

Executive Summary

In October and early November 2016, REACH assessed the humanitarian situation in 28 communities in Syria currently facing restrictions in movement and access, 16 of which are classified as besieged and 12 hard to reach. The profiled communities were located in Rural Damascus, Homs and Damascus governorates and information was gathered through a total of 117 community representatives (CRs). **Across assessed indicators, the overall humanitarian situation in the assessed communities remained poor, with some of the communities becoming increasingly vulnerable in comparison to the situation in September.**

In October:

- Escalations in conflict were reported in Khan Elshih, Jober, Yarmouk, Hama and Qudsiya.
- The communities of Madaya, At Tall, Jober, Yarmouk and Khan Elshih faced a tightening in access restrictions in October following shifts in conflict dynamics.
- Besieged communities in Eastern Ghouta (Duma and Harasta) received aid for the first time since June 2016; the hard to reach communities of Hama, Qudsiya and Burza also received humanitarian aid for the first time since June 2016.
- Truce agreements were reached in Madamiyet Elsham, Al Waer, and Hama and Qudsiya, whereby restrictions on the movement of people and goods were loosened in comparison to prior months.

Where restrictions tightened, reductions in the quantities of food, fuel, NFIs and medical items permitted to enter were reported. In general, these communities also experienced decreased amounts of goods available in markets and in the capacity of their health facilities to function, indicating the particular vulnerability of such populations.

No aid reportedly entered the communities of Ar Rastan, At Tall, Az Zabdani and Madaya, Hajar Aswad, Jober and Tadamon, Khan Elshih, Yarmouk, and most of the

communities of Eastern Ghouta (Arbin, Ein Terma, Hammura, Jisrien, Kafr Batna, Saqna, Zamalka and Nashabiyeh) in October.

Information collected in **Khan Elshih, Az Zabdani, Madaya, Ar Rastan and the Deir Ez Zor neighbourhoods of Joura and Qosour indicated critical levels of food insecurity**, with populations having adopted emergency coping strategies such as skipping meals, not eating for days or eating weeds. No core food items were available in markets in Az Zabdani in October, with the population relying on distributions from local authorities.

Across assessed communities, health services were affected by escalations in conflict and continued access restrictions, resulting in inadequate supplies of medication and medical services. In **Madaya**, the only remaining medical facility was forced to close due to lack of medical supplies; as in September, meningitis was observed in the community and for the first time several cases of kidney failure were reported. Deaths attributable to hunger were reported in **Joura and Qosour**, and the only remaining doctor left the community due to security concerns. The health situation also deteriorated in **Ar Rastan** due to continued access restrictions and depleting stocks of medicine. **Communities which had recently implemented truce agreements, including Madamiyet Elsham, Al Waer, and Hama and Qudsiya, experienced significant improvements in the health situations as medical items could enter and residents could seek medical help outside the communities.**

Based on information collected in October concerning the situation within the communities of Khan Elshih, Madaya, Az Zabdani, Ar Rastan, and Joura and Qosour, populations indicate critical levels of vulnerability and are in need of emergency humanitarian assistance.

Information collected from Hajar Aswad, At Tall, Yarmouk, and Jober indicate that while the communities have not reached the same levels of urgency, they are experiencing an ongoing deterioration in the humanitarian situation and are in need of a timely humanitarian response.

Assessed communities in October 2016 by classification¹

Besieged	Az Zabdani, Madaya, Bqine ² , Madamiyet Elsham, Yarmouk, Homs (Al Waer) and the Eastern Ghouta region (Duma, Arbin, Saqba, Harasta, Hammura, Kafr Batna, Jisrien, Ein Terma and Zamalka), Deir Ez Zor City (Joura, Qosour)
Hard to reach	Talbiseh, Ar Rastan, Taldou, Hajar Aswad, At Tall, Hama, Qudsiya, Nashabiyeh, Damascus (Jober, Burza and Tadamon), Khan Elshih

Overview

In order to inform a more evidence based response to addressing the needs of vulnerable communities across Syria, REACH, in co-ordination with the Syria INGO Regional Forum (SIRF) regularly monitors the humanitarian situation within communities facing restrictions on civilian movement and humanitarian access. The Syria Community Profiles, which commenced in June 2016, intend to provide operational and strategic actors with an understanding of the humanitarian situation within these communities by assessing availability and access to food, healthcare, water, education and humanitarian assistance, price data, as well as the specific conditions associated with limited freedom of movement. The list of assessed communities is not intended to be exhaustive of the total areas in Syria facing limited freedom of movement and access. With greater partner inputs and collaboration, the list of profiled locations will be expanded. This overview presents a summary of the overarching observations identified across communities assessed.

