

# Eastern Ghouta Rapid Assessment

## Rural Damascus, Syria: 3 - 9 April 2018



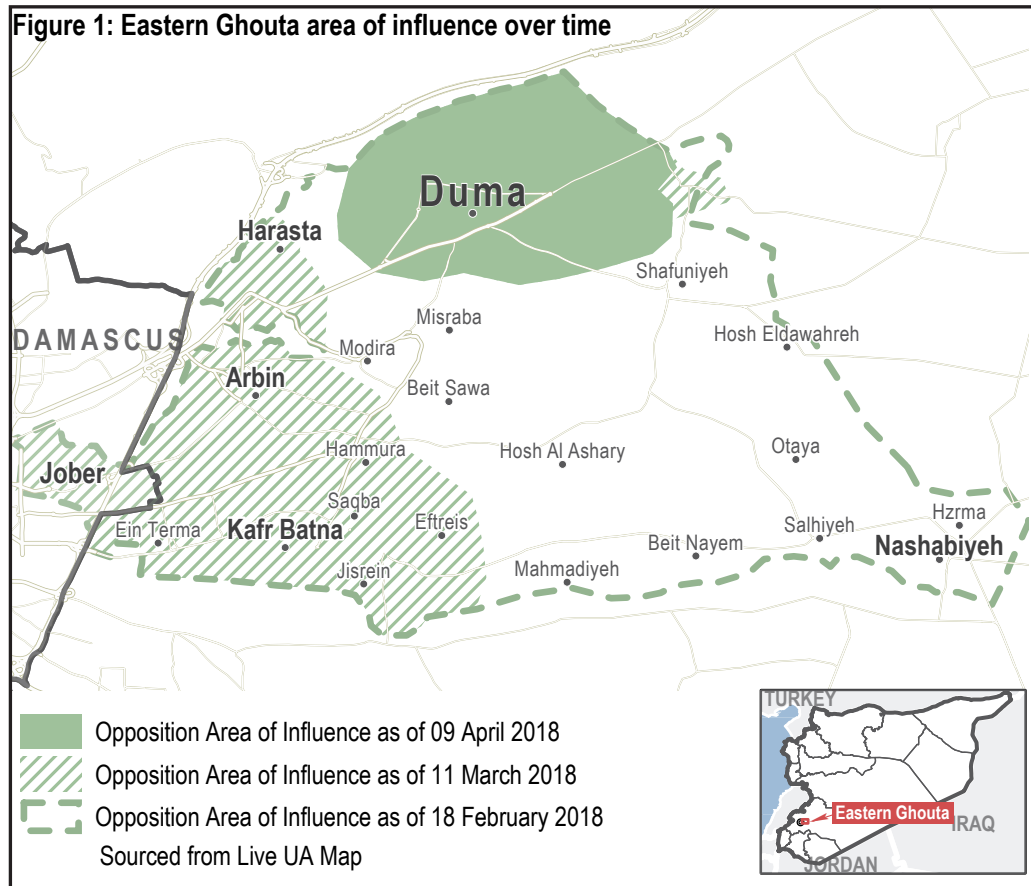
**REACH** Informing more effective humanitarian action



### EASTERN GHOUTA

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Figure 1: Eastern Ghouta area of influence over time



### Methodology

Data presented in this situation overview was collected remotely on 9 April through Community Representatives (CRs) in Eastern Ghouta, focusing on the situation in Duma from 3 to 9 April. Information presented is indicative of the situation in Duma city. Findings were triangulated through secondary sources, including humanitarian reports, news, and social media monitoring. Comparisons were made to information from secondary sources and follow-up was conducted with CRs. Events outside of the assessment period are referenced throughout the text to contextualise the findings of this assessment.

### Background and Key Findings

Eastern Ghouta is an agricultural region east of Damascus. 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>1,2</sup> As part of its Community Profiles programme and in partnership with the Syria INGO Regional Forum (SIRF), REACH has been conducting monthly assessments on the humanitarian situation in Eastern Ghouta since June 2016.

