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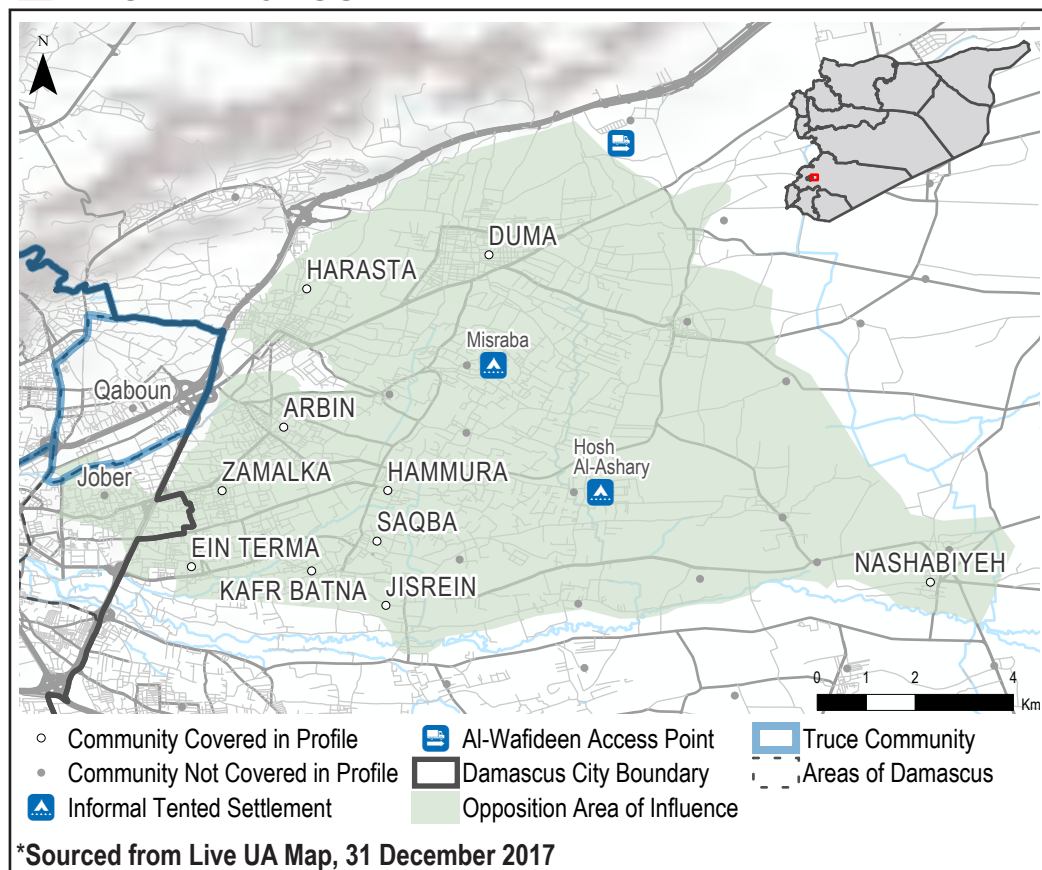
Eastern Ghouta Situation Overview

