

Homs Governorate, March 2018

Humanitarian Situation Overview in Syria (HSOS)

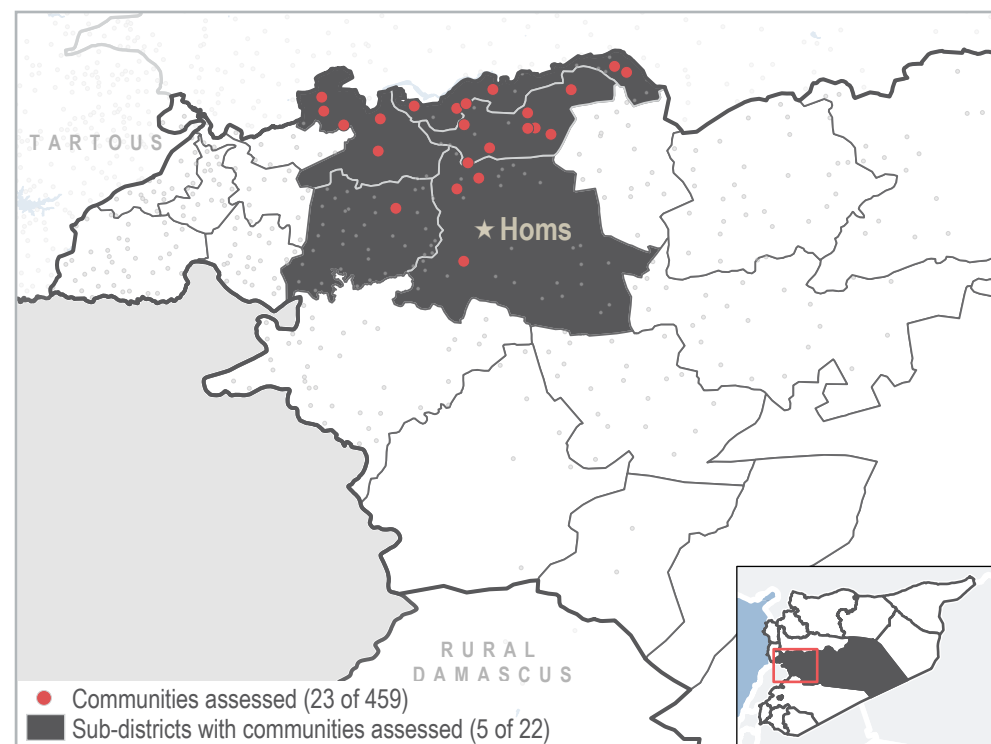
OVERALL FINDINGS¹

Homs governorate is located in central Syria and borders Lebanon to the west. There has been a relatively high level of displacement throughout the assessed areas in the governorate, with **22** of the **23** assessed communities reporting that only **26-50%** of their pre-conflict populations remained in March. The most commonly reported reasons why members of the pre-conflict population stayed in the assessed communities were an inability to leave (e.g. due to illness, disabilities or injuries), to protect assets, and a lack of money to pay for movement, thereby indicating that more individuals would leave the area if they were able to do so. Of the **24** communities assessed, **14** reported a presence of IDPs (**43,200 – 49,600** in total). Zafaraniya reported the presence of approximately **10,500 IDPs**, out of a total population of **17,500**. Additionally, no spontaneous refugee or IDP returnees were reported in March. Pre-conflict populations across assessed communities reportedly most commonly lived in independent apartments or houses, whereas IDPs commonly lived in unfinished houses or apartments. Additionally, key informants (KIs) in nine of the assessed communities throughout Homs and Ar-Rastan districts reported that between **26-50%** of buildings in their communities were damaged. **Three** of these communities, Qazhal, Samalil, and Kafr Aaya, also reported that there was no electricity source available to residents. **None** of the assessed communities reported that residents had sufficient amounts of fuel, and **19** of communities reported that residents were burning plastic to cope with the lack of fuel.

The majority of assessed communities reported that severe diseases affecting children under five and pregnancy-related conditions were the most common health concerns in their communities in March. Additionally, **21** of the assessed communities reported facing barriers to accessing healthcare, the most commonly reported being disabilities, injuries or illness preventing travel, as well as security concerns to enter or remain in facilities. Furthermore, the majority of medical facilities available were mobile clinics or field hospitals, and all of the assessed communities reported that women gave birth at home rather than in medical facilities. **Four** communities (Kafr Aaya, Samalil, Qazhal and Burj Qaei) reported that residents were using medical coping strategies such as using non-medical items for treatment and recycling medical items. In Burj Qaei and Qazhal, residents were reportedly carrying out operations without anaesthetics.

The majority of the assessed communities reported closed wells and the network as their main source of water, and in **20** of the assessed communities, it was reported the water was fine to drink. However, KIs in Kafr Aaya reported that the water tasted or smelled bad. Additionally, **20** of the assessed communities also stated that there was an insufficient amount of water to meet household needs. The majority of residents in the assessed communities reportedly coped with this insufficiency by purchasing water with money usually budgeted for other items. Of the assessed communities, **21** reported difficulties in accessing food, stating that some food items were too expensive or that local food production had decreased, thus limiting access. In **17** of the assessed communities, it was reported that skipping or reducing the size of meals was a strategy used to cope with insufficient household income or resources in March.

