

Hama Governorate, November 2017

Humanitarian Situation Overview in Syria (HSOS)

OVERALL FINDINGS¹

An offensive against the group known as the Islamic State of Iraq and the Levant (ISIL) in late August, followed by a rapid escalation in conflict in northern Hama in mid-September resulted in large-scale displacement, both within and out of the governorate to neighbouring Idlib. In December, **58%** of assessed communities in Hama reported that pre-conflict populations had left in November due to an escalation of conflict, a majority of which are located in central and north-eastern Hama. Despite the rapidly changing conflict situation, **eight** communities in the same sub-districts that were witnessing departures saw an estimated **4,370 - 5,865** people spontaneously return in November². The largest number of returnees were reported in Maan (**1,700 - 2,100**) and Murak (**1,600 - 2,500**). IDPs were present in **six** communities, of which four are located in the western sub-districts of the governorate that were less affected by active conflict. The **two** remaining communities, both located in Suran sub-district, reported that IDPs were present because they had no money to afford onward movement and other accessible locations were less safe (Maan), and physical obstacles and family ties prevented their onward movement (Murak).

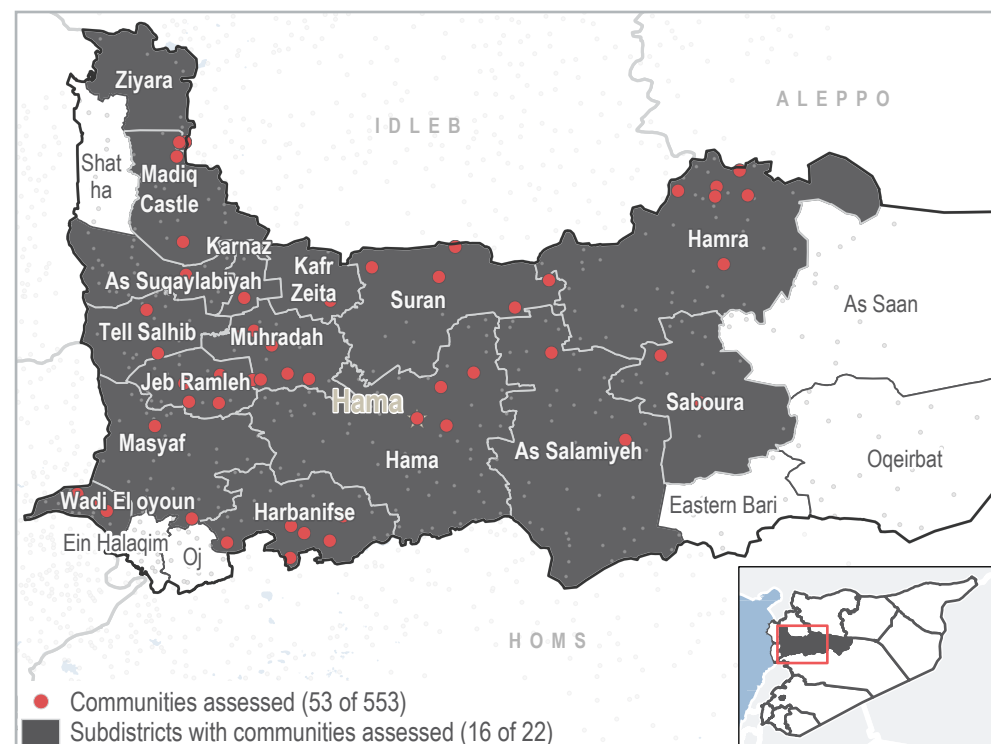
Out of the 53 communities assessed, **6** reported having no electricity source in November. Nonetheless, butane and diesel were available in all the six communities, and kerosene and firewood were available in five. The price of butane in Latmana (550 SYP) was considerably lower than the governorate average of 5,669 SYP, while the price in Mazhal and Ein Eljern (10,000 SYP) was considerably higher. Conversely, the price of diesel was below the governorate average (403 SYP) in all six communities, and lowest in Mazhal (60 SYP) and Ein Eljern (100 SYP). Of the 53 assessed communities, **20** reported functional problems with their latrines and **42** reported that garbage was either buried, burned or left in the street or other public areas. Of these communities, **24** reported that diarrhoea was one of the most common health concerns in their community and **seven** reported that water either tasted or smelled bad, or made people sick. Rainwater was the most common source of drinking water in Ein Eljern. **Almost half** of the assessed communities reported that residents were resorting to coping strategies to deal with a lack of medical items.

