



This report is produced by the OCHA Syria Crisis offices with the contribution of all sectors in the hubs and at the Whole of Syria (WoS) level. It covers the period from 1 February– 13 March 2018. The next report will be issued on or around 15 April 2018

Highlights

- Despite the adoption of UN Security Council Resolution 2401, which demands an immediate cessation of hostilities lasting for at least 30 days throughout Syria, escalating fighting reportedly continued in East Ghouta causing extensive civilian casualties and destruction of civilian infrastructure.
- Reports indicate that the overall number of civilians killed between 18 February and 11 March could have reached over 1,100 while over 4,000 injured have been reported.
- In March, intensive fighting and advancements by the Government of Syria (GoS) resulted in significant changes of control leading to new waves of internal displacement towards Duma, Arbin and Kafr Batna.
- A total of 77 priority cases out of over 1,000 sick and injured patients have been identified as being in need of urgent medical evacuation from East Ghouta.
- A UN/SARC/ICRC interagency convoy entered Duma amid ongoing violence on 5 and 9 March 2018 with food for 27,500 people, along with health and nutrition supplies. Many of the planned health supplies intended for Duma were not allowed to be loaded. The needs of affected people remain severe, across sectors including WASH, food, shelter/NFIs, health and protection.
- While a larger group of civilian evacuations began to take place on 11 March, protection concerns for the safe and voluntary exit of civilians remain.

Tens of thousands



of civilians have been displaced inside the enclave during the reporting period

34,700

people received assistance through UN/SARC/ICRC inter-agency convoys in 2018



Over 1,100

civilians are reported to have been killed as a result of air and ground-based strikes since 18 February



