

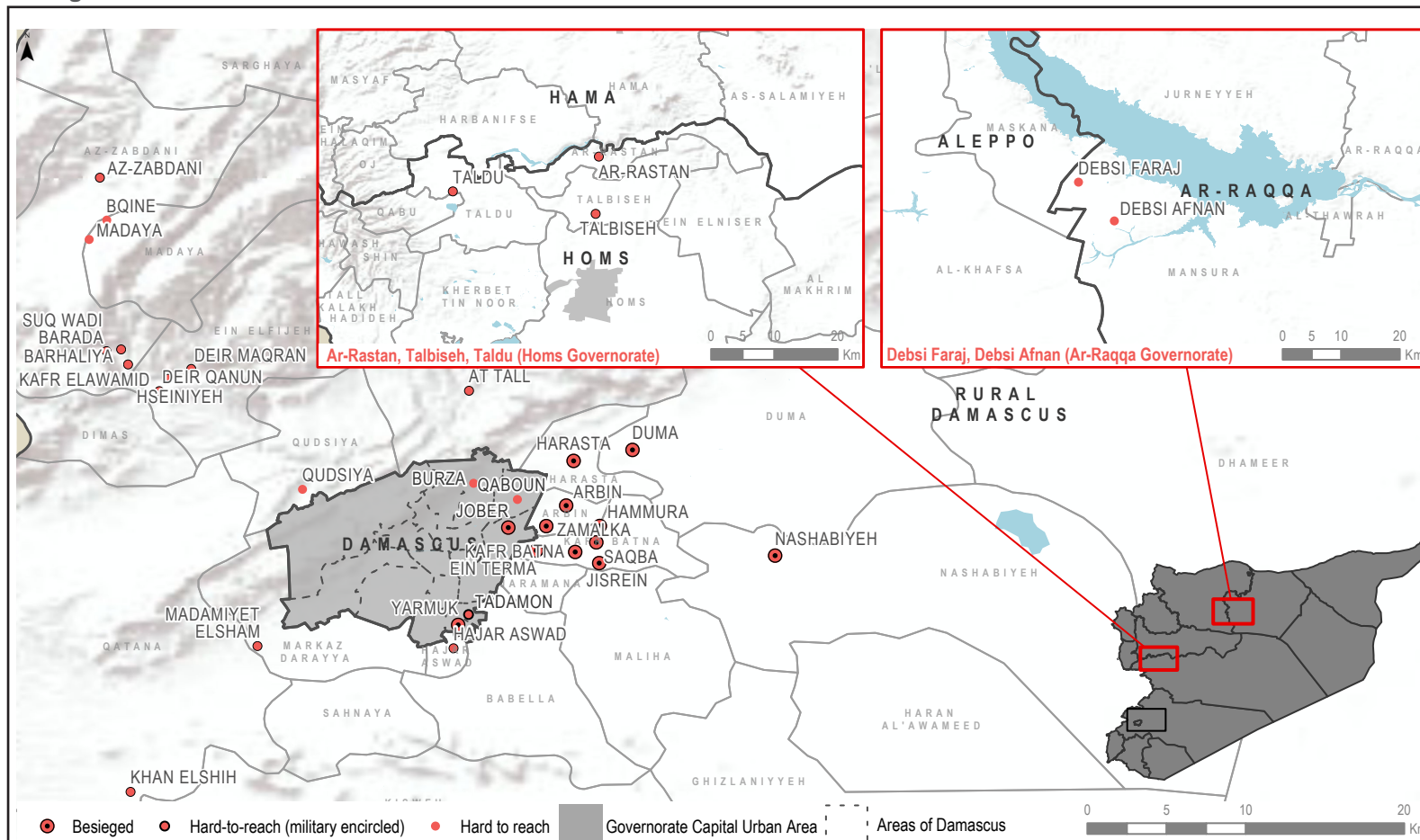
# Community Profiles: Situation Overview

December 2017



**REACH** Informing more effective humanitarian action

Coverage<sup>1</sup>



1. Az Zabdani and Jober were previously assessed, but the former was evacuated in May 2017, while the civilian population of the latter reportedly left the community during July 2017 due to active conflict.