On 18 February 2018 a new offensive was launched on Eastern Ghouta, resulting in an unprecedented humanitarian crisis in the area. Since the publication of previous REACH updates (see [here](#) and [here](#)), the humanitarian situation has further deteriorated for the population trapped in the remaining opposition-controlled areas, including reported subjection to chemical attacks.<sup>4,5</sup> The World Health Organization (WHO) has estimated that 500 patients went to health facilities in Duma with “signs and symptoms consistent with exposure to toxic chemicals.”<sup>6</sup> On 8 April, an agreement was reached by parties to the conflict and a cessation of hostilities ended the unprecedented increase in bombardment.<sup>3,7</sup>

Duma city, a heavily populated, urban environment home to approximately 70,000 - 78,000 people<sup>8</sup>, saw vast destruction during the escalation in conflict.<sup>4</sup> Much of the city's infrastructure, already crumbling from more than five years of conflict and siege, has likely been damaged or destroyed.<sup>9</sup> Following the relocation of some 130,000 people from other areas of Eastern Ghouta in March and early April, residents from Duma have begun evacuations to opposition-controlled areas in northern Syria.<sup>4</sup> Those that have remained behind face limited or no access to clean drinking water, food, or even basic medical supplies. Following the recent escalation, several hundred casualties and over a thousand injuries have been reported<sup>6</sup>, putting immense pressure on already stretched medical services. Meanwhile, the closure of markets and protection risks associated with movement have rendered the situation untenable. Key findings from this assessment are as follows:

- CRs have reported the **mass displacement of approximately 11,000 people to Aleppo and Idlib governorates in northwestern Syria**. At the time of writing, evacuations are ongoing.
- The closure of markets, limited stockpiles, and inability to move freely has resulted in **insufficient access to food**.
- The only general hospital in Duma was reportedly damaged in an airstrike<sup>6</sup>, and as such, **the only medical care available were emergency care points**.
- Residents had **limited or no access to clean drinking water** sourced from surface wells.

*\*At the time of writing, a final agreement between opposition groups and the GoS has been reached, and the Duma pocket has now been taken by the GoS.*

Figure 2: Reported frequency of hits (air strikes or shelling) by community<sup>7</sup>

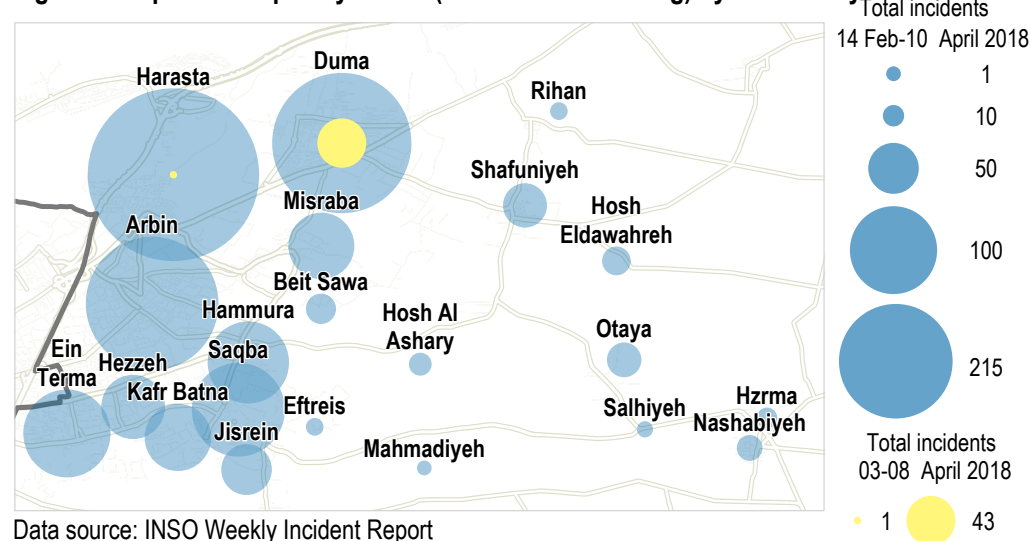
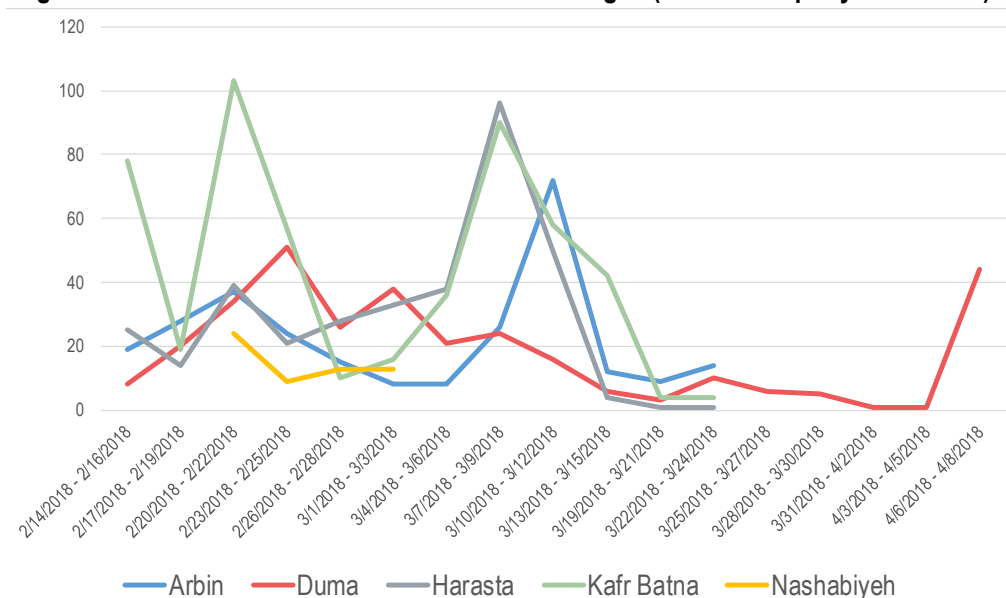