Rural Damascus, Syria - December 2017



REACH Informing more effective humanitarian action

EASTERN GHOUTA*



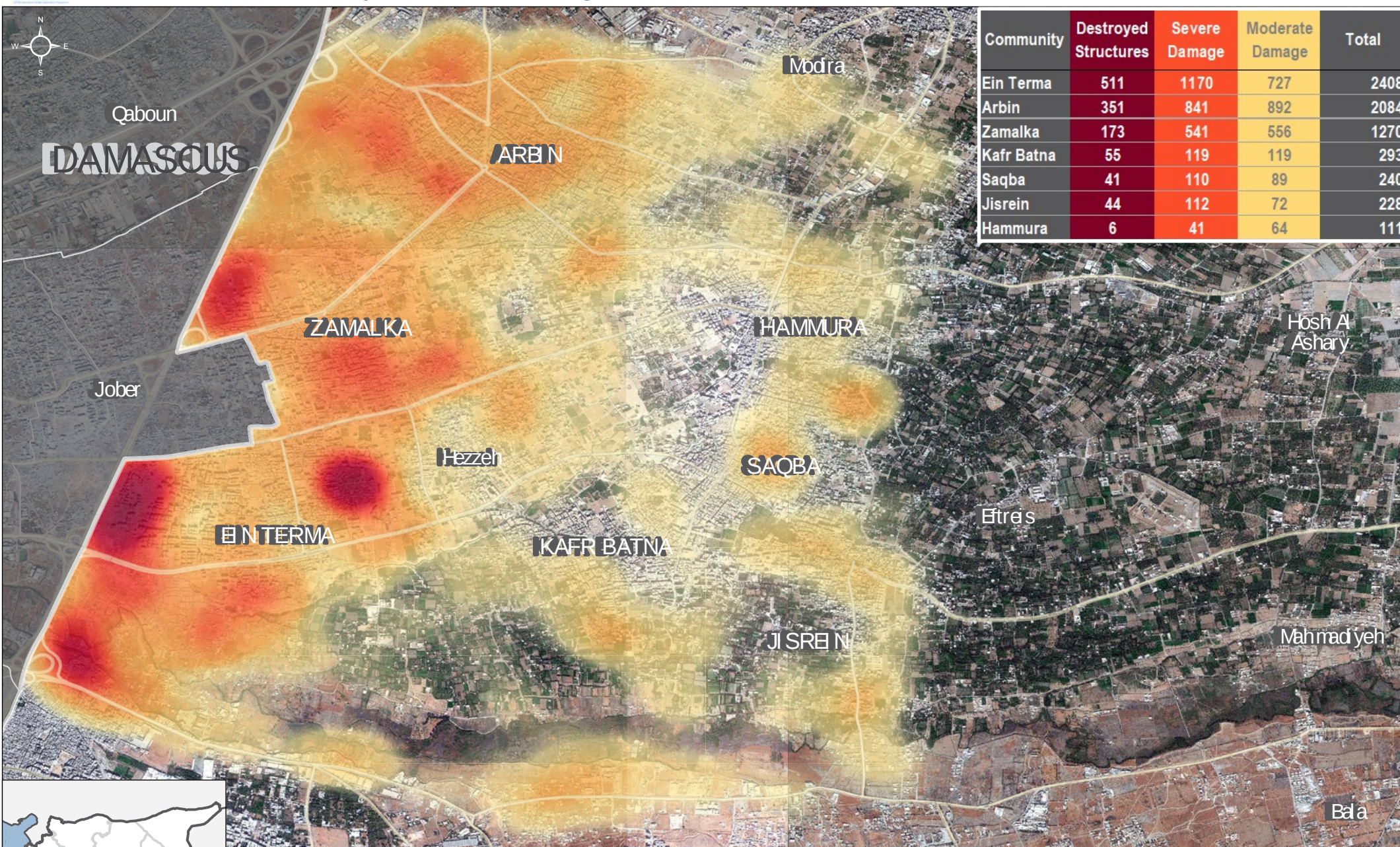
EXECUTIVE SUMMARY

Eastern Ghouta is an agricultural region east of Damascus that is home to approximately 400,000¹ people. The area has faced access restrictions since the beginning of the Syrian conflict and was classified by the United Nations (UN) as besieged in 2013². This Situation Overview builds upon findings from REACH in [October](#) and [November](#) and is based off data collected remotely. It aims to monitor the humanitarian situation in Eastern Ghouta, which deteriorated significantly beginning in September 2017 and saw only slight improvements in December.

Key findings:

- **For the first time since area was classified as besieged in 2013, medical evacuations were permitted in December, but 16 people, including infants and children, have reportedly died while waiting to be evacuated (UNICEF)³.** Meanwhile, oral vaccinations leftover from the aid delivery to Harasta in September were administered to children across Eastern Ghouta by the Syrian Arab Red Crescent (SARC).
- **Food availability increased and prices decreased** after the sole trader whose vehicles were permitted to enter the area regained authorisation to do business. However, **a 2,000 SYP⁴ fee was charged for each kilogram of goods that entered**, and the trade authorisation was rescinded again on 26 December.
- **Schools re-opened in December after having been closed in November due to conflict.**
- **No humanitarian assistance entered in December.**
- **Infant deaths due to a lack of food continued to be reported for the third consecutive month⁵,** and the strategy of going days without eating has reportedly been in use since November.
- **Acute shortages of medical items persisted, and only critical cases have reportedly been able to obtain medicine** in order to conserve dwindling medical supplies.
- **The situation is expected to deteriorate rapidly in January if unhindered humanitarian and commercial access is not granted and maintained, and if conflict continues.**

