

URBAN FACTSHEET: EASTERN DEIR EZ-ZOR

SYRIA CRISIS

FOOD, HEALTH AND WATER ASSESSMENT

DATA COLLECTED: JUNE 2014

CONTENTS

LIST OF MAPS AND TABLES.....	2
LIST OF ACRONYMS.....	2
GEOGRAPHIC CLASSIFICATIONS.....	2
INTRODUCTION	3
METHODOLOGY	4
PRIORITY SECTORS	5
SECTOR DATA OVERVIEW.....	6
KEY FOOD FINDINGS.....	7
SEVERITY LEVEL	7
MARKET STOCKS	7
FUNCTIONING OF BAKERIES.....	7
KEY HEALTH FINDINGS	8
SEVERITY LEVEL	8
MAIN HEALTH CONCERNS	8
FUNCTIONING OF HEALTH CENTRES.....	8
KEY WATER FINDINGS	10
SEVERITY LEVEL	10
WATER NETWORK DEFICIENCY	10
RECOMMENDATIONS	11
GENERAL.....	11
FOOD	11
HEALTH	11
WATER AND SANITATION	11

About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH was created in 2010 to facilitate the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information, please visit: www.reach-initiative.org. You can write to us at: geneva@reach-initiative.org and follow us @REACH_info.

LIST OF MAPS AND TABLES

Map 1: Food insecurity severity in eastern (June 2014) and western (April 2014) areas of Deir ez-Zor city	6
Map 2: Health conditions severity in in eastern (June 2014) and western (April 2014) areas of Deir ez-Zor city	8
Map 3: Drinking water situation severity in eastern (June 2014) and western (April 2014) areas of Deir ez-Zor city.....	7
Table 1: Severity Scale, from 6 (“Catastrophic situation”) to 0 (“No problem”).....	4
Table 2: Sector prioritisation in eastern and western assessed areas of Deir ez-Zor city	5

LIST OF ACRONYMS

IDP	Internally Displaced Person
KI	Key Informants
NFI	Non Food Items
NGO	Non-Governmental Organization
SINA	Syria Integrated Needs Analysis
WASH	Water, Sanitation and Hygiene

GEOGRAPHIC CLASSIFICATIONS

Governorate	Highest form of governance below the national level
District	Sub-division of a governorate in which government institutions operate
Sub-District	Sub-division of a district composed of towns and villages
City	Urban centre located within a sub-district
Neighbourhood	Lowest administrative unit in a city

INTRODUCTION

Since 15 June 2014, eastern Deir ez-Zor city in Syria has been besieged. As a result of heavy fighting, the main crossing gates along the Euphrates River are both currently inaccessible. Not only the main access road to the city – Al-Syasia Bridge, located in the eastern south of Deir ez-Zor – has been cut off, but the water crossing point between Deir ez-Zor and the village of Hatlah has also been shut down, and the boats are no longer allowed to access the city using this route. Moreover, **humanitarian supply roads from Iraq, Turkey and southern Syria have been generally blocked** by inter-factional violence and resulting roadblocks throughout the surrounding areas.

Similarly to what was witnessed in besieged areas of Homs throughout 2014, **very little humanitarian supply could be provided to the city since the siege started in mid-June 2014**, and residents (including the injured) wishing to leave face various issues and severe protection risks.

More than **60,000 residents** remain in eastern Deir ez-Zor city, where the humanitarian situation is not known. The lack of access and concomitant lack of aid supply has exacerbated humanitarian needs of the population in **one of the Syrian cities the most affected by the conflict**. Before the siege in June 2014, shelling and fighting intensity, as well as dynamic changes in controlling factions in the surrounded areas, meant that Deir ez-Zor city was already one of the hardest areas to access for relief organisations and as a result the needs of affected people have been particularly acute.

While the size of **the population of Eastern Deir ez-Zor city has not changed significantly** since the beginning of the conflict, **infrastructures and housing have been extensively damaged** in this area of the city. For instance, access to education has been drastically reduced as a result of the destruction of the 32 previously functioning schools in the area. Further, most residents currently live in basements or lower levels of unoccupied housing.

