

Rural Damascus Governorate, December 2017

Humanitarian Situation Overview in Syria (HSOS)

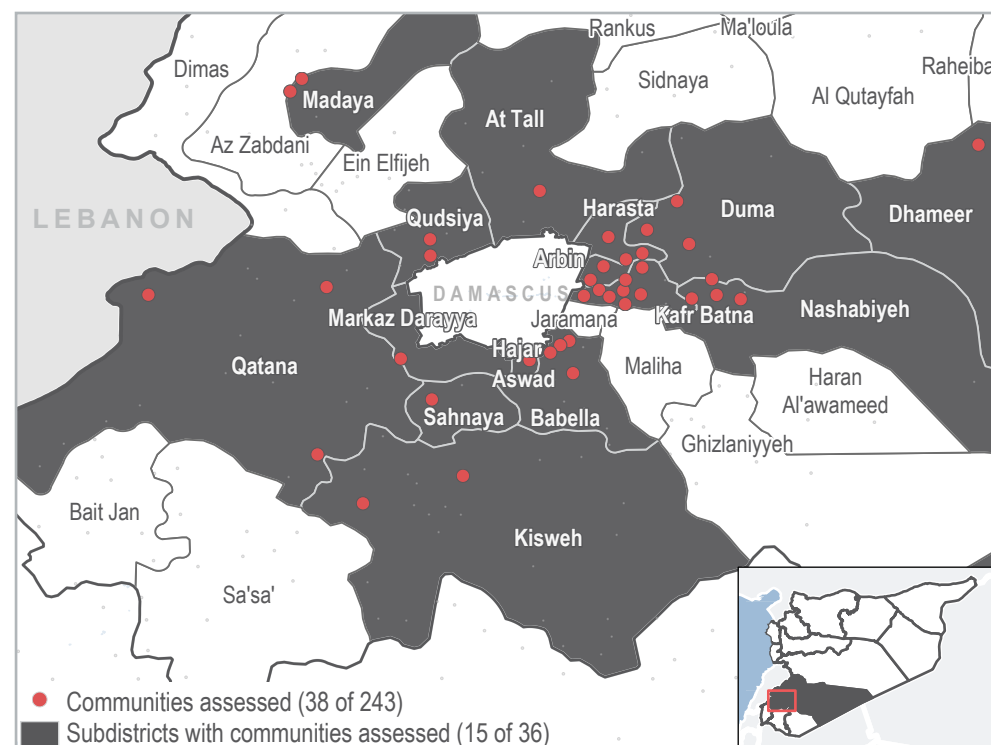
OVERALL FINDINGS¹

Rural Damascus is largely agricultural, and the governorate with the largest number of communities classified as besieged by the United Nations. The situation in Eastern Ghouta, an agricultural area east of Damascus and home to approximately 400,000 people continued to worsen in December following an increase in conflict since September. For detailed information on Eastern Ghouta, please refer to the [Eastern Ghouta Situation Overview](#), available on the [REACH Resource Centre](#). **Less than 50%** of the pre-conflict population remained in a majority of communities assessed in December, with no spontaneous returns indicated². Further members of the pre-conflict population left **one** community, Sahnaya, due to protection concerns. IDPs were present in **35** of the 38 communities assessed in Rural Damascus in December, with **14** communities reporting the presence of over 10,000 IDPs each. The largest number of IDPs were residing in At Tall (approximately 630,000) and Qudsiya (approximately 437,500). The most common shelter type lived in by IDPs and members of the pre-conflict population was independent houses/apartments, although both IDPs and members of the pre-conflict population in Harasta most commonly lived in collective public spaces not designed for shelter. Of the assessed communities, **10** reported restrictions on civilian movement with less than **50%** of the population able to leave the area if they wished to do so.

Of the 38 communities assessed, **12** reported that water either tasted and or smelled bad, although water quantities were reportedly sufficient to meet household needs in most of these communities. Approximately **80%** of the communities assessed reported that residents were experiencing barriers to accessing healthcare. Of these communities, **16** reported the use of coping strategies such as recycling medical items and using non-medical items for treatment to deal with a lack of medical supplies. **All 16** communities are located in Eastern Ghouta.

