

Executive Summary

In September and early October 2016, REACH supported SIRF members to assess the humanitarian situation in 38 communities in Syria currently facing restrictions in movement and access, 16 of which are classified as besieged, 21 hard-to-reach and one non-classified. The profiled communities were located in Rural Damascus, Homs and Damascus governorates and information was gathered through a total of 146 community representatives (CRs). **Across indicators assessed, there was an overall worsening of the humanitarian situation in the assessed communities in comparison to the situation in August.**

In September:

- **Khan Elshih, Hama and Qudsiya communities experienced escalations of conflict in comparison to August.**
- **In Hama and Qudsiya, communities were faced with a tightening of access restrictions and overall worsening of the humanitarian situation.**
- **The besieged areas of Az Zabdani, Madaya and Bqine received humanitarian aid for the first time since April 2016; the besieged community of Madamiyet Elsham in Rural Damascus received humanitarian aid for the first time since July 2016.**

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 these populations.

No aid was reported to have entered the communities of Ash Shajara, Hajar Aswad, Hama, Qudsiya, Eastern Ghouta (Arbin, Duma, Ein Terma, Hammura, Harasta, Jisrein, Kafr Batna, Saqna and Zamalka) nor the

Damascus suburbs of Jober, Burza and Tadamon, which are considered hard to reach.

Information collected in the communities of **Hama, Qudsiya, Eastern Ghouta, Madaya, Az Zabdani and Al Waer, indicated critical levels of food insecurity**; populations have adopted emergency coping strategies such as skipping meals, while in Madaya and Al Waer populations also reported spending days without eating and eating weeds or non-food plants in order to cope with the lack of food or resources.

Across the communities assessed in September, health services suffered due to ongoing inadequate supplies of key medication and medical items. Escalation of conflict in some communities, in addition to damage to hospitals and health facilities, resulted in populations not being able to access required medical treatment. Further, an **outbreak of Guillain-Barre syndrome in communities in Wadi Burda, a breakout of rabies in Ar Rastan, and cases of meningitis in Madaya and Bqine** point to critical vulnerabilities in these communities. In Al Waer, Joura, Qosour, Khan Elshih, Duma, Madaya, Bqine, Deir Maqran, Suq Wadi Burda, Bseimeh, and Ar Rastan the health situation deteriorated during September in comparison to the previous month.

Based on information collected in September concerning the situation within the communities of Khan Elshih, Yarmouk, Madaya, Az Zabdani, Hama, and Qudsiya, populations indicate critical levels of vulnerability and are in need of emergency humanitarian assistance.

Information collected from Al Waer, Madamiyet Elsham, Duma, Hajar Aswad, and Tadamon 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.

Assessed communities in September 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, Jisrein, Ein Terma and Zamalka), Deir Ez Zor City (Joura, Qosour)
Hard to reach	Talbiseh, Ar Rastan, Taldu, Hajar Aswad, At Tall, Hama, Qudsiya, Nashabiyeh, Damascus (Jober, Burza and Tadamon) and the Wadi Burda region (Barhaliya, Hseiniyeh, Kafir Elzeit, Deir Maqran, Ein Elfijeh, Suq Wadi Burda, Deir Qanun, Kafr Elawamid), Ash Shajara, Khan Elshih
Not classified	Bseimeh (Wadi Burda region)

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 September and early October, referring to the situation in September 2016. Each community has a minimum of three CRs, with up to 10 depending on the location. The network continues to expand with on-going collaboration with SIRF.

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 made to findings from previous community 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 proximity of the CR's profession in relation 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 September 2016.

Az Zabdani, Madaya and Bqine: Humanitarian aid, including food baskets, NFIs, and medical items, have been allowed into both Az Zabdani and Madaya for the first time since April 2016 as a result of a local agreement. Although this has marginally improved the situation, both communities remain classified as besieged, and food prices are still substantially higher in both places relative to nearby areas. Some individuals have reported continued use of coping strategies, such as skipping meals or cutting meal size. Although movement restrictions remained tight in both communities, a meningitis outbreak in Madaya in late September forced local councils to evacuate some patients through informal routes.

