

Food security deteriorates in hard-to-reach areas of Dar'a and in besieged Eastern Ghouta

Key points



Food security indicators are worsening in hard-to-reach areas of Dar'a.



IDPs continued to report a much higher percent of inadequate food consumption and a less diversified diet compared to host communities.



In Eastern Ghouta, the monthly average cost of a standard food basket¹ in Duma increased by 38 percent compared to February, reaching SYP 269,625 (US \$621).

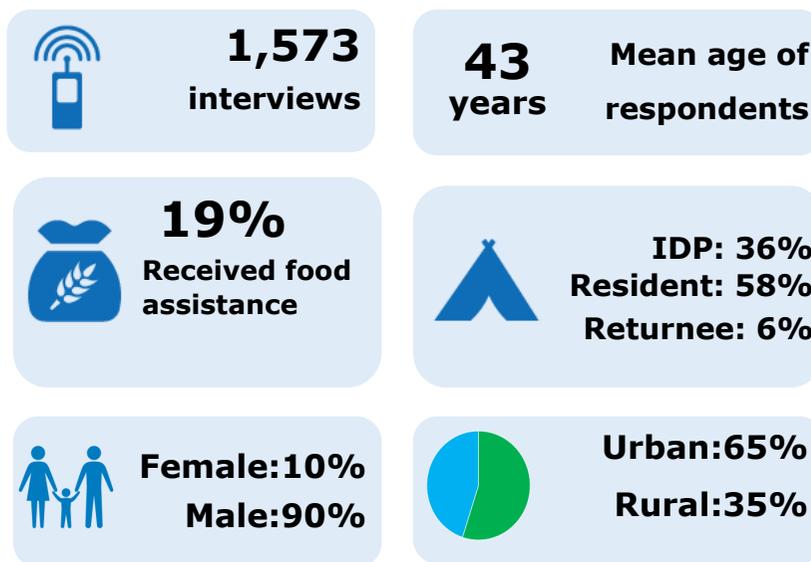


Situation Update

In March, the Syrian conflict reached its eighth year since the armed conflict began in March 2012. Insecurity and hostilities continue to endanger people across the country. In Eastern Ghouta, between 15 and 17 March aerial shelling reportedly resulted in scores of civilian deaths and injuries. Since the passing of The United Nations Security Council Resolution 2401 on 24 February, military operations in Eastern Ghouta have reportedly killed more than [1,700 people](#) (OCHA 2018). Displacement from Eastern Ghouta has continued at a significant rate: over 80,000 people have fled Eastern Ghouta since 9 March and nearly [52,000 people are currently being accommodated in eight collective shelters in Rural Damascus](#) (OCHA 2018). The conditions in these shelters are often dire, with overcrowding and poor sanitation. For most of March people were besieged in three enclaved areas of Eastern Ghouta (Duma, Harasta and Kafr Batna). The situation in these areas is critical, there is limited food, with reports that bread rations that should be for one day are being rationed and consumed over the period of a week to ten days. There is also insufficient sanitation and hygiene support and an increased risk of communicable diseases. By end March, Duma - where an estimated 175,000 people reside - remains the only besieged area in Eastern Ghouta. All other neighbourhoods are now under government control.

In north-west Syria, in recent weeks an estimated 183,500 people have been displaced by hostilities in Afrin district in Aleppo Governorate. In Idlib Governorate, where there have been reports of an increase in violence in recent days, the almost 400,000 people that have been displaced since mid-December 2017 are putting a strain on already overwhelmed host communities. By end March thousands of additional people are now arriving in Afrin from Eastern Ghouta, with no sites or shelters available for the vast majority.

Figure 1: Sample Household characteristics



1. The cost of a standard basket of dry goods providing 1,930 kcal a day for a family of five during a month. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar, and 7 kg of vegetable oil.