Of the 38 communities assessed, **39%** reported that malnutrition was one of the most common health concerns in their community and **six** communities reported that residents were using extreme food-based coping strategies to supplement insufficient income. All communities reporting malnutrition and extreme food-based coping strategies are located in the Eastern Ghouta area, which has experienced a rapid escalation in conflict and deterioration in humanitarian conditions since September 2017. The price of an average food basket in Rural Damascus, **84,275 SYP**, was **more than three times** the price of an average food basket in neighbouring Damascus, and far higher than the average monthly income range of **less than 50,000 SYP** reported in **18** of the assessed communities. **All but six** communities reported that unstable, daily employment was one of the most common sources of income in their community. **None** of the assessed communities reported that income was sufficient to meet household needs, with **58%** of communities reporting that residents were skipping meals to deal with a lack of income and **47%** reporting that residents were reducing the size of their meals. Out of the communities assessed, **five** reported that children were being sent to work or beg³. **Sixteen** communities, the majority of which are located in Eastern Ghouta, reported that children were experiencing barriers to accessing education, the most common of which was unsafe routes to services due to ongoing conflict in the area.

Coverage



Top 3 reported priority needs

1. Healthcare
2. Food security
3. Protection

Demographics*

3,261,246 people in need

1,686,064 (Male icon) 1,575,182 (Female icon)

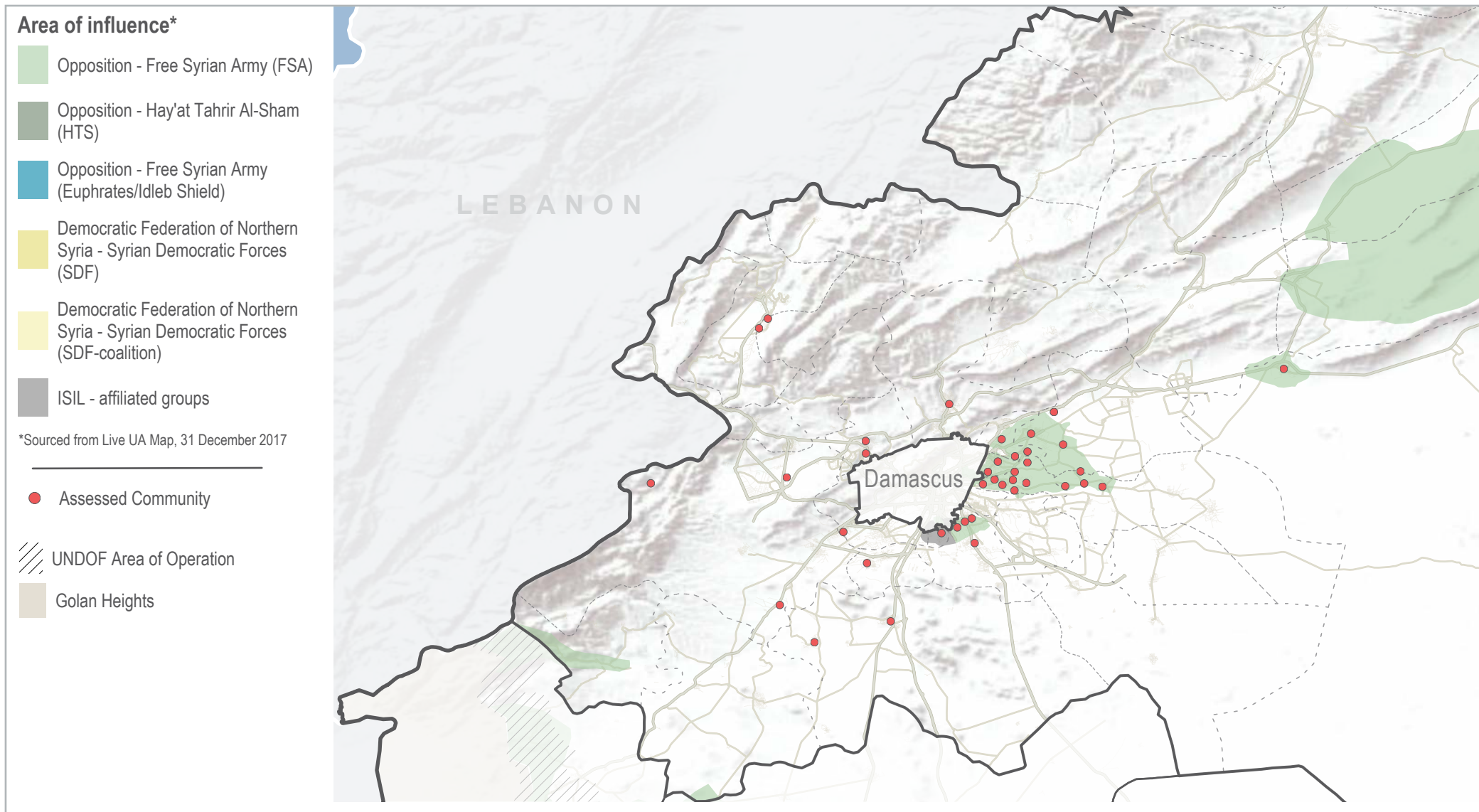
* Figures based on HNO 2018 population data for the entire governorate.

