which estimated IDPs <sup>4</sup> :	2,900-3,100	12,000-16,000	8,000-10,000	13,000-15,000	5,000-6,000	7,500-10,000	13,500-14,500	150-200	27,000-30,000	3,500-3,800
% of pre-conflict population remaining	51-75%	1-25%	1-25%	26-50%	1-25%	51-75%	26-50%	1-25%	26-50%	1-25%
% of population that are female	1-25%	1-25%	1-25%	26-50%	1-25%	51-75%	26-50%	1-25%	26-50%	1-25%
% of female-headed households	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	None	1-25%	1-25%

**SUMMARY OF INDICATORS AND FINDINGS, OCTOBER 2017**

ALL ASSESSED COMMUNITIES		ALL ASSESSED COMMUNITIES	
<b>Movement of Civilians</b>	Severely restricted; 1-10% of entire area's population can move outside E.G.; reported risks to outward movement and movement inside E.G. are life-threatening	<b>Access to Healthcare</b>	Decreasing availability of medical supplies and depleting stocks; some facilities, personnel, and services remained available
<b>Commercial Vehicle Access<sup>2</sup></b>	Not permitted <sup>2</sup> since September 2017	<b>Access to Water</b>	Stable, sufficient, but water network unavailable
<b>Humanitarian Vehicle Access</b>	Conditional access; restrictions on entry of goods and vehicles; humanitarian aid delivered in October was not distributed until 5 November	<b>Access to Education</b>	Severe conflict-related barriers to access; some facilities reportedly destroyed or damaged by shelling in October
<b>Entry of goods</b>	No commercial goods have entered from outside Eastern Ghouta since September; goods from aid distributions limited and insufficient	<b>Access to Electricity</b>	Stable, 4-8 hours per day, electricity network unavailable
<b>Core Food Item Availability</b>	Decreased in October; malnutrition and deaths due to a lack of food reported	<b>Access to Fuel / Hygiene items</b>	Access decreased, prices increased, no entry permitted from outside Eastern Ghouta
<b>Core Food Item Prices</b>	Significant increases in October; high inflation, goods prohibitively priced	<b>Access to Livelihoods</b>	Lack of livelihoods opportunities; relying on remittances reported in four communities; agriculture and crop production reported in six
<b>Overall Humanitarian Situation</b>	 <b>Deteriorated or remained critical across the majority of indicators assessed</b>		

# 1. ACCESS & MOVEMENT

Communities that are classified as besieged or hard-to-reach are characterised by distinct access restrictions that impact civilian movement into and out of the community, commercial and humanitarian vehicle access, entry of goods, supply chains, power and control dynamics, and protection issues. The economy cannot function normally due to the inaccessibility of usual trade routes and the absence of genuine competition. Prices soar and supplies dwindle, leading to an unsustainable and hazardous situation that hits the most vulnerable the hardest. Furthermore, in areas of conflict or contested control, the average resident faces heightened protection concerns. These can include risks such as conflict-related violence, physical, psychological, or gender-based violence, increased surveillance, harassment, detention, and conscription. Risks associated with crossing checkpoints can also limit mobility and create barriers for certain residents to access services in other areas. For this reason, this profile first considers access restrictions and their impact on other sectors.



## MOVEMENT OF CIVILIANS

### External movement:

**% of civilians able to enter and exit Eastern Ghouta via formal routes:** 1-10% of the entire population of Eastern Ghouta

**% of population who left Eastern Ghouta via informal routes in October:** 0%

Outward movement has only been possible through Al Wafideen formal access point in Duma and has remained severely restricted since the area was first besieged in 2013, although government employees and retirees remained able to move through Al Wafideen checkpoint in October 2017.

**No women, school-aged children, or university students/young adults were reportedly permitted to leave, as has been the case for several months.** This was reportedly because of a decision taken by armed groups inside Eastern Ghouta, who have banned outward movement for these demographics due to the risks associated with accessing Al Wafideen checkpoint.

