

## Situation Overview

The East Ghouta area in Rural Damascus hosts an estimated population of 393,000, including a significant number of internally displaced person (IDPs)

Parts of East Ghouta have been classified as besieged by the UN since November 2013, with the entire enclave classified as besieged since November 2016. Despite the formalization of a de-escalation zone in East Ghouta in September 2017, East Ghouta has witnessed an intensification of military activity, particularly in the latter months of 2017 and into January 2018.

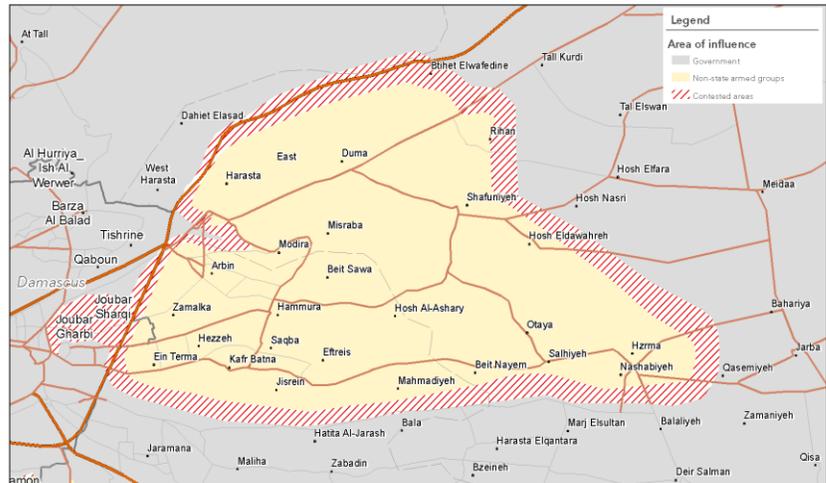
A significant escalation in hostilities occurred between the Government of Syria (GoS) and (NSAGs) from November, with frequent reports of civilian deaths from the effects of the use of explosive weapons in densely populated urban areas and destruction of civilian infrastructure throughout the reporting period.

Between 1 January and 31 January, OHCHR documented at least 124 civilians killed in air-strikes and ground-based strikes, including 41 children.<sup>1</sup> The number of civilians killed and injured in heavily populated areas indicates that some military operations are conducted with indiscriminate effects and possibly without regard for practices of civilian harm mitigation. Throughout the reporting period residential neighborhoods of Damascus city were also reportedly attacked from East Ghouta, with OHCHR documenting at least 11 civilians killed. On 26 January, a ceasefire agreement (excluding Ahrar Al Sham and HTS) to commence on 27 January was announced to allow for the entry of humanitarian convoys and to evacuate medical cases. However, the agreement failed to come into effect and hostilities subsequently resumed. During the first week of February, East Ghouta witnessed yet a further intensification of hostilities with air-strikes and ground-based strikes reported in several densely populated areas of East Ghouta (including Duma, Ain Tarma, Jobar, Kafr Batna, Harasta, Arbin Nashabiyeh, Hammourieh, Modira, Misraba, and Jisreen), with reports of mounting civilian casualties and adding an additional layer of explosive hazard contamination.

The UN has also received multiple reports, from a number of different sources, alleging the use of weaponised chlorine, with The Unified Medical Office reporting some 21 people facing severe breathing difficulties on 22 January. Further reports alleging the use of weaponised chlorine have been received during the beginning of February. The UN is not in a position to verify these reports.

Internal displacement continues to occur within the enclave, although there are no reports of outflows of displaced persons to neighbouring areas, where assistance and services would be available. Following the most recent escalation of hostilities in January, some 15,000 civilians were reported to have been displaced, mostly from locations in the western part of the enclave (Harasta, Arbin, Misraba, Modira and Al Marj), and are currently living in make-shift collective shelters and/or taking refuge in basements. Reports indicate that a number of the basements in Harasta are currently flooded and that there are public health risks due to poor sanitation.

Between the 26 and 28 December 2017, 29 emergency medical cases, accompanied by family members, were evacuated from East Ghouta by SARC and ICRC to Damascus for further treatment. Five out of the 29 medical cases evacuated returned to the enclave on 17 January, after receiving medical treatment in Damascus hospitals. Since then, no additional medical evacuations have taken place, despite Health actors in East Ghouta reporting over 700 patients who are facing life-threatening conditions and requiring evacuation. There have already been 22 civilian deaths among those waiting to be evacuated, as well as three deaths among those who have been evacuated.