Figure 3: Total number of strikes since offensive began (14 Feb - 9 Apr by subdistrict)<sup>7</sup>



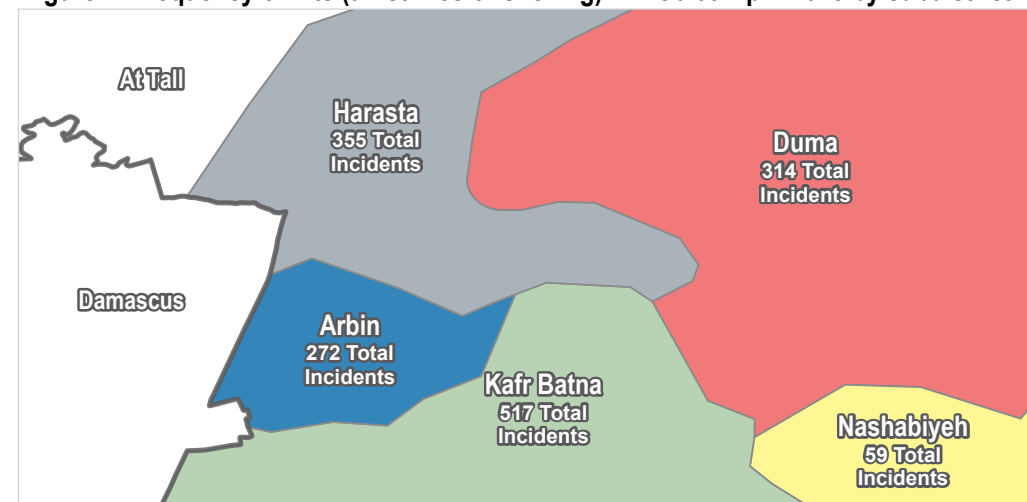
## 1. DISPLACEMENT

• As can be seen on the map (left), there was an unprecedented spike in conflict activity in Duma between 3 and 8 April, following an offensive on Eastern Ghouta that began on 18 February. Since then, there has been mass displacement out of the whole of Eastern Ghouta to northwestern Syria. Since 9 March, approximately 150,000 individuals have reportedly been displaced.<sup>9</sup> During this time, over 90,000 people have been displaced to IDP sites in neighbouring communities, while around 80,000 others have been evacuated to opposition areas in Idlib and northern rural Aleppo in northwestern Syria.<sup>10</sup> The primary needs of these individuals have been identified by the [IDP Situation Monitoring Initiative \(ISMI\)](#) as: shelter, food, non-food items (NFIs), and healthcare.<sup>11</sup>

