

Community Profiles: Annual Review

Syria, 2017

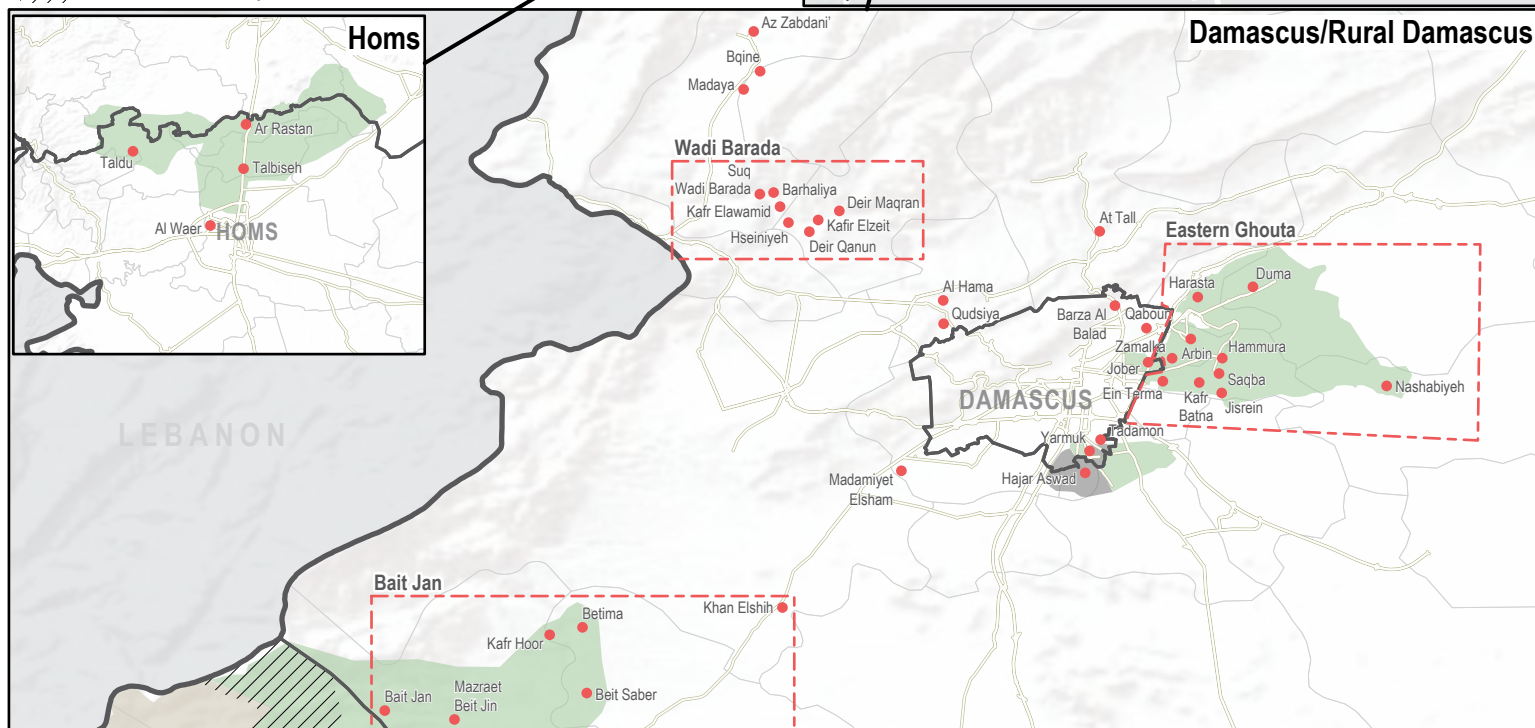
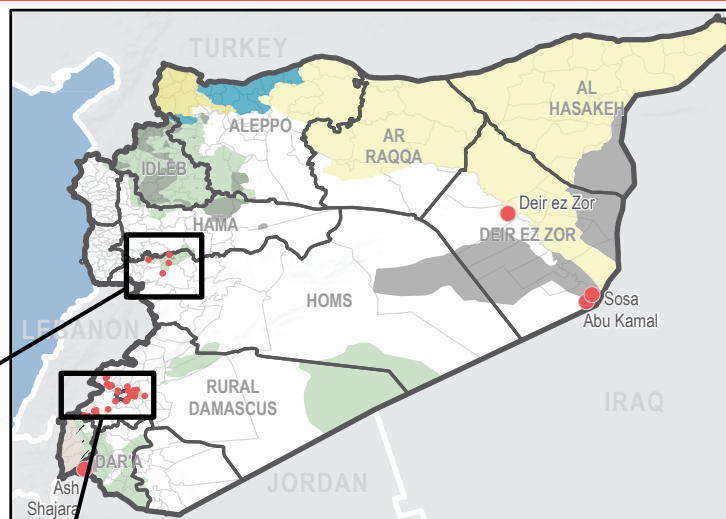


REACH Informing more effective humanitarian action

● Assessed Community

Area of Influence

- Opposition - Free Syrian Army (Euphrates/Idleb Shield)
- Opposition - Free Syrian Army (FSA)
- Opposition - Hay'at Tahrir Al-Sham (HTS)
- ISIL-affiliated groups
- Democratic Federation of Northern Syria - Syrian Democratic Forces (SDF)
- Democratic Federation of Northern Syria - Syrian Democratic Forces (SDF-coalition)
- Golan Heights
- UNDOF Area of Operation



*Areas of influence sourced from Live UA Map, 30 November 2017.

EXECUTIVE SUMMARY

This Annual Review examines the humanitarian situation in the hard-to-reach (HTR) and besieged communities (as defined by the United Nations Office for Humanitarian Affairs, OCHA) assessed through REACH's Community Profiles project between January and December 2017. During this period, moderate improvements in humanitarian conditions could be observed in most of the assessed communities. However, in many locations, the humanitarian situation remained dire.

Overall, the percentage of communities with formal access points that residents and commercial vehicles could use to move between the assessed HTR and besieged areas and neighbouring communities increased in 2017, although this improvement was accompanied by an increase in reported restrictions and associated protection risks. In places where mobility between communities deteriorated, this led to increased prices of basic commodities and shortages of food and medicines.

Improvements in access to basic services could also be observed, although they were not consistent across the board and mostly occurred in communities with truce agreements. 20 of the 44 assessed communities had either signed truce agreements in 2016, or would do so in 2017. In these communities, the signing was usually preceded by severely deteriorated humanitarian conditions such as critical food shortages and interrupted provision of basic services. However, afterwards, the humanitarian situation would improve (...)

(...) significantly in a number of aspects.

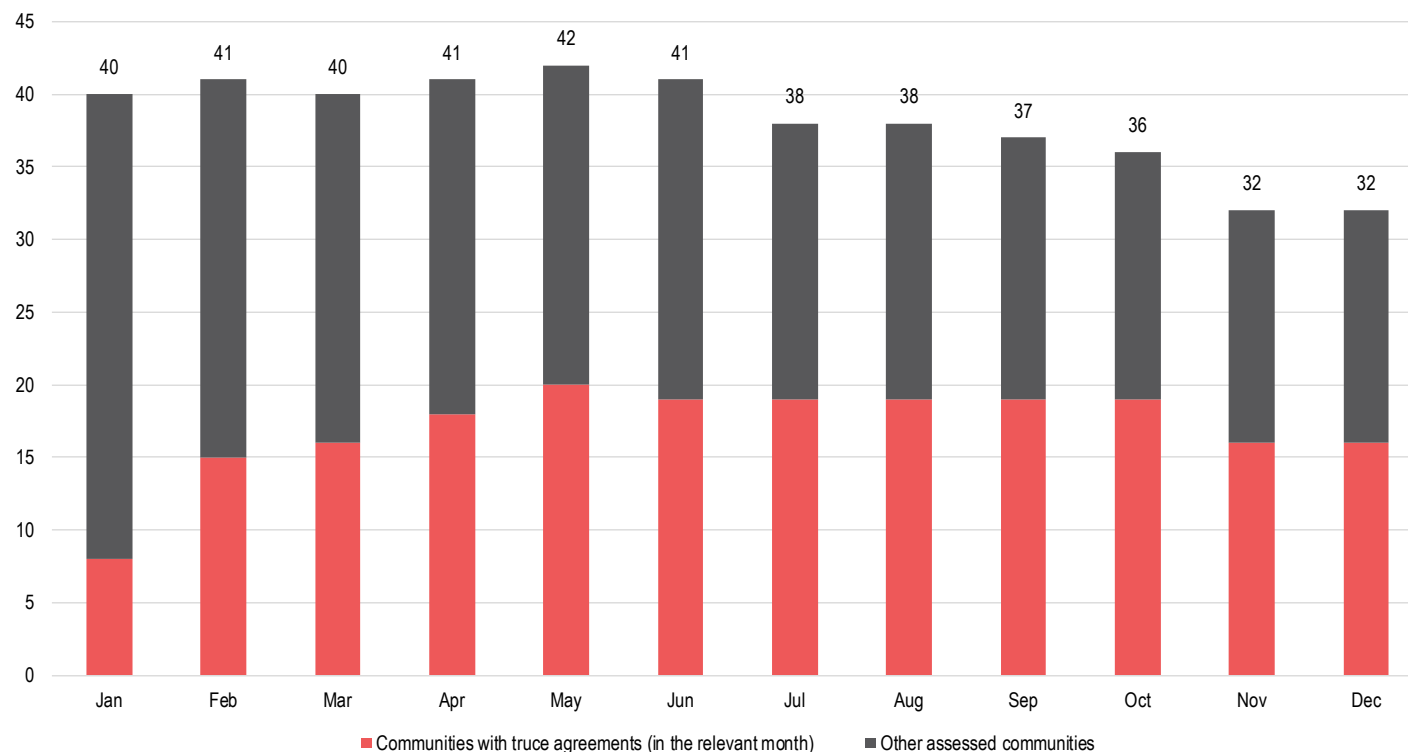
For instance, access to the water and electricity networks reportedly improved both in communities with truce agreements and in those without, but not equally so. Of the assessed communities without truce agreements, more than three quarters still had to rely on generators as their primary source of electricity in 2017, while all truce communities could use the main electricity network. Access to both medical care and education often improved immediately following truce agreements, and reportedly remained relatively stable for the remainder of the year. Access to these services also improved in communities without truces, but to a lesser degree and not in all assessed communities.

The most significant area where humanitarian conditions did not improve in 2017 was Eastern Ghouta. While the residents of this area reportedly suffered from shortages and conflict-related violence throughout 2017, conditions worsened significantly after commercial access to the area was stopped in early September. Supplies of core commodities dwindled, and severe food insecurity was reported. Intensified conflict in November caused basic facilities such as schools and hospitals to close down. While humanitarian conditions improved somewhat in December, the situation is once again critical at the time of writing (February 2018).

AREAS COVERED¹ PDF: [click community names for short profiles](#)

AR RASTAN	AL-WAER	BARZA AL BALAD, JOBER & TADAMON	QABOUN
AL-HAMA & QUDSIYA	AT TALL	DEIR EZ ZOR	ABU KAMAL & SOSA
KHAN ELSHIH	MADAMIYET ELSHAM	ASH SHAJARA	HAJAR ASWAD & YARMUK
AZ ZABDANI, MADAYA & BQINE	WADI BARADA	EASTERN GHOUTA	BAIT JAN

NUMBER OF ASSESSED COMMUNITIES PER MONTH



KEY FINDINGS

ACCESS & MOVEMENT

- The percentage of assessed communities where residents and commercial vehicles had access to formal checkpoints leading into and out of the community or the wider area increased by nearly 20 points in 2017, mainly in communities that had signed truce agreements.
- Concurrently, however, reports of risks and restrictions associated with such movement also increased.
- Humanitarian deliveries reportedly remained infrequent in 2017.

MARKETS

- Food prices were relatively stable across 2017, with the major exception being Eastern Ghouta, where a lack of commercial or civilian access reportedly led to extreme food insecurity and deaths related to a lack of food.
- The prices and availability of hygiene items and fuel fluctuated due to access restrictions, seasonal demand (in the case of fuel) and other factors.

WATER & ELECTRICITY

- Across 2017, water availability improved across communities. While this improvement was sustained in the communities with truce agreements, water availability decreased again in some of the communities that had not signed such agreements.
- The availability of electricity improved across both types of communities, although more so in the assessed truce communities.