Over 1,000

patients are in need of medical evacuation, including 77 priority cases



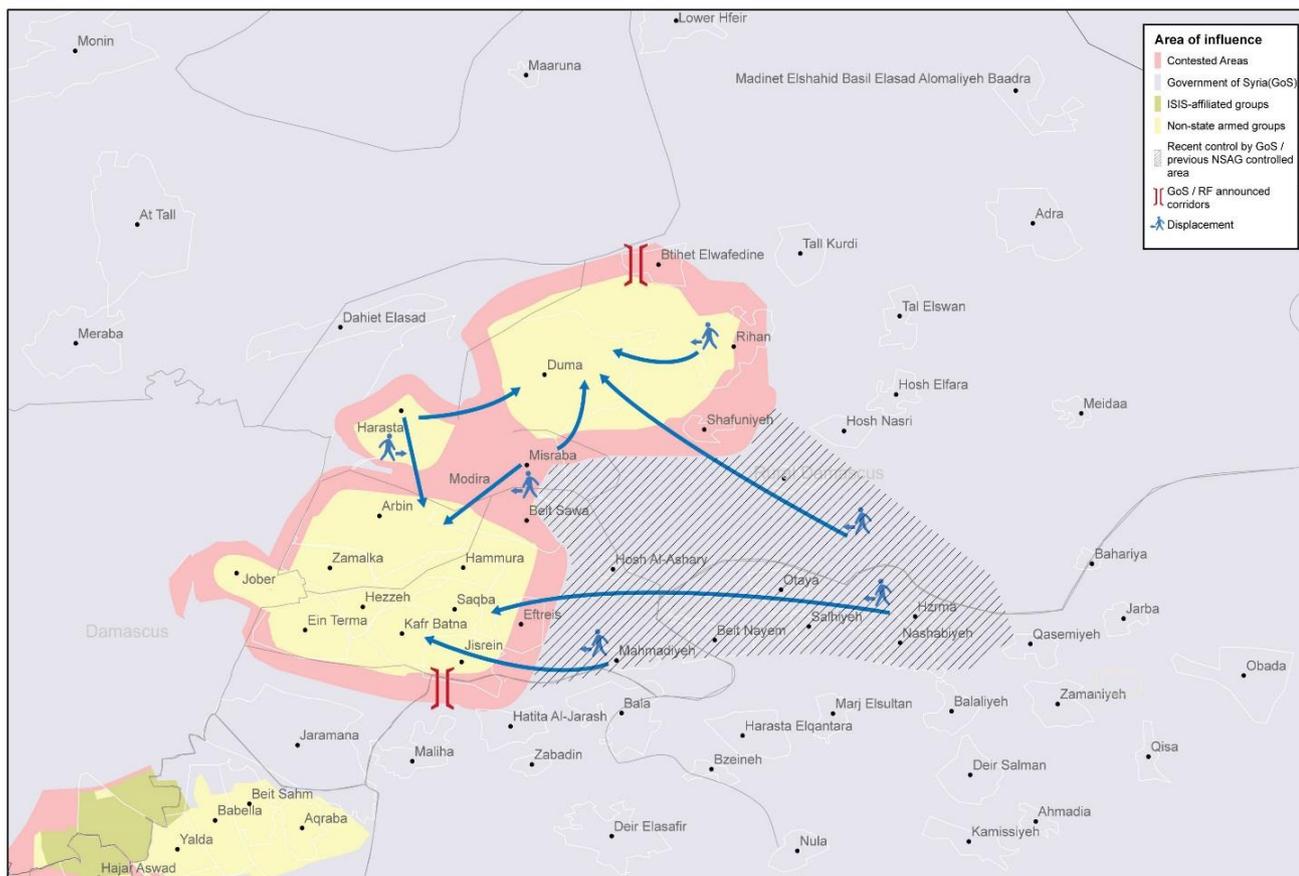
Situation Overview

Since mid-February, the besieged area of East Ghouta witnessed a further escalation in hostilities, with reports of mounting civilian casualties as well as widespread damage and destruction to civilian infrastructure due to air and ground-based strikes. Some reports indicate that the overall number of civilians killed between 18 February and 11 March could have reached over 1,100 while over 4,000 people have been reportedly injured. Over the same period, shelling on Damascus city was reported to have killed 36 civilians and injured 350.

Despite the UN Security Council's adoption of resolution 2401 on 24 February, which demanded an immediate cessation of hostilities lasting for at least 30 days throughout Syria to enable the delivery of humanitarian assistance and the evacuation of the critically sick and wounded, extensive civilian casualties and destruction of civilian infrastructure have persisted in East Ghouta. There are reports of alleged use of barrel bombs, incendiary weapons and of people suffering from injuries consistent with the effects of chlorine.

In February, there was a significant increase in the numbers of incidents of violence against health care in East Ghouta, with 28 attacks verified by the Health Cluster. These include 14 attacks on hospitals, 11 attacks on health centres, two attacks on ambulance stations and one attack on a medical warehouse. At least four health workers are reported to have been killed in February. A hospital in Kafra Batna sub-district was reportedly hit twice. In addition to violence against health facilities, several NGO offices in the enclave were reportedly rendered out of service.

During the first week of March, following the start of a ground offensive on 25 February, intensive shelling and airstrikes hit several locations in East Ghouta (including Duma, Harasta, Kafr Batna, Arbin, Hammuriya, Jisreen, Ein Terma, Bait Sawa, Saqba and Hezzeh) with GoS and allied forces taking control of Nashabiyeh sub-district and Shifuniyeh sub-district. The change in control around 5 March caused the displacement of all civilians in the area towards Duma and Kafr Batna sub-districts. An estimated 60 per cent of previous Non-State Armed Groups (NSAG) controlled territory is now under GoS control.



East Ghouta recent developments

These significant shifts in areas of control has caused further waves of internal displacement within East Ghouta as people move to areas perceived as less dangerous or seek to reunite with their extended families. The majority of the displaced people have remained in NSAG-controlled areas. An estimated 45 per cent of the population of East Ghouta now live in the northern part of the enclave, while the remaining 55 per cent are in the central and southern part, including between 15,000 and 18,000 people in East Harasta. The enclave was effectively cut into three parts on 11 March and movement of civilians between these areas has reportedly become impossible.

During this period, leaflets announcing exit routes for civilians to reach GoS controlled areas were circulated in the remaining NSAG controlled areas. In addition to the previously identified exit point in Wafideen camp, on 8 March, the GoS and Russian Federation announced the opening of another exit point in the southern part of the enclave in Jisreen/Mleha. However, with ongoing hostilities, the absence of protection guarantees for civilians, and reportedly due to NSAGs preventing the exit of civilians, only a Pakistani couple was able to be evacuated from East Ghouta on 1 March with the support of SARC; 126 people from Misraba were also reportedly evacuated on 11 March; and an estimated 147 civilians (including 8 medical cases) were evacuated on 13 March as observed by a UN team at the Al-Wafideen crossing.

Following the evacuation, a UN interagency mission to Dwair Pioneers Camp, the collective shelter that received East Ghouta evacuees, took place. During the mission, it was reported that on 11 March, 17 families arrived from Misraba (76 people) to the shelter and on 13 March, 26 families from Duma (147 people). SARC reported that 8 medical cases were transported directly to a hospital in Damascus. Families were assisted by SARC with NFIs, hygiene kits, and ready-to-eat food. Additional people are expected to arrive at the shelter from East Ghouta according to the Deputy Governor of Rural Damascus.