Closure of informal tunnel network connecting Eastern Ghouta (E.G.) to Damascus - supplies, most notably fuel, can no longer enter via tunnels.	Sole formal access point (Al Wafideen) closed to commercial vehicles - entry of goods declines further, prices increase.	Fighting erupts between armed groups inside E.G. - internal checkpoints established, clashes calm mid-May.	Al Wafideen reopens, humanitarian aid and commercial vehicles enter, E.G. declared "de-escalation zone".	Humanitarian aid enters Harasta in June, Duma in July - overall situation stable, but offensive on Ein Terma begins late June, intensifies in July.	Fewer commercial vehicles permitted entry, offensive on Ein Terma escalates leading to 40% of its population displaced within E.G.	Aid enters Harasta in Sept., Kafr Batna and Saqba in Oct. and Nashabiyeh in Nov. No commercial vehicles permitted to enter ⁶ E.G. until late Nov., prices skyrocket, reports of starvation and malnutrition.	Aid that entered in late Nov. distributed, but no new deliveries. Schools reopened after closing due to conflict in Nov. Some commercial vehicle entry, but access cut off late Dec. Continued lack of fuel and medicine, and deaths due to lack of food.
Late February 2017	March - April 2017	Late April 2017	May 2017	June - July 2017	August 2017	Sept. - Nov. 2017	December 2017



Damage Severity
High

Low

* Severity calculated based on density of damaged infrastructure and weighted by scale of damaged based on: destroyed, severely damaged, or moderate damage.

* Community names in capital letters represent communities assessed

Satellite Imagery: GeoEye-2 from 20 October 2017

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Source: US Department of State, Humanitarian Information Unit, NextView License

Road Data: OpenStreetMap

Admin Data: UN OCHA

Analysis: UN TAR UNOSAT

Production: REACH Initiatives

Analysis Conducted comparing
Satellite Data (1): WorldView3 from 03 December 2017

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Satellite Data (2): WorldView2 from 20 November 2017

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Note: Data designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners, associates or donors mentioned on this map.



DEMOGRAPHICS

	Arbin	Duma	Ein Terma	Hammura	Harasta	Jisrein	Kafr Batna	Nasha-biyeh	Saqba	Zamalka
UN classification:	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged
Estimated population ⁷ :	42,500-43,500	122,000-128,000	17,000-20,000	31,000-34,000	18,000-19,000	18,000-21,000	19,500-21,500	500-700	52,000-55,000	13,000-14,000
Of which estimated IDPs ⁷ :	2,900-3,100	12,000-16,000	8,000-10,000	13,000-15,000	5,000-6,000	7,500-10,000	13,500-14,500	150-200	27,000-30,000	3,500-3,800
% of pre-conflict population remaining	51-75%	1-25%	1-25%	26-50%	1-25%	51-75%	26-50%	1-25%	26-50%	1-25%
% of population that are female	1-25%	1-25%	1-25%	26-50%	1-25%	51-75%	26-50%	1-25%	26-50%	1-25%
% of female-headed households	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	None	1-25%	1-25%

SUMMARY OF INDICATORS AND FINDINGS, DECEMBER 2017

ALL ASSESSED COMMUNITIES			
Overall Humanitarian Situation	↓ Deteriorated or remained critical across the majority of indicators assessed		
Movement of Civilians	Severely restricted; 1-10% of entire area's population could move outside E.G.; reported risks to outward movement were life-threatening; limited number of medical evacuations.	Access to Healthcare	Depleting stocks of medical supplies; severe coping strategies reported; medicine reserved for only the most critical cases.
Commercial Vehicle Access	Temporary access, commercial entry prohibited once again at the end of December.	Access to Water	Water network unavailable, sufficient availability of drinking water but insufficient amounts of water for household use. Residents modifying hygiene practices to cope.
Humanitarian Vehicle Access	No humanitarian deliveries took place; food and medical supplies delivered at the end of November distributed in Nashabiyeh area on 1 and 2 December.	Access to Education	Facilities re-opened after being closed due to conflict in November. Barriers to education present, some children across communities not attending school in order to work.
Entry of goods	Goods entering via commercial deliveries limited and subject to high fees; formal entry of fuel not permitted, medical items only enter via aid deliveries.	Access to Electricity	4-8 hours per day in majority of communities, electricity access limited by expensive price of fuel for generators.
Core Food Item Availability	Malnutrition and deaths due to a lack of food reported for third consecutive month.	Access to Fuel / Hygiene items	No fuel entered for the 10th consecutive month, persisting shortages, and high prices. Decrease in hygiene item prices.
Core Food Item Prices	Overall decreases, prices remained highly inflated and served as a barrier to access to food.	Access to Livelihoods	Agriculture, stable and unstable employment main sources of income. Joining armed groups also reported, child labour used as supplement for lack of access to income.