<sup>1</sup> This reporting reflects the incidents during the month which OHCHR has been able to corroborate. It is not a comprehensive listing of all violations of international humanitarian law and violations and abuses of international human rights law which took place in the Syrian Arab Republic during this period.

## Humanitarian needs – General Overview

The humanitarian situation in East Ghouta continues to rapidly deteriorate. UN humanitarian assistance has been limited, insufficient and sporadic, with few inter-agency convoys (none since 28 November) and limited provision of basic services through cross-border partners.

In 2017, despite considerable efforts, only 100,000 people out of the 393,00 people in the enclave have received food assistance through occasional one-off deliveries, due to limited access. At the same time, the capacity of humanitarian partners operating within the enclave is limited given the unavailability of basic goods, as well as the inflated prices of the few available items. Moreover, given the risks involved in accessing East Ghouta, the average commission rates on money transfers are three times higher than in the rest of the country, and have increased to as much as five times higher in the past months. As a result of 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 as of November 2017 – the highest rate recorded in Syria since the beginning of the crisis. During the reporting period a significant number of malnutrition cases have continued to be reported (see the Nutrition section for more details).



### **Access:**

Overall access to all locations in besieged East Ghouta remains wholly inadequate. The ability of humanitarian partners to deliver assistance to people in need continues to be hampered by multiple factors including lack of approvals, administrative delays, security concerns (including the presence of explosive hazards) and specific restrictions attached to the delivery of medicines and medical equipment by the GoS.=. Despite submitting convoy requests in December and January for multiples location in East Ghouta, including six locations in January alone targeting 207,700 people, facilitation letters enabling these convoys to proceed were not received. The last convoy to reach East Ghouta was on 28 November 2017 (reaching 7,200 people in Nashabiyeh).<sup>2</sup> At the same time, restrictions on the movement of the population inside East Ghouta has prevented people from leaving the besieged enclave and seeking assistance and basic services available in neighboring areas.

In addition, the unpredictable access, the limited time spent on the ground, and the conditions during cross-line operations are hampering the UN' s ability of to carry out in-depth needs assessments, post-distribution monitoring and to consult diverse segments of the affected population to better identify their specific protection needs and provide an adequate and timely response.

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 More recently, a circular issued by the Rural Damascus Revolution Command Office (affiliated with Faylaq Al-Rahman) on 29 January called on all NGOs operating in Faylaq al-Rahman areas to register with the Revolution Command Office Social Affairs Department.

Despite the escalation of hostilities, commercial access to East Ghouta through the Al-Wafideen crossing point resumed on 26 November, with current agreement extending until 8 February. The resumption of limited commercial access, in terms of both the quantity and quality of supplies delivered, has contributed to some reduction in prices, with a 31 per cent decrease in the price of a standard food basket in December compared with November. However, with prices still approximately five times higher than the national average, food and other basic commodities remain largely unaffordable for the majority of people living in East Ghouta. Given the deteriorating security situation and the historic volatility of access, further interruptions in commercial access are possible and would have a subsequent impact on the availability of commodities and people's wellbeing.

## Humanitarian needs - Sector Overview



### **Nutrition:**

The Nutrition situation in East Ghouta continues to be of significant concern, with malnutrition rates reaching unprecedented levels in November 2017, with some 11.9 per cent of children under five years old acutely malnourished - the highest rate recorded in Syria since the beginning of the crisis.

From 1 December to 31 December 2017 Nutrition partners reported reaching 4,889 girls and boys aged between 6 – 59 months with nutrition screening, identifying 115 cases of Severe Acute Malnutrition (SAM) and 591 cases of Moderate Acute

---

<sup>2</sup> A UN inter-agency convoy did subsequently reach East Ghouta on 14 February, delivering food, health and nutrition assistance to 7,200 people in Nashabiyeh

Malnutrition (MAM). All of these children were referred for treatment of acute malnutrition. Eleven health facilities activated a nutrition surveillance system covering ten communities in East Ghouta in December.