The UN Resident/Humanitarian Coordinator in Syria is providing support, within the SG's Good Offices approach, to create conditions for a cessation of hostilities in eastern Ghouta as per UNSC Resolution 2401, and continues to call on all parties to facilitate medical evacuations, protect civilian, and for full, sustained and unimpeded humanitarian access to people in need throughout Syria. If further evacuations of civilians from east Ghouta are planned, the UN will be available to observe and provide assistance to them in the shelters where they will be hosted.

A total of 77 priority cases have been identified out of the over 1,000 sick and injured patients in need of urgent medical evacuation from East Ghouta, should there be only a limited window for medical evacuations. They are mainly women and children, and are in critical need of life-saving care.



Access

During the reporting period, overall access to locations in the besieged East Ghouta enclave remained wholly inadequate. On 14 February, a UN/SARC inter-agency convoy delivered life-saving food, nutrition and health assistance to 7,200 people in Nashabiyeh, 78 days after the last convoy reached the enclave. The people reached represented less than 2 per cent of those in need in East Ghouta and some 2.6 per cent of the 272,500 people targeted for assistance in East Ghouta under the January-February convoy plan. In addition, much needed water and sanitation supplies, education material and non-food items (such as kitchen sets, blankets and plastic sheets) were not permitted to be loaded on the convoy.

The UN technical team who escorted the convoy reported a deteriorating situation. Health facilities running out of critical supplies, with the reported use of expired anaesthetic and reports of cases of communicable diseases such as tuberculosis, typhoid fever and scabies emerging. The UN also recorded a number of cases of severe acute malnutrition amid reports of an impending crisis. Health workers at Shifuniya hospital reportedly screened 317 children under five for malnutrition during the first two weeks of February, identifying 69 cases of acute malnutrition and 127 children 'at risk'. Malnutrition levels in East Ghouta escalated significantly towards the end of 2017, with 11.9 per cent of children under five years old acutely malnourished as of November 2017- the highest rate recorded in Syria since the beginning of crisis.

On 5 and 9 March 2018, a UN/SARC/ICRC interagency convoy entered Duma with food for 27,500 people, along with health and nutrition supplies. Many of the planned UN health supplies intended for Duma were not allowed to be loaded. WHO stated that the rejected supplies included all UN trauma and surgical supplies, dialysis sessions and insulin. Consequently, three of the 46 trucks sent to Duma on 5 March were close to empty. In addition, on 5 March, as the convoy was proceeding, the OCHA team was forced to turn back when the UN Resident Coordinator/Humanitarian Coordinator was informed that they were to be excluded from the convoy.

On 5 March, during the deployment of the convoy and the unloading of supplies, fighting and shelling continued in the area. Despite nearly nine hours inside, insecurity slowed the process of offloading, and eventually forced the accompanying humanitarian team to leave before it could be completed. As a result, 14 of the 46 trucks in the convoy were not able to fully offload critical food supplies.

The team that entered Duma on 5 March encountered a desperate situation for people living in the besieged area, who have endured months without receiving humanitarian aid. Food for civilians is in short supply or prohibitively expensive and people are living in overcrowded and unsanitary basements as they seek shelter and protection. Health care and nutrition services are overstretched and medical equipment and supplies are urgently needed. There are major protection concerns due to the escalation of hostilities and some people interviewed expressed their desire to exit the area; however, they indicated the "corridors" do not provide conducive conditions for a safe and voluntary exit in the absence of protection guarantees for civilians and that NSAGs are preventing them from leaving.

On 9 March, the UN and partners returned to Duma to deliver the remaining food assistance that could not be offloaded from the previous convoy on 5 March. This allowed the UN and its partners to complete the initially planned

delivery of food for 27,500 people. While the convoy was proceeding, shelling occurred in its proximity despite prior assurances of safety from all parties. The shelling eventually subsided and all trucks were safely offloaded.

The delivery for 70,000 people in Duma is still urgently needed as well as for people in need in other parts of East Ghouta. The delivery of all necessary humanitarian supplies, including medical and health supplies, remains an urgent priority. Unhindered access and the ability to conduct proper needs assessments is also urgently needed along with the opportunity to conduct consultations with all affected populations to inform the programming and priorities of the response.

