

Executive Summary

In June and early July 2016, REACH supported SIRF members to assess the humanitarian situation in 16 UN-classified besieged locations and 10 other communities considered hard to reach, gathering information through a total of 112 community representatives. The 26 communities assessed¹ were located in Rural Damascus, Homs, Damascus and Deir ez Zor governorates.

The impacts of restricted civilian movement and access for commercial or humanitarian vehicles were apparent across all communities assessed in June. Limitations on the entry of goods and services have impacted populations' health status and their ability to seek treatment when needed. The number and type of medical services available, and their functionality, has been affected by restrictions on the entry of lifesaving medicine and medical items. Further the number of trained medical personnel available to treat people in need is inadequate due to ongoing security dynamics and the restrictions placed on civilians entering or exiting communities.

Prices of food, NFI and fuel items have increased, and in severe circumstances to prohibitive prices. Further, access to these items is often prevented due to their general unavailability in markets. Access to basic services such as water and electricity is often affected by damage incurred to their respective networks or the inaccessibility of fuel sources to run generators, which has subsequent implications across all sectors. The capacity of communities to produce their own food had some positive impact for populations in the Eastern Ghouta region; the increased availability of wheat crops resulted in a greater ability to make bread and the increased yield of summer fruits and vegetables caused a slight reduction in market prices

In June, no humanitarian assistance was received in the besieged areas of Madaya, Az Zabdani, Al Waer, Jisreen, and Saqba, nor in the communities of Khan Elshih, Hajar Aswad, Jobar and Tadamon, which are classified as hard to reach.

Information collected in communities of Madaya, Az Zabdani, Al Waer, Darayya, Madamiyet Elsham and Khan Elshih, **indicated critical levels of food insecurity**; populations in these communities have reportedly adopted **emergency coping strategies such as skipping meals and eating weeds** or non-food plants in order to cope with the lack of food or resources.

In order to cope with the lack of medical provisions, populations in the communities of Darayya, Madamiyet Elsham, Talbiseh, Yarmouk, Qudsiya, Khan Elshih, Al Waer and the communities assessed in Eastern Ghouta, have resorted to **recycling medical items such as bandages, needles and syringes, using non-medical items such as wooden sticks for treatment, or operating without anesthetics.**

Across indicators assessed in June, populations within **Madaya, Az Zabdani, Darayya, Al Waer, Madamiyet Elsham and Yarmouk suggest critical levels of vulnerability and are in need of emergency humanitarian assistance.** Information collected from **Khan Elshih, Hajar Aswad and At Tall** indicate that while the communities have not yet reached the same levels of urgency, **they are experiencing an ongoing deterioration of the humanitarian situation and are in need of a timely humanitarian response.**

Overview

In order to inform a more evidence based response to addressing the needs of vulnerable communities across Syria, REACH has supported the Syria INGO Regional Forum (SIRF) to regularly monitor 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. This far, a baseline assessment has been conducted across 28 communities with one further round of monitoring in 6 locations as well as the present update across 26 locations. This overview presents a summary of the overarching observations identified across communities assessed.