## About REACH

REACH is a joint initiative of two international non-governmental organisations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to, and within the framework of, inter-agency aid coordination mechanisms. For more information, please visit our website: [www.reach-initiative.org](http://www.reach-initiative.org). You can contact us directly at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us on Twitter: @REACH\_info.

## INTRODUCTION

Between 27 December 2017 and 7 January 2018, REACH, in partnership with the Syria INGO Regional Forum (SIRF), assessed the humanitarian situation in 11 besieged and 23 hard-to-reach (HTR) communities in Syria<sup>1</sup>. One community was re-classified from besieged to HTR in December: Qaboun in Damascus city. Residents of these locations have faced or are currently facing restrictions that impact freedom of civilian and commercial vehicle movement; the entry of humanitarian aid; access to basic services; and access to goods. The data collected refers to the humanitarian situation in these areas in December 2017 compared to the previous month. During analysis, comparisons to the rest of the assessment period may also be drawn. All assessed communities were located in Damascus, Homs, Ar-Raqqa, and Rural Damascus governorates, and information was collected through a total of 142 Community Representatives (CRs).

Humanitarian aid was reported to have reached only 2 of the 34 assessed communities in December, although child vaccines leftover from a previous delivery were distributed in Eastern Ghouta. In communities where civilian and commercial vehicle movement were permitted, the situation either improved or remained comparatively better than in communities with more restrictions. This indicates that access continues to play a crucial role in the improvement or deterioration of the humanitarian situations in these communities.

## EXECUTIVE SUMMARY

### EASTERN GHOUTA (Rural Damascus)

The humanitarian situation in Eastern Ghouta improved, compared to November, but nonetheless remained critical. Medical evacuations were permitted for the first time since the area was classified as besieged, but the number of people able to enter and exit the area remained severely limited and some children reportedly died while waiting to evacuate<sup>2</sup>.

Access to food and medical items increased with the re-entry of commercial vehicles but was still wholly insufficient; multiple negative strategies were used to deal with shortages in both, while food remained unaffordable, as residents lacked sufficient access to livelihoods. Infant deaths due to a lack of food were reported for the third consecutive month<sup>2</sup>.

Meanwhile, access to education improved, as facilities that had been shut due to the risk of being struck in November re-opened in December. For more information on Eastern Ghouta, please see the Situation Overview for December (link here).

### HAJAR ASWAD, TADAMON, AND YARMUK (Rural Damascus/Damascus)

The situation in Hajar Aswad, Tadamon, and Yarmuk also improved in December after informal access routes were re-opened and the flow of people and goods to and from the nearby communities of Yalda, Babilla, and Beit Sahm was restored.

Increased availability and lower prices were reported for food, fuel, and hygiene items, and access to medical services and electricity improved. However, severe livelihoods coping strategies, such as joining armed groups, including children 15-17 years of age, were reported as a way to make ends meet.

### QABOUN (Damascus)

In Qaboun, access restrictions were lifted substantially, leading to improvements in several sectors in December. The proportion of people able to formally enter and exit increased to 76-100% of the population, although they were required to leave personal identification at checkpoints to ensure their return to the neighbourhood.

As a result of commercial vehicle deliveries for the first time since assessments began, access to food, fuel, medical, and hygiene items increased. This, in turn, led to an increase in livelihood opportunities relating to business and trade. However, the strategy of reducing meal size reportedly remained in use.

### DEBSI FARAJ & DEBSI AFNAN (Ar-Raqqa)

These agricultural communities located on the southern governorate border of Ar Raqqa and Aleppo were assessed for the first time in December 2017, with data collected in comparison to the previous month (i.e. November 2017). Initial findings indicate that the humanitarian situation remained stable in Debsi Faraj; in Debsi Afnan, the situation reportedly improved due to increases in civilian mobility and access to the water network. In both locations, the risks of detention and conscription were reported for males utilising formal routes. Both locations reportedly received humanitarian assistance, although restrictions on the entry of humanitarian vehicles and barriers to accessing aid were also reported.

