

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

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INTRODUCTION

As conflict spreads, an increasing amount of people are fleeing intensified fighting, shelling and airstrikes in eastern Aleppo. While many of them have fled west towards the Kurdish neighbourhood of Sheikh Maqsood and government controlled areas, large numbers have attempted to remain within the conflict affected neighbourhoods of eastern Aleppo, moving south to Bustan Al-Qaser and Ansari.

This situation overview is the 9th rapid assessment conducted by REACH of the humanitarian situation in eastern Aleppo, providing updated information on civilian displacement patterns and intentions, as well as their access to food, water, shelter, non-food items and health care. **This assessment focuses on two population groups: the displaced Aleppo residents who travelled to the Kurdish neighbourhood Sheikh Maqsood and those who remained within the conflict affected neighbourhoods of eastern Aleppo.**

Findings are based on data collected from 8-12 December through qualitative interviews with nine key informants (KIs) residing in the assessed neighbourhoods of Sheikh Maqsood, Ansari and part of Bustan Al-Qaser. Due to rapid changes in conflict dynamics during the data collection period, it was not possible to contact KIs in the neighbourhoods

of Masken Hanano, Tarek al-Bab, Kady Asker or the eastern part of Bustan al-Qaser. Interviews were conducted with community representatives with sector-specific knowledge about their neighbourhoods, including workers from local relief organisations, teachers, local council representatives and medical personnel, with information triangulated with available secondary sources where feasible.

Due to the purposive nature of data collection, findings should be considered as indicative only. Moreover, with the situation in eastern Aleppo changing drastically in recent days, including major shifts in the frontlines and further displacement of civilians from formerly opposition-held neighbourhoods, it should be kept in mind that findings refer to data collected between 8-12 December and may not reflect the current situation.

DISPLACEMENT

Since the escalation of conflict in late-November, there has been widespread displacement out of the formerly besieged neighbourhoods of eastern Aleppo. **Most IDPs reportedly planned to cross into the Kurdish neighbourhood of Sheikh Maqsood, as well as into government-controlled western Aleppo, which has remained relatively insulated from the fighting, while for various reasons other groups have moved from neighbourhood**

Map 1: Assessed neighbourhoods of Aleppo City and Displacement from Eastern Aleppo



to neighbourhood within the remaining areas of eastern Aleppo.

The majority of IDPs followed one of two displacement routes. The southern route, which reportedly carried by far the larger number of people, brought IDPs southwards from Kady Asker, Tarek al-Bab and Masken Hanano into the remaining opposition-controlled neighbourhoods of Bustan al-Qaser and Ansari. Of these two neighbourhoods, Ansari was perceived as a safer staging point from which to attempt to cross into western Aleppo; therefore, IDPs tended not to remain in Bustan al-Qaser for long. KIs estimated that since 1 December, between 60,000 and 85,000 civilians were displaced from northeast Aleppo to Ansari and Bustan al-Qaser or passed through these neighbourhoods on their way to western Aleppo. Most displaced civilians hoped to continue on their journey out of eastern Aleppo, towards western Aleppo, as quickly as possible; with an estimated 60-80% of IDPs in Bustan al-Qaser and Ansari reportedly planning to leave within the next two weeks, if able to do so.

The northern displacement route brought residents of Kady Asker, Tarek al-Bab and Masken Hanano to the western edge of the Masken Hanano neighbourhood, and from there into the Kurdish-controlled neighbourhood of Sheikh Maqsoud. Once in Sheikh Maqsoud, an estimated 45% of arrived IDPs intended to cross into western Aleppo via the Ashrafiyeh road, which has been open to civilians since

September. The other 55% was estimated as intending to remain in Sheikh Maqsoud for a short period of time, then to return to their former neighbourhoods in eastern Aleppo as soon as the fighting receded and the area is cleaned of landmines. This displacement route peaked earlier due to shifting frontlines making access more difficult; while over 10,000 civilians were reported to have taken this route prior to 1 December, only 1,200-1,500 were estimated to have taken it afterwards. OCHA reports indicate that as of 10 December, nearly all civilians in Sheikh Maqsoud who had come from the neighbourhoods of al-Hulluk, Bustan al-Basha, Sheikh Fares, Sheikh Khader, al-Sakhour and al-Haydariyah, all in the western Masken Hanano area, were able to return to their homes.¹