During the reporting period, cross-border humanitarian organizations continue to provide some basic services and information on needs to the extent possible. Operations are currently limited to cash programming and service provision that does not require distributions to people in need. However, their capacity is far from sufficient to meet the scale and scope of needs in East Ghouta, while the interference of NSAGs in the delivery of humanitarian assistance and services further hampers their ability to effectively respond. Such reported restrictions include the break-in/occupation of NGO warehouses by armed men and the detention of NGO staff at checkpoints due to perceived affiliation with an opposing faction.

Humanitarian Response (1-28 February)



Protection

Key developments

The continuous shelling in East Ghouta – only sporadically interrupted during unilaterally established humanitarian pauses – gave little respite to the population. As a protection and safety measure, the population resorted to living in basements for most of the day, in precarious hygiene conditions, which include makeshift corridors dug from mud. Such conditions continued to have serious consequences on the well-being and health of the civilian population.

Displacement within the enclave has continued and intensified during the month of February and the first weeks of March, as the GoS accelerated the advance, particularly from the southeast (Nashabiyeh areas) towards Duma. Unverified reports suggest that civilians have recently reached Duma and lack safe shelter and other life-sustaining supplies. This displacement has increased the burden on areas which are already overstretched, bringing some urban areas within the enclave close to saturation point.

The effects of explosive weapons used in densely populated areas indicate limited measures to mitigate civilian harm with indiscriminate effects on civilians and civilian infrastructure, including hospitals and schools. The interruption of education activities has reportedly also encouraged the use of adolescents by armed groups. Direct observations and reports indicate children and adolescents engaged in supporting military operations inside East Ghouta, fulfilling different roles and responsibilities, from support functions, to checkpoint manning or even active fighting. Recruitment is reportedly also driven by economic considerations, as well as societal and community pressure.

Due to the fear of shelling, individuals continue to take shelter in basements, often in overcrowded and unventilated spaces, with limited privacy and in sub-standard hygienic conditions, particularly for women and girls. Although some services and personnel specialized in reproductive health continue to provide services, the dire physical and psychological conditions have contributed to an increase in the incidence of miscarriages or premature births. The deteriorating situation has also had a direct impact on other aspects of women and girls lives. Female-headed households are estimated to have increased as a consequence of hostilities, possibly representing up to 70 per cent in certain locations within the enclave. Accounts of high incidence rates of early marriage, especially among girls, continued to emerge from East Ghouta. Reports suggest that early marriages are occurring at higher rates and progressively lower ages (15-16). This reflects the tendency of families to resort to negative coping strategies often as a form of “protection” for families headed by women who have experienced the loss of male family members.

Response

For protection assistance and services, the population of East Ghouta is largely reliant on actors operating within the enclave. However, given the increasing hostilities, protection activities inside the enclave supported by the cross-border operations are carried out intermittently or at reduced scope and are largely limited to psychosocial first aid and support. Given the prolonged exposure to the effects of shelling and intensity of hostilities, the trauma and distress already suffered has been exacerbated, with severe repercussions on the entire population, particularly children. Many children have been confined in basements for extended periods, only receiving the limited and basic psychosocial first aid offered by protection partners though ad hoc recreational activities taking place underground.

Since the intensification of the hostilities, education activities, which were already reduced, were suspended. Boys and girls are reportedly exhibiting aggressive behavior indicative of anxiety and fear, while girls and women have very limited access to sanitary items, causing additional hygiene issues as well as stress. Mothers face the daily distress of being unable to ensure safety and food for their children. Women and girls are reportedly at an increased risk of exploitation, sexual harassment and violence, in part exacerbated by the sub-standard living conditions. While some measures to improve privacy and security have been put in place (separation of areas in the basements, night watch systems), exposure to all risks cannot be mitigated.

Protection actors are working to establish and support sharing of information and referrals by mapping existing actors and services and establishing focal point systems, with a requirement for additional information management and coordination support to help strengthen this system.

Although the systematic recording of civil events continued, it was severely affected by the circumstances in the enclave, such as the restriction of movement, the limited functionality of health facilities, and the inability to extract or identify bodies extracted from the rubble. In these circumstances, requirements around the provision of civil status documentation to obtain life-saving assistance needs to be lifted, and alternative forms of identification (e.g. through community leaders) should be accepted to receive assistance. The lack and loss of documentation due to the ongoing hostilities and destruction should be factored into the planning around medical evacuations.