This assessment provides an analysis of **primary data collected by REACH** enumerators in two stages, between 17 April and 26 June, 2014, **in the eastern, opposition-controlled, neighbourhoods of Deir ez-Zor city**. The data collected during these two rapid assessments allows to compare overtime the direct effects of the current siege on the populations in eastern Deir ez-Zor city.

Data collection in the month of April 2014 was part of a wider humanitarian overview in Northern Syria. In June 2014, REACH conducted another assessment after the siege started in eastern Deir ez-Zor city.

The findings from this assessment highlight **sector specific needs and gaps** in order to inform the relief response to the **humanitarian needs of affected populations in eastern neighbourhoods** of Deir ez-Zor city. Overall, humanitarian needs in eastern Deir ez-Zor city are dramatically increasing due to the volatile security situation constraining access to basic services and the delivery of relief aid.

This factsheet specifically focuses on the sectors of **Food, Health, and Water** in eastern neighbourhoods of Deir ez-Zor. This assessment does not aim to provide detailed programmatic information; rather it is designed to share with a broad audience a concise overview of the current situation in this area and to guide further assessments.

As part of the presentation of key findings for each of the assistance sectors covered by the assessment, suggested **priority interventions** are included in the Recommendations to inform aid actors in planning timely and appropriate relief response for affected populations in eastern Deir ez-Zor city.

METHODOLOGY

The methodology applied for this assessment included two phases of primary data collection and analysis. A first phase of collection was carried out between 17th and 27th April 2014, and the second phase was undertaken between 15th and 26th June 2014.

Due to access and security constraints, purposive sampling was selected as the most appropriate method for this assessment, which was carried out using a combination of two data collection methods: Key Informants' (KI) interviews and direct observations by teams of trained enumerators.

Out of the 4 enumerators who participated in the assessment in Eastern Deir ez-Zor, 2 had been trained by an interagency team of trainers during the Syria Integrated Needs Assessment (SINA)¹ carried out in 2013. This training took the shape of a multi-sector training to ensure a good understanding of key terms and underlying factors for each assessed sectors, as well as assessment techniques such as triangulation and interviewing. The remaining 2 enumerators were trained by the REACH team in Turkey, who also facilitated specific training and debriefing sessions with leaders of enumerator teams, covering assessment standards, terminology, methodology and tools, as well as humanitarian principles.

A multi-sector questionnaire designed by REACH and the Inter-Sector Coordination Group, and based on data collection tools from the SINA, was provided to enumerators, who received training on assessment and humanitarian principles and tools, triangulation methodologies, and methods for reliability ranking. Four questionnaires were completed.

The questionnaire includes an evaluation of needs severity in each sector covered by the assessment, based on the perceptions of KI, coupled with direct observations made at locations visited. Multiple KI interviews and observation visits were conducted whenever possible in eastern Deir ez-Zor city. KI were asked to rank severity on a seven-point scale, from 0, meaning “no problem, to 6, “catastrophic”.

KI were selected based on their knowledge of sector-specific issues², such as local leaders working with private or public services providers, in the eastern neighbourhoods of Deir ez-Zor city. To increase the reliability of collected data through KI interviews, enumerators were asked to triangulate their findings through different sources familiar with the context in eastern Deir ez-Zor city. Face-to-face and remote debriefings of enumerators were conducted by REACH assessment staff in April and June, to review and validate completed questionnaires. The team leaders were also asked to share field observations as well as to present evidence, including photos of damages or strategic water and electricity infrastructures, when possible. REACH assessment staff also conducted shorter debriefing interviews with enumerators to cross-check the information shared by the team leader.

Due to the recurrence of population movements and the ongoing limited access to eastern Deir ez-Zor city, population numbers are difficult to estimate. For this reason, the population and displacement figures provided in this factsheet should be interpreted as estimates only, given the intensification of conflict in Deir ez-Zor since June 2014, and should be used with care, although they remain in line with the displacement patterns reported in secondary sources. REACH crosschecked collected data with a wide range of other sources in Syria including two international humanitarian non-governmental organisations (NGO) which were operational in eastern Deir ez-Zor city at the time of the assessment.

