

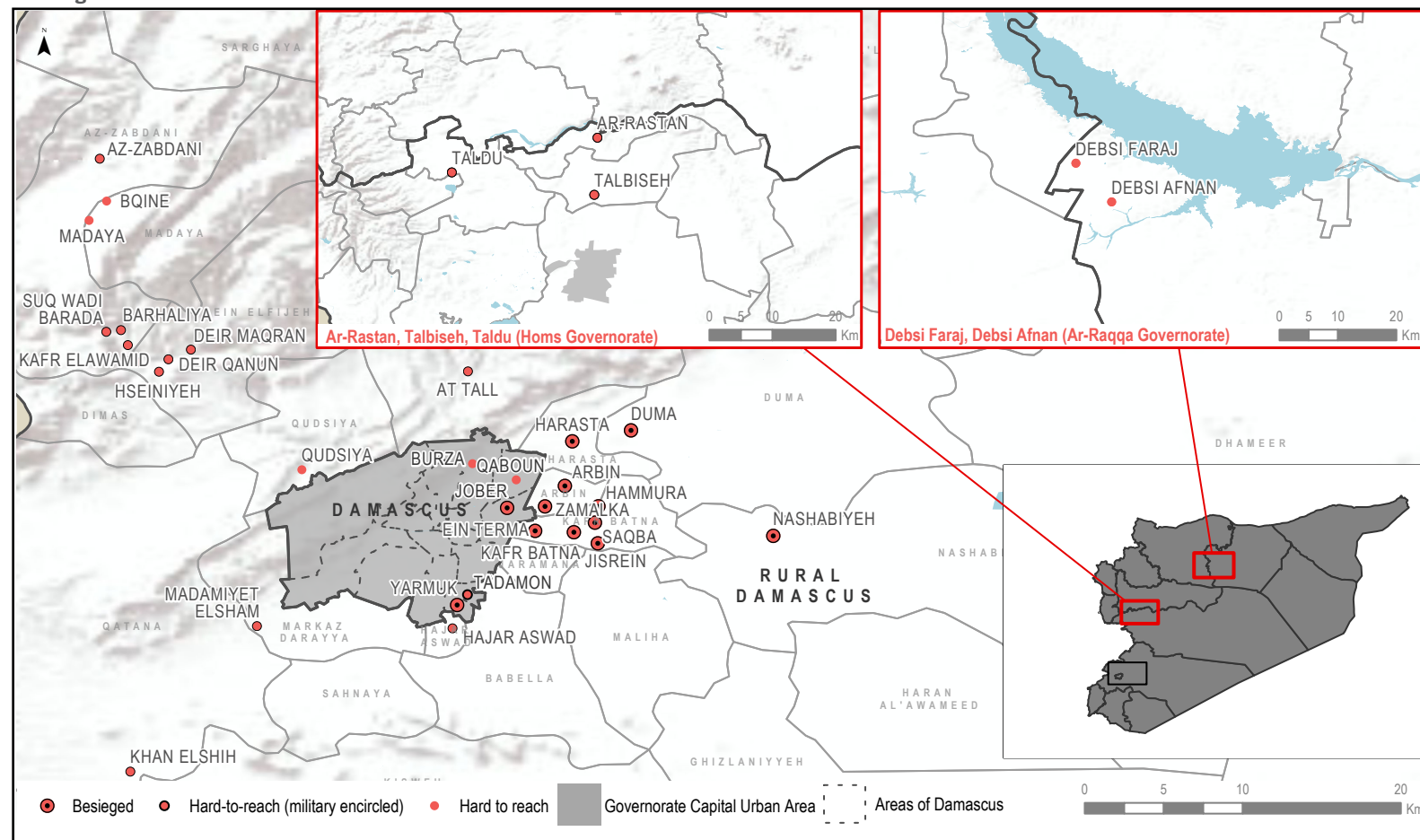
Community Profiles: Situation Overview

January 2018



REACH Informing more effective humanitarian action

Coverage¹



1. Az Zabdani and Jobar were previously assessed, but the former was evacuated in May 2017, while the civilian population of the latter reportedly left the community during July 2017 due to active conflict.