Coverage



Top 3 reported priority needs

1. Water security
2. Food security
3. Education

Demographics*

1,415,805 people in need

714,982 **700,823**

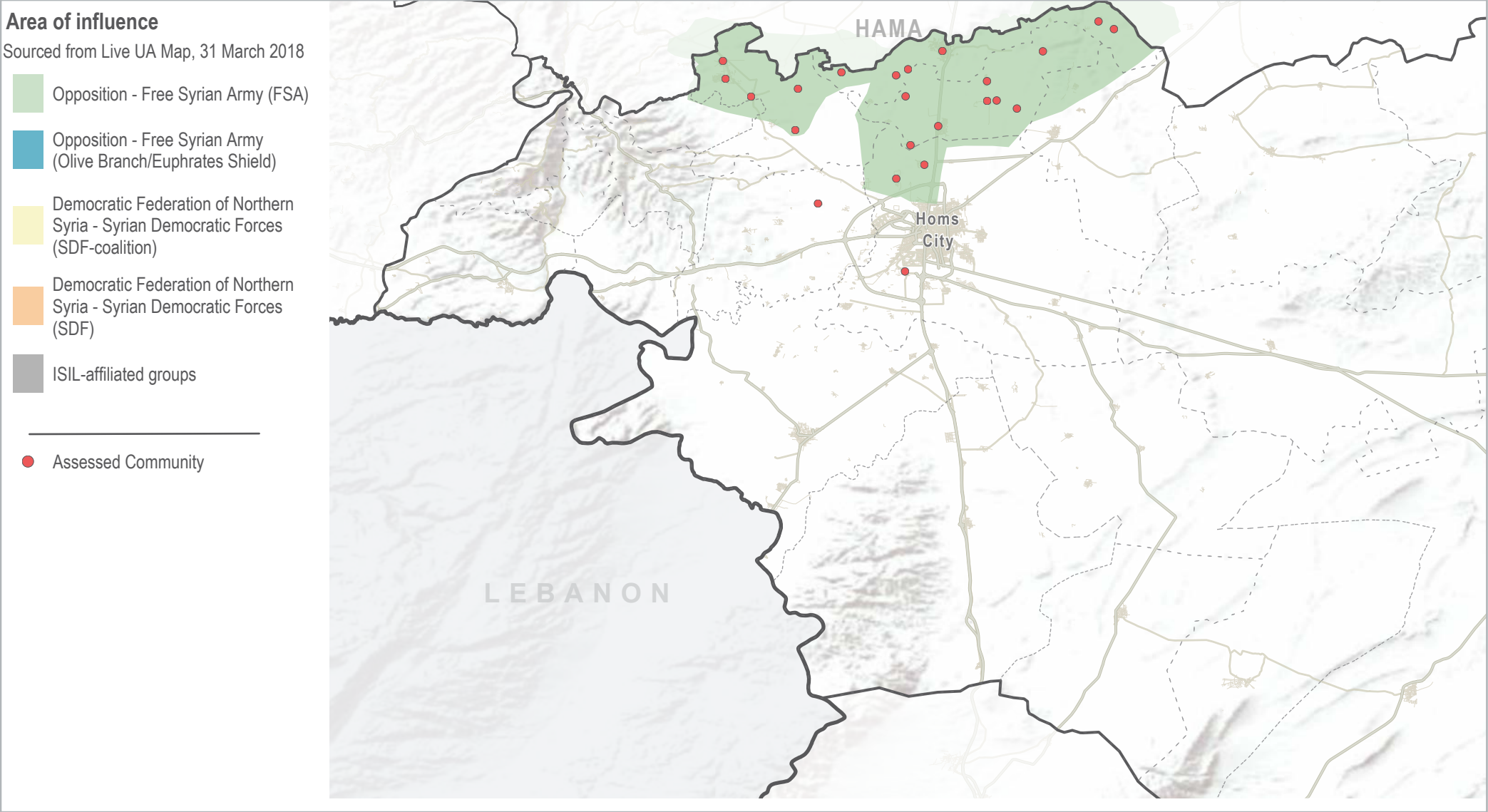
* Figures based on HNO 2018 population data for the entire governorate.

KEY EVENTS

'De-escalation zone' announced in northern Homs ² .	The group known as the Islamic State of Iraq and the Levant (ISIL) captures Al-Qaryatain, impacting aid delivery ³ .	Al-Qaryatain recaptured from ISIL ⁴ .	Interagency convoy delivers assistance for 107,500 people in Ar-Rastan ⁵ .	Shelling intensifies in besieged communities in northern Homs ⁶ .	Humanitarian convoys deliver life-saving food and non-food items to northern rural Homs ⁷ .
3 August 2017	Early October 2017	21 October 2017	14 November 2017	11 January 2018	Early March

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Governorate areas of influence:



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DISPLACEMENT

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

- 0 Estimated number of IDP arrivals in assessed communities in March.
- 0 Estimated number of spontaneous returns in assessed communities in March².