HEALTHCARE

- Access to medical care improved slightly in 2017. While healthcare in communities with truces reportedly improved directly following truce agreements, significant improvements could be also observed in communities that had not (yet) signed truce agreements.

EDUCATION

- Access to education remained relatively stable in truce communities, the majority of which contained more than one type of formal educational facility that all children were able to attend.
- Amongst communities without truce agreements, access to educational facilities improved somewhat, although the percentage of communities where all children were able to attend school remained relatively low.

TRUCE COMMUNITIES

In 2017, 15 of the communities assessed by REACH signed new truce agreements. A further five communities had already signed truce agreements previously. These agreements usually included terms related to the suspension or termination of hostilities, evacuations of fighters, and improvements to access conditions. In this document, the phrase “truce community” refers to any community where a truce was signed while data collection by REACH was ongoing.

While the truces commonly resulted in improved humanitarian conditions in the communities where they were signed, in most cases the preceding months were marked by critical lows: increased hostilities, heightened access restrictions, and deteriorated access to basic goods and services. Thus, the short-term improvements seen in truce communities do not necessarily indicate a long-term shift in the humanitarian situation. For more information, please refer to [REACH's Truce Community Trends Analysis](#).

TIMELINE

A truce agreement is reached in Beit Saber, Betima, Kafr Hoor and across the Wadi Barada area.	Humanitarian aid entered the Wadi Barada area, for the first time since assessments began, while schools closed in Barza and across Eastern Ghouta due to security concerns.	1,000 civilians flee Hajar Aswad and Yarmuk, while up to 3,500 leave Qaboun following shifts in conflict dynamics.	Escalation in conflict in Deir ez Zor governorate continued to affect Abu Kamal and Sosa.	Intense shelling on the community of Ein Terma led to the displacement of approximately 40% of the population to other areas in Eastern Ghouta.	De-escalation zones agreed, including Eastern Ghouta. Unhindered humanitarian access is one of the conditions to the agreements. Military offensive begins in the Bait Jan area.	Malnutrition and deaths attributed to a lack of food were reported in all Eastern Ghouta communities	Syrian government forces take control of Deir ez Zor city. All formal routes to Hajar Aswad and Tadamon are cut off and remain closed for the rest of the year.
January	March	May	June	August	September	October	November

ACCESS & MOVEMENT

Communities that are classified as besieged or HTR are characterised by distinct access restrictions that impact civilian movement into and out of the community, commercial and humanitarian vehicle access, the entry of goods, and protection issues. The economy cannot function normally due to the inaccessibility of usual trade routes and the absence of genuine competition in markets. Furthermore, in areas of conflict or contested control, the average resident faces heightened protection concerns. Risks associated with crossing checkpoints can also limit mobility by creating barriers for certain residents to access services in other areas.

In 2017, access restrictions continued to vary from month to month and between assessed communities. Overall, while access to formal routes into and out of communities increased, **this improved mobility was paired with significant risks and restrictions.**

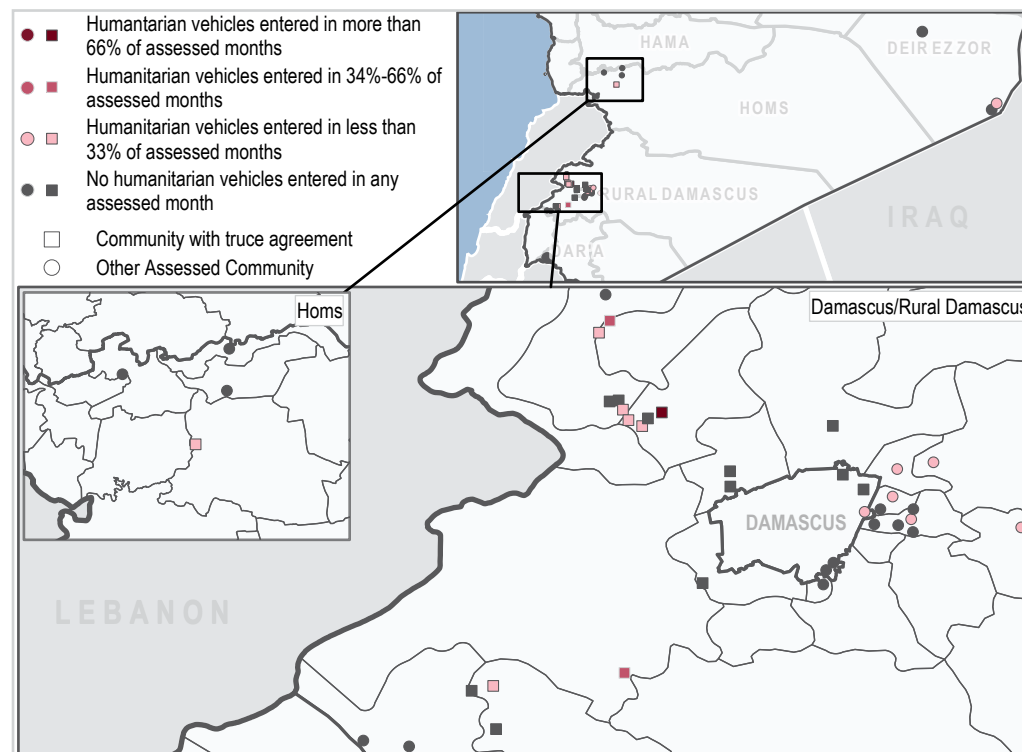
The percentage of communities where residents were permitted to enter and exit via formal routes increased from approximately 70% of the 40 assessed communities in January to more than 90% of communities from May until December. This improvement may have been partially influenced by the increased representation of truce communities, almost all of which had access to formal routes across the assessed months. However, improvements could also be observed in the other assessed communities. Across communities where the use of formal routes was permitted, the proportion of residents that could use such routes hovered at around 50% throughout the year.

However, **the percentage of communities where some kind of risk was associated with entering and exiting via formal routes also increased** from 55% of the 29 communities with formal routes in January to 83% of 30 communities in December. The greatest increase could be observed among communities without truces. From May 2017 onwards, **the most commonly reported risk was detention**, which was reported on average 5% more often in communities with truce agreements. Other commonly reported risks included verbal and physical harassment, conscription and gunfire.

Informal routes² were reportedly only accessible in a few communities in one or more months of 2017: Abu Kamal, Arbin, Hajar Aswad, Harasta, Jober, Sosa, Tadamon and Yarmuk. Therefore, they were not a viable alternative to formal routes in most communities. Additionally, the risks reportedly associated with accessing these routes were severe and included sniper fire and other gunfire, shelling and detention.

Meanwhile, humanitarian access appears to have remained low, and humanitarian aid deliveries were reportedly limited; 41% of all assessed communities reportedly did not receive any in 2017. On average, humanitarian access was reported in less than 20% of assessed communities each month (25% in communities with truce agreements).

HUMANITARIAN VEHICLE ENTRY



Conversely, **the percentage of communities with commercial vehicle access gradually increased throughout the year**, from 50% of 40 assessed communities in January to 81% of 32 communities in December. This may be attributed to improvements in access to truce communities that commercial vehicles had previously not been permitted to enter. Additionally, data collection in communities with limited commercial access decreased towards the end of the year. Nine communities reported no commercial vehicle access in any of the assessed months. However, while the proportion of communities where commercial vehicle access was permitted increased, **so did reports of restrictions imposed on such access.** In January, commercial vehicles reportedly faced restrictions when entering 30% of the communities that they could access. In December, this percentage had more than doubled.

MARKETS

Markets in besieged and hard-to-reach areas are directly affected by restrictions on the movement of civilians as well as commercial and humanitarian vehicles. As such, the availability and prices of items continued to be dynamic in 2017. Market developments in 2017 were different for each type of assessed goods: food, hygiene items and fuel. The food prices reported below are based on the quantities in a standard basket of dry foods as defined by the World Food Programme³.

In 2017, average food basket prices did not change significantly across communities, save for spikes in April and towards the end of the year. These spikes were largely influenced by the volatile situation in Eastern Ghouta, an area which comprises 10 of the assessed communities, or between 23% and 31% of all communities in each month (based on the number of communities covered). **In April, the prices of all standard food basket items except lentils spiked in Eastern Ghouta**, where commercial entry was reportedly banned for the second consecutive month, as well as in **Hajar Aswad and Yarmuk**, where informal routes to neighbouring towns from which residents reportedly procured goods were closed for four days due to local tensions.

In October and November, commercial vehicles were banned from entering Eastern Ghouta, and food prices rose to unprecedented levels. A standard food basket increased in price by 311% on average, which made it 911% more expensive than in nearby communities not considered besieged or HTR. This development led to severe food insecurity across the area. In December, prices saw a relative decrease after the sole trader whose vehicles had been permitted to enter the area regained authorisation to do so, although they remained inflated. This authorisation was reportedly rescinded at the end of December, before being temporarily granted again in January 2018.

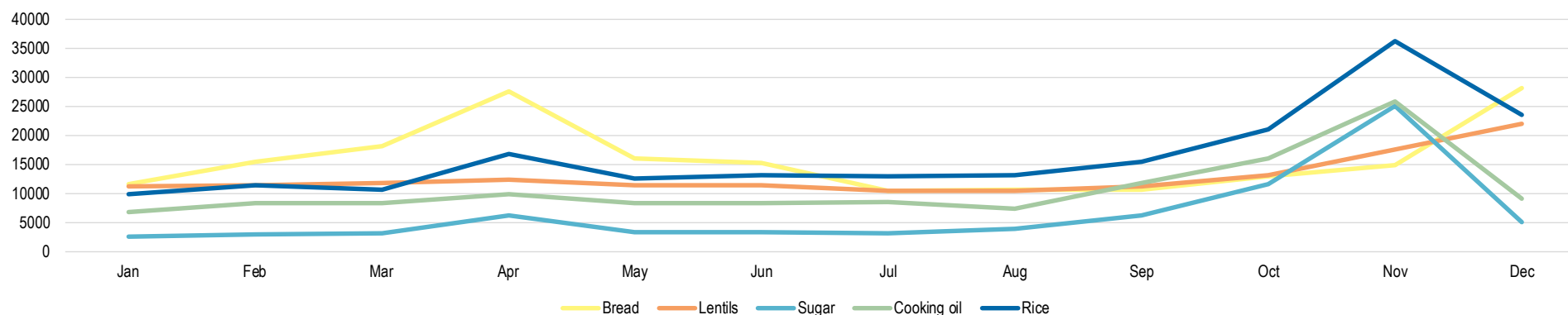
In the other communities, an increase in food prices could be observed in December, potentially attributable to a dip in food availability in November. **Across 2017, however, the availability of food improved.** In the majority of communities that signed truce agreements, all 14 assessed food items⁴ became available. In communities without truces, the average number of available foods increased from 9 in January to 12 or 13 from May onwards (except in November).

Conversely, hygiene item prices were relatively volatile across the assessed communities in 2017, while availability improved. In most truce communities, all five assessed hygiene items⁵ either were or became available, while the average number of hygiene items that were either sometimes available (7-20 days of the month) or generally available (21+ days per month) rose from 3.6 in January to 5 in the second half of the year.

Fuel prices⁶ also changed throughout the year. The price of firewood was relatively low in winter, when production was increased in order to meet seasonal demand. Butane was most expensive in March, after which the average price across communities dropped⁷ and remained relatively stable for the remainder of the year. The average price of coal also decreased by 82% between January and April. Propane was not available between February and April, and rapidly decreased in price in May and June. The prices of kerosene and diesel were more volatile overall. In Eastern Ghouta, prices of diesel and firewood rose significantly from October onwards as a result of the reduced commercial access and a lack of other available fuel types.

The prices of fuel were generally lower and fuel availability was better in communities with truce agreements than in those without. In both types of communities, however, **fuel availability improved in 2017.** Additionally, the percentage of communities that reportedly did not have access to any type of fuel decreased from 25% in January to less than 10% from April onwards.

AVERAGE PRICES OF FOOD BASKET⁴ ITEMS ACROSS COMMUNITIES IN SYP*



* Exchange rate: \$1 = 515 SYP across most assessed months. Prices are based on the quantities in a standard basket of dry foods, as defined by the World Food Programme.

WATER & ELECTRICITY

The availability of water and electricity generally improved in the assessed communities in 2017. However, levels of access to the water and electricity networks still remained relatively low in most communities except those with truce agreements.