The main limitation for this assessment is the high reliance on KI interviews as the primary data collection method and this constrained the analysis of results, despite the checks and balances outlined above in regards to triangulation of collected data. Further, the assessment comprised a limited number of interviews due to the context briefly described in the introduction.

¹ [Assessment Working Group for Northern Syria](#), 31/12/13

² KI usually include, but are not limited to, local council, relief committees, and health and education officials, along with community leaders.

Table 1: Severity Scale, from 6 (“Catastrophic situation”) to 0 (“No problem”)

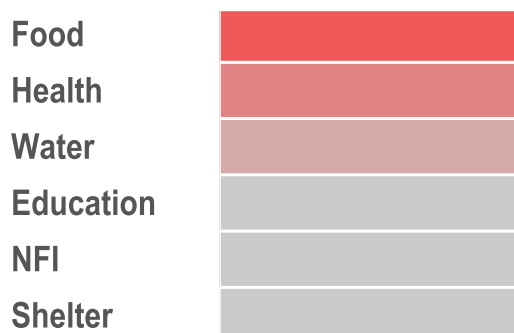
6	Catastrophic situation for <sector name>. Affected population faces life-threatening conditions causing high level of suffering, irreversible damages to health status and deaths. Large number of deaths are reported directly caused by the current <sector name> conditions and will result in many more deaths if no immediate <sector name> assistance is provided.
5	Critical situation for <sector name>. Affected population faces life-threatening conditions causing high level of suffering, irreversible damages to health status and deaths. Deaths are already reported , directly caused by the current <sector name> conditions, and more deaths are expected if no immediate <sector name> assistance is provided.
4	Severe situation for <sector name>. Affected population faces life-threatening conditions causing high level of suffering and irreversible damages to health , which can result in deaths if no humanitarian assistance is provided.
3	Situation of major concern for <sector name>. Majority of people are facing <Sector name> problems or shortages causing discomfort and suffering which can result in irreversible damages to health, but they are not life threatening . Affected population will not be able to cope with the <Sector name> current conditions if the situation persists and no humanitarian assistance is being provided .
2	Situation of concern for <sector name>. Many people are facing <sector name> problems or shortages causing discomfort and suffering , but they are not life threatening . Affected population is feeling the strain of the situation but can cope with the current situation with local resources .
1	Situation of minor concern for <sector name>, but conditions may turn concerning . Few people are facing problems or shortages in <sector name> but they are not life threatening . Affected population is feeling the strain of the situation but can cope with the current situation with local resources .
0	Normal situation for <sector name>. Population is living under normal conditions . All <sector name> needs are met .

PRIORITY SECTORS

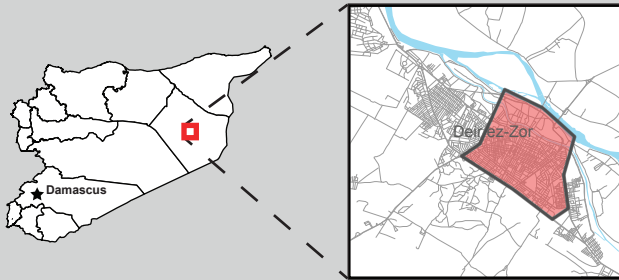
Each Key Informants (KI) identified in the assessed eastern area of Deir ez-Zor city prioritised the top three sectors according to the most urgent interventions needed. **Food, health and water**, were respectively reported as **critical priorities** in the **eastern part of Deir ez-Zor city**. Protection was not included as a sector for prioritisation by KI in eastern Deir ez-Zor city.

KI reported that remaining residents of eastern Deir ez-Zor city were not relocating to the western side where health, food, water services and protection were reportedly markedly better, primarily because of **fear of arrest** and **high rental prices** they usually cannot afford due to **lack of financial resources**.