Over **80%** of communities assessed in Hama reported that residents experienced difficulties in accessing sufficient food, the most common being the high prices of some food items. In the **28** communities that reported prohibitive prices, the sale of household assets, unstable (daily) employment and remittances were the most commonly cited sources of income, thereby indicating a need for stable livelihood opportunities in the governorate. Severe food coping strategies were reported in **19** communities and children in **21** communities were reportedly sent to work or beg³. In **two** communities, Jeb Hanta and Jalma, this coping strategy reportedly affected those younger than five. Only **23** communities reported that all children had access to education. Of the remaining 30 communities, **only 2** reported that children were able to attend educational facilities in nearby areas.

KEY EVENTS

First Hama offensive launched north of Hama city, resulting in the displacement of over 40,000 individuals ⁴ .	Chemical weapons attack on hospital in Latamneh ⁵ .	Removal of checkpoints in Hama City revives economic life ⁶ .	ISIL comes under siege in Oqeirbat ⁷ .	Second Hama offensive launched north of Hama city, resulting in the displacement of over 120,000 individuals ⁸ .	Heavy fighting between opposition groups and regime forces in northern Hama countryside ⁹ .
21 March	30 March	4 August	18 August	19 September	6 November

Coverage



Top 3 reported priority needs

1. Food security
2. Water security
3. Healthcare

Demographics*

1,466,242 people in need

747,783 **718,459**

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

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DISPLACEMENT

550 - 875 Estimated number of IDP arrivals in assessed communities in November.

4,370 - 5,865 Estimated number of spontaneous returnee arrivals in assessed communities in November².

Communities with the largest estimated number of IDP arrivals:

Maan **400 - 700**

Murak **150 - 175**

No further arrivals reported

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

No information

No information

No further arrivals reported

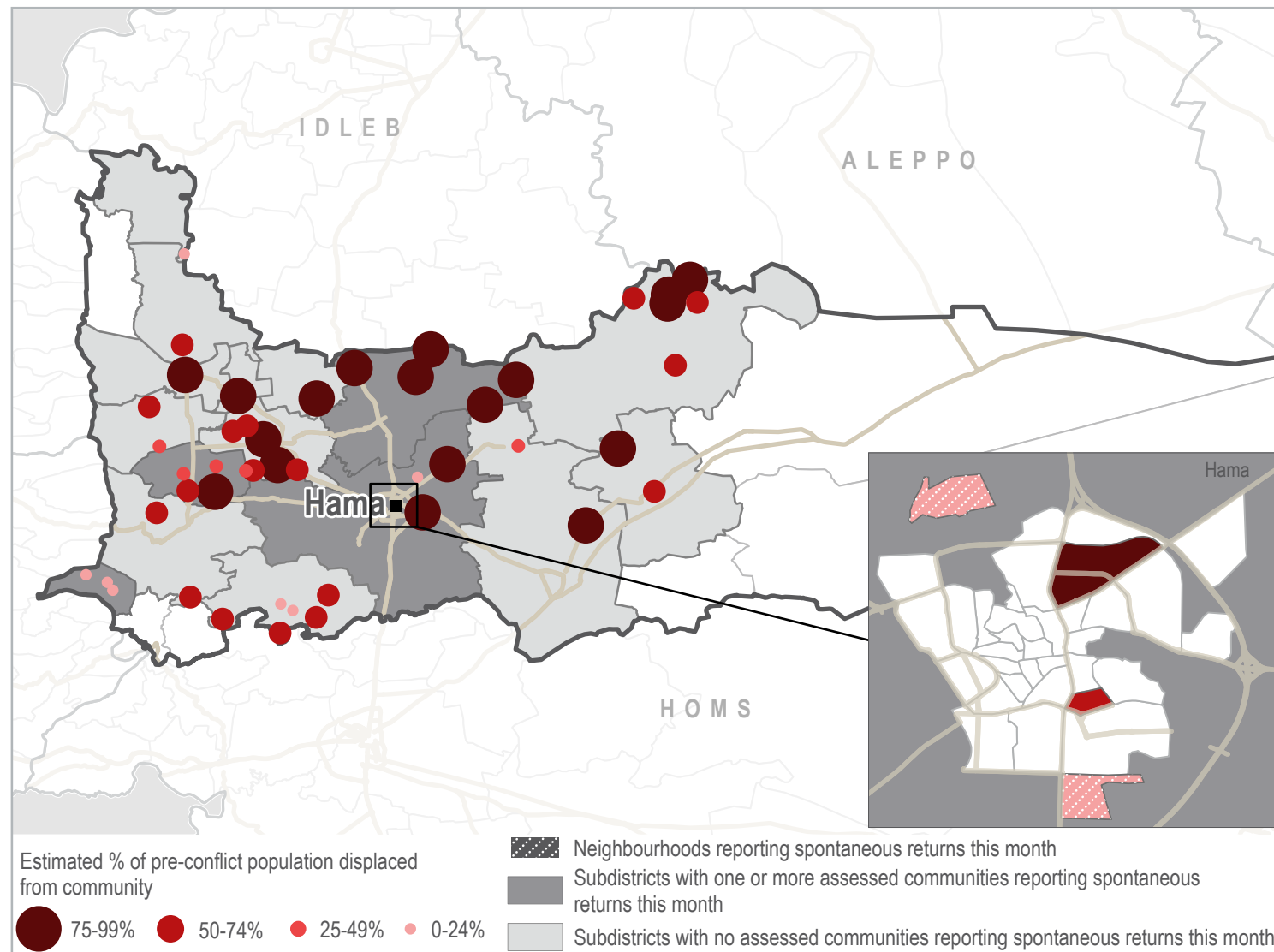
17 communities reported no PCP departures. Top 3 reasons for PCP displacement in the remaining 36 assessed communities^{3,4}:

Escalation of conflict 86%

Loss of income 47%

Loss of assets 42%

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



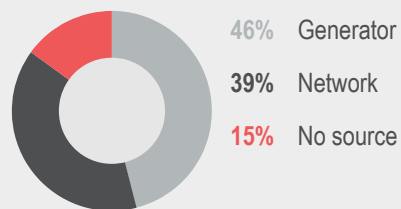
³ Multiple choices allowed.

⁴ By percent of communities reporting.

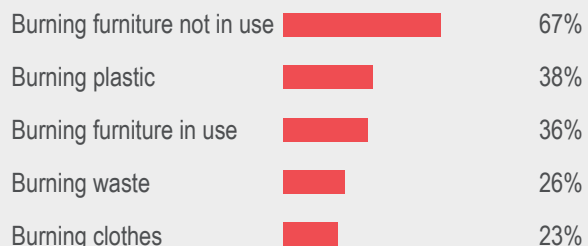
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SHELTER AND NFI

Primary source of electricity reported:⁴



11 communities reported no lack of fuel. Most common strategies to cope with a lack of fuel in the remaining 39 assessed communities^{3,4}:



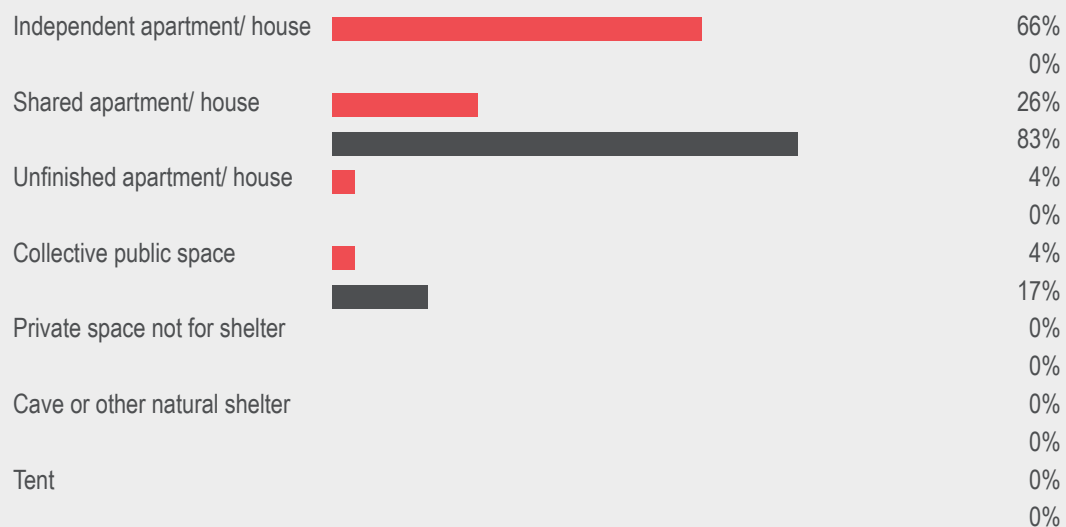
9,646 SYP

Governorate average reported rent price in Syrian Pounds (SYP) across assessed communities.⁵