1. ACCESS & MOVEMENT

The restrictions imposed on the outward movement of Eastern Ghouta residents, and the inward movement of commercial vehicles, goods, and humanitarian assistance, are some of the most stringent seen since the Syrian conflict began. Civilian movement to other areas of Syria has remained limited with severe associated risks, while internal movement, albeit less restricted, is also hindered by associated risks and other barriers. The entry of commercial vehicles and goods has depended on the renewal of trade agreements and therefore has not been consistent. Meanwhile, humanitarian assistance has remained largely insufficient for the 400,000 residents living in Eastern Ghouta and is usually only able to reach small areas of the besieged enclave.



MOVEMENT OF CIVILIANS

External movement:

% of civilians able to enter and/or exit Eastern Ghouta via formal routes: 1-10%

% of population who left Eastern Ghouta via informal routes in October: 0%

- Civilian movement through the only formal access point, Al Wafideen in Duma, increased slightly in December but nonetheless remained severely restricted. In a positive development, **medical evacuations were permitted for the first time since Eastern Ghouta was placed under siege in 2013.**
- Alongside the normal public sector employees and males over 40 who could leave, **29 critical medical cases and their guardians were temporarily evacuated. However, 16 of these cases, including infants and children, have reportedly died while waiting for permission to leave (UNICEF)³.** More people working for the only trader delivering goods to Eastern Ghouta could enter and exit, but the overall percentage of people able to leave remained unchanged.
- Women and children continued to be forbidden by armed groups to leave the area due to the risks associated with crossing the checkpoint.
- **While entering and exiting Eastern Ghouta via Al Wafideen checkpoint, the following risks were reported: sniper fire and gunfire; land mines; shelling; violence against women (sexual harassment, humiliating inspections, beatings); verbal and physical harassment; detention; confiscation of documents; and conscription.**

Internal movement:

- Internal checkpoints have been in place since May 2017. To cross these checkpoints, residents have been required to present identification to authorities. Young men perceived to be affiliated with armed groups continued to risk detention when crossing.
- Although there was reportedly a decrease in conflict in December, **shelling remained a risk when moving within Eastern Ghouta. Sniper fire and gunfire were also reported in most communities**, while land mines were a threat to movement in Ein Terma, Harasta, and Jisrein.



MOVEMENT OF GOODS AND ASSISTANCE

Commercial vehicle access:

- The renewal of a trade agreement at the end of November resulted in **some commercial vehicle entry to Eastern Ghouta during December.** However, **the agreement ended at the end of December; since then, no commercial vehicles have reportedly entered.**
- As has been the case in previous months, vehicles were reportedly subject to entry restrictions. Parts of shipments were taken, vehicles were searched and drivers were required to present documentation, and permission to enter was only granted on certain days and times. Additionally, **a 2,000 SYP fee was charged for each kilogram of goods that entered** as a condition for the renewal of the trade agreement.
- Movement of commercial vehicles inside Eastern Ghouta remained unrestricted, although severe fuel shortages remained a barrier to all vehicle movement.

