

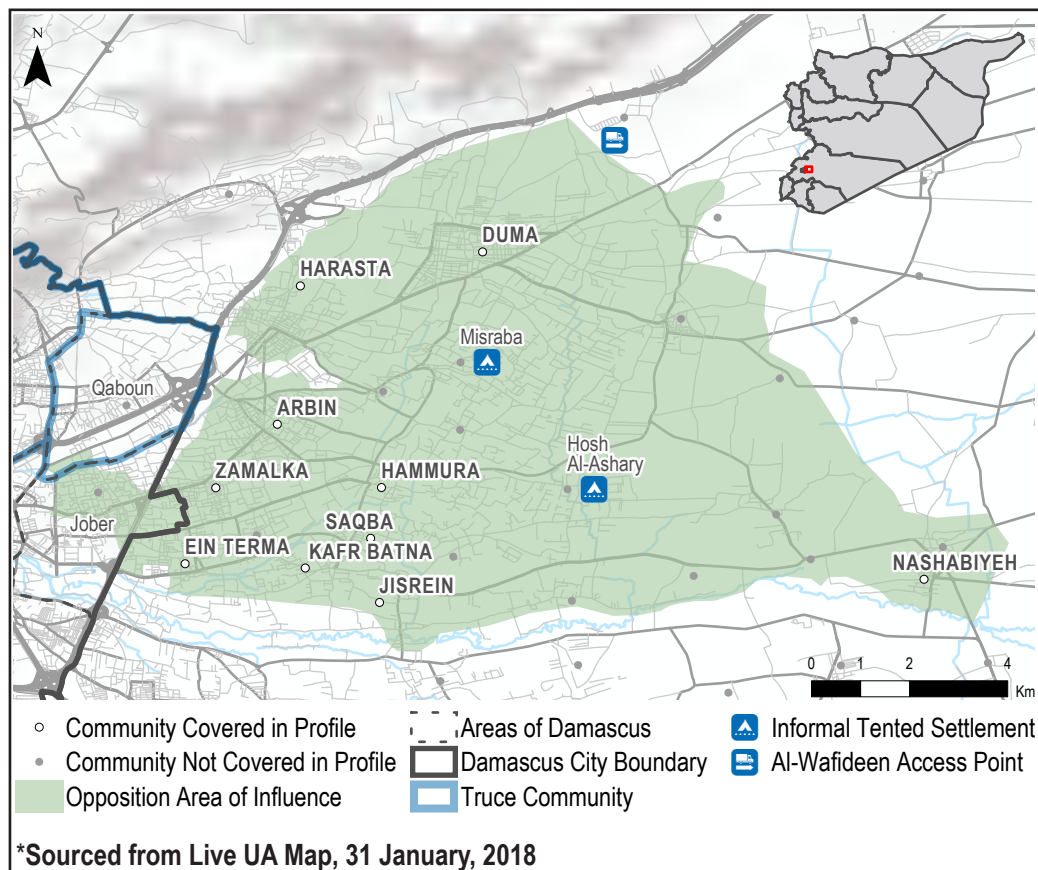
# Eastern Ghouta Situation Overview

## Rural Damascus, Syria - January 2018



**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<sup>1</sup> 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>2</sup>. This Situation Overview is the fourth in a series by REACH, with data collected remotely due to the security risks associated with the escalation in conflict. It aims to monitor the humanitarian situation in Eastern Ghouta, which deteriorated significantly in September 2017 and remained critical in January 2018.

#### Key findings:

- **Five people in critical condition reportedly returned to Eastern Ghouta in January** after having been evacuated in December. **However, 3 people reportedly died before they could receive treatment after exiting Eastern Ghouta, while 22 people, including infants and children, have reportedly died while waiting for permission to leave<sup>3</sup>.**
- **No humanitarian deliveries were authorised to enter in December 2017 or January 2018,** but at the time of writing, a humanitarian delivery for Nashabiyeh entered on 14 February.
- **Access to education deteriorated once again in January,** as all schools were reportedly closed due to the prevalence of shelling and airstrikes.
- **Food, fuel, and hygiene item availability remained constant after food availability had improved in December 2017.** While fuel prices reportedly decreased, all items that entered Eastern Ghouta remained subject to a fee of 2,000 SYP per kilogram (kg) of goods.
- **No deaths due to a lack of food were reported in January.** However, food prices remained unaffordable and widespread malnutrition was reported. **Residents lacked the income to access sufficient amounts of food, and the use of severe coping strategies persisted.**
- The medical situation remained critical across communities. **In Harasta, an increase in medical staff in response to a critical medical situation and high levels of conflict was reported.**
- **Access to water remained insufficient in January,** with residents reportedly continuing to modify their hygiene practices to cope.