KIs indicated that, unlike in past months, members of all demographic groups had been able to leave conflict affected neighbourhoods. However, they also reported that many civilians in Ansari, Bustan al-Qaser and Sheikh Maqsoud did not cross into western Aleppo for fear of persecution and conscription. In addition, many of those who chose to remain in the formerly besieged neighbourhoods did so in order to protect their families or assets, while others were unable to leave due to perceived lack of other options.

CURRENT HUMANITARIAN SITUATION

Shelter and NFIs

In **Ansari and Bustan al-Qaser neighbourhoods** local councils stopped using collective shelters to host IDPs. Abandoned and unoccupied apartments were therefore the primary type of shelter used by IDPs in Ansari, and the second most common in Bustan al-Qaser after shared accommodations with the host population. **However, at the time of writing, it was reported that the sudden influx of IDPs into Ansari has led to overcrowding and many IDPs currently do not have access to shelter, a concern given the intensification of the conflict as well as the winter weather.** No fuel had entered Ansari or Bustan al-Qaser in the past two weeks. Populations continued to rely on coping strategies such as burning plastics, waste, clothes and furniture for heating and cooking purposes. **The lack of fuel also affected access to both water and healthcare, as water pumping stations and health facility generators cannot function without it.** Key NFIs, including blankets, jerry cans and cooking equipment, were reportedly available (although at high price) in both Bustan al-Qaser and Ansari, though access to markets was difficult due to the intensity of conflict.

The majority of IDPs in **Sheikh Maqsoud** were reportedly staying in the six mosques

of the neighbourhood, and as was reported in the last REACH assessment (November 30), these **collective centres remain at full capacity.** No other collective shelter has since been opened for new arrivals. The remaining IDP households lived in private housing or unfinished buildings. Furthermore, although fuel was allowed to enter Sheikh Maqsoud, it was reported as unaffordable for most IDP households, who often resorted to burning plastics and waste. Coupled with the fact that not all KIs reported blankets, sleeping mats, clothes and shoes to be accessible or affordable to all IDP households, **limited access to fuel sources remains a priority concern for the IDP population** given the start of the winter.

Food and markets

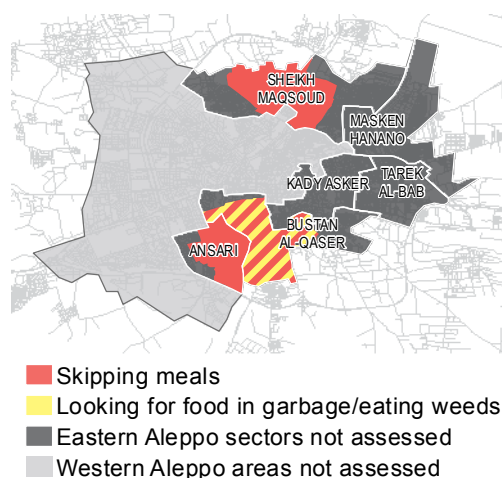
No commercial or humanitarian vehicles have been able to enter the neighbourhoods of **Bustan al-Qaser and Ansari** since the Ramouseh road was cut on 4 September. **The food situation in the neighbourhoods remains dire.** Begging and bartering, gifts from family and friends, and assistance from organised neighbourhood groups constituted the main sources of food, while small numbers of households were able to purchase food in markets and to farm vegetables in Ansari and Bustan Al-Qaser, respectively. Bread was reportedly only available through distribution from local authorities as wheat, flour and fuel were reported to be too expensive and hard to access, if they were available at all.

¹ OCHA, Aleppo Situation Report No. 5, 10 December 2016.

