

CHILDHOOD UNDER SIEGE

Living and dying in
besieged areas
of Syria



Save the Children

This report is based on interviews and focus groups with people living and working in besieged areas of Syria. Because of the risks to people in these areas, all names have been changed.

Save the Children would like to thank the staff of all our partner organisations who work tirelessly to deliver essential aid to people in Syria every day and without whom this report would not have been possible.

Save the Children works in more than 120 countries. We save children's lives. We fight for their rights. We help them fulfill their potential.

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Cover Photo: Children walk through the corridor of a destroyed school in Eastern Ghouta. (Photo: Amer Al Shami)
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In Eastern Ghouta, a child pushes his bike across the city through the destroyed buildings. (Photo: Amer Al Shami)

“There are snipers shooting at anyone on the road, and landmines in the fields. Checkpoints stop everything coming in – food, medicine, fuel; everything needed for life. They stop people leaving, even sick children in need of medical help. Homes and schools lie in ruins from bombing. Children are starving and the markets are empty. It’s the 21st century but here it’s like hundreds of years ago. This is what it means to live under siege.”

Syrian aid worker, January 2016

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Executive Summary

At least a quarter of a million children¹ are living under brutal siege in areas of Syria that have effectively been turned into open-air prisons. They and their families are cut off from the outside world, surrounded by warring groups that illegally use siege against civilians as a weapon of war, preventing food, medicine, fuel and other vital supplies from entering and stopping people from fleeing. Amid the spiralling atrocities in Syria, these children are among the most vulnerable of all. They want the world to hear their story.

This report aims to shed light on the terrifying reality of life and death that is being endured by people – particularly children – in besieged areas of Syria, and show the urgent need for the international community to take action. Save the Children and partners have conducted 22 focus groups with 126 mothers, fathers and children living in besieged areas of Syria, as well as 25 extensive interviews with local aid groups, doctors, teachers and individuals.

These discussions painted a picture of enormous suffering and injustice, of sick children dying while the medicine they need is on the other side of a checkpoint, and of children forced to eat animal feed or leaves just a few kilometres from warehouses of food. Freezing families unable to get fuel rip the stuffing from mattresses in search of something to burn, while children hide in fear of the shelling and barrel bombs – large metal barrels filled with explosives and dropped indiscriminately – that continue to pound the trapped population. Doctors operate without electricity and basic equipment, and schools move underground in a desperate attempt to keep children safe from the blasts.

“When I hear the sound of a shell or a plane, then I get very afraid and I hurry to escape and hide under my bed.” – Ahmed, a boy in Douma

“The wounded are left to die because there is no medicine to save their lives.” – Haya, a mother in Eastern Ghouta

After five years of conflict, the suffering of besieged communities, some referred to as “death camps”,² is perhaps the most shocking evidence of the international community’s failure in Syria. Since 2014 the United Nations (UN) Security Council has passed six resolutions – one every four months – calling for unobstructed humanitarian access,³ yet the siege of towns and cities across Syria is stronger than ever. The number of people under siege has more than doubled in the past year.⁴ Data suggests that barrel bombs are dropped on besieged areas more than any other part of Syria, and that this trend increased significantly in the second half of 2015.⁵

Access for humanitarian organisations to these areas is virtually non-existent and has reduced even further over the past year. Less than 1% of people in besieged areas received UN food aid in 2015 and only around 3% received health assistance.⁶ In December 2015, the only aid the UN was able to deliver to besieged areas was school textbooks for 2,661 children.⁷ The UN Secretary-General described the quantity of aid reaching these areas as “pitiful”.⁸

“Children are living on the verge of death. They are forced to eat leaves – even flour and milk is forbidden to bring in.”

– Ra'ed, an aid worker in Moadamiyeh

The February 2016 statement by the International Syria Support Group (ISSG), bringing together all relevant regional and international powers, can be a turning point for people living under siege. The ISSG agreed to work with Syrian parties to end hostilities and to establish a Humanitarian Task Force to ensure immediate access is granted to the civilian populations in besieged and hard to reach areas. The subsequent movement of aid into some besieged areas is positive, but is so far only a tiny fraction of what is needed and some vital medicine, fuel and high nutrition food are still not being allowed onto convoys. Medical evacuations have still not been permitted and many sick people remain unable to access lifesaving medical treatment.



A boy displaced from a nearby village walks through a neighbourhood which was hit by an airstrike two years ago in eastern Ghouta. (Photo: Amer Al Shami)

Our research illustrates the horrific impact of these sieges on the lives of children:

- In 16 of the 17 adult focus groups, people reported that children in their community have died from illnesses because medicine or adequate healthcare is unavailable as a result of the siege.
- People in all 22 focus groups said they have had to cut the number of meals they eat in a day by half or more. In seven of the groups (32%), people said they are sometimes unable to eat even one meal a day, with four of the adult groups (24%) reporting that local children have died from lack of food.
- All five children's focus groups said they live in constant fear of ongoing bombing and shelling, with all 17 adult groups observing significant changes in their children's behaviour over the period of siege. 14 groups (82%) reported their children becoming more aggressive, withdrawn or depressed.
- In half of the groups there were children who are unable to attend school, mainly for fear of bombing.

Humanitarian access must be consistent and sustained, not one-off deliveries, as thousands of children and their families continue to suffer under siege.

Despite the dangers and difficulties, Syrian aid agencies are working closely with local communities and civil society to get aid in wherever and however possible – many risking their lives to do so by unofficial means. But in such conditions, they tell us they struggle to provide anything above the bare minimum – and often, not even that – and the majority of children and families remain out of reach.

No child should have to live under these conditions. Parties to the conflict have an obligation under international law to allow humanitarian aid to reach besieged areas. For far too long the rights of children and other civilians in these areas have been denied, with disastrous consequences. This intolerable situation cannot be permitted to continue.

METHODOLOGY

Comprehensive data for besieged areas is hard to obtain. Access and resources are restricted to such an extent that aid groups are unable to carry out the systematic assessments of malnutrition, markets, health and psychological well-being that would normally be possible. There is very little hard data on rates of malnutrition, number and causes of deaths, and issues impacting children. However, Save the Children believes that a lack of official reporting should not silence Syria's besieged children.

Working with local partners, we conducted 22 focus group discussions with 126 participants living in besieged areas of Syria.⁹ The groups were separated into mothers, fathers, children aged 10–16, and professional experts such as doctors, nurses and teachers. There were 17 adult groups (91 adults in total) and five child-only groups (35 children in total). In addition, 25 in-depth interviews were

conducted with staff from nine Syrian aid agencies and 10 individuals living in besieged communities. Staff from partner organisations were trained in data collecting and conducting focus group discussions. A further ten interviews were conducted outside Syria with families who have managed to escape besieged areas.¹⁰

Given the challenges of carrying out data collection in these areas, the focus groups are intended as a qualitative approach to capture a snapshot of the situation and the key issues facing children, rather than a broader quantitative needs assessment.

Insecurity was another challenge – one of the focus groups was itself disrupted when bombs fell nearby during the discussion. The risks to people in these areas mean that all names have been changed or withheld.

Save the Children makes the following urgent recommendations:

- Parties to the conflict must lift sieges immediately and ensure safe passage for humanitarian agencies to deliver aid to populations in need. They must permit the free movement of civilians, facilitating the medical evacuation of those in need in accordance with humanitarian standards.
- Parties to the conflict must cease attacks on schools, hospitals, and other critical civilian infrastructure, and refrain from using explosive weapons with wide-area effects in populated areas.
- The International Syria Support Group (ISSG) should ensure that aid is not used as a bargaining chip for political negotiations, and de-link humanitarian access from ceasefire and cessation of hostilities discussions.
- The ISSG Humanitarian Task Force must ensure sustained and consistent humanitarian access to besieged and hard to reach areas, with one single request allowing multiple regular deliveries, rather than one-off convoys. Regular deliveries should be the norm not the exception.

Save the Children has supported Syrian partners working in besieged and other hard to reach areas since 2013. Together, we provide food parcels to vulnerable families, help schools to keep running, repair water systems, distribute hygiene kits, set up child-friendly spaces and provide psychological support for children affected by bombing and siege. With our support, our partners have managed to provide some assistance to more than 500,000 children in besieged and hard to reach locations in Syria.

Introduction

Now reaching the five-year mark, the conflict in Syria is the biggest humanitarian crisis of our time. Indiscriminate and brutal violence against civilians, as well as the denial of aid, has forced half of the population to flee their homes, with 6.6 million people displaced inside Syria¹¹ and another 4.7 million refugees seeking safety and assistance in neighbouring countries and increasingly in Europe.¹² It is estimated that between 250,000¹³ and 470,000¹⁴ have been killed. The crisis has deteriorated even further over the past year, with the active involvement of the Russian military the latest in a seemingly never-ending spiral of military escalations. At least 14 nations, including four of the five permanent members of the UN Security Council, are now militarily engaged in Syria.¹⁵

The siege of civilian areas has been a tactic since the very beginning of the war. In early 2011, protests began in Dara'a and the government closed off the town, shutting down electricity and cutting supplies of water and food for 11 days. Since then sieges have become increasingly systematic and commonplace. Some areas, such as Darayya and parts of Eastern Ghouta, have been under constant siege since 2012, with children and their families

struggling to survive in a chronic crisis. Other areas have seen sieges tighten for months at a time, plunging them into a state of heightened emergency and starvation.

