

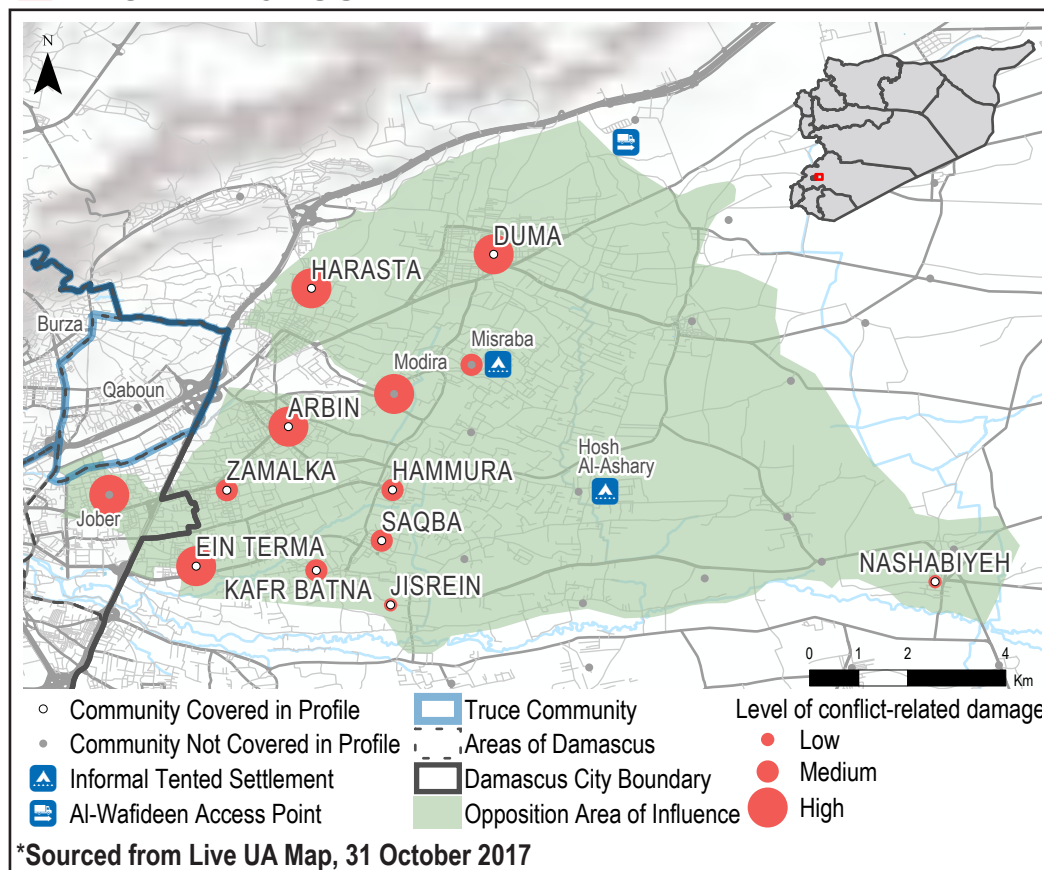
# Eastern Ghouta Situation Overview

## Rural Damascus, Syria - November 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>. Since September 2017, the humanitarian situation in this area has deteriorated significantly. This Situation Overview, which is based on interviews conducted remotely with Community Representatives, builds on a previous product from [October](#) to investigate how conditions developed in November.

**Access to Eastern Ghouta improved slightly in November.** Commercial movement into the area resumed, after no commercial deliveries reportedly took place in September or October. A number of humanitarian aid deliveries took place, and aid that entered in October was distributed. However, these deliveries were insufficient to counter the unprecedented price increases in Eastern Ghouta. **In November, a standard food basket<sup>2</sup> was reportedly 911% more expensive than in nearby areas not considered besieged or hard-to-reach<sup>3</sup>.** Basic commodities such as salt and sugar were respectively 14,129% and 4,556% more expensive than in nearby areas. **Deaths due to malnutrition and a lack of food also continued to be reported.**

**Eastern Ghouta also continued to face severe shortages of fuel and medicine in November,** as both types of items only entered the area in very small proportions. The lack of fuel has had a negative impact on the availability of a number of services, such as transportation, water, medical care and electricity. Residents reportedly coped by burning plastic to make fuel. Existing stockpiles of medical items also continued to be depleted rapidly.