KEY EVENTS

Ein Terma offensive escalates, leading to displacement of 40% of its population within Eastern Ghouta ⁴ .	Sole trader loses authorisation to sell goods; commercial vehicles unable to provide food to residents ⁵ .	Offensive on Eastern Ghouta escalates across more than half a dozen towns and cities in the area ⁶ .	Reported increase in malnutrition and deaths among children and adults in heavily besieged Eastern Ghouta.	Humanitarian aid delivery to Eastern Ghouta ⁷ .	Aid agencies enter Eastern Ghouta to evacuate critically ill residents to Damascus for treatment ⁸ .
Late June	September	October - December	November - December	28 November	27 December

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Governorate areas of influence:



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DISPLACEMENT

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

0 Estimated number of spontaneous returns in assessed communities in December².

Communities with the largest estimated number of IDP arrivals:

No IDP arrivals reported

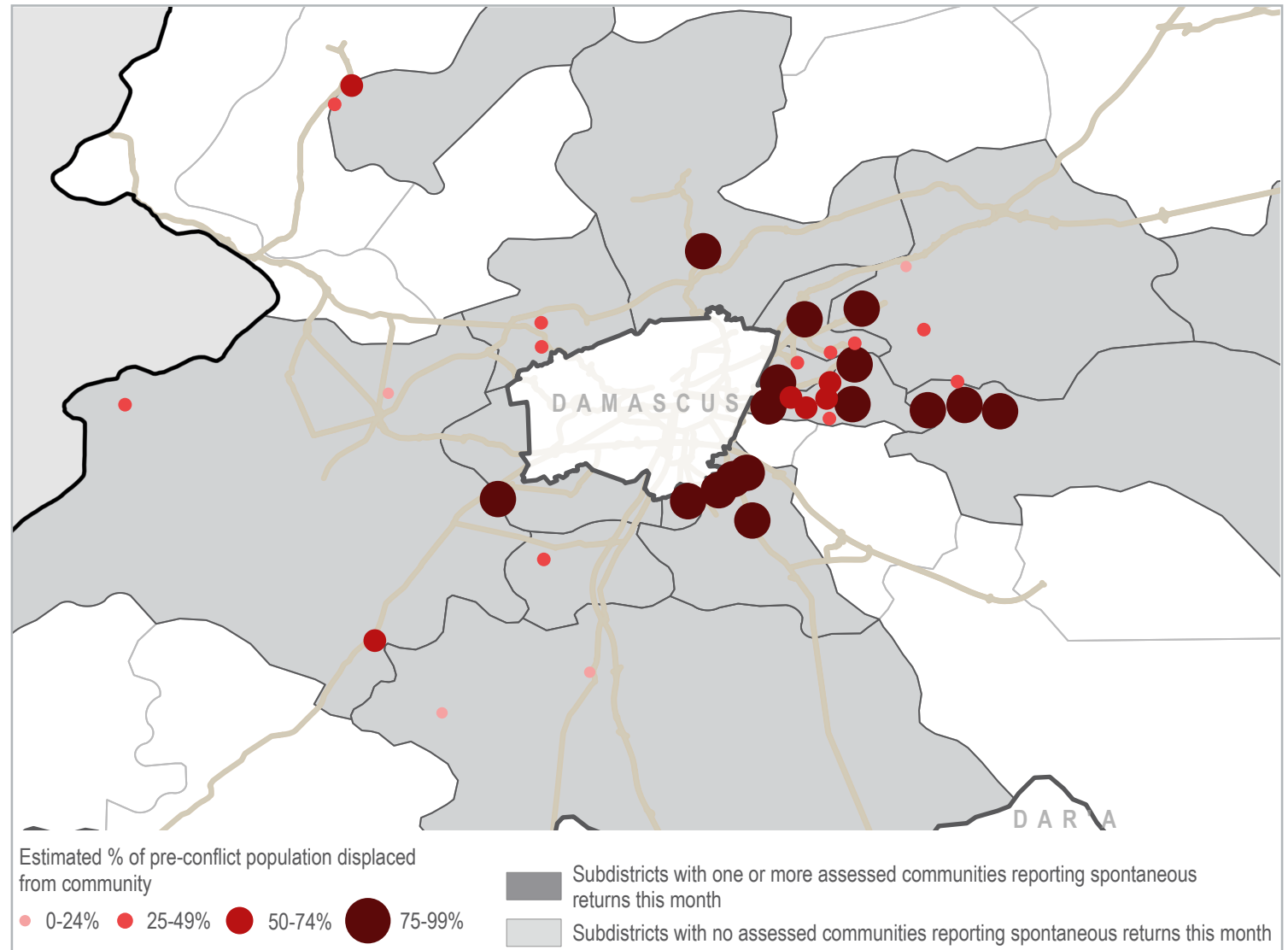
Top 3 subdistricts of origin of most IDPs arrivals^{3,4}:

No IDP arrivals reported

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

Protection concerns 100%

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



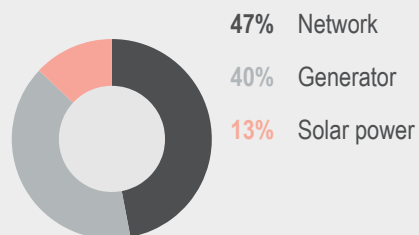
³ Multiple choices allowed.

⁴ By percent of communities reporting.

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SHELTER AND NFI

Primary source of electricity reported:⁴



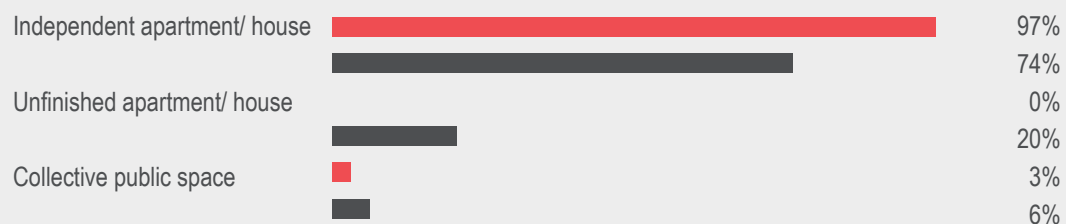
9 communities reported no lack of fuel. Most common strategies to cope with a lack of fuel in the remaining 29 assessed communities^{3,4}:



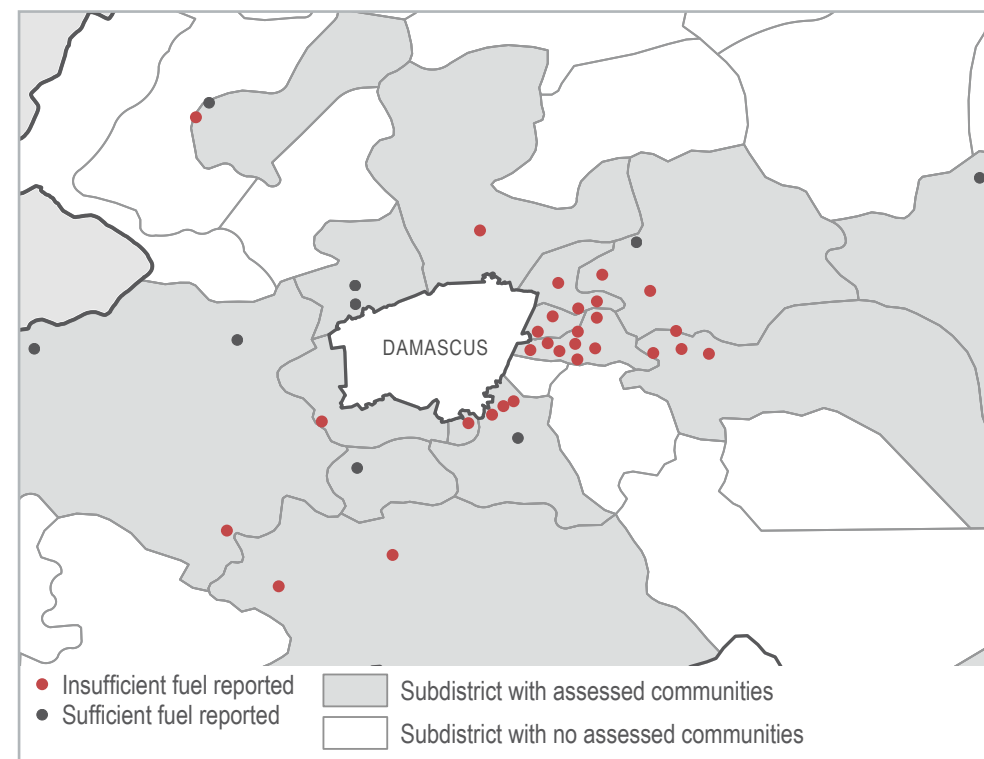
4,744 SYP Governorate average reported rent price in Syrian Pounds (SYP) across assessed communities.⁵