### Internal movement:

Following clashes between armed groups within Eastern Ghouta in late May 2017, internal checkpoints were established and have subsequently stayed in place. Movement remained possible in October upon presentation of identification to authorities, **although risks associated with movement were reported, especially for men.**

### Risks to movement:

The risks reportedly associated with formally leaving Eastern Ghouta have varied since assessments began but have nonetheless remained severe. **In October, reported risks included sniper fire and gunfire; land mines; shelling; violence against women (sexual harassment, humiliating inspections, beatings); verbal and physical harassment; detention; confiscation of documents; and conscription.**

**When moving within Eastern Ghouta, residents of all communities were at risk of shelling, airstrikes, and detention, while the majority of communities also reported the risk of sniper fire or gunfire. In Ein Terma, Harasta, and Jisrein, the risk of encountering land mines was also reported.** Young men remained particularly vulnerable to arrest at the formal internal checkpoints if they were perceived to be affiliated with armed groups. Other demographics were generally able to pass through these checkpoints without risks upon presenting identification.



## MOVEMENT OF GOODS AND ASSISTANCE

### Commercial vehicle access:

In the beginning of September, the only trader that was allowed to import goods into Eastern Ghouta lost his authorization to trade. **As a result, no commercial vehicles carrying goods accessible to residents<sup>4</sup> entered from outside of Eastern Ghouta in September and October, which led to a decrease in the availability of food and increases in the prices of food and hygiene items.** Meanwhile, commercial vehicle movement was unrestricted within Eastern Ghouta, apart from the reported risks of shelling and airstrikes.




### Humanitarian vehicle access:

**On 30 October, a UN/World Food Programme (WFP) inter-agency convoy of 49 humanitarian vehicles entered through Al Wafideen access point in Duma.** The delivery reportedly included 41 vehicles carrying WFP food rations intended for 40,000 people in Kafr Batna and Saqba, as well as specialized nutrition products for nearly 13,000 children. Each food ration contained rice, bulgur, vegetable oil, wheat flour, lentils, green peas, salt, and sugar. Additionally, five vehicles carrying medical items and three vehicles carrying non-food items reportedly entered. **However, no aid was reportedly distributed until November.** Before entering Eastern Ghouta, humanitarian vehicles were reportedly subject to the following restrictions: parts of shipment were taken, vehicles were only allowed to enter on certain days or times and were searched before entry, and drivers were required to show documentation.

### Entry of goods:

In all assessed communities, food and hygiene items were brought in from other communities by residents or by commercial vehicles already inside Eastern Ghouta. **No fuel has entered Eastern Ghouta via formal or informal routes since February 2017, which has led to price increases and critical shortages despite local production.** Similarly, no medicine has entered Eastern Ghouta other than via humanitarian deliveries since February 2017, with residents instead relying on dwindling stockpiles within Eastern Ghouta.

## CORE COMMODITY PRICE INDEX<sup>5</sup>

	Item	Eastern Ghouta	Nearby areas not besieged or Hard-to-reach (HTR) <sup>6</sup>	Price difference between Eastern Ghouta and nearby areas	Price change since September within Eastern Ghouta
 <b>Food Items</b>	Bread private bakery (pack)	1,428	94	1,419%	↑ 43%
	Bread public bakery (pack)	Not available	63	No info	No info
	Rice (1kg)	2,720	525	418%	↑ 60%
	Bulgur (1kg)	2,580	275	838%	↑ 98%
	Lentils (1kg)	1,420	358	296%	↑ 29%
	Chicken (1kg)	Not available	1,042	No info	No info
	Mutton (1kg)	5,500	4,350	26%	0%
	Tomatoes (1kg)	400	125	220%	↑ 60%
	Cucumbers (1kg)	Not available	212	No info	No info
	Milk (1L)	750	250	200%	↑ 74%
	Flour (1kg)	1,525	172	788%	↑ 39%
	Eggs (1 unit)	347	49	603%	No info
	Iodised salt (500g)	3,200	58	5,386%	↑ 33%
	Sugar (1kg)	7,290	354	1,957%	↑ 108%
Cooking oil (1L)	6,500	1,025	534%	↑ 55%	
 <b>WASH Items</b>	Soap (1 bar)	300	107	181%	↑ 20%
	Laundry powder (1kg)	4,000	1,025	290%	↑ 60%
	Sanitary pads (9 pack)	850	441	93%	↑ 13%
	Toothpaste (125ml)	800	354	126%	↑ 16%
	Disposable diapers (24 pack)	4,940	441	1,020%	↑ 54%
 <b>Fuel Items</b>	Butane (cannister)	Not available	2,883	No info	No info
	Diesel (1L)	3,500	243	1,338%	◇
	Propane (cannister)	Not available	2,000	No info	No info
	Kerosene (1L)	Not available	288	No info	No info
	Coal (1kg)	Not available	425	No info	No info
	Firewood (1T)	29,7500	79,333	No info	↑ 44%