The area continued to suffer from conflict-related violence in November. **Public facilities such as schools and hospitals were reportedly struck by shelling<sup>4</sup>, which led to the suspension of all educational activities.** In order to limit their exposure to aerial attacks, residents reportedly restricted their own movement.

Due to the high food prices and shortage of fuel, residents are ill-prepared for the remainder of the winter season. Unless access restrictions on Eastern Ghouta ease, it is unlikely that humanitarian conditions will improve.


<p>Closure of informal tunnel network connecting Eastern Ghouta (E.G.) to Damascus - supplies, most notably fuel, can no longer enter via tunnels</p>	<p>Sole formal access point (Al Wafideen) closed to commercial vehicles - entry of goods declines further, prices increase</p>	<p>Fighting erupts between armed groups inside E.G. - internal checkpoints established, clashes calm mid-May</p>	<p>Al Wafideen reopens, humanitarian aid and commercial vehicles enter, E.G. declared "de-escalation zone"</p>	<p>Humanitarian aid enters Harasta in June, Duma in July - overall situation stable, but offensive on Ein Terma begins late June, intensifies in July</p>	<p>Fewer commercial vehicles permitted entry, offensive on Ein Terma escalates leading to 40% of its population displaced within E.G.</p>	<p>Humanitarian aid enters Harasta in September, only trader allowed to import goods loses authorisation - no commercial vehicles enter<sup>3</sup> E.G., reports of starvation and malnutrition, aid enters in late October</p>	<p>Aid that entered in late October distributed, new aid deliveries, some commercial deliveries, but supplies insufficient, severe lack of fuel and medicine, educational activities suspended</p>
<p>Late February 2017</p>	<p>March and April 2017</p>	<p>Late April 2017</p>	<p>May 2017</p>	<p>June and July 2017</p>	<p>August 2017</p>	<p>September and October 2017</p>	<p>November 2017</p>



## 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>5</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>5</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, NOVEMBER 2017

ALL ASSESSED COMMUNITIES		ALL ASSESSED COMMUNITIES	
<b>Movement of Civilians</b>	Severely restricted; 1-10% of entire area's population could move outside E.G.; reported risks to outward movement and movement inside E.G. were life-threatening	<b>Access to Healthcare</b>	Depleting stocks of medical supplies; severe coping strategies reported; facilities affected by conflict, but personnel remained available
<b>Commercial Vehicle Access</b>	Some access for first time since early September; deliveries insufficient to meet needs	<b>Access to Water</b>	Water network unavailable, sufficient availability of drinking water, increasing reliance on manual pumps
<b>Humanitarian Vehicle Access</b>	Conditional access; restrictions on entry of goods and vehicles; humanitarian aid entered in October was distributed and further deliveries took place	<b>Access to Education</b>	All facilities closed due to conflict
<b>Entry of goods</b>	Goods from aid distributions and commercial deliveries limited and insufficient; entry of fuel and medical items especially limited	<b>Access to Electricity</b>	4-8 hours per day, electricity network unavailable, fuel for generators expensive
<b>Core Food Item Availability</b>	Malnutrition and deaths due to a lack of food continued to be reported	<b>Access to Fuel / Hygiene items</b>	Some entered from outside E.G; prices rose; residents coped by burning plastic, lowered hygiene standards
<b>Core Food Item Prices</b>	Significant increases, as in previous months; food basket 911% more expensive than in nearby communities	<b>Access to Livelihoods</b>	Continued lack of sustainable livelihoods opportunities, though stable employment more available; residents selling possessions to be turned into fuel
<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 population who left Eastern Ghouta via informal routes in October: 0%**

The only way to enter and exit the Eastern Ghouta area is the Al Wafideen access point in Duma. Movement through this formal access point continued to be severely restricted in November, as has been the case since Eastern Ghouta was first besieged in 2013. Government employees and male retirees continued to have access to the crossing in November. **Conversely, women, children and young adults have reportedly been banned from leaving the area** by armed groups inside Eastern Ghouta for several months, because of the risks associated with crossing at Al Wafideen.

When attempting to leave Eastern Ghouta via formal routes, **residents reportedly continued to face severe risks in November**, including 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.

### Internal movement:

Internal checkpoints established following clashes between armed groups in late May 2017 remained in place in November. Although **crossing these checkpoints continued to be associated with risks**, especially for men, the only requirement was presenting identification. However, in order to limit their exposure to aerial attacks, **residents across Eastern Ghouta reportedly decreased their own movement in November**. Additionally, the fuel shortage limited the modes of transportation available.

