

Food security deteriorates in hard-to-reach areas of Aleppo and in besieged Eastern Ghouta

Key points



Inadequate food consumption is on the rise in hard-to-reach areas of Aleppo



More households in hard-to-reach areas of Aleppo are relying more frequently on food-related coping strategies



In Eastern Ghouta, households are facing severe shortages of food, fuel, medicine and drinking water



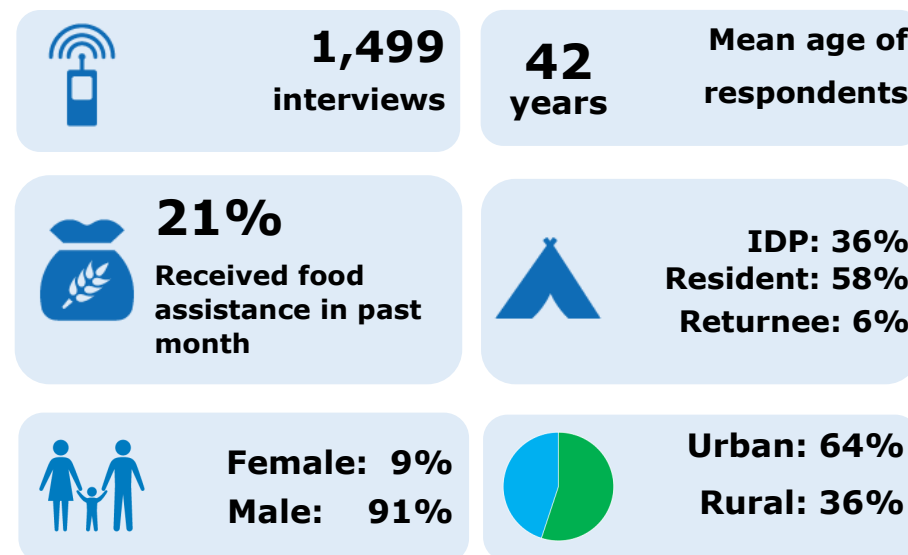
Children in underground shelters in Eastern Ghouta
WFP/ Dima Alhums

Situation Update

Despite being designated as de-escalation zones, areas of Idleb and Eastern Ghouta have seen an increase in military attacks, displacing scores of people. [Thousands of people have been displaced](#) since 'Operation Olive Branch' began on 20 January in Afrin in north-western Aleppo governorate. Following the recent escalation of violence across several areas of the country, the UN humanitarian team in Syria issued a statement on 6 February calling for an immediate month-long cessation of hostilities to enable the delivery of humanitarian aid and services, and the evacuation of the critically sick and wounded.

On 24 February, the [UN Security Council approved Resolution 2401](#), demanding that parties to the conflict in Syria cease hostilities throughout the country for at least 30 days to enable humanitarian aid deliveries and medical evacuations. However, less than 24 hours after the resolution was approved, fighting was reported in Eastern Ghouta. In February there was one convoy to East Ghouta, distributing 1,440 food parcels and wheat flour bags for an approximate population of 2,050 households in the Nashabiyeh neighbourhood. At that time nearly 400,000 people needed immediate assistance.

Figure 1: Sample household characteristics





Food consumption worsens in hard-to-reach areas of Aleppo

The overall mean Food Consumption Score (FCS) in February (58.7) was in line with the trend of slow but steady improvement seen since December 2017 (Figure 2). However, mean FCS in hard-to-reach areas of Aleppo fell from 58.4 in January to 54.5 in February. The worst FCS of all surveyed governorates continues to be reported in Rural Damascus (52.8), where 43 percent of surveyed households reported poor or borderline food consumption.

Mean FCS improved for the second consecutive month for returnee households, rising from 40.2 in December 2017 to 52.9 in February 2018. The share of returnees with poor or borderline food consumption fell from 49 percent in January to 34 percent in February. Similarly, fewer displaced households reported poor food consumption in February (Figure 3).