Debsi Faraj had no access to medical facilities inside the community, and residents had to travel elsewhere to seek care. Meanwhile, a lack of sufficient access to livelihood opportunities and food was reported in both.

### AR RASTAN, TALBISEH, AND TALDU (Homs)

The situation in Ar Rastan, Talbiseh, and Taldu remained overall unchanged in December. Access restrictions on civilian and commercial vehicle movement remained in place. Meanwhile, a humanitarian delivery reached the community of Taldu, and water was reported as sufficient in Ar Rastan and Talbiseh for the first time since February 2017.

### TRUCE COMMUNITIES

The humanitarian situation across the 16 truce communities<sup>3</sup> currently assessed remained largely stable. In general, these communities had less stringent access restrictions, although risks to travelling through formal routes commonly persisted for some parts of the population (mainly men).

Access to food was sufficient in the majority of the communities, with a lack of access to income being the most commonly reported barrier.

Meanwhile, access to water was reportedly insufficient in 4 communities, whereas all children of all 16 communities reportedly attended school.

1. Classification by the United Nations (UN) as of 19 December, 2017.

2. UN News Centre. "Violence shuts schools, deprives children of medical care in Syria's East Ghouta, UNICEF warns". (<http://www.un.org/sustainabledevelopment/blog/2017/12/violence-shuts-schools-deprives-children-medical-care-syrias-east-ghoutawarns-unicef/>). See also: Times Live. "16 Die in Eastern Ghouta waiting for evacuation: UN". <https://www.timeslive.co.za/news/world/2017-12-21-16-die-in-syrias-eastern-ghouta-waiting-for-evacuation-un/>.



## ACCESS AND CIVILIAN MOVEMENT

- In Hajar Aswad, Tadamon, and Yarmuk, the ability of civilians to move improved, as informal routes leading to the nearby communities of Yalda, Babilla, and Beit Sahn were re-opened. All formal routes in all three communities have been closed since November 2017 and October 2017 in Yarmuk.
- In a positive development, access restrictions were loosened significantly in Qaboun by authorities; for the first time since assessments began in April 2017, 76-100% of residents were reportedly permitted to enter and exit via formal access points with no reported risks. However, the personal identification of those who wished to leave was held at checkpoints to ensure that they would return to Qaboun.
- Medical evacuations were permitted in Eastern Ghouta for the first time since the area was classified as besieged in 2013. However, some of these individuals, including children, reportedly died while waiting for permission to leave. Including the evacuations, only 1-10% of the population could enter or exit the area, and associated risks to exiting the area and travelling within it remained severe.
- Meanwhile, only 11-25% of residents of Ar Rastan, Talbiseh, and Taldu were reportedly able to enter and exit the area between the hours of 8 a.m. and 4 p.m.
- In Debsi Faraj and Debsi Afnan, the risks of detention and conscription were reported for males aged 18-42, with no risks or restrictions to movement via formal routes reported for any other demographic.
- In 10 of the 16 communities that have signed truce agreements (the Wadi Barada communities and Madaya, Madamiyet Elsham, and At Tall of Rural Damascus), only 26-50% of people were permitted to leave via formal routes. Meanwhile, in all communities except for Barza Al Balad in Damascus, verbal harassment, detention, and conscription were reported as risks when crossing formal access points. Violence against women, sexual and physical harassment, and the confiscation of documents were additional reported risks in Hama and Qudsiya.