In January 2016 horrific images of children starving to death in the besieged town of Madaya momentarily grabbed the world's attention. However, away from the cameras many more communities face similar hardship and desperation. A few days after Madaya hit global news, a sick newborn in another besieged town died when his mother was stopped from crossing a checkpoint to seek urgent medical help.¹⁶ This was just one of many incidents in besieged areas that are barely reported.

Most people with the means have fled and those remaining are the most vulnerable of all, with children often most at risk. Analysis of 560 deaths in besieged areas by the Syrian American Medical Society (SAMS) found that 46.61% of the casualties were children under 14 years old.¹⁷ Many of these deaths were from preventable causes, including accidentally ingesting poison while scavenging for food; lack of emergency medical care;

“Fear has taken control. Children now wait for their turn to be killed. Even adults live only to wait for their turn to die. When will my turn come?”

– Rihab, a mother in Eastern Ghouta

DOES ANY AID REACH BESIEGED AREAS?

Humanitarian access to besieged areas has diminished over the past two years, despite UN Security Council resolutions demanding aid be allowed in. UN agencies, the International Committee of the Red Cross (ICRC), and the Syrian Arab Red Crescent (SARC) regularly apply for permission from the Syrian government to access these areas. This is seldom granted – the UN reports that less than 10% of its requests in 2015 to bring aid into hard to reach or besieged areas were approved, with many not even getting a response.¹⁸ Some areas receive official aid once every 9–12 months, while people in Darayya have received no UN assistance since October 2012.¹⁹

While access to besieged areas has improved following the ISSG statement, convoys to many locations in urgent need of assistance still do not have approval, some essential items have not been allowed and medical evacuations are still not permitted. Moreover, there is no guarantee that improved access will be sustained. As was seen in Madaya,

sometimes international outrage and media attention can pressure the parties to take temporary action; but as media attention faded away, so too did access.

In other cases aid is approved but still does not reach people who need it the most. In Moadamiyeh a request was approved in January 2016 but only on the condition that the delivery was left on the edge of town in a government-controlled area.²⁰ While the UN did not agree to these conditions, other agencies delivered aid, but community members inside the opposition-controlled town told us that many people were unable to cross the checkpoints to reach the supplies.

Given this reality, other Syrian organisations, including our partners, do their best to bring aid in through unofficial routes, but this is extremely difficult and dangerous in areas surrounded by military checkpoints, landmines and unexploded ordnance, and multiple armed groups.

WHAT MOTIVATES THE SIEGES?

Sieges can be militarily motivated, aimed at forcing enemy groups to surrender by preventing the delivery of basic supplies, including food and medicine. This tactic completely ignores the cost on civilians, which is why the Syria Commission of Inquiry described it as a “starvation until submission” campaign.²¹

Access to besieged areas is often used as a political bargaining chip. When one-time access was belatedly allowed to opposition-held Madaya in January 2016, it was only because access was also allowed to the besieged government-held towns of Foah and Kefraya in the north. Sieges often tighten ahead of a new round of political negotiations or the breakdown of local ceasefires: ahead of the February 2016 peace talks in Geneva, the siege of Moadamiyeh was tightened with devastating effect. In Al-Waer

in Northern Homs, an informal local ceasefire agreement in early 2015 meant checkpoints opened a few days at a time and meat and vegetables were once again available in the markets as traders could re-stock. A few months later the siege tightened again as fighting intensified. Trucks of food were turned away and residents reported that markets were empty again.

The siege of civilian areas can be a lucrative business for parties to the conflict and private profiteers. Commanders at checkpoints can make a small illicit fortune from the siege, and traders with links to armed groups can sometimes pay bribes to smuggle supplies in and out. The result is a black market economy with astronomical prices far out of reach to ordinary families.

complications during childbirth; and – once an area had been besieged for many months – chronic malnutrition and dehydration.²² All of these causes were also reported in our focus groups.

What is a siege?

“UN teams have witnessed scenes that haunt the soul. The elderly and children, men and women, who were little more than skin and bones: gaunt, severely malnourished, so weak they could barely walk, and utterly desperate for the slightest morsel ... I would say they are being held hostage – but it is even worse. Hostages get fed.”

– UN Secretary-General Ban Ki-moon speaking about besieged areas in Syria, January 2016²³

While a siege conducted for military purposes is not necessarily illegal under international humanitarian law, besieging parties are not allowed to target civilians or deprive them of basic necessities, such as food and water. Besieging parties are obliged to provide access for the delivery of humanitarian aid; starvation of civilians as a method of combat is prohibited according to the Geneva Conventions²⁴ and the UN Secretary-General has stated that its use in Syria amounts to a war crime.²⁵ National and international human rights organisations have repeatedly accused the Syrian government and parties to the conflict of using starvation as a weapon of war in besieged areas.²⁶

Use of the term ‘siege’ has become extremely politicised and subject to much debate in the context of Syria. According to the UN, there are now 486,700 people living in 18 besieged areas across Syria,²⁷ which it defines as areas “surrounded by armed actors with the sustained effect that humanitarian assistance cannot regularly enter and civilians, the sick and wounded, cannot regularly exit the area.”²⁸ These sieges are carried out by all parties to the conflict, however the UN reports that the vast majority – in 15 of the 18 areas – are conducted by the Syrian government. One area is besieged by ISIS and two areas by armed opposition groups.²⁹ A further 4.1 million people live in 135 areas that the UN has designated as ‘hard to reach’.³⁰

While these figures are shocking, many international and Syrian groups – including partners of Save the Children – say they are a serious underestimate. In March 2015 SAMS calculated at least 640,000 people living in besieged areas,³¹ around three times the UN figure at the time. A 2016 study by PAX and The Syria Institute put the figure at more than 1 million,³² while a recent report by Médecins Sans Frontières estimates 1.9 million.³³

Part of the discrepancy lies in the difficulty of verifying data. For example, in the city of Douma in Eastern Ghouta, estimates of the population vary from 95,000 to more than 200,000.³⁴ Another part lies in how ‘besieged areas’ are defined and the complex checklist of criteria to make a determination. Syrian aid workers who we interviewed for this report argue that the criteria are regularly manipulated by the besieging parties. “They cut an area off completely for a few months, then let the bare minimum of aid in – just enough to ensure it stays off the UN



Children in their house in eastern Ghouta which was destroyed by an airstrike. (Photo: Amer Al Shami)

list but a tiny fraction of what is needed. Then they put the siege back as tight as ever,” said one.

One of the most striking examples of the challenges with the classification system is the situation in Madaya. In December 2015, as starving residents of the town began to eat leaves due to the lack of food, the UN Secretary-General’s monthly report on the humanitarian situation in Syria listed 15 areas as besieged. Madaya was not included. In the Secretary-General’s January 2016 report, Madaya was added to the list; by then more than 50 people had starved to death.³⁵

Other areas, such as Al-Tall and Qudsaya, with an estimated combined population of between 171,000 and 600,000, were frequently cited by interviewees as areas which they consider besieged and facing increasing shortages. Both are being monitored by the UN as areas of concern, but are not currently on the besieged list itself.³⁶

The issue is more than just semantics: the designation of besieged areas has been key for prioritising areas for humanitarian response, and putting pressure on the parties responsible for the suffering of civilians inside to abide by their obligations under international humanitarian law. The UN is now making welcome efforts to institute an early warning system to monitor and raise the alarm when a situation deteriorates, with a stronger focus on assessing the needs of the population in a given area rather than just the classification. If properly working, this system would also monitor the situation in areas that are not on the UN besieged list but at risk of becoming besieged, or where needs are rapidly increasing and more attention should be given before it is too late.

Regardless of the definition and categorisation, the devastating impact of these sieges on the lives of children is indisputable.

Dying for lack of medicine

“The medical station here is no more than a table, a sterilizer, and a piece of gauze. Even the wounded are left to die because there are no materials available to save their lives.”

– Haya, a mother in Eastern Ghouta

- In 16 of 17 adult focus groups, people reported that children in their community have died from illnesses because medicine or adequate healthcare is unavailable because of the siege.
- All 17 adult groups said that some essential medicines have run out, while 14 groups said there is a shortage of medical facilities or doctors.
- 15 of the 17 adult groups said that local health facilities have been attacked or destroyed.

In the besieged town of Moadamiyeh, just a few kilometres south-west of Damascus, medical staff faced a dilemma when they ran out of intravenous (IV) drip bags for newborn babies and could not bring in more. Their only option was to use bags normally used for catheters. Many lives were saved, but three infant children died from infections.³⁷

In nearby Yarmouk, a malnourished young mother gave birth to her first son. Two days later the infant was taken ill and, without access to proper medical care near her home, the mother tried to take her child to a hospital in another neighbourhood. Despite her protestations she was kept waiting for five hours at the checkpoint, then turned back and prevented from leaving. Her newborn baby died shortly afterwards.³⁸

Such tragic and preventable deaths have become regular occurrences in besieged areas, where hospitals and clinics are routinely under fire, life-saving medicine is blocked from entering, and sick patients blocked from leaving. Doctors operate as best they can with what little they have and their own ingenuity. Interviewees report doctors having to carry out life-saving operations by candlelight, or using old water hoses as ventilation tubes. Families scour the streets for discarded blankets, clothes or scraps of cloth that can be boiled – in an attempt to sterilise them – and

used as bandages. Others report a return to traditional methods, such as massaging children's bodies with oil and treating fractures with home-made splints. Even where equipment is available, the lack of electricity can make it almost impossible to reliably use x-ray machines or oxygen tanks.