As large-scale displacement has been reported within the enclave and civilian evacuations out of east Ghouta began to take place on 11 March, protection concerns for the safe and voluntary exit of civilians remain. Protection interventions and services, 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 have been made available. Many people are still reportedly not leaving the enclave largely due to the lack of safety and security en route and for fear of reprisals. However, preparedness efforts are ongoing, with mapping of facilities and the establishment of referral pathways for protection services being undertaken. Discussion on reception facilities is also ongoing, starting with the accompanying members of those patients that may exit East Ghouta through medical evacuation procedures, which are critically needed and demanded by the UN Security Council Resolution 2401.

Gaps and challenges

Protection actors providing support to families and individuals sheltering alongside them are overwhelmed and performing tasks, such as digging tunnels or sewage removal from basements. These actors are actively seeking advice and technical support from colleagues outside of East Ghouta on issues such as appropriate safety measures during chemical attacks, shelling and airstrikes.

The need for psychological first aid, psychosocial support services and mental health psychosocial support has clearly increased, including for adults and children with conflict-related injuries or disabilities. In the current circumstances, local protection partners cannot cope with the needs on the ground. At the same time, cross-line convoys, even if providing urgently required material and health supplies, are limited in scope and timing, precluding protection partners from providing any structured response services. Similarly the provision of specialized GBV services has reportedly been temporarily suspended because of the security situation.



Food Security and Agriculture

Since the intensification of hostilities in east Ghouta, the food security situation of the people living in the besieged enclave has further deteriorated due to a number of developments. This includes the closure of the Al-Wafideen checkpoint since 11 February to commercial suppliers paired with the commercial monopoly that shapes market dynamics in East Ghouta. These have reportedly led to a significant increase in prices and reduced food availability and fuel in the markets. Available data indicates that three weeks of food stock, including humanitarian aid was available during February. Though access to food remains insufficient, in REACH's latest assessment covering three communities between 22-28 February, residents were reported relying mainly on stored food or borrowing food from family, friends, and neighbours. Distributions by local councils, charities, or other relief providers are reportedly extremely limited.

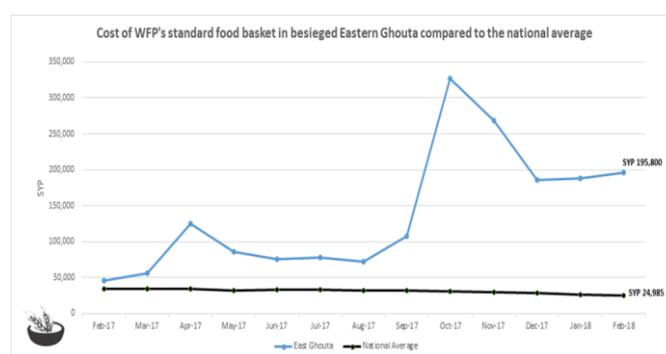
Bakeries and warehouses have also been targeted. Notably, on 19 February, bakeries, dairy factories, and warehouses belonging to prominent local businessman in Mesraba and other parts of East Ghouta were struck. Commercial flows have subsequently halted.

In addition, markets are reported to have been heavily affected by the intense and prolonged air and ground-based strikes, with the the majority of shops, as well as the food stocks inside them, reported to have been destroyed, severely disrupting overall market functionality. The destruction of markets combined with the the limited mobility of

the population has severely impacted access to food, with the majority of the population seeking shelter from the intensive shelling in underground basements and shelters, thus unable to move easily. Since mid-February, all bakeries were reported to be closed and households were depending on baking bread with barley flour in shelters.

Having previously produced bread for more than 40,000 people each day, the damage to major bakeries, not to mention other public and private bakeries in Hammoura, Saqba, and Kafr Batna, has led to a drastic increase in bread prices. Though bread was still available and some NGOs reportedly managed to maintain some bread distribution, the price of a bread bundle within the enclave in January was 1300 SYP, ten times the national average price of 114 SYP and some 25 times the price of bread in Damascus (50 SYP). This has reportedly increased to 1700 SYP as of 23 February. East Ghouta residents still have limited access to cooking fuel. Consequently, most families rely on melted plastic, which costs SYP 3,500 (\$6.80) a liter – 10 times the national average price of diesel. Further details on food prices are provided below.

Price Monitoring: WFP price monitoring indicates that the standard food basket cost in February was 6.8 times the national average food basket price, up from 6.3 in January. The average food basket price in the market across East Ghouta was SYP 195,800/basket (US\$451), an increase of four per cent compared with January prices. The East Ghouta average food basket price in February was 6.5 times the average price of a food basket in Damascus, just 15kms from the besieged area, up from 6.2 times in January. REACH reports that as of February, prices of all items have sharply increased on all food items, including fuel and firewood. Below is a list of prices collected from Duma and Saqba. Due to the security situation other locations could not be assessed.