Closure of informal tunnel network connecting Eastern Ghouta (E.G.) to Damascus - supplies, most notably fuel, can no longer enter via tunnels.	Sole formal access point (Al Wafideen) closed to commercial vehicles - entry of goods declines further, prices increase.	Fighting erupts between armed groups inside E.G. in late April, calms early May. Internal checkpoints established. Al Wafideen re-opens, commercial vehicles enter again.	Humanitarian aid enters Harasta in June, Duma in July. De-escalation agreement to limit conflict implemented in July, but offensive beginning in late June on Ein Terma intensifies in July.	Fewer commercial vehicles permitted entry, offensive on Ein Terma escalates, leading to 40% of its population displaced within E.G..	Aid enters Harasta in Sept., Kafr Batna and Saqba in Oct. and Nashabiyeh in Nov. No commercial vehicles permitted to enter <sup>4</sup> E.G. until late Nov. Prices skyrocket, reports of starvation and child malnutrition <sup>5</sup> .	Aid that entered in Nov. distributed, but no new deliveries. Schools re-open after closing due to conflict in Nov. Some commercial vehicle entry, but access cut off late Dec. Continued lack of fuel and medicine. Deaths due to lack of food for third consecutive month.	Commercial access in Jan., but no humanitarian deliveries since Nov. Schools closed again due to conflict. Access to food, water, fuel, and medical care remains critically low. Deaths of people who could not receive timely medical treatment continues to be reported.
Late February 2017	March - April 2017	April - May 2017	June - July 2017	August 2017	Sept.-Nov. 2017	December 2017	January 2018



## 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>6</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>6</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, JANUARY 2018

ALL ASSESSED COMMUNITIES			
Overall Humanitarian Situation	↓ Deteriorated or remained critical across the majority of indicators assessed		
<b>Movement of Civilians</b>	Severely restricted; 1-10% of entire area's population could move outside E.G.; reported risks to outward movement were life-threatening; deaths of medical evacuees before treatment could be obtained.	<b>Access to Healthcare</b>	No medical supplies entered from outside Eastern Ghouta. Severe coping strategies reportedly remain in use.
<b>Commercial Vehicle Access</b>	Trade contract that ended late December renewed in January. Some commercial vehicle access possible.	<b>Access to Water</b>	Insufficient amounts of water for household use. Residents continue to modify hygiene practices to cope and resort to using manual pumps due to a lack of fuel for diesel pumps.
<b>Humanitarian Vehicle Access</b>	No humanitarian deliveries for second consecutive month.	<b>Access to Education</b>	No schools reportedly open in January due to high prevalence of airstrikes and shelling.
<b>Entry of goods</b>	2,000 SYP fee for each kg of goods entering Eastern Ghouta. Formal commercial entry of fuel and medical items continues to be prohibited.	<b>Access to Electricity</b>	Remained constant, 4-8 hours per day via generators in the majority of communities but cost of fuel cited as a barrier to access.
<b>Core Food Item Availability</b>	No deaths reported from a lack of food, but malnutrition reported and severe coping strategies remain in place.	<b>Access to Fuel / Hygiene items</b>	No fuel entered for the 11th consecutive month. Prices continued to be prohibitive. Hygiene item prices and availability remain stable.
<b>Core Food Item Prices</b>	Prices remained stable but highly inflated.	<b>Access to Livelihoods</b>	Agriculture and stable employment the main sources of income in most communities. Joining armed groups also continued to be reported in three.

# 1. ACCESS & MOVEMENT

The restrictions imposed on the outward movement of Eastern Ghouta residents, and the inward movement of commercial vehicles, goods, and humanitarian assistance, are some of the most stringent seen since the Syrian conflict began. Civilian movement to other areas of Syria has remained limited with severe associated risks, while internal movement, albeit less restricted, is also hindered by associated risks and other barriers. The entry of commercial vehicles and goods has depended on the renewal of trade agreements and therefore has not been consistent. Meanwhile, humanitarian assistance has remained largely insufficient for the 400,000 residents living in Eastern Ghouta and is usually only able to reach small areas of the besieged enclave.