Hanan is a nurse working in a field hospital in a besieged area of Northern Homs:

“The most basic things are not available – anaesthetics, painkillers, medication for chronic diseases such as heart disease, diabetes and high blood pressure. We have no anti-inflammatory injections, cough syrups or anti-diarrhoea medicine. We replaced medical plasters with paper. We have to use items many times without sterilization. We are not able to store blood – a suitable donor has to be found during an operation. When things do become available the prices are high and they are usually close to their expiry date and have lost their effectiveness by the time we get them.”

“My mother was very sick for two or three months. She had heart disease. We were under siege and couldn't take her to the hospital. Her condition was getting worse day after day ... May she rest in peace.”

– Jana, a teenage girl from Deir Ezzor

Dr Nizar, a doctor working in Eastern Ghouta, said he has seen numerous children under siege die from preventable illness:

“Some deaths resulted from malnutrition and others from the lack of medications and vaccines. Children here have died of rabies because the vaccine was not available. Skin

and stomach diseases have spread because the regime cut off the water supply and people rely on surface water wells which are often polluted with sewage. Children are particularly affected by lung inflammation and infections from the large amount of smoke emitted from the explosions.”

Many health facilities have shut down completely – all eight health centres in Deir Ezzor have closed due to lack of supplies

and staff.³⁹ Even when aid convoys are approved, life-saving medical and surgical supplies are often removed. In July 2015 the UN obtained permission to deliver medicine for children in Douma for the first time in 18 months. However, the government removed antibiotics and anthelmintic needed to treat infections.⁴⁰ One local aid agency reported that checkpoints are equipped with machines that screen and remove any liquid medicine.

People are frequently barred from travelling to receive specialist treatment. For example, in Madaya, more than 400 people were identified as being in need of medical evacuation – only 37 were permitted to leave.⁴¹ In recent months, at least 17 dialysis patients in rural Northern Homs have been prevented from leaving the area for treatment in Homs city.⁴²

“The only solution [when a child gets sick] is to go to Damascus for good treatment. But going to Damascus needs good relationships with the right people. If you don’t have good connections there will be no treatment, and he will be waiting for a certain death.” – Um Sayid, a mother in Douma

One organisation which runs a free-of-charge pharmacy said that on average it is unable to provide half of the drugs in

people’s prescriptions. When drugs are available, they are often carefully rationed – “People might have to take one pill every two days instead of once every six hours,” said one interviewee. Dialysis patients are increasingly at risk of renal failure due to a break in treatment.⁴³ Insulin is particularly scarce, as is any medicine or vaccine which needs cold-chain storage. “Between being

stuck in the sun at checkpoints for hours and power cuts that last much of the day, even if we can get the medicine in it is often unusable,” said one aid worker. As a result, the majority of children are not fully vaccinated against preventable diseases.

“Doctors can’t do blood transfusions because they don’t have the bags. They had to amputate a friend’s injured leg

because they didn’t have the material to treat it. A young child lost both his eyes after a bombing because they didn’t have the facilities to extract the fragments. These would all have been avoidable if we were allowed to have even basic equipment and resources.” – Syrian aid worker

“When I get sick my father takes me to a medical centre near our house, and sometimes we stay there for more than ten hours before we

“There was an infant girl – her name was Reem – who caught a virus. She passed away because she could not get healthcare and she was not permitted to leave the area and go out to Damascus.”

– Layal, a girl in Eastern Ghouta

GIVING BIRTH UNDER SIEGE

“We don’t have any specialised gynaecological clinic and there are no specialised surgical or obstetric staff. Many deaths have happened due to bleeding and the inability to perform surgery, as births occurred at home without the help of midwives.” – Amira, a mother in Northern Homs

Giving birth in a besieged area can be terrifying and dangerous. Doctors report the stress of living under relentless shelling and siege has greatly increased the likelihood of complications during pregnancy and childbirth. A majority of pregnant women in besieged areas suffer from anaemia, leading to an increase in miscarriage, haemorrhaging and birth defects.⁴⁴

The Syria Independent International Commission of Inquiry reports that, “Women in labour have not been allowed through government checkpoints and have often been forced to give birth under dangerous circumstances ... in unsterile conditions and without pain medication.”⁴⁵

Despite the risks they entail,⁴⁶ caesarean sections are increasingly the first choice for giving birth, given the chance of bombs falling and the uncertainty of being able to reach a functioning clinic when labour starts. In areas where there is almost daily shelling, doctors and pregnant women have decided to perform C-sections even when there are no medical complications, in order not to expose the women to the risk of travelling during labour.

In one recent health programme in a besieged neighbourhood of Homs, 76% of the 397 C-sections were performed due to reasons of security and restrictions on movement rather than medical necessity, in many cases without meeting adequate medical standards.⁴⁷ Sixteen of these children died within seven days of the operation – a mortality rate of 4%. Although concrete conclusions can’t be drawn from this small sample, it does suggest that mortality rates in some besieged areas are exceptionally high.

find a doctor. Then afterwards the process of searching for medicine starts, and that's the most difficult thing." –Yusuf, a boy in Eastern Ghouta

"There are no incubators available for newborn children. Infants have died as a result." – About, a health worker in northern Damascus

All focus groups reported that children, already weakened from malnutrition, are suffering from numerous illnesses that should be easily preventable and treatable. Cases of jaundice were reported in seven of the 22 groups, while the other most common illnesses were diarrhoea, colds or pneumonia caused by the cold weather and lack of fuel for heating, respiratory illness caused by shelling or by burning firewood or plastic (when wood isn't available), and asthma. Cases of typhoid, leishmaniasis and hepatitis have also been widely reported.

Besieged areas are a breeding ground for water-borne disease. In a 2015 survey of 584 families in several besieged or hard to reach areas,⁴⁸ more than a third reported at least one family member suffering from diarrhoea in the past month – the majority of them children under five years old whose immune system is weakest. This is extremely worrying, given

that diarrhoea is the second-highest cause of child mortality worldwide for under-fives.

The bombing of infrastructure has destroyed water towers, pipes and reservoirs, and the scarcity of fuel means that water pumps are rarely able to operate. In many areas water supplies have been cut off by the besieging parties. Rainfall has also been the lowest in 50 years,⁴⁹ so families often have little or no access to clean water. Many rely on buying water trucked in from the few functioning wells, often at prohibitive prices. The water is often contaminated with bacteria, but most families said they cannot afford even simple steps to treat it. In besieged areas south of Damascus, one organisation reported to us that only one in 15 wells provide water that is safe to drink. In Deir Ezzor, where water is available only once a week for three hours, chlorine reserves ran out in June 2015.⁵⁰ It is a tragic irony that, while many besieged areas struggle to find chlorine to purify water, parties to the conflict have reportedly used chlorine gas to attack and kill civilians.⁵¹

"My daughter got sick and she's needed medicine for some time now. All I've been able to find was some drugs that expired more than a year ago."

– Ala'a, a father in Eastern Ghouta



"People have started eating leaves from the trees, people are dying of hunger, they don't have anything to eat and drink. The children have physically changed. My nieces and nephews haven't eaten meat for a year now. My sister can't run away because they are under siege – they might kill her and kill her children. You can't take risks with your children and take them out. If they are under siege they have to stay until somebody comes and helps them." – Sawsan, from Ghouta, who managed to flee out of Syria. (Photo: Nour Wahid/Save the Children)

MEDICS IN SHORT SUPPLY

“There are no night shifts for emergencies because there aren’t enough staff. There is one specialised doctor and all people need him – he can’t deal with all the cases.” – Usama, a father in Douma

Many of Syria’s professional classes have been killed, arrested or fled. In the same way that traders can sometimes pay bribes at checkpoints to be allowed to sell food in besieged areas, some people can leave – if they can afford ‘fees’ of \$1,500 or more. Many healthcare professionals choose to stay, but others make the understandable choice to flee with their families to safety. Many doctors have also been killed in the conflict. In their place are volunteers and amateurs thrust into positions of enormous responsibility. An interviewee reported that in one besieged community the main medical services are now provided by a veterinarian. Three of the eight doctors left

to treat people in Moadamiyeh, a town of around 45,000 people, are originally trained as dentists.⁵²

The Syrian American Medical Society reported in March 2015 that in besieged Eastern Ghouta there were approximately 55 specialised physicians left to serve up to 500,000 people.⁵³ In the absence of professional staff, one agency there runs first-aid courses for local women, training them to deal with injuries that could result from bombing.