Travelling within Eastern Ghouta continued to be associated with **risks of shelling and detention in all communities**, while a majority of communities also reported sniper fire and other

**gunfire. The risk of landmines was reported in Ein Terma, Harasta and Jisrein.** The risk of detention especially affected young men who were perceived to be affiliated with armed groups.



## MOVEMENT OF GOODS AND ASSISTANCE

### Commercial vehicle access:

At the end of November, **commercial vehicles from outside Eastern Ghouta started delivering food to residents inside the area again.** No such deliveries<sup>6</sup> had taken place since early September 2017 when the only trader who was allowed to import goods lost his licence. While these deliveries reportedly positively affected some food prices, they were insufficient to benefit the entire area, and food prices continued to rise significantly regardless. Within Eastern Ghouta, commercial vehicle movement reportedly remained unrestricted. However, it was impacted negatively by the fuel shortage and by the risks associated with all travel inside the area.

### Humanitarian vehicle access:

**A number of humanitarian aid deliveries took place in November.** The aid that entered on 30 October, which included food, medical items and non-food items, was distributed throughout Eastern Ghouta on 5 November. Additional convoys containing food and some medical items entered Eastern Ghouta on multiple dates in November, though some of the aid was not distributed until December. **However, none of the deliveries were reportedly sufficient to meet humanitarian needs in all Eastern Ghouta communities.** One Community Representative remarked that “the amounts were barely enough for less than one week for each family that received it”.

Additionally, humanitarian vehicles entering Eastern Ghouta were reportedly subject to document inspections, vehicle searches, and parts of their loads being taken. There were reports in November that medical items in particular were being removed from humanitarian deliveries before they could reach the intended recipients.<sup>7</sup> **Humanitarian aid distribution was also subject to violence:** warehouses belonging to non-governmental organisations (NGOs) were reportedly looted in late October<sup>8</sup>, and distribution points belonging to local World Food Programme (WFP) partners containing some food aid were struck on 15 November.<sup>9</sup>

### Entry of goods:

In addition to the commercial and humanitarian deliveries, food and hygiene items continued to be brought into the communities by small numbers of residents travelling in and out of Eastern Ghouta in November, although Community Representative reported that civilians have only been permitted to bring back one kilogram of goods into Eastern Ghouta since September 2013. Food was also produced locally. Medical items entered the area via residents entering from other communities as well as through humanitarian deliveries. Medical stockpiles continued to decline in November, as the amounts that entered were not sufficient to meet population needs. **Fuel has only sporadically entered Eastern Ghouta via humanitarian or commercial vehicles since informal routes into the area were closed in late February 2017, and was not included in any of the commercial or humanitarian deliveries in November.**

## 2. FOOD & MARKETS



### ACCESS TO FOOD

In November, access to food remained critically low across Eastern Ghouta. Deaths due to a lack of food and malnutrition continued to be reported<sup>10</sup>, and access to bread decreased due to shortages of wheat and fuel. Residents continued to purchase food from shops, markets and local farmers, in addition to producing food themselves in backyards and on personal farms. Bread was sourced from shops or private bakeries. However, as was the case in October, the latter method required queuing outside for extended periods. In general, residents limited the amount of time they spent outside obtaining food, as it increased their exposure to aerial attacks.

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

#### ALL ASSESSED COMMUNITIES

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

#### CHANGE SINCE OCTOBER



Due to the unprecedented lack of access to food, residents in all Eastern Ghouta communities reportedly had to start eating non-edible plants in November. Other coping strategies, such as reducing meal size or skipping meals, were also reported consistently in Eastern Ghouta communities in previous assessed months, which indicates that the lack of food is persistent. As one Community Representative put it, “there is a large number of children who are five years old who have never seen apples, bananas or other fruits”. In Zamalka, three children reportedly died when they ate what a salesman had marketed as salt for less than the regular price, but what was reportedly the poisonous substance sodium nitrite.<sup>11</sup>



### ACCESS TO MARKETS

The average price of a standard food basket increased by 310% in November, making it 911% more expensive than in nearby areas that are not considered besieged or hard-to-reach<sup>3</sup>.