Six cross-border nutrition partners are providing lifesaving curative and/or preventative services via eight fixed health facilities and eleven mobile clinics covering seventeen communities in three sub-districts (Duma, Harasta and Kafr Batna). Community based interventions are conducted by 78 community health workers and include screening for acute malnutrition, the provision of multiple micronutrient supplementation for women and children and Infant and Young Child Feeding (IYCF) awareness campaigns. Five fixed health facilities and eight mobile clinics provide therapeutic lifesaving treatment for acutely malnourished girls and boys under five and pregnant and lactating women.

In December Nutrition partners reported receiving 30 cartons of lipid based nutrition supplements and 16 cartons of high energy biscuits from the UN inter-agency convoy that entered Nashabiyeh on 28 November. With no additional convoys able to reach East Ghouta since November, stocks are increasingly limited threatening the nutritional status of children and pregnant and lactating women.



### Food Security

The recent escalation of hostilities has exacerbated an extremely dire food security situation in East Ghouta.

Although commercial access to the enclave through the Al-Wafideen crossing resumed at the end of November with two deliveries containing a total of 6,000 tons of food and other items, only a limited number of trucks were permitted to enter the enclave during December and were subjected to a fee of 2,000 SYP per kilogram of commodities. As such, despite increased availability of food in East Ghouta in December- with REACH reporting that eggs, iodized salt, sugar, and cooking oil all became mostly available in markets for 21 days or more, having been only sometimes available (7-20 days per month) or generally unavailable (six days or fewer) in November- prices have remained extremely high and largely unaffordable for the population.

According to WFP's Price Bulletin released in January 2018, although the average food basket price fell by 31 per cent in December compared with November, prices are still more than five times the national average. For instance, while the price of a bundle of bread (1.5kgs) has dropped by 9 per cent to 1,670 SYP in December, it is still 21.9 times the national average. Similarly, the price of diesel in East Ghouta averaged 3,760 SYP per litre in December, which is 8.7 times higher than the national average. Due to the high prices, most households are reportedly only able to afford one meal a day, mainly consisting of seasonal vegetable, bread and bulgur.

Agricultural activities, formerly a primary economic activity, have decreased significantly in East Ghouta as most of the land previously used for farming is considered unsafe, either due to its proximity to the frontlines and/or explosive hazards contamination as a result of frequent shelling. Tools, farming equipment and fodder are extremely scarce, while there are also severe shortages of fuel and seeds. However, partners report that reasonable quantities of vegetable seeds, livestock and manure fertilizer are available in some areas for local procurement. Although local produce remains an important source of food for the most vulnerable households, these factors make it extremely difficult to cultivate land.

### CORE COMMODITY PRICE INDEX (SYP)<sup>4</sup>

|            | Item                        | Eastern Ghouta | Nearby areas not besieged or HTR <sup>13</sup> | Price difference: Eastern Ghouta vs. nearby areas | Price change since October within Eastern Ghouta |
|------------|-----------------------------|----------------|--|---|--|
| Food Items | Bread private bakery (pack) | 1,600          | 100  | 1,500%  | ↓ -33%   |
|            | Bread public bakery (pack)  | Not available  | 75   | No info   | No info  |
|            | Bread shops (pack)          | 1,800          | 194  | 828%  | ↓ -40%   |
|            | Rice (1kg)                  | 2,900          | 513  | 466%  | ↓ -42%   |
|            | Bulgur (1kg)                | 2,495          | 288  | 768%  | ↓ -38%   |
|            | Lentils (1kg)               | 2,900          | 288  | 909%  | ↑ 38%  |
|            | Chicken (1kg)               | Not available  | 1,125  | No info   | No info  |
|            | Mutton (1kg)                | 5,500          | 4,700  | 17%   | ↓ 0%   |
|            | Tomatoes (1kg)              | 805            | 132  | 512%  | ↑ 7%   |
|            | Cucumbers (1kg)             | Not available  | 225  | No info   | No info  |
|            | Milk (1L)                   | 655            | 275  | 138%  | ↓ -23%   |
|            | Flour (1kg)                 | 3,000          | 133  | 2,164%  | ↓ -3%  |
|            | Eggs (1 unit)               | 200            | 47   | 330%  | ↓ -60%   |
|            | Iodised salt (500g)         | 1,250          | 63   | 1,900%  | ↓ -85%   |
|            | Sugar (1kg)                 | 2,500          | 322  | 678%  | ↓ -83%   |
|            | Cooking oil (1L)            | 2,900          | 663  | 338%  | ↓ -71%   |