Although those who stay are doing their best to provide quality services, the lack of appropriately trained doctors and medical staff can have grave consequences for malnourished children. Without proper specialised care, severely malnourished children can die from hypoglycaemia, hypothermia, cardiac failure from over-hydration and electrolyte imbalance, and infections that can go unnoticed and untreated.

Winter brings further health challenges. Sub-zero temperatures and snowfall mean a daily struggle to keep children warm. Fuel is scarce and prohibitively expensive. In the first years of the siege many families cut down trees for firewood, but as the siege has gone on these resources have been depleted. In the long term this will have serious environmental consequences for these areas, but in the immediate term it leaves families freezing cold and increasingly exposed to illness. In the winter of 2016, with numbers of hypothermia and pneumonia cases

growing, people in besieged areas around Damascus were burning spare clothes and anything they could find to keep warm. Families commonly burn scraps of plastic, which is creating respiratory problems in children.

“We’re taking the stuffing out of the mattresses, the wool and cotton to light the stove and get the children a bit warm.” – Um Khaled, a mother in Eastern Ghouta

ALI, A FATHER FROM DOUMA, MANAGED TO ESCAPE THE SIEGE:

“We were under siege – no food or water and no help at all. I was able to escape ... my uncle and cousin tried to get out, but they were shot dead by a sniper. There was no milk or food – I searched for food, but there was nothing. We [adults] stayed without food for two days. We had to feed the small children dry bread soaked in water and sugar.

“When the shelling started, we went down to the cellar. No one could get out. The children stayed one week in the cellar with

no lights, no electricity, just a candle or a gas lamp. No way to follow the news – just rumours – sometimes false and sometimes true. So, I took my family and ran. Snipers shot at us. I saw a man getting shot. They shot at children and adults randomly. I heard my wife houting that one man was shot. I heard shouts to rescue the injured man, but I couldn’t leave the children to rescue him. I kept running. We carried the children and ran till we reached here.”

Malnourished children everywhere you look

“Many children here have never seen an apple or a pear. They’ve never tasted chicken, and they haven’t eaten a vegetable in months. They wander around in a daze from hunger.”
– Syrian aid worker

- People in all 22 focus groups said they have had to cut the number of meals they eat in a day by half or more. In seven of the groups, people said they are sometimes unable to eat even one meal a day.
- Four of the 17 adult groups said local children have died from lack of food.
- All 17 adult focus groups said they worry their children do not get a nutritious diet, and that even when food is available it is too expensive to afford. Of the 22 groups, 19 said they are rarely or never able to eat fresh fruit or vegetables.

The hunger crisis for children in besieged areas is entirely man-made. Even basic food that is available just a few kilometres away on the other side of a checkpoint is prevented from entering. Interviewees report once-bustling markets and shops are now empty. Participants in every focus group said that children in the area do not have enough to eat. All interviewees said their families have had to reduce the number of meals they eat each day, from three or more meals before the siege to one, or at most two – usually of very small quantity and poor nutritional value. Many said they are sometimes unable to eat even once a day.

In schools in besieged areas of rural Damascus, teachers we spoke to reported pupils fainting from hunger in class, having not eaten for several days. Children survive by eating whatever they can find. In Deir Ezzor, the majority of people now survive on bread and water;⁵⁴ while interviewees in other locations spoke of children regularly eating animal feed

or foraging for leaves. One interviewee said several children recently suffered food poisoning from eating long-expired tins of food, the only ones on sale. Another said that at the height of the siege in Yarmouk people survived on just a spoonful of honey each day.

“Sometimes my brothers and sisters and I go to bed and we haven’t eaten anything at all since the day before, because there is no food.” – Sami, a boy in Eastern Ghouta

“Before, we ate two or three good meals a day. Now I can’t give my family more than one, and sometimes that’s not available. Another family nearby just survives on whatever other families can offer to give them.” – Um Khalil, a mother in a besieged area in rural Damascus

“When we didn’t find food, we were eating grass. I used to lie to my children and tell them that the grass is edible. But who am I kidding? The grass wasn’t edible. They were asking me, “Dad, this is grass!” I was convincing them that we bought it in order to eat it just like everyone else. I ate it in front of them so they would be convinced. I (watched) my kids losing weight every day and I wasn’t able to do anything. My children lost more than a quarter of their weight.”

– Hassan, a father who fled
Deir Ezzor

In five of the six months from July to December 2015, the UN was unable to get approval to deliver any food aid at all to besieged areas. Only in October did it manage to distribute food and even then only to 10,500 people,⁵⁵ fewer than 2% of those it considers besieged. Even before that, in mid-2015, 40% of children in Yarmouk were suffering from malnutrition.⁵⁶ The World Health Organisation considers malnutrition to be a critical emergency at just 15%.⁵⁷

When official food aid does get through, it is rarely enough. An assessment⁵⁸ by local organisations of a UN food distribution in Madaya – with quantities intended to last for one month – found that it was equivalent to 14,079 kilocalories per person. Over one month this would provide about 470 kilocalories per person per day,

less than a quarter of the 2,100 kilocalories recommended by Sphere standards, the internationally recognised minimum standards of assistance in humanitarian crises.⁵⁹

As well as chronic malnutrition, interviews with medical staff and parents suggest that children suffer extensively from vitamin and mineral deficiencies. Meat and fresh fruit and vegetables are particularly scarce – one family said it gets 250 grammes of meat to share once every two months, while others reported even less. People in 19 of the 22 focus groups said they are rarely or never able to eat fresh fruit or vegetables. The lack of electricity has forced bakeries to close and families report having to queue for hours to buy bread and other basic supplies. Many bakeries and marketplaces have also been destroyed by bombing.⁶⁰

All the besieged areas reportedly suffer from severe food shortages; however exactly what food is available varies between locations. Many families rely on the food parcels that are smuggled in by local aid agencies whenever possible, usually containing limited supplies of sugar, wheat, beans, lentils, tea and rice. In some areas, traders from outside profit from the situation by bribing checkpoint guards to allow them to bring in and sell food at exorbitant

prices. Elsewhere, people have developed networks of underground tunnels from old water or sewage systems, enabling them to smuggle food; these are frequently destroyed and have to be dug again. Many interviewees described the tunnels as their life-line, and the main way for food to get into markets.

“Since the siege began I’ve lost a third of my weight. Fruits aren’t available for us. Sometimes merchants can bring in some fried cornbread, but most of the market stalls just sell some local vegetables and grass or herbs.” – Marwan, a boy in Eastern Ghouta

Parts of Eastern Ghouta and Northern Homs were traditionally important agricultural areas, but farmland has been extensively bombed and farmers are often unable to access their fields. In Foah and Kefraya up to 70% of farmland is now reportedly inaccessible and shelling destroyed thousands of acres of wheat and barley.⁶¹ Some farmers have been able to establish small plots in gardens or on rooftops, but in urban areas without such agricultural ties, people are more reliant on food from outside, and are therefore even more vulnerable to the siege.

THE IMPOSSIBLE TASK TO MAKE ENDS MEET

Tightened siege conditions have resulted in spiralling costs of food, fuel and other daily necessities. Many families do not have a regular income, but even if they do, information gathered by Save the Children suggests it is rarely more than \$120 per month or \$4 per day. For an average family of six this means a struggle to afford even the bare minimum for day-to-day survival.

In Madaya in January 2016 – one of the most extreme cases – Save the Children received reports that shortages had pushed the price of staples like rice and wheat above \$200 per kilogramme, with most families unable to afford more than a tiny spoonful; the cost of 100 grammes of powdered baby milk rocketed to \$31. However, even in most siege situations food staples are unaffordable and vastly more expensive than in locations outside the siege.

Comprehensive market assessments are rare and are urgently needed. However, anecdotal and informal reporting indicates some recent examples of prices in besieged areas:

Food

- In Deir Ezzor a bundle of bread can cost SYP 800 (approximately \$2),⁶² 1kg of sugar SYP 5,000 (\$12), a litre of oil SYP 6,000 (\$15), and 1kg of lamb meat SYP 13,000 (\$32).⁶³

- Interviewees in Moadamiyeh reported a 1kg bag of rice or lentils costing \$10, and sugar at \$14 per kg.
- Interviewees in Eastern Ghouta reported a 500g bag of bread costing \$2–3 and 1kg of rice at \$2.30 – nearly ten times the price of \$0.25 before the war.
- In parts of Northern Homs province the price of a bundle of bread, at \$1.25, is 900% higher than in the nearby city.⁶⁴
- In Deir Ezzor, the price of a standard dry-food basket has increased by 978% over the past year as the siege has tightened, and is now more than eight times higher than the price in Damascus.⁶⁵

Fuel

- In Moadamiyeh, one litre of fuel to run a generator for a few hours costs up to SYP 8,000 (\$20). Interviewees said at one point it rose to \$32 per litre.
- In parts of Eastern Ghouta, where some fuel is brought in through tunnels, interviewees reported a litre of fuel costing \$2.20 compared with \$0.30 before the war.

SUPPORTING NUTRITION UNDER SIEGE

With food supplies so irregular, many interviewees spoke of the need for donors and international agencies to support longer-term programmes that help populations in these areas to earn income and feed themselves, rather than depending on one-off ad hoc food deliveries. Proposals included using brief windows of access to bring in long-lasting wheat, which can be stored for months during the height of the siege; fuel and flour to get local bakeries running again; seeds for farmers; and other measures to bolster the local economy.

