

Executive Summary

In August and early September 2016, REACH supported SIRF members to assess the humanitarian situation in 36 communities in Syria currently facing restrictions in movement and access, 14 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 138 community representatives (CRs). **Across indicators assessed, there was an overall worsening in the humanitarian situation across communities assessed in comparison to the situation in July.**

In August:

- **Al Waer, Yarmouk, Khan Elshih and the communities within Eastern Ghouta experienced escalations of conflict in comparison to July.**
- **Hama, Qudsiya, At Tall, Yarmouk, Al Waer, Madaya, Tadamon and the communities within Eastern Ghouta experienced a tightening of access restrictions.**
- **The communities within the Wadi Burda region, assessed for the first time in August, reported that there was a loosening of access restrictions in comparison to the previous month.**

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.

In Al Waer, Madaya, Madamiyet Elsham, Qudsiya, Nashabiyeh, Yarmouk and Khan Elshih, the health situation deteriorated during August in comparison to the previous month. The functionality of available health

facilities and services was negatively affected by the limited quantity of medical supplies and fuel available to operate equipment or move ambulances this month. In many of these communities both populations and medical personnel faced conflict-related barriers to seeking treatment or administering assistance to people in need.

There was a reduction in the number of communities receiving humanitarian assistance in August in comparison to the last round of assessments in June 2016. No aid was reported to have entered the besieged communities of Az Zabdani, Madaya, Yarmouk, Madamiyet Elsham, or Eastern Ghouta, nor in the communities of Hajar Aswad, Khan Elshih, Hama, Qudsiya, At Tall, Wadi Burda or the suburbs of Jobber, Burza and Tadamon, which are considered hard to reach.

Information collected in communities of Hama, Qudsiya, Eastern Ghouta, Madaya, Az Zabdani, Al Waer and Madamiyet Elsham, **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.**

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

Information collected from Khan Elshih, Bseimeh, Nashabiyeh, Duma, 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.**

Assessed communities in August 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)
Hard to reach	Talbiseh, Ar Rastan, Taldu, Hajar Aswad, At Tall, Hama, Qudsiya, Nashabiyeh. Damascus (Jobber, Burza and Tadamon) and the Wadi Burda region (Barhaliya, Hseiniyeh, Kafir Elzeit, Deir Maqran, Ein Elfijeh, Suq Wadi Burda, Deir Qanun, Kafr Elawamid).
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) 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. 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 August and early September, referring to the situation in August 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 populations face.

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 August 2016.

Madaya: Restrictions on civilian movement tightened in Madaya; while no one was able to enter or leave the community through formal routes, as has been the case in previous assessments, an increased risk of gunfire and landmines also prevented populations from using informal points to enter or exit the community. No assistance has been received since April 2016, and populations are facing critical shortages of food, medical items and fuel. While the previously delivered food items have been rationed, almost all have now been consumed. Food security has reached a critical point with all assessed food items unavailable for populations, either due to a lack of items in markets, or inflated prices which prohibit their accessibility. People in Madaya have been burning plastic in order to produce fuel; however they are now running out of plastic.

Yarmouk: The proximity of on-going fighting affected movement within the community, hindering populations within certain areas from travelling to health facilities to seek treatment, whilst also preventing many children from going to school. Furthermore, the detention of the last remaining doctor in Yarmouk for almost a month affected the functionality of health services. A lack of fuel to run generators rendered some health services only intermittently available and prevented medicine from being stored adequately.

Khan Elshih: Insecurity and a greater risk to life in August reduced the capacity of civilians to utilise the one remaining access route in to or out of Kahn Elshih. No vehicles carrying either commercial or humanitarian goods were able to enter this month. Given the inability for any medical supplies to enter, health facilities and personnel in Khan Elshih struggled to cope with presenting caseloads amid an increase in conflict-related casualties this month. All assessed medical items were unavailable, with the exception of clean bandages and blood transfusion bags, which were sometimes available.

Al Waer: Inter-agency convoys delivered food and nutrition items and education supplies on 23 and 25 August; however, following this delivery, there was a reported intensification of conflict and insecurity due to airstrikes. Prior to 20 August, only civilians planning to leave but not return to Al Waer were allowed to exit. Following this date, the final remaining entry point into the community was reportedly closed, civilian movement was entirely blocked and access restrictions caused a sharp decrease in the quantity of goods entering the neighbourhood. Populations have resorted to eating weeds and skipping meals to address a lack of food. As no medical items have been allowed to enter for 5 months, stocks have depleted and the community is facing a critical shortage of medical supplies.

