



# URBAN AREA HUMANITARIAN PROFILE: HAMA

**SYRIA CRISIS**

**FOOD, HEALTH AND WATER ASSESSMENT**

**OCTOBER 2014**

## CONTENTS

LIST OF MAPS AND TABLES	
LIST OF ACRONYMS	
GEOGRAPHIC CLASSIFICATIONS	
<b>INTRODUCTION</b> .....	<b>3</b>
<b>METHODOLOGY</b> .....	<b>4</b>
<b>PRIORITY GROUPS</b> .....	<b>5</b>
<b>FOOD FINDINGS</b> .....	<b>6</b>
SEVERITY LEVEL .....	6
MARKET SHORTAGES.....	6
FINANCIAL CONSTRAINTS.....	6
BAKERIES' FUNCTIONALITY .....	7
PRIORITY INTERVENTIONS .....	7
<b>HEALTH FINDINGS</b> .....	<b>7</b>
SEVERITY LEVEL .....	7
HEALTH ISSUES AND MEDICAL SERVICES CAPACITY .....	7
FUNCTIONING OF HEALTH CENTRES.....	8
PRIORITY INTERVENTIONS .....	9
<b>WATER FINDINGS</b> .....	<b>9</b>
SEVERITY LEVEL .....	9
WATER NETWORK DEFICIENCY .....	9
PRIORITY INTERVENTIONS .....	10
<b>CONCLUSION</b> .....	<b>11</b>
GENERAL .....	11
FOOD.....	11
HEALTH.....	11
WATER .....	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](http://www.reach-initiative.org). You can write to us at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us @REACH\_info.

## LIST OF MAPS AND TABLES

<b>Map 1:</b> Assessed zone of Hama city, 1 September 2014 .....	3
<b>Table 1:</b> Severity Scale, from 6 (“Catastrophic situation”) to 0 (“Normal”) .....	5
<b>Table 2:</b> Groups most in need of assistance in Hama city, 1 September 2014 .....	5
<b>Table 3:</b> Food availability issues and shortages in Hama city, 1 September 2014 .....	6
<b>Table 4:</b> Access constraints to food in Hama city .....	6
<b>Table 5:</b> Factors impacting bakeries’ functionality in Hama city, 1 September 2014 .....	7
<b>Table 6:</b> Priority food interventions in Hama city, 1 September 2014 .....	7
<b>Table 7:</b> Main reported medical conditions in Hama city, 1 September 2014 .....	8
<b>Table 8:</b> Average medical service coverage compared to needs in Hama city, 1 September 2014 .....	8
<b>Table 9:</b> Health centres’ functionality in Hama city .....	8
<b>Table 10:</b> Main factors impeding health centres’ functionality in Hama city, 1 September 2014 .....	8
<b>Table 11:</b> Priority health interventions in Hama city, 1 September 2014 .....	9
<b>Table 12:</b> Water availability issues in Hama city, 1 September 2014 .....	10
<b>Table 13:</b> Access constraints to water in Hama city, 1 September 2014 .....	10
<b>Table 14:</b> Priority water interventions in Hama city, 1 September 2014 .....	10

## LIST OF ACRONYMS

<b>IDP</b>	Internally Displaced Person
<b>GoS</b>	Government of Syria
<b>KIs</b>	Key Informants
<b>SINA</b>	Syria Integrated Needs Analysis

## GEOGRAPHIC CLASSIFICATIONS

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

## INTRODUCTION

The city of Hama is located on the banks of the Orontes River, in the western Governorate of Hama, in Syria. Hama city is fully controlled by the Government of Syria (GoS) and whilst in the past year it has been relatively spared from shelling and fighting, the struggle to control strategic points in the governorate has intensified over the past months. Since the end of July 2014, fighting between GoS and the opposition around Hama airport has constrained movement from and towards Hama city as well as raised the threat of a possible besiegement of the city.

