Summary Report

Summary findings

Summary

This survey covered 52 of the 125 neighbourhoods (42%). This area represents 70% of the pre-conflict population of Aleppo City and has currently an estimated number of 2.5 million people. Of these people, the assessment found:

- 2.4 million people are living in areas that are in urgent need of humanitarian assistance
- 510,000 have been forced from their homes
- 2.4 million people have insufficient access to health services
- 2.2 million people are borderline food insecure
- 2 million people are facing challenges to access adequate shelter/NFIs
- 240,000 people are lacking sufficient access to water

Introduction

The Joint Rapid Assessment in Aleppo City (henceforth referred to as Aleppo City Assessment, or ACA) was undertaken over a two-week period in March 2013. The key purpose of the ACA was to provide strategic information on needs, key affected population groups, priority sectors for intervention and to determine where assistance is reaching people.

The assessment was coordinated by the Assessment Working Group (AWG) for northern Syria. The assessment was a collaborative effort between a range of humanitarian actors, supported by ECHO, DFID and OFDA and facilitated by the Assistance Coordination Unit (ACU). International needs assessment and GIS experts provided technical support.

Methodology

The ACA process drew on existing secondary data and needs assessments from NGO partners combined with a rapid primary data gathering exercise. 15 enumerators covered 52 out of 125 “neighbourhoods” (based on a preliminary mapping exercise) in the accessible parts of Aleppo City, building on the analytical model established under the “Joint Rapid Assessment of Northern Syria” (J-RANS). Qualitative and quantitative data was gathered, using key informant interviews and direct observation. Relief committees, religious leaders, local organisations, heads of household, medical staff and local police were interviewed. Public places such as schools, hospitals, markets or small shops were also visited to complement interviews with direct observation.

Each enumerator underwent a debriefing on return and was asked to provide evidence where reported information showed critical trends or high severity levels (lists, photos, etc.). Enumerators were debriefed separately to verify consistency. Reliability of sources was also noted in the questionnaires, specifically for quantitative data. Data that did not pass the verification protocols was discarded and are not presented in this report.

Field data was triangulated with baseline information (demographics, health statistics, price trends, socio-economic profile of the population, etc.), independent secondary data (partners report and databases), and with general knowledge about the situation in a given area (displacement patterns, conflict period, etc.). Data that were considered inconsistent, incomplete or contradictory were discarded.

Limitations

Limited geographic coverage: The ACA reached 52 (42%) of all 125 neighbourhoods in the city of Aleppo. Due to constraints in time, accessibility and security, the remaining number of neighbourhoods were not covered under this assessment. The population figures provided in this report are estimates made on the ground by observers and verified through existing registration lists, beneficiary lists, and local knowledge or data verifications. While these figures should not be considered precise, the trends reported were verified.

Limited sectoral coverage: In line with the rapid character of the exercise, the depth of information collected is limited. Further, sector-specific assessments are required, especially for protection, nutrition, and education.
Key findings

Figure 1: Severity of need for the health, nutrition, shelter, food and water sectors combined.

The “relative severity” scale ranges from 0-20. The maximum value of 20 would indicate a severity rating of 4 in each of the five aid sectors.

The blue borders indicate the three “zones” of the assessment area.

The assessment results indicate that there are over 510,000 internally displaced people, and that over 2,400,000 people are living in areas that are in urgent need of humanitarian assistance (52 of the 125 neighbourhoods, representing an estimated 70% of the total population of Aleppo City). The number of people in need, including IDPs, is likely to rise when areas not yet covered are assessed.

Figure 2: Conflict deaths and internally displaced people in the 52 assessed neighbourhoods of Aleppo City (as of 9 Mar 2013)
Given the information collected in 52 out of 120 neighbourhoods of Syria’s largest city, the impact of the conflict on the population is alarming. Key findings from the assessed neighbourhoods include:

- 511,900 IDPs currently reside in the 52 assessed neighbourhoods (50% are women).
- When only “reliable” data sets are used, the total number of persons reported killed in the assessed areas during the conflict is 10,800 persons.
- More than 23,000 were injured over the past months.
- Over 4,500 persons were reported missing, and over 13,000 have been arrested/detained since the beginning of the conflict in March 2011.
- More than 70% of the assessed neighbourhoods either have registered or are in the process of registering IDPs.
- About one million people have left the assessed neighbourhoods because of the conflict.
- More than half of all private buildings (including apartment buildings) are damaged or destroyed in the assessed neighbourhoods.
- Electricity has been unavailable for 6 months in 38 of the 52 assessed neighbourhoods (73%), especially in South West of Aleppo City.
- 27 of 52 assessed neighbourhoods (52%) are reporting problems or severe problems in humanitarian access.