Source: REACH, Eastern Ghouta Situation Report, December 2017

In December, 840 people were reached with agricultural inputs and another 750 with livestock support through cross-border partners. Through a combination of in-kind and restricted CBR, in January cross-border partners expected to reach 4,000

people with food baskets, 14,466 with RTERs, 1,500 with supplementary food baskets and 61,473 with bread/wheat flour support. Additionally, 1,413 people were targeted for the provision of agricultural inputs and 3,424 for livestock support.

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 GFRs and use of vouchers for bread until the end of the lean season (April 2018). In addition, to meet the winter kilocalorie needs of the most food insecure, the distribution of bread should, to the extent possible, be accompanied with fatty commodities such as tahini. The Food Security sector also proposes that whenever possible food basket 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 also recommends the provision of RTERs 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 who are acutely malnourished as well as to children through school feeding programs.

The Food Security sector also recommends providing support through livelihoods interventions as a lifesaving intervention according to season criticality – both through inter-agency convoys and cross-border partners – as some agricultural inputs are reportedly still available on the market. Relatedly, there is a need for food agriculture inputs (seeds, livestock and agricultural tools, livestock fodder) and technical assistance such as improved farming techniques and irrigation.



### **Health:**

The Health situation has continued to deteriorate in East Ghouta, with the escalation of violence at the end of December further complicating access. The increased number of patients with critical conditions and the lack of medical supplies has further impeded the delivery of health services. Almost 60 per cent of registered patients across East Ghouta are women and children, with an average of 1,100 births per month, of which 40 per cent are caesarian sections.

Attacks on medical facilities continued to be reported depriving hundreds of thousands of people of their basic right to health and putting the lives of health workers at considerable risk. Three attacks against primary health centers (in Harasta and Arbin) were reported during the month of December 2017, killing one nurse and injuring another, while a further six incidents were reported in January (in Kafr Batna, Harasta, Arbin and Duma), with three primary health centers attacked and three health workers killed.

From 27 to 29 December, the Syrian Arab Red Crescent (SARC) transported 29 emergency medical cases (17 children and 12 adults) from East Ghouta to receive treatment in Damascus hospitals. Five out of the 29 medical cases evacuated returned to the enclave on 17 January, after receiving medical treatment in Damascus hospitals. In total, 31 patients with 89 accompanying family members have been evacuated from East Ghouta. Health actors in East Ghouta report that more than 700 people remain desperately in need of medical evacuation, including children with life threatening conditions.

The latest UN inter-agency convoy to East Ghouta on 28 November reported a total shortage of the penta vaccine (diphtheria, tetanus, hepatitis B and haemophilus influenzae type b) and only 60 per cent coverage of BCG (against tuberculosis) and hepatitis vaccines. The SARC center in Duma administered the last available oral polio vaccines across East Ghouta in December.

Cross-border programmes are still supporting health facilities, covering staff salaries as well as hospital, primary health centers, and ambulance running costs. However, the dwindling supply of medical items and lack of approvals from the GoS for the delivery of health items through inter-agency convoys is forcing medical staff to triage their patients in order to reserve treatment for only the most severe cases. Negative coping mechanisms were reported in almost all health centers, with the recycling of medical items, use of non-medical items for treatment, and use of expired medications especially prevalent.

Chronic and non-communicable diseases (NCDs) are still a significant concern as patients with cardiovascular conditions, epilepsy and thyroid disorders have no adequate treatments available. In addition, tuberculosis medicines are required for 89 TB patients in East Ghouta, with current stocks due to expire in March 2018; oral diabetes medication is needed regularly for 1,000 patients with only limited quantity currently reported in three communities. On 22 January, the medical staff running the only dialysis center, located in Duma, reported the total depletion of medical supplies required to deliver 210 dialysis sessions every month for patients suffering from kidney failure across East Ghouta.