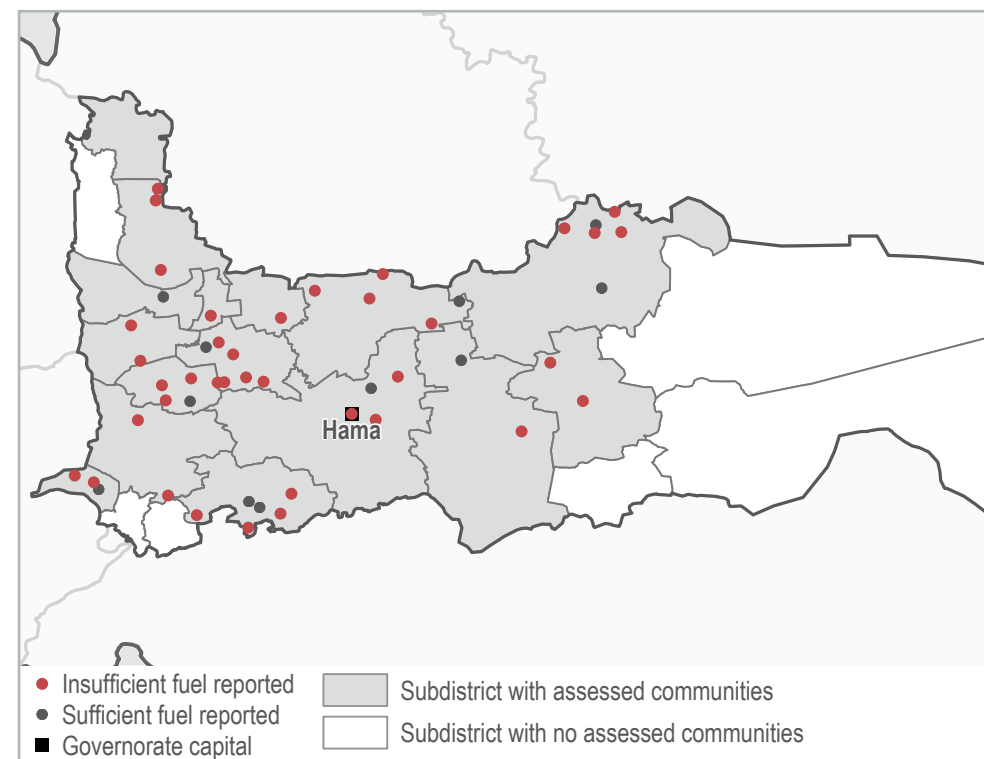
6,815 SYP

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 November:	Governorate average price in October:	Syrian average price in November:
Coal (1 kilogram)	259	340	332
Diesel (1 litre)	403	388	496
Butane (1 canister)	5,669	6,594	6,275
Firewood (1 tonne)	47,112	41,693	85,004

³ Multiple choices allowed.

⁴ By percent of communities reporting.

⁵ 1 USD = 508 SYP (UN operational rates of exchange as of 1 November 2017)

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HEALTH

- 12** Communities reported that no medical items were available in their community.
- 36** Communities reported that the majority of women did not have access to formal health facilities to give birth.

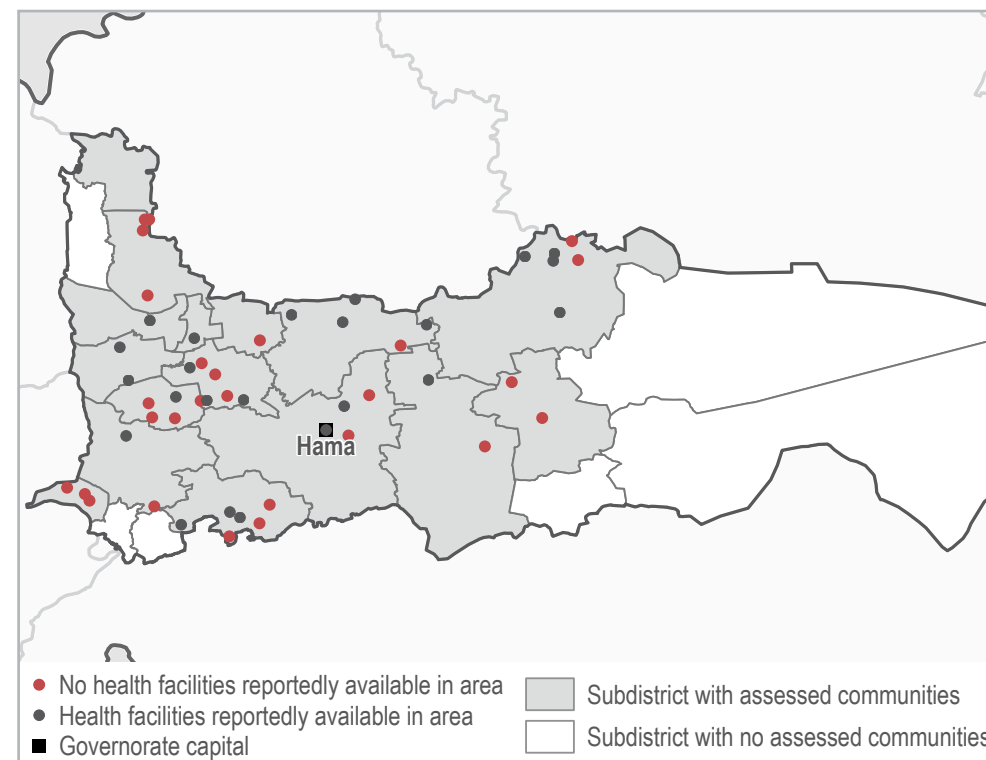
9 communities reported that residents experienced no barriers to accessing healthcare services. The barriers in the remaining 43 assessed communities were^{3,4}:

No health facilities available in the area	<div style="width: 63%;"></div>	63%
Security concerns when traveling to facilities	<div style="width: 53%;"></div>	53%
High cost of transportation to facilities	<div style="width: 47%;"></div>	47%
Security concerns to enter/remain in facilities	<div style="width: 28%;"></div>	28%
Healthcare services too expensive	<div style="width: 14%;"></div>	14%
Disability/injuries/illness preventing travel	<div style="width: 7%;"></div>	7%
Lack of transportation to facilities	<div style="width: 7%;"></div>	7%
Not permitted to enter facilities	<div style="width: 5%;"></div>	5%

21 communities reported that residents were not using coping strategies to deal with a lack of medical supplies. The coping strategies used in the remaining 24 communities were^{3,4}:

Recycling medical items	<div style="width: 83%;"></div>	83%
Carrying out operations without anaesthesia	<div style="width: 42%;"></div>	42%
Using non-medical items for treatment	<div style="width: 33%;"></div>	33%

Presence of health facilities in assessed communities:



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

Orthopedic services	36%
Psychiatric care	34%
Chronic disease support	34%

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

Diarrhoea	51%
Chronic diseases	40%
Malnutrition	36%

³ Multiple choices allowed.

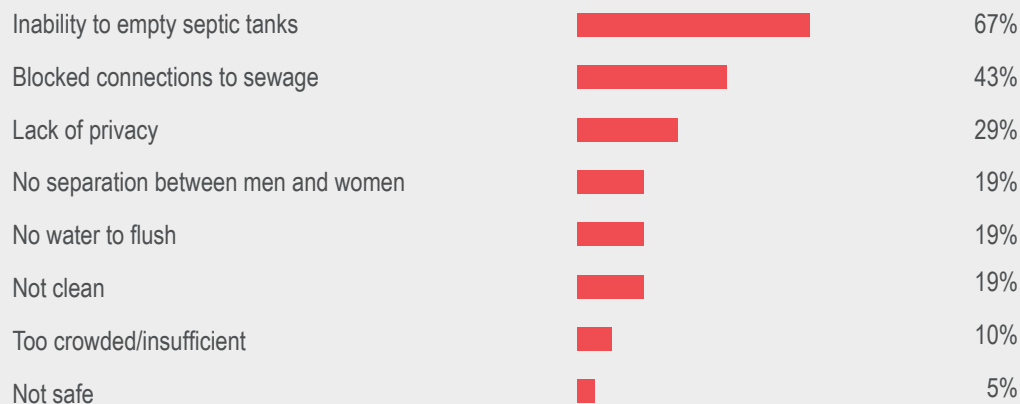
⁴ By percent of communities reporting.

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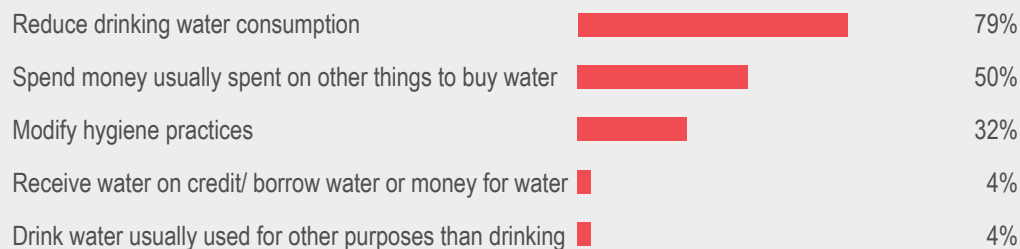


- 8** Communities reported that water from their primary source tasted and/or smelled bad.
- 1** Community reported that drinking water from their primary source made people sick.

