

Situation Overview

The East Ghouta area in Rural Damascus hosts an estimated population of 393,000 including some 99,500 internally displaced people (IDP) representing approximately 25.3 per cent of the population in the enclave.

Parts of East Ghouta have been classified as besieged by the UN since November 2013. Since November 2016, the entire enclave has been classified as besieged by the UN. East Ghouta has been subject to periods of intense military activity during 2017, with a significant escalation in hostilities between the Government of Syria (GoS) and non-state armed groups (NSAGs) from February and March which reportedly killed scores of civilians. This was followed by an eruption of infighting between NSAGs during April and May. Patterns of short-term displacement within the besieged enclave have also been reported in response to temporary and localized deterioration in the security situation, and have been shaped by the dynamics amongst the NSAGs present on the ground.

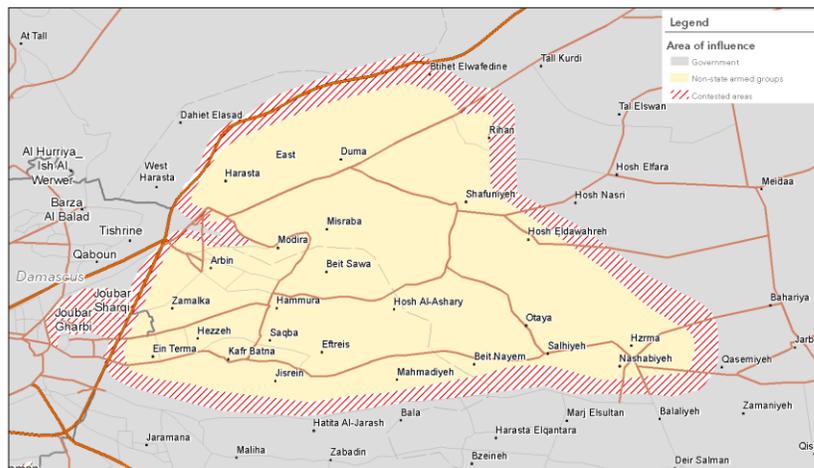
Following the Astana Memorandum on 4 May 2017 between Russia, Turkey and Iran that foresaw the establishment of so-called “De-escalation Areas”, a ceasefire covering the besieged area of East Ghouta was declared on 22 July. The de-escalation agreement was formalized with NSAGs for the entire area by September. Reports of fighting in some areas (including Jobar and Ein Terma) continued unabated.

Tensions among different NSAGs between May and mid-September put civilians at risk of being caught in the cross-fire and limiting their movements within the enclave. From late October and during most of November 2017, hostilities intensified with frequent reports of shelling on several densely populated areas of East Ghouta, including Ein Tarma, Jobar, Kafr Batna, Harasta, Nashabiyeh, Hammourieh, Modira and Jisreen. The World Health Organization reports that from 14 to 17 November, 84 people were killed and 659 injured, including hundreds of women and children. At the end of November, airstrikes on Duma and other areas reportedly resulted in further civilian deaths. Over the same period, more than two hundred mortar shells and rockets were reportedly fired on residential areas in Damascus resulting in hundreds of deaths and injuries. The number of civilians killed and injured in heavily populated areas may indicate that some military operations are conducted in an indiscriminate manner.

Internal displacement seems to continue to occur within the enclave, with no reports of outflows of displaced population to neighboring areas, where services would be available for support.

Meanwhile, the humanitarian situation was further compounded by the closure of all commercial traffic of basic goods into the enclave between mid-September¹ until 26 November when some commercial trucks were allowed in. However, those commercial deliveries appear to have been only one-off deliveries, and regular access for limited quantities of commercial supplies has not been re-established.

The closure of the only crossing point into East Ghouta together with the escalated fighting have resulted in a rapid deterioration of the food security situation with malnutrition rates among children increasing fivefold since January 2017. UN and partners’ efforts to evacuate some 500 critical medical cases have not yet been successful due to insecurity and pending approval by the Syrian Government.



Humanitarian needs – General Overview

Humanitarian needs in East Ghouta are rapidly deteriorating. UN humanitarian assistance has been limited, insufficient and sporadic, and has not compensated for the drastic decline since mid-September of the already rare commercial traffic of basic commodities.