Medical supplies are urgently required and include medications for NCDs, anesthetics, dialysis supplies, blood bags and blood test kits for blood transfusions, antibiotics as well as surgical and reproductive health supplies.



### **Protection:**

Information gathered during cross-line convoys, as well as reports from protection actors operating from within East Ghouta 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 sense of insecurity among civilians, limiting freedom of movement as well as access to services. Given the prolonged exposure to the effects of shelling and intensity of hostilities, the trauma

and distress already suffered by the civilian population in the enclave is aggravated, particularly, but not exclusively amongst children. There are reports of individuals taking shelter in basements and underground bunkers. Displacement within the enclave continues to expose civilians to explosive weapons which often have an indiscriminate effect in densely populated areas. Protection actors in Damascus and Rural Damascus, including those working in proximity to the enclave where new protection facilities (Community Centres) have recently been activated, do not report any outflows of displaced persons who are able to be supported by the services. There are concerns that no, measure such as a temporary halt of hostilities, humanitarian pauses or the establishment of a humanitarian corridor is being considered by the parties to the conflict

The effects of explosive weapons used in densely populated areas with apparently no measures to mitigate civilian harm and the indiscriminate effects of shelling on civilian objects, including hospitals and schools, have reportedly caused dozens of injuries and deaths amongst civilians, including children. Retaliatory mortar attacks in Damascus city and Rural Damascus have reportedly caused around 180 casualties (deaths and injuries) in the reporting period. As a result, movements are often restricted, while schools and other activities for children and youth have been suspended or remain intermittent 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. Explosive hazards contamination resulting from current hostilities is among the main protection concerns, threatening the lives of civilians living in areas impacted by armed clashes. Explosive threats also hamper the safe and timely delivery of humanitarian assistance.

The situation of children and adolescents is of particular concern. The impossibility of attending regular examinations has contributed to a decline in school attendance at higher grade-levels. Moreover, economic difficulties continue to push children out of school in order to support their families with occupations often unsuitable and sometimes hazardous or harmful. Direct observations and reports indicate that children and adolescents are often 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 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. Women and girls 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 exposes 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. Notification of vital events as a minimum 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) should be accepted to receive much needed aid.

Protection actors operating from Government-controlled areas are able to access East Ghouta only through cross-line missions, when occurring, 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. 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 and GBV services are still ongoing within the enclave through these partners, but remain insufficient to meet growing needs. In addition, the tempo and intensity of hostilities has had an impact on the ability of NGOs operating inside the enclave to provide these services. In January, several of the organizations providing protection services suspended or scaled down their use of mobile teams due to the increased military activity. Mine risk awareness sessions were reportedly ongoing before the intensification of the hostilities, although have currently been halted due to access issues and the security situation. The need for their continuation is expected to remain high.



#### **Shelter/ NFI**

In September 2017, shelter damage to private housing was reported in 76 per cent of locations compared to the country average of 4 per cent, with a potentially critical situation in Joubar Sharqi and Joubar Gharbi. In November 2017, over 60 per cent of households were reported to be either fully or partially damaged. In Zamalka this figure stood at 98 per cent. Due to the subsequent increase in shelling, high levels of contamination with explosive hazards, further waves of displacement, and a continued lack of access or movement, the shelter situation inside the enclave continues to worsen.

According to the latest available household level assessment, at least 82,600 households are in need of NFI and shelter assistance. In terms of shelter, rehabilitation tools and kits are a priority due to the level of damage to buildings, while rental assistance is a growing and increasingly urgent requirement to help households to either find shelter or remain in their existing shelter.

In terms of NFIs, the most urgent items are winter clothes and fuel for cooking and heating, especially given the high levels of exposure to cold weather due to damages to buildings. Butane cylinders are either unavailable or unaffordable, with most households using firewood or improvising with other fuel sources. Partners have also noted that plastic sheeting, blankets, mattresses and diapers for babies and adults were priority needs. Reports indicate that some basic NFI, shelter materials and items are available in local markets, but the supply is unreliable and prices are unaffordable for the many households that have low or no income.

Six cross-border partners have reported supported over 120,000 individuals in 2017 with NFIs. Four organizations have confirmed use of cash assistance for the provision of core and essential NFIs, provision of seasonal and supplementary NFIs and shelter assistance, and support to repair housing. From the Syria hub, 4 shelter sector partners supported 5,112 individuals with shelter interventions in accessible areas of East Ghouta from the Syria hub. The interventions included upgrading of private unfinished buildings and distribution/installation of shelter kits.