#### AVERAGE PRICE OF A STANDARD FOOD BASKET<sup>2</sup>

	Eastern Ghouta	Nearby areas (not besieged or HTR)
Average price (SYP) <sup>12</sup>	322,591	31,897

#### CHANGE SINCE OCTOBER



### FOOD ITEM AVAILABILITY & PRICES

Food prices continued to rise significantly in Eastern Ghouta in November, by an average of 69% per item compared to October. While humanitarian and commercial deliveries positively affected food availability, they were not sufficient to meet population needs. One Community Representative reported that, because of the prohibitively high prices, “those raising birds, chicken and other livestock have begun to slaughter and eat them, because the cost of feeding them for a week is the same price as buying a chicken”. As food prices had already increased strongly in previous months, Eastern Ghouta residents have reportedly not been able to prepare for winter by storing food. Additionally, products that can be used to preserve food, such as salt and sugar, were respectively 14,129% and 4,556% more expensive than in nearby communities in November.



### WASH ITEM AVAILABILITY & PRICES

As was the case in October, the availability of hygiene items did not change significantly in November. However, the prices of all assessed items continued to rise. On average, assessed hygiene items were 385% more expensive than in nearby communities not considered besieged or hard-to-reach. People’s appearance and personal hygiene reportedly started to change, as fewer were able to afford hygiene items. Additionally, as the price of disposable diapers increased by 122% in November, residents started using cloth nappies.






### 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.

The area experienced a worsening fuel shortage in November, as none of the deliveries that reached Eastern Ghouta residents in November contained any fuel, which has been the case in most months since late February 2017. Residents remained reliant on firewood, which was 330% more expensive than in nearby communities not considered besieged or hard-to-reach, and on making diesel locally by melting plastic. However, even the availability of plastic continued to decline, with the poorest selling their plastic items to buy food. According to one Community Representative, plastic bags had disappeared from the streets as shopkeepers had stopped giving them away and the ones laying around had been made into fuel. The lack of fuel has had a severe impact on access to services such as medical care, electricity, water and transportation. Community Representatives reported that “people have stopped using modern modes of transportation [...] and have resorted to bicycles, animals and wheelbarrows”. If access to Eastern Ghouta does not improve, the fuel shortage will likely be exacerbated by increased demand during the winter months.

## CORE COMMODITY PRICE INDEX<sup>12</sup>

	Item	Eastern Ghouta	Nearby areas not besieged or Hard-to-reach (HTR) <sup>12</sup>	Price difference between Eastern Ghouta and nearby areas	Price change since October within Eastern Ghouta
 <b>Food Items</b>	Bread private bakery (pack)	2,400	94	2,453%	↑ 68%
	Bread public bakery (pack)	Not available	63	No info	No info
	Rice (1kg)	5,010	525	854%	↑ 84%
	Bulgur (1kg)	4,000	283	1,312%	↑ 55%
	Lentils (1kg)	2,100	375	460%	↑ 48%
	Chicken (1kg)	Not available	1,067	No info	No info
	Mutton (1kg)	5,500	4,333	27%	↔
	Tomatoes (1kg)	750	120	525%	↑ 88%
	Cucumbers (1kg)	Not available	209	No info	No info
	Milk (1L)	850	253	236%	↑ 13%
	Flour (1kg)	3,100	194	1,498%	↑ 103%
	Eggs (1 unit)	500	49	914%	↑ 44%
	Iodised salt (500g)	8,300	58	14,129%	↑ 159%
	Sugar (1kg)	15,100	324	4,556%	↑ 107%
Cooking oil (1L)	10,100	1,033	877%	↑ 55%	
 <b>WASH Items</b>	Soap (1 bar)	500	107	369%	↑ 67%
	Laundry powder (1kg)	5,245	1,025	412%	↑ 31%
	Sanitary pads (9 pack)	1,340	438	206%	↑ 58%
	Toothpaste (125ml)	1,550	350	343%	↑ 94%
	Disposable diapers (24 pack)	10,970	1,573	597%	↑ 122%
 <b>Fuel Items</b>	Butane (cannister)	Not available	2,883	No info	No info
	Diesel (1L)	5,500	242	2,176%	↑ 57%
	Propane (cannister)	Not available	2,000	No info	No info
	Kerosene (1L)	Not available	225	No info	No info
	Coal (1kg)	Not available	425	No info	No info
	Firewood (1T)	338,500	78,667	330%	↑ 14%

### 3. 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

Access to medical care did not improve in November. **Significant barriers remained in place, and the existing stockpiles of medicines and medical items continued to be used without sufficient replenishment.** A number of medical facilities were reportedly struck by conflict-related violence in November.<sup>4</sup> Due to the fuel shortage, medical professionals had to reduce their use of ambulances and medical devices that run on electricity. One Community Representative reported that “the injured were [transported] by motorcycle and sometimes by horse-drawn vehicles”. Additionally, the use of negative coping strategies to deal with a shortage of medical items persisted and cases of malnutrition and infant death continued to feature in the news about Eastern Ghouta, as was the case in October.








