# Syria Community Profiles Update: July 2017

FOR HUMANITARIAN PURPOSES ONLY

## Introduction

In order to inform a more evidence-based response to address the needs of vulnerable communities across Syria, REACH, in support of the Syria INGO Regional Forum (SIRF) and other humanitarian actors, regularly monitors the humanitarian situation within communities facing restrictions on civilian movement and humanitarian access.

The Syria Community Profiles, which commenced in June 2016, intend to provide aid actors with an understanding of the humanitarian situation within these communities, by assessing availability of and access to food, healthcare, water, education and humanitarian assistance, as well as the specific conditions associated with limited freedom of movement.

## Methodology and limitations

Based on data collected from 161 community representatives inside Syria at the end of July and beginning of August 2017, these updates refer to the situation in July 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed.

An improvement or deterioration from the month prior may not indicate a trend, but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain communities.

## Executive Summary

In July and early August 2017, REACH assessed the humanitarian situation in 38* communities in Syria facing restrictions on movement and access, 14 of which are currently classified as besieged. The profiled communities were located in Damascus, Deir ez Zor, Homs and Rural Damascus governorates, and information was gathered through a total of 161 community representatives (CRs). **The humanitarian situation improved in some communities in which truce agreements had recently been implemented or which had received humanitarian assistance, while it remained critical in communities with the tightest restrictions on movement and access.**

- **The humanitarian situation improved in both Burza and Qaboun (truce commmunities), though the situation in Qaboun remained critical.** In Burza, civilian movement and commercial vehicle entry remained unrestricted for the second consecutive month, while access to food and medical care improved. In Qaboun, the Syrian Arab Red Crescent (SARC) were reportedly able to provide medical services in the community for the first time since assessments began, while access to food, water and electricity improved. However, severe access restrictions on movement of civilans and commercial vehicles persisted, and no educational facilities were available.
- **Madaya was reclassified by the UN from besieged to hard-to-reach at the end of June.** Improved access to medical care was reported, following the return of medical professionals to the community, in addition to an increase in the availability of medicine and medical supplies and access to water and electricity. However, parts of the population still reported insufficient water supplies and no change in electricity access.
- Food security improved in the Wadi Burda communities, following price decreases of some food items. **Conversely, in Harasta (Eastern Ghouta), the first case of death due to a lack of food was reported in the community since assessments began in the Eastern Ghouta area in June 2016.**
- **Humanitarian aid reached Taldu, Deir ez Zor city (Joura, Qosour), Hama and Qudsiya, and Eastern Ghouta (Duma and Nashabiyeh), while no aid was delivered to the remaining 31 assessed locations.**

## List of Assessed Profiles: July 2017

PDF: Click on profile name to jump to factsheet

- Abu Kamal and Sosa
- Ar Rastan, Talbiseh and Taldu
- Bait Jan
- Damascus (Burza)
- Deir ez Zor city (Joura, Qosour)
- Eastern Ghouta
- Hajar Aswad
- Madaya and Bqine
- Qaboun

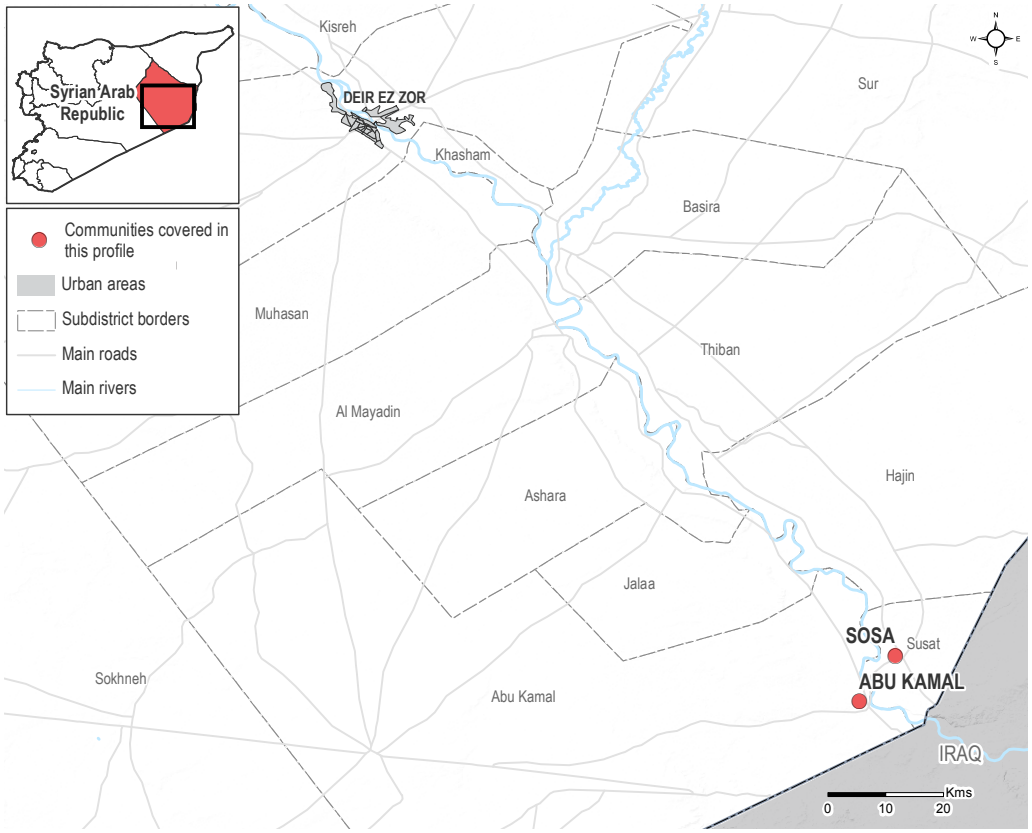
* While data was collected for the communities of Hama, Qudsiya, Madamiyet Elsham, At Tall, Khan Elshih and Wadi Burda, no profiles were created for these communities in July.