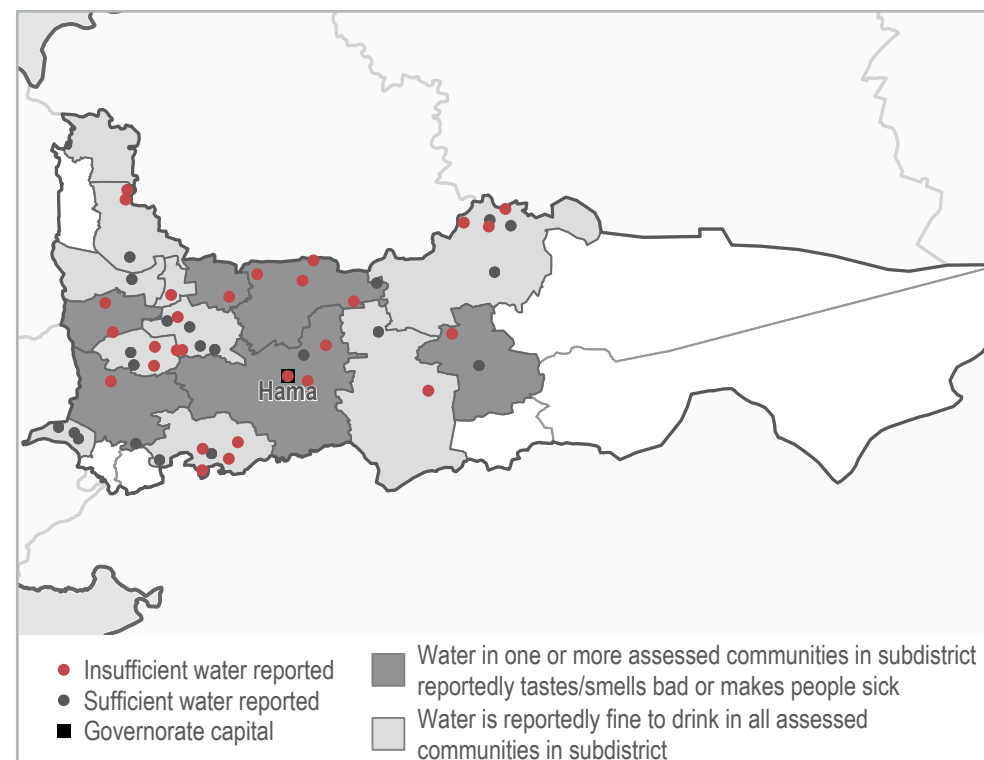
28 communities reported that they had no problems with latrines. The most prevalent problems with latrines in the remaining 21 assessed communities were^{3,4}:



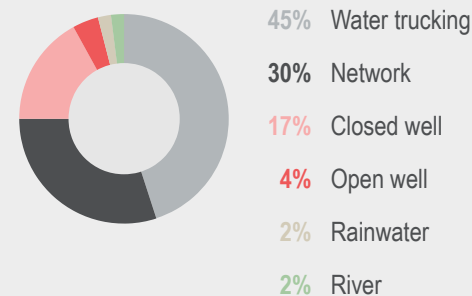
24 communities reported that they had sufficient amounts of water to meet household needs. The most common coping strategies to deal with a lack of water in the remaining 28 assessed communities were^{3,4}:



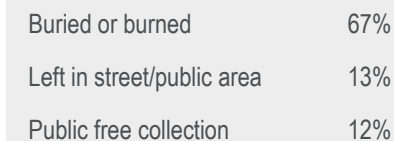
Water sufficiency for household needs:



Primary drinking water source reported⁴:



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



³ Multiple choices allowed.

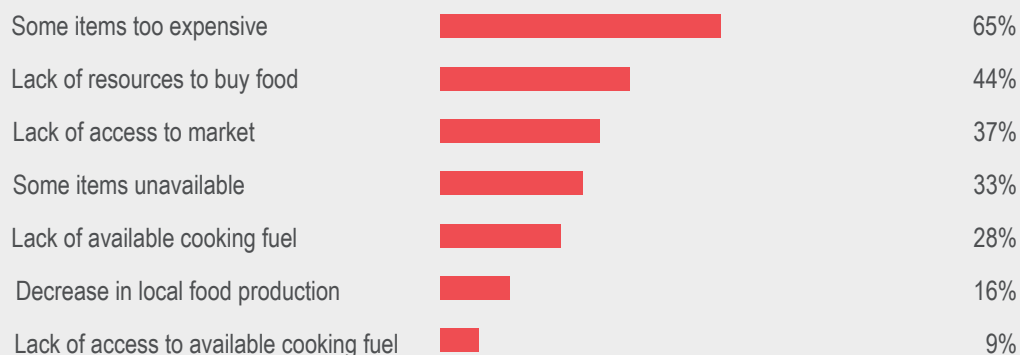
⁴ By percent of communities reporting.