Methodology and Limitations

Data presented in the Community Profiles is collected through contact with CRs residing within assessed locations, who are responsible for gathering sector-specific data from their areas of expertise (i.e. health, education). Data for this round was gathered during the end of October and early November, referring to the situation in October 2016. Each community has a minimum of three CRs, with up to seven depending on the location. The network continues to expand with on-going collaboration with SIRF and other partners.

During analysis, data is triangulated through secondary information including humanitarian reports, news and social media monitoring, and partner verification. Comparisons are made to findings from previous assessments (if any) and follow up is conducted with CRs to build a thorough understanding of situational developments within locations. Data provided is weighted according to the relationship of the CR's profession to the type of indicator measured. In the case of some profiles, multiple communities are presented together; decisions to do so are based on their geographical proximity to one another or similarities in the access restrictions faced by populations.

Due to the challenges of data collection inside Syria, representative sampling, entailing larger scale data collection, remains a barrier. Consequently, information is to be considered indicative rather than generalisable across the population of each assessed community. Further, an improvement or deterioration in circumstances between months may not necessarily indicate a trend, but rather distinct developments specific to the month assessed. The exclusion or inclusion of assessed communities is influenced by the availability of CRs within locations and therefore should not be considered representative of all areas within Syria facing acute vulnerability. Finally, the level of information presented in each profile varies due to difficulties in obtaining data from certain locations.

Recent Developments

Based on information collected, the following communities experienced notable developments during October 2016.

Az Zabdani, Madaya and Bqine: In contrast to September, no humanitarian deliveries were permitted in October. In conjunction with continued restrictions on commercial vehicles, no food, medicine or non-food items entered the communities in October. This contributed to an increasingly deteriorating health situation in Madaya, where the only operating medical facility, a mobile clinic, was forced to close due to lack of medical equipment. As in September, meningitis was observed in the community; additionally, twenty cases of kidney failure were reported in Madaya and a dialysis device was reported as urgently needed. Furthermore, unlike September, no medical evacuations were permitted from the community this month.

Khan Elshih: The humanitarian situation in Khan Elshih significantly deteriorated in October, with conflict escalating in and around the community. Access restrictions tightened and all formal and informal routes out of the area were no longer accessible. As a result, no food, fuel, medical, sanitation or hygiene items entered in October, and no civilians could enter or leave. As a result, availability of goods decreased, and prices increased. As the electricity network in the community became more unreliable in October, the population increasingly used generators as their main source of electricity.

Joura and Qosour (Deir Ez Zor city): The already critical humanitarian situation in Joura and Qosour continued to deteriorate in October, as populations remained unable to leave the area, faced increased food insecurity, and reduced access to basic services. The only doctor who had serviced the community in September left in October due to security concerns, and most civilians were unable to access the only reportedly available medical facility, a military hospital, unless they had sufficient financial resources. While the amount of assistance delivered through humanitarian airdrops was the same as in September, this was significantly less than in

previous months. It was also reported that civilians were not able to access most of the assistance being delivered as it was distributed unequally or sold on markets. Numerous food, fuel, and sanitation and hygiene items were not available, and prices for those items that were available increased, making them multiple times more expensive than in nearby non-hard to reach communities.