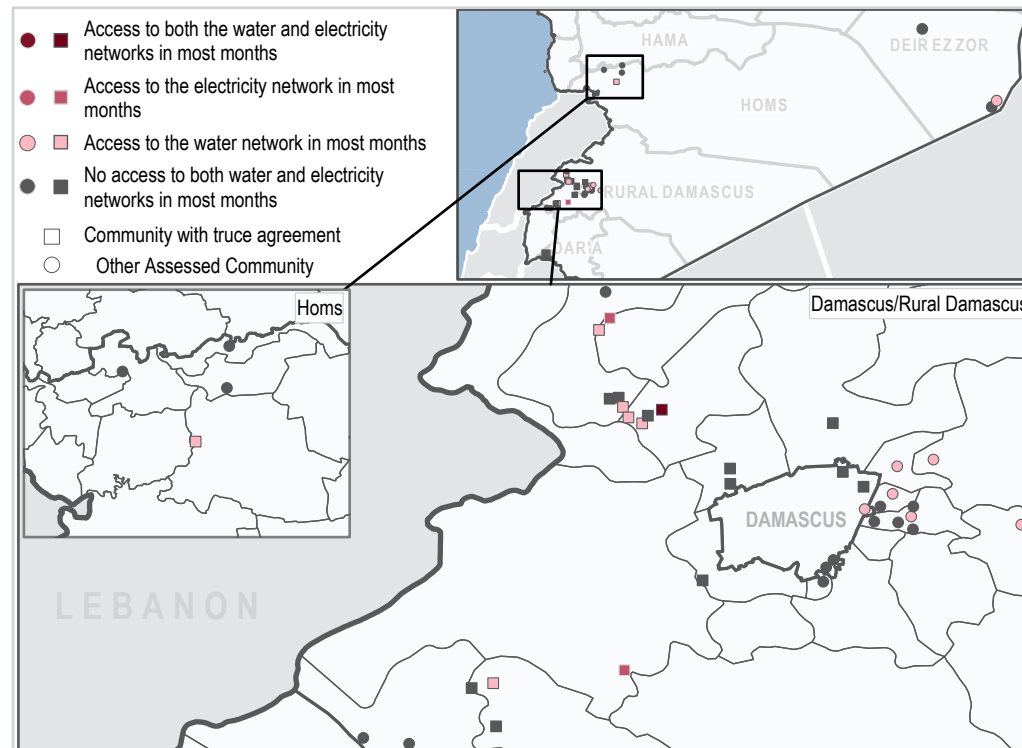
While access to water improved across the assessed communities in 2017, this improvement was more sustained in communities with truce agreements. In January, the percentage of assessed communities that reportedly had sufficient access to water was 50% amongst the eight communities with truce agreements, and 56% (of 32 communities) elsewhere. The Wadi Barada area reportedly regained access to the water network in February, after the communities in the area had signed truce agreements. Subsequently, 81% of 16 truce communities had sufficient access to water in March, and this percentage hovered between 70% and 80% of communities for the remainder of the year. **Initially, water sufficiency also improved in the communities without truces, though not to the same extent as in the truce communities. However, it began to decline again during summer.** Finally, in December, only 12.5% of 16 communities without truces had sufficient access to water, in part due to the high cost of fuel for the water pumps in Eastern Ghouta. Where water availability was insufficient, the most commonly reported coping strategy was buying water with money usually spent on other things. On average, this strategy was reported in 18% of all assessed communities each month.

Similarly, access to the water network improved from 1.5 to 4.5 days per week (on average) in truce communities but declined elsewhere. On average, communities without truce agreements had access to the water network between 0.5 and 1.5 days per week in 2017. Other common water sources included closed wells and water trucking, which were used as the main source of water in 24% and 19% of communities, respectively, in each month in 2017. Apart from the Eastern Ghouta area and the assessed communities in Deir ez Zor, the available water was reportedly safe to drink⁸ in all communities from March onwards.

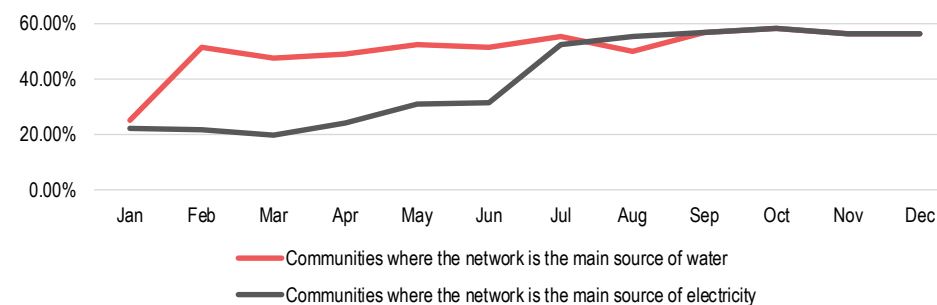
Conversely, access to electricity improved across both types of communities in 2017, albeit most significantly in those with truce agreements. In January, the average number of hours when the main source of electricity⁹ was available in each community was approximately four per day in communities with truces and two in those without. After August, this number had risen to be seven to eight in the truce communities, while it was only just over five hours elsewhere.

Likewise, access to the electricity network improved in 2017, but mainly because it was gradually restored in communities that had signed truce agreements. Following August, all of these communities were able to use the network as their primary source of electricity, whereas this was the case in only 12.5% of the 16 communities that had not signed truces. Instead, 81% of the latter communities reportedly relied on generators, while residents of Nashabiyeh mainly used solar power. **In the Eastern Ghouta area, the electricity network was reportedly never available in 2017.**

NETWORK ACCESS



PERCENTAGE OF COMMUNITIES WITH REPORTED ACCESS TO THE WATER AND ELECTRICITY NETWORKS¹⁰



HEALTHCARE

Access to medical care in the assessed communities improved slightly in 2017. In contrast to the other sectors, these improvements mainly happened in the communities without truce agreements. For instance, while the average number of assessed medical services available¹¹ remained relatively stable at 3.5 in truce communities, it increased from being less than three in January to more than four across communities without truces in December.

Likewise, the average number of assessed medical items¹² available in each community increased from 10 to 11 in communities with truce agreements and, more significantly, from 2.3 to 8 in the other communities except Eastern Ghouta, where a lack of commercial access significantly reduced the availability of medical items in the final months of the year. Concurrently, the proportion of communities where a lack of medical items forced residents to resort to negative coping strategies decreased, as can be seen in the graph on the right. The most commonly reported coping strategies were sharing resources between medical facilities, recycling medical items, and using expired medicines. **Across all months, the three most commonly needed medical items were antibiotics, blood transfusion bags, and clean bandages.**

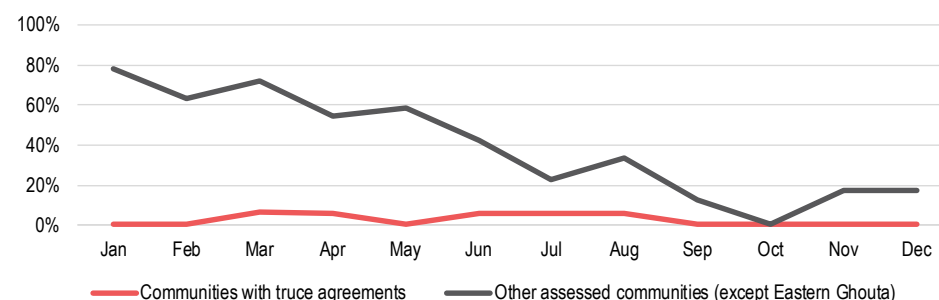
While almost all assessed communities had access to some type of permanent medical facility throughout 2017, escalations in conflict would at times lead facilities to close down temporarily. For instance, in January, five of the assessed communities in the Wadi Barada area temporarily lost their medical facilities. Most residents were able to travel to other communities in the area, but doing so was associated with severe risks, as outlined in the Access & Movement section.

EDUCATION

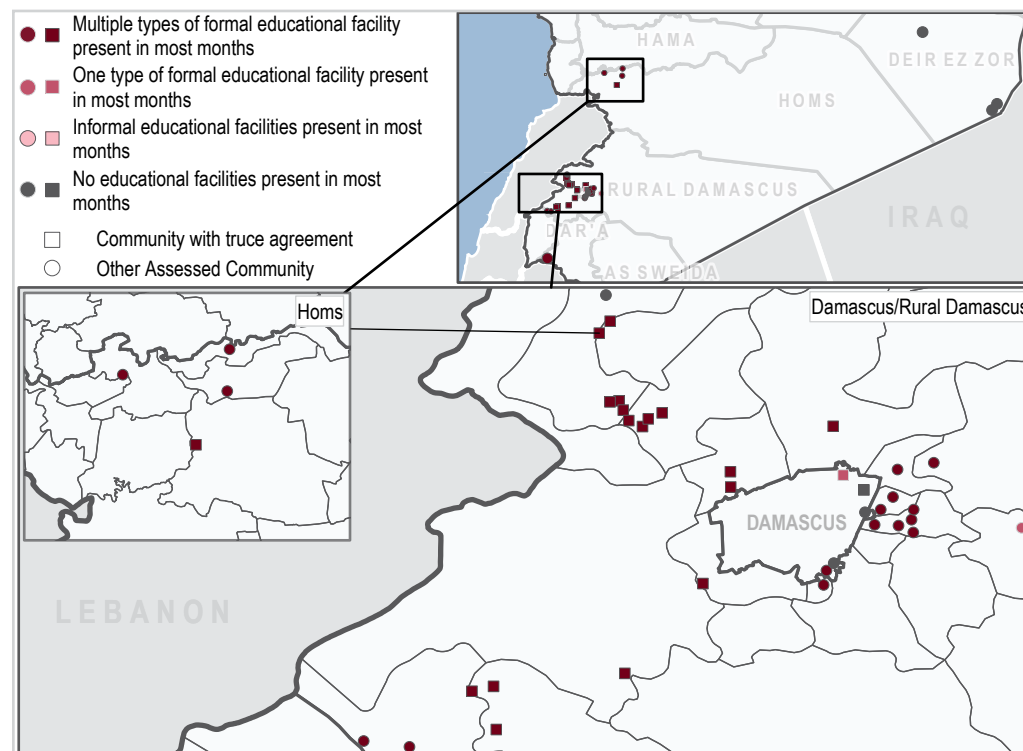
In 2017, access to education remained relatively stable in the assessed truce communities, approximately 90% of which had access to at least two types of formal educational facilities following their truce agreements. Meanwhile, **access to educational facilities in the communities without truce agreements improved throughout the year**, as the percentage of communities with formal educational facilities increased from 62% (of 32 assessed communities) in January to 94% (of 16 communities¹³) in December. However, in Eastern Ghouta, the escalating conflict situation reportedly caused all educational facilities to close their doors in November. Similarly, none of the communities in the Wadi Barada area had any educational facilities in January 2017 before they would sign a truce agreement later that month.

Additionally, not all children could access educational services. While the percentage of truce communities where all children were able to attend school fluctuated between 75% and 100% each month, it dropped to between 0% and 47% in communities without truces. The most commonly reported barriers to education were destroyed facilities and insecure routes to schools. These barriers reportedly affected boys and girls equally in most cases.

