

REACH Situation Overview: Displacement and Needs in Eastern Aleppo City, Syria

11 November 2016

REACH Informing
more effective
humanitarian action

INTRODUCTION

The city of Aleppo has faced an escalating humanitarian crisis since July 2016, as intense fighting continues to create significant humanitarian challenges. Following two months of intermittent access into the eastern parts of Aleppo, the last remaining route was closed on September 4th¹, and an estimated 275,000 civilians remain besieged inside the area². Since then, no vehicles carrying commercial goods or humanitarian assistance have been able to enter, and the humanitarian situation has continued to deteriorate, with the exception of the predominantly Kurdish neighbourhood of Sheikh Maqsoud.^{1,3}

Although the Syrian government declared a unilateral cessation of hostilities from 18-22 October, intermittent shelling in the city has resumed since then, causing further casualties and exacerbating the existing damage to critical infrastructure such as roads, markets, hospitals and schools. As conflict dynamics continue to shift, recent reports suggest an imminent re-intensification of fighting and shelling in eastern Aleppo, raising serious concerns for the protection and safety of the remaining civilian population.⁴

The food security of populations within eastern Aleppo has remained of critical concern, particularly as local NGOs and local councils are expected to distribute

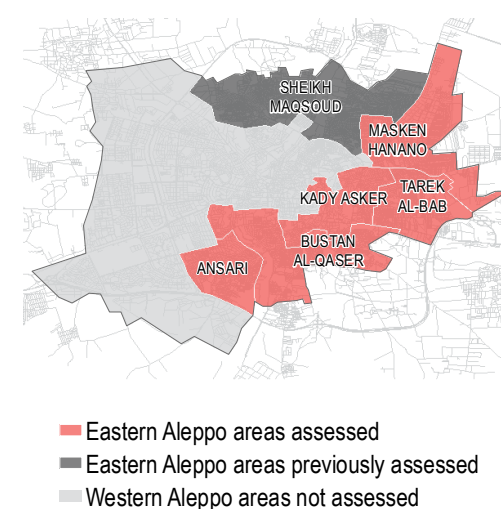
the last of their emergency food stocks, just 900 half rations, to populations in the coming days.² As food stocks deplete and access remains restricted, humanitarian agencies have warned of the risk of widespread starvation across the area.⁵ Further, the severe shortage of medical items has worsened the already critical health situation in eastern Aleppo caused by continued attacks on healthcare practitioners and facilities.³ As of November 3rd, only six hospitals remained functioning in the area, served by approximately 30 professionally trained doctors.³ With only one dialysis machine still functioning in east Aleppo⁶, access to treatment for chronic illness remains a priority need for populations, as well as increased supplies of antibiotics and access to emergency care for injuries, and surgery. Moreover, despite planning to evacuate critically ill and injured patients during the temporary cessation of hostilities in mid-October, no agreement was reached between parties to the conflict and no evacuations were able to take place.⁷

Public health concerns have been compounded by a lack of access to safe water sources across eastern Aleppo. While pumping stations have been partially functional in recent weeks, services have continued to be affected by damage sustained by shelling. To supplement the intermittent network access,

many households have been relying on unsafe water from boreholes, and, according to the WASH Cluster, this has contributed to the increased rates of communicable disease in recent weeks.⁸

Since 18 August, REACH has conducted five rapid assessments of the humanitarian situation of affected populations in eastern Aleppo. This overview marks the sixth assessment of the situation and intends to provide updated information on civilian access to food, water, shelter, non-food items and healthcare as well as the priority needs of those who remain. Data was collected from 8-10 November through 18 qualitative interviews with key informants (KIs)⁹ residing in the same previously assessed neighbourhoods: Ansari, Bustan al-Qaser, Kady Asker, Masken Hanano, Sheikh Maqsoud and Tarek al-Bab. It was not possible to assess all affected communities within Aleppo city due to an inability to obtain information from KIs during the time frame of the current assessment. Accordingly, the list of assessed areas should not be considered representative of all affected neighbourhoods and findings cannot be generalised further. Interviews were conducted with community representatives with sector specific knowledge about their neighbourhood: local council representatives, nurses, pharmacists, workers from local relief organisations, teachers, shop owners and businessmen.