Map 1: Mean FCS by aggregated by accessibility, February 2018

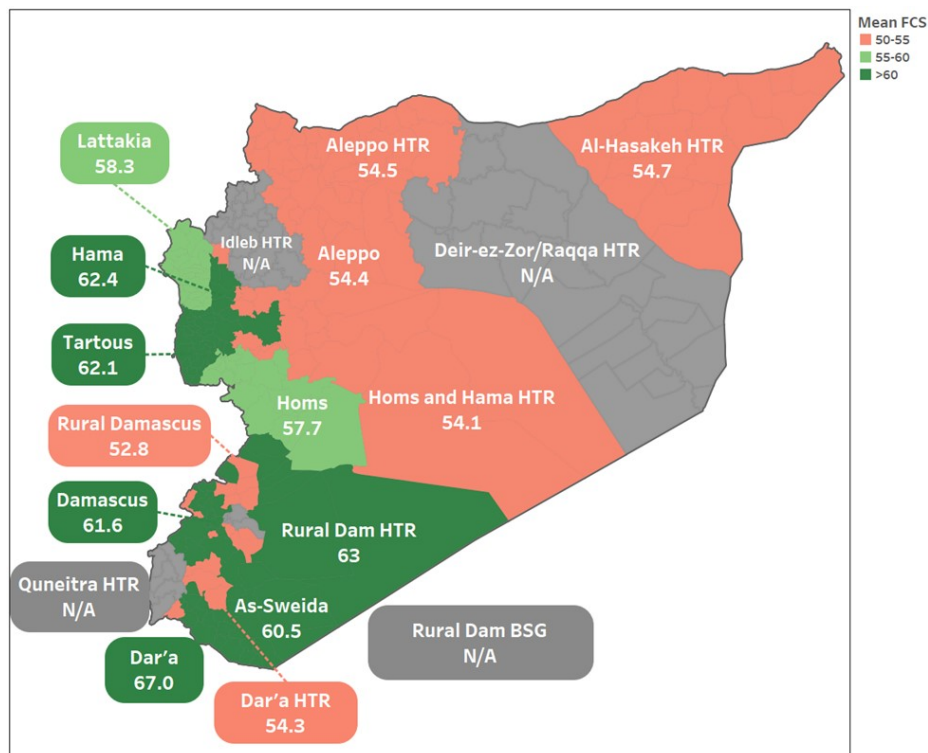


Figure 2: Mean FCS by aggregated governorate, September 2017 to February 2018

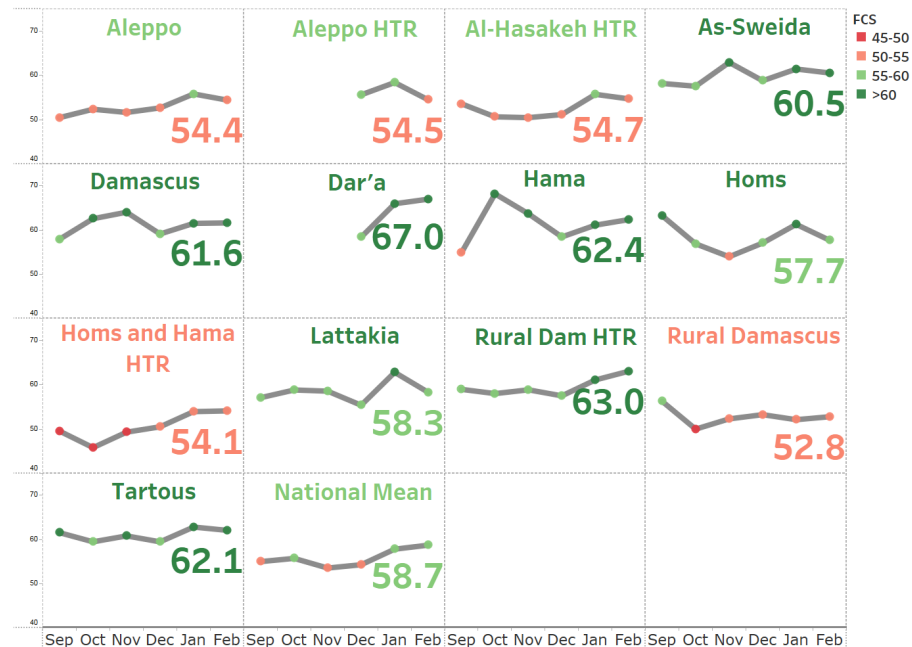
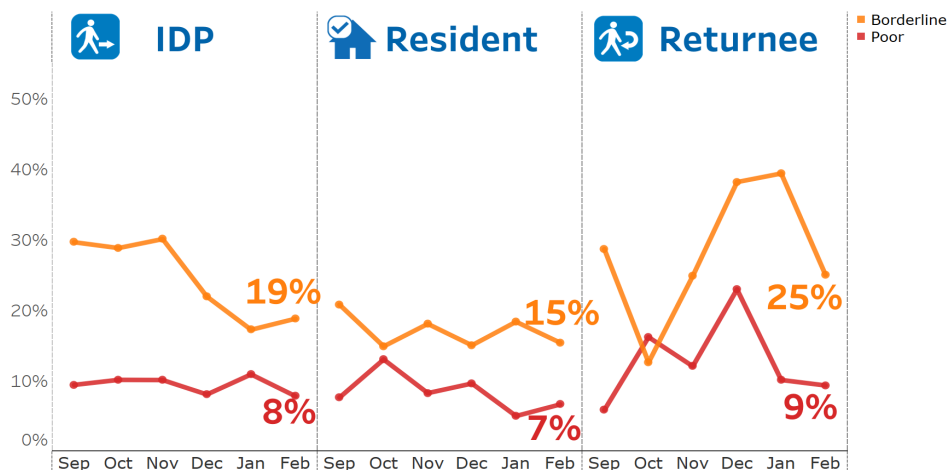