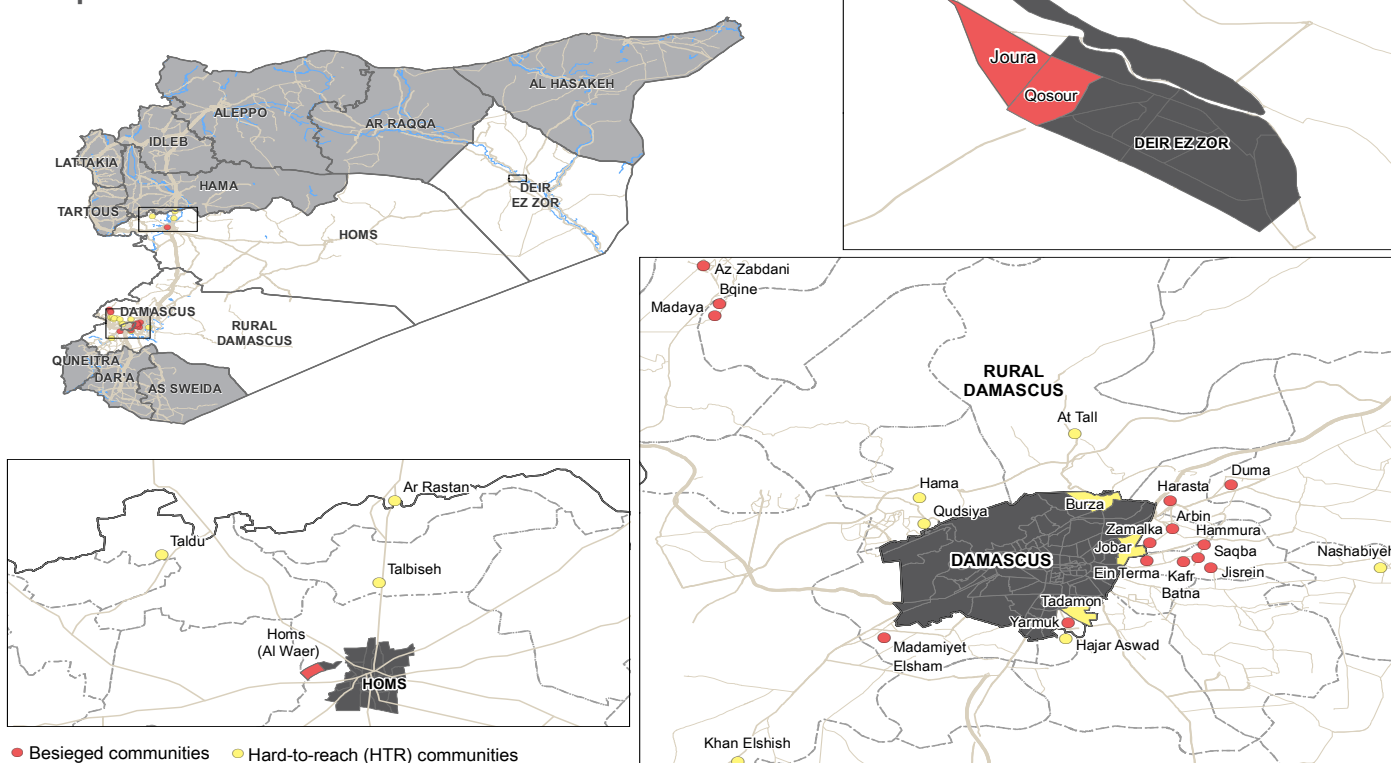
Eastern Ghouta: Though internal conflict remained limited in October, airstrikes and shelling increased significantly in Duma, resulting in increased insecurity and civilian injuries. Furthermore, on 6 November a kindergarten in Harasta was shelled, reportedly killing eight individuals and injuring many others. In October humanitarian aid entered Duma for the first time since June 2016. The delivery consisted of education materials, medicine, food, and non-food items. Some humanitarian aid containing food, non-food, and medical items also entered Harasta, though vehicles reportedly faced restrictions. Both communities were the only communities to receive aid in Eastern Ghouta, and reportedly the aid delivered was insufficient to meet the communities' needs.

Burza and Jober: Humanitarian aid with food and non-food items reportedly entered Burza for the first time since June. However, access restrictions on commercial vehicles and civilian movement remained unchanged from September, with no commercial vehicles able to enter. Fewer civilians were able to enter or leave Jober through informal routes in October than in September due to increased shelling and insecurity. As in prior months, no formal routes in or out of the community were available.

Hama and Qudsiya: Heavy clashes affected both communities in the beginning of the month, resulting in the destruction of all remaining permanent medical facilities. Following the intensification of hostilities, parties to the conflict eventually reached a truce agreement similar to those implemented in other Rural Damascus communities, such as Madamiyet Elsham, in mid-October. Following the agreement, an estimated 1,287 non-civilians and family members were evacuated to Idlib governorate, and access restrictions were lifted for Hama and Qudsiya. Aid entered on 17 and 31 October, delivering food items and NFIs. While medical facilities are awaiting repairs, private clinics have started operating and there has been an overall improvement in the health situation. The lifting of restrictions has also resulted in an increased availability of food and NFIs, and the communities are experiencing an influx of former residents who had previously left due to conflict.