## MOVEMENT OF CIVILIANS

### External movement:

% of civilians able to enter and/or exit Eastern Ghouta via formal routes: 1-10%

% of population who left Eastern Ghouta via informal routes in October: 0%

Civilian movement via formal routes remained unchanged in January but nevertheless was severely restricted. In late December 2017 and early January 2018, medical evacuations were allowed for the first time since the area was classified as besieged by the UN in 2013. Some of the individuals that were evacuated reportedly returned. However, according to the UN, **three of the individuals reportedly died after being evacuated before they could get adequate treatment, while the UN has reported that 22 people, including infants and children, have died before even being granted permission to leave** (see endnotes 3 and 5).

Of the 1-10% of the population able to enter and leave via the only formal route, Al Wafideen crossing point, public sector employees and males over 40 remained among the few groups able to do so. Women of all ages, and children, reportedly continued to be forbidden by local armed groups from leaving the area for security reasons.

**The risks associated with accessing Al Wafideen checkpoint remained unchanged and included 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.**

No informal movement into or out of the area has reportedly been possible since February 2017.

### Internal movement:

Internal checkpoints remained in place following clashes between armed groups inside Eastern Ghouta in May 2017. Young men reportedly continued to be at risk of detention while crossing, while women and children could pass without risks upon presenting identification.

Movement inside of Eastern Ghouta has remained extremely dangerous, **as a sustained, high rate of airstrikes and shelling has continued in the area**, with a slight lull in December before escalating again in January.

In addition to shelling and detention, which were reported as widespread risks, all communities except for Hammura and Harasta reported sniper fire and other gunfire as a risk to movement. Landmines were also reported in Duma, Ein Terma, Harasta, and Jisrein.

**The media, Community Representatives (CRs), and the UN have reported the suspected use of weaponised chlorine gas in Eastern Ghouta during January<sup>3</sup>.**



## MOVEMENT OF GOODS AND ASSISTANCE

### Commercial vehicle access:

**Commercial vehicle access from outside of Eastern Ghouta has remained inconsistent for the past five months.** From September to the end of November 2017, no commercial vehicles were permitted to enter the area at all. In late November and December 2017, access was granted again, but the only trader authorised to enter his vehicles into Eastern Ghouta reportedly lost the authorisation to do so at the end of December, only to regain it during January. The inconsistency in authorisation for commercial vehicles to enter has led to the exhaustion of food supplies, extremely inflated prices, exacerbated negative coping strategies, and deaths reportedly due to a lack of food.

As was the case in December, a 2,000 SYP fee was reportedly charged for each kg of goods entering Eastern Ghouta, further worsening inflation of prices resulting from access restrictions.

### Humanitarian vehicle access:

**No humanitarian deliveries were reported in January or since November 2017**, although an inter-agency convoy was reportedly finally able to enter Eastern Ghouta on 14 February with aid intended for the Nashabiyeh region. According to CRs and the UN, humanitarian convoys were not authorised to enter the area in December and January. Deliveries in previous months have reportedly been insufficient, with some life-saving medical supplies removed<sup>7</sup>, and were reportedly only distributed to one section of Eastern Ghouta at a time.

### Entry of goods:

Food and hygiene items entered in January via commercial vehicles or by being transported from other areas of Eastern Ghouta. Additionally, civilians relied entirely on travel between communities, or in some cases internal commercial vehicle movement, to obtain fuel and medical items. **Medicine has not reportedly entered via commercial vehicles since June 2016, having only been included in limited supplies in humanitarian deliveries. Meanwhile, no fuel has reportedly entered Eastern Ghouta since February 2017**, when informal tunnels leading to adjacent Damascus city were destroyed.

## 2. FOOD & MARKETS



### ACCESS TO FOOD

**Access to food, which was sourced locally from markets, farms, or home production across the area, remained insufficient in January. The inflated price of food rendered it unaffordable to the majority of people, who lacked the income to purchase it.** CRs also reported substantial barriers to accessing bread, which was purchased from either shops or private bakeries. These were reportedly related to the high prices of supplies to make the bread, including ingredients such as flour and wheat, as well as access to electricity and fuel.

**The majority of residents across communities reportedly continued to go days without eating, and skip and reduce the size of their meals due to a lack of access to food.** There were no deaths due to a lack of food reported in January, having previously been reported consistently since October 2017.

#### MOST COMMON STRATEGIES USED TO COPE WITH A LACK OF FOOD<sup>8</sup>

#### ALL ASSESSED COMMUNITIES

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



### ACCESS TO MARKETS

The price of a standard food basket<sup>9</sup> in Eastern Ghouta remained stable in January. However, it was reportedly **780% higher than in nearby areas not considered besieged or hard-to-reach (HTR)**<sup>10</sup>.