Table 2: Sector prioritisation in eastern assessed areas of Deir ez-Zor city



Needs Overview: Food, Health, Water Eastern Deir ez-Zor City | Deir ez-Zor Governorate



Current Area Population: **62,900**

Internally Displaced Persons (IDPs): **No Data Available**

Number of People Who Have Fled Since Conflict: **170,000**



FOOD

Overall Food Situation:
Severity Level: **4 - Severe, life-threatening situation**

Can Markets Fulfill Households Need?
No

Can Markets Restock Within 7 Days?
No

Top 3 Food Availability Issues | Top 3 Food Access Issues

1. Not enough local production
2. Lack of food diversity
3. Not enough infant formula

1. Lack of resources to buy food
2. Some foods are too expensive
3. Lack of resources to purchase cooking fuel

% Bakeries Not Functioning
92%

Reasons Why Bakeries are Not Functioning

1. Lack of fuel/electricity
2. Lack of flour
3. Lack of staff



HEALTH

Overall Health Situation:
Severity Level: **6 - Catastrophic, life-threatening situation**

Top 3 Health Concerns

1. Communicable diseases
2. Conflict-related injuries
3. Acute respiratory infections

% Health Centers Damaged
65%

Top 3 Reasons Impacting Health Center Functionality

1. Lack of medical staff
2. Lack of electricity
3. Lack of medicine



WATER

Overall Water Situation:
3. Situation of major concern, not life-threatening

Water Concerns

1. Water quality
2. Access to water
3. Availability of water

Top 3 Reported Drinking Water Issues

1. Water does not look good
2. Use of unsafe water sources
3. Insufficient storage capacity

Top 3 Reported Water Availability/Access Issues

1. Water network is deficient
2. Lack of chemicals for network treatment
3. Water system is overstretched

KEY FOOD FINDINGS

SEVERITY LEVEL: SEVERE SITUATION (4)

The severity level in regards to Food has not changed since the eastern side of Deir ez-Zor city went under siege, on 15th June, 2014. Food shortages have been reported as severe, and life-threatening, in April and June 2014. Affected population reportedly faces *“life-threatening conditions causing high level of suffering and irreversible damages to health, which can result in deaths if no humanitarian assistance is provided.”*

MARKET STOCKS

In interviews from **April 2014**, KI stated that markets had **enough stock to supply the residents** of eastern Deir ez-Zor city, but **high prices** were leading to **unaffordability of essential food items**.

Despite the reported recurring lack of access to the city, even before the siege started, in June 2014, markets have indeed been supplied with basic food types and NFIs during the conflict, through commercial supply routes from Abu Kmal border crossing.

However, **KI reported that market stocks are depleted since eastern Deir ez-Zor city has been under siege**. Residents have been purchasing greater quantities of food and Non-Food Items (NFI) to face the constraints of the siege, and becoming **increasingly reliant on humanitarian support**.

This change in terms of food supply from markets impacts on the daily needs of the residents of eastern Deir ez-Zor city, and represents one of the most critical current challenges. This situation has led KI to identify **Food as the highest priority sector of intervention** for eastern Deir ez-Zor city.