Village	flour Kg	rice Kg	bulgur Kg	lentils Kg	ghee Kg	sugar Kg	onions Kg	tea Kg	tomatop Kg	oil per litre	eggs per 30eggs	milk per litre	salt per 500g	bread price 8pieces
Duma	3,000	2,900		2,800	3,400	3,100	4,900	13,500	1,850	3,000	7,200	750	1,300	1,600
	3,000	2,950	2,900	2,800	3,500	3,000	5,000	11,500	1,750	3,000	7,500	700	1,300	1,622
	3,000	3,000	2,900	2,850	3,500	3,100		13,000	1,900	3,050	7,500	800	1,350	
Average	3,000	2,950	2,900	2,817	3,467	3,067	4,950	12,667	1,833	3,017	7,400	750	1,317	1,611
Saqba	3,400	3,200	3,150	3,100	4,000	3,500	4,800	14,000	2,000	3,400	8,700	750	3,000	1,600
	3,500	3,300	3,200	3,000	3,600	3,600	5,000	14,300	1,900	3,500	8,800	700	1,400	1,689
		3,200	3,100	3,100	3,500	3,600		13,800	2,000	3,500		750	1,500	
Average	3,450	3,233	3,150	3,067	3,700	3,567	4,900	14,033	1,967	3,467	8,750	733	1,967	1,645

Data source: REACH

Response

In February, from the Syria Hub, WFP and the ICRC were able to provide assistance through one Inter-Agency Convoy that reached East Ghouta on 14 February. This convoy contained food assistance for one month with food baskets and wheat flour provided for 1,400 households or 7,200 of the estimated 8,000 people living in the besieged part of Nashabiyeh, in Nashabiyeh sub-district. On 5 and 9 March, an UN/SARC/ICRC inter-agency convoy provided food assistance to 27,500 people in Duma.

The following table summarises the completed, ongoing and planned distributions of all food assistance from the 13 cross border partners. The cooked meals are a small meal provided to each family once a day that costs around US\$10 per meal.

Cooked meals			Bread distribution			Others (Meat, Milk, Baby food, sandwiches)			Food Baskets		
Completed (Jan – Feb)	Ongoing	Planned	Completed (Jan – Feb)	Ongoing	Planned	Completed (Jan – Feb)	Ongoing	Planned	Completed (Jan – Feb)	Ongoing	Planned
246,770	132,500	70,000	43,790	272,600	33,600	29,445	28,800	19,100	2,135	23,500	5,000

Gaps and Challenges

From the Syria Hub, despite the bi-monthly plan to reach a total of 272,500 people with monthly food baskets and wheat flour throughout January and February, only the aforementioned 1,400 households (an estimated 7,200 people) were reached within the enclave, leading to a gap of 265,500 people over the two month period. As mentioned in the response section, cross-border partners were only able to reach people with very limited assistance. It is crucial that the planned inter-agency convoys targeting 272,500 people under the March-April bi-monthly plan as well as planned life-saving activities through cross-border partners' can be implemented

The most significant response challenge remains the lack of access to East Ghouta and the deteriorating security situation. With daily airstrikes, local partners can only provide much needed humanitarian assistance intermittently. Food assistance is only reaching a fraction of the 393,000 people in the enclave. Some large market places are reportedly entirely closed in Saqba, Kafr Batna, and Ein Terma due to heavy airstrikes (REACH February 22-28). The intensity of airstrikes and shelling in the assessed areas have meant that it has been almost impossible to procure goods in the markets. Overall, a lack of income or access to cash coupled with unavailability of food in shops has been the most notable challenge preventing people from accessing food. This has resulted in residents reverting to harmful coping mechanisms, including reducing the size of meals, skipping meals or going days without eating. According to the REACH report, parents are going without food to ensure their children are able to eat more as well as borrowing food from friends and neighbours.



Health

Key developments

Over an 8 day period during the last week of February, 806 surgery operations were performed in medical facilities in East Ghouta. There are urgent and pressing needs for anesthesia drugs as well as antibiotics and medicines. Failure to provide necessary medical equipment and medicines may lead to an increase in amputations and post-surgery complications.