The majority of people killed in Syria are men,⁶⁶ leaving many households of women and children only. Several Save the Children partners have started running vocational training and education classes for women – teaching literacy, computer skills, English, sewing and handicrafts – to help them earn money wherever possible. Others run projects to support local farmers to increase production despite the challenges of the siege.

Even when a small amount of food is available, most families surveyed say they cannot afford to buy it. While prices across Syria have risen due to the conflict, prices in besieged areas are often highest of all. Just a few kilometres from Damascus, food and goods can cost more than five times as much as in the capital. Years of war and siege have destroyed the local economy and paid employment is even more scarce than food. In Eastern Ghouta, unemployment is estimated at around 80–90%;⁶⁷ in another area a local aid worker estimated that only around 5% of people have a steady income. Rising prices have also undermined the provision of aid – one agency running a community kitchen used to provide people with a meal of

300 grammes of food, but over the past year the same budget has only been able to provide 200 grammes.

“The siege imposed on us was progressive ... first bread was missing, then sugar, then rice and the most basic needs. Ultimately the siege became tight and nothing was left.”

– Zeinah, a mother in Eastern Ghouta

Mothers in all 11 female focus groups reported challenges in providing milk for infants and young children, highlighting a worrying and dangerous lack of information about breastfeeding. In Syria, breastfeeding was not widespread prior to the conflict with only 43% of children under six months exclusively breastfed. However, exclusive breastfeeding is the best way to ensure that infants under six months get proper nourishment. In besieged areas and other emergency situations, where children's risk

of malnutrition is already high, breastfeeding can save lives by providing vital protection from infection and malnourishment.



A man holds his child's hand as they walk through the rubble, having survived an airstrike in eastern Ghouta. (Photo: Amer Al Shami)



The playground of a kindergarten destroyed by airstrikes in Eastern Ghouta. (Photo: Amer Al Shami)

“The situation is miserable for breastfeeding mothers. There is no formula available and the breast milk is not sufficient because of the lack of nutrition. This is why mothers’ and infants’ health is so bad.” – Hala, a mother in Northern Homs

All but the most severely malnourished mothers can breastfeed effectively but a lack of information about the benefits of breastfeeding, coupled with huge psychological shocks, means that new mothers may not see its value. The lack of breastfeeding support has led to a common but incorrect belief that infant formula is necessary when mothers are malnourished.

Such misinformation is potentially life-threatening in besieged areas, where formula is scarce, expensive and unsafe when used in unhygienic conditions and without clean water.⁶⁸

The focus groups highlight the need for more support and information to help women in besieged areas to see breastfeeding as a life-saving alternative.

“A relative’s infant son died from malnutrition because of the lack of formula and food for children. His mother wasn’t able to breastfeed him because she was in such poor health.” – Um Tarek, a mother in Misraba

INNOVATION UNDER SIEGE

Despite the difficult conditions, many of the communities under siege are extremely resilient. Most areas have no electricity supply and fuel is scarce and extremely expensive. Innovative local aid agencies and communities are exploring alternative ways of generating power to cook, bake bread or pump water.

Solar-powered cookers reflect the sun’s rays towards the kettle, quickly bringing it to the boil. A smaller family-size

solar oven has also been developed, made of a wooden box lined with aluminium foil. It works best with pots of stew, which can be cooked in about 45–50 minutes. The units are made with basic and locally sourced material. Relatively few have been provided so far – and some of the test units have been destroyed by bombing – but with more support the project could be scaled up.

A generation of children under siege

“Here there are no children anymore, there are only small adults.”

– Rihab, a mother in Eastern Ghouta

- All five of the children’s focus groups said they live in constant fear of bombing and shelling.
- All 17 adult groups noted significant changes to their children’s behaviour during the siege.
- 13 of the adult groups worried that their children are becoming increasingly aggressive, while 14 said children had become afraid, depressed or withdrawn.
- 16 of the 22 groups said that children increasingly have to take on ‘adult’ tasks such as gathering water or firewood, or working to support their families.

Hundreds of thousands of children are trapped in besieged areas in extreme danger, and children are killed with shocking regularity. In a two-week period in December 2015, airstrikes killed at least 29 children in besieged areas of Eastern Ghouta alone.⁶⁹ Human rights groups have accused the Syrian government of using internationally banned weapons, including sarin gas and cluster bombs, on besieged areas, and of systematically using explosive weapons and barrel bombs in populated areas where harm to civilians is inevitable.⁷⁰

In 2015, 22% of aerial bombardments in Syria were on areas that are now classified by the UN as besieged. More barrel bombs, which show less precision and strategic military intent, are dropped on besieged areas than on any other areas. This trend of attacks on besieged locations has dramatically increased in the latter part of last year.⁷¹ Residents of Darayya reported being hit by 40 barrel bombs a day in late 2015.⁷² Landmines and sniper fire also led to many civilian casualties as residents, including children, tried to escape.

Places where children should feel safe have become deadly, with schools, homes and playgrounds all attacked. Many children’s homes have been bombed and are missing doors, windows and insulation for the cold winter months. In September 2015, just after the holy Eid festival, dozens of children went to a local playground in AlWaeer. The playground was hit by shelling, killing many of the children.⁷³

Despite the severity of sieges, and all the problems faced by children living in these areas, nearly all children interviewed for this report said that it is the shelling and airstrikes that frighten them most of all.

“The thing I am most afraid of is the shelling and the planes and the bombs – as you can hear happening now while I’m telling you this.” – Mounif, a boy in Eastern Ghouta

“When I hear the sound of a shell or a plane then I get very afraid and I hurry to escape and hide under my bed.” – Ahmed, a boy in Douma

“All the days are similar to each other; the only new thing is what time the shelling comes. I spend my time hiding in the house, afraid of being struck. We have adapted and get used to [living under siege] but the shelling is the thing which scares us a lot and it is not possible to get used to it.”

– Anas, a boy in Eastern Ghouta

The war and the siege have left deep psychological scars on children, many of whom have witnessed extreme violence. Parents, teachers and health workers all report a range of common symptoms among children in their care, including bed-wetting and involuntary urination during class; recurrent nightmares; stuttering and speech difficulties; and social isolation. Mental health services are rarely available⁷⁴ and parents in all focus groups were concerned at how their children’s behaviour has changed during the siege. Parents in 13 of the 17 adult

groups said that children are becoming more aggressive, while many others noted that they have become increasingly withdrawn, depressed and isolated from friends. Many interviewees spoke of children losing hope for the future.

“Because of the continuous shelling the children spend their time alone, away from friends and away from the sun in the basements. My son became more introverted and aggressive.” – Abu Ziad, a father in Zamalka

Such traumatic events, as well as long-term effects of chronic malnutrition, are likely to affect children for many years to come, long after the sieges finally end.

Whether due to poverty or the death of parents, many children have had to take on adult responsibilities in looking after their families. Children are often forced into work, labouring on farms or in mechanics' workshops, or scavenging the streets for anything that can be eaten or sold. Many spend several hours a day collecting firewood or plastic to burn for heat. This comes with additional risks, as there have been reports in some areas of children being abducted while gathering wood.⁷⁵

“In the current situation children have become like a father and mother. They have to provide firewood, water, wheat, take care of their younger siblings ...” – Mamdouh, a father in Douma

“The situation made children's behaviour more violent. Even when they play, they play about armies, wars, tanks, soldiers. Their mental state is affected too.”

– Farah, a mother in Eastern Ghouta

Armed groups also prey on the hopelessness and desperation of children and recruit them to fight on the front lines or scavenge resources. Peer pressure drives some children into armed groups, while for other hungry youths, joining a military group can be one of the only ways to get a daily meal. Some armed groups reportedly pay as much as \$150 a month, with others around \$50 or less. “As soon as you turn 12 the pressure is there to pick up a gun and fight,” said one local aid worker, who noted that the absence of schools has created a vacuum for military and extremist groups to fill. In some areas interviewees said children as young as eight are targeted for recruitment. A local council representative in a besieged area told us: “The unemployment and lack of opportunities for the future has caused youth to join Jihadi organizations to get money and help their families.”

Other interviewees said religion provides their only source of hope:

“The long siege forces people to try and cope with this new difficult situation, because nothing can be done. Religion gives people the patience they need to face the siege. They wait for a solution from God only, because the entire world has



Children sit around an empty can in which they have lit a fire to keep warm in a city in eastern Ghouta. (Photo: Amer Al Shami)

participated in the siege. All we get from the world are fake promises.” – Sandra, a university student in Northern Homs

Aid workers noted an increase in reports of sexual abuse of adolescents, and of teenagers turning to drugs to alleviate the daily misery. They also noted that children begging and committing petty crime were on the rise: responses to their desperate poverty. In the few areas where there is electricity, interviewees reported that young people have turned to social media as a means of escapism, and to find friendships with people in ‘normal’ areas.