6,882 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 December:	Governorate average price in November:	Syrian average price in December:
Coal (1 kilogram)	442	448	337
Diesel (1 litre)	2,754	2,771	472
Butane (1 canister)	3,303	3,308	6,125
Firewood (1 tonne)	215,417	218,000	84,744

³ Multiple choices allowed.

⁴ By percent of communities reporting.

⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 December 2017)

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HEALTH

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

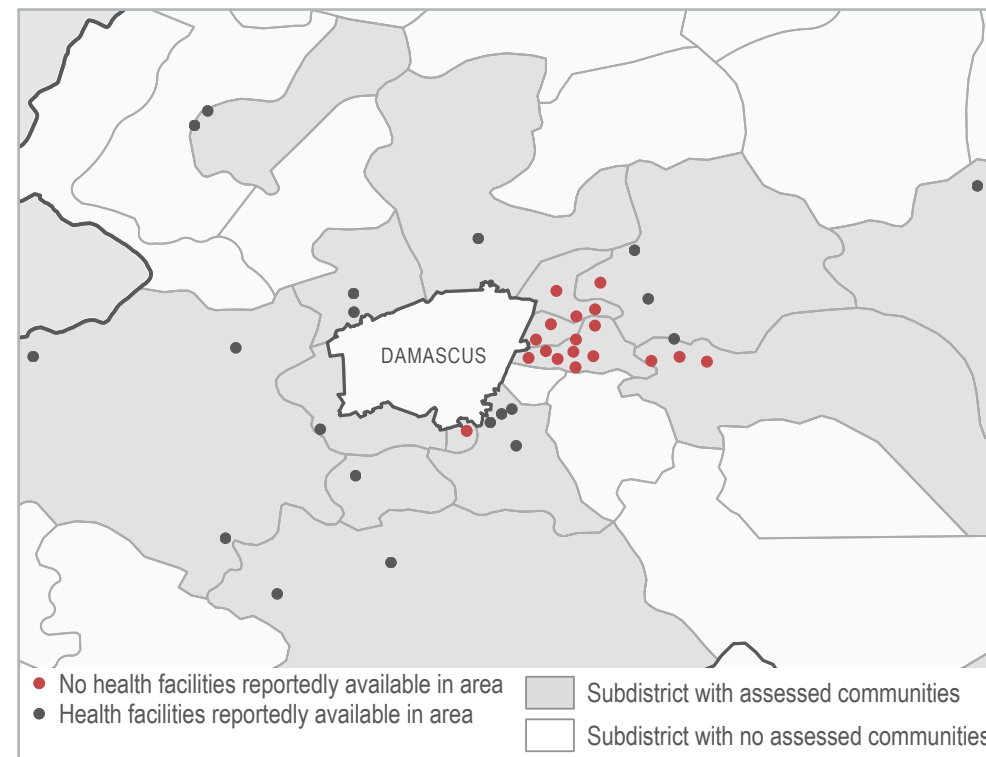
7 communities reported that residents experienced no barriers to accessing healthcare services. The barriers in the remaining 31 assessed communities were^{3,4}:



22 communities reported that residents were not using coping strategies to deal with a lack of medical supplies. The coping strategies used in the remaining 16 communities were^{3,4}:



Presence of health facilities in assessed communities:



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

Medicine	71%
Surgical care	66%
Orthopedic services	53%

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

Injuries	58%
Chronic diseases	53%
Malnutrition	39%

³ Multiple choices allowed.

⁴ By percent of communities reporting.