Madamiyet Elsham: Around 470 people, originally from Darayya but living in Madamiyet Elsham, were evacuated throughout September to IDP shelters as part of a local agreement. Humanitarian aid containing food, NFIs and medical items entered the community for the first time since July 2016. Despite increased access to food in the communities, the amount remained insufficient, and most core food items, including bread, remained unavailable in shops.

Al Waer: A truce agreement in mid-September brought an end to the extensive shelling and airstrikes against civilians, and thus caused a marked improvement in the humanitarian situation in Al Waer relative to August. This is reflected in improvements in almost all assessed indicators, with availability increasing and prices dropping for food, medicine, hygiene and sanitation items, following a delivery of humanitarian aid. Although movement restrictions remained relatively tight, hundreds of individuals, including fighters and people suffering from severe health conditions, were able to leave the community in the aftermath of the agreement.

Hama and Qudsiya: The humanitarian situation in Hama and Qudsiya worsened due to tightened restrictions on the entry of commercial vehicles, continued prohibition of the entry of humanitarian vehicles, and an intensification of the conflict in the area. This resulted in availability of core food items, NFIs, and medical items decreasing, their prices increasing, and the capacity of the health system declining. Individuals have resorted to using leftover fuel from their vehicles to cope with fuel shortages.

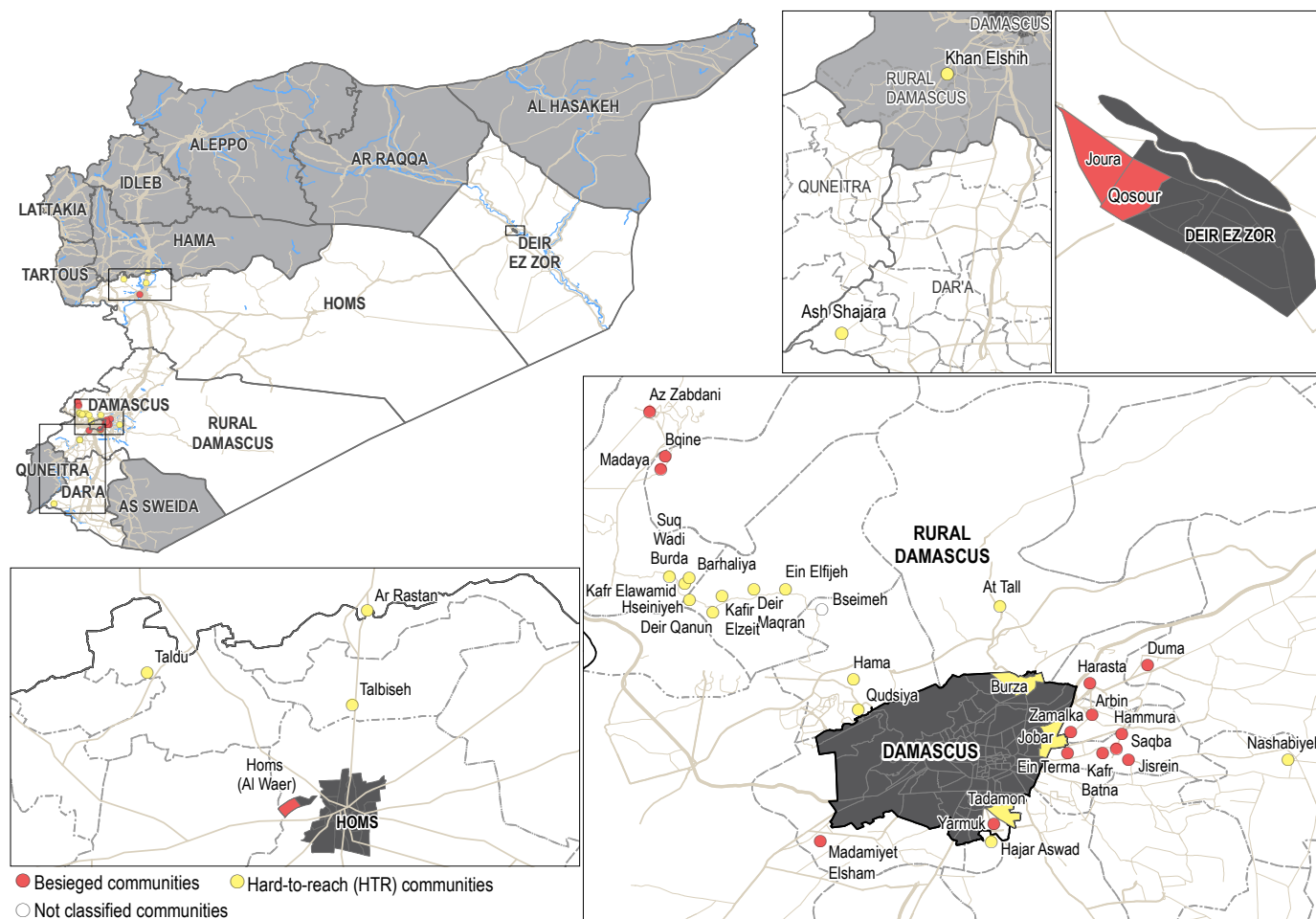
Tadamon: Due to continued restrictions on the entry of commercial and humanitarian vehicles into the community, which resulted in neither type of vehicle entering in September, the humanitarian situation in the community has deteriorated as stocks of many core food items depleted. Bread, chicken, tomatoes, cucumbers, and milk became unavailable in September. Some people have reportedly begun skipping meals to cope with food shortages.