Map 1: Assessed neighbourhoods of Aleppo City



Information is currently being fed into a joint Syrian INGO Forum effort to provide an overview of the rapidly evolving situation within the city.

Ongoing assessments of the predominantly Kurdish neighbourhood of Sheikh Maqsoud have observed a divergence in the humanitarian situation in comparison to other assessed neighbourhoods of Eastern Aleppo. As a consequence, findings from Sheikh Maqsoud are presented in an inset on the follow page, but have not been considered for the remainder of the assessment.

1 REACH Situation Overview: Displacement and Needs in Eastern Aleppo City, Syria. 6 September 2016

2 Food Security and Livelihood Cluster: Update on Eastern Aleppo City, 10 November 2016

3 UNDP. Transcript of press stakeout by Mr. Jan Egeland, Special Advisor to the United Nations Special Envoy for Syria, 10 November 2016; OCHA. Joint statement on escalating violence in Aleppo, Syria 13 July 2016

4 UNDP. Transcript of press stakeout by Mr. Jan Egeland, Special Advisor to the United Nations Special Envoy for Syria, 10 November 2016

5 OCHA: Eastern Aleppo Crisis, Situation Report No.4, 9th October 2016

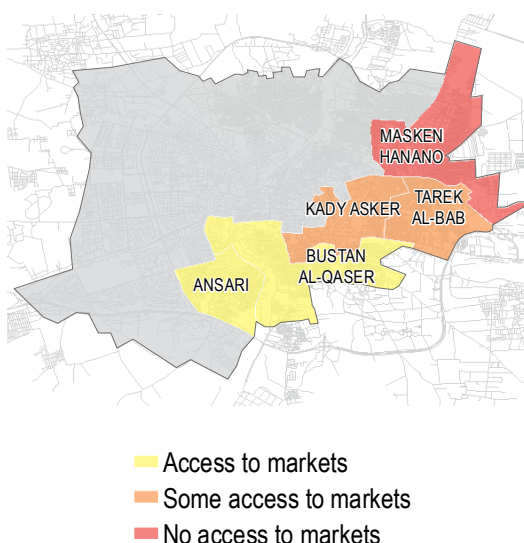
6 OCHA: Syria Crisis, Bi-Weekly Situation Report No.3, 31 October 2016

MOVEMENT OF CIVILIANS, GOODS AND ASSISTANCE

There remains no movement into or out of assessed neighbourhoods in eastern Aleppo, which has been the case since the Ramouseh road was cut on September 4th¹¹. Since then, no civilians or vehicles carrying either commercial goods or humanitarian assistance have been able to access the eastern parts of the city through formal or informal routes.

Similarly, over the past two weeks civilian movement between neighbourhoods has remained minimal. While populations had previously reported traveling between neighbourhoods in search of relative safety, internal movement subsequently ceased as KIs indicate that there are no areas of perceived safety remaining in eastern Aleppo.

Map 2: Population access to markets



In contrast to previous assessments however, the recent pause in airstrikes has enabled some members of the population to leave their homes in order to access markets, community kitchens and seek medical treatment.

As detailed in following sections, residents in Bustan al Qaser, Ansari and some in Kady Asker reported being able to move more freely within their respective neighbourhoods, however this is not expected to continue due to reports of an imminent escalation in conflict.