Humanitarian vehicle access:

- **No humanitarian deliveries were reported in December, while deliveries in previous months have been largely insufficient to meet population needs.**
- **The last delivery reported, containing food and some medicine, was on 28 November 2017** to the Nashabiyeh area. It was distributed on 1 and 2 December but was reportedly insufficient to meet population needs.
- **According to the UN, some life-saving medical supplies have been removed from past humanitarian deliveries before reaching their intended recipients.⁸** Inside Eastern Ghouta, local warehouses storing humanitarian assistance⁹ were looted in October, while in November a World Food Programme (WFP) distribution point was reportedly struck and destroyed¹⁰. **These events indicate a clear lack of humanitarian access, as well as a lack of civilian access to humanitarian assistance.**

Entry of goods:

- **More food and non-food items entered Eastern Ghouta in December** due to the renewal of a trade agreement and subsequent lifting of the commercial vehicle ban in late November. **However, due to the substantial fees charged to enter goods into Eastern Ghouta, prices remained inflated** and largely prohibitive for residents.
- Apart from commercial deliveries, residents of the Nashabiyeh area also obtained a limited amount of food and non-food items from humanitarian deliveries, while people of all communities travelled to other areas within Eastern Ghouta to procure needed goods.
- Meanwhile, the entry of fuel and medical items has remained particularly limited. **Fuel has not entered Eastern Ghouta since informal routes were closed in late February 2017, while medical items have only entered in limited quantities via humanitarian deliveries.**

2. FOOD & MARKETS



ACCESS TO FOOD

- **Access to food, which was purchased from shops and markets or produced locally, improved in December compared to the previous two months but was wholly insufficient.**
- Food was reportedly unaffordable, of a poor quality, and not always available in markets. Quantities of available food were insufficient to meet population needs, and people lacked the income to purchase it.
- Bread was sourced from shops or private bakeries, but substantial barriers to obtaining it persisted and included prohibitive prices or a lack of access to flour, wheat, electricity, and fuel.

MOST COMMON STRATEGIES USED TO COPE WITH A LACK OF FOOD¹¹

ALL ASSESSED COMMUNITIES

Reducing meal size



Skipping meals



Eating without eating



Eating non-edible plants



Eating food waste



CHANGE SINCE NOVEMBER



- **In December, most people no longer commonly relied on consuming non-edible plants in the absence of food, according to Community Representatives (CRs).**
- However, **since November, residents have reportedly sometimes forgone food for days at a time in addition to reducing the size of and skipping meals.** The latter two strategies have been consistently reported in previous months.
- **Infant deaths² due to a lack of food were reported for the third consecutive month.**



ACCESS TO MARKETS

The **price of a standard food basket¹² in Eastern Ghouta decreased by 32% in December but was still 796% higher than in nearby areas** not considered besieged or hard-to-reach (HTR)¹³.

AVERAGE PRICE OF A STANDARD FOOD BASKET

Eastern Ghouta

Nearby areas (not besieged or HTR)

Average price (SYP)⁴

220,204

24,589

CHANGE SINCE NOVEMBER



FOOD ITEM AVAILABILITY & PRICES

- **The overall availability of food items increased across communities in December.** Eggs, iodised salt, sugar, and cooking oil all became generally available in markets for 21 days or more, having only been sometimes available (7-20 days per month) or generally unavailable (six days or fewer) in November.
- **Meanwhile, food prices decreased, on average, by 33% following the entry of commercial vehicles to the area in December.** The main exception to this was the price of lentils, which reportedly increased by 38% after shop owners inside Eastern Ghouta raised their prices to match the price of lentils entering Eastern Ghouta, which were subject to the 2,000 SYP fee. All food prices remained highly inflated.
- **Despite the price decreases, all food prices in Eastern Ghouta remained highly inflated and were 797% more expensive than in nearby areas not considered besieged or HTR.**



WASH ITEM AVAILABILITY & PRICES

- The overall prices of hygiene items decreased by 42% in December, while availability of these items, which can be easily stored, has remained relatively constant.
- **However, assessed hygiene items remained 162% more expensive than in nearby communities not considered besieged or HTR and were prohibitively priced.**



FUEL ITEM AVAILABILITY & PRICES

Access to fuel is especially critical for people living in besieged and HTR areas such as Eastern Ghouta, which often face high levels of conflict and unique access restrictions. The transport of goods via commercial vehicles, provision of medical services such as ambulances, functionality of bakeries, and the powering of well pumps and electric generators in the absence of functioning water and electricity networks all depend on access to fuel.