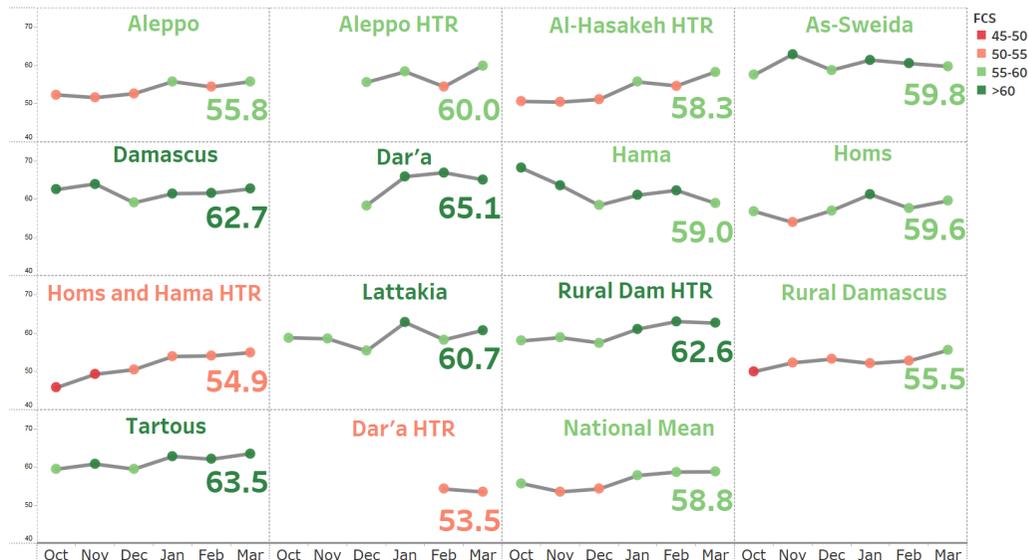


Food consumption slightly improved across the country but worsened in hard-to-reach areas of Dar'a

The overall mean Food Consumption Score (FCS) in March (58.8) was in line with the trend of slow but steady improvement seen since December 2017 (Figure 2). The same trend was reported in several areas of the country and specifically in hard-to-reach areas of Al-Hasakeh, Aleppo, Hama and Homs, and in accessible areas of Homs, Rural Damascus and Lattakia. These improvements are mainly thanks to a reduction in the share of households with poor food consumption as share of households reporting a borderline consumption remained stable or increased.

The worst FCS of all surveyed governorates was reported in hard-to-reach areas of Dar'a (53.5) where more than 40 percent of surveyed households reported poor or borderline food consumption. Airstrikes resumed in southern Syria on 12 March, with attacks being reported in and around in Dar'a and affecting many households living in these areas.