At Tall: While restrictions on the number of commercial vehicles able to enter At Tall remained the same since August, the quantities of food each vehicle was permitted to carry increased, leading to an increase in availability and a reduction in prices. Nonetheless, the humanitarian situation and movement restrictions in At Tall remained worse than in other nearby areas, as exemplified by insufficient levels of water and the depletion of fuel stocks.

Wadi Burda: There was a reported outbreak of Gullain-Barre syndrome in the communities of Bseimeh, Suq Wadi Burda, and Deir Qanun, resulting in one death in Deir Qanun and five cases of paralysis across the three communities. Medicine and medical staff necessary to treat the outbreak were not permitted to enter in September. In October, the “food for water” agreement was amended to include the “wadi safety for water safety agreement”, whereby parties to the conflict agreed to halt shelling in the communities of Wadi Burda and allow access to some medicine into the communities, contingent on the maintenance of the water supply to Damascus. Community members reported that they hoped this agreement would address the worsening health situation due to the outbreak.

Ar Rastan: In contrast to the neighboring communities of Talbiseh and Taldu, no humanitarian vehicles were permitted to enter Ar Rastan in September. Prices of several core food items and hygiene and sanitation items consequently increased. Further, a breakout of rabies was reported in the beginning of September, with five individuals reportedly affected by the disease.

Map: Assessed communities in September 2016



Key Findings

Movement of Civilians

Civilians in all assessed communities faced limitations on their freedom of movement and in September. **Conflict-induced displacement and evacuations prompted significant shifts in outward movement in the communities of Qudsiya, Madamiyet Elsham, and Homs Al Waer.** In Hama and Qudsiya, there was greater civilian movement compared to the previous month. In addition to the two already existing formal entry/exit points used in Qudsiya, a new informal route opened in Hama. Both communities were subject to shelling in September, and the intensification in conflict subsequently prompted more people to leave. In Madamiyet Elsham, 470 people were evacuated to IDP shelters in Idlib and Kisweh in September. In the neighbourhood of Al in Homs, hundreds of fighters and sick people were evacuated and 1-10% of the population were able to leave and going back during weekdays, as was the case in August. In Ar Rastan, Talbiseh and Taldu, as was reported in the previous month, only employees and students continued to be allowed to enter or exit on weekdays upon providing documentation, yet faced the risk of gunfire and or detention at both formal and informal entry/exit points. The besieged communities of Az Zabdani and Bqine continued to face tight restrictions on their movement and no movement was reported through any entry or exit points. In Eastern Ghouta, travel outside the wider community remained limited to only few private sector employees; however, due to cessation of localised conflict in September, populations were able to move more freely between the communities of Arbin, Duma, Kafr Batna, and Nashabiyeh. In Khan Elshih, at the time of writing (October), it was reported that access to a formal route was closed and no one was able to enter or leave the community via this route.