## 2. FOOD & MARKETS



### ACCESS TO FOOD

Small-scale home production and use of personal farms, as well as purchasing from shops, markets, or local farmers, have been the most commonly reported methods to obtain food during assessed months. Meanwhile, residents have reportedly sourced bread from either shops or, less frequently, private bakeries. **However, residents relying on bakeries in October did so due to a reduced availability of bread in shops. They reportedly had to wait in lines outside of the bakeries for 3-4 hours, which put them at a heightened risk of being harmed by airstrikes and shelling.** In all communities, access to bread decreased in October; reported barriers included a lack of access to or affordability of necessary supplies, such as wheat and fuel.

#### COMMONLY REPORTED STRATEGIES TO COPE WITH A LACK OF FOOD

- Reducing meal size
- Skipping meals
- Days without eating
- Eating non-edible plants
- Eating food waste

#### ALL ASSESSED COMMUNITIES

- ✓
- ✓
- ✗
- ✗
- ✗
- ◇

#### CHANGE SINCE SEPTEMBER

In October, negative strategies to deal with a lack of food persisted; both men and women continued to eat less so that children would have more food. The use of coping strategies has been reported in all assessed months, indicating an enduring lack of access to food. **Additionally, deaths related to a lack of food<sup>7</sup> were reported in multiple communities in October for the first time since assessments began.** Humanitarian organisations, most notably the United Nations Children's Fund (UNICEF), have reported that **thousands of children are at risk of starvation<sup>3</sup> if access restrictions on humanitarian assistance are not lifted.**



### ACCESS TO MARKETS

The average price of a standard food basket in Eastern Ghouta increased by 159% in October and was 539% more expensive than in nearby areas not considered besieged or hard-to-reach.

#### AVERAGE PRICE OF A STANDARD FOOD BASKET<sup>8</sup>

	Eastern Ghouta	Nearby areas (not besieged or HTR)
Average price (SYP) <sup>5</sup>	20,3675	31,897

#### CHANGE SINCE SEPTEMBER



### FOOD ITEM AVAILABILITY & PRICES

The overall availability of food began to decline in September 2017 and continued to do so in October as a result of access restrictions. Previously, food availability had not decreased since March and April, when Al Wafideen checkpoint was closed for two months. In October, chicken remained unavailable, while cucumber also became unavailable in October. The availability of sugar and cooking oil also decreased.

Food prices have been rising incrementally since February 2017 but increased dramatically in October as a result of persisting access restrictions. **The price of food was, on average, 1,057% more expensive in Eastern Ghouta than in nearby areas not considered besieged or HTR,** while the price of salt, which is crucial to preserving food during winter, was 5,386% higher.



### WASH ITEM AVAILABILITY & PRICES

Although the availability of hygiene items has remained, overall, unaffected by restrictions on commercial vehicle and civilian movement, the prices of all assessed items increased notably during October. **On average, assessed items were 342% more expensive than in nearby areas not considered besieged or HTR,** while disposable diapers were 1,020% more expensive.



### FUEL ITEM AVAILABILITY & PRICES

Access to fuel is critical for the transport of goods via commercial vehicles, the provision of medical services such as ambulances, the functionality of bakeries, and to power well pumps and electric generators in the absence of functioning water and electricity networks.

Only locally-produced diesel and firewood were available in markets in October, as was the case in previous months due to entry restrictions on fuel and the limited capacity for local production. The price of fuel increased, on average, by 22%, while **diesel was 1,338% more expensive than in nearby areas not considered besieged or HTR.** Residents continued to use multiple strategies to cope with a lack of fuel, which included burning furniture not in use; agricultural/productive assets; clothes; plastics; and waste. **This indicates a persisting lack of access to fuel, which will likely be further exacerbated by dropping temperatures and an increased demand for heating during winter months.**

## 3. LIVELIHOODS



### ACCESS TO LIVELIHOODS

Access to livelihoods was first assessed by REACH in October 2017. **Preliminary findings indicated that some residents employed negative coping strategies to deal with a lack of livelihoods opportunities.** Although the majority of assessed communities reported farming and crop production as a main source of income, the strategy of relying on remittances from outside Syria was also reported in Arbin, Kafr Batna, Nashabiyeh, and Zamalka.

## 4. ACCESS TO SERVICES

In besieged and hard-to-reach communities, persisting access restrictions often negatively impact healthcare, education, or electricity and water networks. As such, residents of these communities often face unique barriers and additional hardships to accessing basic services.