• During the assessment period, two waves of displacement reportedly occurred out of Duma in Eastern Ghouta to northwestern Syria (see map on page 3). According to CRs, approximately 5,500 individuals left Duma between 3 and 5 April in three convoys travelling to the communities of Idlib city, Ariha, and Ma'arrat An Nu'man in Idlib governorate. Following an agreement between opposition groups and GoS, over 3,800 people - mostly civilians and some fighters - have reportedly arrived in Jarablus community in Idlib governorate.<sup>12</sup> At the time of writing, evacuations are still ongoing and these numbers are anticipated to rise.

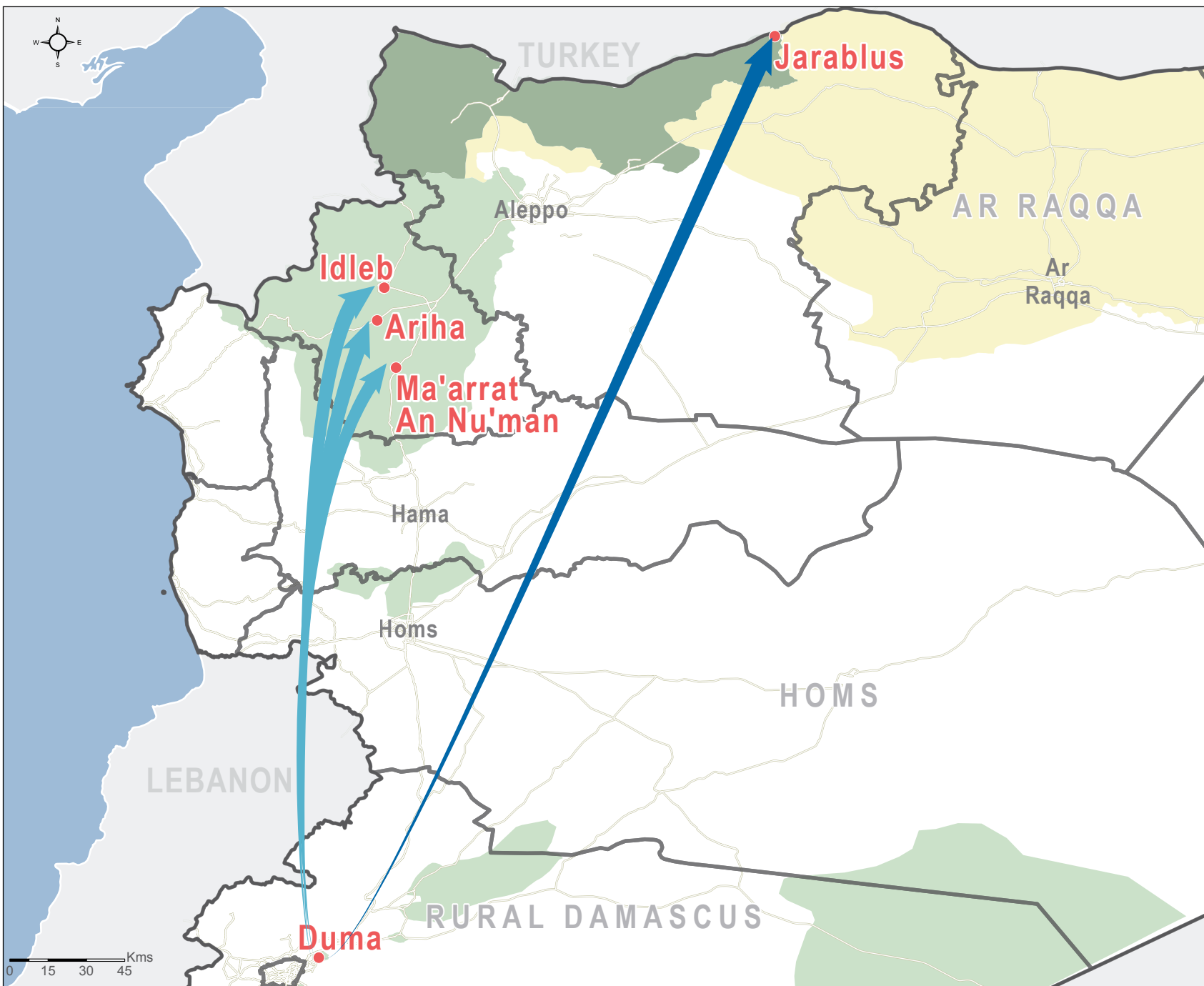
• Whilst some relocations have been confirmed by CRs and secondary sources, only a small percentage of the total population have left the city thus far. An estimated 61,000 to 68,000 people still remain within Duma and as such, continue to be particularly vulnerable, after five years of besiegement, and in need of humanitarian aid.