#### AVERAGE PRICE OF A STANDARD FOOD BASKET

#### Eastern Ghouta

#### Nearby areas (not besieged or HTR)

Average price (SYP) <sup>11</sup>	215,597	24,487
CHANGE SINCE DECEMBER <sup>12</sup>	◆	◆



### FOOD ITEM AVAILABILITY & PRICES

**The availability of assessed food items remained constant in January.** Previously, in December, the availability of several items (cooking oil, eggs, iodised salt, and sugar) increased following the re-entry of commercial deliveries to Eastern Ghouta.

Meanwhile, the prices of some individual items decreased but overall remained stable. The fluctuations in prices were related to the prices set by the trader entering goods into Eastern Ghouta, as well as the fees that were required to enter the goods. **However, prices remained highly inflated and prohibitive to residents and were 793% more expensive than in areas not considered besieged or HTR.**



### WASH ITEM AVAILABILITY & PRICES

The availability and prices of hygiene items remained overall stable in January with the exception of toothpaste, which was 13% less expensive in January than in December. Items were reportedly 161% more expensive in Eastern Ghouta than in areas not considered besieged or HTR.



### FUEL ITEM AVAILABILITY & PRICES




Access to fuel is especially critical for people living in besieged and HTR areas such as Eastern Ghouta, which often face high levels of conflict and unique access restrictions. The transport of goods via commercial vehicles, provision of medical services such as ambulances, functionality of bakeries, and the powering of well pumps and electric generators in the absence of functioning water and electricity networks all depend on access to fuel.

**In a positive development, the prices of diesel and firewood, the only two fuels reported as available in Eastern Ghouta since March 2017, decreased in January by 18% and 21%, respectively.** The decrease was reportedly caused by a rumour that the trader authorised to enter commercial vehicles from outside Eastern Ghouta might gain authorisation to import fuel to the area. Fuel has reportedly not been permitted to enter via commercial deliveries since assessments began in June 2016.

Although prices decreased and both diesel and firewood were reported as generally available (21+ days per month), **residents continued to employ multiple negative strategies to cope with a lack of fuel.** These included burning furniture not in use, productive assets, clothes, plastics, and waste. All strategies used in January 2018 have been consistently reported across communities since September 2017, and at least some have been reported since the indicator was first assessed in November 2016.



## CORE COMMODITY PRICE INDEX (SYP)

	Item	Eastern Ghouta	Nearby areas not besieged or HTR	Price difference: Eastern Ghouta vs. nearby areas	Price change since December within Eastern Ghouta
 <b>Food Items</b>	Bread private bakery (pack)	1,500	94	1,602%	↓ -6%
	Bread public bakery (pack)	Not available	69	No info	No info
	Bread shops (pack)	1,800	250	620%	↓ -11%
	Rice (1kg)	2,800	525	452%	◇
	Bulgur (1kg)	2,580	288	768%	◇
	Lentils (1kg)	2,500	288	909%	↓ -14%
	Chicken (1kg)	Not available	1,125	No info	No info
	Mutton (1kg)	5,500	4,700	17%	◇
	Tomatoes (1kg)	800	209	285%	◇
	Cucumbers (1kg)	Not available	228	No info	No info
	Milk (1L)	650	275	138%	◇
	Flour (1kg)	2,800	133	2,164%	↓ -7%
	Eggs (1 unit)	200	48	321%	◇
	Iodised salt (500g)	1,250	60	1,983%	◇
	Sugar (1kg)	2,500	309	709%	◇
	Cooking oil (1L)	3,000	663	338%	◇
 <b>WASH Items</b>	Soap (1 bar)	300	110	173%	◇
	Laundry powder (1kg)	3,600	1,313	190%	◇
	Sanitary pads (9 pack)	650	444	46%	◇
	Toothpaste (125ml)	700	332	141%	↓ -13%
	Disposable diapers (24 pack)	6,500	1,825	256%	◇
 <b>Fuel Items</b>	Butane (cannister)	Not available	2,825	No info	No info
	Diesel (1L)	4,500	235	2,240%	↓ -18%
	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)	267,500	92,500	265%	↓ -21%

### 3. ACCESS TO SERVICES



#### HEALTHCARE

Access to healthcare remained unchanged but limited in January. **Severe strain on available healthcare facilities and capacities of medical personnel was reported in Harasta**, which has reportedly been subject to some of the heaviest shelling and airstrikes in the area for the past three months. This prompted medical personnel from other areas to come to Harasta and support.

