

Homs Governorate, February 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 **19** of the assessed communities reporting that only **26-50%** of their pre-conflict populations remained in February. **One** community, Samalil, reported that **only 1-25%** of the pre-conflict population remained. 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.

Pre-conflict populations across assessed communities reportedly most commonly lived in independent apartments or houses, whereas IDPs commonly lived in unfinished houses or apartments. IDPs were most commonly either being hosted without rent or squatting. Furthermore, in Kafr Aaya, KIs reported that **76-100%** of buildings in their community were damaged and there was no electricity source available to residents. **None** of the assessed communities reported that residents had sufficient amounts of fuel, and **86%** of communities reported that residents were burning plastic to cope with the lack of fuel. Most of these communities also reported acute respiratory infections as a common health problem.

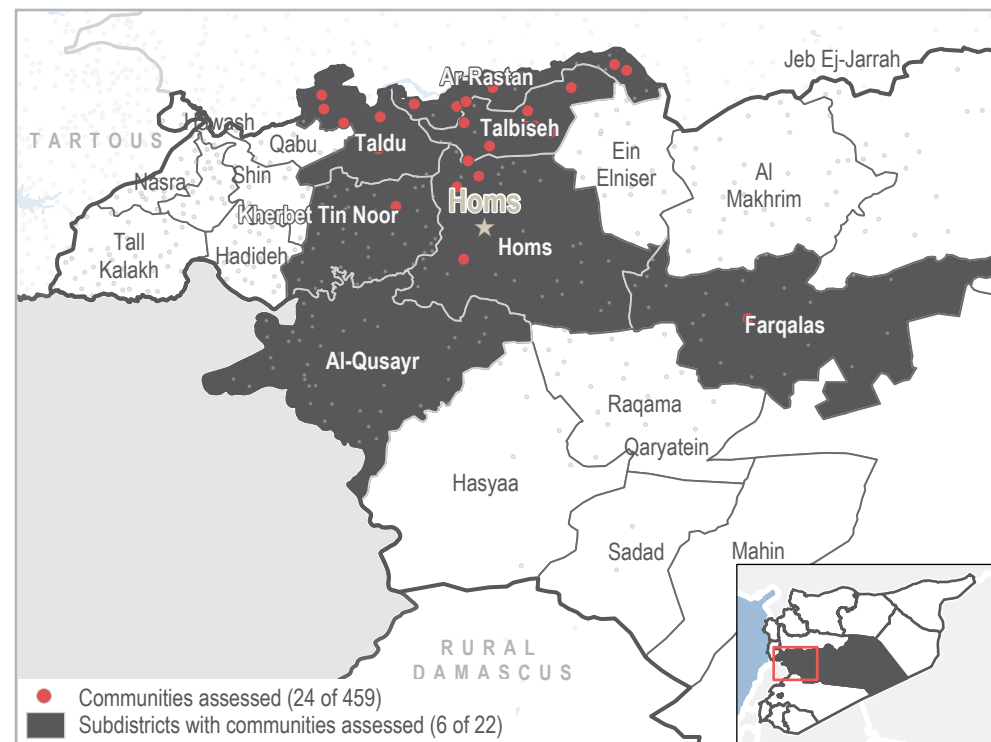
The majority of assessed communities reported facing barriers to accessing healthcare, the most commonly reported being security concerns to enter or remain in facilities as well as disabilities, injuries or illness preventing travel. **Four** communities (Kafr Aaya, Samalil, Qazhal and Burj Qaei) reported that residents were using medical coping strategies such as using non-medical items for treatment and recycling medical items. In Burj Qaei, residents were reportedly carrying out operations without anaesthetics. 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.

In **21** of the assessed communities, it was reported the water was fine to drink, yet **16** of these 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, residents in **22** were reportedly able to purchase food. However, the majority of assessed communities also stated that some food items were too expensive or that local food production had decreased, thus limiting access. In **18** 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 February.