Figure 4: Frequency of hits (air strikes or shelling) 14 Feb-09 April 2018 by subdistrict



# SYRIA

## Reported displacement from Duma: 03-10 April 2018





 **61,000 - 68,000**  
estimated remaining  
population in Duma

 **5,500**  
estimated displaced population  
3-5 April 2018

 **3,450**  
estimated displaced population  
8-10 April 2018

Area of influence as of 09 April 2018

-  Opposition groups
-  Syrian Democratic Forces (SDF-coalition)

Source: Live UA Map



## 2. FOOD SECURITY



### ACCESS TO FOOD

- **Residents of Duma faced insufficient access to food** during the assessment period. Between 3 and 5 April, small shops in the community were open where residents could buy food. However, **after the rapid escalation in hostilities that began on 6 April, all markets and shops were closed due to the deteriorated security situation.** Small shops and markets that had previously sold some food items were reportedly destroyed.
- Following the closure of markets and shops, **residents relied on food stored previously as their main source of food.** Given that the population of Duma lives in close proximity to the only access point into Eastern Ghouta, Al-Wafideen checkpoint, it is possible that they were able to store food when the only trader authorised to enter Eastern Ghouta last brought in a shipment of food on 15 January or when humanitarian aid last entered on 5 March.
- In Duma, seven out of the eight assessed core food items, including bread, rice, flour, lentils, cooking oil, sugar, and salt were sometimes accessible while markets were open. Bread was reportedly produced by residents by mixing wheat with barley and water, and baking this using firewood inside basements. As the eighth item, baby formula, was not accessible, residents reportedly resorted to mixing water used to cook rice with sugar as an alternative source of food for infants. Meanwhile, children older than three months were given cow's milk.
- Despite a persistent lack of access to food, no deaths related to a lack of food were reported in Duma during the assessment period.

#### Coping Strategies:

- CRs reported extreme strategies to cope with a lack of access to food, including reducing meal size, skipping meals altogether, and going days without eating. **Adults would reportedly go without food so that children could eat,** and residents borrowed food from friends and neighbours. Where there was a lack of alternatives, some residents also bought food from other residents who had larger stockpiles, most likely at inflated prices.
- While severe strategies, including consuming non-edible plants and eating food waste, were previously accessible to residents, **the high levels of bombardment in Duma meant that residents were not able to leave underground shelters to utilise these strategies.**

#### Barriers to Access:

- **The main barrier to accessing food continued to be a deteriorated security situation in Duma.**
- CRs also reported barriers such as a lack of income, prohibitive prices; markets not functioning;

and people not always having the necessary resources, such as water, electricity, and fuel, to produce food at home.

## 3. HEALTH



### ACCESS TO MEDICAL FACILITIES

- As an emergency clinic was the single medical facility reported as functioning during the assessment period, residents had extremely limited access to medical services. Following the rapid escalation of aerial bombardment, the already-stretched medical facilities could not cope with the additional demand for medical care. **According to reports, the only functioning general hospital in Duma, providing services to about 100,000 residents in the region<sup>6</sup>, was damaged during the air strikes on Duma, and as such, could only operate as an emergency care point from then on. WHO has confirmed that two health facilities were affected by the attacks during the assessment period.<sup>6</sup>**
- While residents had previously travelled to facilities in neighbouring communities, **CRs reported that the protection risks involved with travel meant that these facilities were no longer accessible.**



### AVAILABILITY OF MEDICAL PERSONNEL AND SERVICES

- While medical facilities were limited, there were reportedly several types of professionally trained medical personnel available in the community. These included surgeons, doctors, nurses, midwives, and anaesthesiologists.
- As such, residents had some access to emergency care, only providing first aid and surgery if the medical equipment was available. However, diabetes care, mental healthcare, and psychosocial support were not available to residents.