Figure 2: Mean FCS by aggregated governorate, October 2017 to March 2018



Map 1: Mean FCS aggregated by area's accessibility, March 2018

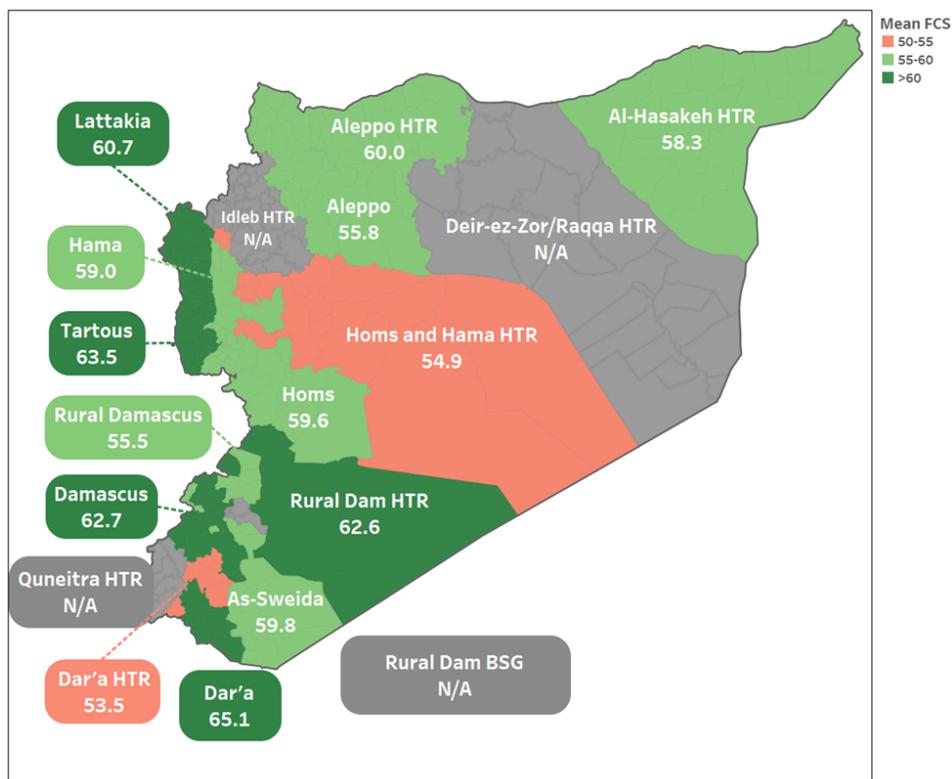
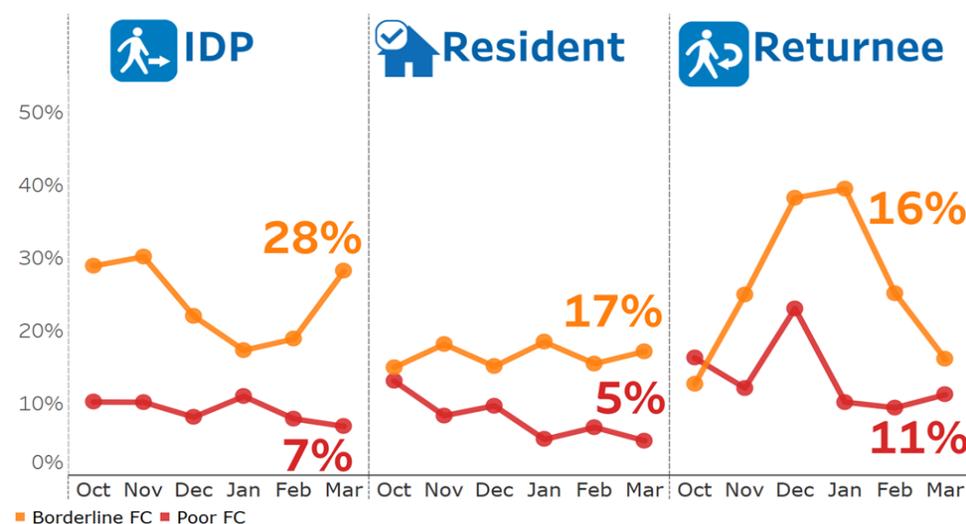


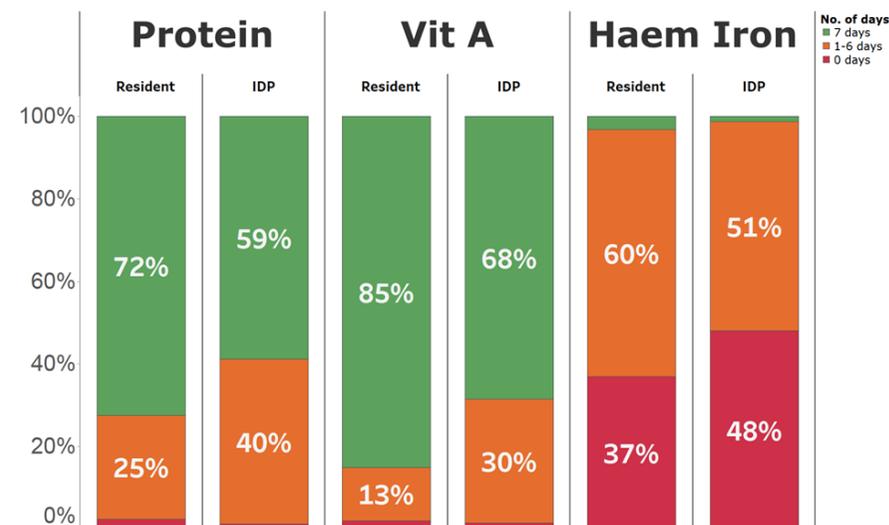
Figure 3: Percent of households with inadequate food consumption by residency status, October 2017 to March 2018



The mean FCS improved for the third consecutive month for returnee households, rising from 40.2 in December to 58 in March. At the same time, the share of returnees with borderline food consumption fell from 25 percent in February to 16 percent in March. Displaced households however only saw a marginal fall in their mean FCS (from 56.1 in February to 54.6 in March) as more households reported having a borderline food consumption in March (Figure 3).