CURRENT HUMANITARIAN SITUATION

Food and markets

No food supplies have entered the eastern parts of Aleppo city for several weeks, resulting in severe shortages of food and placing populations at risk of starvation.¹² While local NGOs have been able to distribute some food rations to residents within the last fortnight, their stocks are now reportedly depleted and they have declared they will not be able to continue food distribution beyond the 13th of November.¹³

Since neighbourhoods were last assessed (October 14), access to markets has slightly increased as a reduction in the number of airstrikes has reduced the security risk of leaving home. However, despite increased access, food items are rarely available in markets and inflation has rendered many residents unable to afford the remaining products. In the neighbourhoods of Ansari and

Bustan Al Qaser the reduced risk of airstrikes over the past two weeks has enabled members of the population to travel to markets, while only some residents in Kady Asker are able to do so. In Tarek al Bab and Masken Hanano security concerns when traveling to markets and when at markets remain, preventing populations from accessing them.

Markets in all neighbourhoods are commonly without infant formula, eggs, sugar, oil and chicken, flour, meat, milk fruit and vegetables. The only ingredients reported to be available in all neighbourhoods were bulgur, rice and bread. While market prices of rice and bulgur have experienced a reduction following the recent distribution, prices remain prohibitively high for much of the population, and are expected to rise in coming weeks as food stocks diminish. MSF has reported that infants are particularly vulnerable to malnutrition due to the lack of baby milk and as some mothers are unable to breastfeed.¹⁴ KIs corroborated these reports,

with residents in all neighbourhoods indicating that children under the age of five were most at risk to a lack of food, and identified baby formula as a priority need.

Given the protracted length of the siege, there has been a shift in the ways populations have been accessing food, and an increase in the use of coping mechanisms to face the shortages. In contrast to previous assessments, where populations commonly relied on bartering between each other, all KIs reported that distributions by local NGOs and local councils were the primary source of food for the population. As the food security of populations has deteriorated, local NGOs and local councils are now resorting to the last of their emergency food stocks in order to support residents. NGO distributions have consisted of rice, bulgur, lentils, margarine and dates, while local councils have been complementing these with subsidised bread distributions (100 SYP per pack) from their stocks.

Sheikh Maqsoud

Following the opening of an access route into the western Aleppo neighbourhood of Ashrafiyah in mid-September, populations have been permitted to leave and aid and commercial goods have remained able to enter without restrictions.¹⁰

Currently, an estimated 2000 - 2500 people reside in the neighbourhood. Of those who have left Sheikh Maqsoud, populations have generally travelled to other Kurdish communities in Afrin sub-district, while some have reportedly continued on into surrounding countries.

Overall, the situation in Sheikh Maqsoud has remained stable since the last REACH assessment (October 14) with increased access for civilians, commercial goods and humanitarian assistance, and the continued availability of subsidised food in markets and reliable water sourced from closed wells. Additionally, residents in need of medical assistance remain able to access health facilities in western Aleppo.

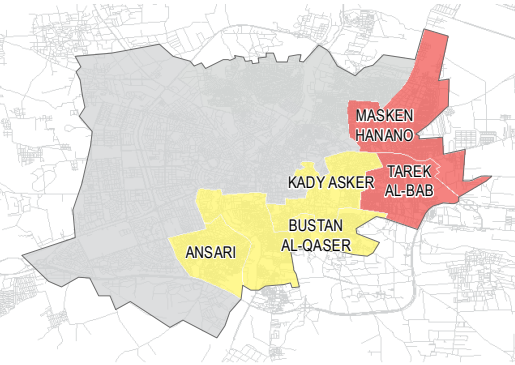
⁸ Northern Syria (Turkey) WASH cluster: Eastern Aleppo City – Water and Health Conditions, 7 November 2016

⁹ In comparison to previous updates, the number of interviews able to be conducted during the data collection period was reduced for this assessment due to increased limitations in contacting KIs.

¹⁰ While residents of Sheikh Maqsoud are able to move west into other parts of Aleppo city, no movement is permitted into east Aleppo. Further, populations in the assessed neighbourhoods of east Aleppo are not able to move into Sheikh Maqsoud or further west.