PERCENTAGE OF COMMUNITIES WHERE RESIDENTS REPORTEDLY HAD TO USE COPING STRATEGIES FOR A LACK OF MEDICAL ITEMS



EDUCATIONAL FACILITIES



AR RASTAN AR RASTAN, TALBISEH, TALDU

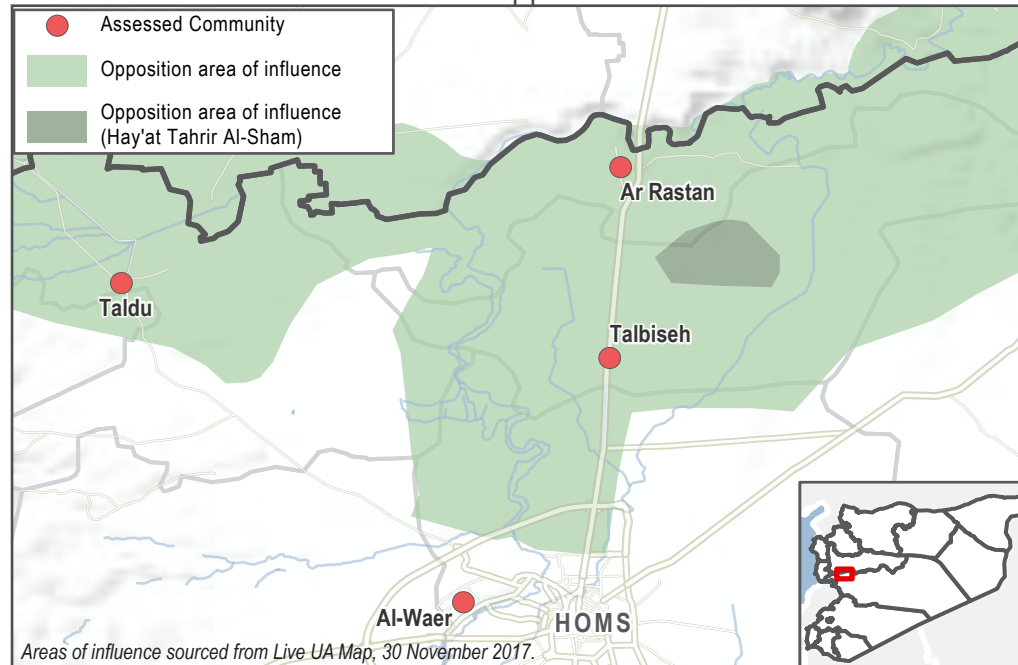
MONTHS ASSESSED
JAN-DEC

TRUCE
NO

The Ar Rastan area, which includes the assessed communities of Ar Rastan, Talbiseh and Taldu, is located in rural Homs governorate. All three communities have faced access restrictions since 2012. In 2016, the area faced escalated conflict, which caused humanitarian conditions to deteriorate. In 2017, the Ar Rastan area faced persisting access restrictions.

Throughout 2017, residents of Ar Rastan, Taldu and Talbiseh were reportedly permitted to travel freely inside the area, although shelling reportedly remained a risk. Entering and exiting the area was reportedly limited to a small group - 1-10% or 11-25% of the local population depending on the month. Commercial vehicles reportedly did not access the area at all. As a result, all goods that entered the Ar Rastan area were either brought in by the small group of people who were able to leave the area via formal and (in some months) informal routes or by humanitarian deliveries. As a result, the prices of consumables rose whenever access restrictions were heightened, which reportedly happened in March and July. Conversely, when restrictions were reduced, food and fuel prices decreased. Negative strategies to cope with a lack of food and fuel were used consistently.

Access to water and electricity also varied in 2017. While all three communities had access to the water network, sufficient water access was only reported in January and February. Meanwhile, the electricity network reportedly became unavailable in Talbiseh in January due to damaged cables. In Ar Rastan and



Taldu, the network did remain the main source of electricity across all assessed months, although access was rationed.

Conversely, access to education and medical care remained relatively stable. Barriers to education included security challenges, destroyed facilities and children needing to work. While most medical services except diabetes care were available in all three assessed communities, the only facilities present were mobile clinics and/or field hospitals. All medical items were either sometimes or generally available for the remainder of the year after access restrictions were temporarily reduced in February.

AL-WAER

MONTHS ASSESSED
JAN-MAY

TRUCE
YES

either already in stock, or produced within the community. Additionally, heavy shelling caused access to medical facilities to decline, and all educational facilities closed down due to the security risks.

In March, ongoing truce negotiations led to a reduction in shelling. Following the truce agreement, large-scale evacuations took place. By May, approximately 80% of the population had left. However, improvements in the humanitarian situation were not immediately visible. Conversely, damage to the water network caused water availability to become insufficient through the rest of the month, and the electricity network was reportedly shut off for ten days.

In April, further evacuations caused pressure on the local infrastructure to be eased. Access to the electricity and water networks was restored. As a result, access to water became sufficient again. Additionally, food prices reportedly decreased.

Improvements in humanitarian conditions continued to be reported in May. Following the final evacuations, access restrictions on civilian movement and commercial traffic were lifted. For the first time since assessments of the community began, no coping strategies related to a lack of food were reported.

REACH lost coverage of Al-Waer after May 2017, following the departure of Community Representatives.

Al-Waer, located to the west of the city of Homs, has faced access restrictions since 2013. The community was classified as besieged by the United Nations in May 2016. While some sources report that a truce agreement was signed in Al-Waer as early as September 2016, significant effects such as evacuations were not reported until March 2017.

Between January and mid-March 2017, the humanitarian situation deteriorated significantly. No humanitarian or commercial vehicles were reportedly permitted to enter the community. As a result, no food, fuel, hygiene and medical items were brought in during this period. The available goods were

BARZA AL BALAD, JOBER & TADAMON

MONTHS ASSESSED
JAN-DEC

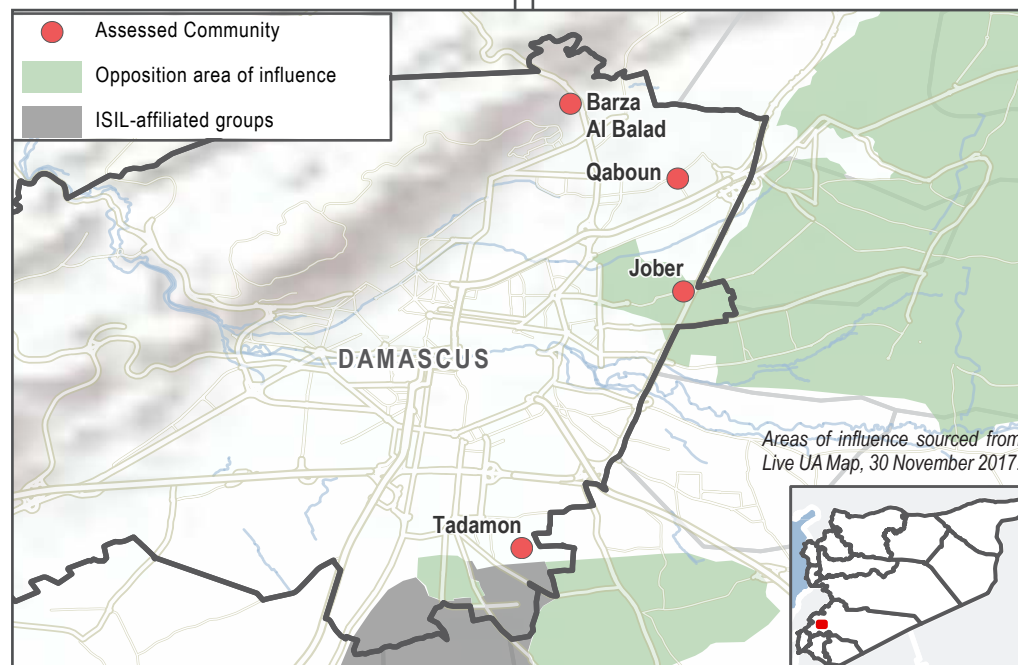
TRUCE
ONLY IN BARZA

Located in eastern Damascus governorate, the neighbourhoods of Barza Al Balad¹⁴, Tadamon and Jober have faced access restrictions since mid-2013. Access to all three neighbourhoods was limited at the start of 2017. The main method for goods to enter all three was by civilians bringing them back from other communities.

In January, access to water was also reportedly insufficient in all three neighbourhoods due to contamination and water network damage caused by clashes in the [Wadi Barada area](#) of Rural Damascus. Additionally, in Barza, access to electricity was negatively affected by power outages.

In February, the humanitarian situation in Barza worsened. All formal access points were reportedly closed to civilian and commercial movement and the entry of food, fuel, hygiene or medical items. While access to drinking water was restored in all three communities following repairs to the main pumping station in the Wadi Barada area, conditions in both Barza and Jober worsened further between March and May. No goods entered Barza, and an estimated 51-75% of residents reportedly fled Jober in March due to ongoing conflict.

In May, a truce agreement in Barza reportedly led to improvements in civilian access and increases in the availability of food and medical items over the subsequent months. However, reprisals were also reported; according to CRs, some Barza residents were not permitted to access their agricultural lands after the truce. No major changes in humanitarian conditions took place after August.



Conversely, the situation in Jober worsened due to conflict in June and August (coverage was temporarily lost in July), prompting the remaining civilian population to leave during this time period. Coverage of this neighbourhood was subsequently lost.

In Tadamon, the humanitarian situation mostly remained stable but critical throughout the year. Residents of this neighbourhood faced an enduring lack of access to food and medical care inside the neighbourhood, while the flow of goods and access to services such as education and healthcare was largely dependent on access to nearby areas.

QABOUN

MONTHS ASSESSED
APR-DEC

TRUCE
YES

reportedly unavailable. Additionally, access to medical care was minimal due to depleted medical stocks and security risks associated with movement within the community. All educational facilities were reportedly closed.

Conditions deteriorated further in early May. All assessed foods, hygiene items and fuel types reportedly became unavailable in Qaboun. By mid-May, control over the community was shifted to the Government of Syria, and all but 50 individuals were reportedly evacuated. Following a truce agreement, food items started entering the community once again and access to the water and electricity networks were restored. However, all medical facilities were reportedly shut down.

Conditions improved further from July onwards, when the Syrian Arab Red Crescent (SARC) was able to set up an informal emergency care point. Around 300 internally displaced persons reportedly settled in the community after they fled from Eastern Ghouta but were unable to travel further due to access restrictions. Access to the water and electricity networks reportedly improved, and water availability was sufficient for the first time since assessments started.

However, restrictions on civilian and commercial movement were not lifted until December 2017. When that happened, access to various goods improved significantly, and new livelihoods opportunities were created. Qaboun was re-classified from besieged to hard-to-reach by the United Nations as of 19 December 2017.

Qaboun is a neighbourhood located in east Damascus city. Coverage of Qaboun began in April 2017, one month before a truce agreement was reached in the community. Previously, in February, the only formal access point into Qaboun, Barza and Tishreen was reportedly shut down, which cut off the main supply line to the community.

The humanitarian situation was critical in April, after no goods had been permitted to enter the community since February. Food prices rose to 300% of those reported in nearby areas that were not classified as besieged or hard-to-reach, while 40% of all assessed hygiene items⁵ and all but one type of fuel⁶ were

AL-HAMA & QUDSIYA

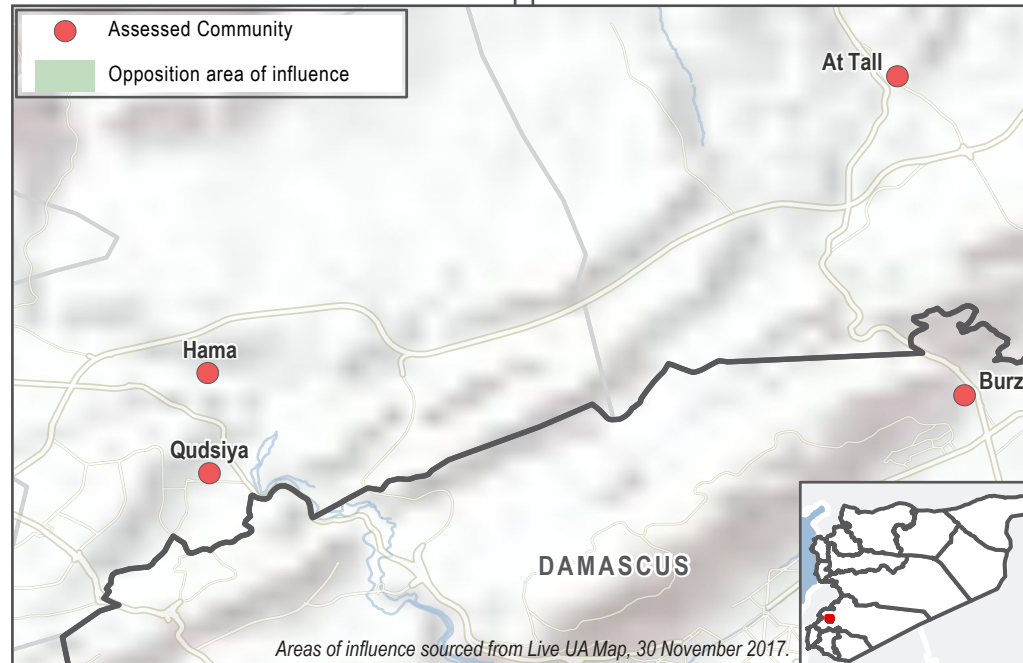
MONTHS ASSESSED
JAN-DEC

TRUCE
YES

Al-Hama¹⁵ and Qudsiya, two communities located northwest of Damascus, have faced access restrictions since June 2015. A truce agreement was signed in the area in October 2016, after which some improvements in the humanitarian situation were observed.