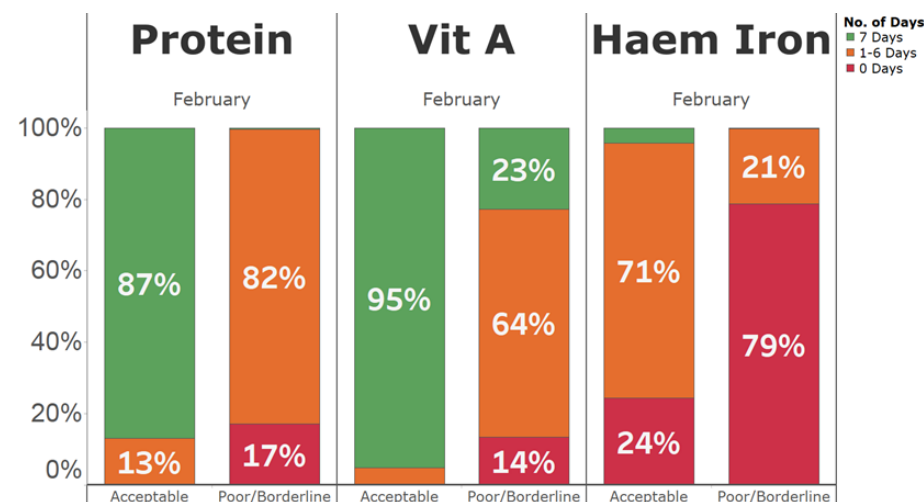
Figure 3: Percent of households with inadequate food consumption by residency status, September 2017 to February 2018



Households with poor or borderline food consumption have diets which are low in nutrients. As seen in Figure 4, protein-rich foods such as pulses, nuts, fish, meat, eggs and dairy were consumed every day by 87 percent of households with acceptable food consumption, and regularly (1 to 6 days a week) by 13 percent of respondents in the same food group. While almost no households (less than 1 percent) with poor or borderline food consumption consumed protein every day during the week prior to the survey.

Food rich in vitamin A was consumed by most households with acceptable food consumption in the week before the survey, but only by 23 percent of households with poor or borderline consumption. Only a small proportion (21 percent) of poor/borderline households ate Haem Iron-rich food items such as meat, organ meat and fish/seafood regularly (1 to 6 days a week) and a large majority (79 percent) of respondents in this food group reported not eating it at all. In comparison 71 percent of the respondents in the acceptable food consumption category consumed Haem-Iron food 1-6 days and another 5 percent reported consuming it everyday prior to the survey.

Figure 4: Frequency of consumption of nutrient-rich food by food consumption group, February 2018