¹¹ REACH Situation Overview in eastern Aleppo, September 6, 2016; REACH Situation Overview in eastern Aleppo, October 14, 2016;

Map 3: Population access to community kitchens



Access to community kitchens
No access to community kitchens

However, NGOs and local council food stocks are now reported as depleted, and this assistance is not expected to continue after November 13. Populations in Bustan Al Qaser, Kady Asker and Ansari have also been able to access community kitchens which are able to provide one basic cooked meal of rice or bulgur to residents each day. KIs across assessed neighbourhoods have reported an intensification of coping strategies over the last two weeks; populations are more commonly reducing the number of meals consumed per day, while an increase in begging and bartering for food has also been noted since the last assessment. As food distributions become more uncertain and the siege continues, more people have been attempting to grow vegetables; however, given the upcoming winter, this is not perceived to be sufficient.

Finally, all KIs indicated that cooking fuel was unavailable in all areas; residents have been burning wood, nylon, garbage, doors and window frames from destroyed houses to cope with the shortage.

Healthcare

As in previous assessments, the remaining health facilities in eastern Aleppo continue to face considerable strain. While the late-October ceasefire reduced the number of immediate conflict related casualties, critical shortages of medicine, medical supplies, functional services and trained staff hinder the ability to provide adequate response to the increasing caseload². Ongoing access restrictions have blocked any medical assistance entering the area, and the inability to reach an agreement between parties to the conflict, during the brief cessation of hostilities in late October, has prevented the urgent evacuation of critically injured patients.

Following months of heavy shelling, functioning facilities across assessed neighbourhoods remain extremely limited; largely primary healthcare centers, mobile clinics and field hospitals. In Masken Hanano there are reportedly no functioning health facilities available, which was already the case when the neighbourhood was last assessed (October 10). Here, residents needing treatment have been traveling to available facilities in nearby neighbourhoods.

Reported medical facilities functioning by neighbourhood¹⁵

	Hospitals	Mobile clinics / field hospitals	Primary healthcare facilities	Informal emergency care points
Ansari	✗	✓	✗	✓
Bustan al-Qaser	✓	✓	✓	✗
Kady Asker	✗	✗	✓	✗
Masken Hanano	✗	✗	✗	✗
Tarek al-Bab	✗	✗	✓	✗

Some facilities reported functioning
No facilities reported functioning

There are just six partially-functioning hospitals remaining in eastern Aleppo and approximately trained 30 doctors². However, only seven of these physicians are reportedly qualified surgeons able to operate on wounded patients.⁸

KIs stressed the need for an increased number of health facilities and doctors, and indicated that populations were most in need of treatment for chronic diseases, antibiotics, emergency care for accidents and injury, and surgery. According to health NGOs, current stocks of medical supplies in eastern Aleppo are expected to run out in less than three weeks if aid is not delivered².

In order to cope with the lack of available medical supplies, space and doctors, health

facilities have reportedly been sharing supplies and caseloads across the area depending on capacity; medical items such as bandages, needles and syringes are being recycled and non-medical items, such as wooden sticks, are frequently being used in the treatment of patients.

Finally, remaining facilities continue to be affected by the shortage of fuel, which has reduced the functionality of available services and mobility of ambulances to service people in need. Doctors have reported severely limiting their use of generators to just four hours per day, in order to cope with the lack of fuel.⁹

¹²UNDPI. Transcript of press stakeout by Mr. Jan Egeland, Special Advisor to the United Nations Special Envoy for Syria, 10 November 2016; Al Jazeera UN: Eastern Aleppo residents at risk of mass starvation. 11 November, 2016
¹³ Food Security and Livelihood Cluster: Update on Eastern Aleppo City, 10 November 2016;
¹⁴ MSF. East Aleppo: Severe shortages put children's lives at risk. 3 November 2016
¹⁵ Functioning does not necessarily imply full access to services or treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment.