Madamiyet Elsham: A truce agreement led to the evacuation of 1,600 individuals from the community to Idlib during October. Following the agreement, restrictions on the movement of people and goods were loosened, with all civilians able to enter and leave through formal checkpoints upon presenting documentation, and all commercial vehicles able to enter without restrictions. Further, a 24-truck aid convoy entered the community in October, with 7,000 food packages, 7,000 flour sacks, medical items, winter clothes, health packages and lighting equipment. Due to the loosened access restrictions, residents could receive medical assistance in nearby communities, and availability of most food, fuel, and sanitation items increased while prices decreased.

Map: Assessed communities in October 2016



Key Findings

Movement of Civilians

While three communities, namely Hama, Qudsiya, and Madamiyet Elsham, saw a substantial loosening of access restrictions, civilians in a majority of assessed communities faced continued or increased limitations on their freedom of movement since the prior month. **Shifting conflict dynamics in the communities of Khan Elshih, Madaya, At Tall, Yarmouk, and Jober resulted in increased restrictions on civilian movement in October.**

Evacuations prompted outward movement in the communities of Hama, Qudsiya, and Madamiyet Elsham. In Khan Elshih, nobody was able to enter or exit the community for the first time in October, as the only formal route into the community was closed and informal routes became inaccessible due to clashes. Reportedly, nobody could enter or exit Az Zabdani, Madaya, and Bqine or the Deir Ez Zor neighbourhoods of Joura and Qosour, as was the case in September. Despite the recent truce agreement, only 11-26% of the population, mostly students and public and private sector employees, were able to enter and exit the community of Al Waer upon showing documentation. In the Damascus neighbourhood of Jober, fewer people were able to enter or exit the community through informal routes, following insecurity due to clashes and shelling, while formal routes remain closed as they have in previous months. As the case in September, only 1-10% of individuals were allowed to leave At Tall; however, there was a reported increase in the types of risks faced when moving across checkpoints in October.

Hama, Qudsiya, Madamiyet Elsham, and Al Waer witnessed loosened access restrictions for commercial vehicles, whereby a greater number of vehicles were permitted to enter the communities. However, vehicles were still subject to frequent searches when entering Al Waer. As in September, only some commercial vehicles were allowed into At Tall, and commercial vehicles were allowed into the Eastern Ghouta region on only one day per week, through one formal entry point, although they could generally move between the communities in the area. No commercial vehicles could enter the other assessed communities, as was the case in September.

In addition to commercial and humanitarian vehicles bringing goods into locations, many communities relied on the capacity of populations to travel, either through formal or informal routes, out of the community and return with food. Thus, the quantity of food, fuel, medical, and sanitation and hygiene items able to enter communities with severe access restrictions was highly limited, and shortages often corresponded to increased restrictions on movement. In Khan Elshih and Jober, for instance, the inability of civilians to bring goods into the community due to heightened access restrictions led to reduced availability or unavailability of multiple fuel and food items in both communities.

Overall, the risks faced by populations attempting to enter or leave communities during October included: gunfire, shelling, detention, conscription, confiscation of documents and verbal, sexual and physical harassment.

Humanitarian Assistance

Aid was reportedly able to enter the communities of Burza, Duma and Harasta (Eastern Ghouta), Hama, Qudsiya, Madamiyet Elsham, Talbiseh, Taldu, and Al Waer. The Damascus neighbourhood of **Burza** received aid for the first time since June 2016. Vehicles entering and delivering food and non-food items faced no restrictions in accessing the community and populations reported no barriers to accessing aid; however, no aid reached the neighbouring communities of **Jober** and **Tadamon**.

Humanitarian aid entered **Duma** in October for the first time since June, after authorities refused the entry of humanitarian aid in September. The delivery consisted of education materials, medicine, food, and non-food items. Some humanitarian aid containing food, non-food, and medical items also entered **Harasta**, though vehicles reportedly faced restrictions. Both communities were the only communities to receive aid in Eastern Ghouta and reported that the aid delivered was insufficient to meet the communities' needs.

Following a truce agreement similar to those implemented across other communities in Rural Damascus, such as Madamiyet Elsham, aid entered **Hama** and **Qudsiya** on 17 October for the first time since June, delivering food and non-food items to an estimated 50,000 residents. An additional aid delivery was also reported on 31 October, and the overall humanitarian situation in both communities consequently improved. As was the case in September, humanitarian aid was able to enter **Madamiyet Elsham**

for a second time since June: a 24-truck aid convoy delivered 7,000 food packages, 7,000 flour sacks, medical items, winter clothes, health packages and lighting equipment. In contrast to last month, no challenges to accessing the aid were reported. On 26 October, an inter-agency convoy entered **Al Waer** neighbourhood carrying food items, NFIs, nutrition, education, and hygiene and sanitation supplies. This was similar to last month following the truce agreement in mid-September; no barriers were reported in accessing the assistance.