Methodology and Limitations

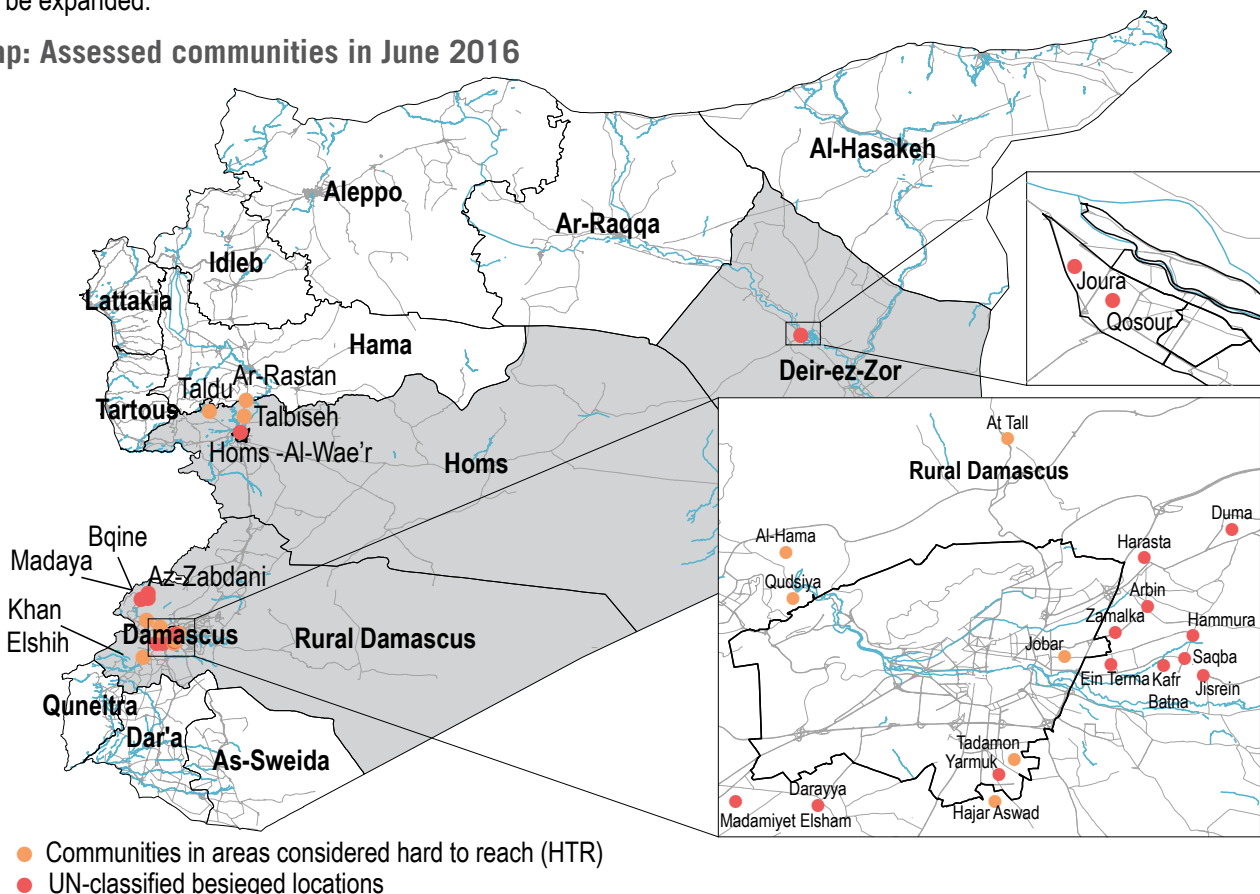
Data presented in the Community Profiles is collected through contact with community representatives (CRs) residing within assessed locations, who are responsible for gathering sector-specific data from their areas of expertise (i.e. health, education, local administration). A minimum standard of three CRs is achieved per community assessed, although there can be up to 10 CRs per community at present, with on-going collaboration with SIRF members to further expand the network.

During analysis, data is triangulated using information provided through SIRF partners operating in the vicinity and external sources of information such as humanitarian reports and news and social media monitoring. Comparisons are also made to findings from previous community assessments (if any) and follow up is conducted with CRs in order to build a thorough understanding of situational developments within locations. The occupations of CRs are recorded and data provided is weighted according to the proximity of their profession in relation to the type of indicator measured. Overall, the follow-up and analysis process takes into account the interrelated nature of all sectors assessed and by doing so, the final profiles aim to present an overview of the humanitarian situation in locations facing access restrictions. 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 populations face. Clustered profiles highlight parallels or differences between communities, and allow for an evaluation of the realities within each. While information referring to the situation in Madaya and Bqine is collected using CRs in both communities, data is generally presented together as they sit within the same contiguous areas and populations can generally move between the two locations given the very close proximity. However, where relevant, specific differences reported between the situations in each community are highlighted in profiles.

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 whole community or other areas facing restrictions on access or freedom of movement. 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.

In June and early July 2016, REACH supported SIRF to profile 16 UN-classified besieged locations and 10 other communities considered hard to reach, gathering information through a total of 112 CRs. The 26 communities assessed were located in Rural Damascus, Homs, Damascus and Deir ez Zor governorates. The profiles refer to the situation in June 2016. As the project is in the earlier phases of development, 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 communities assessed will be expanded.

Map: Assessed communities in June 2016



Recent Developments

Homs (Al Waer): Food, NFI and medical supplies in the neighbourhood of Al Waer, within Homs City, have been depleted following a sustained period of limited access for humanitarian and commercial vehicles. Information collected across all indicators assessed suggest the acute vulnerability of populations. The neighbourhood was officially added to the UN's list of besieged locations on 23 May 2016.

Az Zabdani and Madaya: In May, the population of Az Zabdani was reportedly displaced from the community and into surrounding areas such as the community of Madaya. This has resulted in a significant reduction in the population estimates in Az Zabdani and intensified the severity of the already critical humanitarian situation in Madaya during June. Furthering this, medical personnel within Madaya reported civilian deaths attributable to causes related to lack of food this month.