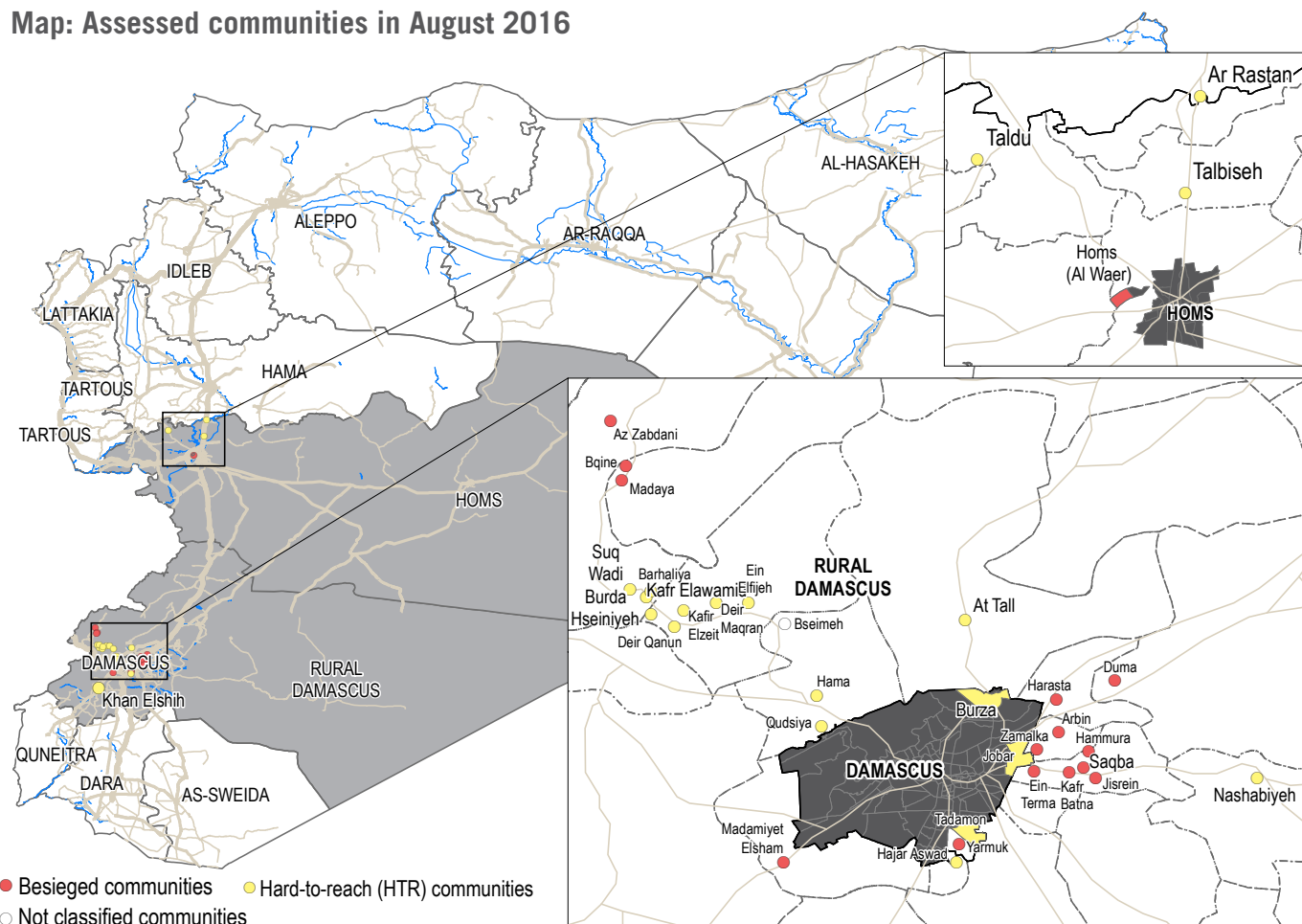
Eastern Ghouta: Ongoing clashes and an increased number of airstrikes in August affected the mobility of both civilians and commercial vehicles moving within Eastern Ghouta, particularly in the communities of Duma, Arbin, Harasta and Nashabiyeh. Some local actors distributed assistance in the communities of Saqba, Ein Terma, Hammura and Jisrein; however, this was reportedly only to the poorest families and the perceived unequal distribution caused tension among residents.