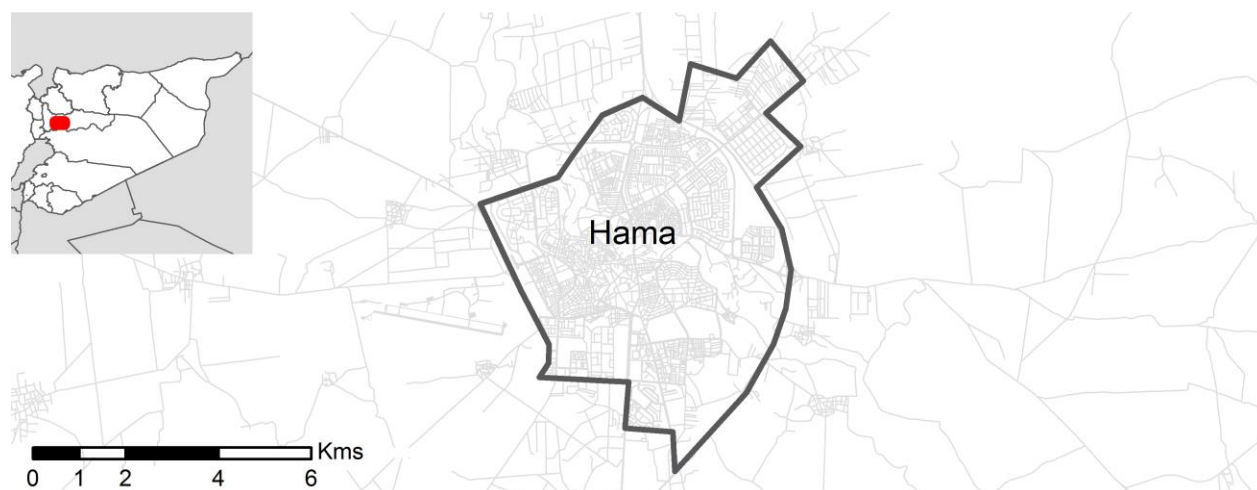
The volatility of the security context outside Hama city has indeed constrained access to basic goods, utilities and services. Hama also hosts a high percentage of internally displaced people (IDPs) who were reported<sup>1</sup> to account for about 30% of the city's population (300,000 inhabitants). These IDPs are more vulnerable and face more severe barriers to service access and provision than host populations.

This assessment presents an analysis of data collected by REACH enumerators between 20 August and 1 September 2014 in Hama city. The findings from this assessment highlight sector specific – Food, Health and Water – humanitarian needs and gaps in order to inform the relief response for affected populations in Hama city. This assessment does not aim to provide detailed programmatic information; it is designed to share with a broad audience a concise overview of the current situation in this area and to guide further assessments.

This urban profile forms part of a broader assessment conducted by REACH covering different cities affected by the crisis in Northern Syria, including Eastern Aleppo, Al Hasakeh, Ar-Raqqa, Deir ez-Zor, and Qamishli, for which REACH release [urban area humanitarian profiles and factsheets](#).

As part of the presentation of findings for each of the sectors covered by this assessment, suggested priority interventions are included to inform aid actors in planning timely and appropriate relief response for affected populations in Hama city.

**Map 1: Assessed zone of Hama city, 1 September 2014<sup>2</sup>**



<sup>1</sup> This information was provided through REACH Turkey's network in northern Syria.

<sup>2</sup> Map data: REACH and OpenStreetMap contributors©.

## METHODOLOGY

The methodology applied for this assessment was based on a phased approach, which included **primary data collection and analysis between 20 August and 1 September 2014 as well as a secondary data review used to triangulate and validate the primary data.**

Due to access and security constraints, a combination of purposive and convenience sampling was deemed the most appropriate methodology for this assessment. Respondents were chosen on the basis of availability of access and expertise of the KIs available identified by the REACH enumerators who conducted primary data collection. The two main data collection methods used were Key Informant (KI) interviews as well as direct observations from the field by the enumerators. Both methods were designed to enforce, supplement and validate findings from primary and secondary data.

