30 August 2016

REACH Informing more effective humanitarian action

INTRODUCTION

Following the escalation of conflict in and around Aleppo city since early July 2016, an estimated 250,000-300,000 people have remained trapped in eastern Aleppo.¹ Following the last REACH assessment, conducted between 14 and 16 August, clashes and shelling have continued in many areas of the city and the number of civilian casualties has risen.³ Further, ongoing targeting of civilian infrastructure and health facilities, along with access restrictions to most parts of the city have resulted in the continued deterioration of the humanitarian situation.

To provide a better understanding of the changing humanitarian situation within eastern Aleppo, REACH conducted a second rapid assessment between 27-29 August, approximately two weeks after the initial overview. Assessing populations' access to food, water, shelter, non-food items and healthcare, as well as the priority needs and future intentions of those who remain in eastern Aleppo, this overview provides an update on the humanitarian situation since communities were last assessed.

Information is currently being fed into a joint Syrian INGO Forum effort to provide an overview of the rapidly evolving situation within the city, Data was collected through 27 gualitative interviews with Key Informants (KIs) residing in the same previously assessed neighbourhoods, Ansari, Bustan al Quaser, Kady Asker, Masken Hanano, the Kurdish area of Sheikh Magsoud, and Tarek al Bab (see map). It was not possible to assess all affected communities within Eastern Aleppo City due to an inability to obtain information from KIs during the timeframe of the assessment. Therefore, the list of assessed areas should not be considered representative of all affected neighbourhoods and findings cannot be generalised further. Interviews were conducted with community representatives with sector-specific knowledge about their neighbourhood: teachers, shop owners, businessmen, local council workers, third sector employees, pharmacists, mechanics, lab workers, nurses, and water network employees.

INTENTIONS

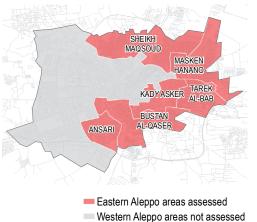
Displacement

Over the past two weeks, there has been limited civilian movement between assessed neighbourhoods, with only KIs in Ansari and Bustan al Qaser indicating some inward movement into their communities during this period. Some movement out of Aleppo city has occurred since the previous REACH assessment. KIs in all neighbourhoods apart from Sheikh Maqsoud reported that civilians had been able to leave since August 16th, travelling via Ramouseh road to other parts of the city, or further afield when possible. However, civilian movement reportedly ceased a week ago due to increased shelling along the route. Due to tensions around the neighbourhood of Sheikh Maqsoud, none of the population have reportedly been able to leave during the last two weeks, as was the case in the last assessment earlier this month.

In the case of a further escalation of conflict, increased insecurity, and reduced access to basic needs (such as income, food and health services), KIs estimated that **up to 50% of the population of eastern Aleppo could leave within the next two weeks.**⁴ The events which would reportedly trigger populations to leave were increased shelling and on the ground fighting in Eastern Aleppo. Some KIs indicated that safe access routes, such as secured roads or humanitarian corridors, may encourage population movement, but would only trigger movement in combination with other push-factors.

If populations were able to leave, the primary intended destinations were reportedly other

Map 1: Assessed neighbourhoods of Aleppo City



communities in Idleb, Aleppo and Hama governorates, particularly in the sub-districts of Idleb and Dana, followed by Daret Azza, A'zaz, Afrin, and As-Salamiyeh. The main reported pull factors towards these destinations were the presence of relatives or friends, the perceived safety of these areas in comparison to Eastern Aleppo, and better access to income, employment and health services.

Population profiles

Since the last assessment, no significant change has been reported to the demographic composition of the remaining population in eastern Aleppo. Families continue to be the most commonly reported demographic group,

¹ UNICEF Syria Crisis Situation Report - July 2016: Aleppo Crisis (covered until 20 August); OCHA Flash Update: Syria Crisis – Aleppo. 10-11 August 2016

primarily married men with their families, followed by married women with their families but without their husbands.

The 50% of the population intending to stay indicated they would do so in order to protect their homes, and because of a sense of duty to protect their community. In addition to the restricted movement of Kurds in the city, a lack of resources to pay for travel away from Eastern Aleppo was a commonly reported reason for households remaining in Sheikh Maqsoud.