Reported access to NFIs by neighbourhood

	Personal hygiene items	Female hygiene items	Household hygiene items	Jerry cans / buckets	Cooking utensils	Blankets / sleeping mats	Clothes / shoes
Ansari	✓	✓	✓	✗	✗	✗	✓
Bustan al Qaser	✓	✗	✓	✗	✗	✗	✓
Kady Asker	✗	✗	✓	✗	✗	✗	✓
Masken Hanano	✗	✗	✗	✗	✗	✗	✗
Tarek al Bab	✗	✗	✓	✗	✗	✗	✗

Water

Although operational over the past month, both water stations in eastern Aleppo have not been functioning to full capacity, with residents supplementing their needs using unsafe water sources such as boreholes and wells.

After experiencing several disruptions and repairs over the last weeks, Bab Al-Nayrab water station was fully operational as of the 3rd of November¹⁶, enabling the distribution of water to 24 suburbs in eastern Aleppo over the past week despite damage to its pipelines. The second water station, Suleiman Al Halibi has been working sporadically at 20% of its capacity over the last weeks, due to shortages of diesel and a lack of connection to the electricity grid. However, on the 3rd November the station was reconnected to the power grid, permitting it to work at 70% of its capacity for over a week.¹⁷

However, despite improvements in comparison to previous assessments, there remains just 40% of the piped network in eastern Aleppo functioning.

Due to the disruptions and unreliability of the main water network, all households reported using multiple water sources to meet their needs, an increase from REACH's last assessment where a majority, but not all of respondents reported doing so. Residents in Masken Hanano, Tarek Al-Bab have been able to use the main network as a primary source of water, but all reported that water was only available three times in the last two weeks. KIs indicated that populations have used periods of functionality to store water in order to use during times of limited access, and are also having to rely on closed wells. Due to the intermittent network access, Ansari, Kady Asker and Bustan Al-Qaaser, populations are relying on closed wells

(boreholes) as their primary source of water, while accessing water from the main network when available or utilising bottled water.

The quality of water remains a concern, with residents in Ansari, Bustan al Qaser and Kady Asker reporting water having a bad colour or smell, as well as people getting sick after drinking it. WASH partners have linked the use of unsafe water sources to the increased incidence of disease and illness in eastern Aleppo over recent weeks¹³.

Overall, water consumption is estimated as ranging from 14 to 17 litres per day per person⁸ due to poor access and limited amounts of water available. The fuel shortage across eastern Aleppo remains a contributing factor to populations' limited access, as residents are unable to power generators to pump water. **The lack of water has led to people adopting more extreme coping mechanisms since the previous assessment.** People have commonly reported modifying their hygiene practices and are now bathing once or twice a week, as well as stocking up water when available through the main network. Water prices have also been subjected to inflation; in Tarek al Bab and Masken Hanano the price of water per barrel has risen from 500 to 1,000 SYP in the last two weeks.

Shelter and NFIs

There was no reported change to the most common shelter types for host populations and IDPs since the previous assessment. Host populations are typically residing in owned or

rented accommodation, while IDPs remain in abandoned houses opened up by local councils or live in shared or rented homes with members of host communities. Houses or apartments are perceived to be safer than collective centers, and remain the preferred shelter type for all population groups, due to continued risk of targeting of gatherings of civilians. Consequently, no collective shelters were reportedly used in any neighbourhood assessed.

Access to NFIs has remained largely unchanged since neighbourhoods were last assessed. **However, all KIs reported increasing concern due to a lack of warm clothes and blankets as winter approaches, identifying these items as specific priority needs.** Overall, populations are typically able to access basic hygiene and sanitation items, but none of the populations were reportedly able to access cooking utensils and equipment. In comparison to previous assessments, there was an increase in access to household hygiene items in Bustan al Qaser, Tarek al Bab and Kady Asker as residents have begun making their own dish-washing and laundry detergent. KIs reported a shortage of female hygiene items in the Kady Asker and Bustan al Qaser neighbourhoods. Continued high prices and unavailability of items in markets were attributed to the inaccessibility of NFIs.

The lack of fuel across eastern Aleppo continues to affect all sectors, as fuel is essential to power generators, pump water, cook food and maintain the functionality of medical services and ambulances.