Darayya: On 9 June, a UN/SARC inter-agency convoy delivered food, as well as medicine, NFIs, and nutrition, hygiene and sanitation supplies to the community of Darayya. This was the first time food aid has been permitted to reach the community since November 2012. Despite this development, community representatives reported experiencing an increase in insecurity directly following the delivery, and the quantity of aid arriving was not considered sufficient to meet the severe population needs. The humanitarian situation within the community remains at a critical level.

Yarmouk: Fighting between armed groups, ongoing since April 2016, escalated during June within Yarmouk. The conflict dynamics heightened insecurity and impacted all sectors, with fewer health personnel and services available to assist a greater number of security-related casualties. Further, access to food and humanitarian assistance remained severely limited as insecurity prevented agencies accessing the wider area.

Eastern Ghouta: In June, the agricultural communities of Duma, Arbin, Hammura, Kafr Batna, Ein Terma, Jisrein and Zamalka with access to productive assets, such as land and seed-stocks, reported an increased capacity to produce crops given the change in season. There was a subsequent positive effect on access to food in these communities with an increase in availability of fruits, vegetables and wheat and a slight reduction of prices in markets in comparison to May.

Zabadin: The community of Zabadin, in the Eastern Ghouta region, was removed from the official UN list of besieged locations in June 2016 due to a change in military control; the population within Zabadin reportedly moved out of the area and consequently, the community was not able to be assessed.

Key Findings

Movement of Civilians

All communities assessed in June faced restrictions on civilian movement to varying degrees, and in general, CRs reported that these did not change significantly when compared to May. Populations within contiguous areas such as in Eastern Ghouta, Madaya and Bqine, and Ar Rastan, Tabiseh and Taldu, were generally able to move between locations within the same vicinity, however faced restrictions and risks if attempting to enter or leave the wider area. In Ar Rastan, Talbiseh and Taldu public sector employees and students were permitted to leave to travel outside of the region on certain days, after presenting appropriate identification and documentation. **Conversely, no one attempted to enter or exit the areas of Madaya and Bqine and the Eastern Ghouta region due to increased risk associated to life. This was also the case in the communities of Darayya, Yarmouk and the neighbourhoods of Joura and Qosour in Deir ez Zor City.**

Some locations assessed reported the use of informal routes to transport some food items, fuel and NFIs into and out of communities. However, the ability of populations to utilise these routes was very much affected by the ongoing conflict and security dynamics of their respective communities, and the use of informal routes was associated with a much higher risk to life. Further, due to difficulties in procurement and transport of medicine, medical items and equipment, these items were largely unable to enter communities through informal routes. **Risks faced by civilians when attempting to enter or exit through informal routes generally included gunfire, shelling, or detention. Despite these risks, a number of communities depend on informal routes to maintain their livelihoods, particularly those facing severe restrictions on the entry and exit of people and vehicles.**

Humanitarian assistance

Humanitarian aid was accessed by populations to varying degrees across communities in June. Aid received was either delivered by vehicles allowed to carry assistance to the area; or taken by civilians who were able to travel to nearby communities to collect items. Most commonly, assistance consisted of food parcels, NFIs and some medical items. **In all cases vehicles were subject to restrictions on the quantity and contents of their load. Vehicles were also generally searched prior to entering communities and a portion deliveries were often removed. It was commonly reported by communities that the quantity of assistance received was not sufficient to meet population needs. In addition, populations faced barriers to accessing items delivered due to overcrowding at distribution points.** An inter-agency convoy permitted to enter the community of Darayya during June delivered food assistance to populations for the first time in almost 4 years, however populations experienced a deterioration in the security situation following the delivery. As of June 22, WFP had completed 60 high altitude airdrops to besieged areas of Deir ez Zor City since January, delivering over 960 metric tons of food commodities, including chickpeas, beans, rice, as well as vegetable oil, lentils, bulgur wheat, salt and sugar. **During June, no assistance was reportedly received by populations in the besieged areas of Madaya, Az Zabdani, Al Waer, Jisreen, and Saqba, nor in the communities of Khan Elshih, Hajar Aswad, Jobar and Tadamon, which are classified as hard to reach.**

Food security

In general, the most food insecure communities were those facing the tightest restrictions on civilian movement and access of vehicles carrying either commercial goods or humanitarian assistance. In June it was reported that agricultural communities (such as those within Eastern Ghouta) had increased their capacity to produce their own food due to the increased yield of crops such as fruits, vegetables and wheat, during summer. In these cases, there have been subsequent increases in availability and decreases in prices of assessed food items, although prices remain comparatively higher than nearby areas not facing restrictions on movement and access. **In other communities, where agricultural fields have reportedly been targeted throughout the conflict, such as Darayya and Madaya, food insecurity remains at critical levels.**