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 .	Humanitarian convoy delivers food assistance to 60,000 people in hard-to-reach locations in Homs and Hama governorates ⁶ .	Shelling intensifies in besieged communities in northern Homs ⁷ .
3 August 2017	Early October 2017	21 October 2017	14 November 2017	December 2017	11 January 2018

Coverage



Top 3 reported priority needs

1. Food security
2. Education
3. Water security

Demographics*

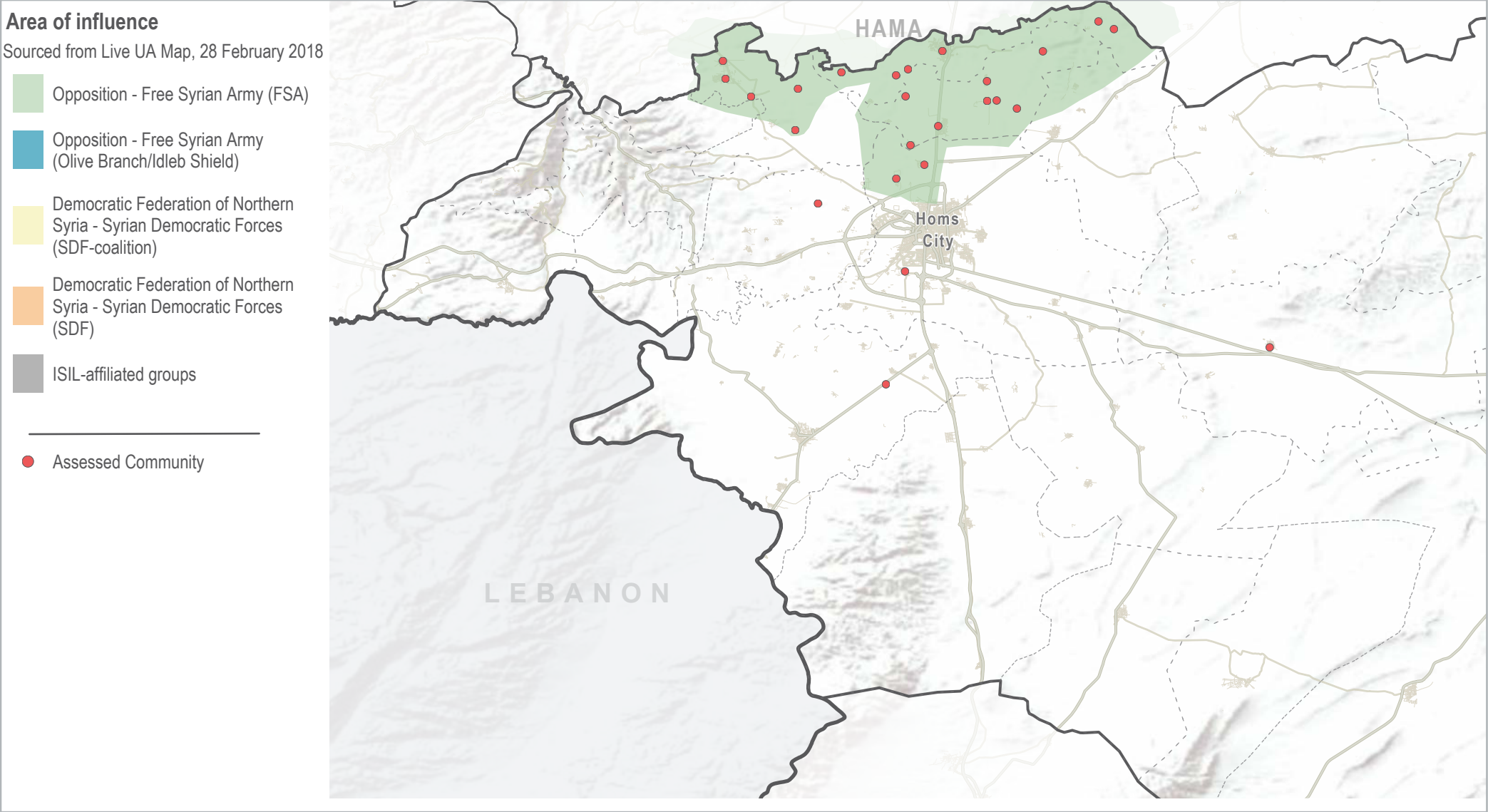
1,415,805 people in need

714,982 700,823

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

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Governorate areas of influence:



Homs Governorate, February 2018

DISPLACEMENT

0 Estimated number of IDP arrivals in assessed communities in February.

0 Estimated number of spontaneous returns in assessed communities in February⁸.

Communities with the largest estimated number of IDP arrivals:

No reported IDP arrivals

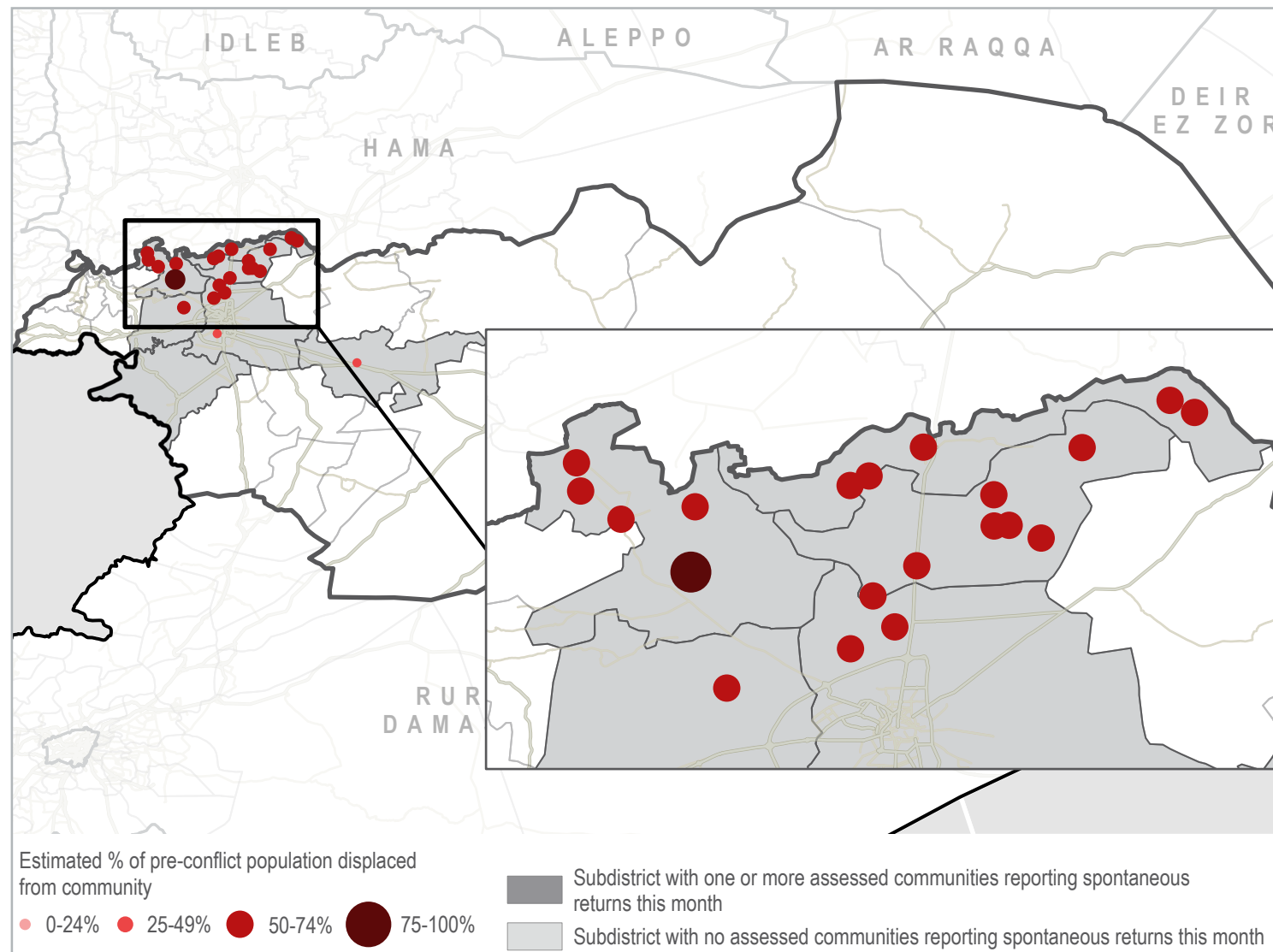
Top 3 subdistricts of origin of most IDPs arrivals^{3,4}:

No reported IDP arrivals

22 communities reported no PCP departures. Top 3 reasons for PCP displacement in the remaining **2** assessed communities^{3,4}:

Loss of income	100%
Escalation of conflict	100%
Reduced access to basic services	50%

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



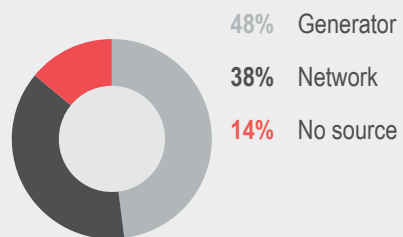
³ Multiple choices allowed.