Communities with the largest estimated number of IDP arrivals:

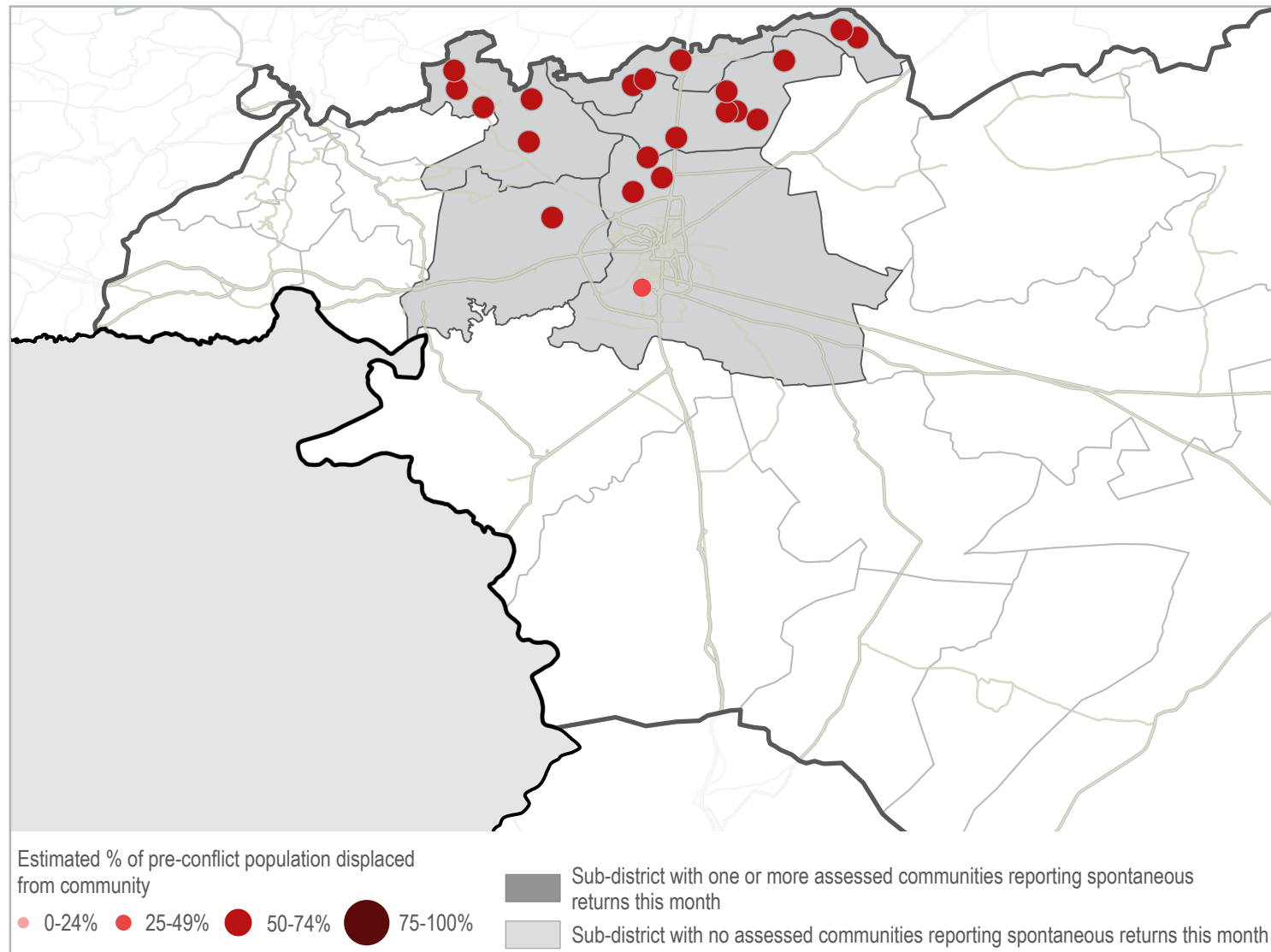
No reported IDP arrivals

Top 3 sub-districts of origin of most IDPs arrivals^{3,4}:

No reported IDP arrivals

22 communities reported no PCP departures. Top 3 reasons for PCP displacement in the remaining **1** assessed communities^{3,4}:

Escalation of conflict	100%
Loss of assets	100%
Loss of income	100%



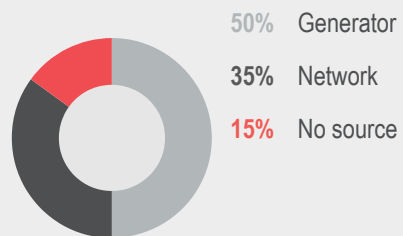
³ Multiple choices allowed.

⁴ By percent of communities reporting.