Throughout 2017, the humanitarian situation in both communities remained relatively stable. Between 76% and 100% of residents were permitted to use formal access points to enter and exit, although a range of associated risks was reported each month. These reportedly included conscription and detention, as well as physical violence (including against women) and sexual harassment of women under the pretext of inspections. Commercial and humanitarian vehicles had relatively stable access to the communities, although drivers were at times required to pay fees or show documents, and confiscations of goods were reported.

Access to education remained stable throughout 2017, and all children were reportedly able to attend school. Access to the water network was reported in both communities during all months except for January 2017 in Qudsiya. However, beginning in July, access decreased from 3-4 days in Qudsiya to only 1-2 days per week due to power outages that affected the pumping system. This coincided with water being reported as insufficient to meet needs and the use of coping strategies in the community for the remainder of 2017. Meanwhile, in Al-Hama, water has been reported as sufficient and the



network available for 5-6 days per week since March 2017. A relatively high level of access to electricity in both communities was reported for all of 2017 at 8-12 hours. Meanwhile, access to healthcare and medical supplies remained stable after having improved in April with the re-opening of two pre-conflict private hospitals.

The prices and availability of core goods such as food, fuel and hygiene items stayed relatively constant, with occasional fluctuations attributable to market fluctuations, seasonal changes, and humanitarian deliveries to the area.

AT TALL

MONTHS ASSESSED
JAN-DEC

TRUCE
YES

points increased to 26-50%. However, an increase in the risks of detention, conscription and verbal harassment was reported.

Commercial vehicles also continued to be subject to restrictions such as document requirements, fees, searches, limits on the frequency and times of entry, and the partial confiscation of loads. Additionally, following the truce agreement, some residents were reportedly subject to reprisals against property, as well as to detention and conscription.

Nonetheless, some improvements took place. In January, repairs on the main electricity network restored its functionality, while one humanitarian aid delivery reportedly took place, the only one of its kind all year. In February, all children were able to attend school again after there had previously been a lack of school supplies. Additionally, restoration of the water network commenced.

In April, two private clinics opened in At Tall, which significantly improved the availability of medical services. However, the cost of access was prohibitive to some members of the community. The lack of affordable healthcare especially affected men, as they faced increased risk at checkpoints and were less able to seek care in other areas.

Only in August were the restrictions on commercial vehicle somewhat lifted, leading to a reported increase in the availability of goods. Likewise, rationing of the electricity network was reduced. The humanitarian situation remained largely stable for the remainder of the year.

At Tall is located in the Qalamoun mountains, 11km north of Damascus, and has been subject to severe access restrictions since the end of 2013. A sharp decline in humanitarian conditions was observed in July 2016, before a truce was reached in December 2016. However, the truce agreement did not immediately lead to significantly improved humanitarian conditions.

In January 2017, one month after the truce was reached, civilians reportedly no longer faced the risks of shelling or violence when entering or leaving the community. Additionally, the proportion of residents that was permitted to enter and exit the community via formal access

DEIR EZ ZOR

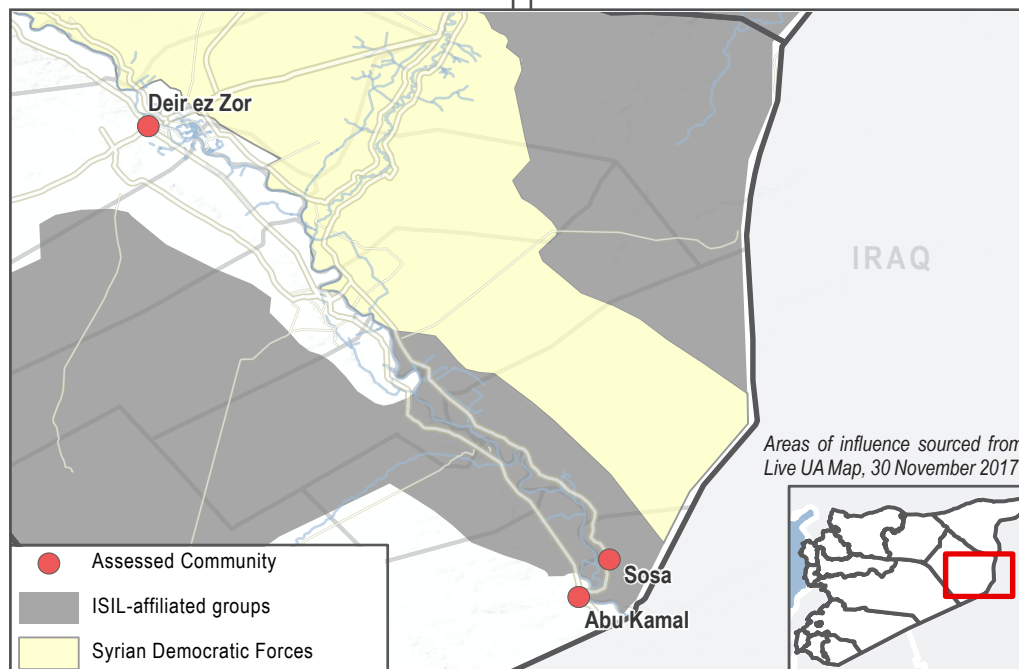
MONTHS ASSESSED
FEB-JUL

TRUCE
NO

The city of Deir ez Zor, located in eastern Syria, has experienced heavy conflict since June 2012. REACH assessed two of the neighbourhoods in the city that were considered besieged by the United Nations: Joura and Qosour. These neighbourhoods were subject to severe access restrictions since January 2015. The siege was broken by the government in September 2017, while all areas of the city were re-taken from the so called Islamic State of Syria and the Levant (ISIL) in early November.

Data collection was not possible due to operational constraints in January 2017, but the humanitarian situation in Joura and Qosour reportedly deteriorated significantly in February. Access to medical care reportedly decreased, as no medical items entered and only residents with the right connections could access the hospital, which was reportedly not intended for civilian use. Electricity was only available for 1-2 hours per day via generators. Additionally, residents reportedly continued to rely on untreated surface water, which resulted in illness, and food security was critically low. Educational facilities remained unavailable in both.

After REACH began assessing some gender-specific indicators in February, protection risks that affect women in particular were reported, including detention due to perceived political affiliations and a high prevalence of rape. Men also reportedly faced detention, as well as conscription and forced disappearance, including when attempting to access medical care at the hospital.



In the following months, humanitarian conditions reportedly deteriorated even further, with increased personal security risks and even lower rates of access to electricity. Airdropped humanitarian aid reportedly served as a lifeline to some in the community, although it was distributed unevenly and sold in markets at times. Violent clashes continued to erupt intermittently, leading to civilian casualties. REACH lost coverage of the two neighbourhoods in July 2017, due to an escalation in conflict.

ABU KAMAL & SOSA

MONTHS ASSESSED
APR-JUL

TRUCE
NO

The subsequent months in which assessment was possible were characterised by worsening humanitarian conditions. In April, the water network reportedly broke down in Abu Kamal, which led residents to employ negative coping strategies such as modifying their hygiene practices and buying water with money usually spent on other things. Meanwhile, access to water remained constant in Sosa.

In May, access to the water network in Abu Kamal was restored, but heavy shelling started to affect both communities. This reportedly resulted in numerous civilian casualties and caused insecurity to rise, although it also led to loosened restrictions on movement, as ISIL allowed residents to travel to other communities under their control.

Similarly, in June, informal access routes became available to 1-10% of residents of both communities but their use was associated with risks of sniper fire and other gunfire, landmines and detention.

Despite the ongoing hostilities, food and hygiene items remained generally available in both communities (21+ days per month), while the majority of assessed fuels were at least sometimes available (7-20 days per month) during the assessment period. Similarly, the prices of assessed commodities did not change significantly other than an increase in some items' prices in June.

At the time of writing, in January 2018, Sosa remains under control of so-called ISIL, whereas Abu Kamal has come under the control of the Government of Syria.

The communities of Abu Kamal and Sosa are located in south-eastern Deir ez Zor governorate, about 10 km from the Syrian-Iraqi border. After July 2017, REACH lost coverage in this area due to operational constraints.

At the start of the assessed period (April 2017), no residents were reportedly permitted to enter or leave the two communities via formal or informal routes. Residents of Sosa were able to obtain health services in Abu Kamal, as none existed in their own community. However, the hospitals in Abu Kamal were reportedly privately owned and access was prohibitively expensive to some segments of the population.

KHAN ELSHIH

MONTHS ASSESSED
JAN-DEC

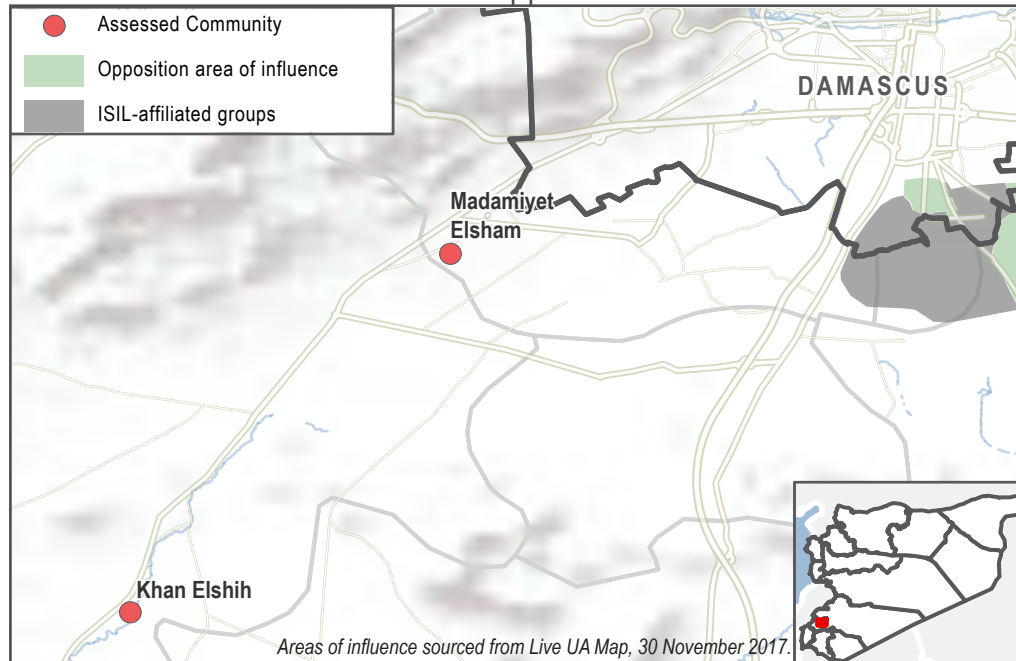
TRUCE
YES

Khan Elshih is a largely Palestinian community located southwest of Damascus that has been affected by access restrictions since March 2013. Following an escalation in conflict, a truce was reportedly agreed to in the community in late November 2016, leading to increased commercial vehicle access.

Following the signing of the truce agreement, the humanitarian situation in the community continued to improve in January 2017. Restrictions on civilian movement decreased slightly, with 11-25% of the community being permitted to use a formal route to enter and exit. Commercial vehicles continued to be able to supply markets, albeit only on set days, and public bakeries were reportedly functional in January for the first time since March 2016. However, the main water and electricity networks remained unavailable.

The humanitarian situation remained overall stable for the remainder of the year. In February, the only reported entry of humanitarian vehicles took place, although the United Nation Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) provided some support in the community. Subsequently, in April, the community was reclassified from besieged to hard-to-reach. However, in May, access to water reportedly became insufficient, and residents had to resort to purchasing water with funds originally intended for other things; this remained the case for the remainder of 2017.

Additionally, as the year progressed, instances of conscription at checkpoints were reported, on top of detention and verbal harassment



of both men and women. In September, the rates of detention and conscription within the community reportedly increased.

Positive developments also took place: in August, repairs to the electricity network were completed. Meanwhile, access to healthcare remained relatively constant throughout 2017, with residents able to travel to nearby areas to access services not available in their communities. However, this involved crossing checkpoints, where men tend to be at a higher risk of detention and conscription. As a result, men faced additional barriers when accessing medical care. Access to education was high, with all children reportedly able to access educational services for all assessed months.