No humanitarian aid was delivered to the communities of Ar Rastan, At Tall, Az Zabdani and Madaya, Hajar Aswad, Jober and Tadamon, Khan-Elshih, Yarmouk, and most of the communities of Eastern Ghouta (with the exception of Duma and Harasta). In contrast to the neighbouring communities of Talbiseh and Taldu, no humanitarian vehicles were able to enter **Ar Rastan**, as was also the case in September. The communities of **Madaya** and **Az Zabdani**, where aid had entered for the first time in September since April 2016, received no humanitarian aid in October. Additionally, it was reported that some of the food items delivered last month were unfit for consumption. **All formal and informal routes to Khan Elshih were cut off in October and no official international humanitarian convoys entered**, except for a small delegation of UNRWA representatives which was allowed into the community and provided some medical items. Despite aid deliveries to **Duma** and **Harasta**, no humanitarian aid reached the communities of **Arbin, Saqba, Hammura, Kafr Batna, Jisrien, Ein Terma, Zamalka** and **Nashabiyeh** in Eastern Ghouta.

Food Security

The communities facing the tightest restrictions on civilian movement and commercial accessibility are generally the most food insecure. In October, the communities of Joura and Qosour, Khan Elshih, Az Zabdani, Madaya and Ar Rastan faced pronounced vulnerabilities surrounding food insecurity. In the Deir Ez Zor neighbourhoods of Joura and Qosour, food stocks further depleted in October, and residents reportedly continued to use extreme strategies to cope with the food shortage, such as not eating for days and eating weeds. Numerous food items became unavailable or generally unavailable in October in Khan Elshih due to greatly tightened access restrictions and depleting stocks, and residents were reportedly reducing meal sizes as they had in September. While the besieged areas of Az Zabdani, Madaya and Bqine received a humanitarian delivery of food assistance in September, there were no such deliveries in those communities in October, and residents reportedly coped by reducing meal sizes and skipping meals. **For the first time, most core food items were available for purchase in shops in Az Zabdani in October, and residents relied instead on distributions from local authorities.** Skipping meals was also reportedly used in Ar Rastan to cope with reduced access and availability of bread and other food items. The communities of Hama, Qudsiya, Burza, Madamiyet Elsham, Al Waer, Talbiseh, Taldu, Duma and Harasta received humanitarian deliveries of food assistance, although the aid was reportedly insufficient in the latter two communities.

Core food item/NFI prices and availability

In many communities, **core food items remain available in markets but prices have inflated to levels considered prohibitively expensive for populations to access**, while other communities witnessed a substantial drop in availability:

- **Az Zabdani: Most core food items were reportedly available** in markets for the first time.
- **Madaya and Bqine: An average food basket was 584% more expensive** than in nearby communities not classified as besieged or hard to reach.
- **Joura and Qosour: Food items were on average 551% more expensive** than in nearby communities, and many items such as bulgur, lentils, chicken and flour remained unavailable.
- **Khan Elshih: Availability of core food items dropped significantly in October, with bread remaining unavailable in bakeries, and milk, sugar, flour and eggs becoming unavailable.** All available food items were reported as being available fewer than seven days in a month. The prices of available food items increased on average by 45% from September, making them 79% more expensive than in nearby communities.
- **At Tall: Food prices remained similarly high to those in previous months, and were 132% more expensive than in nearby communities.**
- **Eastern Ghouta: Prices were on average 100% higher than those in nearby non-besieged or hard to reach communities,** with the prices of cucumbers and tomatoes increasing 60% and 18%, respectively.

Health Systems

Limitations on civilian movement and entry of medical supplies directly affected the functionality of health systems. Many of the assessed communities reportedly faced shortages of medicine, medical items, fuel and trained medical staff. **The health situation in communities that had recently undergone truce agreements, including Hama, Qudsiya, Al Waer, and Madamiyet Elsham, experienced an improvement, with residents of these communities able to access medical services in nearby areas and more medical items able to enter the communities.**