In 2017, despite efforts made to reach them, only 100,000 people out of an estimated population of 400,000 in the enclave have received food assistance, and are only getting occasional one-off deliveries. Delays in regular access of convoys are also common. The capacity of humanitarian partners operating within the enclave is limited given the unavailability of basic goods

¹ Last commercial entry to the enclave was on 3 October, but did not include basic commodities (mostly fodder)

in the area, as well as the high-prices of items available within the enclave. Moreover, given the risks associated to accessing the area, the commission rates collected on money transfers is on average three times higher than in the rest of the country, and became over five times higher in the past months. As a result of all these factors, malnutrition levels among children in East Ghouta have increased sharply in the past ten months, with 11.9 per cent of children under five years old acutely malnourished, the highest rate recorded in Syria since the beginning of the crisis.



Access:

Overall access to all locations in the besieged enclave of East Ghouta remains severely insufficient. The ability of humanitarian partners to deliver assistance to people in need continues to be hampered by multiple factors including administrative delays, security concerns and restrictions to deliver medicines and medical equipment by the Syrian government. As of 1st December, 16 convoys had reached East Ghouta benefitting some 106,000 people in 2017.² In addition, the often unpredictable access, the variable time spent on the ground, and the conditions during cross-line operations are hampering the ability of partners to carry out in-depth needs assessments and consult various segments of the affected population to better identify their specific protection needs and provide an adequate and timely response.

Humanitarian organizations operating from cross-border locations continue to provide the services they can as well as information on needs. This is primarily cash programming and service provision that does not require distributions to people in need. However, their capacity to meet needs is not nearly sufficient.

Up to September, limited commercial access to East Ghouta remained intermittent but quantities delivered were way below the needs of the 400,000 people in the enclave. The prices of basic food items were relatively stable throughout August, albeit up to three times higher than in Damascus city. However, following a security incident at the Al Manfoush factory on 5 September, commercial access of basic commodities stopped between mid-September and 26 November. Due to this insecurity and subsequent access restrictions, key commodity prices increased drastically, compounding an already dire humanitarian situation.

Location	# of convoys in 2017
Duma	4
East Harasta	2
Misraba	2
Modira	2
Nashabiyeh	1
Kafr Batna	2
Saqba	1
Barza Al Balad	1
Qaboun	1
Total 1st Jan- 1st Dec.	16

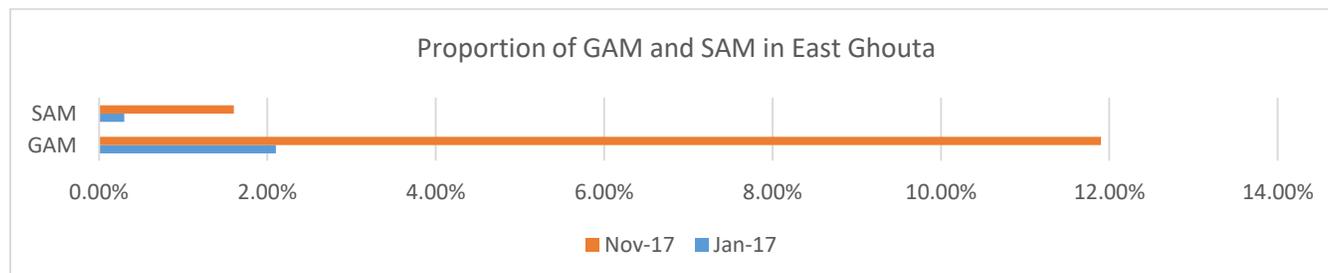
Humanitarian needs - Sector Overview

Nutrition:



Nutrition vulnerabilities and risks for children under five and pregnant and lactating women (PLW) in East Ghouta have drastically deteriorated over the past months, due to the pervasiveness of under-nutrition, particularly after the full closure of the Al Wafideen checkpoint and the subsequent reduced availability of food.