## MOVEMENT OF GOODS AND ASSISTANCE

- Commercial vehicle movement to Hajar Aswad, Tadamon, and Yarmuk has not been permitted since assessments began in June 2016. Meanwhile, of the three communities, in-kind assistance has reached only Yarmuk, and only twice during the assessment period. However, cash assistance from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) has periodically reached Yarmuk.
- Civilians of Hajar Aswad, Tadamon, and Yarmuk instead remained reliant on procuring items from nearby Yalda, Babilla, and Beit Sahn. As informal access routes re-opened in December, the amount of items flowing into each assessed community increased.
- The ban on commercial vehicle entry was lifted in Eastern Ghouta at the end of November and coincided with increased commercial deliveries. However, no humanitarian assistance reportedly reached the area in December.
- For the first time since assessments began, commercial vehicles were permitted to enter Qaboun, leading to the increased entry of goods into the community, and more trade and other livelihood opportunities. No humanitarian deliveries were reported.
- In Debsi Faraj and Debsi Afnan, commercial and humanitarian vehicle access was reported, albeit with some restrictions. The amount of goods entering the communities remained largely the same.
- In Ar Rastan, Talbiseh, and Taldu, no commercial vehicles have been permitted since assessments began. However, a humanitarian delivery was reported in Taldu in December. Civilians continued to source goods in other communities within the Ar Rastan area, as was the case in previous months.
- Some commercial vehicle entry was permitted in all truce communities and was a primary way by which goods entered truce communities in December. Humanitarian vehicles were reportedly able to enter three of the communities (Barza Al Balad, Hama and Qudsiya), and of those humanitarian deliveries were reported in two (Hama and Qudsiya).



## ACCESS TO MARKETS

- The availability of food and hygiene items increased in Eastern Ghouta following the renewed entry of commercial vehicles. However, the prices of both remained severely inflated. Access to food and fuel remained insufficient, and people across the area reportedly continued to use negative strategies to cope with a lack of both.
- In Hajar Aswad, Tadamon, and Yarmuk, access to markets improved significantly following the re-opening of informal routes. Prices decreased and availability increased, although access to food and fuel remained insufficient; similar to Eastern Ghouta (albeit on a lesser scale) negative coping strategies were also used to cope with a lack of access.
- Access to markets also improved in Qaboun, with an increase reported in the availability of food and fuel although a slight increase in the overall price of food was also reported. However, reducing meal size persisted as a strategy to cope with a lack of food in December. Meanwhile, the availability and price of hygiene items remained constant.
- Meanwhile, in Debsi Faraj and Debsi Afnan, as well as in Ar Rastan, Talbiseh, and Taldu, the prices and availability of items remained constant. However, access to food was reportedly insufficient in all three communities, and access to fuel was insufficient in Debsi Faraj and the Homs communities.
- Access to markets in truce communities other than Qaboun remained constant in December. In the majority of communities that signed truces, access to food was sufficient, although in the Wadi Barada communities, food was reportedly unaffordable for residents. Meanwhile, in the majority of truce communities, access to fuel remained insufficient, and the negative coping strategies of burning furniture not in use, plastics, and waste in the absence of fuel were commonly reported.



## ACCESS TO HEALTHCARE

- A critical lack of access to healthcare persisted in Eastern Ghouta, although child vaccinations leftover from a previous humanitarian delivery in September 2016 were reportedly administered in December. Due to a lack of medical supplies, some people have reportedly not been able to obtain treatment, as the supplies were instead reserved for more critical cases.
- In Hajar Aswad, Tadamon, and Yarmuk, access to healthcare increased. This was largely due to the renewed ability of residents to travel to neighbouring communities to seek improved medical care and an increased flow of medical items to the communities. People with certain religious or political affiliations were reportedly less able to access medical facilities inside each community.
- Access to medical services and the availability of medical personnel were comparatively better in Ar Rastan, Talbiseh, and Taldu. Professionally trained surgeons, doctors, nurses, and midwives were reportedly available, as were child immunisations, diarrhoea management, emergency care, skilled care during childbirth, and surgery. Diabetes services remained unavailable.
- In Qaboun, access to medical care remained stable. Although facilities and medical personnel inside the area were limited, residents reportedly had the ability to seek care in nearby areas, but were required to return to Qaboun upon the completion of treatment.
- There were no available medical facilities, personnel, or supplies reported as available in Debsi Faraj, and the only service reported as available was child immunisation. In contrast, Debsi Afnan had trained personnel, medical supplies and facilities available, as well as several types of medical services, although those needing surgery had to travel to larger urban centres.
- Access to healthcare in communities that signed truces remained stable, although all currently assessed truce communities except Hama and Qudsiya reported that low-income residents suffered from a lack of access to medical facilities. Professionally trained doctors, nurses, dentists, and pharmacists were present in the majority of communities, while those needing advanced medical care had to travel to nearby areas.