The enumerator who carried this assessment in Hama city was first trained by the REACH Turkey assessment team and later within the framework of the Syria Multi-Sector Needs Assessment (MSNA)<sup>3</sup>. Both trainings ensured a good understanding of key terms and underlying factors for each assessment as well as assessment standards, humanitarian principles, methodologies, and techniques, such as triangulation and interviewing.

REACH designed and provided a multi-sector analysis questionnaire to the enumerator based on data collection tools adapted from the Syria Integrated Needs Assessment (SINA)<sup>4</sup> and the MSNA. The questionnaire includes an evaluation of needs, priorities and severity in the sectors of food, health, and water. Key Informants were asked to rank severity on a seven-point scale, from 0, meaning “normal situation”, to 6, indicating a “catastrophic” humanitarian situation (Table 1). The enumerator completed one questionnaire focusing on the urban center of Hama, (Map 1).

The REACH enumerator selected five KIs based on their knowledge of sector-specific issues of food, health, and WASH. These included individuals such as local leaders working with private or public service providers, local councils, health specialists etc<sup>5</sup>. To increase the reliability of data collected through KI interviews, the enumerators was asked to triangulate their findings through different sources familiar with the context in Hama city.

Due to the recurrence of population movements and limited access to Hama city, population numbers are difficult to estimate. For this reason, the population and displacement figures provided in this urban profile should be interpreted as informal estimates only. Additionally, IDPs in this assessment comprise both populations who have been displaced from other areas in Syria into Hama city, as well as from neighbourhoods within Hama city.

The main limitation for this assessment is the reliance on a limited number of KI interviews as the primary data collection method. This constrained the analysis of results, despite the checks and balances set by REACH during the triangulation process. Despite this, the limitations and difficulties of movement in the assessed zones currently make KI interviews the most appropriate and accessible source of information.

<sup>3</sup> The release date for this assessment is set for October 2014.

<sup>4</sup> [Assessment Working Group for Northern Syria](#), 31/12/13

<sup>5</sup> 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 (“Normal”)

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

## PRIORITY GROUPS

- The most vulnerable groups in Hama city are IDPs who do not receive external support in paying for their accommodation. Those most in need of assistance are displaced families living in **collective shelters**<sup>6</sup>, in **damaged buildings** or in **rented accommodations** (Table 2).

Table 2: Groups most in need of assistance in Hama city, 1 September 2014<sup>7</sup>

IDPs in collective shelters	
IDPs in damaged/unfinished locations	
IDPs in rented accommodations	
IDPs in host families	
IDPs in open spaces	
IDPs in organised/structured camps	
Residents	
Residents hosting IDPs	

<sup>6</sup> Collective centres include schools that have been turned into temporary accommodation for IDPs. In Hama, three schools have reportedly become collective centres in September 2014.

<sup>7</sup> Areas in grey indicate items in the questionnaire who were not ranked as the most important. These categories were defined to make sure they included all potential most affected groups in Hama.

## FOOD FINDINGS

### SEVERITY LEVEL: SITUATION OF MAJOR CONCERN (3)

- Food security in the city of Hama was reported by KIs to be of *major concern*, although *not life-threatening* (severity 3), meaning that “the majority of people are facing problems or shortages causing discomfort and suffering which can result in irreversible damages to health” and that “the affected population will not be able to cope with the current conditions if the situation persists and no humanitarian assistance is being provided.”

### MARKET SHORTAGES

- KI reported that **markets lacked sufficient stocks** to cover the needs of Hama city’s population, notably due to **shortages in local food production**. Those shortages can be correlated with the on-going conflict, which has affected not only the capacity of the agricultural sector but also the prices and imports of seeds and tools.
- Restricted agricultural production has led to a lack of **food diversity** in markets and shops. Shortages of **infant formula** were emphasised by KI (Table 3). With access to the city becoming more and more constrained due to conflict intensification, it is expected that food deliveries inside Hama will decrease. **Malnutrition rates in infants and children will likely increase as a result**, affecting their general health conditions and development.