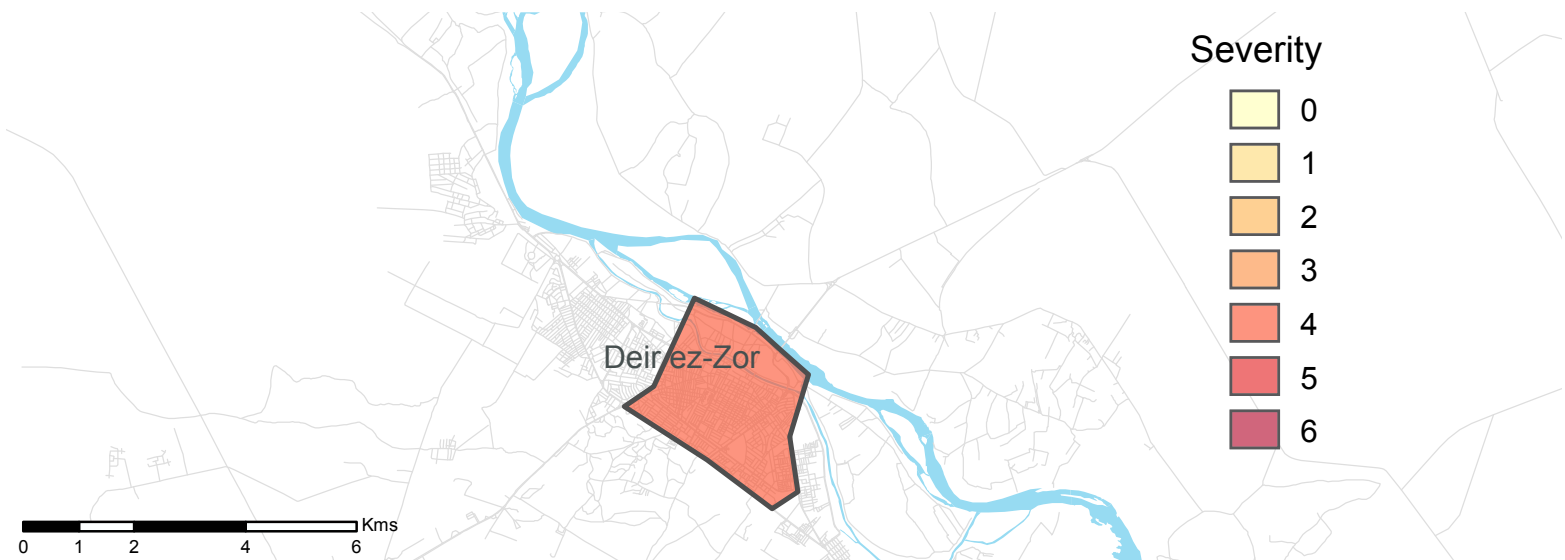
FUNCTIONING OF BAKERIES

In June 2014, eastern Deir ez-Zor city had only **2 functioning bakeries, out of the 24** that existed before the conflict. KI reported that 13 of these 24 bakeries had been damaged by the conflict.

Conflict-related damage or destruction are thus the main factors impeding the functioning of bakeries, but KI also emphasised **lack of fuel and flour as the main constraints** for the remaining functioning bakeries.

While Western Deir ez-Zor city has reportedly more functioning bakeries, these are not accessible to residents of the eastern side, and no bread supply from the west side is provided to the eastern side.

Map 1: Food insecurity severity in eastern neighbourhoods of Deir ez-Zor city, June 2014



KEY HEALTH FINDINGS

SEVERITY LEVEL: CATASTROPHIC SITUATION (6)

Lack of health services have been consistently categorised as “catastrophic”, based on findings from different assessments since November 2013. Health worker KI estimate that the affected population faces *“life-threatening conditions causing high level of suffering, irreversible damages to health status and deaths. Large number of deaths are reported to be directly caused by the current health conditions and will result in many more deaths if no immediate health assistance is provided³.”*

Interviews with health worker KI emphasised that the severity of the situation has not increased since the beginning of the siege. However, as the previously reported severity is the highest on the scale, **no further aggravation in the situation is measurable.**

MAIN HEALTH CONCERNS

The **main health concerns** reported by health worker KI in eastern Deir ez-Zor city for June 2014 are **(1) communicable diseases, (2) conflict related injuries, and (3) acute respiratory infections.**

However, previous assessments (SINA in November 2013, and REACH in April 2014) emphasised **diarrhoea and water-borne diseases as priority concerns.** In qualitative interviews, in June 2014, KI emphasised as “very prevalent” diarrhoea and related issues, **where poor water quality and dysfunction of the sanitation system** may be underlying factors – and are both reportedly occurring in eastern Deir ez-Zor city. As these types of diseases do not appear to have reduced in severity, prioritised concerns in June 2014 have likely increased in severity instead.

Additionally, a **rise in the number of recorded cases of leishmaniasis, scabies, and lice,** has recently been reported by health worker KI in Deir ez-Zor city.