To cope with a lack of food, households were reportedly resorting to a wide range of negative coping strategies, including reducing the size of meals, skipping meals, selling non-productive household assets, borrowing money to buy food and reducing essential non-food expenditures. **KIs reported that households in Bustan al-Qaser were commonly eating non-food plants in order to cope with a lack of food.**

The situation was relatively better in **Sheikh Maqsoud**, where IDP and host community households were reported to have access to distributions by both INGOs and local NGOs/ neighbourhood groups, and food was available and accessible in markets and shops, albeit at increased prices. While coping strategies were still reported, mainly reducing size of meals, skipping meals and relying on food distribution/ assistance, they were reportedly in less frequent

Map 2: Reported use of emergency food coping strategies



use than in late November. Overall, it was reported that most households have sufficient food stocks to last four days or more.

Healthcare

No formal healthcare facilities continue to function in Bustan al-Qaser and Ansari; the last remaining hospital in east Aleppo was destroyed more than three weeks ago, leaving patients to be treated in informal emergency care points.² As in November, populations in Bustan al-Qaser and Ansari face critical shortages of medicine, medical supplies, health facilities and trained medical personnel; they are **relying on civilians without professional training to treat patients**, as well as using non-medical items such as wooden sticks for treatment. KIs in Ansari also reported that expired medicines were in use and that operations were often carried out without anaesthesia. Emergency care in case of accidents or injuries was reported as an urgent need across both neighbourhoods, while a need for treatment for chronic diseases, antibiotics and access to surgery was also reported.

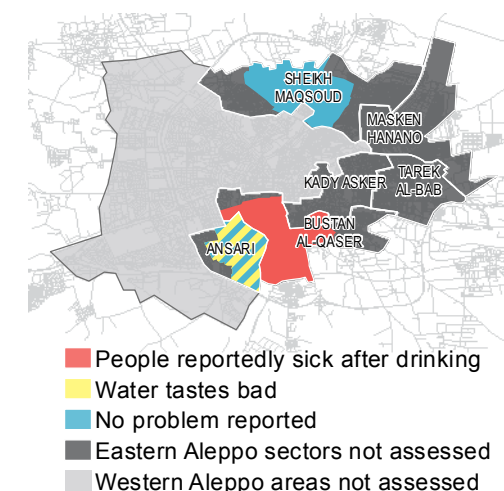
Only one primary healthcare clinic, set up in an old school, has been functioning in **Sheikh Maqsoud** since mid-September. Additional doctors were reported to have entered the neighbourhood since IDPs began arriving in late November, and the clinic has received some medical items and equipment from healthcare facilities in western Aleppo. Despite this, the clinic still lacks the capacity to meet the

needs of the increased IDP population, both in terms of medical personnel and availability of medicines and health services; KIs reported that populations are most in need of emergency care to treat accidents or injuries. As previously, Sheikh Maqsoud residents continued to have access to healthcare in western Aleppo. While this involved gaining prior travel permissions and crossing checkpoints, transportation had reportedly become much easier for individuals in need of treatment, with authorisations being granted more easily to patients and ambulances being sent directly to hospitals in western Aleppo.

Water

Populations in **Bustan al-Qaser and Ansari** neighbourhoods primarily relied on water from closed wells for drinking purposes, although the main water network could sporadically be accessed in areas of Ansari where the infrastructure remains functional. At times when the network is functioning, households in the area save as much water as possible in tanks for later use. As in previous assessments, water from some wells in Ansari was reported to have a bad taste, and the water in Bustan al-Qaser was reported as making people ill. **Nearly all households in both neighbourhoods faced challenges accessing enough water to meet their basic needs.** KIs reported several coping strategies being used to compensate for a lack of water, such as reducing drinking water consumption, modifying hygiene practices, and spending

Map 3: Most commonly reported issues with water quality



money usually spent on other things in order to purchase water. KIs in Bustan al-Qaser also reported drinking water intended for cleaning or other purposes.