Wadi Burda: In August, an agreement referred to as “food for water” was made between parties to the conflict. The agreement allows access for some commercial goods and medical items to enter the Wadi Burda region, providing that the water supply to Damascus is maintained. Restrictions on civilian movement and the quantity of goods entering remain. The situation is particularly severe in Bseimeh, the only community which reported using coping strategies for a lack of medical items/medicine, and where civilians report a high risk to like through gunfire.

At Tall: Restrictions on commercial goods and civilian movement increased compared to July with the introduction of a fee applying to traders and civilians. Individuals and traders are now required to pay 100 SYP for every kilogram of goods they wish to carry into the community. This resulted in a decrease of goods entering and an increase of market prices.

Darayya and Madamiyet Elsham: In late August 2016, residents of Darayya were evacuated and the community is now empty. At the time of writing (September) approximately 300 people originally from Darayya but living in Madamiyet Elsham were also evacuated. Departing populations from both communities were moved to areas within Idlib or to an IDP shelter in Kisweh, Rural Damascus.

Map: Assessed communities in August 2016



Key Findings

Movement of Civilians

Civilians in all communities assessed face limitations on their freedom of movement; however, in August restrictions in many communities tightened in comparison to July. **Changing conflict dynamics around the communities of Al Waer, Madaya, Yarmouk, Tadamon, Khan Elshih and within Eastern Ghouta increased restrictions on civilian movement.**

In previous months, populations within the Eastern Ghouta region have been able to travel relatively freely between communities, despite not being permitted to enter or leave the wider area. However, fighting and shelling in certain areas, particularly around the communities of Duma, Arbin, Harasta and Nashabiyeh, prevented movement of civilians between locations and in/out of the region through informal routes. In Yarmouk, the main access route was closed for all but five days during August, preventing anyone (including commercial and humanitarian vehicles) from leaving/entering the community. Similarly, the main route into the suburb of Tadamon was closed for several days during August, which saw a reduction in the number of people able to move in/out of the area. The number of people able to use informal routes from Madaya and formal routes from Khan Elshih decreased this month due to an increased risk to life. While in the suburb of Al Waer in Homs city, populations were reportedly permitted to leave at the beginning of the month, if they agreed not to return. This ability ceased after the 20th of August and subsequently, no one was permitted to enter or leave the area. In contrast to other assessed communities, civilian movement reportedly improved in the Wadi Burda region following the 'food for water' agreement as access routes were reopened to a wider group of civilians.

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. The tightening of movement restrictions in August has had a direct impact on the quantity of food, fuel, NFIs and medical items entering communities; the effects of which can be seen in critical shortages of food, inflated market prices, increased use of coping strategies to deal with a lack of food, decreased access to basic services such as water and electricity due to shortages of fuel and a reduction in the capacity of health facilities to cope with population needs due to a lack of medicine and medical items.

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

Humanitarian assistance

The number of communities receiving humanitarian assistance in August decreased in comparison to when communities were last assessed (June 2016). **No aid was reported entering the besieged communities of Az Zabdani, Madaya, Yarmouk, Madamiyet Elsham, or Eastern Ghouta, nor in the communities of Hajar Aswad, Khan Elshih, Hama, Qudsiya, At Tall, Wadi Burda or the suburbs of Jobber, Burza and Tadamon, which are considered hard to reach. Further, in comparison to July there was a reduction in the amount of aid permitted to enter Madamiyet Elsham, Talbiseh and the Wadi Burda region.** Increased restrictions on civilian movement reduced the ability of civilians to travel to nearby communities to collect assistance.

Formal aid was reportedly able to enter the communities of Ar Rastan, Talbiseh, Taldu and the suburb of Al Waer. However, **in most cases vehicles were subject to restrictions on the quantity and contents of their load. Vehicles were generally searched prior to entering and a portion of deliveries was often removed.** Further, while inter-agency convoys delivering food assistance, and education and nutrition supplies to Al Waer on August 23 and 25, community representatives reported an acute escalation of conflict in the neighbourhood in the days following the delivery.