“When the shelling was happening the children were getting scared. My children were so scared to the point they were wetting themselves. I also saw four children that were hit by the shelling. It was so tragic. I couldn’t even watch what was happening. Some children lost their limbs.”
– Hassan, a father from Deir Ezzor

The siege has caused the breakdown of family units and traditional social structures. The separation of families was a common theme in focus group discussions, as parents go missing or are left on the other side of newly established checkpoints. In some schools supported by Save the Children, teachers said up to 60% of the pupils have been displaced or separated from their families.

“(My mother) told us that she would go for a month only. It’s been two years since she left. She tried to come back but couldn’t.”
– Mariam, a girl in Northern Homs

Um Jalal fled the shelling around her home with her three children:

“I thought it would be just for a month, but after the third month my husband tried to get back to the house to bring clothes and other things for the children, but they wouldn’t let him bring anything through the checkpoint.”

Her husband, Ahmed, tried to look for work but was stopped at a checkpoint and taken away:

“I haven’t seen him since. After their father was taken, my daughter tried to kill herself. My son failed his school class – he couldn’t put his thoughts together. The pressure and conditions inevitably affect the children’s psychology.”

Some communities report an increase in child marriage during the years of siege, as parents unable to provide for their daughters marry them off to someone in a position to take on the responsibility and ensure their protection. Rising unemployment and the daily stress of living under siege also causes tensions at home: one focus group of women in Eastern Ghouta reported more than 150 cases of divorce in three months, an unusually high figure for the area.

The war has created a large number of orphans in besieged areas. There are no formal support networks for these children, though many are taken in by relatives or family friends. Some are supported by local NGOs, but others have to fend for themselves.

SUPPORTING CHILDREN UNDER SIEGE

Local aid agencies – including those supported by Save the Children – have set up Child Friendly Spaces. However, as one aid worker noted,

“[The spaces] can never be totally safe as we can never be sure where the planes will bomb.”

Mohammed, an aid worker running one of the Child Friendly Spaces, explains:

“We run educational and recreational activities six days a week, for children under eight years old. It’s the only place where they can learn, socialise and express themselves freely, and there are psychological support sessions for children who are particularly traumatised. We also offer advice to parents on how to deal with their children’s nightmares and bed-wetting. In times of war, children not only suffer from the direct consequences of violence but also from its impact on their parents, who do not know how to protect their family.”

A lost education

“My mother does not allow me to go to school as she is too afraid and she wants to protect me and my siblings from the bombings” – Bana, a girl in Northern Homs

- In 11 of the 22 groups there were children who are unable to attend school, or parents whose children were unable to attend school.
- 10 of the 22 groups said that children were sometimes too afraid to attend school, for fear of bombing or shelling.
- Seven of the 17 adult groups worried that even when children can go to school the quality is far lower than before the siege.

In the desperate search for food and medicine, longer-term needs such as education are often overlooked. However, most interviewees were concerned that the huge disruption to education could create a ‘lost generation’ of children in besieged areas. In some places, interviewees said that half or more of children are unable to attend school because of lack of facilities or insecurity. Even many of those who can attend have missed months or years of schooling due to frequent displacement or the bombing of schools. The town of Moadamiyeh had 22 schools before the siege; 15 have since closed down and the remaining seven are damaged.⁷⁶

“This is not just a siege on food and medicine ... it’s a siege on knowledge.”

– Syrian aid worker

Education across Syria is under attack. There have been more than 4,000 attacks on schools over the past four years, from bombing and shelling of buildings to armed groups taking over classrooms for use as military bases, detention centres or torture chambers.⁷⁷ The UN estimates that one in four schools in Syria has been attacked. School enrolment – close to 100% in many areas before the war – has plummeted, with more than 2 million children in Syria now out of school. Decades of educational progress has been reversed in a few years.

Interviews with pupils in besieged areas show the daily fear when they are in school:

“When I’m at school and I hear the planes I can’t return home and we are told to go to the basements until the situation is a bit calmer. If the shelling becomes too intense then the school cancels lessons for the day.”

– Fathi, a boy in Eastern Ghouta

“We cannot send our children to nurseries and schools for fear of bombings.”

– Shayma, a mother in Eastern Ghouta

Many schools in besieged areas face shortages of basic resources such as textbooks, stationery and desks. With no electricity or heating, many schools are often only able to find or afford fuel to run generators for a few hours a day, and there are reports of desks being burned for firewood. Children who are malnourished and sleep deprived from bombings often cannot concentrate and do not have the energy to study.

“The children are always sick, coughing and sneezing and malnourished. The classrooms are cold as there’s no fuel and we can’t afford wood.”

– Nayef, a Syrian aid worker whose organisation supports schools in besieged areas of rural Damascus

“There is one nursery but it is out of service because of the constant power cuts and we don’t have the fuel to keep it running.”

– Samah, a mother and teacher in Northern Homs



Books and papers lie on the ground in a destroyed school in Eastern Ghouta. (Photo: Amer Al Shami)

GOING UNDERGROUND

Frequent barrel bombing and shelling has forced key parts of life underground. In besieged areas across Syria there are clinics, hospitals, schools and factories running as best they can in cellars and basements, where they hope to stay safe from airstrikes.

One school manages to teach more than 1,300 pupils in a web of underground classrooms. It used to operate above

ground until two missiles directly hit one of the busy classrooms, killing several pupils and wounding many more. The school shut down while teachers looked for an alternative – eventually setting up a small room in a bunker, then expanding every term. Many of the children are orphaned or separated from their parents.

A shortage of teachers is another major challenge, with an estimated one in five Syrian teachers displaced or killed.⁷⁸ The restrictions on movement in besieged areas make it even harder to recruit teachers from outside or send in extra support. Students have to take their exams in government-run schools in order for their results and certification to be recognised. In some besieged areas near Damascus, students are allowed to leave temporarily to sit exams – interviewees noted that when they return they are stopped at checkpoints and any food or medicine with them is confiscated. Restrictions in Foah and Kefraya meant 1,900 students were unable to sit their examinations.⁷⁹

Local NGOs and community groups have taken it upon themselves to continue running schools. They work with the limited

number of teachers who remain – dedicated professionals who stay on, despite many no longer being able to receive a government salary. Many also rely on parents, local volunteers or university students, and whatever materials they can find.

Where schools are able to keep running, teachers find the children extremely eager to learn. Interviewees also noted wider benefits in helping to keep children safe: preventing boys from being recruited into armed groups; giving girls other options beyond getting married; and giving them the tools to be increasingly self-reliant. Although difficult, provid-

ing education in besieged areas is extremely important as it gives children an opportunity for a sense of normality despite the dire situation.

“When I’m in class my thoughts are distracted and I’m afraid of the shelling – either for myself or for my family who are at home and I don’t know whether they are safe.”

– Marwan, a boy in Eastern Ghouta

SUPPORTING EDUCATION UNDER SIEGE

Save the Children partners support several schools in besieged areas through everything from rebuilding walls, doors and windows, to fixing water systems, providing textbooks, stationery and meals. They train teachers on emergency evacuation plans to get the children to safety in the event of an attack.

Some have set up free remedial classes in core subjects such as mathematics, Arabic, English and sciences, to help children who have missed terms. One local organisation has developed an intensive curriculum to help children catch up, cramming a year’s worth of standard learning into just three months. School curriculums have had to be adapted to include extensive psychological support to children, helping them to cope with the stress, and

to socialise through puppet theatre, singing, painting and sports such as football.

With close support from teachers, some children have seen significant improvement in their well-being. One school administrator reported:

“Khalil’s older brother was killed and his father was unable to get to the area. He was wetting himself frequently and many pupils wouldn’t play with him. With careful teacher support he now goes to the bathroom before every class and gradually he’s begun to recover, feel safe and make friends. Today he’s well liked and doing well in class.”

Recommendations

As this report has shown, children in Syria are bearing the brunt of the sieges, and the consequences are devastating. Children in besieged areas are some of the most vulnerable and deprived in this brutal and lengthy conflict. They are being bombed, facing starvation and dying from preventable illnesses. Horrors that no child should witness or experience have become a part of daily life for children living under siege.

The UN Security Council has unanimously adopted six resolutions (2139, 2165, 2191, 2254, 2258 and 2268) that include demands for humanitarian aid to be allowed into besieged areas. While some recent progress has been made, these actions have not led to a tangible change in the situation on the ground. The members of the Security Council are failing to ensure that the parties to the conflict comply with their demands and their legal obligations, nor have they taken any action when faced with non-compliance.

Humanitarian assistance is a right under international humanitarian law, and wilfully impeding relief supplies as part of the use of starvation of civilians as a method of warfare is a war crime. After five years of suffering and ample evidence of the appalling situation in besieged areas, the international community cannot argue a lack of information. There can no longer be any justification for denying starving children, women and men access to the food, water and healthcare to which they're entitled.

Save the Children urgently calls for the following:

Parties to the conflict must:

- Immediately stop using sieges as a tactic in the conflict, and come to the negotiating table to finally agree an end to the violence that has shattered so many innocent lives.
- Ensure sustained safe passage for humanitarian agencies to deliver aid to populations in need, including the delivery of food, medical and heating supplies for emergency and life-saving operations. Priority should be given to the delivery of childhood vaccines, therapeutic food and nutrients for children and other child focused aid, given their increased vulnerability in siege situations.
- Allow free movement of civilians; and, in accordance with humanitarian standards, immediately facilitate the medical

evacuation of those needing life-saving treatment, with priority given to children.