### HEALTHCARE

In October, some access to healthcare was reported across communities. Residents of all communities had access to child immunisations, diarrhoea management, and emergency first aid services. Meanwhile, surgery<sup>9</sup> and skilled care during childbirth were available in six communities out of the ten assessed. Diabetes care was only available in three communities. Residents could reportedly travel to nearby communities to seek medical care not available in their own areas, although movement between communities required passing through checkpoints.

However, the entry of medicine and medical supplies has remained extremely limited, which led to a decrease in the availability of several items and the continued depletion of medical stocks in October. **No medicine or medical supplies have reportedly entered Eastern Ghouta via commercial vehicles through formal routes since June 2016.** Additionally, the entry of medicine via informal routes has not been possible since late February 2017 following the closure of a tunnel network connecting Eastern Ghouta to Damascus city. As such, the only way that medicine or medical supplies have entered since February is through limited humanitarian deliveries that usually target specific communities (with the exception of child immunisations, which are usually distributed to all communities), which has led to acute shortages.

ACCESS TO HEALTHCARE	ALL ASSESSED COMMUNITIES
Availability of medical services	↕
Availability of medical personnel	↕
Availability of health facilities	↕
Availability of medical items	↓
Use of negative coping strategies	↑
CHANGE SINCE SEPTEMBER	↓



### UNAVAILABLE MEDICAL ITEMS

In all communities, stocks of medical items have been gradually depleting for several months, and access to medicine and medical supplies decreased further in October. Anti-anxiety, heart, and blood pressure medicine were reportedly unavailable while clean bandages, antibiotics, and burn treatment were only sometimes available. In half or more of assessed communities, contraception, anaesthetics, and blood transfusion bags were also only sometimes available.

REPORTED STRATEGIES TO COPE WITH A LACK OF MEDICAL ITEMS / EQUIPMENT	MAJORITY OF ASSESSED COMMUNITIES
Recycling medical items (e.g. bandages, syringes, needles)	✓
Carrying out operations without anaesthesia	✗
Using non-medical items for treatment (e.g. wooden sticks as casts)	✓
Civilians without professional training treating patients	✗
Sharing resources between medical facilities	✓
Using expired medicine	✓
CHANGE SINCE SEPTEMBER	↑

Additionally, all communities reported an increase in the use of severe negative strategies, such as using expired medicine; recycling medical items (e.g. bandages, syringes, needles); and using non-medical items for treatment (eg wooden sticks as casts) to cope with a lack of medical supplies in October. In over half of assessed communities, sharing resources between medical facilities was also reported. **Findings indicated a critical need for antibiotics, blood transfusion bags, anaesthetics, clean bandages, diabetes medicine, and heart medicine.**<sup>10</sup>



### AVAILABILITY OF MEDICAL PERSONNEL

The availability of medical personnel remained unchanged in October. The majority of communities had access to care from the following types of trained professionals: surgeons, doctors, nurses, midwives, anaesthesiologists, dentists, and pharmacists. Additionally, trained veterinarians were reported present in two communities, while volunteers with informal medical training were available in six.

## EDUCATION

ACCESS TO EDUCATION	ALL ASSESSED COMMUNITIES
Available educational facilities	✓
Barriers to education	✓
CHANGE SINCE SEPTEMBER	◊

Although children were able to access educational services, some educational facilities were reportedly destroyed or damaged by conflict during October, which led to their temporary closure. However, pre-conflict primary, secondary, and high schools were otherwise available in all assessed Eastern Ghouta communities in October except for Nashabiyeh, where only pre-conflict primary schools were available. Additionally, the organisational body in Eastern Ghouta for pedagogy and education started renting underground rooms at the end of September. These rooms were used to hold classes in order to mitigate the risk of shelling while students attended school. Additional reported barriers to education included unsafe routes to services, the need for children to work, and services being too far away.

## ELECTRICITY

ACCESS TO ELECTRICITY	ALL ASSESSED COMMUNITIES
Access to electricity network	✗
Main source of electricity	Generator (solar panels in Nashabiyeh)
Access to main source/day	4-8 hours
CHANGE SINCE SEPTEMBER	◊

The electricity network remained unavailable in Eastern Ghouta in October. Instead, **residents had to rely on generators fueled by diesel** as the main source of electricity in all assessed communities except for Nashabiyeh, where solar panels were reportedly used. **All communities continued to have access to electricity between four and eight hours daily**, as has been the case in most communities since March 2017.