## WATER

- In Debsi Faraj, the water network was reportedly available five to six days per week, while in Debsi Afnan it was available all seven days. Access to water in both communities, which was safe to drink<sup>5</sup> was thus considered sufficient.
- In Ar Rastan and Talbiseh, access to water was reported as being sufficient for the first time since February 2017, likely because of a seasonal decrease in water consumption during winter months. In Taldu, access to water remained insufficient, with residents continuing to purchase water with money originally intended for other things.
- Residents of Qaboun reportedly continued to have daily access to the water network in December.
- Meanwhile, in Hajar Aswad, Tadamon, and Yarmuk, water continued to be sourced from either closed wells or private trucking services, and access to water reportedly remained insufficient in December.
- While access to drinking water remained sufficient in Eastern Ghouta, access to water for other household needs was reportedly insufficient.
- Access to water in December was sufficient in all but four communities that signed truces (At Tall, Qudsiya, Madamiyet Elsham, and Khan Elshih).

## ELECTRICITY

- Debsi Faraj and Debsi Afnan lacked access to the main electricity network; however, electricity was available for 4-8 and 2-4 hours daily via generators, respectively.
- Similarly, residents of Eastern Ghouta were also dependent on generators, which they could access for 4-8 hours per day in the majority of communities, although prohibitive costs were cited as a barrier to accessing the service in December.
- The main electricity network continued to be available in Taldu and Ar Rastan, while generators were used in Talbiseh. Taldu continued to have the least access to electricity at 4-8 hours, while Ar Rastan and Talbiseh had 8-12 hours of daily access.
- After improving in October, access to the electricity network in Qaboun remained at 12 hours or more in December.
- Meanwhile, access to electricity in Hajar Aswad, Tadamon, and Yarmuk remained limited at 2-4 hours daily in the first two communities and 4-8 hours in Yarmuk.
- Electricity was accessed in all truce communities from the main network. In the majority of communities, daily access was reported at 4-8 hours in December.

## EDUCATION

- Access to education remained stable in Qaboun. As there were no functioning facilities in the neighbourhood, children attended school in nearby areas.
- In Hajar Aswad and Yarmuk, access to education improved with the re-opening of informal routes which allowed them to resume attending school in nearby areas. Commonly reported barriers to education in the three communities included destroyed facilities, a lack of teaching staff and supplies, and unsafe routes to services.
- Similarly, in Ar Rastan, Talbiseh, Taldu, Debsi Faraj, and Debsi Afnan, commonly reported barriers to education also included destroyed facilities, a lack of teachers, and unsafe routes to access services.
- In Eastern Ghouta, more children attended school in December. However, this was considered a relative improvement, as previously schools had closed in November due to the risk of being struck.
- In truce communities, all children reportedly accessed educational services in December.

## ACCESS TO LIVELIHOODS

- In December, stable employment and farming or crop production were two of the most commonly reported sources of income in Ar Rastan, Talbiseh, and Taldu. However, in the communities that did not receive humanitarian assistance (Ar Rastan and Talbiseh) the livelihoods coping strategy of relying on remittances was also reported.
- In Eastern Ghouta, farming and crop production and unstable wage labour continued to be two common sources of income in December. On a lesser scale, the coping strategies of child labour and joining armed groups were also reported, indicating a severe lack of access to livelihoods.
- In Qaboun, the opening of access routes led to increased trade opportunities; as such, stable and unstable employment joined business and trade as main sources of income.
- CRs from Debsi Faraj and Debsi Afnan reported livestock and dairy production, stable employment, and salaried work as the most common sources of income. However, a lack of access to income was one of the main reasons cited for insufficient access to food.