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SHELTER AND NFI

Primary source of electricity reported:⁴



0 communities reported no lack of fuel. Most common strategies to cope with a lack of fuel in the remaining **21** assessed communities^{3,4}:



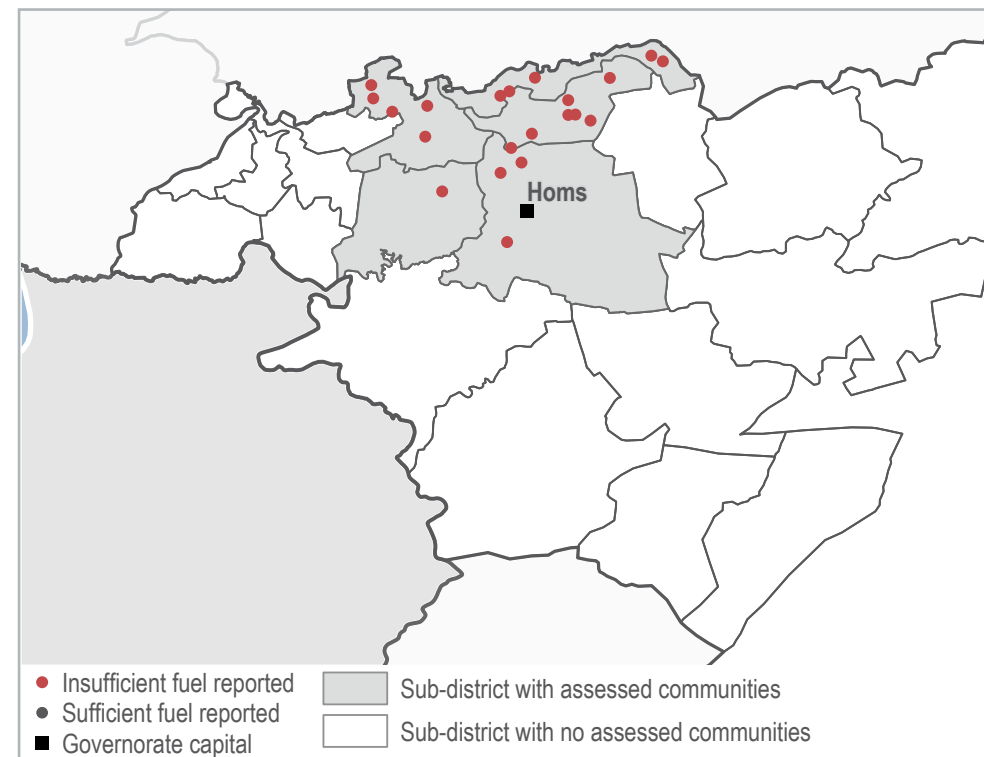
No information Governorate average reported rent price in Syrian Pounds (SYP) across assessed communities.⁵

6,730 SYP Syrian average reported rent price in SYP across assessed communities.⁵

Most commonly reported shelter type for PCP (in red) and IDP (in grey) households⁴:



Fuel sufficiency:



Reported fuel prices (in SYP)⁵:

Fuel type:	Governorate average price in March:	Governorate average price in February:	Syrian average price in March:
Coal (1 kilogram)	578	653	333
Diesel (1 litre)	402	395	346
Butane (1 canister)	7,613	7,800	7,521
Firewood (1 tonne)	75,125	73,895	60,850

³ Multiple choices allowed.

⁴ By percent of communities reporting.

⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 March 2018)

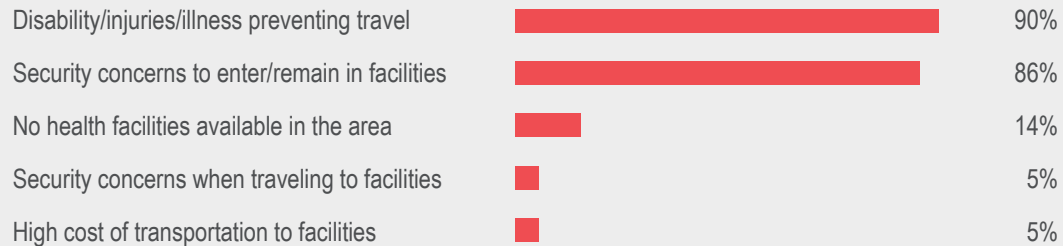
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HEALTH

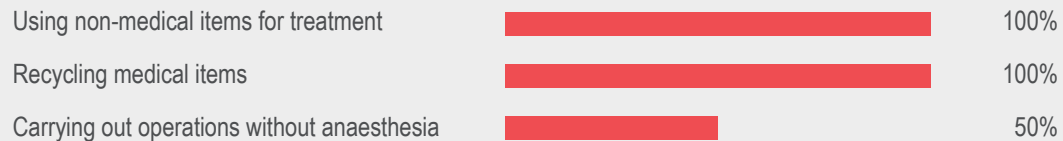
4 Communities reported that no assessed medical items were available in their community.