# Syria Community Profile Update: Abu Kamal and Sosa, Deir ez Zor

## July 2017

FOR HUMANITARIAN PURPOSES ONLY

| | Abu Kamal | Sosa |
|---|---|---|
| UN classification | Hard-to-reach | Hard-to-reach |
| Estimated population[1]: | 39000 | 26000 |
| Of which estimated IDPs[1]: | 7900 | 380 |
| % of pre-conflict population remaining | 51-75% | 76-100% |
| % of population that are female | 51-75% | 51-75% |
| % of female-headed households | 1-25% | 1-25% |




## SUMMARY


The communities of Abu Kamal and Sosa are located in southeastern Deir ez Zor governorate, approximately 10km from the Iraqi border. Due to its location, Abu Kamal district is an important commercial zone. However, Abu Kamal and Sosa communities have faced access restrictions since mid-2014, and are currently classified as hard-to-reach by the United Nations. REACH first assessed the communities in April 2017.

**The humanitarian situation in Abu Kamal and Sosa remained stable in July, after conflict escalation and currency fluctuations worsened the situation in June. After having increased in June, prices remained stable in July. Meanwhile, people continued to leave the communities as a result of hostilities in the area.**

After the conflict intensified in May 2017, the group known as the Islamic State of Iraq and the Levant (ISIL) started permitting movement from Abu Kamal and Sosa to other areas under its control through formal access points. The number of people using these formal routes remained stable in July, after increasing in June. Additionally, the use of informal routes to exit ISIL-controlled territory continued to be reported, despite severe associated risks.

The prices of food, fuel, NFIs and medical items remained elevated for the second consecutive month, due to a change in the exchange rate of the Syrian Pound to the United States (US) Dollar[2].

Meanwhile, the availability of all assessed foods, fuel sources, NFIs and medical items remained stable. Items continued to enter the two communities via commercial vehicles that originated in ISIL-controlled areas of Iraq.

Access to all services, including medical assistance, remained unchanged in July. Children were reportedly not able to access education, as was the case in previous months, as parents continued to disapprove of the offered curriculum, and pre-conflict facilities had been closed by ISIL.


## CHANGES SINCE JUNE

| | Abu Kamal | Sosa | | Abu Kamal | Sosa |
|---|---|---|---|---|---|
| Access Restrictions on Civilians | ◆ | ◆ | Health Situation | ◆ | ◆ |
| Commercial Vehicle Access | ◆ | ◆ | Core Food Item Availability | ◆ | ◆ |
| Humanitarian Vehicle Access | ◆ | ◆ | Core Food Item Prices | ◆ | ◆ |
| Access to Basic Services | ◆ | ◆ | Overall Humanitarian Situation | ◆ | ◆ |

## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of July and beginning of August 2017, these updates refer to the situation in July 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations. In view of predicted developments in conflict dynamics in Deir ez Zor governorate, REACH will expand coverage to additional communities facing access restrictions in the area in the coming months, where possible.