IDPs continued to report a much higher percentage of inadequate food consumption and a less diversified diet compared to the resident population. On average, staple foods and sugars are consumed six days a week, fats five days a week and dairy, animal proteins and vegetables three days a week. Pulses and fruits are only rarely eaten. The consumption of fruits among displaced households decreased in March translating into a low consumption of Vitamin A (Figure 4).

Figure 4: Frequency of consumption of nutrient-rich food by residency status, March 2018

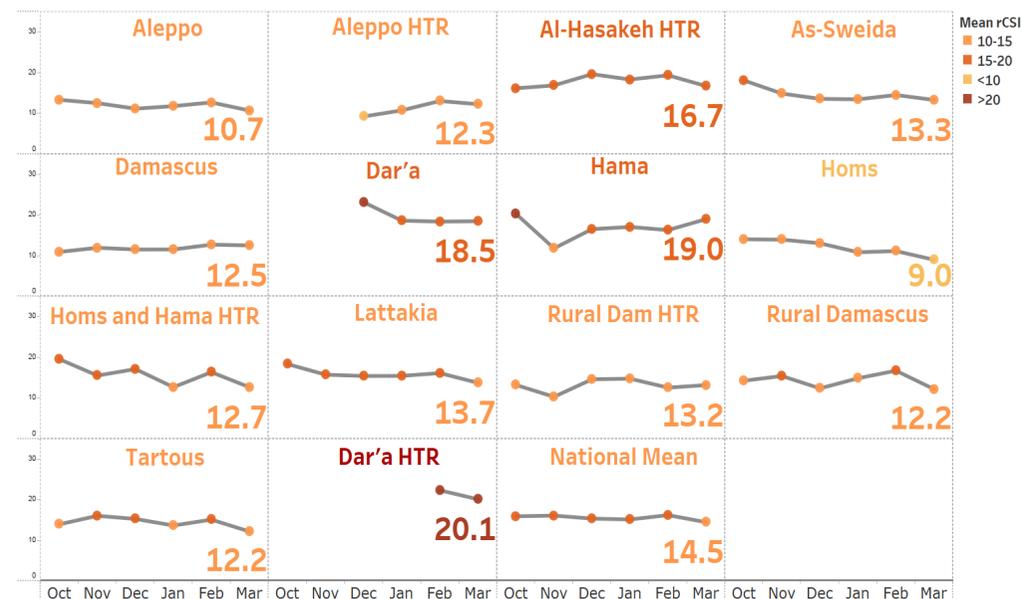


Fewer resident households rely on food-based coping strategies but they are using their savings to buy food

In March, the mean reduced Coping Strategies Index² (rCSI) across surveyed areas decreased from 16.2 in February to 14.5 in March (Figure 5). Similar to the FCS findings, a reduction in the use of coping strategies was reported in hard-to-reach-areas of Al-Hasakeh, Hama and Homs and in accessible areas on Homs, Aleppo and Rural Damascus. The worst mean rCSI in March has been recorded in hard-to-reach areas of Dar'a (20.1).

In all surveyed governorates, the mean rCSI remained at the same level as reported in February for displaced households (18.1) however it fell for resident households (from 14.9 in February to 11.9 in March) and for returnee households (from 15.5 in February to 13.6 in March). Resident households resorted to fewer coping strategies with a lower proportion of households reporting a lack of food or money to buy food by limiting the size of food portion, reducing the number of meals eaten in a day and restricting adult consumption so that children can eat. However, a higher percentage of resident households reported spending their savings in order to buy food (Figure 7) than for IDPs and returnees.

Figure 5: Mean rCSI by aggregated governorate, October 2017 to March 2018



2. rCSI refers to a simple and easy-to-use indicator of household food security. It is based on a series of responses (strategies) to a single question: "What do you do when you don't have adequate food, and don't have the money to buy food?" rCSI is measured over time and an increase in rCSI refers to a worsening of the food security situation while a reduction in rCSI refers to an improvement in the food security situation