21 Communities reported that the majority of women did not have access to formal health facilities to give birth.

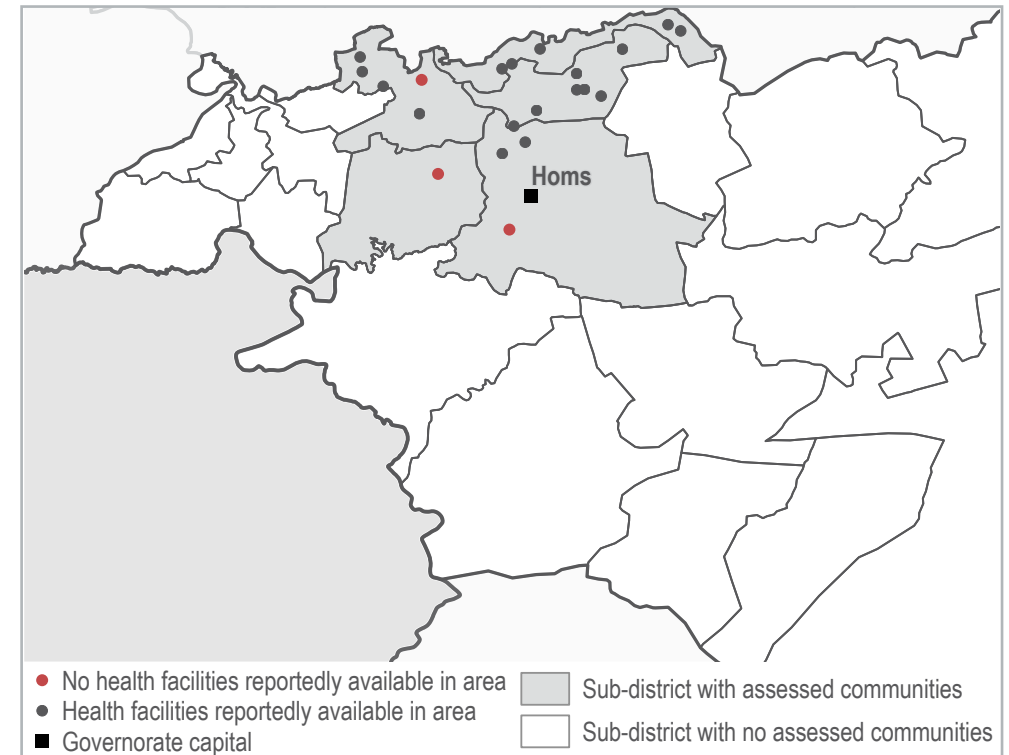
0 communities reported that residents experienced no barriers to accessing healthcare services. The barriers in the remaining **21** assessed communities were^{3,4}:



17 communities reported that residents were not using coping strategies to deal with a lack of medical supplies. The coping strategies used in the remaining **4** communities were^{3,4}:



Presence of health facilities in assessed communities:



Top 3 most needed healthcare services reported^{3,4}:

Rehabilitation services	87%
Assistive devices	78%
Prosthetics and orthotics	74%

Top 3 most common health problems reported^{3,4}:

Severe diseases affecting those younger than 5	78%
Pregnancy related conditions	74%
Maternal health issues	43%

³ Multiple choices allowed.

⁴ By percent of communities reporting.

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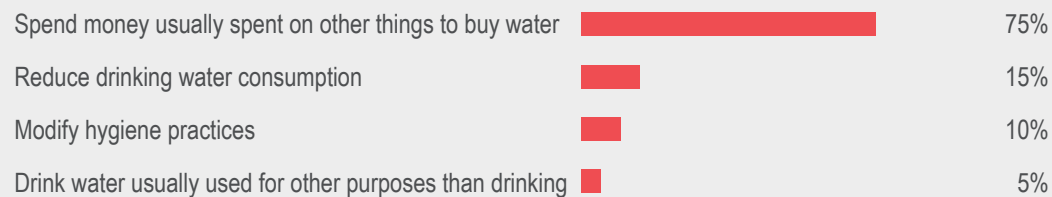


- 1** Communities reported that water from their primary source tasted and/or smelled bad.
- 0** Communities reported that drinking water from their primary source made people sick.