- **In December, firewood and diesel remained the only two fuels available, which has been the case since April 2017 after butane became unavailable. Both have been produced locally and present in markets for 21 days or more since February 2017.**
- **From January to December 2017, the price of diesel has increased by 653%.** This is due to persisting access restrictions on the formal entry of fuel and the inability for it to enter informally after the destruction of the tunnels connecting Damascus to Eastern Ghouta in February 2017. **As such, although diesel has remained generally available in markets, it is incredibly difficult for people to bear the financial burden to access it.**
- **To cope with a lack of fuel, residents have resorted burning the following: furniture not in use, agricultural and other productive assets, clothes, plastic, and waste.** Some or all of these strategies have been in use since the indicator was first assessed in November 2016.

CORE COMMODITY PRICE INDEX (SYP)⁴

	Item	Eastern Ghouta	Nearby areas not besieged or HTR ¹³	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	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	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	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%
 WASH Items	Soap (1 bar)	300	110	173%	↓	-40%
	Laundry powder (1kg)	3,800	1,313	190%	↓	-28%
	Sanitary pads (9 pack)	650	432	51%	↓	-51%
	Toothpaste (125ml)	800	332	141%	↓	-48%
	Disposable diapers (24 pack)	6,500	1,825	256%	↓	-41%
 Fuel Items	Butane (cannister)	Not available	2,825	No info	No info	No info
	Diesel (1L)	5,500	248	2,122%	↔	0%
	Propane (cannister)	Not available	2,000	No info	No info	No info
	Kerosene (1L)	Not available	225	No info	No info	No info
	Coal (1kg)	Not available	425	No info	No info	No info
	Firewood (1T)	337,500	90,000	275%	↔	0%

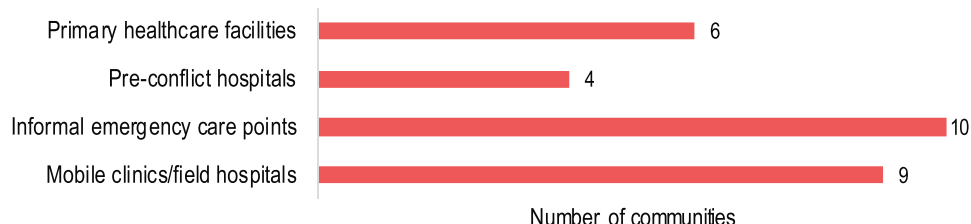
3. ACCESS TO SERVICES



HEALTHCARE

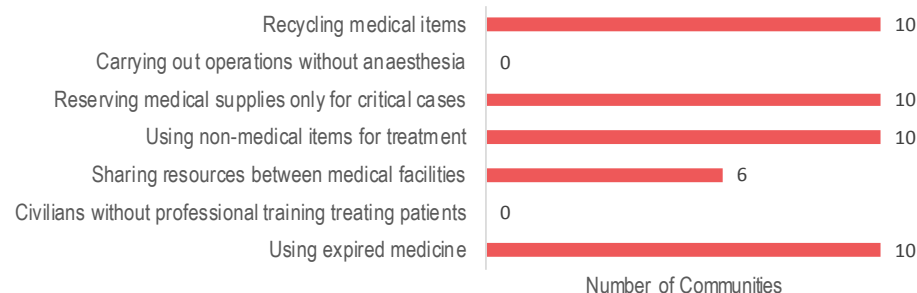
- Access to healthcare has been deteriorating for residents of Eastern Ghouta since late February 2017 following the destruction of the tunnels that had connected the besieged area with Damascus city.
- Stockpiles of medicine that once entered via the tunnels have largely depleted. Despite the fact that all communities have had access to some form of health facilities, medical services and professionally trained personnel for the majority of 2017, supplies have been only partially replenished by the minimal and insufficient medical aid that is permitted to enter the area.

AVAILABLE MEDICAL FACILITIES



- In a slight improvement compared to November, **oral vaccines leftover from the humanitarian delivery to Harasta in September 2017 were reportedly administered by SARC across Eastern Ghouta in December.**
- **All communities had access to diarrhoea management and emergency first aid care,** while skilled childbirth care and surgery was also available in the majority of communities. In contrast, diabetes care was reportedly available in only three communities.
- Residents could generally travel to other areas in Eastern Ghouta if a given service or facility was unavailable in their communities. However, this was contingent upon their ability to afford travel costs, and residents who chose to do so risked encountering shelling or other conflict-related violence.
- As shortages in medical supplies have increased due to persisting access restrictions, **only people deemed to be in critical condition have reportedly been able to access adequate treatment.** However, medical personnel would reportedly still provide advice and diagnoses in the event that they could not provide medicine to a given patient.