Due to the drastic increase in the number of people killed and injured each day, there is a pressing need to scale up health services and ensure people can get the medical treatment they need, including outside of the enclave. Efforts are ongoing to implement a medical evacuation system that enables the most critically wounded to access health services in Damascus city. The Health Sector Medevac plan (and annexes) for East Ghouta was approved by the WoS SSG on 19 February 2018. While there is an overall list of 1,065 people, a prioritized (following triage) list of 77 patients (and accompanying people) in the most critical need of immediate medical evacuation was received from East Ghouta on 28 February. On 13 March, 8 medical cases had been evacuated.

Response

The plan to deliver a health/nutrition convoy (health supplies are provided by WHO, UNICEF, UNFPA and ICRC) to Douma, was changed and a multi-sectoral convoy to Duma with food assistance for 27,500 people in need along health and nutrition supplies took place on 5 and 9 March.

WHO, UNICEF and UNFPA Syria remain on standby to deliver 76 tonnes of health supplies (WHO and UNICEF), equivalent to 815 medical treatments; four reproductive health kits (UNFPA); two clean delivery kits for 800 pregnant women (UNFPA); 10,000 sanitary napkins covering the needs of 10,000 women and girls in reproductive age for one month (UNFPA), 2,745 female dignity kits for 2,745 women and girls and 500 male dignity kits for 500 men and boys under the bi-monthly inter-agency convoy plan for March-April to multiple locations inside East Ghouta.

The Rural Damascus Department of Health prepared vaccines sufficient for 3 months routine and polio immunization, syringes and safety boxes. 18 medical points inside the areas are to administer the vaccination if and when the vaccines are delivered.

At this stage, access restrictions with regard to supplies to be delivered and the number of beneficiaries reached have limited the full implementation of the inter-agency bi-monthly plan. If access for inter-agency convoys is granted and health supplies subsequently delivered, the number of people in need of medical evacuation outside of the enclave will reduce significantly.

SARC confirmed that from the list of 77 patients prioritized for evacuation shared by health actors inside East Ghouta, 52 were confirmed as priority cases for evacuation by SARC Duma. SARC, ICRC and WHO medical teams will identify the hospitals to receive the prioritized patients and indicate if the receiving hospitals require any additional support. OCHA liaised with health actors inside to obtain a list of the family members accompanying the 77 prioritized patients, including all required information. The shelter sector, SARC and OCHA will follow up on possible accommodation options for family members and potential funding streams.

The Health sector will continue to work with the GoS, ISSG/HTF and other influential partners to: advocate for the protection of patients, health workers and medical facilities; provide medical assistance across frontlines, including those required for surgical interventions and safe blood products and transfusions; facilitate access to the East Ghouta enclave to conduct assessments, followed by medical teams and mobile clinics to provide targeted health care, vaccinate children, and organize medical evacuations for the critically ill.

Gaps and Challenges

Approvals for inter-agency convoys and medical evacuations are still pending and ongoing violence against health facilities and healthcare providers inside the area further hampers the ability of partners to provide assistance. The necessary monitoring and follow up mechanisms for patients and accompanying family members after being evacuated from East Ghouta (during the treatment in health facilities and until return to East Ghouta or elsewhere) represents a key gap. There is also a need to access and perform an assessment of all health facilities and health services inside East Ghouta. Information-sharing remains a challenge, with the health sector reaching out to sector partners to explore options for sharing information to support de-confliction efforts. Concerted advocacy around protection is required to promote the safety and security of the remaining health personnel.



Nutrition

Key Developments

From 1 February to 20 February, 7,847 girls and boys in East Ghouta out of approximately 57,096 girls and boys aged between 6 and 59 months were screened for acute malnutrition via surveillance sites and routine health facilities (fixed and mobile clinics). 104 girls and boys aged between 6 and 59 months were identified with severe acute malnutrition (SAM) and 608 were identified with moderate acute malnutrition (MAM), with the proportion of children with SAM at 1.3 per cent. The nutrition situation is likely to deteriorate due to the current hostilities, and its impact on the population's access to food, health care services, improved water sources and proper sanitation/hygiene.

Response

Nutrition Response from February 1 – 20, 2018

Six cross-border nutrition sector partners provided lifesaving curative and preventive emergency nutrition services in East Ghouta through eight fixed health facilities and eleven mobile clinics covering 14 communities in four sub-districts (Duma, Harasta, Arbin, and Kafr Batna).

Community based interventions were conducted by 78 community health workers. Community health workers screened children aged between 6 and 59 months for acute malnutrition, distributing micronutrient supplementation for women as well as girls and boys under five years of age. Community health workers also provided messages on optimal infant and young child feeding (IYCF) practices in 12 communities out of 23 targeted. Health facilities and mobile clinics also provided screening and referral of women and children under five with acute malnutrition to nearby CMAM centers. Individual counselling on optimal infant and young child feeding and health education was also provided at the health facility level.