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FOOD SECURITY

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

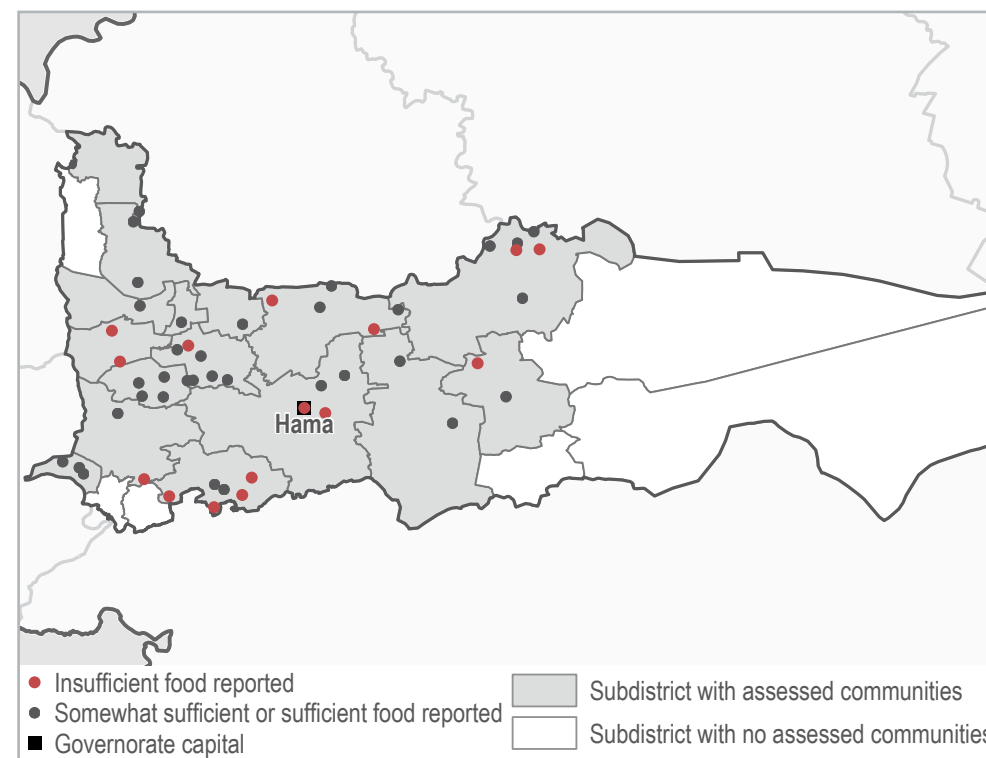
9 communities reported that they had enough food to meet household needs. The most common difficulties experienced in the remaining **43** assessed communities were^{3,4}:



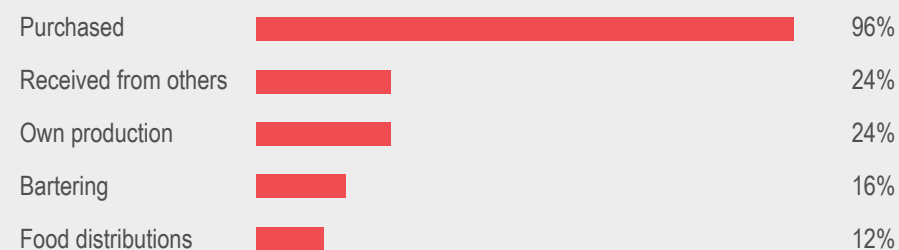
Core food item prices reported (in SYP)⁵:

Food item:	Governorate average price in November:	Governorate average price in October:	Syrian average price in November:
Bread public bakery (1 loaf)	144	163	115
Rice (1 kilogram)	393	479	641
Lentils (1 kilogram)	379	417	445
Sugar (1 kilogram)	276	324	895
Cooking oil (1 litre)	567	535	964

Food sufficiency:



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



³ Multiple choices allowed.

⁵ 1 USD = 508 SYP (UN operational rates of exchange as of 1 November 2017)

⁴ By percent of communities reporting.

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LIVELIHOODS

Less than 50,000 SYP

26,399 SYP

19

Most commonly reported household income range⁵.