The Nutrition sector conducted a nutrition SMART survey in East Ghouta in the first two weeks of November 2017. Anthropometric data were collected from 311 children between 6 – 59 months in 27 out of 30 clusters for this representative survey. The survey findings indicate the proportion of children between 6-59 months with global acute malnutrition (GAM) is 11.9 per cent compared to 2.1 per cent in January 2017 - the highest rate recorded in Syria since the beginning of the conflict. The proportion of children with moderate acute malnutrition (MAM) is 10.3 per cent, and the proportion of children with severe acute malnutrition (SAM) is 1.6 per cent compared to 0.3 per cent in January. The survey also found that the proportion of young children (< 24 months) with GAM is significantly higher than for other age groups.



Source: Nutrition sector SMART survey, Nov. 2017

² Net reach, refers to the number of people reached, one or more times, with humanitarian assistance, including food for at least one month. This also includes communities that were previously designated as besieged: Barzeh and Qaboun

The survey findings indicate that the proportion of children between 6 and 59 months with chronic malnutrition (low height-for-age/stunted) is 36 per cent, which is higher than the prevalence rate for stunting of 30.5 per cent reported in January 2017. This serious level of stunting confirms the negative impact of the long-term deprivation that has prevented children from receiving a quality and acceptable diet, and has resulted in poor infant and young child feeding practices. Children who suffer from stunting tend to be at greater risk of illness and death. Stunting often results in delayed mental development, poor school performance and reduced intellectual capacity.

Three partners are providing life-saving curative and preventive nutrition services in East Ghouta, through five health facilities and seven mobile clinics in Duma, Harasta and Kafr Batna. All five health facilities screen and refer women and children with acute malnutrition to the Community-based Management of Acute Malnutrition (CMAM) centres, and provide one-to-one counselling and health education services on infant and young child feeding practices (IYCF) to mothers and caregivers. Two health facilities offer life-saving treatment for acutely malnourished girls and boys under five and PLWs, and provide blanket supplementary feeding through the distribution of high energy biscuits (HEB) to children from 6-36 months and micronutrient supplementation for under 5 girls and boys. Nutrition partners initiated the establishment of a nutrition surveillance system in 9 health facilities.

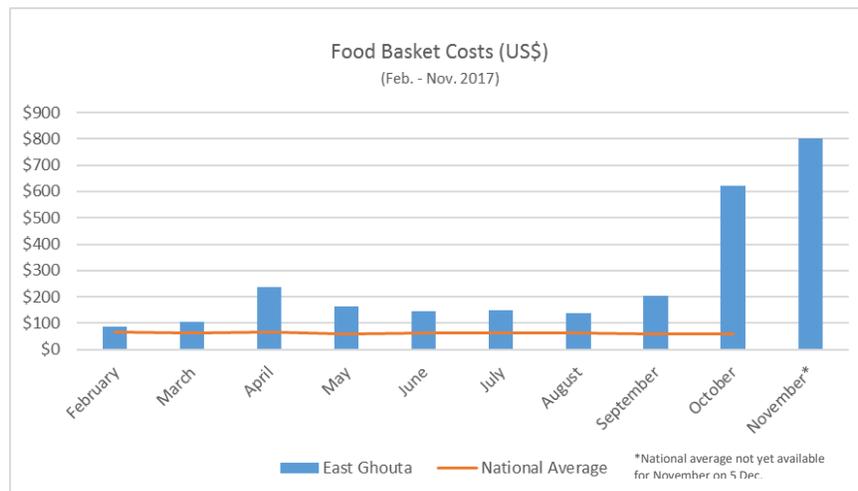
Five partners in coordination with the Nutrition sector will establish six additional CMAM sites (five fixed and one mobile) to provide outpatient treatment for acutely malnourished children and pregnant and lactating women in Duma, Harasta, Arbin, Kafr Batna and Nashabiyeh, and inpatient care for severe acute malnutrition cases with complications in Kafr Batna, Harasta and Duma. A CMAM training to establish these services started at the end of November 2017. The same five partners will also scale up infant and young child feeding interventions to cover 23 communities (100 per cent coverage) in East Ghouta with IYCF counselling and education both at facility and community level.

Despite emergency nutrition support being planned, the Nutrition sector strongly advocates for unconditional and sustained humanitarian access to deliver and distribute life-saving curative and preventative nutrition supplies, food, medicine and other critical supplies without delay and on a more regular basis. These critical supplies are pivotal in protecting children from malnutrition and in treating those children already malnourished.