- Cease all attacks on schools, hospitals, and other critical civilian infrastructure, and refrain from using explosive weapons with wide-area effects in populated areas; and ensure that their obligations to protect civilians are met.

The UN Security Council and those with influence over parties to the conflict, represented in the International Syria Support Group, must:

- Refrain from using aid as a bargaining chip for political negotiations, and de-link access negotiations from ceasefire and cessation of hostilities discussions. Hold parties to the conflict accountable for their obligations to facilitate the delivery of humanitarian aid to those in need.
- Undertake a UN Security Council Mission to besieged areas of Syria, given the failure to implement UNSC resolutions, and assess first-hand the dire situation, with a focus on ensuring sustained and unhindered humanitarian access.
- Support the new UN early warning system for highlighting needs in besieged areas and ensure the system is unimpeded in collecting and reporting data impartially; request that information collected through this mechanism is integrated in the monthly reports of the UN Secretary-General. Responsive actions should be taken based on the information received.

The International Syria Support Group Humanitarian Task Force must:

- Ensure sustained and consistent humanitarian access to besieged and hard to reach areas is granted by parties to the conflict, rather than one-off convoys. Agreement should be obtained for one single request for multiple, regular deliveries, rather than requiring individual approvals for every delivery. Ensure that vital items, including medical supplies, infant milk and fuel are not removed from convoys.



A Syrian child in the centre for amputee rehabilitation in Eastern Ghouta. (Photo: Amer Al Shami)

- Prioritise and secure medical evacuations and safe passage for all besieged areas, and make provisions for medical teams to consistently access besieged areas to treat and evaluate cases. In Madaya, where fewer than 40,000 people are besieged, 400 urgent cases have been identified where evacuation is required for life-saving medical treatment.
 - Put in place a monitoring system for aid deliveries, with public reporting at a community level. This is to ensure convoys actually reach the people most in need, and avoid repeating incidents like Moadamiyeh in January 2016, when aid gets close to the population in need but does not reach them. This monitoring system should also include provisions to respond to any evidence that aid is being monopolized, tampered with or removed by any party to the conflict.
 - Ensure consultation of local Syrian aid actors already delivering assistance in besieged areas, and where possible, support scaling up of their efforts without exposing them to further risk. Ensure that aid agencies delivering assistance unofficially do not suffer repercussions.
- Donors must:**
- Increase investments that support self-sufficiency of besieged communities, even while recognizing that the priority should be to work to lift sieges immediately. This should include more focus on delivering long-lasting, storable goods (such as wheat), and seeds to grow fruit and vegetables, when short delivery windows open.
 - Scale up investment in innovative technologies, such as solar panels and solar cookers, as these can provide sustainable replacements to inoperative vital services.
 - Be more flexible with funding, as partners often need to respond quickly to unexpected opportunities or constraints, as situations change rapidly and sieges tighten and loosen.
 - Support education in besieged areas by training teachers and school personnel in conflict-sensitive approaches to education, including how to keep children safe while in school. All schools should have contextualised emergency preparedness plans and safety and security procedures.

Endnotes

- 1 This number is calculated based on the overall percentage of children in Syria applied to the population in besieged areas
- 2 UN News Centre, Secretary-General Ban Ki-moon, 'Opening remarks at press encounter', New York, 9 April 2015, http://www.un.org/apps/news/infocus/sgspeeches/statments_full.asp?statID=2562#.VsClubJ96M8 accessed January 2016
- 3 For example: UN Security Council Resolutions 2139, 2165, 2191 (all in 2014), 2254, 2258 (in 2015) and 2268 (in 2016)
- 4 Estimates of how many people live under siege vary. However, the UN estimates that 486,700 people now live in 18 besieged areas, compared with 212,000 in 11 areas in February 2015.
- 5 Based on information obtained by credible humanitarian third party reporting mechanisms
- 6 UN Secretary-General, *Report of the Secretary-General on the Implementation of UN Security Council Resolutions 2139, 2165, 2191 and 2258*, 21 January 2016, S/2016/60, paragraph 48
- 7 Idem, paragraph 49
- 8 Idem, paragraph 63
- 9 Focus groups and in-depth interviews were carried out in January and February 2016 in eight locations: Douma, Zamalka, Beit Sawa and Mesraba (all Eastern Ghouta/rural Damascus); Moadamiyeh (southern rural Damascus); Houla-Kafr Laha and Houla-Taldo (rural northern Homs), and an anonymous location under siege in northern rural Damascus. Douma, Zamalka and Moadamiyeh are all on the UN besieged list; the others are classed by the UN as 'hard to reach' and are considered besieged by other assessments.
- 10 These were carried out in February 2016 and include families from Deir Ezzur, Eastern Ghouta and Northern Homs. These interviews were conducted by Save the Children staff.
- 11 UN Office for the Coordination of Humanitarian Affairs (OCHA), Syrian Arab Republic Crisis Overview: Key Figures, <http://www.unocha.org/syria>, accessed February 2016
- 12 Syria Regional Refugee Response Inter-Agency Information Sharing Portal, Total Persons of Concern, <http://data.unhcr.org/syrianrefugees/regional.php>, accessed 17 February 2016
- 13 UN, Department of Public Information, *Alarmed by Continuing Syria Crisis, Security Council Affirms its Support for Special Envoy's Approach in Moving Political Solution Forward*, SC/12008, 17 August 2015, <http://www.un.org/press/en/2015/sc12008.doc.htm> accessed February 2016
- 14 Syrian Centre for Policy Research, *Confronting Fragmentation: Impact of Syria Crisis Quarterly Report*, February 2016, p. 61
- 15 The Syrian government, the USA, the Russian Federation, the UK, France, Australia, Bahrain, Canada, Israel, Jordan, Lebanon, Saudi Arabia, Turkey and the United Arab Emirates have all reportedly carried out military action.
- 16 Interviews with local aid agencies in January 2016
- 17 Syrian American Medical Society (SAMS) *Slow Death: Life and Death in Syrian Communities Under Siege*, March 2015, p. 29
- 18 OCHA, *Joint Statement on hard-to-reach and besieged communities in Syria*, attributable to Yacoub El Hillo, UN Resident and Humanitarian Coordinator in Syria and Kevin Kennedy, Regional Humanitarian Coordinator for the Syria Crisis, Damascus, 7 January 2016
- 19 UN Secretary-General, *Report of the Secretary-General on the Implementation of UN Security Council Resolutions 2139, 2165, 2191 and 2258*, 21 January 2016, S/2016/60, paragraph 52
- 20 UN OCHA, *Flash Update on Madamiyet Alsham*, 31 January 2016. In this report Madamiyet Alsham is referred to as Moadamiyeh
- 21 Human Rights Council, *7th Report of the Independent International Commission of Inquiry on the Syrian Arab Republic*, 12 February 2014, XXV Session, A/HR/25/65, paragraph 13
- 22 Syrian American Medical Society (SAMS) *Slow Death: Life and Death in Syrian Communities Under Siege*, March 2015, p. 28
- 23 UN, Department of Public Information, *Full transcript of Secretary-General's press encounter following briefing to the General Assembly on his priorities for 2016*, New York, 14 January 2016, <http://www.un.org/sg/offthecuff/index.asp?nid=4316> accessed February 2016
- 24 Article 14 of the 1977 Additional Protocol II of the Geneva Convention provides: "Starvation of civilians as a method of combat is prohibited".
- 25 UN, Department of Public Information, Full transcript of Secretary-General's press encounter following briefing to the General Assembly on his priorities for 2016, New York, 14 January 2016, <http://www.un.org/sg/offthecuff/index.asp?nid=4316> accessed February 2016
- 26 For example, Amnesty International, *Yarmouk Under Siege: A horror story of war crimes, starvation and death*, March 2014; Amnesty International, *Left to Die Under Siege: War crimes and human rights abuses in Eastern Ghouta, Syria*, August 2015
- 27 The UN list for January 2016 includes the following 19 locations: Deir Ezzor, Foah, Kefraya, Zabadani, Madaya, Bqine, Darayya, Moadamiyeh, Duma, Harasta, Arbin, Zamalka, Kafr Batna, Ein Terma, Hammura, Jisrein, Saqba, Zabadin and Yarmouk.
- 28 UN OCHA, *Overview of hard-to-reach and besieged locations (as of January 2016)*, <https://www.humanitarianresponse.info/en/operations/whole-of-syria/infographic/overview-hard-reach-and-besieged-locations-ja-n-2016> accessed February 2016
- 29 The UN currently estimates that 486,700 people are living in besieged areas. This includes approximately 270,000 living in areas besieged by the government, 200,000 living in Deir Ezzor under siege by Islamic State (although other studies such as Siege Watch have argued that parts of Deir Ezzor are also under siege by the government) and 12,500 in Foah and Kefraya under siege by non-state armed opposition groups and the Nusrah Front.
- 30 The UN defines a 'hard to reach area' as: "An area that is not regularly accessible to humanitarian actors for the purposes of sustained humanitarian programming as a result of denial of access, including the need to negotiate access on an ad hoc basis, or due to restrictions such as active conflict, multiple security checkpoints, or failure of the authorities to provide timely approval," in UN OCHA, *Syrian Arab Republic: Overview of hard-to-reach and besieged locations (as of January 2016)*. See note 28.
- 31 SAMS, *Slow Death: Life and death in Syrian communities under siege*, March 2015, p. 5
- 32 Siege Watch, *First Quarterly Report on Besieged Areas in Syria*, February 2016, p. 8
- 33 Médecins Sans Frontières (MSF), *Syria 2015: Documenting war wounded and war dead in MSF supported medical facilities in Syria*, 17 February 2016, pp 3 and 6
- 34 95,000 people according to UN OCHA *2015 Humanitarian Needs Overview for the Syrian Arab Republic*, p. 142; and 200,000 people according to Siege Watch, *First Quarterly Report on Besieged Areas in Syria*, February 2016, p. 22.
- 35 Statement signed by eight international aid agencies including Save the Children, 'One-Off Aid Convoys Won't Save Starving Syrians', 11 January 2016
- 36 Both are currently listed by the UN as 'hard to reach areas'.
- 37 Interviews with local aid agencies in January 2016. The UN OCHA Flash Update for Madamiyet Alsham, 31 January 2016, also reported at least eight deaths in the town since 1 January 2016 due to lack of proper medical care.
- 38 Interviews with local aid agencies in January 2016
- 39 One hospital remains two kilometres outside the city and, while still open, it also suffers from a shortage of medicine, supplies and health personnel. UN OCHA, *Flash Update on Deir Ezzor City*, 15 January 2016.
- 40 UN Secretary-General, *Report of the Secretary-General on the Implementation of Security Council Resolutions 2139, 2165, 2191 and 2258*, 20 August 2015, S/2015/651, paragraph 44
- 41 Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Stephen O'Brien, *Statement to the Security Council on Syria*, New York, 27 January 2016, <http://reliefweb.int/sites/reliefweb.int/files/resources/ERC%20Stephen%20O%27Brien%20SecCo%20statement%20on%20Syria%2027Jan%202016%20CAD.pdf> accessed February 2016
- 42 UN OCHA, *Flash Update on Northern rural Homs*, 14 February 2016
- 43 UN OCHA, *Flash Update on Madamiyet Alsham*, 31 January 2016