##### AVAILABLE MEDICAL FACILITIES

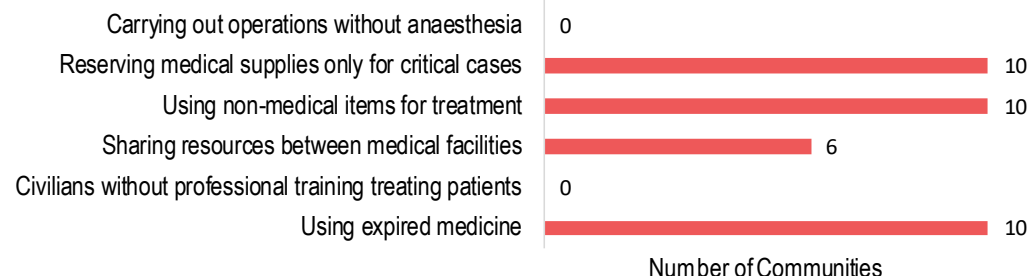


The number of available medical facilities remained unchanged in January. However, **attacks on healthcare facilities across Syria, and specifically Eastern Ghouta, have been cited as a persisting concern in December and January<sup>13</sup>**. In contrast to December, no oral vaccines for children were reportedly administered in January. Medical supplies continued to deplete, as no humanitarian access was permitted for the second consecutive month.

**Residents of Eastern Ghouta continued to be able to access some medical services during January**, with diarrhoea management and emergency first aid care reportedly available in all communities, and skilled childbirth and surgery reported in most. For those living in communities without a given medical service, such as skilled childbirth care, advanced surgery, or diabetes care, travel to other areas of Eastern Ghouta was ostensibly possible. However, the security risks associated with travel, including heavy bombardment and shelling, and the risk of detention for men when crossing into different areas of influence, served as a barrier to access.

Additionally, not all people could access services equally within their communities. More specifically, **only the most serious cases could reportedly obtain medical treatment in order to conserve medical supplies**, although medical personnel reportedly continued to provide recommendations for at least some type of alternative treatment.

##### STRATEGIES TO COPE WITH A LACK OF MEDICAL SUPPLIES



**Strategies to cope with a lack of access to medicine and medical equipment continued to be reported in January.** Use of these strategies has been reported across assessed communities since April 2017, while a notable increase in the type of strategies and the number of communities employing them has been reported since September 2017.



#### UNAVAILABLE MEDICAL ITEMS

**The availability of medical supplies has been decreasing since October 2017.** In January 2018, anti-anxiety and heart medicine were not available in any assessed communities, while diabetes medicine was unavailable in all but three communities. Meanwhile, the availability of anaesthetics decreased in Arbin, Kafr Batna, Nashabiyeh, and Zamalka, making it only sometimes available across communities. Burn treatment and antibiotics remained only sometimes available in all assessed communities, which has reportedly been the case since October.

**Nashabiyeh had comparatively worse access to medical supplies, having reported the highest number of unavailable items (six), while Ein Terma and Harasta reported five unavailable medical items.** It is notable that these three communities were the focus of offensives throughout 2017, making access to medical supplies especially important to deal with the negative effects of increased conflict.

The most needed medical items remained unchanged in January and continued to include blood transfusion bags, antibiotics, anaesthetics, clean bandages, diabetes medicine, and heart medicine<sup>14</sup>.



#### AVAILABILITY OF MEDICAL PERSONNEL

All communities continued to report professionally trained doctors and nurses in January, while trained surgeons, midwives, dentists, and anaesthesiologists were present in the majority of communities as was the case in December.

## EDUCATION

ACCESS TO EDUCATION	ALL ASSESSED COMMUNITIES
Available educational facilities	✓
Barriers to education	✓
CHANGE SINCE DECEMBER	↓

After re-opening in December 2017, **schools reportedly closed again in January due to the high risk of shelling and airstrikes**. Similar to the situation in November, when educational facilities in Eastern Ghouta last shut down due to conflict, **some facilities were reportedly struck in January**.

## ELECTRICITY

ACCESS TO ELECTRICITY	MAJORITY OF 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 DECEMBER	↕

Electricity was available via diesel-fueled generators for 4-8 hours per day in most communities. However, **the financial capacity of residents to pay for electricity was such that the actual hours of consumption were likely much less than those reported**.