⁴ By percent of communities reporting.

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SHELTER AND NFI

Primary source of electricity reported:⁴

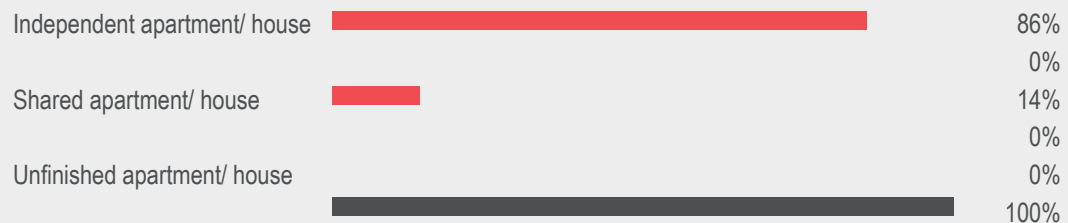


0 communities reported no lack of fuel. Most common strategies to cope with a lack of fuel in the remaining **22** assessed communities^{3,4}:

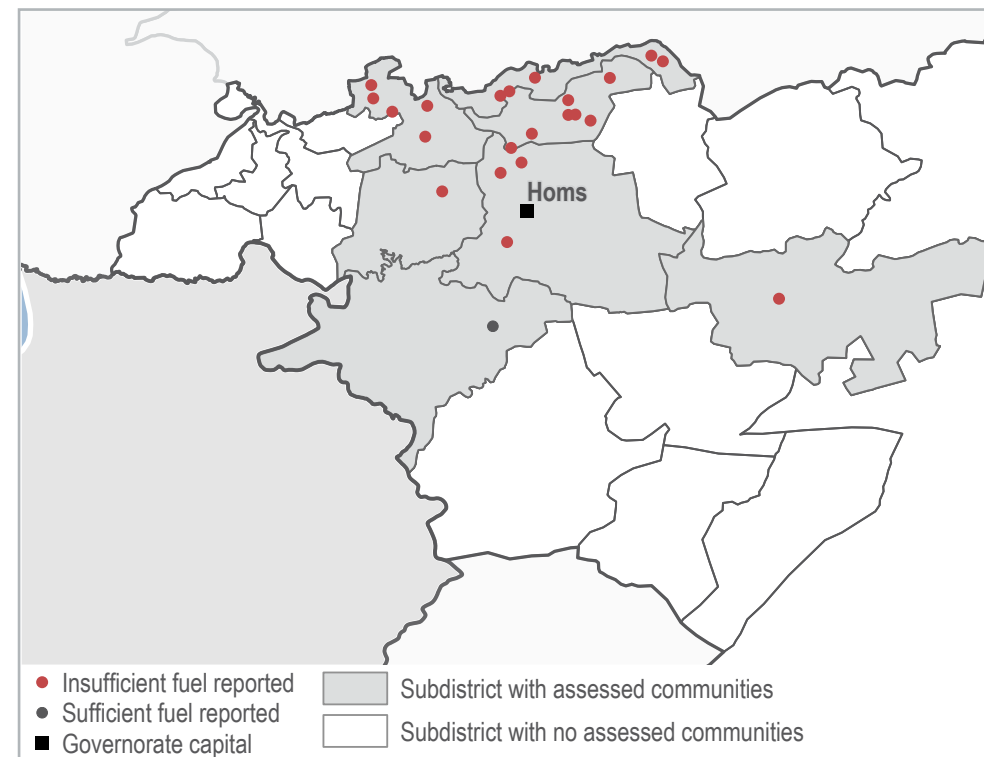


The average reported rent price in the governorate could not be calculated due to a lack of information in most of the communities assessed.