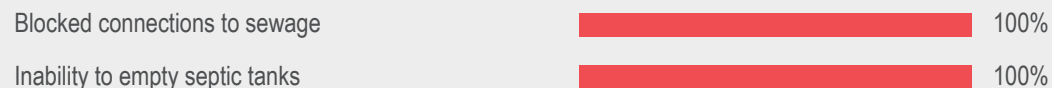
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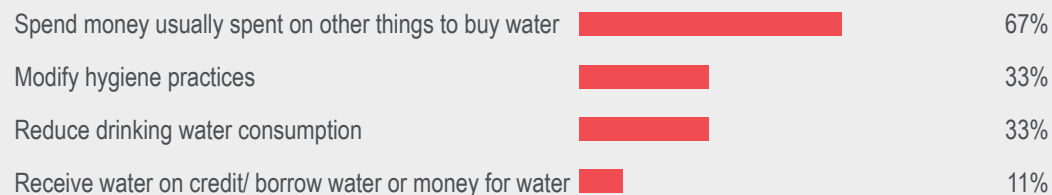
12 Communities reported that water from their primary source tasted and/or smelled bad.

0 Communities reported that drinking water from their primary source made people sick.

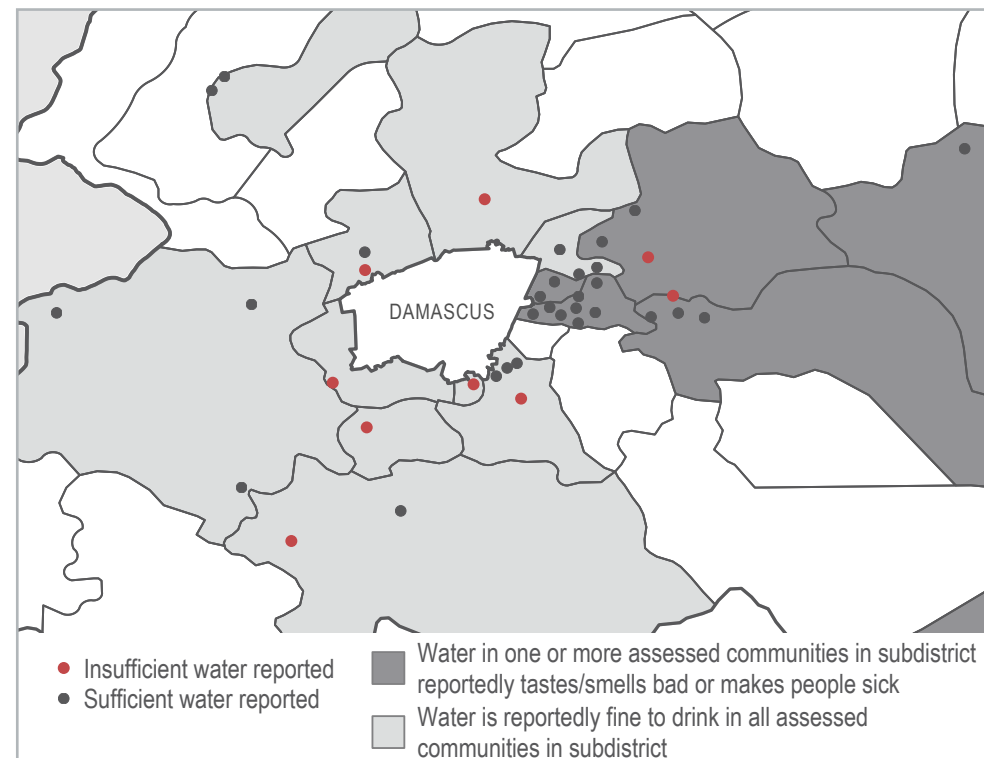
28 communities reported that residents had no problems with latrines. The most prevalent problems with latrines in the remaining **10 assessed communities** were^{3,4}:



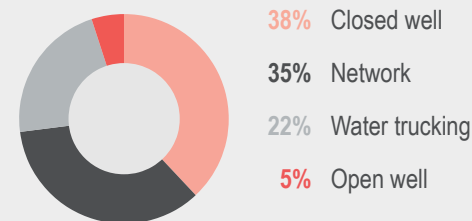
28 communities reported that they had sufficient amounts of water to meet household needs. The most common coping strategies to deal with a lack of water in the remaining **9 assessed communities** were^{3,4}:



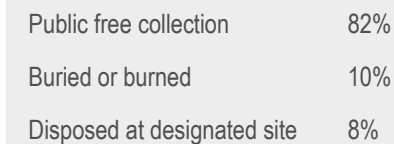
Water sufficiency for household needs:



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.