CURRENT HUMANITARIAN SITUATION

Shelter/NFIs

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IDPs in all neighbourhoods but Sheikh Maqsoud most commonly live in vacant homes, which have been opened and made available by local councils. Typically, these are either houses left behind by former residents or prefabricated shelters provided by councils.

Due to a common concern among the remaining population that collective accommodation might be targeted, these vacant homes, perceived as safer and less conspicuous, are reportedly the preferred alternative. Nevertheless, collective shelters are currently used by IDPs within the neighbourhoods of Tarek al Bab, Sheikh Maqsoud and Kady Asker. KIs in the latter two communities reported that these shelters

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had additional capacity to accommodate IDPs should the need arise. IDPs are also living in shared accommodation with host populations, friends and relatives.

Within the last two weeks, limited access to Eastern Aleppo has made it possible for some commercial goods and formal and informal humanitarian aid to enter the city. While vehicles were reportedly able to access all neighbourhoods assessed, access appears more difficult into Masken Hanano. Vehicles traveling via formal routes, primarily through Ramouseh, continue to face heightened security risks.

In general, populations in most neighbourhoods could access most basic hygiene and sanitation items, although cooking utensils and equipment were reportedly more difficult to acquire. In Sheikh Masqoud and Ansari access to assessed items is reportedly more limited (see table below). Overwhelmingly, communities reported that insufficient supplies of NFIs on the market and prohibitive prices were the primary barriers to accessing NFIs across eastern Aleppo.

Access to fuel was highlighted as an urgent need across eastern Aleppo, due to its effects on access to water, food, and medical services. Additionally, despite previously reporting access to cooking fuel, KIs within Sheikh Maqsoud and Bustan al Qaser reported a current lack of cooking fuel available on markets.

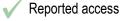
Food and Markets

The limited increase in humanitarian access has reportedly improved access to food for populations of all areas of Eastern Aleppo. That said, the need for better access remains critical, with approximately half the population reportedly having insufficient food stocks to last more than a few days.

While residents of Eastern Aleppo have been able to make some use of markets, access constraints remain common barriers to obtaining food in this way. Concerns about safety and security at markets were reported in all assessed neighbourhoods, with KIs reporting that roads leading to markets were frequently damaged, insecure or dangerous or that no transport to markets was available, particularly in Tarek al-Bab. These characteristics created access challenges for vulnerable segments of

Reported access to NFIs by neighbourhood

	Personal hygiene items	Female hygiene items	Household hygiene items	Jerry cans / buckets	Cooking utensils /	Blankets / sleeping mats	Clothes / shoes
Ansari	<	<	<	<	\checkmark		\checkmark
Bustan al Qaser	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Kady Asker	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Masken Hanano	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Sheikh Maqsoud	\checkmark	×	\checkmark	\checkmark		\checkmark	\checkmark
Tarek al Bab	\checkmark	\checkmark	\checkmark	\checkmark	X	\checkmark	\checkmark



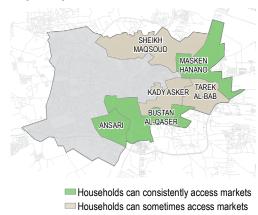
Some reported access

X No reported access

the population, including women and those with limited mobility.

However, even when residents could access markets, staple commodities remain largely unavailable or are available in insufficient quantities to meet local needs. Shortages of eggs, sugar, chicken, fruits and vegetables were widespread in most neighbourhoods. In Sheikh Maqsoud, shortages were less common as many staple commodities have been provided by local councils, instead the main reported needs were flour, milk and baby formula. Conflict-related inflation has also taken its toll, with many KIs reporting that food was too expensive to purchase or that households did not have sufficient income to do so.

Map 2: Reported access to markets



The average reported prices of staple foods in eastern Aleppo, which reached their peak before the partial reopening of the Castello and Ramouseh roads in early August, have begun to rise again over the past two weeks.⁵ Bread, flour and bulgur prices all rose by between 15 and 45 SYP (see table below), while the price of rice spiked by an average of 89 SYP. These trends were evident in all neighbourhoods except Sheikh Maqsoud, which saw sizable average price decreases ranging from 107.50 SYP for bulgur to 200 SYP for flour; the price of bread remained the same as two weeks ago.

In addition to purchasing food in markets, populations in all neighbourhoods reported that local councils were still providing some level of food assistance, although this was less common in Tarek al-Bab than in other neighbourhoods.