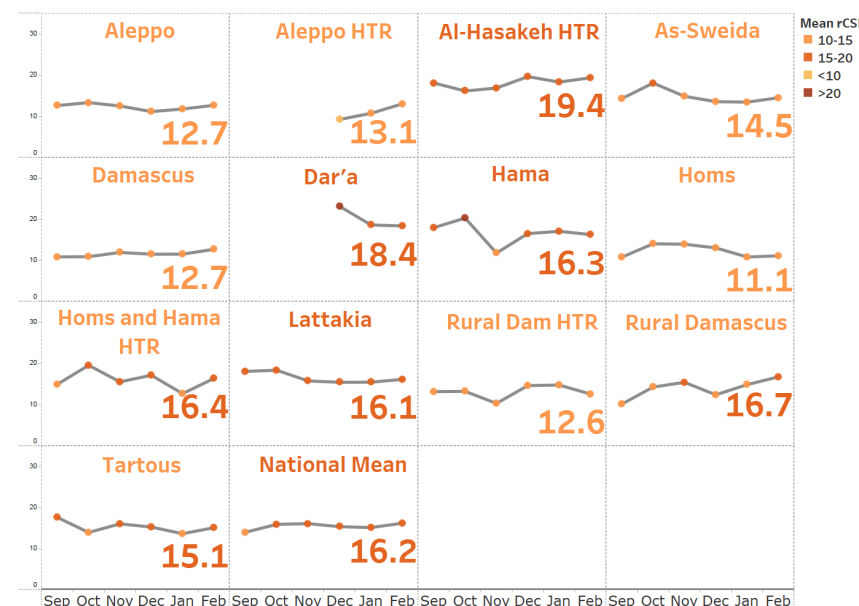
Increased use of negative coping strategies in hard-to-reach areas of Aleppo and Damascus

In February, the mean reduced Coping Strategies Index (rCSI) across surveyed areas was the same as in January, hovering at 16.2 (Figure 5). Similarly, there were no significant changes at the governorate level, except in hard-to-reach areas of Aleppo, where mean rCSI rose from 10.7 in January to 13.1 in February.

The use of negative coping strategies also increased in Damascus, where it reached 12.7. The worst mean rCSI in February was recorded in hard-to-reach areas of Dar'a (22.3).

In all surveyed governorates, the mean rCSI for displaced households rose from 16.8 in January to 18.3 in February. Displaced households resorted to coping strategies slightly more, with higher proportions coping with a lack of food or money to buy food by buying less expensive or less preferred foods and spending their savings (Figure 7).

Figure 5: Mean rCSI by aggregated governorate, September 2017 to February 2018



Map 2: Mean rCSI aggregated by accessibility, February 2018

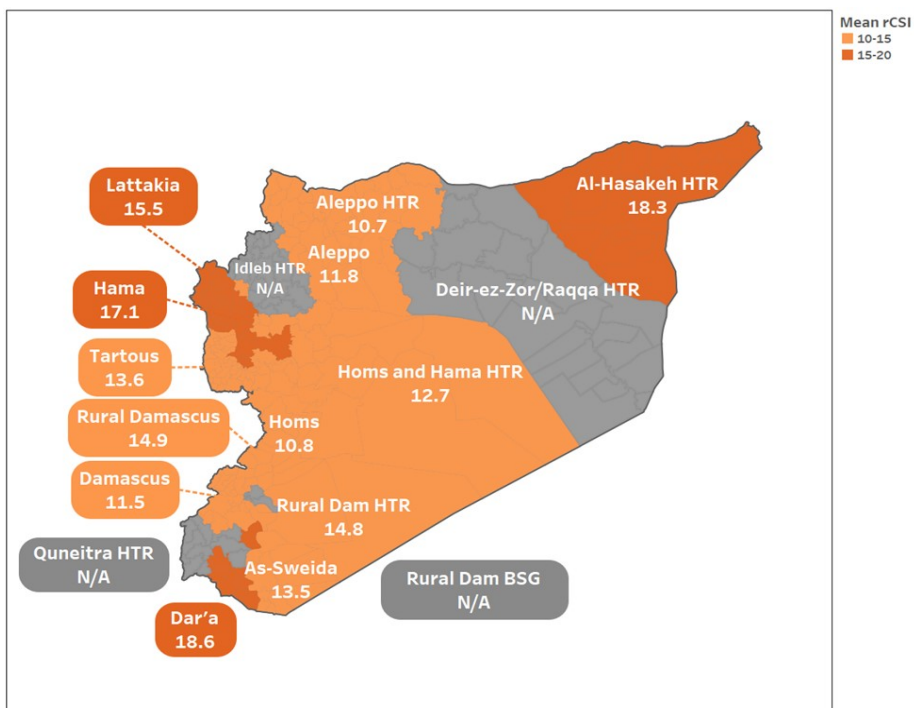
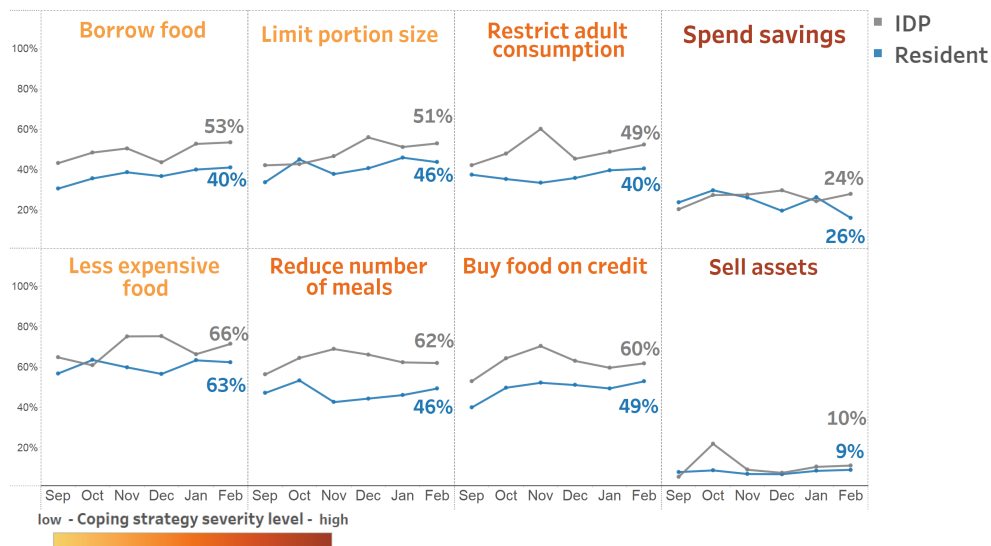