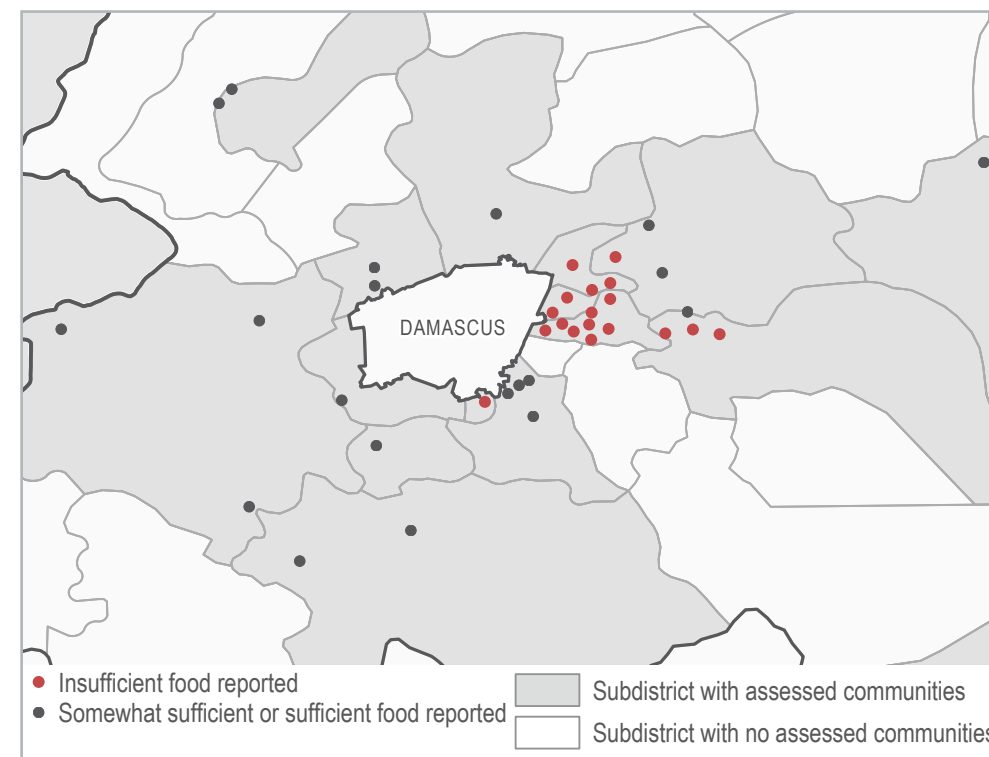
3 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining **35** assessed communities were^{3,4}:



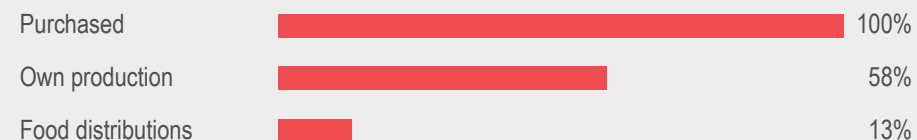
Core food item prices reported (in SYP)⁵:

Food item:	Governorate average price in December:	Governorate average price in November:	Syrian average price in December:
Bread public bakery (1 loaf)	71	73	114
Rice (1 kilogram)	1,709	2,703	565
Lentils (1 kilogram)	1,553	1,168	472
Sugar (1 kilogram)	1,420	7,625	410
Cooking oil (1 litre)	1,830	5,102	697

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 December 2017)

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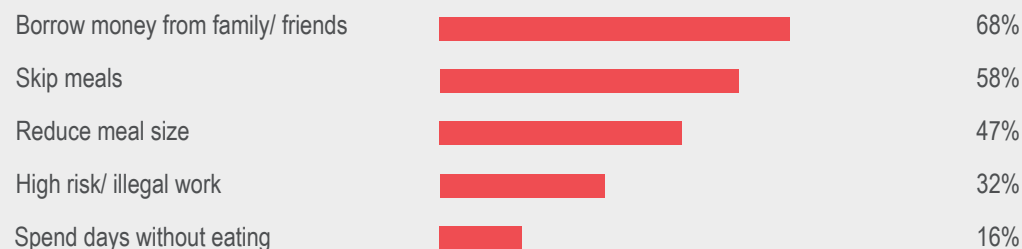
LIVELIHOODS

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

84,275 SYP Governorate average food basket price^{5,6}.