No child immunisation services were available in any of the assessed communities.<sup>13</sup> Conversely, all communities had access to emergency first aid and diarrhoea management services. As was the case in October, surgery<sup>14</sup> and skilled childbirth care were only available in six communities, and only Duma, Ein Terma and Nashabiyeh had diabetes services. Residents reportedly remained able to travel to other communities within the Eastern Ghouta area to receive medical care, although many refrained from doing so in November out of fear of conflict-related violence.

#### 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 OCTOBER	

#### UNAVAILABLE MEDICAL ITEMS

Stocks of medical items that were present in Eastern Ghouta before informal routes into the area were closed have been declining gradually for several months. **In November, stocks of some items were replenished slightly by humanitarian deliveries, but aid deliveries were reportedly insufficient to meet population needs, and medical items were said to have been removed from some loads.<sup>7</sup> Other items, such as anti-anxiety and heart medication, remained unavailable in all communities.** Availability of contraception, clean bandages and blood pressure medication improved slightly, although the latter was only sometimes available in three communities. Diabetes medication remained unavailable in all communities except Duma, Hammura and Saqba, where it was only sometimes available. Regardless of availability, prices of medicines and medical items were reportedly prohibitively high, which made them inaccessible to many people suffering from disease, whose risk of death was increased.

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 OCTOBER	

The shortage of medical items reportedly forced Eastern Ghouta residents to continue using severe coping strategies such as using expired medicine; recycling medical items (e.g. bandages, syringes, needles); and using non-medical items for treatment. In the majority of the communities, the available resources had to be shared between medical facilities. As was the case in October, the most needed medical items were blood transfusion bags, antibiotics, anaesthetics, clean bandages, as well as heart and diabetes medication.<sup>15</sup>

#### AVAILABILITY OF MEDICAL PERSONNEL

As was the case in October, all communities had access to some if not all assessed types of trained medical professionals, such as surgeons, doctors and nurses. Additionally, specialists like dentists, veterinarians and pharmacists were active, as well as volunteers with informal medical training. In November, Arbin gained access to midwives, while Nashabiyeh gained doctors.

## EDUCATION

### ACCESS TO EDUCATION

	ALL ASSESSED COMMUNITIES
Available educational facilities	✗
Barriers to education	✓
CHANGE SINCE OCTOBER	◊

All schools in Eastern Ghouta reportedly closed down in November, to protect students and staff from the ongoing airstrikes, some of which have struck educational facilities. As one Community Representative reported, for many children, their “daily job has become gathering firewood and transporting water to houses”. Schoolbooks became valuable because they had not been entering Eastern Ghouta and because they can be burned for fuel, so some families started selling off their books.

## 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 OCTOBER	◊

The electricity network remained unavailable in November. Instead, Eastern Ghouta residents relied on generators fueled by diesel, which was on average 2,176% more expensive in Eastern Ghouta than in nearby communities not considered besieged or hard-to-reach. Only in Nashabiyeh did residents more commonly use solar panels. All communities continued to have access to electricity for 4-8 hours per day, as has generally been the case since March 2017.

## WATER

All assessed Eastern Ghouta communities continued to lack access to the water network in November. Six communities continued to get the majority of their water from water trucking, while the others relied mostly on water from closed well. As was the case in October, the latter category of communities reportedly received water that tasted bad, while the water in the communities with water trucking was considered safe to drink<sup>16</sup>. However, due to the fuel shortage and a lack of

money to pay for water trucking, residents started to be increasingly dependent on manual water pumps, which take substantial effort to operate and present a substantial health risk as they can only extract water from surface wells. **The available water was reportedly only sufficient to cover drinking water needs**, which forced people to adjust their grooming standards.