## WATER

As was the case in previous months, communities that accessed water from closed wells reported that their water tasted bad, while communities sourcing their water from private trucking services reported that water was safe to drink<sup>11</sup>. No communities had access to the water network, as it became unavailable to the last community that had reportedly been able to access it (Jisrein) in October. Residents of Jisrein reportedly could no longer afford to pay the Local Council for fuel to run the network's water pumps. However, this did not significantly affect access to water, as the main source in Jisrein was private water trucking. All communities reported that access to water was sufficient to meet household needs.

ACCESS TO WATER	ALL ASSESSED COMMUNITIES
Access to water network	✗
Main source of water	Water trucking / Closed wells
Water safe to drink <sup>11</sup>	✓*
Access to water network/week	Unavailable
Sufficiency of water for HH needs	Sufficient
Coping strategies used	✗
CHANGE SINCE SEPTEMBER	◊

\*Water sourced from closed wells in Arbin, Kafr Batna, Nashabiyeh, and Zamalka reportedly tasted bad.

### METHODOLOGY

Data presented in this situation overview was collected in late October using the Community Profiles methodology, in which information is gathered from Community Representatives (CRs) residing within assessed communities who have sector-specific knowledge. Each community assessed has a minimum of three and up to six CRs. Data for this overview presents findings from previous months with a focus on the situation in October 2017. Findings were triangulated through secondary sources, including humanitarian reports, and news and social media monitoring. Comparisons were made to information in previous assessments, and follow-up was conducted with CRs within each location.

Due to the inherent challenges of data collection inside besieged and hard-to-reach communities, representative sampling and larger-scale data collection remains difficult. Consequently, information is to be considered indicative rather than generalisable, across assessed communities. Coverage is influenced by the availability of CRs.

## ENDNOTES

1. Nashabiyeh was re-classified as besieged from hard-to-reach in 2016, while other communities in Eastern Ghouta have remained classified as besieged.
2. Although a few commercial vehicles belonging to the trader entered during October, they reportedly only contained supplies for his dairy factories which were not accessible to civilians. As such, the entry of these vehicles was considered insignificant in relation to the humanitarian situation in the area.
3. Kansa, Heba. "Image of starving baby shows need to help children in besieged Syrian region: UN agencies." Reuters. <http://reut.rs/2AIPjfl>. (retrieved 2 November 2017).
4. Population estimates provided by Community Representatives. Population estimates from the HNO 2018 population data (September 2017) were reportedly as follows: Arbin (37,200; of which 1,930 IDPs), Duma (145,400; of which 24,400 IDPs), Ein Terma (21,600; of which 14,300 IDPs), Hammura (16,700; of which 5,116 IDPs), Harasta (23,000; of which 5,270 IDPs), Jisrein (13,000; of which 6,300 IDPs), Kafr Batna (20,400; of which 5,770 IDPs), Nashabiyeh (1,750; of which 552 IDPs), Saqba (22,300; of which 8,500 IDPs), and Zamalka (11,800; of which 2,640 IDPs).
5. 1 USD = 515 SYP (UN operational rate of exchange as of 1 October 2017).
6. Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali, Sahnaya and Kisweh. Due to different data collection cycles in these areas, price data from nearby communities is from the month prior to the month featured in this profile and is only meant to serve as a reference point.
7. Cases of death or disease may have been reported by Community Representatives, as it is not always possible to access health reports from a given community.
8. Calculation of the average price of a food basket is based on the World Food Programme's standard basket of dry goods (link here). The food basket includes 37 kg of bread, 19 kg of rice, 19 kg of lentils, 5 kg of sugar, and 7 kg of vegetable oil, and provides 1,930 kcal a day for a family of five for a month. In communities where bread from bakeries is not available, the price of bread from shops is used to calculate the food basket price.
9. The availability of surgery does not mean that procedures were carried out by formally trained medical personnel or that anaesthetics and appropriate surgical equipment were used.
10. An item being listed as among the 'most needed' does not necessarily indicate that it is unavailable in the community.
11. As reported by Community Representatives.

### About REACH

REACH is a joint initiative of two international non-governmental organisations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to, and within the framework of, inter-agency aid coordination mechanisms. For more information, please visit our website: [www.reach-initiative.org](http://www.reach-initiative.org). You can contact us directly at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us on Twitter: [@REACH\\_info](https://twitter.com/REACH_info).