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.

INTRODUCTION

Between 28 January 2018 and 6 February 2018, REACH, in partnership with the Syria INGO Regional Forum (SIRF), assessed the humanitarian situation in 11 besieged and 21 hard-to-reach (HTR) communities in Syria². Residents of these locations have faced, or are currently facing, restrictions that impact freedom of civilian and commercial vehicle movement; the entry of humanitarian aid; access to basic services; and access to goods. The data collected refers to the humanitarian situation in these areas in January 2018. All assessed communities are located in Damascus, Homs, and Rural Damascus governorates, and information was collected through a total of 136 Community Representatives (CRs).

Humanitarian aid reportedly reached only 2 of the 32 assessed communities in January.

Other key findings:

- The humanitarian situation remained stable across the majority of assessed communities.
- Schools reportedly closed again in Eastern Ghouta due to intense shelling in the area.
- Access to food was insufficient in 17 assessed communities, while access to livelihoods remained limited in January.
- Access to healthcare remained stable compared to December but varied across assessed communities.



ACCESS AND CIVILIAN MOVEMENT

- **Hajar Aswad, Tadamon, and Yarmuk were the only communities in which no one was permitted to leave via formal routes.** This has been the case since November 2017 for Hajar Aswad and Tadamon, and October 2017 for Yarmuk.
- **In all communities but two, the number of people allowed to formally exit remained unchanged during January.** In Qaboun, the number increased, following loosened access restrictions in December, while in Khan Elshih, the number increased due to loosened restrictions related to a truce agreement that was agreed upon in January in another area of Rural Damascus.
- In January, five people in critical condition who had been evacuated in December reportedly returned to Eastern Ghouta. **However, 22 people, including infants and children, have reportedly died while waiting for permission to leave³.**
- **The most common risks to movement were verbal harassment, detention, and conscription.** In Hama, Qudsiya, and Duma, sexual harassment and violence against women were reported as some of the risks to formal travel. Meanwhile, shelling was reported as a risk to movement across the Eastern Ghouta region.
- **The use of informal routes remained uncommon.**



MOVEMENT OF GOODS AND ASSISTANCE

- **Commercial vehicle movement was not permitted in six of the assessed communities during January, while some level of access remained permitted in all other communities.**
- In half of the assessed communities (16), vehicles were permitted to enter but were subject to restrictions. These included fees, confiscation of loads, vehicle searches, documentation requirements, and permission to enter only on certain days.
- In the Wadi Barada area, the additional restriction of limiting the number of loads each trader could enter with per week was also reported.
- **Humanitarian vehicle access was reportedly permitted in only 3 of the 32 assessed communities; of these, only Hama and Qudsiya received assistance.**
- **The most common way that food, fuel, hygiene items, and medicine entered assessed communities was via civilians exiting their communities to bring items back from other areas.** Commercial vehicles either entering the communities from outside, or, in the case of Eastern Ghouta and Ar Rastan, travelling between communities within the contiguous area, was also common.