As this assessment focuses on identifying the main concerns but not the most prevailing diseases, a more in-depth study must be undertaken by health actors to complement these initial findings and identify the most prevailing diseases.

FUNCTIONING OF HEALTH CENTRES

Only one official hospital and two rudimentary field hospitals are currently functioning in **eastern Deir ez-Zor city.** Patients needing further care were previously sent to a hospital in the nearby town of Mayadeen, but the blockades on access roads now prevent them from reaching this facility.

The official hospital of Alkahtan is managed by three midwives, exclusively addressing **reproductive health needs**, while the field hospitals of Pharmex and Sheikh Yaseen, where 7 doctors, 24 nurses, 3 midwives and 2 pharmacists are reportedly working, **all practise surgery, and can provide minor surgeries and injury care.**

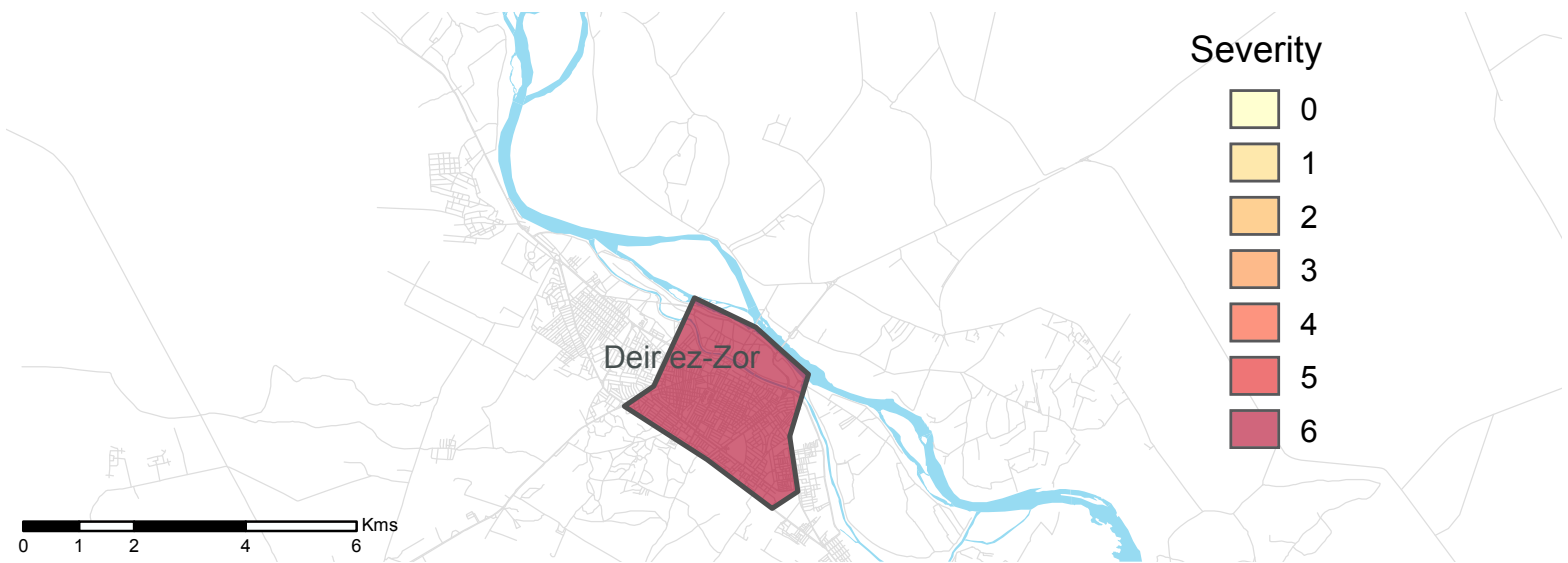
None of these facilities however has the capacity to deal with major injuries adequately, nor do they have suitable diagnostic capacities, which partly explains the concerns expressed by KI regarding the **lack of treatment for communicable diseases.**

Health services in eastern Deir ez-Zor city are mostly constrained by **(1) lack of medical staff, (2) lack of electricity, (3) lack of medicine.** While an estimated projection of **2 months** was given for existing medical supplies, through qualitative interviews with KI, these supplies only cover **general antibiotics and basic medicines.** The lack of medicine is thus likely to worsen if access to eastern Deir ez-Zor remains constrained.