Nearly all KIs in the neighbourhoods of Masken Hanano and Tarek al-Bab reported that residents had received food aid from INGOs, as did some respondents from Kady Asker. Local NGOs were able to distribute food in Sheikh Maqsoud, a neighbourhood that INGOs continue to struggle to access.

Although KIs in Tarek al-Bab reported that households were receiving food aid once or twice per week, nearly all respondents from other assessed neighbourhoods reported gaps of longer than a week between distributions.

Residents' most common source of bread varied by neighbourhood. **Distributions by** local authorities, which were sporadic two weeks ago, have since become more

Average reported prices of core food items and reported change over the past two weeks (SYP)

widespread, with all KIs in Ansari, Kady Asker and Bustan al-Qaser reporting these as the main local source of bread. Publicly operated bakeries, also not commonly used two weeks ago, have become the most common source of break in Masken Hanano and Tarek al-Bab. In contrast, residents of Sheikh Maqsoud continued to primarily purchase their bread from shops, although the high price of bread in that neighbourhood was identified as a challenge. Other challenges to accessing bread included the limited production capacity of bakeries, the cost of flour and the difficulty of accessing reasonably priced electricity and fuel, without which bakeries cannot function.

Despite an increase in humanitarian access, residents continue to suffer the cumulative financial impact of two months of heavy fighting as well as new rises in the price of staple food items. KIs in four eastern Aleppo neighbourhoods—Ansari, Bustan al-Qaser, Kady Asker and Sheikh Maqsoud—reported that over the past two weeks, residents of their neighbourhoods had increased their reliance on coping strategies, with nearly households in these neighbourhoods reported to have

reduced spending on non-food essentials, including water, utilities and healthcare, to be able to afford food items. Many had also sold non-productive household assets or sent children to work to increase their incomes.

Children under the age of 5 were universally identified as the group most at risk from the consequences of a lack of food, followed by adults over 60 and children from 5 to 17 years of age.

Water

Due partly to the repair of water networks and partly to the reintroduction of water trucking services in certain neighbourhoods, populations' access to water has improved slightly since two weeks ago, when residents of all assessed neighbourhoods relied primarily on wells. Now, increased humanitarian access has enabled some humanitarian actors to relaunch water distributions in Tarek al-Bab and Kady Asker, where trucks have become the most common means of accessing water.

In both Masken Hanano and Sheikh Maqsoud, residents are primarily using the municipal water network, switching back to wells at times

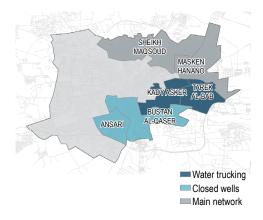


when the main network is not functioning. Residents of Ansari and Bustan al-Qaser, meanwhile, continue to rely primarily on wells, but fall back on open water sources such as rivers and springs when wells are not an option.

In general, water was easier to access in northern neighbourhoods and more difficult in southern neighbourhoods, particularly Ansari and Bustan al-Qaser, where KIs reported that nearly everyone faced problems accessing enough water for their needs.

The quality of available water was particularly poor in Bustan al-Qaser, where health professionals reported that residents had become sick after drinking from local water sources. Residents of southern neighbourhoods were also more likely to have to pay for water, which left them vulnerable to price spikes. The price of water in Ansari rose by an average of 200 SYP over

Map 3: Most common source of water



the last two weeks, and that in Kady Asker rose by an average of 250 SYP, more than doubling since mid-August.

Most KIs in Ansari, Bustan al-Qaser and Sheikh Maqsoud reported the widespread adoption of coping strategies to deal with an inconsistent or inadequate water supply. Residents most commonly sought to save water by modifying their hygiene practices (i.e. bathing less often); in several cases, they also reduced their drinking water consumption and reallocated their expenditures to spend a greater percentage of their income on water.

Healthcare

During the period of improved access, between the reopening and subsequent re-closing of Castello road in early August, a delivery of prepositioned WHO medicines and medical items reportedly entered eastern Aleppo. Health facilities, however, continue to be targeted and are straining to meet population needs given the number of casualties.

The number of functioning health facilities in Eastern Aleppo remains limited; most commonly mobile clinics and field hospitals and informal emergency care points. KIs indicated that a field hospital in the neighbourhood of Bustan al Qaser had closed during the past week due to damage caused by shelling. However, following repairs the facility has been able to recommence some of its services.