## ACCESS TO SERVICES*

**Following repairs to the water network in late May 2017, access to water has remained stable in Abu Kamal.** Likewise, access to all other sevices remained unchanged in both communities. Residents of Abu Kamal and Sosa continued to rely on generators for electricity, while the network was available intermittently. Meanwhile, severe barriers to education persisted in both communities, as parents did not approve of the curriculum, and ISIL had closed all pre-conflict schools. This resulted in no children accessing educational facilities in July, or in any month since assessments began in April 2017.

| | | Abu Kamal | Sosa |
|---|---|---|---|
| **WATER** | Main source of drinking water (status) | Water network (water smelled bad, was a bad colour*) | Water network (water tasted bad, was a bad colour**) |
| | Available water to meet household needs (coping strategies) | Sufficient | Sufficient |
| | Access to water network per week | 3-4 days | 3-4 days |
| | **Change since June** | ◆ | ◆ |
| **ELECTRICITY** | Access to electricity network per day | 1-2 hours | 1-2 hours |
| | Access to electricity (main source) per day | 4-8 hours (generator) | 4-8 hours (generator) |
| | **Change since June** | ◆ | ◆ |
| **EDUCATION** | Available education facilities | None | None |
| | Barriers to education | Parents don't approve of curriculum, pre-conflict schools closed by authorities, lack of teaching staff | Parents don't approve of curriculum, pre-conflict schools closed by authorities, lack of teaching staff |
| | **Change since June** | ◆ | ◆ |

*Arrows indicate change in access since June. **Data collected is based on perceptions of local actors; therefore, reported water safety requires verification through testing.

## MOVEMENT OF CIVILIANS

**Change in # of people able to leave both communities compared to June:** ◆

### People able to leave[3]

**For the third consecutive month, formal access points in both Abu Kamal and Sosa remained accessible.** These access points first opened in mid-May, to permit residents to leave the communities amid intensified conflict. Use of the formal access points was reportedly available to everyone with identification, but only travel to other ISIL-controlled areas was permitted.

Use of informal access routes continued as well, after having first been reported in June. These routes were reportedly used by people leaving ISIL-controlled territory in response to intensified conflict, although they presented considerable risks in the forms of gunfire, landmines and detention.

Movement inside and between the communities of Abu Kamal and Sosa remained low-risk, but only as long as residents adhered to ISIL's strict rules.

### Risks faced when trying to enter or exit (formally or informally)

**Formal access points:** Verbal harassment, detention.

**Informal access points:** Detention, gunfire, landmines.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since June in both communities:** ◆

**Both communities:** some commercial vehicles continued to enter Abu Kamal and Sosa, as has been the case since assessments began in April 2017. Most commercial vehicles reportedly originated in Abu Kamal and returned to the community after picking up goods in Baghdad and Anbar in Iraq.

Restrictions on access from previous months remained in place, including imposed fees, confiscation of goods, vehicle searches and confiscation of documents. Despite the intensified conflict, no reduction in the number of commercial vehicles entering Abu Kamal and Sosa was reported in June or July.

### Humanitarian vehicles

**Change since June in both communities:** ◆

**Both communities**: None reported.

### Goods entered

**Both communities:** Commercial vehicles continued to bring food, fuel, NFIs and medical items to Abu Kamal and Sosa in July. The amount of goods entering has remained stable since assessments began in April 2017.

## HEALTH SERVICES

**Change since June in both communities:** ◆

The health situation in Abu Kamal and Sosa remained the same overall in July, and since assessments began. Healthcare facilities remained nonexistent in Sosa, but some residents reportedly accessed services in Abu Kamal, as was the case in previous months. In Abu Kamal, three private hospitals (specialised in primary healthcare, obstetrics and surgery) continued to operate. However, the high cost of these services was a barrier for people with insufficient income.

### Unavailable medical items[4]

**Abu Kamal**: Anti-anxiety, heart, diabetes and blood pressure medicine.
**Sosa**: All assessed medical items were reported as unavailable in Sosa, as no medical facilities were operating in the community.

Change in both since June ◆



✓ Available ✓ Sometimes available ✗ Not available
↑ Positive increase ◆ No change ↓ Negative decrease
↑ Negative increase ↓ Positive decrease

### Most needed medical items[5]

| | Abu Kamal | Sosa |
|---|---|---|
| 1. | Heart medicine | Heart medicine |
| 2. | Diabetes medicine | Diabetes medicine |
| 3. | Artificial limbs | Burn treatment |

### Permanent medical facilities available

| | AK | S |
|---|---|---|
| Mobile clinics / field hospitals | ✗ | ✗ |
| Informal emergency care points | ✗ | ✗ |
| Pre-conflict hospitals | ✓ | ✗ |
| Pre-conflict clinics / surgeries | ✗ | ✗ |
| Change since June | ◆ | ◆ |

