

Eastern Ghouta Rapid Assessment

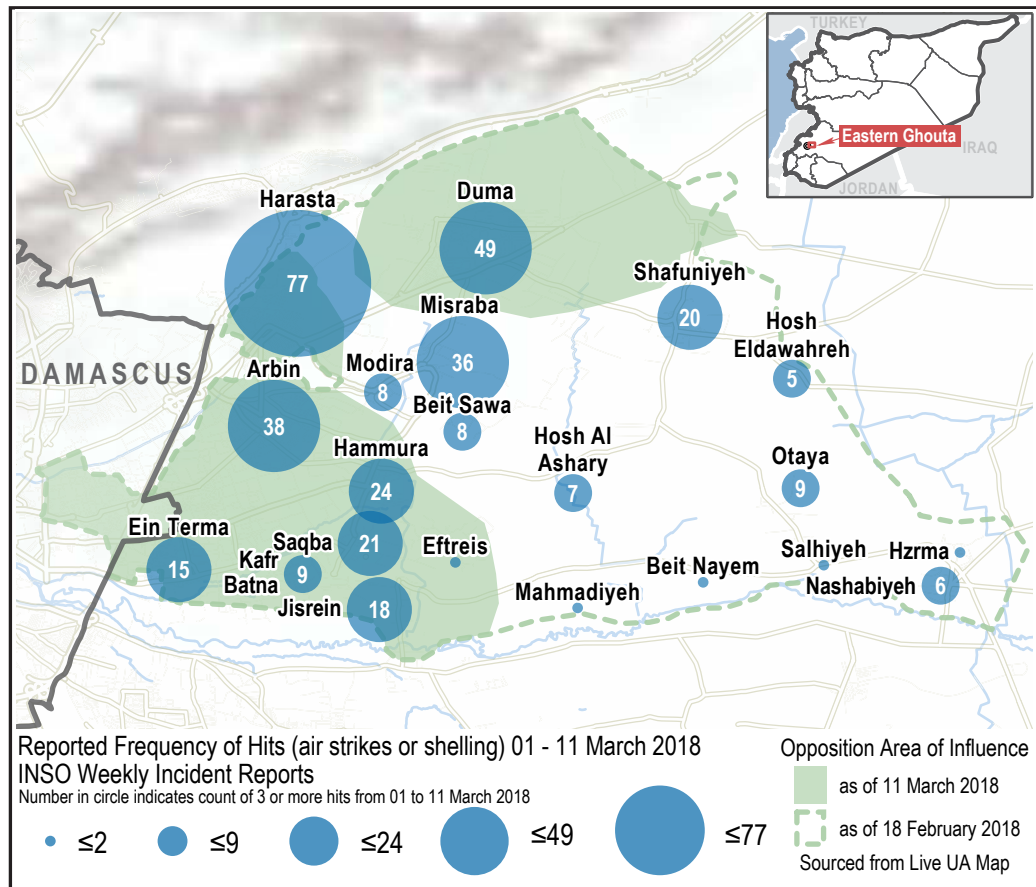
Rural Damascus, Syria: 1-11 March 2018



REACH Informing more effective humanitarian action

EASTERN GHOUTA

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Methodology

Data presented in this situation overview was collected remotely between 11 and 12 March from CRs in Eastern Ghouta, focusing on the situation in Saqba, Kafr Batna, and Ein Terma from 1-11 March. Information presented is indicative of the situation in assessed communities, 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 400,000¹ 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 2013². As part of its Community Profiles programme and in partnership with the Syria NGO 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 services, shortages in core commodities, and critical levels of food insecurity.

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 February³ 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 an [initial rapid assessment](#) detailing the situation between 22-28 February and has now completed a follow-up assessment covering the period of 1-11 March, 2018.