STRATEGIES TO COPE WITH A LACK OF MEDICAL SUPPLIES¹⁴



- The use of strategies to cope with a lack of access to medicine and medical equipment has been reported across all communities since April 2017.
- Meanwhile, as medical supplies have dwindled, medical personnel have been forced to triage their patients in order to reserve treatment for only the most severe cases. According to additional CR information obtained in December, this strategy has been especially prevalent in the past three months and implies an enduring lack of access to adequate health care.



MOST NEEDED MEDICAL ITEMS

- **The most needed medical items in December included blood transfusion bags, antibiotics, anaesthetics, clean bandages, diabetes medicine, and heart medicine.**
- According to CRs, blood transfusion bags were reportedly among the medical items removed from humanitarian deliveries, as it was claimed that they could be used to fashion explosives.



AVAILABILITY OF MEDICAL PERSONNEL

- **All communities had access to professionally trained doctors and nurses in December,** while trained surgeons, midwives, dentists, and anaesthesiologists were also present in the majority of communities.
- **Despite the variety in the types of medical staff available, their numbers were reportedly insufficient to handle the high caseloads resulting from conflict-related violence.**

EDUCATION

ACCESS TO EDUCATION

Available educational facilities

Barriers to education

CHANGE SINCE NOVEMBER

- **Access to education improved in December following the re-opening of schools.** This resulted in more children attended school than in November. However, the positive change was relative; **previously, all schools had been closed in November by local administrations to protect students and staff from ongoing violence**, as some educational facilities were reportedly struck.
- All assessed communities had functioning primary, secondary, and high schools except for Nashabiyeh, which only had primary schools.
- Severe barriers to education persisted. Routes to educational services remained unsafe, **while some children left school because of a need to work.**

ELECTRICITY

ACCESS TO ELECTRICITY

Access to electricity network

Main source of electricity

Access to main source/day

CHANGE SINCE NOVEMBER

- Electricity from diesel-fueled generators has remained available for 4-8 hours a day in most communities since March 2017.
- **However, residents of Eastern Ghouta sometimes accessed electricity for less than the total number of hours it is available due to its prohibitive prices.**
- In Ein Terma, Harasta, and Jisrein, electricity was available 2-4 hours per day in December. This was reportedly because these three communities do not have large markets, which, unlike individual households, cannot function without having access to electricity. As such, a lack of large institutions reliant on longer hours and the inability of residents to afford to pay for electricity for longer hours explained the decrease in available hours in these communities.

WATER

- Access to water remained limited in December.
- **Residents have reportedly still been able to secure enough drinking water**, as was the case in November, although water had a bad taste in the four communities relying on closed wells. The rest of communities obtained drinking water from private water trucking services.
- **Water for other uses was procured via manual hand pumps.** The use of these pumps reportedly began because of the highly inflated cost of extracting or transporting water due to fuel shortages.
- **Additionally, residents continued to modify their hygiene practices to cope with a lack of access to water in December**, as was the case in November.

ACCESS TO WATER

Access to water network

Main source of water

Water safe to drink¹⁵

Sufficiency of drinking water

Sufficiency of water for household needs

Coping strategies used

CHANGE SINCE NOVEMBER

*Water sourced from closed wells in Arbin, Kafr Batna, Nashabiyeh, and Zamalka reportedly tasted bad.