### Medical services available

| | AK | S |
|---|---|---|
| Child immunization[6] | ✗ | ✗ |
| Diarrhoea management | ✗ | ✗ |
| Emergency care | ✓ | ✗ |
| Skilled childbirth care | ✓ | ✗ |
| Surgery[7] | ✓ | ✗ |
| Diabetes care | ✗ | ✗ |
| Change since June | ◆ | ◆ |

### Availability of medical personnel

**Abu Kamal:** Professionally trained surgeons, doctors, nurses and midwives, dentists, anesthesiologists, pharmacists.

**Sosa:** None.

**Others providing medical services (in both):** Volunteers with informal medical training.

| Change in both since June | ◆ |
|---|---|

### Unusual outbreaks of disease[8]

**Both communities:** None reported.

### Strategies used to cope with a lack of medical services

**Abu Kamal:** None reported.

**Sosa:** Civilians without professional training treating patients, carrying out operations without anaesthesia, using non-medical items for treatment (e.g. wooden sticks as casts).

## FOOD

| Change in food situation compared to June in both: | ◆ |
|---|---|

No changes in food prices or availability were reported in July.

The availability of food has remained stable in Abu Kamal and Sosa since assessments began. Except for bread from public bakeries and shops, all food items were reported as generally available[9].

Food prices remained the same in as in June after having increased previously due to the arrival of IDPs and fluctuations in the exchange rate of the US dollar used among traders in Deir ez Zor governorate and Iraq.[2]

### Most common methods of obtaining food at the household level

**Both communities:** Purchasing from shops and markets, home production (backyard, roof).

### Most common methods of obtaining bread at the household level

**Both communities:** Private bakeries.

**Challenges to obtaining bread**: Flour and yeast unavailable, expensive or hard to access, fuel too expensive or hard to access.

| Change in both since June | ◆ |
|---|---|

### Strategies used to cope with a lack of food

| | AK | S |
|---|---|---|
| Reducing meal size | ✓ | ✓ |
| Skipping meals | ✗ | ✗ |
| Days without eating | ✗ | ✗ |
| Eating non-edible plants | ✗ | ✗ |
| Eating food waste | ✗ | ✗ |

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Reducing meal sizes has been reported as a strategy to cope with a lack of food since assessments began. Both men and women have reportedly eaten less so that children could eat more.

### Deaths attributable to a lack of food[8]

**Both communities:** None reported.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket[10]

| | Abu Kamal | Sosa |
|---|---|---|
| Average cost (SYP)[11] | 56348 | 57710 |
| Change since previous month | ◆ | ◆ |

The cost of a standard food basket in both communities remained the same as it was in June, when fluctuations in the dollar exchange rate raised the cost of a food basket by approximately 10%.

Due to limitations in coverage across Deir ez Zor governorate, a standard food basket price could not be calculated for nearby communities not considered hard-to-reach for the purpose of comparison.

### Food item availability / prices

**Both communities:** As has been the case since assessments began, with the exception of bread from public bakeries, all assessed core food items were available for purchase in both Abu Kamal and Sosa. Prices remained the same as in June, when they rose due to fluctuations in the dollar exchange rate.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[9]

**For affected populations, the functionality of, and access to, basic services such as medical facilities, water and electricity are highly dependent on the price and availability of fuel sources.**

| | Item | Abu Kamal | Price changes since June[14] | Sosa | Price changes since June[14] |
|---|---|---|---|---|---|
| **Food Items** | Bread private bakery (pack) | 350[9] | ⇕ | 400[9] | ⇕ |
| | Bread public bakery (pack) | Not available | ⇕ | Not available | ⇕ |
| | Rice (1kg) | 750[9] | ⇕ | 700[9] | ⇕ |
| | Bulgur (1kg) | 600[9] | ⇕ | 600[9] | ⇕ |
| | Lentils (1kg) | 850[9] | ⇕ | 850[9] | ⇕ |
| | Chicken (1kg) | 1400[9] | ⇕ | 1400[9] | ⇕ |
| | Mutton (1kg) | 3800[9] | ⇕ | 3800[9] | ⇕ |
| | Tomatoes (1kg) | 300[9] | ⇕ | 300[9] | ⇕ |
| | Cucumbers (1kg) | 300[9] | ⇕ | 300[9] | ⇕ |
| | Milk (1L) | 300[9] | ⇕ | 300[9] | ⇕ |
| | Flour (1kg) | 300[9] | ⇕ | 300[9] | ⇕ |
| | Eggs (1 unit) | 50[9] | ⇕ | 50[9] | ⇕ |
| | Iodised salt (500g) | 170[9] | ⇕ | 170[9] | ⇕ |
| | Sugar (1kg) | 650[9] | ⇕ | 650[9] | ⇕ |
| | Cooking oil (1L) | 1000[9] | ⇕ | 1000[9] | ⇕ |
| **WASH Items** | Soap (1 bar) | 300[9] | ⇕ | 300[9] | ⇕ |
| | Laundry powder (1kg) | 1500[9] | ⇕ | 1500[9] | ⇕ |
| | Sanitary pads (9 pack) | 700[9] | ⇕ | 700[9] | ⇕ |
| | Toothpaste (125ml) | 700[9] | ⇕ | 700[9] | ⇕ |
| | Disposable diapers (24 pack) | 1950[9] | ⇕ | 1900[9] | ⇕ |
| **Fuel** | Butane (cannister) | 8500[12] | ⇕ | 8500[9] | ⇕ |
| | Diesel (1L) | 200[9] | ⇕ | 200[9] | ⇕ |
| | Propane (cannister) | 8500[12] | ⇕ | 8500[12] | ⇕ |
| | Kerosene (1L) | 200[9] | ⇕ | 200[8] | ⇕ |
| | Coal (1kg) | Not available | ⇕ | Not available | ⇕ |
| | Firewood (1T) | 55000[13] | ⇕ | 55000[12] | ⇕ |