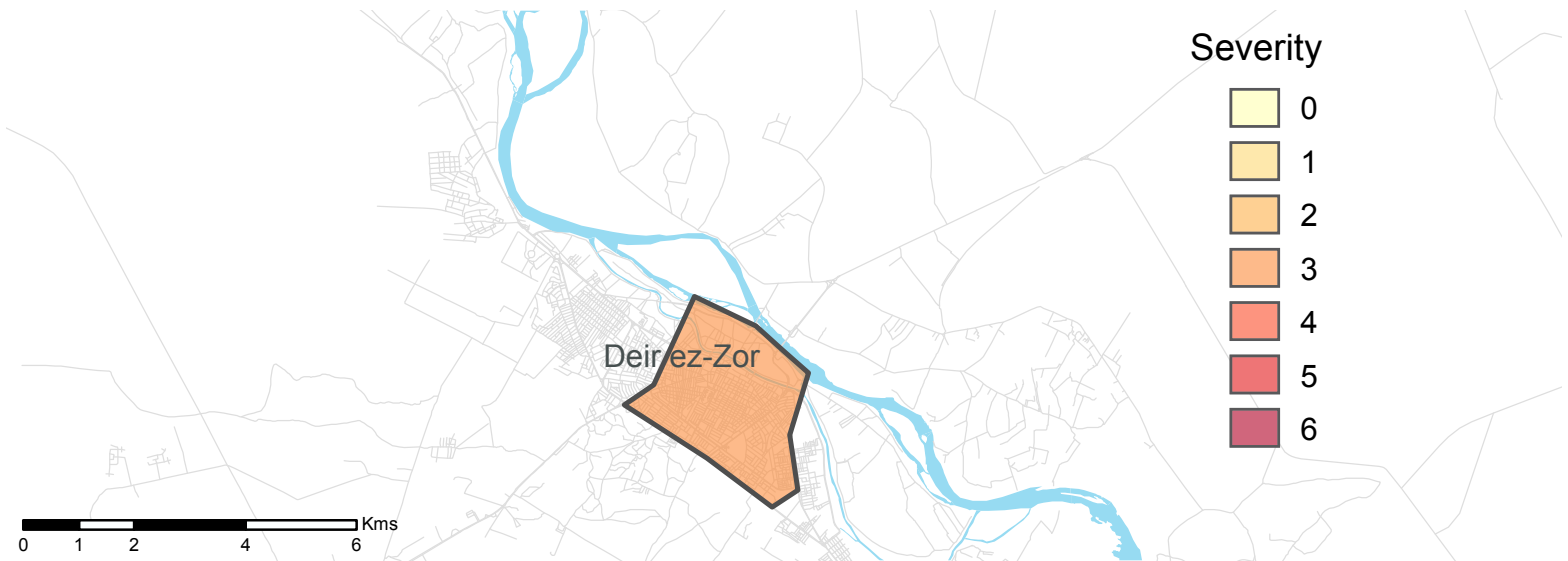
Additional impediments to the functioning of health centres include **insecurity and conflict intensity**, as previous findings from the SINA found that **70% of health facilities were completely destroyed** in eastern Deir ez-Zor city.

³ See Methodology for full Severity scale.

Map 3: Health conditions severity in eastern neighbourhoods of Deir ez-Zor city, June 2014



Map 2: Drinking water situation severity in eastern neighbourhoods of Deir ez-Zor city, June 2014



KEY WATER FINDINGS

SEVERITY LEVEL: MAJOR CONCERN (3)

For both the SINA and this assessment, KI in eastern Deir ez-Zor city consistently reported that access to water was not a life threatening issue in itself, but that the *“majority of people are facing water access problems or shortages causing discomfort and suffering which can result in irreversible damages to health.”* As a result, *“affected population will not be able to cope with the water current conditions if the situation continues.”*⁴

Although KI do not consider current water conditions to be life threatening, these are likely related to a **high prevalence of water- and vector-borne diseases** originating from **poor sanitation conditions**, as KI' reports emphasise poor quality of water as a recurring issue in eastern Deir ez-Zor city.