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 February:	Governorate average price in January:	Syrian average price in February:
Coal (1 kilogram)	653	666	345
Diesel (1 litre)	395	375	321
Butane (1 canister)	7,800	8,239	6,997
Firewood (1 tonne)	73,895	85,000	64,533

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)

HEALTH

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

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

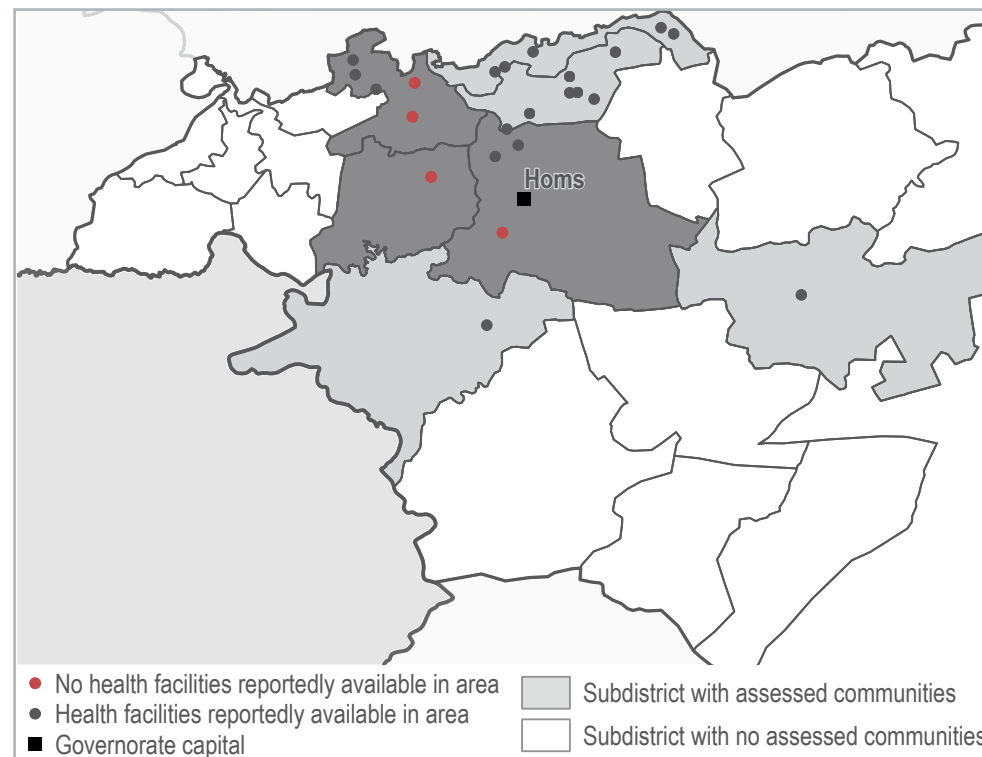
0 communities reported that residents experienced no barriers to accessing healthcare services. The barriers in the remaining **22** assessed communities were^{3,4}:

Security concerns to enter/remain in facilities	91%
Disability/injuries/illness preventing travel	82%
No health facilities available in the area	18%
Security concerns when traveling to facilities	5%
Old age	5%
Healthcare services too expensive	5%
High cost of transportation to facilities	5%

18 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}:

Using non-medical items for treatment	100%
Recycling medical items	100%
Carrying out operations without anaesthesia	25%

Presence of health facilities in assessed communities:



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

Assistive devices	83%
Prosthetics and orthotics	83%
Rehabilitation services	75%

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

Acute respiratory infections	79%
Severe diseases affecting those younger than 5	75%
Pregnancy related diseases	71%

³ Multiple choices allowed.

⁴ By percent of communities reporting.

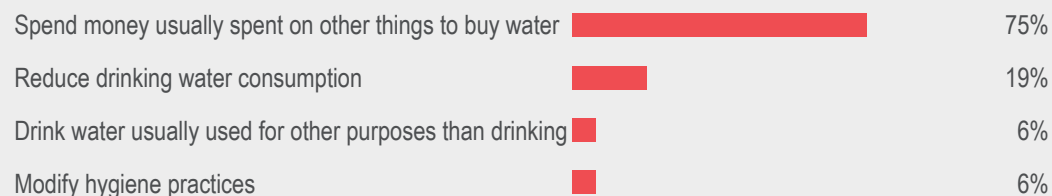


- 1** Community reported that water from their primary source tasted and/or smelled bad.
- 0** Communities reported that drinking water from their primary source made people sick.