4. LIVELIHOODS



ACCESS TO LIVELIHOODS

- Access to livelihoods remained limited in December, with farming and crop production the most commonly reported source of income, followed by stable and unstable employment.
- Joining armed factions continued to be reported in Arbin, Kafr Batna, and Zamalka as a common way to generate income.
- **At least some children across communities have reportedly not attended school in order to work instead, indicating that households in Eastern Ghouta suffer from a severe lack of access to sustainable livelihoods opportunities.**

ENDNOTES

1. According to UN population estimates: http://www.un.org/apps/news/story.asp?NewsID=58187#_WlsBflWnHlU.
2. Nashabiyeh was re-classified as besieged from hard-to-reach in 2016, while other communities in Eastern Ghouta have remained classified as besieged.
3. UN News Centre. "Violence shuts schools, deprives children of medical care in Syria's East Ghouta, UNICEF warns". (<http://www.un.org/sustainabledevelopment/blog/2017/12/violence-shuts-schools-deprives-children-medical-care-syrias-east-ghouta-warns-unicef/>).
- See also: Times Live. "16 Die in Eastern Ghouta waiting for evacuation: UN". <https://www.timeslive.co.za/news/world/2017-12-21-16-die-in-syrias-eastern-ghouta-waiting-for-evacuation-un/>.
4. 1 USD = 434 SYP (UN operational rate of exchange as of 1 December 2017)
5. As reported by Community Representatives and supported by statements from the UN (see endnote 3 for links).
6. Although a few commercial vehicles belonging to the trader entered during October and November, they reportedly only contained supplies for his dairy factories which were not accessible to civilians. As such, the entry of these vehicles was considered insignificant in relation to the humanitarian situation in the area.
7. Population estimates provided by Community Representatives. Population estimates from the Humanitarian Needs Overview 2018 data (September 2017) were reportedly as follows: Arbin (37,200; of which 1,930 IDPs), Duma (145,400; of which 24,400 IDPs), Ein Terma (21,600; of which 14,300 IDPs), Hammura (16,700; of which 5,116 IDPs), Harasta (23,000; of which 5,270 IDPs), Jisrein (13,000; of which 6,300 IDPs), Kafr Batna (20,400; of which 5,770 IDPs), Nashabiyeh (1,750; of which 552 IDPs), Saqba (22,300; of which 8,500 IDPs), and Zamalka (11,800; of which 2,640 IDPs).
8. The Office for the Coordination of Humanitarian Affairs (OCHA) has reported that, "[c]ross-line inter-agency convoys, when available, are reported to only cover about 20-25 per cent of the required health needs due to removal or denial of health supplies."
- UN OCHA, Factsheet - East Ghouta, 8 December 2017. (https://reliefweb.int/sites/reliefweb.int/files/resources/171208_East%20Ghouta%20Factsheet-Final.pdf)
9. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Cross Border Operational Update 16-30 October 2017, 2 November 2017.
10. World Food Programme. "WFP Condemns Destruction Of Humanitarian Food Supplies in Eastern Ghouta Area of Syria, 16 November 2017". (www.wfp.org/news/news-release/wfp-condemns-destruction-humanitarian-food-supplies-eastern-ghouta-area-syria)
11. Only strategies that are used by the majority of the population in a given community are reported, meaning that additional strategies may be in use by smaller parts of the population.
12. Calculation of the average price of a food basket is based on WFP's standard basket of dry goods (link here). The food basket includes 37 kg of bread, 19 kg of rice, 19 kg of lentils, 5 kg of sugar, and 7 kg of vegetable oil, and provides 1,930 kcal a day for a family of five for a month. In communities where bread from bakeries is not available, the price of bread from shops is used to calculate the food basket price.
13. Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Sahnaya and Kisweh. Due to different data collection cycles in these areas, price data from nearby communities is from the month prior to the month featured in this profile and is only meant to serve as a reference point.
14. Indicator assessed through a "select all that apply" question.
15. As reported by CRs.

METHODOLOGY

Data presented in this situation overview was collected in late December using the Community Profiles methodology, in which information is gathered from Community Representatives (CRs) residing within assessed communities who have sector-specific knowledge. Each community assessed has a minimum of three and up to six CRs. This overview presents findings from December, as well as data from previous months where relevant. Findings were triangulated through secondary sources, including humanitarian reports, and news and social media monitoring. All information presented is indicative of the situation in Eastern Ghouta and should not be considered generalisable across other areas. Comparisons were made to information in previous assessments, and follow-up was conducted with CRs within each location.

Due to the inherent challenges of data collection inside besieged and hard-to-reach communities, representative sampling and larger-scale data collection remains difficult. Coverage is influenced by the availability of CRs.

About REACH

REACH is a joint initiative of two international non-governmental organisations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH aims to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to, and within the framework of, inter-agency aid coordination mechanisms. For more information, please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter: @REACH_info.