Figure 7: Use of coping strategies disaggregated by residency status, September 2017 to February 2018



Methodology

This mVAM bulletin is based on data collected via live telephone interviews in February 2018 from key informants and households in locations across Syria. The telephone numbers called were generated using random-digit dialling, yielding 1,499 completed surveys. The questionnaire contained questions on demographics, food assistance, household food consumption and nutrition, coping strategies, and primary food sources. A final open-ended question gave respondents the chance to share additional information about the food situation in their communities. The data are weighted by the number of mobile phones owned by the household. Information collected through mobile phone interviews may be biased towards younger, somewhat better-off households who live in urban areas and have better access to electricity and phone-charging services.

Starting from May 2017, districts were combined into 18 strata based on their accessibility, in order to obtain more granular food security analysis. The accessible areas were Aleppo, As-Sweida, Damascus, Dar'a, Hama, Homs, Rural Damascus, Lattakia and Tartous. Besieged areas (BSG) comprised Rural Damascus BSG. Hard-to-reach (HTR) areas were Al-Hasakeh HTR, Aleppo HTR, Idleb HTR, Deir-ez-Zor/Raqqa HTR, Homs and Hama HTR, Rural Damascus HTR, Dar'a HTR, and Quneitra HTR. The sampling frame groups together areas with similar geography and access status, allowing for a large enough sample size to make statistically significant comparisons. More details on the methodology can be found [here](#).



Update on Eastern Ghouta

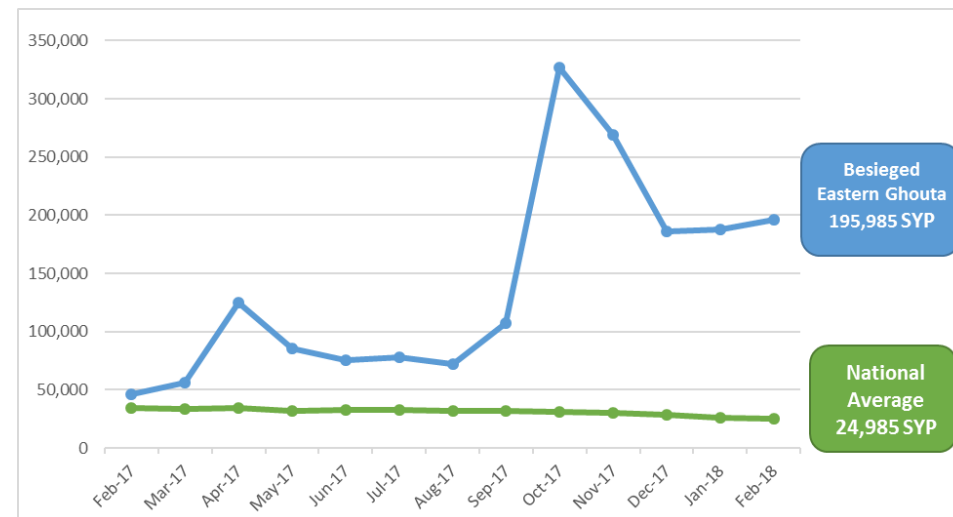
During the inter-agency convoy to Duma (Eastern Ghouta) on 5 March, WFP VAM conducted a number of interviews with key informants, traders, IDPs, households led by women, children and humanitarian actors. Interviewees reported that the majority of the population in Duma are living in highly adapted underground basements or cellars, where many children cannot even find space to sit and where cooking facilities are limited and hygiene conditions poor. Some people were reported not to have seen sunlight for over ten days. During the recent escalation of fighting (since January 2018) the prevalence of households led by women reportedly reached 70 percent of the total population in Duma.