In many communities, **core food items remain 'available' in markets but prices have inflated to levels considered prohibitive**, and food items are essentially inaccessible for populations:

- In Al Waer (Homs City), the price of **flour (1 kg) increased by 131% to 3000 SYP²** since April. Further, prices of available food items in Al Waer were on average **102% higher than in nearby communities³** which are not considered besieged or hard to reach.
- In Darayya, **nearly all assessed food items were unavailable, with the exception of rice, bulgar and lentils, which were all 6000 SYP² per kg or higher, and sugar (1 kg), the price of which increased by 73% to 15000 SYP²** compared to in March.
- In Eastern Ghouta, on average prices of available food items were **172% higher than prices in nearby communities⁴** which are not considered besieged or hard to reach.
- In Joura and Qosour (Deir ez Zor City), prices of available food items in were on average **79% higher than in the nearby communities⁵** which are not besieged
- In Jobar (Damascus City), the price of **chicken (1kg) increased by 167% to 2000 SYP²** compared to January

In other communities many core food items are completely unavailable. **In June, the communities of Madaya, Az Zabdani, Al Waer, Darayya, Madamiyet Elsham and Khan Elshih, indicated critical levels of food insecurity; the majority, if not all, assessed food items were either unavailable or too expensive to purchase, populations have a very limited capacity to produce their own food, and insufficient or no food assistance was received. The populations in these communities have reportedly adopted emergency coping strategies such as skipping meals and eating weeds or non-food plants in order to cope with the lack of food or resources. In June, medical personnel working in Madaya reported civilian deaths attributable to a lack of food.**

Health systems

Limitations on civilian movement and the entry of goods have had direct implications on the health systems within communities assessed. **Community representatives in all locations reported facing shortages of medicine and medical items during June. While the severity of needs varied between communities, in the most extreme instances (as reported in Darayya, Madamiyet Elsham, Talbiseh, Yarmouk, Qudsiya, Khan Elshih, Al Waer and the communities assessed in Eastern Ghouta) populations have resorted to recycling medical items such as bandages, needles and syringes, using non-medical items such as wooden sticks for treatment, or operating without anesthetics in order to cope with the lack of medical provisions.**

In addition to being affected by restrictions on medical supplies entering communities, health systems are also critically impacted by communities' access to basic services such as electricity and water, and the availability and price of fuel sources which fundamentally affect their capacity to function. While there was at least one professionally trained doctor, surgeon, nurse or midwife reported in all communities during June, the quantity of trained medical personnel was reported as insufficient in comparison to population sizes and needs. Some communities reported that where possible, pharmacists, dentists, anesthetists or medical students were assisting physicians. In their absence, it was reported that volunteers with informal or no medical training were filling critical gaps in services. In many cases, the increased restriction of movement on civilians resulted in trained medical professionals being unable to access populations in need of assistance; either because the physicians themselves could not enter communities to administer medical services, or because insecurity prevented populations from traveling to available health facilities for treatment.

Conclusion

The impacts of restricted civilian movement and access for commercial or humanitarian vehicles were apparent across all communities assessed in June. Limitations on the entry of goods and services have impacted populations' health status and their ability to seek treatment when needed. The number and type of medical services available, and their functionality, has been affected by restrictions on the entry of lifesaving medicine and medical items. Further the number of trained medical personnel available to treat people in need is inadequate due to ongoing security dynamics and the restrictions placed on civilians entering or exiting communities.

Prices of food, NFI and fuel items have increased, and in severe circumstances to prohibitive prices. Further, access to these items is often prevented due to their general unavailability in markets. Access to basic services such as water and electricity is often affected by damage incurred to their respective networks or the inaccessibility of fuel sources to run generators, which has subsequent implications across all sectors. The capacity of communities to produce their own food had some positive impact for populations in the Eastern Ghouta region; the increased availability of wheat crops resulted in a greater ability to make bread and the increased yield of summer fruits and vegetables caused a slight reduction in market prices.

Based on information collected in June concerning the situation within the communities of Madaya, Az Zabdani, Darayya, Al Waer, Madamiyet Elsham and Yarmouk, populations indicate critical levels of vulnerability and are in need of emergency humanitarian assistance.

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

About REACH

REACH facilitates 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 through inter-agency aid coordination mechanisms. For more information, you can write to our global office: geneva@reach-initiative.org.

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