Summary of priority reported needs by sector

Priority	Sector specific needs
1. Food	<ul style="list-style-type: none">• General access to core food items; either at affordable prices in markets or through aid distributions by local organisations.• Populations are in need of all food sources. Specifically: baby formula, fruits, vegetables, meat, oil, canned food, milk, cheese, eggs, flour, sugar.
2. Health	<ul style="list-style-type: none">• Increase in quantity of medicine, medical supplies, medical facilities as well as qualified medical professionals.• Immediate medical evacuations for critically ill and injured patients• Increase fuel supplies to power generators, medical equipment and ambulances
3. NFIs	<ul style="list-style-type: none">• Access to clothes, shoes, blankets for winter• Increased availability of fuel sources to enable access to water and electricity, functionality of health facilities, fuel sources for cooking food.
4. Water	<ul style="list-style-type: none">• Regular access to safe drinking water sources• Increased fuel to allow use of pumps to carry water to households

As a result of the shortage, populations have reportedly been using burning plastic and nylon for heating and cooking purposes.

HUMANITARIAN PRIORITY NEEDS

The highest ranked overall priority need for assessed populations in eastern Aleppo was safety and security. Across the assessed neighbourhoods, populations expressed

concerns of the need for safe and secure access routes to allow for the entry of aid into the area and enable affected civilians to leave, if they wish to do so. Fuel also continues to be a cross-cutting need as all sectors remain affected by the city-wide shortage.

In a development from previous assessments, all KIs have identified the need for warm clothes and blankets in anticipation of the winter. In addition to shortages of food and fuel, populations are becoming increasingly vulnerable to exposure during the cold.

Subsequent highly ranked priorities included access to food, healthcare, NFIs and water. The table to the left displays the ranked priority needs by sector, as reported by KIs across the communities assessed.

CONCLUSION

As the humanitarian situation in eastern Aleppo continues to deteriorate, there are increasing concerns for the 250, 000 – 275, 000 residents within the besieged area.⁴ Since the previous assessment, one month ago, ongoing access restrictions have blocked any food, fuel or medical supplies from entering, and prevented medical evacuations.

Access to basic food items is the highest ranked priority need for populations across eastern Aleppo; civilians are at increased risk of starvation as the final remaining food stocks are distributed, following extensive rationing. Rice, bread and bulgur remain the only foods available for purchase in markets; however inflated prices prevent many people from being able to purchase them. Residents are currently surviving off the last food distribution which occurred two weeks ago, and have reported the increased use of coping strategies: strictly rationing remaining basic food items, reducing the number of meals per day, and begging or bartering.

Medical items and staff remain a critical need for populations as the lack of resources inhibits the capacity of facilities to cope with caseloads. KIs have stressed the need for the immediate evacuation of critically injured patients who require lifesaving assistance

unable to be administered in east Aleppo. Finally, without an increased quantity of fuel, the functionality of health facilities will continue to decrease; generators are already running for just a few hours per day which is affecting the functionality of medical equipment and the capacity to store medicines appropriately.

Increased access to non-food items was also identified as a priority need, particularly fuel and winterization supplies such as warm clothes, shoes and blankets.

Humanitarian agencies have stressed critical concern for the survival of populations without access to adequate shelter, food, water, fuel or clothing throughout winter. The provision of secured access routes for humanitarian vehicles, as well as for civilians to leave if they wish to do so is a priority, particularly given recent reports of an imminent escalation in conflict. In the absence of humanitarian assistance, the 250, 000 – 275, 000 people besieged within eastern Aleppo are at growing risk of starvation, serious protection concerns amid intensified fighting and exposure throughout the winter.

Together with Syrian INGO Forum and partners, REACH will continue to monitor the situation in eastern Aleppo, in order to provide updated information on the overarching humanitarian situation.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our global office: geneva@reach-initiative.org. Visit www.reach-initiative.org and follow us @REACH_info.