Food accessibility was increasingly a problem for most of the besieged population because of intensive shelling, which has destroyed infrastructure, markets and the remaining food stocks in shops and warehouses. The little access households previously had to agricultural land for vegetables, wheat and barley cultivation is now completely gone after recent military ground operations have taken control of large swaths of arable areas in Eastern Ghouta.

Access to markets was described as a daily challenge as most shops are no longer operating, except for a few roadside vendors selling vegetables. Interviewees said that simply leaving the shelter to go and buy food was very risky. Since mid-February, the only major trader who was allowed to bring food into Eastern Ghouta – Manfoush – has relocated with his family after shelling destroyed his dairy factory and warehouses. Since Manfoush’s departure, no official commercial flow has reached the besieged area apart from food aid through three inter-agency convoys (5, 9 and 15 March) providing 10,720 food rations and 10,720 wheat flour bags, each catering for 53,600 people.

All interviewed households and key informants said that the majority of people in Duma are consuming one meal a day composed of cereal (bulgur or rice) and leafy vegetables (cabbage, spinach, parsley or lettuce). In some severe cases, households led by women or by a disabled person reported consuming just parsley and radish. Sugar-deficiency fainting episodes are reportedly on the rise in Duma especially among children and women. There has also been a rise in cases of skin diseases and jaundice. Households led by women said that due to the lack of food, they have had to send their children to collect plastic, nylon bags and whatever else can be melted and used as fuel, in order to sell it to buy food. The majority of households in Duma are reported to be using severe negative coping strategies including going to sleep hungry, gathering wild foods and feeding just one child a day for poor and extremely vulnerable households who cannot feed all their children at once.

Figure 8: Cost of the standard food basket in besieged Eastern Ghouta versus the national average (SYP), February 2017 to February 2018



Due to high fuel prices, many households are using their clothes and even diapers to cook. This makes cooking a daily problem, as it poisons the limited oxygen in the shelters.

No bakeries were reported be functioning in Duma. Households who can afford to buy barley are milling and baking it themselves; barley is reported to cost SYP 2,000/kg. Due to the extreme shortage of food in markets, prices have increased since January. The cost of a standard food basket in Eastern Ghouta in February was reported to be SYP 195,800 (USD 451). This is an increase of 4 percent compared to last month and around eight times higher than the national average in February. Many food items were reported to be in very limited supply or not available at all in markets across Duma, including rice, sugar, wheat flour and vegetable oil.

Recent development have seen a number of opposition held areas in Eastern Ghouta agree on a truce with government forces and agree to be relocated to Idleb or Dar’a governorates. Duma remains the only besieged area in Eastern Ghouta, housing an estimated 174,500 people. Opposition forces in Duma are reportedly also negotiating a truce with government forces and may soon be relocated elsewhere.



In the words of respondents

"I have three children and the scarce food I have is not enough to feed more than one child per day so I rotate the single daily meal among my children, when it was the turn of my eldest daughter, she gave-up her meal to feed her five-year-old sister who was crying from hunger. Her weak body is responding to four days without eating even one meal" – Woman heading a household in Eastern Ghouta talking about why her eight year-old daughter had repeated fainting incidents.

"It broke my heart to see my children running in the streets under the shelling to collect plastic, so that they could buy some sugar, their only dream" – Woman heading a household in Eastern Ghouta.

"Barley bread is the only food that my children are consuming and one of them now has developed cystic adhesion, a condition caused by the consumption of only barley for many weeks" – Woman heading a household in Eastern Ghouta.

"The only thing that helped us in doing surgeries for injured babies was their empty stomachs"- Doctor in Eastern Ghouta.



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mVAM Resources:

Website: http://vam.wfp.org/sites/mvam_monitoring/

Blog: mvam.org

Toolkit: <http://resources.vam.wfp.org/mVAM>



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