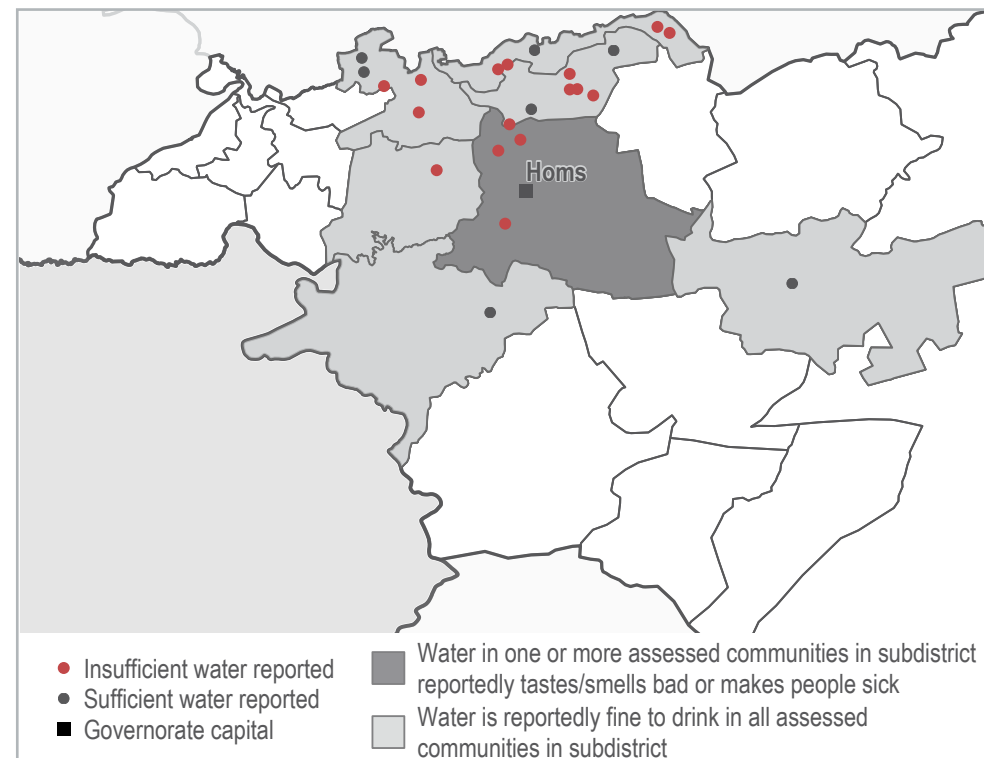
1 community reported that residents had no problems with latrines. The most prevalent problems with latrines in the remaining **21** assessed communities were^{3,4}:



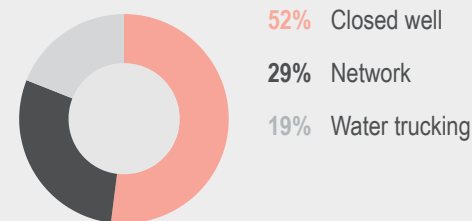
6 communities reported that they had sufficient amounts of water to meet household needs. The most common coping strategies to deal with a lack of water in the remaining **16** assessed communities were^{3,4}:



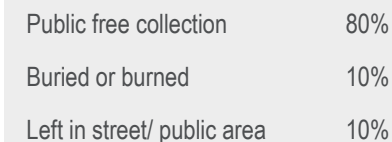
Water sufficiency for household needs:



Primary drinking water source reported⁴:



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



³ Multiple choices allowed.