WATER NETWORK DEFICIENCY

The main water pumping station that used to provide water to eastern Deir ez-Zor city before the conflict has been left inadequate. As a result, **several water pumps were reportedly established along the Euphrates River**, to supply the network. These water pumps however draw **untreated water**, which is only **available to residents for 1 to 4 hours per day**. Furthermore, KI reported that the minimum availability of one hour of water per day is sometimes insufficient, in terms of populations' needs and available storage space.

Besides these water pumps, the Aljourah purification plant, located in western Deir ez-Zor city, is another critical source of water for eastern Deir ez-Zor city.

However, frequent power cuts affecting this plant have led the population of eastern Deir ez-Zor city to rely on **water tanks** instead, and to store water that they pump directly from the river. Further, they reportedly **do not chlorinate** after pumping the water, likely because of **shortages in treatment chemicals**.

The reliance on these alternative water sources recently increased with major infrastructure damage occurring to the gas power plant providing electricity to the whole city of Deir ez-Zor, as well as to the Aljourah purification plant. This has resulted in **all areas of the city receiving electricity for only 4 to 5 hours every day**, further impacting the functioning of the water network.

As residents of eastern Deir ez-Zor city increasingly resort to these alternative, not chlorinated water sources, **(1) “use of unsafe water for drinking”** and **(2) “water does not look good”** were the main problems emphasised by KI in eastern Deir ez-Zor city. Additionally, and although this could not be confirmed with this assessment, KI reported **fears that the sewage network may be leaking into the river**, which would further **exacerbate health risks** associated with drinking untreated water.

As the deficiency of the water network is difficult to mitigate, since it relies on the electricity network, aid actors operational in the sector of Water, Sanitation and Hygiene (WASH) need to implement water testing activities and focus on providing water and chemicals accordingly for alternative water sources treatment.

⁴ See Methodology for full Severity scale.

RECOMMENDATIONS

GENERAL

- The populations remaining in eastern Deir ez-Zor city face acute challenges to provide for their basic needs as this area is increasingly inaccessible, and should thus be prioritised for interventions in the assistance sectors outlined above.
- Further demographic data should be gathered and regularly updated, when possible, on population numbers in eastern Deir ez-Zor city. This more comprehensive demographic assessment should include sex and age disaggregated data, and, when possible, identify specific vulnerabilities among eastern Deir ez-Zor city populations.

FOOD

- KI reported insecurity and limited resources, with an emphasis on lack of financial means in a context of high food prices, as the primary constraints in accessing food for residents of eastern Deir ez-Zor city. Regular price monitoring should be conducted to track inflation on key food items.
- Markets are facing increasing levels of shortages, as residents of eastern Deir ez-Zor city are reportedly purchasing more important quantities of food items to mitigate the effects of the siege.
- KI reported that the functioning of bakeries was significantly constrained by the irregularity of electricity provision and the lack of key ingredients such as flour.

HEALTH

- The current priority health concerns reported by health worker KI in July 2014, in eastern Deir ez-Zor city, are (1) communicable diseases, (2) conflict related injuries, and (3) acute respiratory infections.
- The functioning of health centres is reported as severely undermined by shortages of essential resources – namely (1) lack of medical staff, (2) lack of electricity, (3) lack of medicine.
- Existing medical supplies, which are limited to general and basic medicines, were estimated to last for two months at the time of the assessment.

WATER

- Enumerators reported the quality of water as a critical concern, and previous health worker KI reports emphasised water- and vector-borne diseases as a severe issue.
- Eastern Deir ez-Zor populations resort to alternative water sources, such as the Euphrates River, that are not chlorinated on a regular basis. The deficiency of the official water network is reportedly due to electricity shortages, which are difficult to mitigate.