In addition to commercial and humanitarian vehicles bringing goods into locations, many communities rely on the capacity of populations to travel, either through formal or informal routes, out of the community and return with food. Due to increased shelling and restrictions on civilian movement, the quantity of food, fuel, NFIs, and medical items entering the communities decreased this month. Fuel, usually enters the community in this manner, and as such, no fuel entered the communities in September.

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

Humanitarian Assistance

Formal aid was reportedly able to enter the communities of Az Zabdani, Madaya, Madamiyet Elsham, Talbiseh, Taldu, and the suburb of Al Waer. **In September, several of the assessed communities received humanitarian for the first time in recent months, resulting in varying degrees of improvement in the humanitarian situation in Az Zabdani, Madaya, and Madamiyet ElSham.** A key development in three of the besieged communities, namely Az Zabdani, Madaya and Bqine, was the distribution of humanitarian aid for the first time this month since April 2016, in the form of food, NFIs and medical supplies. The humanitarian situation overall marginally improved due to the aid distributions; however, populations in both communities still faced shortages of food, NFIs, and fuel. For the first time since July 2016, aid was allowed to enter Madamiyet Elsham in September. The interagency delivery brought in food, NFIs and medical items. On 23 September humanitarian aid was also allowed to enter the besieged neighbourhood of Al Waer in Homs, carrying winter clothing, 7000 food baskets, and 14000 bags of flour and medicine. As a result, the availability of food, medicine, hygiene, and sanitation items increased, and prices in markets dropped for all core items.

However, the communities of Wadi Burda, Eastern Ghouta, Ash Shajara, Burza, Jober, Ar Rastan and Hajar Aswad remained without aid in September. In contrast to prior months and the neighbouring communities of Talbiseh and Taldu, no humanitarian vehicles were able to enter Ar Rastan. Limited aid reached the communities of Talbiseh and Taldu, as was the case in August. Residents of Deir ez Zor reported fewer humanitarian airdrops during September compared to August. In addition, it was reported that most of the aid was not received by the civilian population and was rather distributed unequally or sold on markets. **A humanitarian convoy attempted to deliver aid to the community of Duma in Eastern Ghouta in September, but it was refused access into the community. As in August, local actors distributed food assistance in the communities of Zamalka, Nashabiyeh, Hammura and Jisrein. However, populations indicated that the unequal distribution and insufficient quantity to meet population needs caused friction within the communities; overcrowding, and physical and verbal harassment, primarily from others collecting aid, were common at distribution points.**

Food Security

The most food insecure communities are those facing the tightest restrictions on civilian movement and commercial accessibility. The besieged areas of Az Zabdani, Madaya and Bqine, which received food following a humanitarian delivery in September, saw food prices drop, however the situation remains challenging. Some previously unavailable items such as bread, tomato, and cucumber became available in Homs' Al Waer neighbourhood after food aid was received. There was a deterioration reported in the humanitarian situation of Tadamon with depleting stocks of food across the community and the unavailability of several items in markets. Community representatives in Tadamon reported the adoption of coping strategies such as skipping meals, indicating particular vulnerability. In the Deir Ez Zor neighbourhoods of Joura and Qosour, many core food items remained unavailable in markets, and extreme strategies to cope with the food shortage were observed, such as not eating for days and eating weeds.

Core food item/NFI prices and availability

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 Az Zabdani, the average cost of a standard food basket was 1359% higher than in nearby communities not considered besieged/hard to reach.
- On average, prices of available food items across the Eastern Ghouta region were 129% higher than prices in nearby communities which are not designated besieged or hard to reach.
- In Madaya and Bqine, an average food basket was 577% more expensive than in nearby communities not classified as besieged or hard-to-reach.
- In September, it was reported that commercial vehicles entering Ash Shajara were required to pay entry fees and loads were all searched prior to entering the community. Due to these restrictions, the number of commercial vehicles servicing the community decreased, leading to a subsequent reduction in the quantity of food entering the community and a rise in market prices.
- While items previously unavailable such as milk became available in September, and some food item prices lowered, assessed core food prices remain 181% higher in At Tall than in nearby non-hard to reach communities, while bread from both private and public bakeries remained unavailable.