### AVAILABILITY OF MEDICAL ITEMS

- Despite the availability of some professionally trained medical personnel in Duma, **the insufficiency of medical facilities and limited access to necessary medical supplies has led to a major medical crisis in Eastern Ghouta.** Some medical supplies have systematically not been permitted entry and have reportedly been taken out of commercial and humanitarian deliveries.<sup>13</sup>
- In Duma, availability of medical items was reportedly limited: blood transfusion bags and some types of surgical scissors were sometimes available, while antibiotics were rarely available.



Only expired anaesthetics were available to residents, with CRs reporting that only certain types of expired anaesthetics were utilised as it was widely known that they do not have side effects. Other medical items, including blood stores, clean bandages, and clean syringes were not available at all.

#### Coping Strategies:

- **Given the paucity of medical care, residents and medical personnel employed several strategies to cope with a lack of access to adequate medical care and supplies.**
- Residents of Duma reportedly resorted to treating themselves at home, asking untrained civilians for medical care, and using non-medical items for treatment. Meanwhile, medical personnel were forced to deny medical care to less serious cases to conserve resources, share medical resources, and recycle medical items. Some medical personnel also treated patients in non-medical and unsterile facilities. Medical personnel were unable to refer patients to other facilities outside of the community given the severe protection risks associated with movement.

#### Barriers to Healthcare:

- **The deteriorated security situation was the main barrier to accessing healthcare** reported in Duma; residents were sometimes unable to access medical services, even within the community, due to facilities being damaged or destroyed as well as their inability to leave underground shelters. Upon visiting the facility, residents would face limited medical services available and a lack of medical equipment or supplies. Despite medical professionals being present, they were unable to cope with the demand for medical care.
- While there was some (limited) medical infrastructure and medical personnel, high caseloads restricted access to the most severe of cases only, and even then reportedly not all severe cases would receive medical care. **Following the alleged use of weaponised chemical substances on 7 April, over 1,000 people were reported to require medical care for respiratory illnesses.**<sup>5</sup> The already stretched medical services were reportedly overrun with patients.
- The partial destruction of the only general hospital, as well as mass casualties and injuries in the assessment period, has placed further strain on the medical infrastructure of Duma.

## 4. WASH



### ACCESS TO DRINKING WATER

- **Access to drinking water was insufficient in Duma during the assessment period, with**

residents resorting to consuming water sourced from surface wells. **Water from these wells was reportedly not fit for human consumption.**

- All residents reportedly relied on accessing drinking water via hand pumps; while some underground shelters were equipped with these pumps, other individuals had to leave the safety of their shelters to get water.



### ACCESS TO SANITATION AND HYGIENE

- As was the case with access to food, water, and healthcare, residents of Duma faced limited access to sanitation and hygiene facilities due to limited freedom of movement.
- While people did have access to latrines located on the upper floors of the basements where they were staying, CRs reported security risks as a main barrier to access. However, the absence of alternatives meant that residents were forced to use these latrines despite the potential risks involved.
- Other barriers to access included insufficient facilities for the population at hand; latrines not functioning properly; latrines being unhygienic; and a lack of privacy while using the latrines, including no separation between women and men.
- Similarly, handwashing facilities were available in both basements or on upper floors of residential buildings. CRs reported that handwashing was perceived as less important than using latrines, and as such, residents preferred to wash their hands using water and soil or water and ash. Following the escalation in the conflict, **soap was not available. It is likely that the practice of not handwashing could lead to the spread of disease in already unsanitary and overcrowded basements.**
- Meanwhile, disposing of garbage in the streets was the only reported way residents were managing waste.

## 5. FUEL



### ACCESS TO FUEL

- Prior to the escalation of conflict, residents accessed fuel by extracting it from plastics. However, due to the winter season and the large number of civilians staying in basements, the fuel supply in the community has been diminished. Some residents likely sold this fuel at inflated prices, which led to the inflated cost of fuel being a barrier to access for some other residents.
- It was reported that there was also some access to firewood in the community. No other fuel was available on the market.