ACCESS TO HEALTHCARE

- **All assessed communities had access to some type of healthcare facility in January, while the most commonly reported types were mobile clinics/field hospitals or primary healthcare facilities.** Tadamon and Nashabiyeh had access to only informal emergency care points, while Hajar Aswad and Qaboun reportedly only had access to mobile clinics/ field hospitals.
- **People with a lack of income were the most commonly reported group that was unable to access facilities and were unable to do so in 12 communities.** Similarly, men fearing the reported risk of arrest when crossing checkpoints were less able to access healthcare services in other communities that were unavailable in their own. Meanwhile, women in over half of the assessed communities had to seek skilled childbirth care elsewhere, as it was unavailable where they lived.
- **No change in the number or types of medical personnel was reported other than in Harasta, where numbers of medical staff increased in response to heavy shelling on the community.**
- Trained doctors, nurses, midwives, dentists, and pharmacists were the most commonly reported types of medical personnel available in assessed communities. However, residents of Tadamon reportedly did not have access to any medical personnel other than nurses with informal medical training.
- **The majority of assessed communities had access to emergency care, diarrhoea management, and diabetes care,** while only four communities reported that immunisation services were available during January.
- While the availability of medical items remained constant across the majority of communities, with at least some assessed items reported as available, dwindling stocks of items reportedly decreased further across Eastern Ghouta in January. **Strategies to cope with a lack of medical items ranged from using expired medicine and sharing resources between facilities, to recycling medical items and denying supplies or treatment to patients with less serious conditions in order to conserve supplies. All of these strategies other than sharing resources between facilities were reported exclusively in Eastern Ghouta.**



ACCESS TO MARKETS

- **Shops and markets were cited as a main source of food across communities in January**, while 15 communities also reported purchasing from local farmers.
- **Although the availability and price of food remained overall constant and the majority of food items across communities were available in markets, access to food remained insufficient.** In 17 communities, CRs reported reducing the size of their meals as a common strategy to deal with a lack of access to food, while CRs of 15 communities reported the additional strategy of skipping meals. Commonly cited barriers to access included a lack of income and inflated prices.
- **At least two types of fuel were available across communities in January.** The most commonly available fuels were firewood, butane, and coal. In Tadamon, the overall price of fuel reportedly decreased, while the availability of propane increased.
- **However, all but four communities reported using strategies (burning plastics, waste, furniture not in use, etc.), to cope with a lack of access to fuel.**
- **All assessed hygiene items remained generally available across communities (21+ days per month), and no significant fluctuations in price were reported.**



WATER

- **The water network remained the most common source of drinking water in 20 communities during January**, and water was reported as safe to drink⁴ in 28 communities. Other sources included private trucking services and closed wells.
- **However, residents of 16 communities reported that water was insufficient to meet household needs.** To cope, residents most commonly modified their hygiene practices to conserve water, while residents of six communities also reportedly re-allocated money that was originally intended for other purchases to water expenses.
- In Qudsiya, the strategy of reducing the quantity of drinking water consumed was reported, while in Eastern Ghouta, residents reportedly resorted to using hand pumps to extract water from surface wells, as they could not afford the fuel needed to extract it via other methods. Notably, three of the communities that reportedly had access to the water network (At Tall, Qudsiya, and Taldu) also reported insufficient access to water.
- **On a positive note, the communities of Khan Elshih and Madamiyet Elsham reported an increase in the quantities of drinking water available to them.** This was reportedly related to increased levels of groundwater due to the rainy season.



ELECTRICITY

- **A little over half of assessed communities (18) were able to rely on the electricity network as their main source of electricity in January.** All but two of these were communities that had signed truces.
- The rest of the assessed communities were mainly reliant on generators, except for Nashabiyeh, in which the main source was solar panels.
- The majority of communities reported that electricity was available for 4-8 hours daily.
- **In Qudsiya, a decrease in access to electricity was reported;** authorities reportedly cut the power throughout the month in response to some residents reportedly not paying for electricity that they had used.



EDUCATION

- **All schools were closed in Eastern Ghouta during January due to the poor security situation in the area.** Meanwhile, CRs of Tadamon and Qaboun also reported that no educational facilities were functioning inside their respective communities, although children from both communities could access education in other areas.
- Common barriers to education included unsafe routes to facilities, a shortage in teaching staff, and a lack of school supplies.
- **In 16 communities, all children could reportedly access education without barriers.**



ACCESS TO LIVELIHOODS

- **Farming and crop production, and stable and unstable employment, were the most commonly reported sources of livelihoods during January** and were all reported in more than half of assessed communities. Meanwhile, public sector employment was reported in only five communities.
- **In six communities, joining armed factions was reported as a livelihoods coping strategy. In three of these communities, those who joined reportedly included at least some children aged 15-17.**