As in the previous assessment, all KIs reported that populations are in need of

Reported medical facilities functioning by neighbourhood¹

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	Hospitals	Mobile clinics /field hospitals	GP surgeries / clinics	Informal emergency care points
Ansari	X		\checkmark	
Bustan al Qaser	\checkmark	\checkmark	\checkmark	
Kady Asker	X	X		\checkmark
Masken Hanano	\checkmark	\checkmark		
Sheikh Maqsoud	×	\checkmark	×	×
Tarek al Bab	\checkmark	\checkmark	\checkmark	\checkmark
Facilities not f	-			

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medical services, most commonly treatment for chronic disease (diabetes, blood pressure, heart problems); emergency care for accident and injury, antibiotics and surgery. Children aged less than five years remain the most vulnerable group at risk from a lack of health care, followed by elderly people and women aged 18-59.

Aid

Access to humanitarian aid for populations in eastern Aleppo remains very limited and populations remain in critical need of assistance from humanitarian organisations. In the past week, some vehicles carrying either formal or informal humanitarian assistance were reportedly able to enter the areas of Kady Asker, Masken Hanano, Sheikh Magsoud and Tarek al Bab via informal routes such as sub-roads. However, despite their ability to enter, KIs in all neighbourhoods indicated barriers to populations accessing assistance. In general, it was reported that the likelihood of distribution points being targeted by shelling was their main barrier to accessing aid in all neighbourhoods. Further, in areas reporting that populations typically waited more than one hour at these sites, respondents also indicated that community preference would be for assistance to be delivered in stages to reduce the security risk associated with large gatherings.



¹ Functioning does not necessarily imply full access to services or teatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment.

Summary of priority reported needs by sector

Priority	Sector specific needs		
1. Food	 General availability of food items and access (physical and financial) to basic food items 		
	In particular eggs, sugar, chicken, fruits, vegetables and baby milk		
2. Water	Access to clean, safe water		
	 Fuel sources to run pumps to access well water 		
3. Health	Need for additional medical personnel, medical supplies/drugs, and services		
	 Treatment for physical injuries, emergency care, malnutrition, chronic and waterborne diseases 		
	 Secure access to functioning medical facilities 		
4. ShelterNFIs	 Need for secure shelter with protection from security and environmental concerns 		
	Access to fuel for health, water, and household needs		
	 Access to sanitary and personal and household cleaning items 		

Moreover, all KIs reported that populations' concerns about waiting at distribution points could be most effectively mitigated if assistance was delivered directly to homes during the night, in coordination with local councils.

HUMANITARIAN PRIORITY NEEDS

The table above shows the ranking of priority needs as reported by KIs, with a breakdown of reported needs by sector. The most recent assessment indicates food as the greatest priority, followed by water, health, and shelter/ NFIs. This is perhaps indicative of populations' increased access to water since the last assessment, when this was reported as a priority need. Safety and security represented a crosscutting concern affecting all sector needs.

CONCLUSION

The humanitarian and security situation in eastern Aleppo has continued to deteriorate since the previous needs assessment conducted by REACH between August 14-16.

While some residents were reportedly able to leave Eastern Aleppo during August movement

has now ceased due to insecurity along Ramouseh road. The remaining population (approximately 250,000-300,000 people)) continues to be affected by increased shelling and clashes. Amid the insecurity, people's ability to access food, shelter, medical services and assistance remains limited.

While access to water was previously the greatest priority need reported among populations, the provision of water by some humanitarian actors has assisted in alleviating the severity of the need and food security is now the main priority across neighbourhoods. Prices of staple items have risen, many core food items are unavailable in markets and populations have reported the increased use of coping strategies to deal with a lack of food. In order to meet the critical needs and vulnerabilities of populations within eastern Aleppo, the situation calls for a considered approach to delivering humanitarian assistance effectively. To address community concerns about insecurity at distribution points, residents have expressed the desire for local authorities to be involved in household distributions of aid.

As the availability of food, fuel, medicine and medical items is directly affected by the ability of vehicles to access populations, the humanitarian situation will continue to worsen unless restrictions ease.

Together with Syrian INGO Forum and partners, REACH will continue to monitor the situation in eastern Aleppo, in order to provide

updated information on trends related to intentions, priority needs and the overarching humanitarian situation.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidencebased decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our global office: geneva@reach-initiative.org.

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