No vehicles delivering humanitarian assistance entered Eastern Ghouta in August. In the communities of Saqba, Ein Terma, Hammura and Jisrein local actors reportedly distributed some assistance to the poorest families within the communities. **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

In general, the most food insecure communities are those facing the tightest restrictions on civilian movement and access of commercial and humanitarian vehicles. In the agricultural region of Eastern Ghouta, the capacity of populations to produce their own food led to relative stability in the market availability of certain items (such as flour and bread) due to the greater crop yield during summer. However, the food security of populations within the communities of Madaya, Az Zabdani, Madamiyet Elsham, and Al Waer remain of particular concern. In Madaya, populations have been surviving on food rationed since the last distribution (April 2016), and almost all has been consumed. Basic food items were generally unavailable³ in markets, and on occasions when they were, populations could not purchase them due to highly inflated prices. In Al Waer, the tightening of the siege in August resulted in a sharp decline of the quantity of food items entering and for the first time, populations reported resorting to severe coping strategies such as eating weeds and skipping meals to address a lack of food, indicating particular vulnerability. In At Tall, the introduction of a fee on each kilogram of food entering the community resulted in an increase in market prices of basic goods and a reduction of available goods for purchase.

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 Madaya, the average price of a standard core food basket, excluding bread due to unavailability, was 340080 SYP⁴, more than 1500% higher than in nearby communities of Rural Damascus not considered besieged or hard to reach.
- In Al Waer, the average cost of a standard food basket, excluding bread due to unavailability, was 214% more expensive than in nearby communities in Homs not considered besieged/hard to reach.
- In Wadi Burda, the average cost of a standard food basket was 94% more expensive than in the nearby communities not considered besieged/hard to reach.
- In Khan Elshih, assessed core food items were generally available in markets in August, with the exception of bread. On average, prices increased by 30% since June, most notably tomato and bulgur, which increased by 100% and 50% respectively.
- In Yarmouk, prices of available food items on average increased by 10% since June, most notably price of lentils increased by 100%. The price of a standard food basket increased by 3000 SYP⁴ in the same time period (excluding bread due to unavailability in June).
- In Madamiyet Elsham, nearly all assessed food items were unavailable in August. Of food items available, prices were on average 3 times higher than nearby non-besieged/hard to reach communities.

Health systems

Limitations on civilian movement and the entry of goods (particularly fuel and medical supplies) directly affect the functionality of health systems. In August, all locations assessed reported challenges in meeting population needs, largely due to shortages of medicine and medical items, fuel and trained health professionals. In the communities of Bseimeh, Hajar Aswad, Khan Elshih, Az Zabdani, Madaya, Jobber, Tadamon, Madamiyet Elsham, Yarmouk, Hama, Qudsiya, Al Waer and the communities assessed in Eastern Ghouta) populations have resorted to recycling medical items such as bandages, needles and syringes and using non-medical items such as wooden sticks for treatment. In the communities of Madaya, Khan Elshih, Al Waer, Yarmouk and within Eastern Ghouta, ongoing fighting limited the ability of health professionals to enter communities to administer services, and of civilians to travel to available facilities, and of patients requiring critical attention to be evacuated.

Ongoing restrictions on the entry of fuel affect prices and availability in markets. In turn, both fuel shortages and prohibitive market prices have marked affects on health facilities' capacity to function. All assessed locations reported facing health related challenges due to a lack of fuel, including difficulties in powering generators in order access water, electricity, or operate equipment, or having insufficient fuel for clinics and ambulances to be mobile. While there was at least one professionally trained doctor, surgeon, nurse or midwife in each assessed location, nearly all communities have also been relying on the assistance of medical students or volunteers with no or informal training to support available health personnel.

Conclusion

In August 2016, access and movement limitations across assessed communities have continued to affect populations. A number of communities experienced tightened access restrictions (Hama, Qudsiya, At Tall, Yarmouk, Al Waer, Madaya, Tadamon and the communities within Eastern Ghouta) for both civilian movement and vehicle access. In these communities, reductions in the quantities of goods, fuel, NFIs and medical items permitted to enter which led to reduced availability in markets.

The health status of populations is inextricably linked to the restrictions placed on the entry of commercial and humanitarian vehicles and on population movement. In August 2016, the communities of Al Waer, Madaya, Madamiyet Elsham, Qudsiya, Nashabiyeh, Yarmouk and Khan Elshih, the health situation deteriorated in comparison to the previous month. 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. As such, in the communities of Al Waer, Yarmouk, Az Zabdani, Madaya, Madamiyet Elsham, Khan Elshih and within Eastern Ghouta, populations reported a reduction in their access to water and electricity during August due to a decline in the quantity of available fuel.

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 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.

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

Information collected from Khan Elshih, Bseimeh, Nashabiyeh, Duma, 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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