### Priority Sectors

The assessment identified the following priority sectors in descending order of priority:

<table>
<thead>
<tr>
<th>Sector Priorities (All Areas)</th>
<th>North East</th>
<th>South East</th>
<th>South West</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security</td>
<td>3.46</td>
<td>4.00</td>
<td>3.55</td>
<td>3.69</td>
</tr>
<tr>
<td>Health</td>
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<td>4.20</td>
<td>2.27</td>
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<tr>
<td>Nutrition</td>
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<td>3.27</td>
<td>3.09</td>
<td>3.00</td>
</tr>
<tr>
<td>Water, Sanitation, Hygiene</td>
<td>1.77</td>
<td>1.13</td>
<td>2.55</td>
<td>1.74</td>
</tr>
<tr>
<td>Protection</td>
<td>1.08</td>
<td>1.20</td>
<td>0.82</td>
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</tr>
<tr>
<td>Education</td>
<td>0.38</td>
<td>0.93</td>
<td>1.73</td>
<td>0.97</td>
</tr>
<tr>
<td>Places to live and Non-Food Items</td>
<td>0.92</td>
<td>0.73</td>
<td>0.45</td>
<td>0.72</td>
</tr>
</tbody>
</table>

### Priority Target Groups

The assessment identified the following affected groups requiring immediate assistance, in descending order of priority:

1. IDPs living in vacated buildings and in improvised shelter
2. IDPs living in host families (the vast majority of IDPs)
3. Households facing financial insecurity, often unable to leave contested areas due to lack of resources
4. Families hosting IDPs who are stretching their resources
5. IDPs living in collective accommodation (the smallest IDP category)

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1. When “reliable” and “fairly reliable” data sets are used, the total number of persons reported killed in the 52 assessed neighbourhoods in Aleppo City during the conflict is 13,500 persons.
2. In the majority of the neighbourhoods assessed, enumerators only collected information on people injured over the past 1-2 months (based on medical records available at the health facilities). Therefore, it can be projected that the total number of persons injured since the beginning of the conflict in March 2011 is much higher.
Relief actors meeting the needs

Respondents were asked if they had received regular assistance in the last 30 days. The assessment indicated that local relief groups provide the largest amount of regular assistance, especially in the food sector. An unknown number of them are supported by INGOs who maintain limited or zero visibility in Aleppo City.

There are significant gaps in the provision of aid, especially in protection, shelter, and WASH. Over half of the 52 assessed neighbourhoods did not receive any regular humanitarian assistance over the past 30 days.

The assessment identified the following level of support received in the 52 visited neighbourhoods over the past 30 days:

![Map of supply of aid in different sectors](image)

Figure 4: Supply of aid in the six sectors: food, water, health, and shelter (as of 9 Mar 2013)

![Bar chart showing percentage of neighbourhoods receiving aid in one or more sectors](image)

Figure 5: Percentage of neighbourhoods in the survey area receiving aid over the past 30 days

![Table showing type of agencies providing assistance by sector](image)

Figure 6: Number of neighbourhoods/clusters of neighbourhoods with relief actors that provided aid over the past 30 days
A.2 Priority Recommendations

Summary

1. The ongoing conflict in Aleppo city is causing large numbers of civilian casualties, including women and children. The protection of civilians is urgently required.

2. The humanitarian needs in Aleppo City are a direct result of the conflict. Promotion of humanitarian access to all areas is urgently needed in order to allow relief actors to save lives, especially vulnerable groups such as children, women, older people and the disabled.

3. All neighbourhoods covered in this assessment are in significant humanitarian need, in almost all assessed sectors. A multi-sectoral response is therefore required.

4. There are life-threatening gaps in medical assistance, especially in the South West of Aleppo City. Medicines and vaccines are amongst the top priorities.

5. Food is increasingly becoming a critical issue. Respondents identified food as their highest priority need overall. Provision of all basic food items are urgently needed in most assessed neighbourhoods.

6. The risk factors for malnutrition are in place, such as poor feeding practices, displacement, and a high number of children with diarrhoea. Nutritional support is urgently needed for critical vulnerable groups.

7. The conflict caused widespread damage to infrastructure and houses in Aleppo City. Shelter kits are needed to improve living conditions, especially for IDPs in vacated or unfinished buildings and other hazardous shelter.

8. Support to solid waste management and garbage collection is needed before the warmer weather starts, in order to keep vermin and vectors low, and to minimise public health hazards.

9. The education system in Aleppo City has collapsed as a direct consequence of the conflict. Interventions are required to allow children to exercise their right to education in a safe learning environment.

10. There is a need for more comprehensive, systematic and regular assessment to provide an increasingly accurate and timely picture of needs.

Figure 7: Priority sectors identified by each neighbourhood (“Which sector poses the most serious problems?”)
Sectoral Recommendations

Food Security priorities:
In 47 out of 52 assessed neighbourhoods, food security was seen as a priority for intervention. Recommended assistance is as follows:
1. Provision of basic food items (food basket/food diversity)
2. Delivery of wheat flour and fuel support to subsidize bakeries
3. Fuel for cooking (stoves, wood gas and kerosene)
4. Cash for work/unconditional cash grant assistance to most vulnerable groups

The most frequently mentioned problem related to food is the high price increase of basic food commodities relative to the reduced purchase power of households. Bread prices in Aleppo are the highest in the country, at SYP75-225 a loaf (unsubsidised) up from SYP20 and SYP100 (subsidised).