Map 2: Mean rCSI aggregated by area's accessibility, March 2018

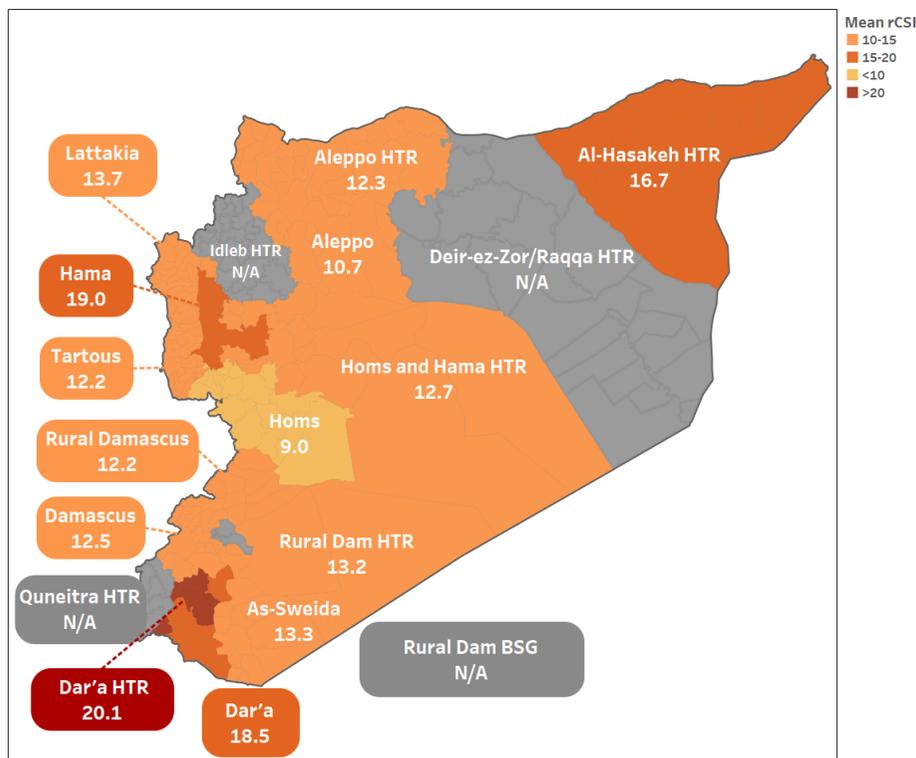
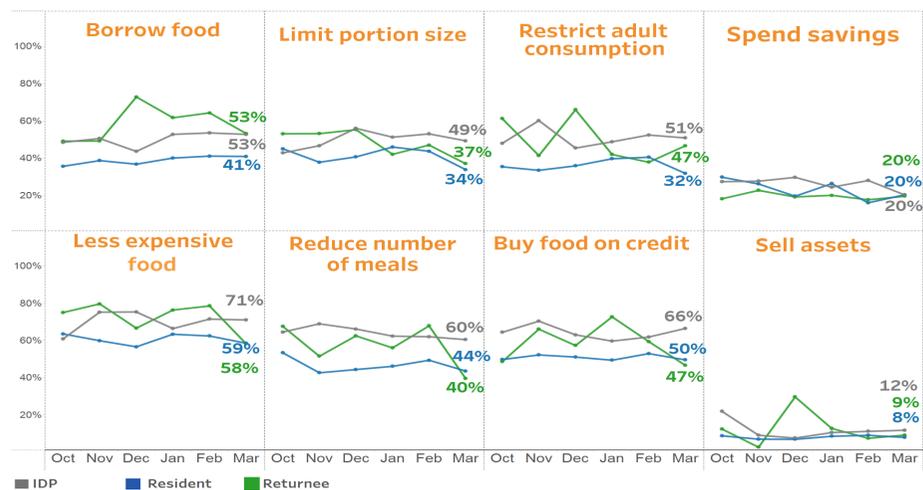


Figure 6: Use of coping strategies disaggregated by residency status, October 2017 to March 2018



Methodology

This mVAM bulletin is based on data collected via live telephone interviews in March 2018 from key informants and households in locations across Syria. The telephone numbers called were generated using random-digit dialling, yielding 1,573 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 listed as: 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 month of March, many people in areas of Eastern Ghouta were evacuated to collective shelters in Rural Damascus including (Adra, Dweer and Herjelleh) where WFP and other UN organizations are providing humanitarian assistance including food, shelter, health and other required support.