Table 3: Food availability issues and shortages in Hama city, 1 September 2014

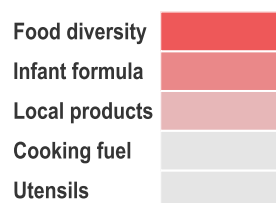


Table 4: Access constraints to food in Hama city 1 September 2014



### FINANCIAL CONSTRAINTS

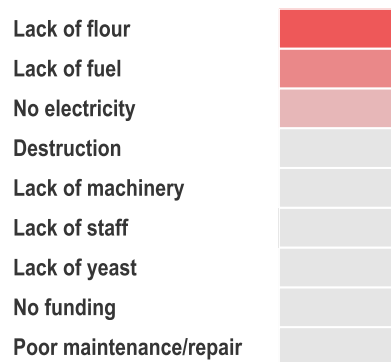
- In addition to the above mentioned shortages, the assessment highlighted the financial constraints faced by residents of Hama to access food. Concomitantly to a critical **lack of financial resources** that **prevents populations from purchasing and growing food**, KIs reported the issue of **prohibitive prices** (Table 4) of essential and nutrient-rich food items such as **meat, fish and oils**. The inflation of prices for these products further explains their limited availability and accessibility.



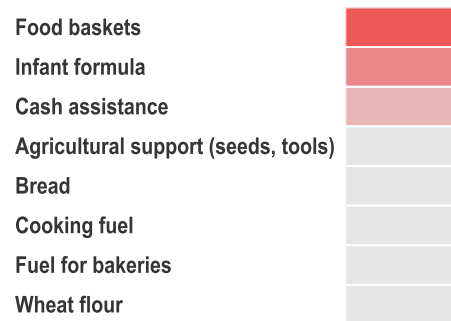
## BAKERIES' FUNCTIONALITY

- With **electricity** not available for approximately **four hours a day** in Hama city, KIs reported this intermittent supply as one of the main impediments to the functioning of bakeries. **Wheat flour shortages and the unaffordability of cooking fuel** are however ranked as the first constraints faced by bakeries (Table 5).

**Table 5: Factors impacting bakeries' functionality in Hama city, 1 September 2014**



**Table 6: Priority food interventions in Hama city, 1 September 2014**



## PRIORITY INTERVENTIONS

- KIs prioritised the provision of **(1) food baskets, (2) infant formula for children age, and (3) cash assistance** as the most urgently needed interventions in the city of Hama (Table 6).

## HEALTH FINDINGS

### SEVERITY LEVEL: **SITUATION OF CONCERN (2)**

- Health conditions in the city of Hama were reported by KIs to be of *concern*, but *not life-threatening* (severity 2). This means that “*many people are facing problems or shortages causing discomfort and suffering*” and that “*the affected population is feeling the strain of the situation but can cope with the current situation with local resources.*”

## HEALTH ISSUES AND MEDICAL SERVICES CAPACITY

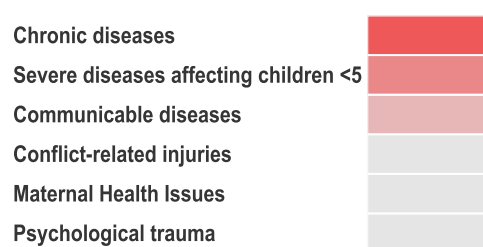
- The capacity of the health sector in Hama is low, but overall better than other northern Syrian cities such as eastern Aleppo<sup>8</sup>. Most assessed health services indeed function at least at half of the needed capacity in terms of current needs. However emergency services, i.e. ambulances, and medicine supply fall below 50%. Both of these healthcare services were identified as the least covered ones in Hama.

