

# Eastern Ghouta Situation Overview

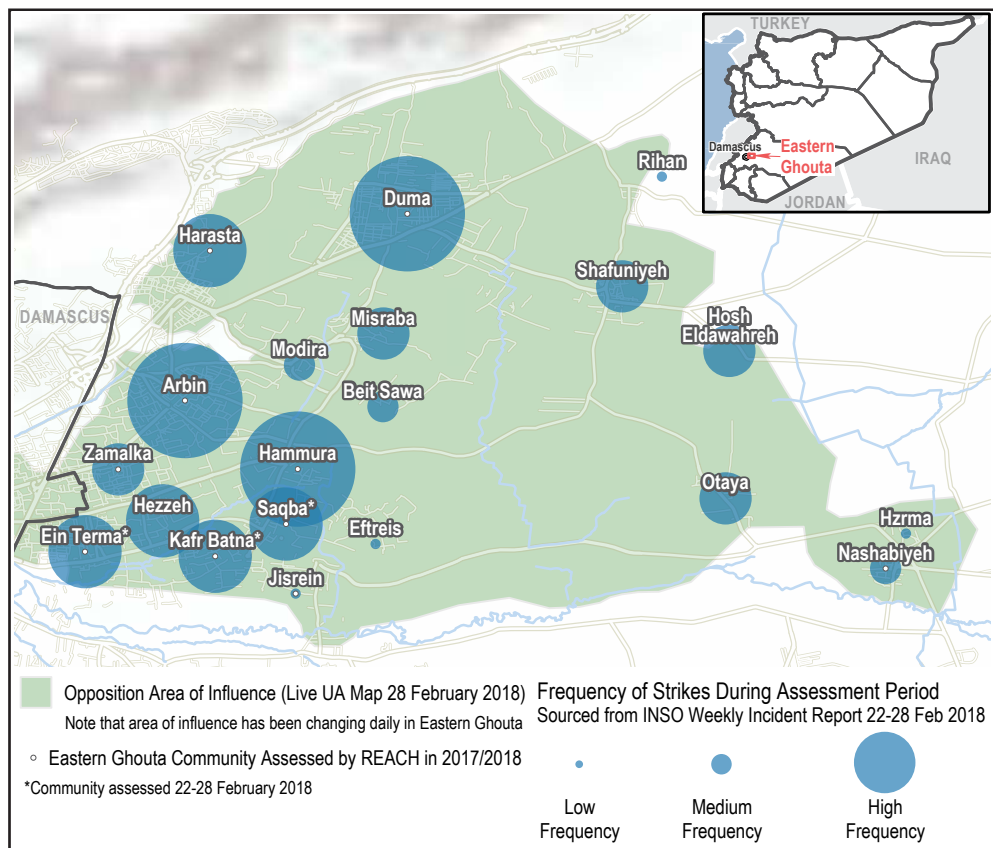
## Rural Damascus, Syria: 22-28 February 2018



**REACH** Informing more effective humanitarian action

### EASTERN GHOUTA

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### Methodology

Data presented in this situation overview was collected remotely between 28 February and 1 March from Community Representatives (CRs) in Eastern Ghouta, focusing on the situation in Saqba, Kafr Batna, and Ein Terma from 22-28 February. Information presented is indicative of the situation in assessed communities at the time of data collection, although data was generalised to the whole of Eastern Ghouta when appropriate. Findings were triangulated through secondary sources, including humanitarian reports, news, and social media monitoring. Comparisons were made to information in previous assessments, and follow-up was conducted with CRs. 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.

### Background and Key Findings

Eastern Ghouta is an agricultural region east of Damascus that is home to nearly 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>. 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. During this time, REACH assessments have highlighted a number of severe humanitarian challenges faced by Eastern Ghouta's population, including protection concerns, limited access to basic health and education services, as well as shortages in basic food and non-food commodities. By the end of 2017, there were reports of acute food insecurity and, more generally, a humanitarian situation reaching critical levels in the area.