Health priorities:
In 48 out of 52 assessed neighbourhoods, health was seen as a priority for intervention. Recommended assistance is as follows:
1. Medicines, including: medicines for war injuries (anaesthetics), chronic disease medication, antibiotics (especially in the South West)
2. Vaccines and medicines for communicable disease in sufficient stocks to enable swift response to potential outbreaks
3. Repair of health infrastructure
4. Medical staff (especially orthopaedic surgeons, anaesthetists and emergency doctors, female staff for reproductive health and SGBV)
5. Referral system of critical cases to hospital, ambulances, access to rehabilitation services
6. Medicines to treat Leishmaniasis
7. Medical equipment, consumables, including: orthopaedic surgery sets, disability aids

Of Aleppo’s 11 hospitals, 7 are no longer functioning, and 16% (42 out of 258) of the health centres and units are non-functional, with 6 only partially functioning. Many people are unwilling to go to hospital out of fear that they will be targeted by airstrikes, and prefer to seek medical care in clandestine structures.

Nutrition priorities:
In 51 out of 52 assessed neighbourhoods, nutrition was seen as a priority for intervention. Recommended assistance is as follows:
1. Nutritional support for vulnerable groups including children and pregnant/lactating women and older people
2. Recruit and train a team of breastfeeding counsellors and outreach workers to provide infant and young child feeding support to women
3. Provide a targeted Safer BMS (Breastmilk Substitute) Kit3 together with water to those women who are unable to breastfeed, following assessment and/or medical consultation (where available)
4. Clear criteria and methods for distribution are key to avoid breaching the Breast Milk Substitute Code
5. Unconditional cash grants for most vulnerable groups including children, pregnant/lactating women and older people (food diversity)
6. Provision of Infant and Young Child Feeding in Emergencies (IYCF) training to health professionals to ensure appropriate referral processes and support

The most frequently mentioned problems related to infant feeding in Aleppo City is the lack of infant formula in the markets due to the disrupted supply route from Turkey, and women’s perception that they cannot produce breast milk due stress/fear.

Water, Sanitation, Hygiene (WASH) priorities:
In 31 out of 52 assessed neighbourhoods, WASH was seen as a priority for intervention. Recommended assistance is as follows:
1. Solid waste management/garbage collection, including garbage containers and equipment for garbage collection teams through cash-for-work/volunteers (special care has to be given to identify adequate dump sites). The need is the highest in the South East and North East (INGO assistance is provided in South West)
2. Water supply: fuel/electricity for generators (especially South West)

3 BMS Kit contains: cup, spoon, formula, pictorial instructions in Arabic and 5 litre water
3. Insecticides for polluted areas
4. Distribution of hygiene kits, followed by hygiene campaigns, especially for children
5. Cash support to enable people to buy potable water (or distribute tankered water)
6. Containers to store water, water tubes, pipes, spare part for damaged pumps, generators
7. Water purification system and tablets, water quality tests

The most frequently mentioned problem related to access to water is the interrupted water supply due to lack of electricity or damages. Inadequate waste management is an issue with household rubbish accumulating in the streets. The cold weather has been keeping the vermin and vectors low, but once the warmer weather starts there will be an acute public health hazard in many neighbourhoods.

Protection priorities:
In 33 out of 52 assessed neighbourhoods, protection was seen as a priority for intervention. Recommended assistance is as follows:
1. Protection of civilians is urgently required
2. Restore law and order (especially in the North East) and take specific measures to improve and secure humanitarian access
3. Child protection support, especially to allow children to attend school and providing spaces to play

The most frequently mentioned problem related to shelter is the unavailability of sufficient shelter space, especially in privately rented buildings. Children and adults lack clothing and shoes.

Shelter and Non-Food Item priorities:
In 20 out of 52 assessed neighbourhoods, Shelter/NFIs was seen as a priority for intervention. Recommended assistance is as follows:
1. Shelter kits to improve the insulation of the dwellings, especially for IDPs in vacated or unfinished buildings/inadequate accommodation
2. Fuel for heating and cooking (fuel is more in demand in areas with large IDP populations)
3. Cash support to most vulnerable families to solve their shelter problems, including renting accommodation
4. Blankets and mattresses, especially for IDPs
5. Water pumps for private buildings/apartment buildings

Information Gaps and Needs
- Nutrition: Status of children under 5 years old and older people. Confirmation of how the support has been provided (targeted and age appropriate, or mass distribution to women), or whether the formula is age appropriate (e.g. suitable for children under 2 years of age).
- Education: Percentage of children going to school in school buildings and in improvised buildings.
- Protection: More detailed examination of protection issues by experts to have a better depth and breathe of understanding of issues and potential ways of addressing them.
- Who, What, Where: of all relief agencies, to increase interagency and sectoral coordination for relief activities; especially needed for coordination between health actors for partnership formation between health providers with different mandates to increase comprehensiveness of service provision (continuation of care, referral of patients for rehabilitation and provision of disability aids).