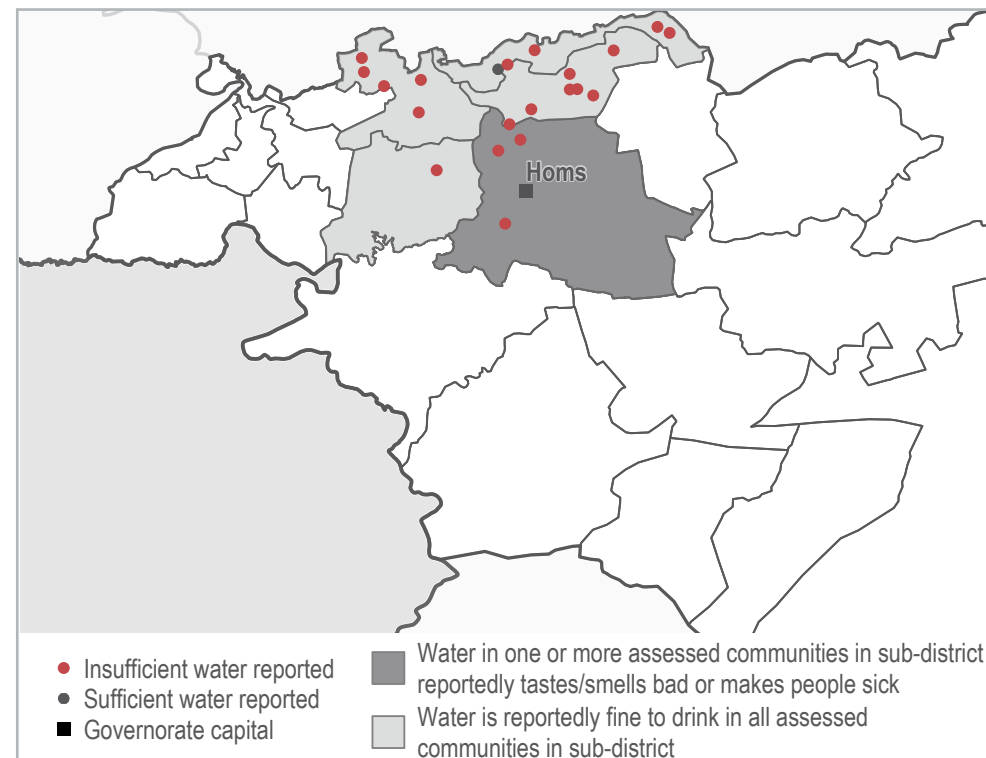
0 communities reported that residents had no problems with latrines. The most prevalent problems with latrines in the remaining **21** assessed communities were^{3,4}:



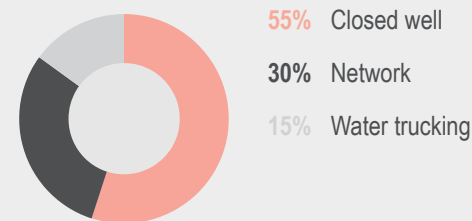
1 communities reported that they had sufficient amounts of water to meet household needs. The most common coping strategies to deal with a lack of water in the remaining **20** assessed communities were^{3,4}:



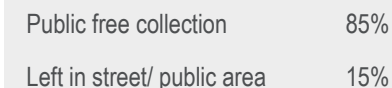
Water sufficiency for household needs:



Primary drinking water source reported⁴:



Top 3 reported methods of garbage disposal^{3,4}:



³ Multiple choices allowed.

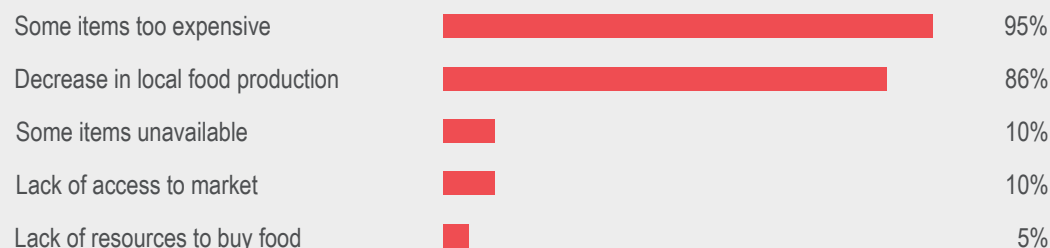
⁴ By percent of communities reporting.

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FOOD SECURITY

- 1 Communities reported not having received a food distribution in the last 12 months.
- 0 Communities reported that residents were unable to purchase food at shops and markets.

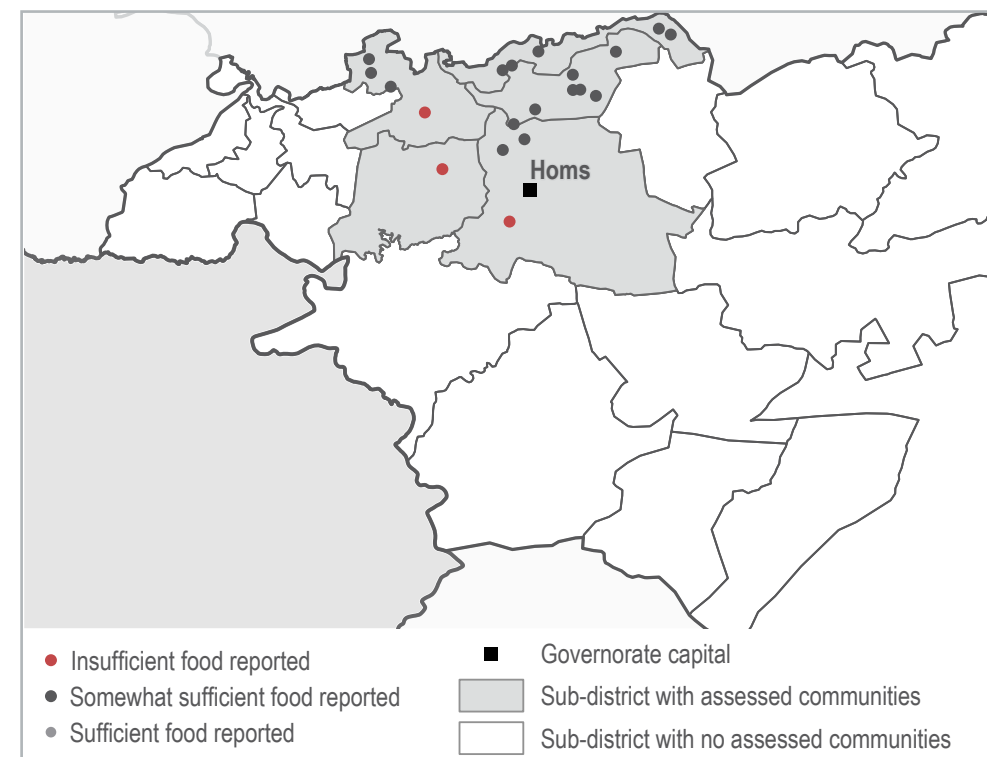
0 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining 21 assessed communities were^{3,4}:



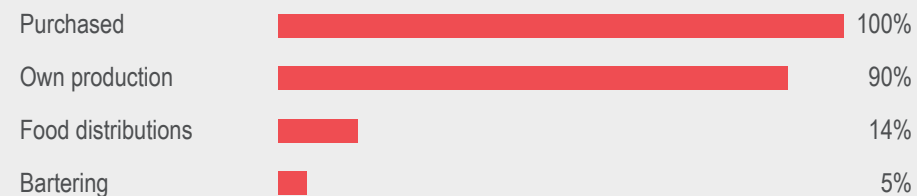
Core food item prices reported (in SYP)⁵:

Food item:	Governorate average price in March:	Governorate average price in February:	Syrian average price in March:
Bread public bakery (1 loaf)	Unavailable	Unavailable	117
Rice (1 kilogram)	216	230	472
Lentils (1 kilogram)	323	318	367
Sugar (1 kilogram)	297	292	350
Cooking oil (1 litre)	719	668	590

Food sufficiency:



Most common ways of obtaining food reported^{3,4}:



³ Multiple choices allowed.

⁴ By percent of communities reporting.

⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 March 2018)

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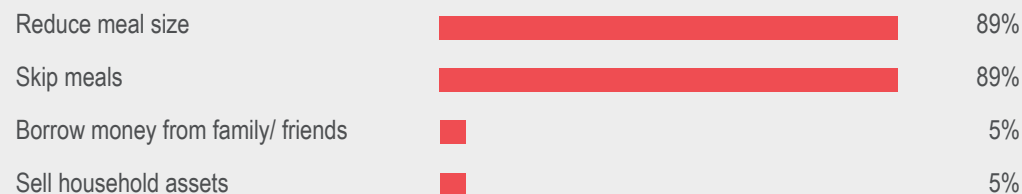
LIVELIHOODS

50,000 - 100,000 SYP Most commonly reported household income range⁵.

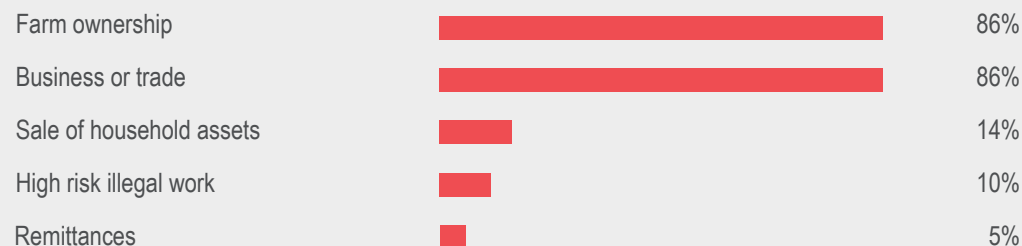
27,460 SYP Governorate average food basket price^{5,6}.

0 Communities reported that residents used extreme food-based coping strategies to deal with insufficient income⁷.

0 communities reported that residents had enough income to cover household needs. The most commonly reported coping strategies to deal with a lack of income in the remaining **19** assessed communities were^{3,4}:



Most commonly reported main sources of income^{3,4}:



³ Multiple choices allowed.

⁴ By percent of communities reporting.