MADAMIYET ELSHAM

MONTHS ASSESSED
JAN-DEC

TRUCE
YES

fees. The confiscation of goods and time restrictions on the entry of vehicles were also sometimes reported, as well as vehicle searches and document requirements.

Access to services remained relatively stable, with permanent healthcare facilities available throughout the year, although skilled childbirth care and surgery remained unavailable for the majority of assessed months. However, residents with limited funds, men wanted for conscription, and pregnant women seeking skilled childbirth care reportedly faced barriers to accessing improved care in nearby communities. Access to the electricity network improved from 2-4 hours to 4-8 hours per day in October. Meanwhile, the water network continued to be available for only 1-2 days a week across 2017, while CRs reported negative coping strategies to deal with a lack of water, such as bathing less or purchasing water with money intended for other things, for the majority of the year.

Access to educational facilities was reported in all assessed months, although the barrier of children having to work was reported for the first three months of the year, while destroyed facilities and a lack of teaching staff were reported as a barrier to education in both January and September.

The prices and availability of most goods remained relatively stable throughout the year, although the availability of fuel fluctuated, and the negative coping strategies of burning plastics, furniture not in use, and waste were reported in colder months.

Madamiyet Elsham is a small urban district in Rural Damascus, 4km southwest of the centre of Damascus city. The community has faced access restrictions since late 2012. A truce agreement was signed in the community in September 2016. Subsequently, the humanitarian situation remained relatively stable in 2017.

Throughout the year, 26-50% of the population was permitted to enter and exit the community via formal access routes, although the risks of verbal harassment, detention and conscription were consistently reported. Commercial access remained stable, although goods entering via these vehicles were subject to

ASH SHAJARA

MONTHS ASSESSED

JAN-FEB

TRUCE

NO

Ash Shajara is a community based in in Dara'a governorate 5 km from the Jordanian border. that has faced access restrictions since 2014. REACH was only able to cover Ash Shajara for the first two months in 2017, as security concerns related to ongoing tensions in the area made data collection unfeasible after February.

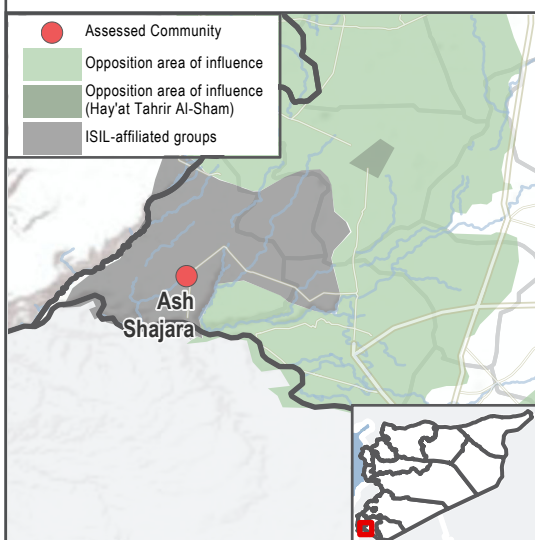
In December 2016, there was a significant escalation in hostilities in Ash Shajara. As a result, restrictions in access to the community were tightened and the humanitarian situation deteriorated, which continued into January 2017. Both commercial and humanitarian vehicles continued to be banned from accessing the community, and only a handful of core food items remained available in markets and the prices of items were inflated. Additionally, medicine and fuel reportedly

continued to be prohibited from entering the community. Moreover, approximately 900 individuals, many of whom were IDPs, left the community for nearby areas to avoid hostilities.

Access to basic services also deteriorated in January. A number of healthcare facilities were forced to close due to a shortage of staff, as some personnel were reportedly among those who left, and the number of children who attended school decreased. The electricity network remained unavailable. However, following a local agreement, the community regained access to the water network for 1-2 days a week.

In February, humanitarian conditions improved, following the cessation of hostilities and a reduction in access restrictions on commercial vehicle entry. Food, fuel, hygiene items and medicine all entered via residents and commercial vehicles, although food prices remained relatively high. Additionally, further repairs to the water network took place, and some of the medical staff who had left in January returned to the community. However, severe barriers to education remained in place from January and included unsafe routes to services and shelling.

In March 2017, the so-called Islamic State of Iraq and the Levant reportedly took control of Ash Shajara, and coverage was discontinued due to operational constraints.



Areas of influence sourced from Live UA Map, 30 November 2017.

HAJAR ASWAD, YARMUK

MONTHS ASSESSED

JAN-DEC

TRUCE

NO

The communities of Hajar Aswad and Yarmuk, located in the southern suburbs of Damascus city, have faced access restrictions since early 2013. The population of Yarmuk mainly consists of Palestinian refugees. No sustained truce agreement has been in place in either community since the conflict began.

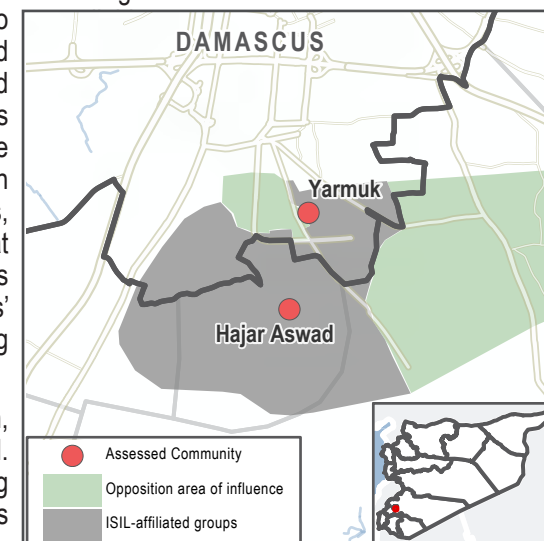
In the months where access to formal routes was possible, only women, children and elderly people were permitted to formally enter and exit either community. While informal routes were available in both communities, there were severe risks associated with accessing them, such as shelling and gunfire.

No commercial vehicles entered either community in 2017 or since they were first assessed in June 2016. Instead, residents relied on bringing back items from nearby communities such as Yalda and Babella. Neither Hajar Aswad or Yarmuk had access to the electricity network, and Hajar Aswad had insufficient access to water for all assessed months in 2017; access was reported as insufficient in Yarmuk starting in June. While educational facilities were available in both neighbourhoods during all assessed months, there were significant barriers to access that included destroyed facilities, a lack of supplies and staff, the need for children to work, parents' disapproval of curriculum, and services being too far away.

In Yarmuk, civilian access improved in March, and some aid deliveries were reported in April. However, also in April, roads to neighbouring towns closed for four days due to tensions

between different local authorities. In May 2017, truce negotiations began between local actors but broke down shortly afterward. Following this, 1,000 residents fearing internal clashes reportedly fled the community.

Meanwhile, the situation in Hajar Aswad remained largely stable, albeit critical, until October, when air strikes and internal fighting were reported. The intensified conflict reportedly led to the displacement of 300 individuals to nearby areas, and a 12-day closure of an informal access point, during which no goods entered the community. This, in turn, led to a reported increase in the use of negative strategies to cope with a lack of food. Services such as healthcare and education were heavily impacted. In Yarmuk, all formal access points were closed in October, and in Hajar Aswad the same occurred in November, although some informal routes remained



Areas of influence sourced from Live UA Map, 30 November 2017.

AZ ZABDANI, MADAYA & BQINE

MONTHS ASSESSED

JAN-DEC¹⁶

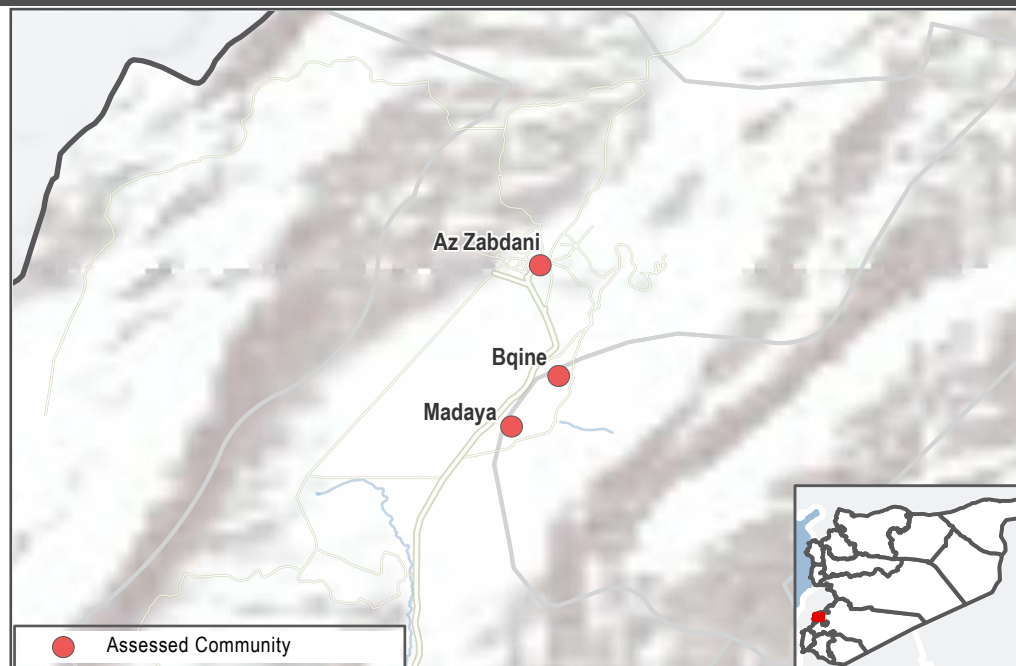
TRUCE

YES

The mountainous communities of Az Zabdani, Madaya and Bqine (for the purposes of this profile, the contiguous area of Madaya and Bqine will be referred to as Madaya), located 40km northwest of Damascus city, faced restrictions on movement after July 2015. The population of Az Zabdani was almost entirely displaced in early 2016 although some residents remained.

The Madaya and Az Zabdani area was under what is known as the Four Towns Agreement, alongside Al-Foah and Kafraya communities of Idleb governorate. In this agreement, civilian movement, and commercial and humanitarian access, for one area was completely dependent on access to the other. Similarly, when any escalations between parties to the conflict negatively affected one area, the other often witnessed negative repercussions. Al Foah and Kafraya have not been assessed by REACH due to operational constraints.

In December 2016, hostilities had escalated in Madaya and Zabdani, which meant that the beginning of 2017 was marked by critically poor humanitarian conditions and further intensified conflict. No items, including food, had reportedly entered the community since November 2016, and all formal access points remained closed, as had been the case since September 2016 when medical evacuations were permitted. Access to electricity was minimal and the available water was insufficient in both communities. Schools were closed due to severe security risks, which also prevented some residents from accessing medical facilities.



In subsequent months, the situation deteriorated further; access to electricity continued to decrease, schools remained closed, and stocks of medical items continued to deplete. In March, an inter-agency convoy temporarily improved conditions by delivering food and medicine, but the situation reportedly remained critical.

In early April, a truce agreement was reached under the Four Towns Agreement. As a result, all of the remaining population was evacuated from Az Zabdani. Similarly, in Madaya, the hostilities stopped following the truce, and fighters and their families were evacuated.

However, access restrictions remained in place, and the humanitarian situation reportedly continued to deteriorate, as stocks of food and other items depleted further. Additionally, the only medical facility reportedly closed down due to the departure of personnel during evacuations.

The humanitarian situation in Madaya improved from May onwards, as the implementation of the Four Towns Agreement resulted in relaxed access restrictions. All types of goods, some of which had been reportedly prevented from entering Madaya via formal points since assessments began in 2016, became available in May.

Access to all basic services increased in May: after repairs took place, residents of Madaya regained access to the water and electricity networks. However, water availability was reportedly still insufficient. Schools opened their doors again for the first time since December 2016, when they closed down following an escalation in conflict. However, children did not return to school straight away, as they remained on summer break. Lastly, access to medical services improved significantly as medical staff returned to the community and all assessed medical items became sometimes available (7-20 days per month).

In June, the situation in Madaya remained stable, while it improved during July following the return of some medical personnel to the area and the continued entry of medical items.

Meanwhile, rationing restrictions on the electricity network decreased further in August, and the number of hours it was available increased from 2-4 to 4-8 hours a day. In October, the water network became available for 5-6 days a week. As a result, residents reportedly had sufficient access to water for the first time since October 2016. These improvements reportedly persisted for the remainder of the year.