Due to limited coverage, it was not possible to collect prices for comparison in July from nearby communities not considered besieged or hard-to-reach.

### WASH item availability / prices

**Both communities:** As was the case with food items, both the availability and the price of assessed hygiene items remained the same in July as they had been in June, when prices rose between 14% and 15% due to exchange rate fluctuations.

### Fuel availability / prices

**Both communities:** Fuel availability and prices did not change significantly in July. Diesel and kerosene were reported as generally available[9], while butane and propane remained only sometimes available[12] in markets. Conversely, firewood was generally unavailable[13], as had been the case since April, due to a seasonal reduction in demand. Fuel was brought into the communities via commercial vehicles, as well as produced locally.

Fuel prices remained the same in July as they had been in June, when they rose by an average of 30% due to exchange rate fluctuations.

**Strategies used to cope with a lack of fuel:** No data.

**Endnotes**

[1] Figures based on HNO 2017 population data (December 2016). Figures based on population estimates by local actors within the communities assessed were reportedly 75,000-80,000 individuals on Abu Kamal (including 17,000-17,500 IDPs), and 21,000-21,500 individuals in Sosa (including 500-600 IDPs).

[2] According to local actors, the price of 1 USD increased from 440 SYP in May to 495 SYP in June.

[3] The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

[4] Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

[5] 'Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

[6] The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

[7] The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members, without professional medical backgrounds, may have been informally trained by medical personnel to carry out emergency procedures.

[8] Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

[9] Generally available in markets (21+ days this month).

[10] Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: June 2017' (link here).

[11] $1 = 515 SYP (UN operational rates of exchange as of 1 August 2017).

[12] Sometimes available in markets (7-20 days this month).

[13] Generally not available in markets (less than 7 days this month).

[14] Price fluctuations of 5% or less were not reported.