In response to increased shelling and conflict-related injuries in Jober, medical professionals entered to provide health services and brought medical items, providing temporary relief to the community. As a result, previously reported coping strategies were no longer in use in October, although the health situation in Jober remained fragile due to ongoing hostilities. The Eastern Ghouta communities of Duma and Harasta received medical aid deliveries in October, with the aid delivery in Duma being the first since June 2016. However, as in Jober, these communities still faced heavy shelling, and both Duma and Harasta witnessed civilian deaths due to an escalation of conflict in the area. In Khan Elshih, fewer individuals were able to access health facilities due to increased access restrictions and an escalation of conflict; people reportedly reused medical items to cope. While no humanitarian or commercial vehicles were able to bring medical items into the community, a team of UNRWA representatives was granted permission to enter the community briefly and provided previously unavailable medical services such as child immunization. In Ar Rastan, stocks of medical items continued to deplete, and could not be replenished from outside communities due to elevated security risks. This has had negative effects on other aspects of the health situation in the community, with child immunization no longer available in the community and medical personnel coping with shortages by performing surgery without anaesthesia.

Of the assessed communities, Madaya and the Deir Ez Zor neighbourhoods of Joura and Qosour faced especially severe health situations. In Madaya, the last remaining formal health facility was closed due to a shortage of medical items and a deterioration in the health situation. Moreover, the meningitis outbreak first seen in September was reportedly ongoing, and there were 20 cases of kidney failure reported in the community. An evacuation of urgent medical cases through informal routes in October was unable to be completed due to access restrictions, and coping strategies such as recycling medical items could no longer be used due to the lack of availability of the most basic supplies. In Joura and Qosour, the last doctor in the community left due to security concerns, and the only reported medical facility was a military hospital that was only accessible to civilians with sufficient financial means. However, volunteers with informal or no medical training and professionally trained midwives could provide emergency care. Known coping strategies included using non-medical items for treatment. There were also reportedly deaths attributable to hunger in the Deir Ez Zor neighbourhoods of Joura and Qosour.

Across communities, clean bandages, blood transfusion bags, antibiotics, and heart and diabetes medication were often reported as the most needed medical items.

Conclusion

In October 2016, limitations on movement and access restrictions across assessed communities have continued to negatively affect populations. Specifically, increased restrictions on civilian movement were reported in the communities of Khan Elshih, Madaya, At Tall, Yarmouk, and Jober following changes in conflict dynamics. Further, evacuations prompted significant shifts in outward movement in the communities of Hama, Qudsiya, and Madamiyet Elsham. No one could reportedly enter or exit Khan Elshih, Az Zabdani, Madaya, and Bqine or the Deir Ez Zor neighbourhoods of Joura and Qosour. In these communities, reductions in the quantities of food items, fuel, NFIs and medical items permitted to enter led to reduced availability and higher prices on markets.

These restrictions, as well as an escalation of conflict in some communities, had a direct link to the deterioration of health services as fewer medical items were able to enter the communities. In October, the communities of Joura and Qosour, Khan Elshih, Az Zabdani, Madaya and Ar Rastan the health situation deteriorated in comparison to the previous month. Following increased access restrictions and escalations in conflict, the ability of health facilities to function was affected in the communities of Duma, Khan Elshih, and Jober; health facilities were either non-existent or almost entirely inaccessible in Madaya and Joura/Qosour.

The functionality of available facilities and services was affected by the quantity of fuel available to operate equipment or move ambulances, and in many cases both populations and medical personnel faced conflict-related barriers to seeking treatment in facilities or administering assistance to people in need. Furthermore, populations' access to basic services is affected by the quantity of fuel available to run generators or water pumps. Significantly, in the communities of Khan Elshih and Taldu, populations reported a reduction in their access to water and/or electricity due to a decline in the quantity of fuel available.

In general, the prices of food and non-food items are higher and market availability is lower in communities facing access restrictions, in comparison to communities not considered besieged or hard to reach. In some communities, such as Khan Elshih and Az Zabdani, assessed core food items are largely unavailable for populations, while in others, despite some availability, inflated prices are prohibitively high and items are effectively unavailable for purchase. Use of extreme coping strategies was reported in Az Zabdani, Madaya, Bqine Ar Rastan and the Deir Ez Zor neighbourhoods of Joura, and Qosour due to the depletion of food stocks and the reported unavailability of several food items.

Based on information collected in October concerning the situation within the communities of Khan Elshih, Madaya, Az Zabdani, Ar Rastan, and Joura and Qosour, populations indicate critical levels of vulnerability and are in need of emergency humanitarian assistance.

Information collected from Hajar Aswad, At Tall, Yamouk, and Jobber indicate that while the communities have not reached the same levels of urgency, they are experiencing an ongoing deterioration in the humanitarian situation and are in need of a timely humanitarian response.

About REACH

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