On 18 February 2018, a new offensive was launched on Eastern Ghouta. An extraordinary increase in bombardment and shelling ensued and was followed by a ground offensive on 25 February<sup>3</sup> despite efforts by international actors to broker a ceasefire. To understand the impact of the increased hostilities on the humanitarian situation in Eastern Ghouta, REACH conducted a round of data collection between 28 February and 1 March.

**The latest assessment points to an unprecedented humanitarian crisis in Eastern Ghouta. The already existing vulnerability of its inhabitants has been compounded by the intensification of conflict, which has hampered residents' ability to operate services or markets, distribute stocked relief items, and leave their shelter to access food, potable water or services.** Key assessment findings include the following:

- Civilian movement was extremely limited due to the high intensity of bombardment. This reportedly impaired people's ability to access basic services due to extensive damage to hospitals and schools; markets, including food and fuel; and sufficient amounts of water.
- Access to food deteriorated from already-critical levels reported in previous months, and there were reports of death due to a lack of access to food in Saqba.
- Access to drinking water was insufficient across assessed communities, which has reportedly led to the consumption of water from untreated surface wells and the reliance on manual pumps to procure this water in the absence of fuel or electricity.
- Access to medical facilities, personnel, and services was critically low, in large part due to the destruction of medical infrastructure and deteriorated security situation, shortages in personnel, high caseloads, and a severe lack of medical supplies.

*\*Note that as of 5 March 2018, the entry of an inter-agency convoy was permitted to Duma, carrying food and medical aid for 27,500 people. However, the majority of medical supplies were reportedly removed before entry, and the convoy had to leave before distributing all of the aid due to shelling.<sup>4</sup>*

# 1. FOOD SECURITY



## ACCESS TO FOOD

- **Access to food remained insufficient across the three assessed communities.** In all three communities, residents mainly relied on food stored previously; borrowing food from family, friends, and neighbours; and extremely limited distributions by local councils, charities, or other relief providers. Relief providers have sometimes been forced to halt distributions due to heavy airstrikes and shelling<sup>5</sup>, although at the time of writing an inter-agency convoy containing food and medical supplies reportedly entered Duma.
- However, none of the eight food items assessed (bread, rice, flour, lentils, sugar, cooking oil, salt, and baby formula) were accessible to residents of any of the assessed communities.
- Various types of informal markets appeared in the latter half of the assessment period (see livelihoods section for more information), although large marketplaces or souks have remained entirely shut across the three communities. Any visible activity in these markets was reportedly avoided due to the fear of subsequent strikes.

### Coping Strategies:

- Multiple severe strategies were reported to cope with a lack of access to food across Ein Terma, Kafr Batna, and Saqba. These reportedly included reducing the size of and skipping meals or going days without eating. Adults would reportedly go without food so that children could eat more and people have been borrowing food from friends and neighbours. **When asked why the strategies of eating non-edible plants or food waste were not reported, CRs responded that these strategies were not viable options due to the danger associated with leaving underground shelters to seek such items.**

### Barriers to Access:

- Reported barriers to access to food included prohibitive prices, markets not functioning, and a lack of necessary supplies such as fuel, electricity, or water to produce food at home. The intensity of airstrikes and shelling on the area rendered movement nearly impossible to procure goods. In Kafr Batna and Ein Terma, a lack of income and access to cash, and food not always being available in shops or not available in sufficient quantities, were also reported as barriers. **According to one CR, “Most families were not able to bring food with them [when the offensive started] and have remained for a number of days eating scraps of food or borrowing from their neighbours inside the basements [in which they are staying].”**
- In Saqba, the only two functioning bakeries had reportedly been destroyed during the assessment period. Additionally, bakeries belonging to the only trader reportedly authorised

to operate in Eastern Ghouta were damaged in airstrikes, and thus bread is likely to become entirely unavailable in markets until the damage can be repaired.<sup>6</sup>

- As active conflict appeared to be the primary driver in the closure of markets and was a barrier cited to accessing food, **it is likely that the food security situation in the remaining communities previously assessed by REACH or in other areas of Eastern Ghouta was similar to that of Saqba, Ein Terma, and Kafr Batna** due to the widespread airstrikes and shelling reported on the region.
- One CR reported that, despite the dire food situation, “people do not feel the need for food insofar as they feel the need for security,” and that “relief agencies have not been able to reach people because of the intensity of the bombardment and means of communication being cut off.”