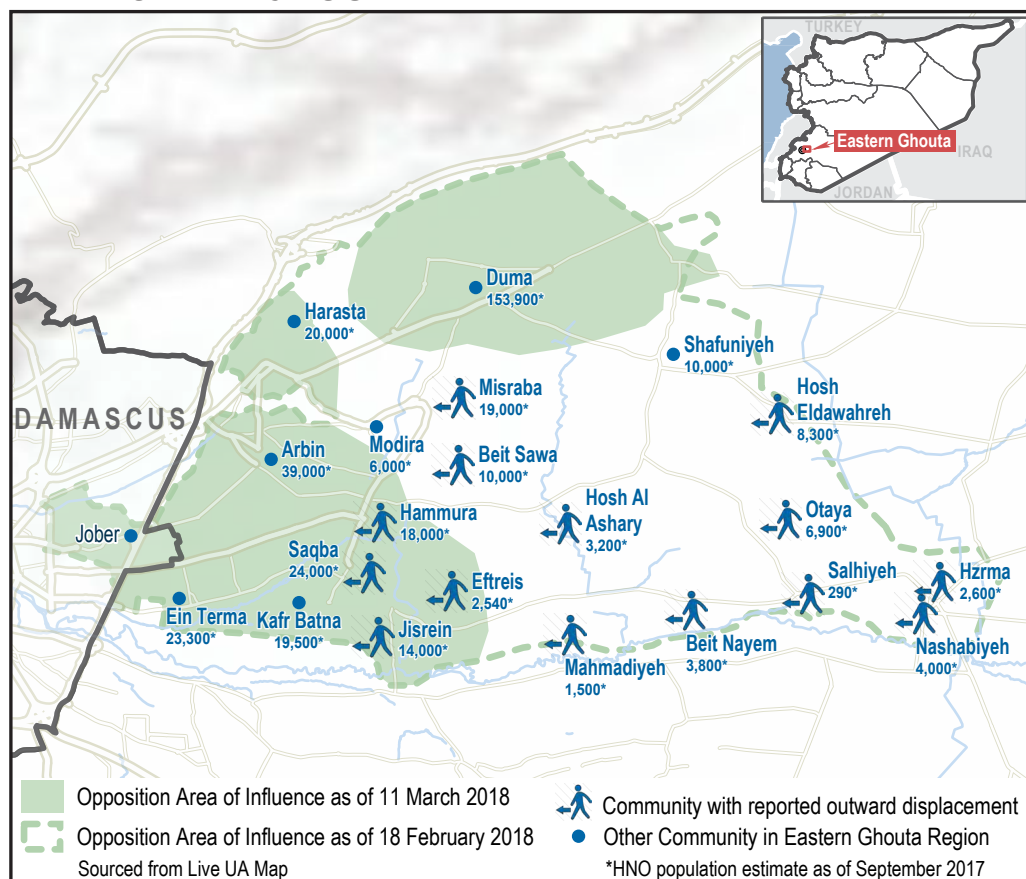
Findings indicate that residents of Eastern Ghouta, already vulnerable from five years of living under siege, have continued to endure untenable and worsening living conditions. They remained unable to access sufficient amounts of food, drinking water, or life-saving medical supplies and services, and faced increasing health issues, including risking the spread of disease from living in overcrowded basements. Furthermore, the closure of markets and a severe lack of movement due to bombardment has rendered the humanitarian situation catastrophic. The sustained level of hostilities in the region has been described by Medecins Sans Frontieres (MSF) as an "outrageous, relentless mass-casualty disaster."⁴

Key assessment findings include the following:

- For the first time in this rapid assessment series, REACH assessed displacement and additional Water, Sanitation, and Hygiene (WASH) indicators. Findings indicate that mass, westward displacements occurred from eastern areas of Eastern Ghouta, with some IDPs reportedly having to stay in vulnerable shelter types, or remain in open air (see map on page 2).
- Community Representatives (CRs) reported some access to functioning sanitation facilities, including latrines and hand-washing areas. However, people reportedly had to leave the basements to reach them, and most could not access soap, using alternatives such as ash instead.
- Access to food remained low, although IDPs coming from rural areas reportedly began selling meat or distributing it free of charge, as they had no place to keep their livestock.
- Insufficient access to drinking water continued to be reported across assessed communities, with residents having to instead consume river water that had a bad taste and smell.
- Access to healthcare remained severely limited, with the destruction of the only functioning hospital reported in Kafr Batna and a sharp drop in availability of medical items in Saqba.

1. DISPLACEMENT

EASTERN GHOUTA



- Due to limited access to CRs, reliable numbers of displaced populations were not able to be obtained. **However, mass displacement from eastern areas of Eastern Ghouta have reportedly occurred, as well as secondary displacements upon reaching areas on the western side*.**
- Some IDPs have been able to find shelter in apartments with friends or family or in basements, while others sought refuge in unfinished or severely damaged buildings.
- However, **other IDPs have reportedly been staying in makeshift shelters or in open air, likely due to overcrowding of other shelter types.**
- Almost half of the population of Saqba has reportedly left due to the expectation of further escalations in violence and the potential for a ground offensive on the community.