## 6. EDUCATION



### ACCESS TO EDUCATION

- During the assessment period, children (under the age of 18) had no access to education.
- Due to the deteriorated security situation, schools were closed, as has intermittently been the case since November 2017. Although schools temporarily reopened in December 2017, the offensive on the entire Eastern Ghouta area that began February 2018 meant that schools had to be closed once again.
- As such, children in Duma have not had consistent access to education for over six months.

#### 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](https://twitter.com/REACH_info).

### ENDNOTES

1. Al-Jazeera News: Syrian forces begin new offensive in Eastern Ghouta. 25 February 2018. <http://bit.ly/2EV4K7I>
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. Al-Jazeera News: Deal reached to surrender last rebel-held town in Eastern Ghouta. 10 April 2018. <https://www.aljazeera.com/news/2018/04/deal-reached-surrender-rebel-held-town-eastern-ghouta-180408172342106.html>
4. UN. Statement by Panos Moutziz, Regional Humanitarian Coordinator for the Syria Crisis, on Growing Displacement. 10 April 2018. <https://reliefweb.int/sites/reliefweb.int/files/resources/RHC%20Statement%20on%20Syria%20Displacement%2010%20April%202018.pdf>
5. Reuters. Syria chemical attack is a war crime: Human Rights Watch chief. 9 April 2018. <https://www.reuters.com/article/us-mideast-crisis-syria-warcrimes/syria-chemical-attack-is-war-crime-human-rights-watch-chief-idUSKBN1HG28U>; Organisation for the Prohibition of Chemical Weapons. OPCW Director-General on Allegations of Chemical Weapons Use in Douma, Syria. 9 April 2018. <https://www.opcw.org/news/article/opcw-director-general-on-allegations-of-chemical-weapons-use-in-douma-syria/>
6. The Guardian. Syria: 500 Douma patients had chemical attack symptoms, says WHO. 11 April 2018. <https://www.theguardian.com/world/2018/apr/11/syria-douma-patients-chemical-attack-symptoms-who>; World Health Organisation. WHO Concerned about suspected chemical attacks in Syria. 11 Apr 2018. <https://reliefweb.int/report/syrian-arab-republic/who-concerned-about-suspected-chemical-attacks-syria>
7. INSO Weekly Incident Report.
8. OCHA. East Ghouta Displacement: Situation Report No.1. 26 March 2018. <https://reliefweb.int/sites/reliefweb.int/files/resources/East%20Ghouta%20SitRep%201%20-%202703.pdf>
9. UNOSAT. Rapidly assessed damage occurring between 3 December 2017 and 23 February 2018 in Eastern Ghouta Area. 23 February 2018. <https://bit.ly/2Hf3vQN>
10. UNHCR. Syria: Flash Update on Recent Events. 12 April 2018.
11. REACH-CCCM. IDP Situation Monitoring Initiative. Rapid Assessment of Evacuations from Eastern Ghouta to North-west Syria. 25 - 31 March 2018. [http://www.reachresourcecentre.info/system/files/resource-documents/syr\\_factsheet\\_cccm\\_ismi\\_eastern\\_ghouta\\_rapid\\_displacement\\_summary\\_25-31\\_march\\_2018.pdf](http://www.reachresourcecentre.info/system/files/resource-documents/syr_factsheet_cccm_ismi_eastern_ghouta_rapid_displacement_summary_25-31_march_2018.pdf)
12. Reuters. Syrian rebels evacuated from Douma reach northwest: monitor. 10 April 2018. <https://www.reuters.com/article/us-mideast-crisis-syria-ghouta/syrian-rebels-evacuated-from-douma-reach-northwest-monitor-idUSKBN1HH19M>
13. UN. UN chief urges completion of planned aid delivery to Douma in Syria's east Ghouta. 7 March 2018. <https://news.un.org/en/story/2018/03/1004312>; Reuters. Syrian government removes trauma kits, surgical items from Ghouta convoy: WHO. 5 March 2018. <https://www.reuters.com/article/us-mideast-crisis-syria-ghouta-convoy/syrian-government-removes-trauma-kits-surgical-items-from-ghouta-convoy-who-idUSKBN1GH0WC?il=0>.