6 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 **38** assessed communities were^{3,4}:



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



³ Multiple choices allowed.

⁴ By percent of communities reporting.

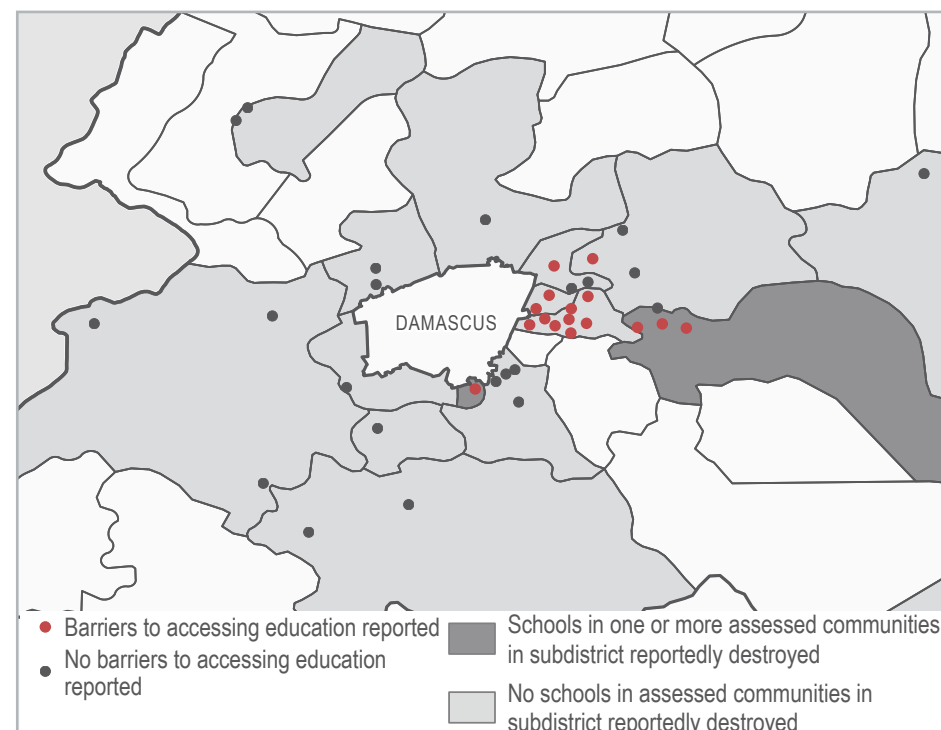
⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 December 2017)

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.

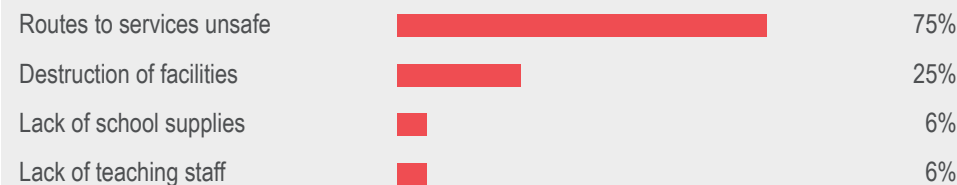
⁷ Extreme food-based strategies: Eating food waste; eating non-edible plants and spending days without eating.

EDUCATION

Barriers to accessing education services:



22 communities reported that most children were able to access education. The most commonly reported barriers to education in the remaining **16** 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 38 communities in January 2018, referring to the situation in Rural Damascus Governorate in December 2017. 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 Returns are not necessarily voluntary, safe, or sustainable.

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

⁴ Nassar and Edwards (17 July 2017). Increased airstrikes in east Damascus towns amid battle for rebel-held district. Syria Direct. Retrieved from <http://syriadirect.org>.

⁵ REACH (December 2017). Eastern Ghouta Situation Overview. Retrieved from <http://www.reachresourcecentre.info>.

⁶ Nassar and Clark (15 November 2017). Largest wave of regime airstrikes hits East Ghouta since de-escalation. Retrieved from <http://syriadirect.org>.

⁷ France 24 (28 November 2017). Aid enters Syria's besieged Eastern Ghouta after strikes. Retrieved from <http://www.france24.com>.

⁸ Al Jazeera (27 December 2017). Syria: Evacuation of critically ill from Eastern Ghouta. Retrieved from <http://www.aljazeera.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.