2. FOOD SECURITY

ACCESS TO FOOD

- In Kafr Batna, some small shops remained open, when the security situation was deemed more stable, and were reported as a main source of food, although markets remained shut. In Saqba and Ein Terma, no such shops were reportedly open, but street vendors selling vegetables or vendors selling biscuits from their bicycles continued to be reported in the latter.
- In all assessed communities, red meat (beef and lamb) from farmers was also a main source of food.** This was reportedly related to the mass displacements of IDPs from agricultural areas who brought their livestock with them. As there was no place to keep the livestock in urban areas and likely not enough resources to feed them, these farmers reportedly began slaughtering their animals and either selling meat for an average of 2,500 SYP⁶ per kilogram or distributing it free of charge to the most needy during calm periods.
- In Kafr Batna, access to the eight assessed core food items** (bread, rice, flour, lentils, cooking oil, sugar, salt, and baby formula) **was comparatively better than access in other assessed communities.** As such, all of the above items other than baby formula were at least sometimes accessible. This was likely due to the presence of small shops or vendors selling goods from their homes, the ability of residents to go to nearby farms to get food during pauses between shelling and airstrikes, and more frequent lulls in airstrikes and shelling than in other areas.
- Meanwhile, residents of Ein Terma and Saqba reportedly continued to lack access to any of the assessed core food items.**
- Despite a persistent lack of access, no deaths due to a lack of food were reported in the assessed communities.

Coping Strategies:

- CRs continued to report severe strategies to cope with a lack of access to food, such as eating smaller meals, skipping meals altogether, or going days without eating. Adults would reportedly forgo eating so that children could have food, and residents continued to borrow food from friends and neighbours in the same living quarters.**

Barriers to Access:

- The main barrier to accessing food continued to be a deteriorated security situation in assessed communities and across Eastern Ghouta, which hindered residents' ability to obtain food and other needed commodities.**
- Other commonly reported barriers continued to include a lack of income and access to cash; not enough resources to produce food at home; prohibitive prices; normal markets not functioning; or, in the case of Kafr Batna, unsafe routes to shops.

3. HEALTH



ACCESS TO MEDICAL FACILITIES

- In contrast to access to food, **access to medical facilities worsened in Kafr Batna. The only functioning hospital in the community was reportedly destroyed at the beginning of March.** Some emergency clinics reportedly opened to compensate for the lack of formal medical infrastructure, but their capacity was extremely limited.
- Similarly, Ein Terma continued to have only one functioning emergency clinic, while CRs reported that most medical facilities in Saqba had also been destroyed, although some were still operational.
- **The World Health Organisation (WHO) has reported that, of the 67 verified attacks on healthcare facilities in Syria during the first 2 months of 2018, 28 have reportedly involved hospitals or other medical facilities in Eastern Ghouta, while one hospital in Kafr Batna was reportedly struck twice⁷.**



AVAILABILITY OF MEDICAL PERSONNEL AND SERVICES

- **Several types of trained medical personnel remained at least sometimes available in Ein Terma, Kafr Batna, and Saqba,** and included doctors, nurses, midwives, and anaesthesiologists. Surgeons were also available in Kafr Batna and sometimes in Saqba.
- Emergency care remained available in all communities, while diarrhoea management, diabetes care, and psychosocial support continued to be unavailable. Simple surgery was available in Kafr Batna but not in Saqba and Ein Terma. In the latter, those needing surgery had to be moved to nearby communities.



AVAILABLE MEDICAL ITEMS

- **The lack of medical facilities and limited capacity of personnel in Eastern Ghouta has been compounded by a lack of access to vital medical supplies*. In Saqba, access to medical items worsened considerably; antibiotics, clean bandages, and clean syringes were no longer available, while surgical scissors were only sometimes available.** Other assessed medical items (anaesthetics, blood transfusion bags, and blood stores) continued to be sometimes available.
- **In Kafr Batna, only expired anaesthetics and antibiotics were available, while blood stores remained unavailable entirely.** Other assessed items were at least sometimes available. In Ein Terma, all items but blood stores were available, as the community has reportedly been delivered more supplies due to its location on a frontline.

Coping Strategies:

- **Residents and medical personnel continued to employ severe strategies to cope with a lack of access to adequate medical care and supplies.** In Ein Terma, the number of strategies used was comparatively lower than in Kafr Batna and Saqba and included sharing resources between medical facilities in nearby communities and the emergency care point inside the community, in addition to recycling medical items. This was likely due to the fact that any moderate to critical cases had to be transferred to other areas to receive care, which, considering the protection risks involved, could be considered a severe strategy in and of itself.
- **Meanwhile, residents of Kafr Batna and Saqba would reportedly resort to treating themselves at home, while medical personnel had to deny medical care to all but the most critical cases,** due to a lack of supplies, or use non-medical items for treatment. Sharing resources between facilities and recycling medical items were also reported. **Additionally, in Saqba, some untrained civilians would reportedly provide treatment,** ostensibly due to a lack of medical staff, while medical personnel sometimes had to provide treatment in non-medical facilities.