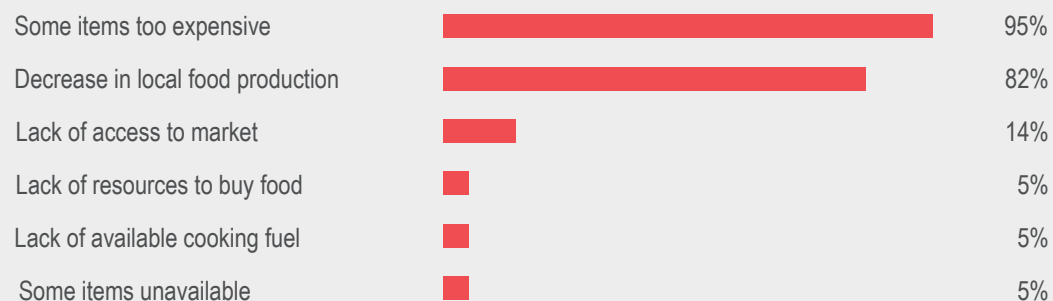
⁴ By percent of communities reporting.

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FOOD SECURITY

- 1 Community 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.

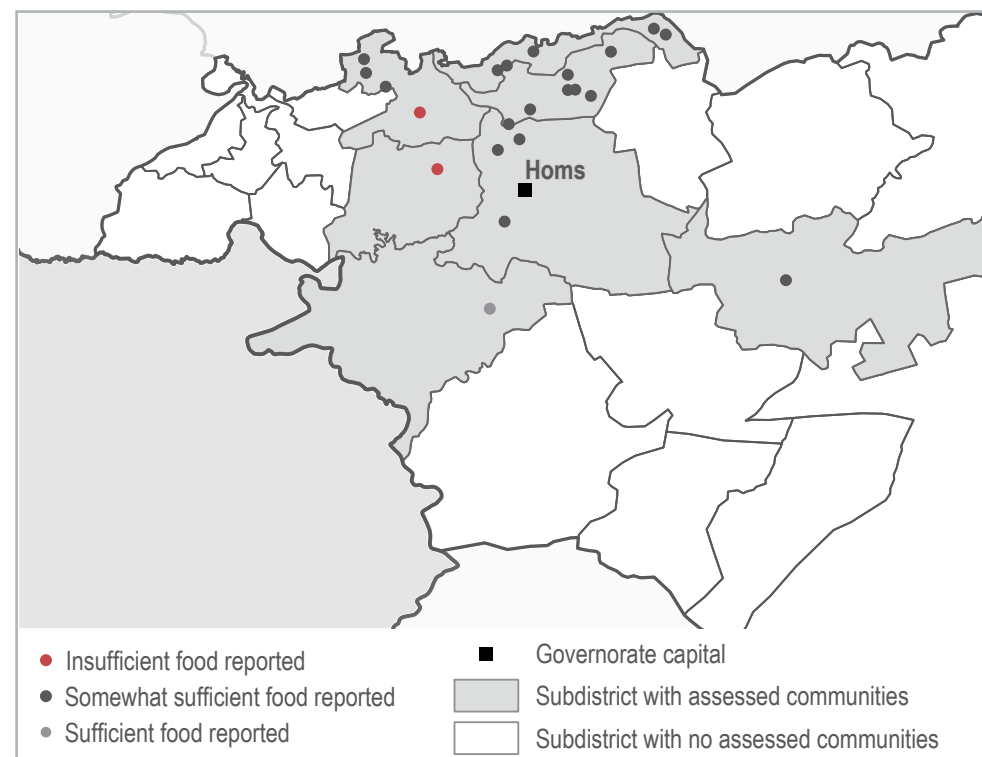
0 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining 22 assessed communities were^{3,4}:



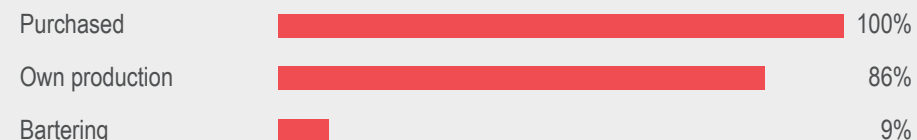
Core food item prices reported (in SYP)⁵:

Food item:	Governorate average price in February:	Governorate average price in January:	Syrian average price in February:
Bread public bakery (1 loaf)	Unavailable	Unavailable	117
Rice (1 kilogram)	230	200	466
Lentils (1 kilogram)	318	300	351
Sugar (1 kilogram)	292	319	315
Cooking oil (1 litre)	668	683	584

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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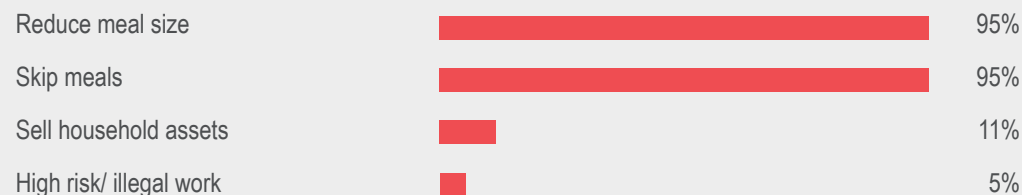
LIVELIHOODS

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

27,274 SYP Governorate average food basket price^{5,6}.