<sup>8</sup> [Urban Area Humanitarian Profile: Eastern Aleppo \(September 2014\)](#)



- KIs specialized in the health sector identified severe diseases affecting children under five as one of the main issues, including **malnutrition**. In this regard, the **continuous lack of infant formula** could worsen children's health conditions, especially since **nutrition surveillance services are only functioning at a capacity of 55%** when compared to the current needs.
- Although health conditions in Hama city are not life threatening, the **lack of capacity to address chronic and communicable diseases**, such as acute respiratory infections, is of **particular concern**. These issues are compounded by the challenges faced by health centres, as they reportedly have **insufficient stocks of medicine**.

**Table 7: Main reported medical conditions in Hama city, 1 September 2014**



**Table 8: Average medical service coverage compared to needs in Hama city, 1 September 2014**

Ambulances	15%
Medicine distribution	35%
Chronic diseases management	50%
Nutrition surveillance	55%
Medical consultations	65%
Emergency and injury management	75%
Reproductive health/Obstetrics	85%
Vaccination	85%

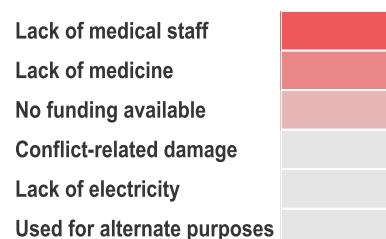
## FUNCTIONING OF HEALTH CENTRES

- Although KIs reported that most health centres in Hama city are still open (Table 9), they are **not functioning at full capacity**. There were several constraints identified that impeded provision of medical services in those health centres (Table 10). Clinics and hospitals encounter issues such as shortages in qualified health staff, which are aggravated by the lack of funding to pay for salaries and medical supplies.

**Table 9: Health centres' functionality in Hama city 1 September 2014**












**Table 10: Main factors impeding health centres' functionality in Hama city, 1 September 2014**



## PRIORITY INTERVENTIONS

- As a result of the main needs identified, KIs identified the provision of medical equipment to health centres as the main priority. The availability of such equipment could have potentially been reduced with the conflict. KIs also emphasised the need for **vaccines and cash assistance to cover health centres' running costs** (Table 11).

Table 11: Priority health interventions in Hama city, 1 September 2014

Medical equipment	
Cash assistance	
Vaccinations	
Ambulances	
Female health staff	
Health care facilities	
Maternal health care	
Medical consumables	
Mobile clinic	

## WATER FINDINGS

### SEVERITY LEVEL: SITUATION OF CONCERN (2)

- Drinking water conditions in the city of Hama were reported by KIs to be of *concern*, but *not life-threatening* (severity 2), meaning that “*many people are facing problems or shortages causing discomfort and suffering*” and that “*the affected population is feeling the strain of the situation but can cope with the current situation with local resources.*”

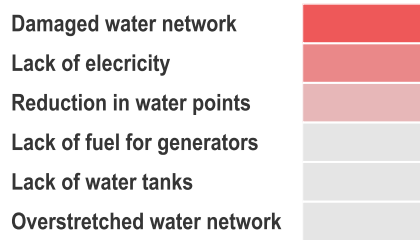
### WATER NETWORK DEFICIENCY

- Similarly to the situation in other key cities in northern Syria, Hama’s water network is mainly affected by **conflict related damage and the lack of electricity**. KIs reported the water network to have been damaged up to 35% since the conflict started affecting the city.

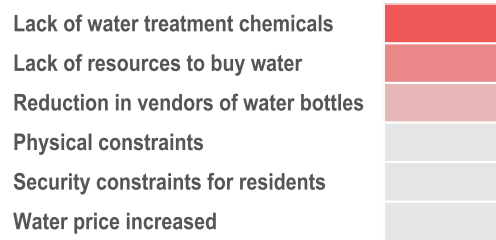
**Recurring power cuts and shortages** are also identified as a frequent problem as the water network relies on electricity to function. Adding to those two major constraints, the number of **alternative water sources**, such as wells and the Orontes River, has **diminished** due to the high temperatures in August.