Barriers to healthcare:

- Barriers to healthcare remained numerous and included a lack of availability of services; limited capacity of medical infrastructure; and shortages in medical equipment or supplies, including fuel and electricity needed to operate medical machinery and ambulances. Despite some medical personnel reportedly moving from town to town in order to serve the highest number of people possible, the critical security situation resulted in an additional barrier for them to provide services in nearby areas.
- The destruction of medical facilities and mass casualties have been consistently reported since 18 February across Eastern Ghouta, placing further strain on already-overwhelmed medical infrastructure. Additionally, CRs in all three communities continued to report that ambulances and first-responders had been hit while attempting to provide medical care. These represented the largest barriers to healthcare during the assessment period.

4. EDUCATION



ACCESS TO EDUCATION

- **Schools remained closed during the assessment period across Eastern Ghouta.**
- **Children have not had consistent access to education since October 2017,** as schools were also shut in November 2017 due to an escalation in airstrikes and shelling, and re-opened only temporarily in December before closing again in January.

5. WASH



ACCESS TO DRINKING WATER

- Access to drinking water remained insufficient in all assessed communities, with people instead resorting to consuming river water sourced from surface wells. Water from these wells reportedly had a tainted colour and smell.
- In addition to drinking water not intended for consumption, other coping strategies continued to include consuming less water and, in the case of Kafr Batna, people borrowing water or money for water from friends and family.
- All residents reportedly relied on procuring water via manual pumps. Although some underground shelters were reportedly equipped with these pumps, residents living in shelters without them reportedly had to leave their underground shelters to get water.



ACCESS TO SANITATION AND HYGIENE

- Residents of Ein Terma, Kafr Batna, and Saqba were reportedly able to access latrines located on the floors above the basements in which they were staying. In all communities, security risks were cited as a main barrier to access.
- In Saqba and Ein Terma, insufficient numbers of facilities and a lack of privacy while using the latrines, including no separation between men and women, were reported as additional problems associated with access.
- Handwashing facilities were also reportedly available either inside underground shelters or on upper floors of residential buildings.
- However, soap was only reportedly available in Kafr Batna, where the price of one bar was 300 SYP. As not everyone in the community was reportedly able to access or afford it, residents would use water only or an alternative, such as ash, to wash their hands.
- In Saqba and Ein Terma, residents also reportedly relied on alternatives to soap for hand-washing purposes. These included ash and water mixed with soil.
- Meanwhile, disposing of and burning garbage in the streets was the main way that people reportedly managed waste, as shelters were reportedly too crowded for people to burn it inside.

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.

6. FUEL



ACCESS TO FUEL

- No access to any type of fuel was reported in Saqba or Ein Terma. In Kafr Batna, small quantities of diesel and petrol were available at 2,600 Syrian Pounds (SYP) and 3,600 SYP per liter, as a very small number of vendors sold fuel from their houses. However, risks to travel were such that these fuels remained inaccessible to the majority of the population, and their quality was reportedly poor.
- Besides fuel being inaccessible due to movement restrictions, other reported barriers included prohibitive prices and not enough income had residents been able to physically obtain it. Insufficient quantities available, and the closure of virtually all markets and shops from which it would normally be purchased, were also reported as additional barriers.

7. LIVELIHOODS



ACCESS TO LIVELIHOODS

- Similar to the previous assessment, limited informal market activity continued to be reported as a source of livelihoods, particularly in Kafr Batna, where vendors would sell fuel and food to those who took the risks to reach them.
- As the majority of assessed populations continued to reside in underground shelters, “normal life and movement in the streets has completely stopped,” according to one CR. As such, access to livelihood opportunities likely remained limited across Eastern Ghouta.

ENDNOTES

1. According to UN population estimates: <http://bit.ly/2pfRcso>
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. Medecins Sans Frontieres. Syria: An outrageous, relentless mass-casualty disaster in Eastern Ghouta. <http://bit.ly/2oTlaD5>
5. OCHA Flash Update. Syria Crisis - East Ghouta No. 2, 17 March 2018. <http://bit.ly/2GHN1OC>
6. 1 USD = 434 SYP as of 1 March 2018.
7. WHO. Monitoring violence against health care in Syria: February 2018 Summary Report. <http://bit.ly/2pc7eVc>
8. The Washington Post. Amid shelling, U.N. convoy begins aid distribution in Syria's Ghouta. <http://wapo.st/2l39xBK>