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

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

1 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 **37** assessed communities were^{3,4}:

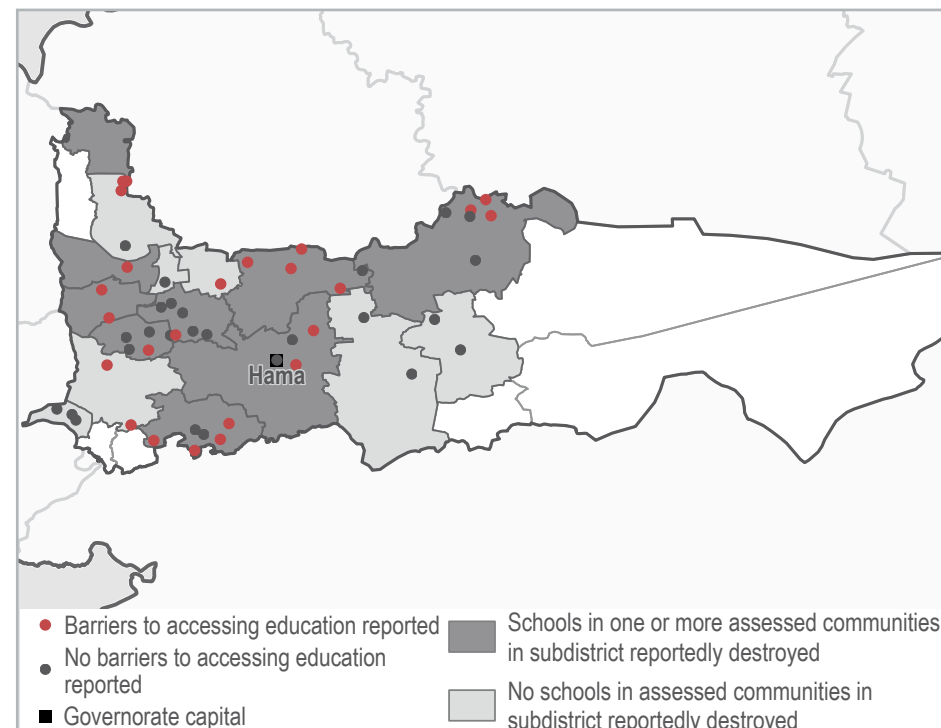
Sell household assets	57%
Send children to work or beg	57%
Reduce meal size	49%
Eat food waste	41%
Spend days without eating	41%

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

Sale of household assets	49%
Remittances	35%
Farm ownership	31%
Unstable, daily employment	22%
Stable, salaried employment	20%

EDUCATION

Barriers to accessing education services:



23 communities reported that most children were able to access education. The most commonly reported barriers to education in the remaining **24** assessed communities were^{3,4}:

Destruction of facilities	75%
Lack of teaching staff	67%
Lack of school supplies	21%
Routes to services unsafe	13%
Services are inaccessible	8%

³ Multiple choices allowed.

⁴ By percent of communities reporting.

⁵ 1 USD = 508 SYP (UN operational rates of exchange as of 1 November 2017)

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.

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 53 communities in December 2017, referring to the situation in Hama Governorate in November 2017. 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 they report about. Where access and security constraints rendered direct data collection unfeasible, KI interviews were conducted indirectly 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.

A minimum of three KIs were interviewed per community to enhance data accuracy. 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 Returns are not necessarily voluntary, safe, or sustainable.

³ 'Children' includes all persons below the age of 18.

⁴ Reuters (21 March 2017). Syrian rebels launch attack near Hama. Retrieved from <https://www.reuters.com>.

⁵ Union of Medical Care and Relief Organizations (30 March 2017). Breaking: Chemical Weapons Attack in Latamneh, Hama Injures 70. Reliefweb. Retrieved from <https://reliefweb.int>.

⁶ Al-Sham, S. (4 August 2017). What Happened to Life in Hama City After the Regime Removed its Security Checkpoints? The Syrian Observer. Retrieved from <http://syrianobserver.com>.

⁷ Baladi, E. (22 August 2017). Regime Cuts Homs and Hama Countrysides Into Three Pockets. The Syrian Observer. Retrieved from <http://syrianobserver.com>.

⁸ Al-Zarier, Nassar and Edwards (19 September 2017). Bombardment returns to rebel-held northwest as HTS aims to 'demolish, defeat' Astana ceasefire. Syria Direct. Retrieved from <http://syriadirect.org>.

⁹ Syrian Observatory for Human Rights (6 November 2017). Hayyaat Tahrir Al-Sham and the factions carry out a violent attack with the cover of heavy shelling, recover 3 villages and control other parts northeast of Hama. Retrieved from <http://www.syriahr.com>.

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.