✓ Available ✓ Sometimes available ✗ Not available

⇑ Positive increase ⇕ No change ⇓ Negative decrease

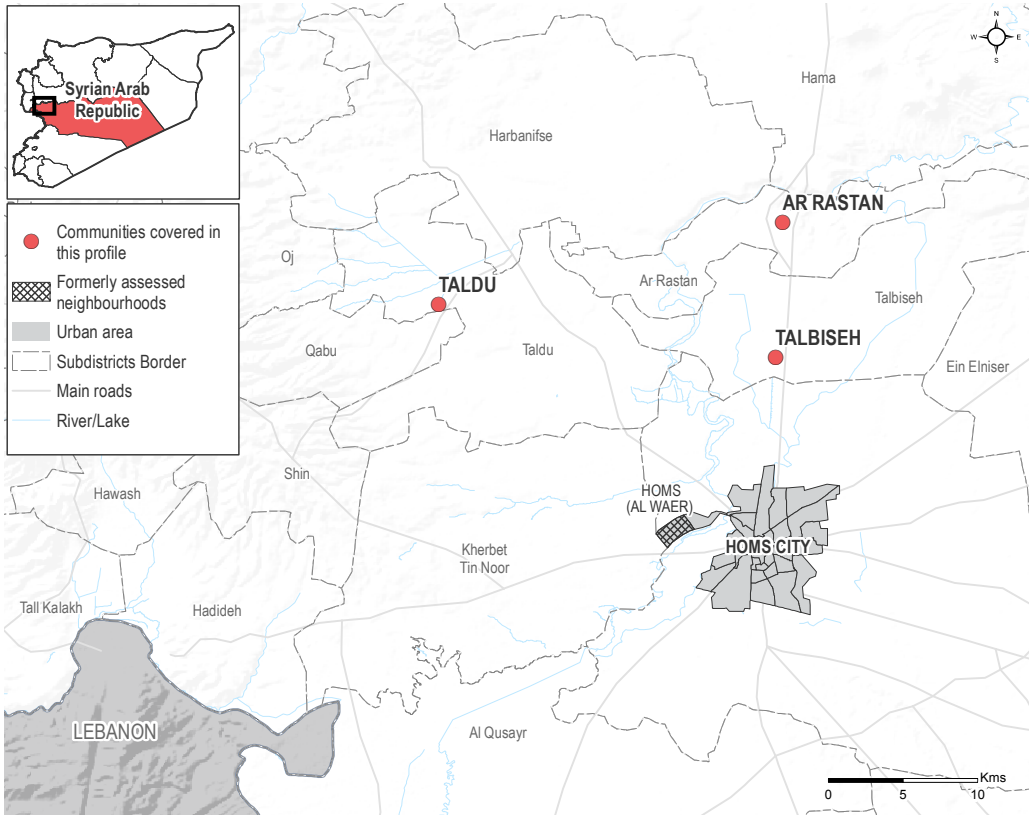
⇑ Negative increase ⇓ Positive decrease

# Syria Community Profile Update: Ar Rastan, Talbiseh and Taldu, Homs

## July 2017

**FOR HUMANITARIAN PURPOSES ONLY**

| | Ar Rastan | Talbiseh | Taldu |
|---|---|---|---|
| **UN classification:** | Hard-to-reach | Hard-to-reach | Hard-to-reach |
| **Estimated population[1]:** | 47000 | 41000 | 18000 |
| **Of which estimated IDPs[1]:** | 9000 | 11000 | 640 |
| **% of pre-conflict population remaining:** | 26-50% | 26-50% | 26-50% |
| **% of population that are female:** | 26-50% | 26-50% | 26-50% |
| **% of female-headed households** | 1-25% | 1-25% | 1-25% |




## SUMMARY


Situated between the cities of Homs and Hama, the communities of Ar Rastan, Talbiseh and Taldu have faced access restrictions since 2012. In early 2016, an escalation of conflict led to a deterioration in the humanitarian situation. The situation further deteriorated in October 2016, when conflict escalated again, before stabilising in November. In March 2017, all three communities faced a temporary tightening of access restrictions, leading to an increase in food prices. Such restrictions were loosened in April, when humanitarian aid entered all three communities.

**In July, the overall humanitarian situation declined in all three communities, due to the increased restrictions at the formal access point that reduced the amount of goods entering the communities. The prices of several food items increased in July, although all assessed food items remained generally available in the communities.**

Humanitarian deliveries of food, non-food, and medical items reached Taldu in July, which lead to an improvement in the health situation there. **Reportedly, the amount of food and hygeine items entering Taldu through humanitarian aid did not outweigh the effect of the increased access restrictions on goods entering the community.** Access to water also decreased in Taldu, due to the breakage of pumps that rendered some wells inoperable.

In Talbiseh and Ar Rastan, water access improved


## CHANGES SINCE JUNE

| | Ar Rastan | Talb. | Taldu | | Ar Rastan | Talb. | Taldu |
|---|---|---|---|---|---|---|---|
| Access Restrictions on Civilians | ↓ | ↓ | ↓ | Health Situation | ◆ | ◆ | ↑ |
| Commercial Vehicle Access | ◆ | ◆ | ◆ | Core Food Item Availability | ◆ | ◆ | ◆ |
| Humanitarian Vehicle Access | ↓ | ↓ | ↑ | Core Food Item Prices | ↑ | ↑ | ↑ |
| Access to Basic Services | ↑ | ↑ | ↓ | Overall Humanitarian Situation | ↓ | ↓ | ↓ |

## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of July and beginning of August 2017, these updates refer to the situation in July 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations.

due to the installation of pumps in several wells in July. Access to electricity and education remained unchanged in all three communities from June.

Civilian and commercial vehicle access to the assessed Rastan communities remained limited in July, though movement between Ar Rastan, Talbiseh and Taldu was unrestricted. Only 11-25% of the population were allowed through one formal route, and no commercial vehicles were allowed to enter.

No other significant changes were reported in July in any of the three communities.