However, people in Duma remained under restricted siege and the situation there further deteriorated, with wide-scale destruction of buildings and infrastructure. Given the prevailing insecurity, a large number of people are living in basements or underground shelters, exposed to overcrowding and unsanitary conditions. Basic life services became extremely limited and most shops, bakeries and health centres have been forced to go underground. These pressures have been compounded by a recent influx of IDPs from Nashabiyeh, Shifuniyeh and other areas recently taken by the Government of Syria. Given the situation in the underground shelters, many people are exposed to scabies and lice, have vitamin deficiencies and are suffering from acute malnutrition. There is no access to safe water therefore, shallow boreholes are being used that have a high risk of disease contamination. Moreover, the availability of basic commodities is limited, and prices have increased significantly compared to February 2018. A total block on commercial food flows has further increased the dependence on humanitarian assistance that has become the only source of food for the many trapped households that are struggling to survive.

Key informants reported that severe negative coping strategies were widely practiced by the majority of households in Duma. These included among others: sleeping hungry, gathering wild foods and rotation among children when poor and extremely vulnerable households cannot feed more than one child a day.

Prices fluctuated a lot during March, affected by many factors, particularly the security situation, advancement of the Syrian Army in Eastern Ghouta which forced people to evacuate and rumours about agreements with non-governmental forces in Duma. The changes in food commodity prices in March can be divided into three phases:

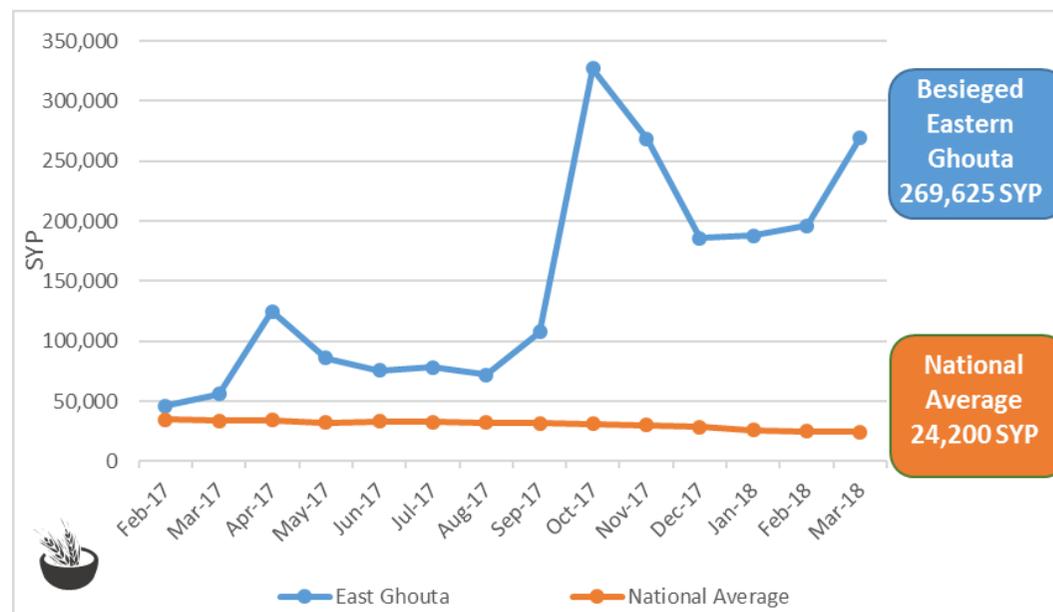
- First phase (first week of March): prices reached their peak due to the military campaign that started in February and the relocation of the only major trader who was allowed to bring food into eastern Ghouta.
- Second phase (second and third weeks of March): prices started to decrease, plummeting when people started evacuating from the besieged enclave and as the evacuees sold food stocks and the few shops open were forced to lower their prices.

- Third phase (last week of March): prices started increasing following the news about stalled negotiations between the Syrian Government and Jaish al Islam.

Respondents reported a severe shortage of staple food commodities and that the very scarce food stock remaining as nothing more than lentils, oil, sugar and some locally produced crops of wheat, barley and vegetables.

During March, the cost of a standard food basket in Duma was on average SYP 269,625, an increase of 38 percent compared to last month, 150 percent compared to six months ago, and roughly more than ten times than the national average. In early March the cost of a standard food basket in Duma was SYP 358,500 and by end March it had fallen to SYP 212,200.

Figure 7: Cost of the standard food basket in besieged Eastern Ghouta versus the national average (SYP), February 2017 to March 2018





In the words of respondents

Respondents were asked to identify the main problems their families are facing. Figure 8 summarises their answers.

Figure 8: Main problems faced by surveyed households, March 2018



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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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