Food Security

The intensification of the siege in July 2017 resulted in a complete halt to food trade through most of the supply routes, including the tunnels. The closure of Al-Wafideen camp crossing has also significantly impacted the food security situation in East Ghouta. Traders are unable to replenish their stocks and households depend exclusively on the remaining scarce food supplies. As a result, food prices have been rapidly increasing on a daily basis. In October, the cost of food basket in the enclave reached \$621 which is 957% higher than the national average (\$59). In November, it reached \$800.



Source: WFP, market price monitoring, Nov. 2017

Based on WFP market assessment data carried out in November 2017 in Duma, the cost of the standard food basket in this specific location reached \$817 which is 29 per cent higher compared to the previous month, and more than 485 per cent higher than in August 2017.

The severe shortage of food, skyrocketing food prices and very weak purchasing power make it impossible for highly vulnerable families, especially female-headed households, to meet their minimum daily food needs. The dire food situation is anticipated to deteriorate further in the coming weeks when the food stock is expected to be highly depleted and household coping strategies will be significantly eroded as a result. The majority of the population is therefore extremely dependent on humanitarian food assistance.

Due to lack of staple food commodities and the severe shortfall of cooking fuel (firewood, diesel and gas) in addition to their high prices, residents have been reduced to subsisting on raw vegetables with poor nutrition value with no more than one meal per day. In many households, priority is given to children with adults often going entire days without eating. Reports of meal rotations are also high among families.

Agricultural activities, which used to be a primary economic activity, have significantly decreased in East Ghouta as most of the lands previously farmed are close to the frontlines and no longer accessible. Tools and farming equipment are extremely limited, besides the extreme shortage of fuel and seeds. All these factors make it extremely difficult to cultivate limited remaining land, although locally produced food still remains an important source of food for the most vulnerable households.

Bakeries are resorting to unconventional substitute foods with lower nutritional value simply to ensure they have bread to eat. For example, due to the lack of wheat, bakeries in Duma are baking bread made from a mix of barley taken from animal fodder and, when available, from maize flour. However, it has been reported that the Food Security Office in East Ghouta has sufficient wheat and wheat flour stocks in the enclave to keep the price of a bread bundle at the level of 700-750 SYP (\$1.3 - \$1.4), with plans to plant more areas this year to ensure the harvest of large wheat quantities for next year.

Given the intensification of the siege, NGO partners have not been able to replenish any of their emergency food stocks inside and the situation is critical. To address the worsening food security situation and the inability of the local population to access food in markets outside East Ghouta, the Food Security sector is recommending a blanket distribution of General Food Rations (GFRs) and use of vouchers for bread until the end of the lean season (April 2018) to avoid further degradation of an already dire food security situation. At the same time the sector proposes the food baskets' contents be cooked in collective kitchens to optimize the use of limited and extremely expensive fuel. With regards to the lack of cooking fuel, the Food Security sector is also recommending the provision of Ready to Eat rations (RTE) in East Ghouta as a follow up to GFRs and to limit fuel purchase and usage. Moreover, targeted nutritious food interventions need to be provided for those people found to be acutely malnourished in addition to school feeding programs.

Additionally, the sector is recommending extending support to livelihoods interventions as per season criticality – both through Inter-Agency convoys and cross-border partners as some agricultural inputs have been assessed as still available on markets through local procurement and/or production. Such interventions will help some households sustain themselves during winter. There is therefore a concomitant need for food agriculture inputs (seeds, livestock and agricultural tools) and technical assistance such as improved farming techniques and irrigation.



Health:

Critical gaps have been identified in the availability of health supplies (medicines, consumables and medical equipment), life-saving and life sustaining services as well as the protection of health care workers, patients, and health facilities. 15 attacks affecting health workers and health facilities have been reported in 2017 until the end of October, 10 attacks were verified killing at least three health workers and injuring 9.

As per the latest list revised by the Humanitarian Task Force submitted to the Ministry of Foreign Affairs in December, 494 people are currently waiting for urgent medical evacuation, including 137 children, 231 women and 61 individuals over 65 years old. 282 cases are in need for specialized surgery, specialized treatment, specialized investigations that cannot get inside.³ The longer these patients wait, the greater likelihood that their condition will have long-term and potentially life-threatening impacts. According to this list, only eight people have been evacuated in 2017 while another 12 have died waiting to be evacuated.