## MOVEMENT OF CIVILIANS

**Change in # of people able to leave compared to June (all communities):** ⇕

### People able to leave[2]

Since assessments began, residents have been able to move freely between the three communities without formal restrictions. However, the risk of shelling was reported when moving in the area. This had been the case since assessments began.

Around 11-25% of residents could enter and exit the assessed Rastan communities through one formal access point, open daily between 8 a.m. and 4 p.m. These included students and employees, who could travel upon presenting identification at the checkpoint. People with severe injuries were also reportedly able to leave through this formal route.

However, additional restrictions on the movement of goods were reported in July, with civilians reportedly no longer permitted to bring back goods to their respective communities when utilising the formal route, and the closure of most informal trade routes. This resulted in decreased amount of food and hygiene items, as well as fuel, in all communities.

No informal access points were reportedly available in July, after having been shut down in March.

### Risks faced when trying to enter or exit (formally or informally)

**All three communities:** Shelling.

**Taldu:** Detention.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change compared to June (all communities):** ⇕

In July, commercial vehicles were free to travel between the three communities. However, no commercial vehicles entered the assessed Rastan communities through the formal access point, as has been the case since assessments began in June 2016.

### Humanitarian vehicles

**Change since June in Ar Rastan and Talbiseh:** ↓

**Change since June in Taldu:** ↑

A humanitarian delivery reached Taldu on July 15 and reportedly included food, non-food and medical items. Reportedly, all residents in Taldu could access aid equally.

Conversely, no humanitarian deliveries were reported in Ar Rastan or Talbiseh, which last received aid in June, nor did residents of these communities benefit from aid deliveries in Taldu.

### Goods entered

The amount of food, hygiene and medical items, as well as fuel, entering Ar Rastan and Talbiseh decreased in July, and the amount of all goods except medical items decreased

## ACCESS TO SERVICES

**Water access has been reported insufficient in all three communities since March 2017.** This was the case in Ar Rastan and Talbiseh, despite the installation of bio-fuel pumps in several wells used by the two communities in July, improved access to water and fewer coping strategies reported. Conversely, in Taldu, water availability reduced further after well pump equipment reportedly broke, the effects of which were compounded by an increased need for water in warmer months. No change was reported in access to electricity or education in July. Regarding education, schools were reportedly closed in June and July for summer break, and were expected to reopen in mid-September.

| | | Ar Rastan | Talbiseh | Taldu |
|---|---|---|---|---|
| **WATER** | Main source of drinking water (status) | Water network (safe to drink)* | Water network (safe to drink)* | Water network (safe to drink)* |
| | Available water to meet household needs (coping strategies) | Insufficient (purchase water with money usually spent on other things) | Insufficient (purchase water with money usually spent on other things) | Insufficient (purchase water with money usually spent on other things, receive water on credit, borrow water or money for water) |
| | Access to water network per week | 3-4 days | 3-4 days | 1-2 days |
| | **Change since June** | ↑ | ↑ | ↓ |
| **ELECTRICITY** | Access to electricity network per day | 8-12 hours (network) | Network unavailable | 4-8 hours (network) |
| | Access to electricity (main source) per day | 8-12 hours (network) | 8-12 hours (generator) | 4-8 hours (network) |
| | **Change since June** | ⇕ | ⇕ | ⇕ |
| **EDUCATION** | Available education facilities | Pre-conflict primary, secondary, high schools; informal schools set up since conflict began | Pre-conflict primary, secondary, high schools; informal schools set up since conflict began | Pre-conflict primary, secondary, high schools; informal schools set up since conflict began |
| | Barriers to education | Facilities destroyed, lack of school supplies, lack of teaching staff | Facilities destroyed, route to services unsafe, lack of teaching staff | Facilities destroyed, route to services unsafe, lack of teaching staff |
| | **Change since June** | ⇕ | ⇕ | ⇕ |

*Data collected is based on perceptions of local actors; therefore, reported water safety requires verification through testing.

in Taldu. This change was due to the closure of almost all informal commercial routes into the Rastan region, and heightened restrictions which attempted to prevent individuals from bringing goods through the formal access point. The increase in medical items in Taldu in July was due to the entry of humanitarian aid into the community. Reportedly, the amount of food and hygeine items entering Taldu through humanitarian aid did not outweigh the effect of the increased access restrictions on goods entering the community.

Local production remained a main source of food in all three communities, and humanitarian deliveries supplemented the amount of food, non-food and medical items entering Taldu. Individuals bringing goods back into the community remained a primary source of food, fuel, hygiene and medical items, despite the restrictions on the formal route and closure of most informal commercial routes.