Health Systems

Limitations on civilian movement and entry of medical supplies directly affected the functionality of health systems. Shortages of medicine, medical items, fuel and trained medical staff were reported across many of the assessed communities. Despite medical aid being delivered to Al Waer, Az Zabdani, Madaya, Bqine, Al Waer, and At Tall, the medical aid situation remained largely the same with regard to the overall health systems of these assessed areas. In Homs Al Waer, some individuals with severe health conditions were evacuated. On 24 and 25 September, aid was delivered to Al Waer neighbourhood in Homs, and Madaya and Az Zabdani, which included medical supplies. However, surgical items, some medicines and select items from the hygiene kits were removed.

Due to the lower availability of medical items and medicine, doctors still remaining in the Joura and Qosour neighbourhoods of Deir ez Zor were unable to practise. Overall, a decrease in the quantity of medical items and medicine entering the communities negatively affected the populations within Joura and Qosour, with a consequent deterioration of the overall humanitarian situation. Due to the increased conflict around the Khan Elshih neighbourhood, fewer people were able to access available health facilities in comparison to August. Commonly held security concerns prevented civilians from traveling to seek treatment, while residents of particular areas were physically restricted from accessing facilities due to direct shelling. This was exacerbated by the recent destruction of the local hospital by shelling. Health services in the Eastern Ghouta region continue to face difficulties as reported in August, limited supplies and unavailability of medicine as well as a shortage of qualified medical professionals. On 3 October, the Rif Damascus hospital in the Duma area was hit by airstrikes, leaving several sections damaged or destroyed, severely weakening the capacity of the hospital to function.

In Yarmouk, the last remaining doctor in the community, who had been detained a month earlier, was released, and returned to providing medical assistance. It was reported that more medical items were made available in Yarmouk in September.

In September, **several cases of meningitis were reported and clinically confirmed in Madaya and Bqine.** Additionally, in the communities of **Deir Maqran, Suq Wadi Burda, and Bseimeh in the Wadi Burda region, there was a reported outbreak of Guillain-Barre syndrome, resulting in one death in Deir Maqran and five cases of paralysis across the three communities.** Specialized treatment and services were required; however, necessary medical staff and items were not permitted to enter the communities to address the outbreak. **In Ar Rastan, a breakout of rabies was reported, with five individuals affected by the disease.**

Overall, the functionality of health facilities and services across the assessed communities was negatively affected due to the lack of humanitarian aid, waning medicine and medical supplies, and medical outbreaks in several communities. Ongoing airstrikes and shelling resulted in damage to crucial health facilities and prevented some of the assessed populations from seeking medical treatment.

Conclusion

In September 2016, limitations on movement and access restrictions across assessed communities have continued to negatively affect populations. Conflict-induced displacement and evacuations resulted in outward movement in the communities of Qudsiya, Madamiyet Elsham, and Homs Al Waer. Several communities faced tightened access restrictions for vehicles (Hama and Qudsiya) and levies placed on trader vehicles (Ash Shajara).

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 September 2016, in the communities of Homs Al Waer, Joura, Qosour, Khan Elshih, Duma, Madaya, Bqine, Deir Maqran, Suq Wadi Burda, Bseimeh, and Ar Rastan, the health situation deteriorated in comparison to the previous month.

Across the assessed communities with access restrictions, the price of food and NFIs remain higher and market availability remains lower when compared with communities not considered besieged or hard to reach. In some communities assessed core food items are still largely unavailable for purchase, while in other areas items are available but effectively inaccessible to much of the civilian population due to highly inflated prices.

Based on information collected in September concerning the situation within the communities of Khan Elshih, Yarmouk, Madaya, Az Zabdani, Hama, and Qudsiya populations indicate critical levels of vulnerability and are in need of emergency humanitarian assistance.

Information collected from Al Waer, Madamiyet Elsham, Duma, Hajar Aswad, and Tadamon 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

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