Emergency related services mainly comprise service provision to patients with trauma and gunshot wounds as well as other war-related injuries. Up to 30 per cent of patients with war-related trauma are children under 15 years old. The existing SARC center in Duma is not sufficiently equipped to meet health needs. Health services have so far been provided through a large network of medical facilities supported by cross-border partners. According to HeRAMS data, over one-third of the health facilities are no longer functioning while others are facing shortages in health personnel and medical supplies. Almost 60 per cent of patients registered by health facilities in the area in the last quarter of 2017 were reported to be children and women. Surveillance systems report several cases of respiratory illnesses, measles, acute water and bloody diarrhea, suspected typhoid fever, acute jaundice and other epidemic diseases.

Chronic diseases are also a major concern with non-communicable diseases such as cardiovascular conditions, diabetes (with 1,000 patients in need of regular treatment), asthma, epilepsy and thyroid disorders particularly prevalent. In the absence of the required medicine for 230 registered patients, the tuberculosis (TB) situation is worsening.

Vaccinations are reportedly being conducted in health points, subject to vaccine availability which is mostly limited.

In the absence of sustained access to the enclave, the available stock of medicines, vaccines, medical consumables and medical equipment, including reproductive health supplies, is being rapidly depleted. Cross-line inter-agency convoys, when

³ The Humanitarian Task Force (HTF)—established by the 23-member International Syria Support Group (ISSG)—has helped push for UN convoys to besieged and hard-to-reach areas delivering short-term supplies as well as medical evacuation to take place.

available, are reported to only cover about 20-25 per cent of the required health supplies due to removal or denial of health supplies.



Protection:

Information and observations gathered during cross-line convoys, as well as reports from protection actors depict a situation of extreme concern. The escalation of hostilities is taking a toll in terms of civilian casualties, including children, and is having serious repercussions on the psychological well-being of the affected population living in the area. Fear of air-strikes has compounded the feeling of insecurity among civilians living in the enclave. Given the prolonged exposure to the effects of shelling and hostilities, psychological trauma and distress have been on the rise, particularly but not exclusively amongst children.

The effects of explosive weapons used in densely populated areas and indiscriminate shelling of civilian objects, including hospitals and schools, have reportedly caused dozens of injuries and deaths amongst civilians, including children. As a result, movements are often restricted, while schools and other activities for children and youth have recently been temporarily suspended in several towns. Against a backdrop of intensified military operations, the need for psychological first aid (PFA), psychosocial support services (PSS) and mental health psychosocial support (MHPSS) are reportedly increasing, including for adults and children with conflict-related injuries or disabilities.

The situation of children and adolescents is of particular concern. The impossibility to attend regular examinations has contributed to the decline in school attendance at higher grade-levels. Moreover, the difficult economic situation continues to push children out of school in order to support their families with occupations often unsuitable and sometimes hazardous or harmful, with direct observations and reports indicating that children and adolescents are often engaged in supporting the military operations inside East Ghouta, fulfilling different roles and responsibilities, from support functions, to checkpoint manning or even active fighting. Recruitment is reportedly driven by economic considerations, as well as societal and community pressure in a highly militarized environment.

The deteriorating situation also has a direct impact on the lives of women and girls. Female-headed households are estimated to have increased as a consequence of the conflict. They are reportedly at an increased risk of exploitation and sexual harassment and violence, including in domestic contexts. The sub-standard living conditions and lack of privacy in overcrowded accommodation expose women and adolescent girls to multiple risks. Accounts of high incidence rates of early marriage, especially among girls, continue to emerge from East Ghouta. Reports suggest that the high rates reflect the difficulties that families encounter in meeting basic needs, resulting in families resorting to early marriage in order to decrease the number of children needing to be supported, or as a form of “protection” in families headed by women and after the loss of male family members.