In Ein Terma, a new private generator operating for longer hours was reported, causing the availability of electricity in the community to increase from 2-4 to 4-8 hours a day. Meanwhile, access to electricity in Nashabiyeh, the only community that relied primarily on solar panels for electricity, decreased from 4-8 hours to 2-4 hours per day in January. Harasta and Jisrein also reported access for only 2-4 hours.

## WATER

**Access to water remained insufficient in January**. Although drinking water was reported as sufficient, residents continued to rely on hand pumps to extract water for household use due to the prohibitive cost of using diesel-fueled pumps to extract water. As the extraction of water via manual pumps requires substantial physical effort and takes a long time, residents have thus not been able to obtain enough water and have reportedly **modified their hygiene practices to cope**.

ACCESS TO WATER	ALL ASSESSED COMMUNITIES
Access to water network	✗
Main source of water	Water trucking / Closed wells
Water safe to drink <sup>15</sup>	✓ *
Sufficiency of drinking water	Sufficient
Sufficiency of water for household needs	Insufficient
Coping strategies used	✓
CHANGE SINCE DECEMBER	↕

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

## 4. LIVELIHOODS

### ACCESS TO LIVELIHOODS

**Farming and crop production, and stable employment were the most commonly reported sources of income in January for those who had a source of livelihoods**. However, joining armed factions continued to be reported in Kafr Batna, Nashabiyeh, and Zamalka as a common source of income, while business and trade was reported in Arbin and Kafr Batna.

**In previous months when schools were functioning, children having to work has been one of the primary barriers to education, indicating a severe lack of access to income and livelihood opportunities**.

## ENDNOTES

1. According to UN population estimates: <http://www.un.org/apps/news/story.asp?NewsID=58187#WlsBfWnHlU>.
2. Nashabiyeh was re-classified as besieged from hard-to-reach in November 2016, while other communities in Eastern Ghouta have remained classified as besieged.
3. As per UN Secretary General for Humanitarian Affairs and Emergency Relief Coordinator Mark Lowcock's statement to the UN Security Council, 8 February 2018.  
  
See also: Times Live. "16 Die in Eastern Ghouta waiting for evacuation: UN". <https://www.timeslive.co.za/news/world/2017-12-21-16-die-in-syrias-eastern-ghouta-waiting-for-evacuation-un/>.
4. Although a few commercial vehicles belonging to the trader entered during October and November, they reportedly only contained supplies for his dairy factories that were not accessible to civilians. As such, the entry of these vehicles was considered insignificant in relation to the humanitarian situation in the area.
5. UN News Centre. "Violence shuts schools, deprives children of medical care in Syria's East Ghouta, UNICEF warns". (<http://www.un.org/sustainabledevelopment/blog/2017/12/violence-shuts-schools-deprives-children-medical-care-syrias-east-ghouta-warns-unicef/>).
6. Population estimates provided by Community Representatives. Population estimates from the Humanitarian Needs Overview 2018 data (September 2017) were reportedly as follows: Arbin (37,200; of which 1,930 IDPs), Duma (145,400; of which 24,400 IDPs), Ein Terma (21,600; of which 14,300 IDPs), Hammura (16,700; of which 5,116 IDPs), Harasta (23,000; of which 5,270 IDPs), Jisrein (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).
7. The Office for the Coordination of Humanitarian Affairs (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 needs due to removal or denial of health supplies."  
  
UN OCHA, 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. Only strategies that are used by the majority of the population in a given community are reported, meaning that additional strategies may be in use by smaller parts of the population.
9. Calculation of the average price of a food basket is based on WFP'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.
10. Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: 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.
11. 1 USD = 434 SYP (UN operational rate of exchange as of 1 December 2017).
12. Prices of 5% or fewer were not reported.
13. Union of Medical Care and Relief Organizations. "Hospitals Attacked during Holiday Season, 11 Attacks in Wave of Violence". (<https://reliefweb.int/report/syrian-arab-republic/hospitals-attacked-during-holiday-season-11-attacks-wave-violence>).
14. An item being listed as among the 'most needed' does not necessarily indicate that it is unavailable in the community.
15. As reported by CRs.

## METHODOLOGY

Data presented in this situation overview was collected in late January using the Community Profiles methodology, in which information is gathered from 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 January as well as data from previous months where relevant. Findings were triangulated through secondary sources, including humanitarian reports, and news and social media monitoring. All information presented is indicative of the situation in Eastern Ghouta and should not be considered generalisable across other areas. 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. 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.