- 44 Human Rights Council, *10th Report of the Independent International Commission of Inquiry on the Syrian Arab Republic*, 13 August 2015, XXX Session, A/HRC/30/48, paragraph 101
- 45 Human Rights Council, *9th Report of the Independent International Commission of Inquiry on the Syrian Arab Republic*, 5 February 2015, XXVII Session, A/HRC/28/69, paragraph 62
- 46 The World Health Organization (WHO) recommends that caesareans should only be carried out based on medical need and can bring short- and long-term risks to mother and child. WHO: *Statement on Caesarian Section Rates*, Geneva, 10 April 2015, p. 1, <http://www.who.int/mediacentre/news/releases/2015/caesarean-sections/en/> accessed February 2016.
- 47 Based on information from local aid agencies
- 48 The survey was carried out in the first quarter of 2015 by a local organisation interviewed for this report.
- 49 UNICEF, *Lowest rainfall in over 50 years is latest threat to children in Syria and region*, 6 June 2014, <http://childrenofsyria.info/2014/06/06/lowest-rainfall-in-over-50-years-is-latest-threat-to-children-in-syria-and-region/> accessed January 2016
- 50 UN OCHA, *Flash Update on Deir Ezzor City*, 15 January 2016
- 51 Human Rights Watch, 'Syria: Strong evidence government used chemicals as a weapon', 13 May 2014, <https://www.hrw.org/news/2014/05/13/syria-strong-evidence-government-used-chemicals-weapon> accessed February 2016
- 52 UN OCHA, *Flash Update on Madamiyet Alsham*, 31 January 2016
- 53 SAMS, *Slow Death: Life and Death in Syrian Communities Under Siege*, March 2015, page 13
- 54 UN OCHA, *Flash Update on Deir Ezzor City*, 15 January 2016
- 55 Based on monthly analysis of the *Report of the UN Secretary-General on the Implementation of Security Council Resolutions 2139, 2165, 2191 and 2258*; no food assistance was possible in July, August, September, November and December.
- 56 Human Rights Council, *10th Report of the Independent International Commission of Inquiry on the Syrian Arab Republic*, 13 August 2015, XXX Session, A/HRC/30/48, paragraph 102
- 57 Save the Children, 'Acute Malnutrition Summary Sheet' available at: <http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/Acute-Malnutrition-Summary-Sheet.pdf> accessed February 2016
- 58 An unpublished assessment by NGOs working in besieged areas, January 2016
- 59 Under global Sphere standards, one person needs a minimum of 2,100 kilocalories per day. Sphere, *Food security – food transfers standard 1: General nutrition requirements* <http://www.spherehandbook.org/en/food-security-food-transfers-standard-1-general-nutrition-requirements/> accessed February 2016
- 60 In one of the most serious examples, the marketplace in Douma was bombed on 16 August 2015. More than 100 people were killed and more than 200 injured. The Office of the United Nations High Commissioner for Human Rights (OHCHR) 'Spokesperson press briefing', Geneva, 18 August 2015, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16329&LangID=E> accessed February 2016
- 61 UN OCHA, *Flash Update on Foah and Kefraya*, 31 January 2016
- 62 This is based on the official exchange rate cited in UN reports. The exchange rate in these areas fluctuates greatly and inflation is affected by a number of complex factors.
- 63 UN OCHA, *Flash Update on Deir Ezzor City*, 15 January 2016
- 64 UN OCHA, *Flash Update on northern rural Homs*, 14 February 2016
- 65 World Food Programme, *Syria Market Price Watch Bulletin*, November 2015, Issue 12, <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp280475.pdf> accessed February 2016
- 66 UN analysis of 191,369 documented killings found 85.1% were male. The Office of the United Nations High Commissioner for Human Rights (OHCHR), 'Updated Statistical Analysis of Documentation of Killings in the Syrian Arab Republic', August 2014, p. 1
- 67 Turkmani, R, Ali, AAK, Kaldor, M and Bojicic-Dzelilovic, V, *Countering the Logic of the War Economy in Syria: Evidence from three local areas*, LSE, 30 July 2015, p. 37 <http://www.securityintransition.org/wp-content/uploads/2015/08/Countering-war-economy-Syria2.pdf> accessed February 2016
- 68 Infant formula and breast milk substitutes are dangerous in emergencies and unhygienic contexts. Using them in environments with little or no clean water; and without resources for safe preparation and consumption, can cause diarrhoea, dehydration and illnesses leading to malnutrition and even death.
- 69 UN Secretary-General, *Report of the Secretary-General on the Implementation of UN Security Council Resolutions 2139, 2165, 2191 and 2258*, 21 January 2016, S/2016/60, paragraph 5
- 70 For example: Human Rights Watch, *Attacks on Ghouta. Analysis of Alleged Use of Chemical Weapons in Syria*, 10 September 2013, <https://www.hrw.org/report/2013/09/10/attacks-ghouta/analysis-alleged-use-chemical-weapons-syria> accessed February 2016; SAMS, press release, *Only Forensic Doctor in East Ghouta Killed, Along with 18 Others, in Aerial Attack on Medical Clinic in Besieged Douma*, 19 November, 2015, <https://www.sams-usa.net/foundation/index.php/component/content/article/2-uncategorised/224-press-release-only-forensic-doctor-in-east-ghouta-killed-along-with-18-others-in-aerial-attack-on-medical-clinic-in-besieged-douma> accessed February 2016
- 71 This analysis is based on information obtained by credible humanitarian third party reporting mechanisms.
- 72 Siege Watch, interactive map of Darayya, <http://siegewatch.org/#11/33.5145/36.2387> accessed February 2016
- 73 Interviews with local aid agencies in January 2016
- 74 SAMS, *Slow Death: Life and Death in Syrian Communities Under Siege*, March 2015, p. 19
- 75 UN OCHA, *Flash Update on Foah and Kefraya*, 31 January 2016
- 76 UN OCHA, *Flash Update on Madamiyet Alsham*, 31 January 2016
- 77 Save the Children, *Education Under Attack*, September 2015, p. 3
- 78 Idem, p. 5
- 79 UN OCHA, *Flash Update on Foah and Kefraya*, 31 January 2016

CHILDHOOD UNDER SIEGE

Living and dying in besieged areas of Syria

“Children are living on the verge of death. They are forced to eat leaves – even flour and milk is forbidden to bring in.”

Ra’ed, an aid worker in Moadamiyeh

At least a quarter of a million children in Syria are living under brutal siege in areas that have effectively been turned into open-air prisons. They and their families are cut off from the outside world, surrounded by warring groups that illegally use siege against civilians as a weapon of war, preventing food, medicine, fuel and other vital supplies from entering and stopping people from fleeing.

Amid the spiralling atrocities in Syria, these children are among the most vulnerable of all. They want the world to hear their story.



Save the Children