Local Councils and their administrative staff have reportedly preserved the systematic recording of civil events and the issuance of documents. Such documents allow access to assistance and services within the enclave and should be retained at least as evidentiary support for civil purposes. The provision of life-saving assistance, however, should not require the possession of civil documentation, and alternative forms of identification (e.g. through community leaders, mukhtars etc.) should be accepted to receive much aid.

Protection actors operating from Government-controlled areas are able to access East Ghouta largely through cross-line missions, often not conducive to extensive or sustained protection activities. The possible support to protection interventions and services is linked to a growing network of facilities (Community Centers, Child Friendly Spaces and Services, Women and Girls Safe Spaces) run by partners around the enclave and ready to support possible outflows of IDPs, which so far has not occurred as the area is besieged. For protection assistance and services, the population of East Ghouta is still largely relying on actors operating within the enclave. Structured PSS support and recreational activities for children, other types of structured psychosocial support, GBV services and risk education are reportedly still ongoing within the enclave through those partners, but remain insufficient to meet the growing needs. Mine risk awareness sessions were reportedly ongoing before the intensification of the hostilities and are still carried out. The need for their continuation has been expressed and is expected to remain high.



Shelter/ NFI

Shelter damage of private housing has been reported in 76 per cent of locations compared to the country average of four per cent, with a potentially critical situation in Joubar Sharqi and Joubar Gharbi.

Priority NFI winter needs are warm clothing and fuel as well as other items such as water containers, light sources and batteries, cooking fuel and solar cell electricity units. Bedding and cooking items appear to be the lowest priority. However, in Joubar Sharqi and Joubar Gharbi all NFIs are reportedly currently unavailable and needs are acute. Fuel access has increased 51 per cent in September but remains a big challenge. Only two organizations have confirmed funding for shelter and winterization NFIs targeting a limited number of beneficiaries.

Six cross-border partners have reported supporting 115,603 individuals in 2017 with NFIs. Four organizations have confirmed use of cash assistance for:

- Provision of core and essential NFIs for 144,000 individuals;
- Provision of seasonal and supplementary NFIs and shelter assistance for 76,770 individuals;
- Support to repair housing for 1,800 individuals.



WASH

The core WASH infrastructure in East Ghouta has been severely affected by hostilities and prolonged besiegement. Due to limited access, gaps in key supplies and equipment are reported including generators, water pumps, disinfectant materials, Family Hygiene Kits and water kits.

The rehabilitation of existing water systems is required to ensure sufficient access to safe water for the population. This needs to be complemented by the distribution of water purification products for water disinfection from local wells. Alternate power sources are also needed to ensure water systems are operational.



Education:

The education system is overburdened and overstretched resulting in unsafe, overcrowded and under-resourced schools and learning environments. School drop-out/truancy has also been reported due to fear of exposure to shelling and airstrikes. Only 35 per cent of children are reported to be enrolled in the remaining functioning schools and approximately 130,000 children are estimated to be in need of education support. The key impediments preventing children from accessing education include safety and security along routes to and from schools (including access to non-formal/alternative learning spaces), lack of teaching and learning materials; poor quality teaching; lack of teacher salaries and damaged education infrastructure. Compounded by the overall stress that children, parents and teachers are under as well as the need for children to help their families meet basic needs, this results in lower school enrollment, lower attendance and lower positive learning outcomes.

Due to the current level of violence, schools are taking several mitigation measures, such as reducing the length of school hours, changing school times and using lower levels/basements. On 8 November, three schools in Saqba were hit by artillery shelling causing several deaths and seriously injuring children and teachers. The same day the Directorate of Education suspended all school activities until 9 November due to protection concerns amidst the intensification of incoming shelling. (schools were then reopened and are currently closed again). Due to the intensity of the hostilities, school activities have reportedly been suspended since the second week of November.

These measures, while aiming to protect students and teachers, are further impacted by the state of infrastructure, such as the lack of natural light and limited access to electricity and heating. Additionally, schools themselves are not sufficiently reinforced with safety measures, and teachers are inadequately trained in safety and protection. As winter approaches, there is a need for schools to received winterization support.

Preparedness and response plan

A preparedness plan was developed in June 2017 with projected scenarios until the end of the year and related sector response strategies: See East Ghouta Preparedness and Response Plan for more details. Scenarios for the coming six months are currently being updated to inform relevant updates to the response plan.