# 2. LIVELIHOODS



## ACCESS TO LIVELIHOODS

- No livelihoods indicators were directly measured in this assessment; however, when reporting on main sources of food, CRs mentioned informal market activity, albeit uncommon, which included some shops opening in Saqba and Kafr Batna for very brief periods of time when the security situation was deemed less precarious. In Ein Terma, some street vendors sold local produce, such as lettuce, cauliflower, and parsley, during the last three days of the assessment period, while mobile vendors who would travel via bicycles and sell packaged snacks such as biscuits were also reported.
- While this is not a full picture of livelihoods in Eastern Ghouta or even in the three communities that were directly assessed, it was noteworthy that these activities were reported later in the assessment period, which suggests that people had tried to adapt to the situation at hand and continued to seek livelihoods opportunities.

### 3.HEALTH



#### ACCESS TO MEDICAL FACILITIES

- **The widespread destruction of healthcare facilities** has been reported in Eastern Ghouta by CRs, the UN, and other humanitarian organisations (see endnote 7).
- In Saqba, most of the medical facilities have reportedly been destroyed. Previously, as of January 2018, residents had access to mobile clinics/field hospitals, informal emergency care points, pre-conflict hospitals, and primary healthcare facilities. Reports indicate that some hospitals in Saqba have been struck and rendered inoperable during the recent escalation in conflict (see endnote 7).
- Similarly, in Kafr Batna, there is only one pre-conflict hospital reportedly functioning that has reportedly been struck multiple times. The rest of the medical facilities that were in the community as of January 2018, which had previously included mobile clinics/field hospitals and informal emergency care points in addition to the pre-conflict hospitals, have reportedly been destroyed or are not currently functioning.
- In Ein Terma, there was only one informal emergency care point remaining with extremely limited capacity. Previously, mobile clinics/field hospitals and pre-conflict hospitals had also been reported in the community.



#### AVAILABILITY OF MEDICAL PERSONNEL AND SERVICES

- All three communities had professionally trained doctors, nurses, midwives, and anaesthesiologists, while Saqba and Kafr Batna reported surgeons available as well. These medical personnel reportedly provided emergency care and surgery in Saqba and Kafr Batna, while diarrhoea management, diabetes care, and mental health and psychosocial support were unavailable.
- In Ein Terma, only basic emergency care was available. Moderate to severe cases, or people who needed surgeries, had to be transported to other areas, putting them at substantial risk to encountering active conflict while moving.



#### AVAILABLE MEDICAL ITEMS

- Surgical scissors and clean syringes were reportedly available in Saqba and Kafr Batna, while anaesthetics, antibiotics, blood transfusion bags, blood stores, clean bandages, and clean syringes were only sometimes available in Saqba. In Kafr Batna, however, the available supplies of anaesthetics and liquid antibiotics necessary for surgery were expired.

- According to the UN, the use of some types of expired anaesthetics has reportedly resulted in two deaths as of 14 February, while the entry of anaesthetics is reportedly systematically forbidden (see endnote 7), meaning that the use of expired medicine will likely continue.
- Of the assessed medical items (surgical scissors, anaesthetics, antibiotics, blood transfusion bags, blood stores, clean bandages, and clean needles/syringes), all but blood stores were reportedly available in Ein Terma. However, the comparatively high availability of items was due to the fact that when the most recent offensive began, more supplies and support were sent to Ein Terma due to its location on a frontline.
- CRs from Saqba noted that there was no medicine for those with chronic illnesses.