Two health facilities and ten mobile clinics offered life-saving therapeutic treatment for acutely malnourished children under five as well as pregnant and lactating women, while also providing micronutrient supplementation to pregnant and lactating women.

On 14 February, the Syria Nutrition sector delivered essential lifesaving nutrition supplies to support the management of acute malnutrition in Nashabiyeh through an inter-agency crossline convoy. Preparations are ongoing to deliver more preventive and curative nutrition supplies through other partners based in East Ghouta.

Nutrition Response from February 21 – March 5, 2018:

Since mid-February, the pattern of service delivery changed due to the deteriorating security. Initially, Nutrition partners provided nutrition services via mobile clinics as the population had limited access to fixed nutrition services within health facilities. However, increased hostilities led to a suspension of mobile clinics and currently all nutrition services are provided to mothers and children inside underground shelters.

Between February 25 and March 5, four Nutrition partners provided nutrition services to girls and boys under five as well as pregnant and lactating women (PLW) inside basement shelters. Community health workers delivered high energy biscuits (HEB) to 2,992 girls and boys aged between 6-59 months and PLW to 26 underground shelters in Harasta, Saqba and ein Terma. The delivery of services to underground shelters largely depends on the security

situation. Due to the escalation in violence, the number of shelters covered with essential nutrition services has decreased, limiting the movement of community health workers.

825 children aged between 6 and 59 months as well as 119 PLW were screened for acute malnutrition using Mid Upper Arm Circumference (MUAC) measurement. 35 children were diagnosed as suffering from moderate acute malnutrition (MAM) and 3 from severe acute malnutrition (SAM). The treatment of acute malnutrition with therapeutic and supplementary foods is ongoing in the underground shelters due to the inability of nutrition staff as well as people to travel to the health facilities as a result of ongoing ground and air-based strikes.

On 5 March, the Nutrition sector in Syria through UNICEF and WFP delivered preventive and curative nutrition supplies as part of the inter-agency convoy to Duma. The convoy, which delivered health, nutrition and food items, brought essential nutrition supplies such as therapeutic products for the management of over 200 severely malnourished children, supplementary PlumpyNut for the management of more than 350 moderately malnourished cases as well as preventive nutrition items such as 400 boxes of fortified spread, 2,000 boxes of high energy biscuits, 9,600 PACs of multiple micronutrient powders and 300 PACs of micronutrient tablets, or enough to support the needs of children and pregnant and lactating women in Douma for approximately 2 months.

Subject to receiving the necessary approvals, the sector is ready to deliver essential nutrition supplies to East Harasta, Kafr Batna and Misraba to support the needs of women and children in the area. Community health workers continued to convey messages on optimal infant feeding practices and health education.

The nutrition surveillance system (within health facilities) halted all its activities on 18 February due to the escalation of hostilities. On 1 March, a location restarted nutrition screening activities covering Kafr Batna and Ein Terma communities.

Overall Results Achieved from February 1st to March 5, 2018:

7,847 girls and boys aged between 6 and 59 months were screened for acute malnutrition through fixed, mobile and community outreach nutrition facilities, out of which 104 SAM and 608 MAM children were identified and provided with the appropriate treatment. In the established nine surveillance sites, approximately 2,345 children were screened for acute malnutrition using MUAC measurement. About 23 children were identified with severe SAM and 120 were identified with MAM. All identified acutely malnourished children were provided with the appropriate treatment. 1,211 caregivers (including pregnant and lactating women) were counselled on IYCF, although the escalation in violence led to the suspension of training activities. Through inter-agency crossline convoys, adequate essential nutrition supplies were delivered in Nashabiyeh and Douma by UNICEF and WFP to cover the needs of the most vulnerable groups in the population. These supplies are expected to help alleviate the suffering of women and children.

Gaps and Challenges

Disrupted access to nutrition services for malnourished girls, boys and PLW with the suspension of nutrition activities in fixed and mobile clinics represents a key gap in the response. Access for both women and children and health facilities is paramount to ensure that nutritional needs of the population are supported.

Interrupted, inadequate and irregular delivery of nutrition supplies from inter-agency convoys is affecting the health and wellbeing of the population and in particular children under five and pregnant and lactating women. Functionality and geographic coverage of mobile clinics is further limited due to increased operational costs attributed to increased fuel prices. At the same time, partners have been unable to provide blanket supplementary feeding to the population despite the increasing need for such an intervention.

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