- KIs also identified residents’ **lack of resources to purchase bottled water**, compounded by a reduction in vendors of water bottles that may have led to an increase in prices of such items. The demand for these is indeed likely high since **water from alternative sources is unsuitable for drinking purposes**, as it cannot be chlorinated due to shortages in treatment chemicals (*Table 13*). The poor quality of water from these alternative sources can be linked to diseases and symptoms associated with poor sanitation conditions, ranging from leishmaniasis to diarrhoea.

**Table 12: Water availability issues in Hama city, 1 September 2014**



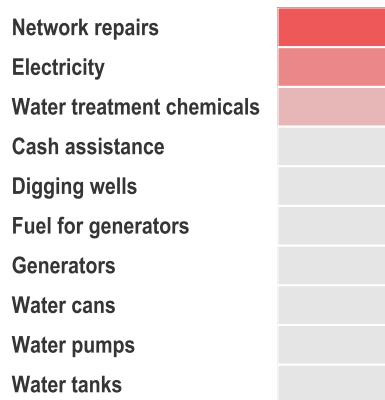
**Table 13: Access constraints to water in Hama city, 1 September 2014**



## PRIORITY INTERVENTIONS

- In line with the main constraints identified, KIs suggested priority interventions should focus on (1) **repairing the damage to the water network**, (2) **supplying electricity to ensure the continuity of water supply**, and (3) **providing treatment chemicals to chlorinate alternative water sources** and mitigate the public network's lack of functionality.

**Table 14: Priority water interventions in Hama city, 1 September 2014**



## CONCLUSION

### GENERAL

- While the city of Hama has not been directly affected by on the ground fighting and shelling, the volatility of the security context around the city has severe implications on access to the city and on the mobility of its population. The current context is impacting the humanitarian needs of both residents and IDPs, with the latter group being particularly vulnerable. IDPs account for about 30% (300,000 people) of Hama's population, and have relocated in collective centres such as schools, rented accommodation or unfinished buildings.

### FOOD

- Priority interventions identified by KIs to improve food security in Hama focus on (1) the provision of food baskets, (2) infant formula supplies to counter health issues originating from the lack of food diversity on markets, and (3) cash assistance to mitigate financial constraints faced by residents.
- Shortages in local food production due to the conflict do not allow markets in Hama to have sufficient stocks to address current needs. KIs reported that food was not only lacking in terms of quantity but also in diversity, affecting health conditions of the population, and especially of infants and children.
- Wheat flour shortages and expensive cooking fuel are ranked as the first constraints faced by bakeries. These impede bakeries from being fully functional.

### HEALTH

- Priority interventions identified by KIs to improve the health situation in Hama are (1) the provision of medical equipment, (2) cash assistance to cover health centres' running costs, and (3) vaccinations.
- KIs reported that children under five are at risk and tend to suffer from severe diseases such as malnutrition. Their health status is expected to worsen as KIs emphasised a critical lack of food diversity and infant formula in markets.
- Although most of the assessed medical services function at least at half of the needed capacity in terms of needs, the coverage is still low based on the medical assessment undertaken on this report. Health centres do not have the capacity to address chronic and communicable diseases, as they do not have sufficient stocks of medicines and lack qualified health staff.

### WATER

- Priority interventions identified by KIs to improve drinking water conditions in Hama focus on (1) repairing the damaged network, (2) supplying electricity, and (3) providing chemical treatments to purify alternative water sources.
- KIs reported the water network to be damaged up to 35% and to be affected by recurring electricity shortages preventing it from running. Residents of Hama city mitigated the public network's lack of functionality by resorting to alternative water sources such as wells and the Orontes River. However, those alternative sources are not chlorinated on a consistent basis, due to shortages in treatment chemicals. Other alternatives include bottled water, but this has become even more expensive as the number of vendors decreased.