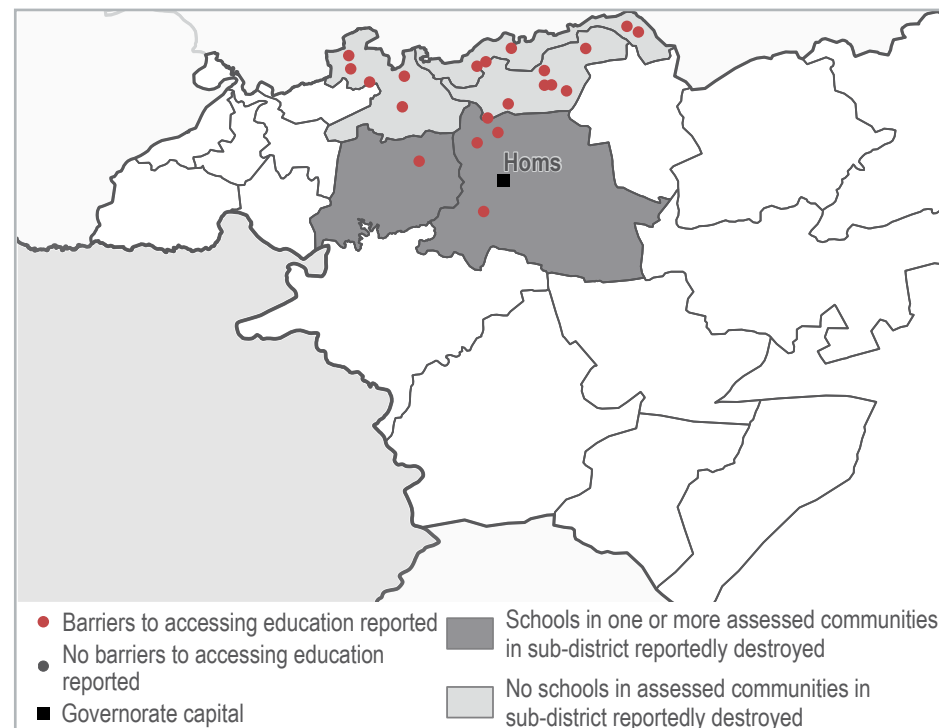
⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 March 2018)

⁶ Calculation of the average price of a food basket is based on the World Food Programme's standard basket of dry goods. The food basket includes 37 kg of bread, 19 kg of rice, 19 kg of lentils, 5 kg of sugar, and 7 kg of vegetable oil, and provides 1,930 kcal a day for a family of five for a month.

⁷ Extreme food-based strategies: Eating food waste; eating non-edible plants and spending days without eating.

EDUCATION

Barriers to accessing education services:



0 communities reported that most children were able to access education. The most commonly reported barriers to education in the remaining **21** assessed communities were^{3,4}:



METHODOLOGY

The HSOS project, formerly known as the AoO (Area of Origin) project, is a monthly assessment that aims to provide comprehensive, multi-sectoral information about the humanitarian situation inside Syria. This factsheet presents information gathered in 23 communities in April 2018, referring to the situation in Homs Governorate in March 2018. It presents key indicators, rather than the entire range of indicators gathered in the HSOS questionnaire. For community-level data on assessed sub-districts in Al Hasakeh, Dar'a, Idleb, Rural Damascus and Quneitra, please refer to the monthly sub-district factsheets, available on the [REACH Resource Centre](#). The complete HSOS dataset is disseminated monthly via the REACH Syria mailing list.

Wherever possible, information was collected through an enumerator network. REACH enumerators are based inside Syria and interview Key Informants (KIs) directly in the community about which they are reporting. Where access and security constraints rendered direct data collection unfeasible, KI interviews were conducted remotely through participants identified in camps and settlements in neighbouring countries by REACH field teams. Participants contact KIs in their community in Syria to collect information about their community. KIs were asked to report at the community level.

KIs generally included local council members, Syrian NGO workers, medical professionals, teachers, shop owners and farmers, among others, and were chosen based on their community-level or sector specific knowledge. In cases where KIs disagreed on a certain piece of information, enumerators triangulated the data with secondary sources or selected the response provided by the KI with the more relevant sector-specific background. For each question asked, confidence levels were assigned based on the KIs area of expertise and knowledge of the sector-specific situation. The confidence levels associated with each question are presented in the final dataset. The full confidence matrix used to assign confidence levels is available upon request.

Findings were triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-up was conducted with enumerators and participants. Findings are indicative rather than representative, and should not be generalised across the governorate.

ENDNOTES

¹ All information and figures reported in HSOS factsheets refer to the situation in assessed communities and cannot be generalised to other non-assessed communities of the governorate.

² Reuters (3 August 2017). Russia announces 'de-escalation zone' north of Syria's city of Homs. Retrieved from <https://www.reuters.com>.

³ Aljazeera (23 October 2017). ISIL accused of killing scores of Qaryatayn civilians. Retrieved from <http://www.aljazeera.com>.

⁴ UNHCR (25 October 2017). Syria: Flash update on recent events - 25 October 2017. Reliefweb. Retrieved from <https://reliefweb.int>.

⁵ UNHCR (15 November 2017). Syria: Flash update on recent events - 15 November 2017. Reliefweb. Retrieved from <https://reliefweb.int>.

⁶ The Syria Institute (11 January 2018). TSI Syria Update: January 11, 2018. Retrieved from <http://syriainstitute.org>.

⁷ Syrian Arab Red Crescent (9 March 2018). Three humanitarian convoys enter hard-to-reach areas in Syria since the beginning of March 2018. Retrieved from <https://reliefweb.int>.

⁸ Returns are not necessarily voluntary, safe, or sustainable.

About REACH

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