IDP households in Sheikh Maqsoud also used closed wells as their main drinking water sources. The water network is functional in most parts of Sheikh Maqsoud, but works only sporadically due to a lack of electricity and fuel to operate water pumping stations. As a result, both IDPs and host populations in Sheikh Maqsoud use the same strategy as in Ansari, taking advantage of the water network when it is functional to fill water containers for use during the rest of the week. This intermittent access to the water network was reportedly the main challenge faced by IDP households in accessing water; to cope, many resorted

² WHO. Eastern Aleppo without any hospitals for more than 250,000 residents, 20 November 2016

to reducing their drinking water consumption and modifying their hygiene practices, mostly by bathing less. No issues with water quality were reported in Sheikh Maqsoud.

HUMANITARIAN PRIORITY NEEDS

Safety and security were the highest reported priorities for populations within **Bustan al-Qaser and Ansari** neighbourhoods. All KIs reported the alleviation of shelling and ongoing fighting, linked to the provision of secure access routes, to allow for the freedom of movement of both civilians and humanitarian assistance, as a pre-condition to the fulfilment of other basic needs such as access to food, healthcare and shelter.

In **Sheikh Maqsoud**, better access to healthcare was reported as the primary concern for IDP populations. The need for food came second, due to fears of insufficient

food distributions, followed by better access to shelter. The table below displays the sector-specific priority needs as reported by KIs across the community assessed.

CONCLUSION

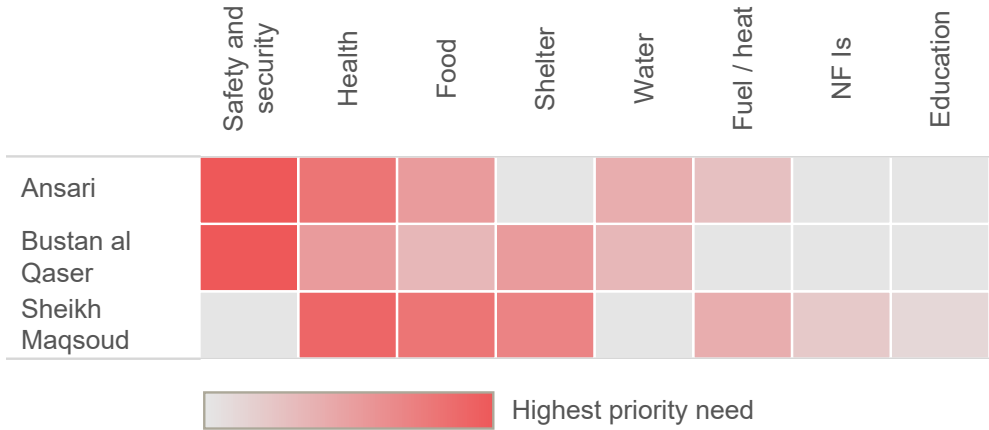
The situation in **Ansari and Bustan al-Qaser** neighbourhoods will continue to rapidly evolve in the coming days, accompanied by **an escalating and unprecedented humanitarian crisis** for their population. By the time of writing, Ansari had seen an additional influx of tens of thousands of IDPs, putting further strain on its already highly limited food and fuel stocks and access to basic services. While empty apartments had been opened for IDPs, new arrivals reportedly lacked adequate access to shelter, and lack of fuel remained a priority concern for both local and displaced populations in the face of the ongoing winter. Lacking food, displaced and local populations are increasingly resorting

to negative coping strategies, including the consumption of non-food plants in Bustan al-Qaser.

Quantity and quality of water were reported to be issues in both neighbourhoods, with water reported to taste bad in Ansari and to have made people sick in Bustan al-Qaser. No formal healthcare facilities were reportedly available in these neighbourhoods, forcing the majority of the population to rely on civilians without medical training.

While the situation faced by IDP households in **Sheikh Maqsoud** was more stable than that reported in Bustan al-Qaser and Ansari, many needs still existed. Although humanitarian actors and local councils in Sheikh Maqsoud have been responding to the immediate needs of IDPs, their capacity is limited compared to the growing IDP population. This has resulted in a continued reliance on negative coping strategies to deal with a lack of food, water and fuel. However, healthcare access has improved since the end of November, with agreements now in place to facilitate transport of patients from Sheikh Maqsoud to hospitals in western Aleppo.

Summary of priority reported needs by sector



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. Visit www.reach-initiative.org and follow us @REACH_info.