### **WASH**

There is a significant gap in the provision of safe water, water disinfecting products and hygiene supplies to prevent potential outbreaks of diseases. The core WASH infrastructure in East Ghouta has been severely affected by hostilities and prolonged besiegement. Reports indicate that a number of basements in Harasta where displaced families sought refuge are currently flooded and that there are public health risks due to poor sanitation.

Due to limited access, gaps in key supplies and equipment are reported particularly with regards to generators, water pumps, disinfecting products, family hygiene kits and water kits. Living costs in besieged East Ghouta are extremely high and have resulted in a dramatic reduction in the purchasing power of households, affecting their ability to access life-saving WASH related goods and services. The rehabilitation of existing water systems is required, in close collaboration with the humanitarian mine action sub-sector due to potential contamination, to ensure sufficient access to clean water. In addition, the distribution of water purification products for disinfecting water from local wells is required. Alternate power sources are also needed to ensure water systems are operational.

In terms of the response, the last two cross-line deliveries of WASH assistance occurred in July and September 2017, with UNICEF and UNFPA providing over 12,200 families (61,000 people) with hygiene kits and other replenishment items (sanitary napkins, diapers and soap) in Nashabiyeh and Harasta respectively. Four cross-border partners report that they are conducting WASH activities at a very limited scale or in a stand-by capacity (water trucking, repair and rehabilitation of water systems, community mobilization and hygiene promotion, construction and rehabilitation of sanitation facilities, emergency repair of water supply, emergency solid waste management). A comprehensive WASH assessment supported by UNICEF in 57 communities in Duma and Rural Damascus was carried out between the end of 2017 and the beginning of 2018. Data covering 15 per cent of affected communities has been collected, with the data compilation and analysis still ongoing. The assessment also covers WASH infrastructure as well as the availability of chlorine and fuel stocks. WASH partners are on stand-by to respond, but the lack of funding and continued access restrictions continues to limit their ability to respond.



### **Education:**

As of the end of January, all school activities remained suspended by the Directorate of Education due to the intensified shelling. The education system in East Ghouta is overburdened and overstretched resulting in unsafe, overcrowded and under-resourced schools and learning environments. Schools and learning centers in areas less impacted by the hostilities are extremely stretched and cannot absorb more displaced children. While exact data on children enrolled in schools varies, partners estimate that 62,000 children are enrolled in the remaining functioning schools and approximately 55,000 children are estimated to be in need of education assistance.

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 negatively impacts school enrollment, attendance and learning outcomes. School drop-out has been reported due to fear of exposure to shelling and airstrikes. Malnutrition and fainting of children and teachers has also been reported by partners operating in the enclave. The escalation of violence has had a negative impact on the quality of education, with schools operating only for two or three hours a day and very early in the morning before airstrikes start.

The key impediments preventing children from accessing education in East Ghouta, as reported in recent assessments and surveys conducted by partners, include safety and security along routes to and from schools (including access to non-formal and alternative learning spaces), damaged education infrastructure with unavailable WASH facilities as well as drinking water,

lack of teaching and learning materials, including textbooks; poor quality teaching; lack of teacher salaries and accreditation and certification of learning. Due to the high cost of living, many children are pushed to work and support their families instead of going to school.

Over the reporting period schools have reportedly been repeatedly hit by artillery shelling, particularly in East Harasta, Modira and Arbin causing several deaths and seriously injuring children and teachers. School activities were suspended due to protection concerns amidst the intensification of incoming shelling in November and December. Mid-year exams did take place for some grades, but they were cancelled for others.

Education partners are adopting several mitigation measures to ensure education continues in the midst of the violence such as reducing the length of school hours, changing school times and using lower levels or basements as learning environments. These measures, while aiming to protect students and teachers, leave children lacking natural light and with limited access to electricity and heating. Additionally, schools themselves are not sufficiently reinforced with safety measures, and teachers are inadequately trained in safety procedures.

### **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. The plan is currently being updated on the basis of new projected scenarios for the first six months of 2018.