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

2 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.

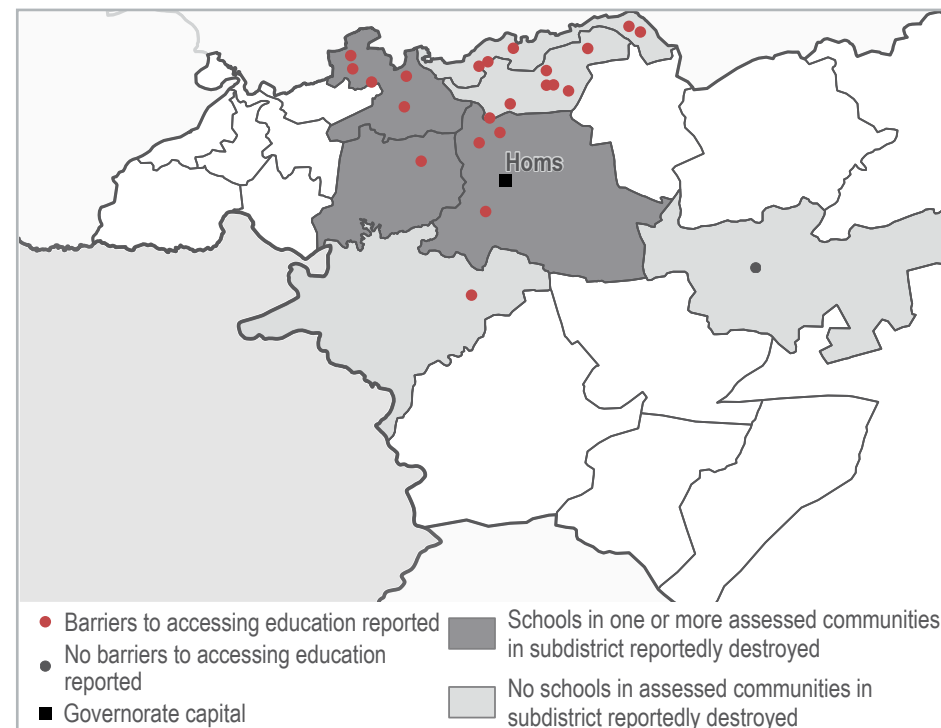
⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 March 2018)

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.

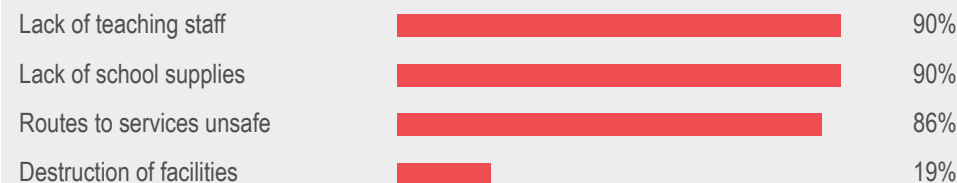
⁷ Extreme food-based strategies: Eating food waste; eating non-edible plants and spending days without eating.

EDUCATION

Barriers to accessing education services:



1 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 24 communities in March 2018, referring to the situation in Homs Governorate in February 2018. It presents key indicators, rather than the entire range of indicators gathered in the HSOS questionnaire. For community-level data on assessed subdistricts in Al Hasakeh, Dar'a, Idleb, Rural Damascus and Quneitra, please refer to the monthly subdistrict 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 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 WFP (31 December 2017). WFP Syria Country Brief, December 2017. Retrieved from <https://reliefweb.int>.
- ⁷ The Syria Institute (11 January 2018). TSI Syria Update: January 11, 2018. Retrieved from <http://syriainstitute.org>.
- 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).