### ACCESS TO WATER

	ALL ASSESSED COMMUNITIES
Access to water network	✗
Main source of water	Water trucking / Closed wells
Water safe to drink <sup>16</sup>	✓*
Access to water network/week	Unavailable
Sufficiency of water for household needs	Sufficient
Coping strategies used	✗
CHANGE SINCE OCTOBER	◊

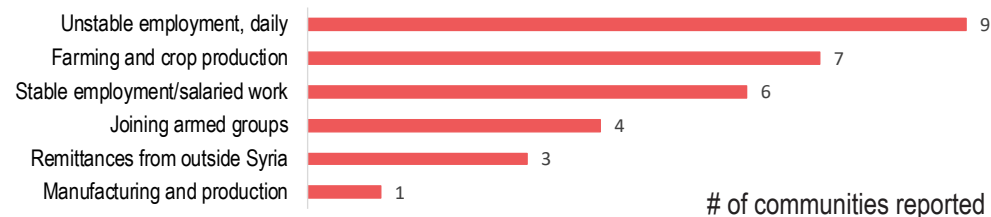
\*Water sourced from closed wells in Arbin, Kafr Batna, Nashabiyeh and Zamalka reportedly tasted bad.

## 4. LIVELIHOODS

### ACCESS TO LIVELIHOODS

In November, unstable and stable employment as well as farming were reported to be livelihoods opportunities in a majority of communities, while residents in Arbin, Kafr Batna and Zamalka also relied on remittances from outside Syria. However, joining armed groups as a source of livelihoods was also reported in four communities. Additionally, some residents started selling plastic assets, clothing and mattresses to people who melt plastic, which indicates a critical lack of livelihoods opportunities. Widows and women whose husbands have been arrested or wounded were reportedly especially vulnerable.

#### The most common income sources used to cover essential needs



## 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. 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.
3. 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.
4. As reported by Community Representatives and supported by reports from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and Médecins Sans Frontières (MSF):  
  
United Nations Office for the Coordination of Humanitarian Affairs, Factsheet - East Ghouta, 8 December 2017. ([https://reliefweb.int/sites/reliefweb.int/files/resources/171208\\_East%20Ghouta%20Factsheet-Final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/171208_East%20Ghouta%20Factsheet-Final.pdf))  
  
Médecins Sans Frontières, Syria: Medical services stretched beyond limit after shelling in East Ghouta, 27 November 2017. ([www.msf.org/en/article/syria-medical-services-stretched-beyond-limit-after-shelling-east-ghouta](http://www.msf.org/en/article/syria-medical-services-stretched-beyond-limit-after-shelling-east-ghouta))
5. 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 Terna (21,600; of which 14,300 IDPs), Hammura (16,700; of which 5,116 IDPs), Harasta (23,000; of which 5,270 IDPs) Jisreïn (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).
6. 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.
7. OCHA has reported that "[c]ross-line inter-agency convoys, when available, are reported to only cover about 20-25 per cent of the required health supplies due to removal or denial of health supplies."  
  
United Nations Office for the Coordination of Humanitarian Affairs, Factsheet - East Ghouta, 8 December 2017. ([https://reliefweb.int/sites/reliefweb.int/files/resources/171208\\_East%20Ghouta%20Factsheet-Final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/171208_East%20Ghouta%20Factsheet-Final.pdf))
8. United Nations Office for the Coordination of Humanitarian Affairs, Cross Border Operational Update 16-30 October 2017, 2 November 2017.
9. World Food Programme, WFP Condemns Destruction Of Humanitarian Food Supplies in Eastern Ghouta Area of Syria, 16 November 2017. ([www.wfp.org/news/news-release/wfp-condemns-destruction-humanitarian-food-supplies-eastern-ghouta-area-syria](http://www.wfp.org/news/news-release/wfp-condemns-destruction-humanitarian-food-supplies-eastern-ghouta-area-syria))
10. 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.
11. Syrian Observatory for Human Rights, Mass poisoning in Rahman Corps' stronghold in the Eastern Ghouta kills and injures about 30 people including children and women, 22 November 2017. ([www.syriahr.com/en/?p=79205](http://www.syriahr.com/en/?p=79205))  
  
Syria Direct, Three killed, dozens poisoned in East Ghouta after residents consume salt-like substance, 23 November 2017. (<http://syriadirect.org/news/three-killed-dozens-poisoned-in-east-ghouta-after-%E2%80%98desperate%E2%80%99-residents-consume-salt-like-substance/>)

12. 1 USD = 434 SYP (UN operational rate of exchange as of 1 December 2017).

13. The absence of child immunisations in a given month does not necessarily indicate a decline in access to medical services, as vaccinations in Syria are commonly administered in rounds and therefore may not be available on a monthly basis.

14. 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.

15. An item being listed as among the 'most needed' does not necessarily indicate that it is unavailable in the community.

16. As reported by Community Representatives.

## METHODOLOGY

Data presented in this situation overview was collected in late November 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. This overview presents findings from November, as well as data from previous months where relevant. 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.

## 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](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.