WADI BARADA: BARHALIYA, BSEIMEH, DEIR MAQRAN, DEIR QANUN, EIN ELFIJEH, HSEINIYEH, KAFIR ELZEIT, KAFR ALAWAMEED, SOUQ WADI BARADA

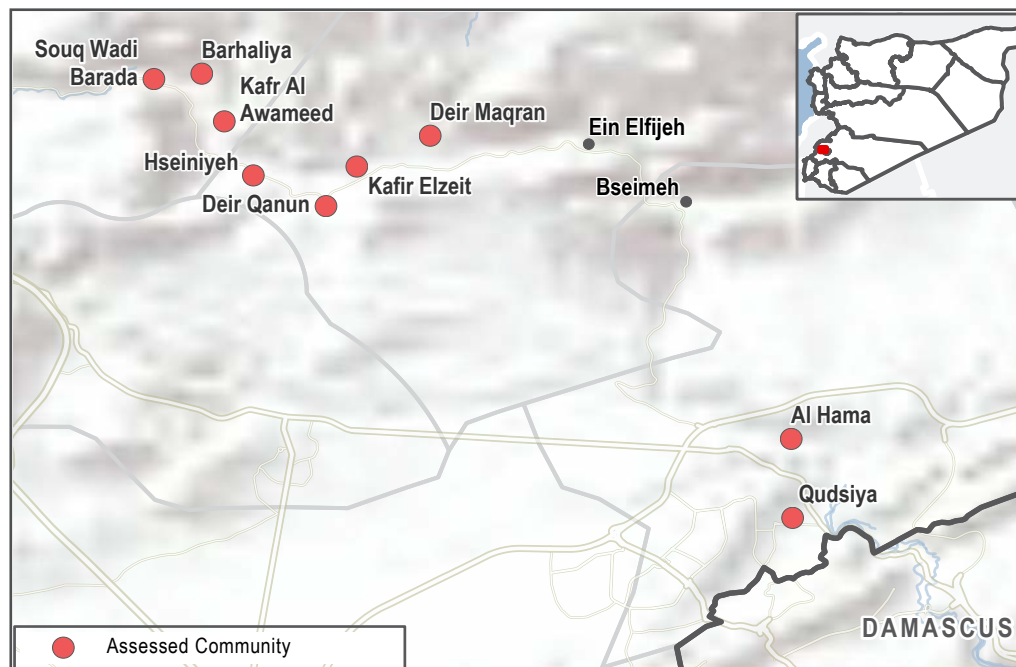
MONTHS ASSESSED
JAN-DEC

TRUCE
YES

The Wadi Barada area is located in Rural Damascus governorate. REACH began assessments of nine communities in Wadi Barada in August 2016, all of which have been classified by the UN as hard-to-reach since June 2016 except for Bseimeh, which was eventually classified in November 2016.

The area faced increasingly severe access restrictions for the first part of the assessment period, after conflict in the area was re-ignited in December 2016. Hostilities and severe access restrictions reportedly continued until the Wadi Barada area agreed to a truce agreement on 30 January, 2017. As the populations of Bseimeh and Ein Elfijeh were reportedly evacuated as part of the agreement, coverage of these communities was discontinued.

In January, no formal access points leading out of the Wadi Barada area were accessible, and those who attempted to leave reportedly faced life-threatening risks. Civilian movement, and the movement of commercial and humanitarian vehicles, was not permitted for the second consecutive month; no goods had reportedly entered the area since late December 2016. All remaining shops and schools in the area reportedly shut down due to access restrictions and intense hostilities, and access to water and electricity reached critical lows. Meanwhile, functioning medical facilities and available medical services were reported only in Deir Qanun and Kafir Elzit, while severe conflict-related risks to travel prohibited residents in other communities from accessing medical care.



In contrast, the situation in February improved following the cessation of hostilities and implementation of the truce agreement. Two formal access points reportedly opened and were available to women, children, public sector employees and students, although those leaving were required to present proper identification and reportedly faced the risk of verbal harassment. Men reportedly avoided accessing formal routes, fearing detention and conscription, which negatively affected their access to healthcare services not available in Wadi Barada. Commercial vehicles regained authorisation to enter the area but were subject to restrictions that included searches

and fees; limitations on the time of entry and quantities of goods entered per trader; partial confiscation of loads; and documentation requirements. In contrast, humanitarian access was not reported, nor had it been since the area was first assessed. Schools re-opened and the water network became available, but CRs still reported that access to the latter was insufficient.

Subsequently, access restrictions continued to be lifted gradually, leading to the entry of the first inter-agency humanitarian convoy to the area (in March 2017) since assessments began. However, the assistance was reportedly

insufficient to meet population needs, and only one other humanitarian delivery was reported during 2017, in May.

The availability of food items increased in February, and all food items other than bread became generally available (21+ days per month) in March, with bread from private bakeries following suit in May. Meanwhile, hygiene items followed a similar pattern, with all assessed items reported as generally available after March 2017.

The availability of fuel decreased following the truce agreement, but the items available in markets during half or more of assessed months (butane, diesel, kerosene, propane, and coal) remained only sometimes so (7-20 days per month). The exception to this was butane, which was temporarily reported as generally available (21+ days per month) from March to October.

After improving from February to May, the humanitarian situation remained largely stable in June. Some men with good connections to the authorities were reportedly able to exit the area in July, and the electricity network was repaired as well, leading to increased availability in August. Meanwhile, the prices of food, fuel, and hygiene items remained within normal market fluctuations from September onwards, having steadily decreased from February to August. No other notable changes were observed for the remainder of the year until December, when cases of detention for the purpose of conscription were reported in Barhaliya, Deir Qanun and Kafir Elzeit.

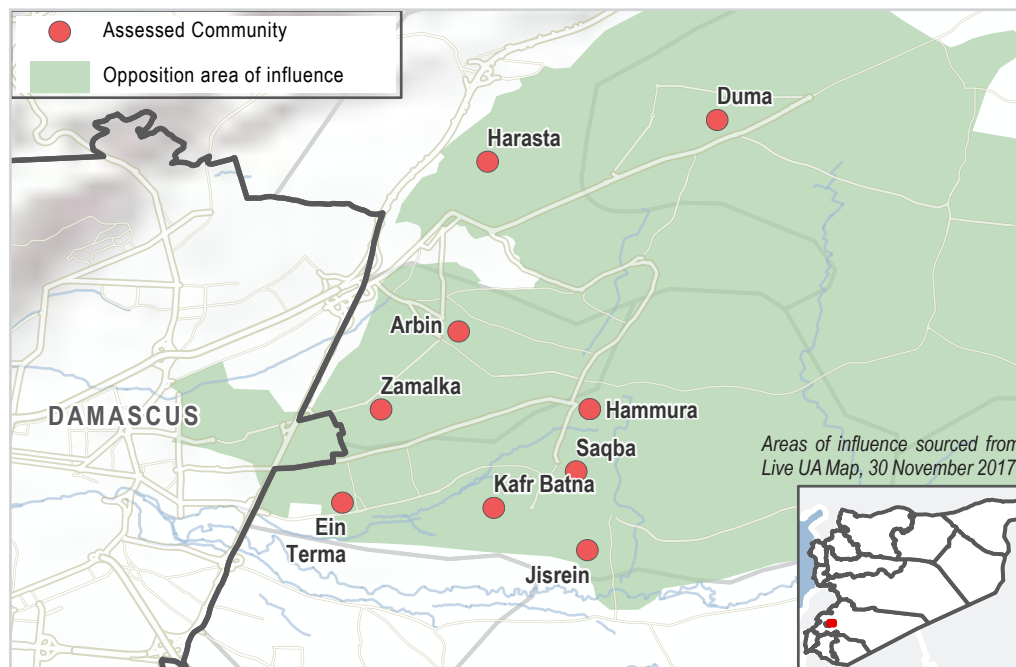
EASTERN GHOUTA

ARBIN, DUMA, EIN TERMA, HAMMURA, HARASTA, JISREIN, KAFR BATNA, NASHABIYEH, SAQBA, ZAMALKA

Eastern Ghouta is an agricultural area east of Damascus that has faced access restrictions since the beginning of the Syrian conflict. REACH assessments of Eastern Ghouta began in June 2016 and have covered ten communities in the area: Arbin, Duma, Ein Terma, Hammura, Harasta, Jisrein, Kafr Batna, Nashabiyeh*, Saqba and Zamalka. All communities except for Nashabiyeh have been classified as besieged by the UN since 2013, while Nashabiyeh was re-classified from hard-to-reach to besieged in November 2016.

The humanitarian situation in Eastern Ghouta was critical for the entirety of the assessment period. Al Wafideen point has been the only access point available for formal movement into and out of the besieged enclave, and commercial and humanitarian access has been severely restricted. The entry and exit of civilians has only been permitted for a negligible percentage of the population, with life-threatening risks to entering and exiting formally reported, and no available informal routes after February 2017. Additionally, violent conflict continued. A map of damage to infrastructure is included on the next page.

In January, the humanitarian situation remained stable with a few negative developments. Less fuel entered Eastern Ghouta for the second consecutive month. Meanwhile, for the first time since assessments began, residents across communities reportedly had to start skipping meals, which was previously only reported in some communities. Lastly, increased conflict in Nashabiyeh reportedly led to a decrease in access to services there.



In February, March and April, the situation deteriorated further. A network of tunnels to Damascus city that had served as a lifeline for Eastern Ghouta was reportedly destroyed following the besiegement of [Qaboun and Barza neighbourhoods](#). This development, coupled with the closure of Al Wafideen access point to commercial vehicles during March and April, led to the depletion of medical stocks, decreases in the availability of food items, and price hikes. The entry of fuel, which had reportedly not been permitted formally since June 2016, ceased altogether with the closure of the tunnels. Instead, residents relied on firewood and diesel produced locally by melting

plastics, after butane became unavailable in March. NFI availability and prices were less affected throughout the year, likely because they can be stored for long periods of time.

Al Wafideen re-opened, and a humanitarian convoy entered Duma in May. Additionally, Eastern Ghouta was assigned 'de-escalation zone' status as a part of the so-called Astana process¹⁷. However, conflict continued to affect the region for the rest of 2017. Infighting between armed groups inside Eastern Ghouta had erupted at the end of April, and lasted into the first week of May, resulting in severe risks to travel. Prior to the escalation, residents of most communities had been able to move