#### Coping Strategies:

- The use of severe coping strategies was reported across communities. These included **medical professionals providing treatment in non-medical facilities, untrained civilians providing treatment to others; denying medical care to less serious cases; using non-medical items for treatment; sharing resources between facilities, recycling medical items, and self-treatment in house.**

#### Barriers to healthcare:

- In Saqba, facilities being damaged or destroyed was cited as a main barrier to accessing adequate healthcare. A lack of availability of services, medical personnel, and medical equipment, as well as a lack of sufficient access to fuel and electricity to run health facilities, devices, and ambulances, were reported as main barriers to healthcare by CRs in all three communities. Additional barriers included the limited capacity of medical infrastructure, high caseloads, and security risks associated with accessing healthcare facilities or services.
- In Saqba and Kafr Batna some medical professionals who were previously mobile reportedly could not move due to the security situation, so the services that they were able to provide became available only in specific locations that may not be accessible to other populations.
- Additionally, as residents of Ein Terma did not have sufficient access to medical facilities in the community, having to travel to other communities was also a barrier to access.
- **CRs in all three communities reported that ambulances and first-responders had been hit while attempting to provide medical care.**

## 4. WASH



### ACCESS TO DRINKING WATER

- Access to drinking water deteriorated and was insufficient in Ein Terma, Kafr Batna, and Saqba.
- CRs from all three communities reported the use of severe strategies to cope with a lack of access, including consuming less water, drinking water not intended for consumption, and borrowing water from family or friends.
- The use of manual pumps to extract water from surface wells was reported, and people had to leave their shelters and expose themselves to life-threatening risks for extended periods of time.
- As the majority of people have reportedly been living in underground shelters, **one CR noted that, “basements are not fully equipped for emergencies; there are no wash basins, bathrooms, or running water” nor electricity or cleaning supplies.** Due to the intensity of bombings across the region, the situation is likely the same in other areas not assessed. As such, **a deterioration in health will most likely ensue across if humanitarian conditions remain as they are or worsen.**

### 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. Al-Jazeera News: Syrian forces begin new offensive in Eastern Ghouta. 25 February 2018. <http://bit.ly/2EV4K7I>
4. The Washington Post. Amid shelling, U.N. convoy begins aid distribution in Syria's Ghouta. <http://wapo.st/2l39xBK>
5. CARE. "CARE's partners halt aid distribution in Eastern Ghouta due to heavy airstrikes." 20 February 2018. <http://bit.ly/2H6vCxl>.
6. As reported in the Humanitarian Access Team (HAT) Eastern Ghouta Daily Update, 26 February 2018.
7. United Nations. Statement by Panos Moutzis, Regional Humanitarian Coordinator for the Syria Crisis, on East Ghouta Hospital Attacks. 20 February 2018. <http://bit.ly/2Ffaj2>

## 5. FUEL



### ACCESS TO FUEL

- CRs from Saqba and Ein Terma reported no access to any type of fuel in the past seven days.
- Meanwhile, CRs in Kafr Batna reported extremely limited access to fuel via some fuel vendors who sell out of their houses. However, as the risk associated with movement while attempting to obtain fuel from these vendors was reportedly life-threatening, the vast majority of people could not feasibly access fuel via this way.
- Barriers to access cited included fuel not always being available or unaffordable prices; insufficient quantities available to meet population needs; the inability of people to move due to active conflict; and the closure of markets.
- A lack of access to fuel has reportedly led to electricity shortages, as has the destruction of generators due to airstrikes, which has, according to CRs in Saqba, reportedly led to the loss of both electricity and internet.

## 6. EDUCATION



### ACCESS TO EDUCATION

**No schools of any kind were reportedly functioning in any of the three assessed communities.** Previously, in January, schools across Eastern Ghouta had reportedly shut down due to shelling; as such, it is likely that, in February, they were also closed in other areas of Eastern Ghouta.

#### 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).