MONTHS ASSESSED

JAN-DEC

TRUCE

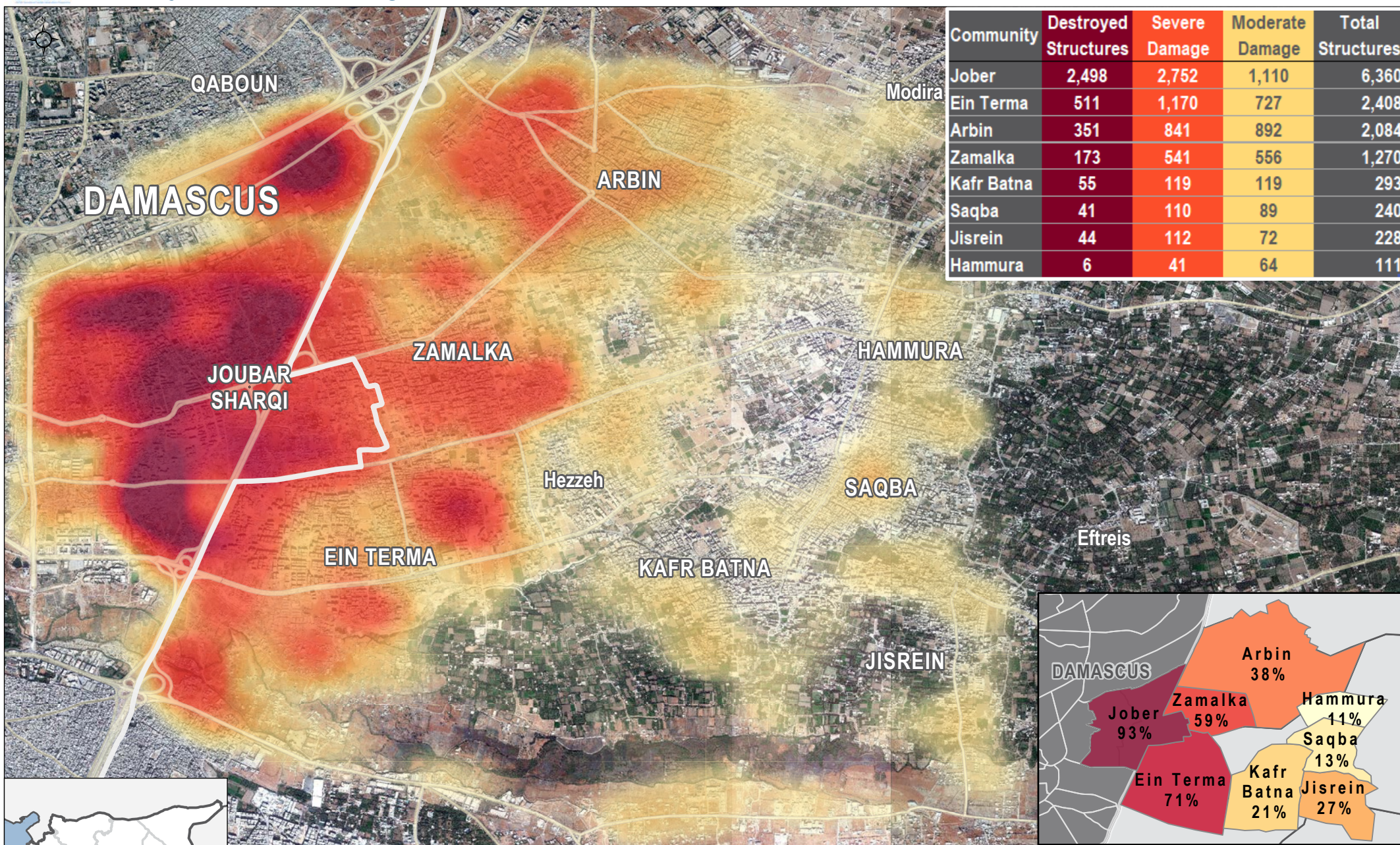
NO

within Eastern Ghouta with no restrictions. Approximately 12,000-16,000 people were displaced to Duma from communities in the southwestern part of the area, and internal checkpoints were established. In May, food availability did increase, and prices of all items decreased but did not reportedly return to levels seen before the closure of Al Wafideen. Humanitarian aid entered Harasta in June, Nashabiyeh in July, and Duma in July and August. However, none of these deliveries were reportedly sufficient.

In June, an offensive on Ein Terma began, which intensified in July. As a result, around 40% of residents (13,500 individuals) fled to other parts of Eastern Ghouta. Then, in September, the only trader able to enter commercial vehicles into Eastern Ghouta lost the authorisation to do so. Other than limited humanitarian deliveries, no goods entered for almost three months. Infant deaths due to malnutrition were reported in October¹⁸, and schools reportedly closed in November due to the high risk of shelling. The medical situation reached such critical levels that personnel would reportedly treat only the most serious cases to preserve supplies, while residents were going days without eating or consuming non-edible plants to cope with a lack of food.

Commercial vehicle access was restored in late November, but prices of items did not fully recover. In December, medical evacuations were permitted for the first time since the region was classified as besieged; some individuals, including infants and children, reportedly died while waiting for permission to exit¹⁹.

*Nashabiyeh was first covered by REACH in August 2016.



Damage Severity
High

Low

* Severity calculated based on density of damaged infrastructure and weighted by scale of damaged based on; destroyed, severely damaged, or moderate damage.

Satellite Imagery: GeoEye-2 from 20 October 2017
Copyright: DigitalGlobe, Inc
Source: US Department of State, Humanitarian Information Unit, NextView License
Road Data: OpenStreetMap
Admin Data: UN OCHA
Analysis: UNITAR-UNOSAT
Production: REACH Initiatives

*Community names in capital letters represent communities assessed.

Analysis Conducted comparing:
Satellite Data (1): WorldView-3 from 03 December 2017
Copyright: DigitalGlobe, Inc
Source: US Department of State, Humanitarian Information Unit, NextView License

Satellite Data (2): WorldView-2 from 20 November 2017
Copyright: DigitalGlobe, Inc
Source: US Department of State, Humanitarian Information Unit, NextView License

0 0.5 1 Km

Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners, associates or donors mentioned on this map.

BAIT JAN

BAIT JAN, BEIT SABER, BETIMA, KAFR HOOR, MAZRAET BEIT JIN

MONTHS ASSESSED

JAN-OCT

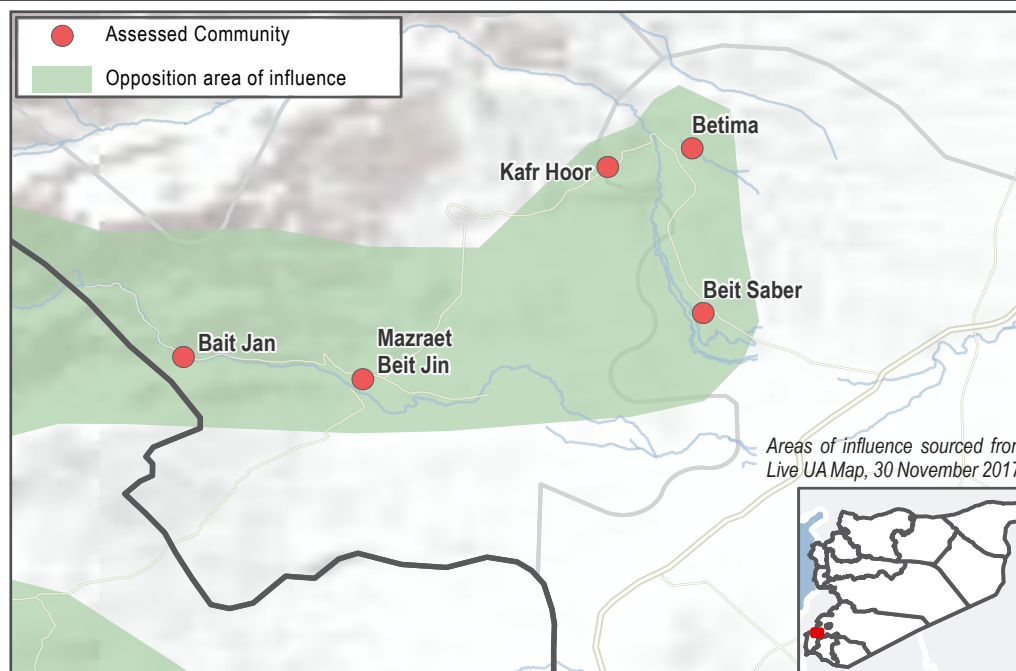
TRUCE

YES

The Bait Jan area is located in the southwest of Rural Damascus governorate near the Syrian-Lebanese border. In 2017, the humanitarian situation in three of the communities in the area (Beit Saber, Betima and Kafr Hoor) diverged significantly from the situation in the other two communities (Bait Jan and Mazraet Beit Jin), as the former signed a truce agreement.

Prior to 2017, humanitarian conditions were roughly similar in all five communities. Access to the area was severely limited, and commercial vehicles were reportedly banned from bringing in fuel. When Beit Saber, Betima and Kafr Hoor signed a truce agreement in January 2017, access to all five communities improved equally. Most restrictions were lifted, although detention and conscription of men continued to be reported at checkpoints. Also, the prices of several key commodities decreased as a result of improved commercial access to the area. The humanitarian situation continued to improve in February and March.

However, truce negotiations in Bait Jan and Mazraet Beit Jin broke down in April. Subsequently, access restrictions were reportedly reinstated and shelling of the communities resumed. As a result, the availability of some commodities deteriorated, and prices increased. Negative strategies to cope with a lack of food, such as skipping meals and reducing meal sizes, were reported. In the months that followed, movement to and from Bait Jan and Mazraet Beit Jin was gradually reduced even further, which led to more decreases in the availability of goods.



Conditions in the other communities improved following the truce. As rationing restrictions were gradually reduced, access to the electricity network improved significantly, while the communities without truce agreements continued to lack access to the network. There were no reports of reprisals or detentions in Beit Saber, Betima and Kafr Hoor, and few reports of conscriptions.

Clashes in Bait Jan and Mazraet Beit Jan escalated again in September, which caused mass displacement in the Bait Jan area. While residents had previously travelled to the other communities in the area to bring back

vital supplies, they started to avoid doing so in September due to the risks presented by shelling.

REACH lost coverage of the Bait Jan communities in October, due to operational constraints. The area came under the control of the Government of Syria in late December 2017 and early January 2018.

ENDNOTES

- Two further communities in Ar Raqqa governorate, Debsi Afnan and Debsi Faraj, were assessed in December 2017. However, they have not been included in this report because the available data is insufficient for identifying trends. Two further communities in Ar Raqqa governorate, Debsi Afnan and Debsi Faraj, were assessed in December 2017. However, they have not been included in this report because the available data is insufficient for identifying trends.
- Informal routes are routes that lead into and out of communities or areas that are not under the control of official authorities. As such, they may be used to avoid restrictions or taxes on transporting items and people. However, their use may also be associated with certain risks.
- The food basket includes 37 kg of bread, 19 kg of rice, 19 kg of lentils, 5 kg of sugar, and 7 kg of vegetable oil, and provides 1,930 kcal a day for a family of five for a month. More information can be found [here](#). Where an item was unavailable, no data was included for that community in that specific month. As a result, in months when many items were unavailable, average prices may be less reliable than in months with more availability. The price of bread was calculated by taking the lowest available price from the three types of bread assessed: bread from public bakeries, bread from private bakeries and bread from shops.
- The 14 assessed food items are: bread, rice, bulgur, lentils, chicken, mutton, tomatoes, cucumbers, milk, flour, eggs, iodised salt, sugar and cooking oil.
- The five assessed hygiene items are: soap, laundry powder, sanitary pads, toothpaste and disposable diapers.
- The six assessed types of fuel are: butane, diesel, propane, kerosene, coal and firewood.
- This may, in part, be explained by the lack of availability of butane in Eastern Ghouta in April, but was also observed in other communities.
- Reports about water safety were based on the perceptions of Community Representatives, and were not necessarily verified through testing.
- Main sources of electricity were either the main network, generators, or, less frequently, solar panels.
- 'Access' means that residents were able to use the network as their primary source of water/electricity.
- The six medical services covered by REACH assessments are: child immunisations, diarrhoea management, emergency care, childbirth care, surgery and diabetes services.
- The 11 medical items assessed by REACH are: anti-anxiety medication, contraception, clean bandages, blood transfusion bags, heart medicine, diabetes medicine, blood pressure medicine, antibiotics, burn treatment, anaesthetics and medical

METHODOLOGY

Data presented in this Annual Review was collected between January 2017 and January 2018, as part of REACH's Community Profiles project. Information was gathered from Community Representatives (CRs) residing within assessed communities who had sector-specific knowledge. Each community assessed had a minimum of three and up to six CRs contributing to data collection each month. Due to the inherent challenges of data collection inside besieged and hard-to-reach areas of Syria, representative sampling, entailing larger-scale data collection, remains difficult. Consequently, information is to be considered indicative rather than generalisable across the population of each assessed community in each month. Furthermore, an improvement or deterioration in the situation between months may not necessarily indicate a trend.

The exclusion or inclusion of assessed communities is influenced by the availability of CRs within communities and, therefore, the list of assessed communities should not be considered representative of all areas within Syria facing acute vulnerability. When trends are reported across months with differing coverage, steps were taken to ensure that the observed trends were not disproportionately caused by these changes in coverage. Please see page two and annex A for the communities assessed each month.

ENDNOTES (cont.)

scissors.

13. While the number of assessed communities changed significantly, the reported trend could still be observed when accounting for this change.

14. Barza al Balad was referred to as 'Burza' in previous Community Profiles information products.

15. Al-Hama was previously referred to as 'Hama' in Community Profiles information products.

16. Az Zabdani was last assessed in March 2017, as all of the remaining population reportedly left the community in the following month.

17. For more information about the Astana process: Al Jazeera, All you need to know about the Astana talks, 30 October 2017. (<http://www.aljazeera.com/news/2017/10/syrian-war-astana-talks-171029160554816.html>)

18. Kansa, Heba, Image of starving baby shows need to help children in besieged Syrian region: UN agencies, 27 October 2017. (<https://www.reuters.com/article/us-syria-hunger-ghouta/image-of-starving-baby-shows-need-to-help-children-in-besieged-syrian-region-un-agencies-idUSKBN1CU2MQ>)

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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 aims 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. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter: @REACH_info.

ANNEX A: ASSESSED COMMUNITIES