## HEALTH SERVICES

| | |
|---|---|
| **Change since June in Ar Rastan and Talbiseh:** | ↔ |
| **Change since June in Taldu:** | ↑ |

In July, the health situation improved in Taldu and stayed the same in Ar Rastan and Talbiseh, after having improved in the latter two communities in June.

The availability of medical facilities and services remained unchanged this month in all communities. However, due to the humanitarian delivery that reached Taldu, the amount of available medicine increased in the community compared to June.

No child immunization[3] was available in July, with the last campaign reported in May 2017. The last significant change to the availability of services occurred in December 2016, when diabetes care became unavailable in all three communities.

Residents in all three communities were reportedly able to access medical care equally.

### Strategies used to cope with a lack of medical services

No coping strategies were reported in July, as had been the case since October 2016.

### Medical services available

| | Ar Rastan | Talb. | Taldu |
|---|---|---|---|
| Child immunization[3] | ✗ | ✗ | ✗ |
| Diarrhea management | ✓ | ✓ | ✓ |
| Emergency care | ✓ | ✓ | ✓ |
| Skilled childbirth care | ✓ | ✓ | ✓ |
| Surgery[4] | ✓ | ✓ | ✓ |
| Diabetes care | ✗ | ✗ | ✗ |
| Change since June | ↔ | ↔ | ↔ |

### Unavailable medical items[5]

All assessed items were reportedly available in the three communities. Diabetes and blood pressure medicine were previously only sometimes available in Taldu, but became available in July due to the entry of medical items via the humanitarian delivery.

| | |
|---|---|
| Change since June in Ar Rastan and Talbiseh | ↔ |
| Change since June in Taldu | ↑ |

### Unusual outbreaks of disease[6]

None reported in any of the communities since at least October 2016.

### Permanent medical facilities available

| | Ar Rastan | Talb. | Taldu |
|---|---|---|---|
| Mobile clinics / field hospitals | ✓ | ✓ | ✓ |
| Informal emergency care points | ✗ | ✗ | ✗ |
| Pre-conflict hospitals | ✗ | ✗ | ✗ |
| Primary healthcare facilities | ✗ | ✗ | ✗ |
| Change since June | ↔ | ↔ | ↔ |

### Most needed medical items[7]

| | Ar Rastan | Talbiseh | Taldu |
|---|---|---|---|
| 1. | Assistive devices | Assistive devices | Anaesthetics |
| 2. | Surgical equipment | Artificial limbs | Assistive devices |
| 3. | Artificial limbs | Surgical equipment | Artificial limbs |

### Availability of medical personnel

**All three:** Professionally trained surgeons, doctors, nurses and midwives.

**Others providing medical services**: Dentists, pharmacists, volunteers with informal or no medical training.

| | |
|---|---|
| Change since June | ↔ |

## FOOD

| | |
|---|---|
| **Change compared to June (all communities):** | ↓ |

### Strategies used to cope with a lack of food

| | Ar Rastan | Talb. | Taldu |
|---|---|---|---|
| Reducing meal size | ✓ | ✓ | ✓ |
| Skipping meals | ✓ | ✓ | ✓ |
| Days without eating | ✗ | ✗ | ✗ |
| Eating non-edible plants | ✗ | ✗ | ✗ |
| Eating food waste | ✗ | ✗ | ✗ |

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

In July, skipping meals and reducing meal sizes were reported as coping strategies in all communities. In June, skipping meals was no longer reported as a coping strategy in Talbiseh for the first time since October 2016. This was due to food aid being distributed in the community that month, which did not occur in July. Reducing meal sizes has been reported as a coping strategy in all three communities since October 2016.

### Most common methods of obtaining food at the household level

Since June 2016, purchasing from shops or farmers have been the most common methods of obtaining food in all three communities. In July, food was also distributed in Taldu as part of a humanitarian delivery.

### Most common methods of obtaining bread at the household level

Private bakeries were the primary source of bread in July and in all other months except June 2017, when distributions by local authorities and charities were reported as the most common source.

**Challenges to obtaining bread**: No challenges to obtaining bread were reported in July, as had been the case in June. The observed bread price changes between June and July were reported to not affect the level of access in the community.

| Changes since June | ⇕ |
|---|---|

### Deaths attributable to a lack of food[6]

None reported across all three communities since September 2016.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket[8]

| | Ar Rastan | Talb. | Taldu |
|---|---|---|---|
| Average cost (SYP)[9] | 30579 | 30539 | 30909 |
| Change since previous month | ↑ | ↑ | ↑ |

The price of a standard food basket significantly increased in all three communities in July, compared to June. This was mainly due to the doubling of the price of bread in July when compared to June. In June, during Ramadan, the price of bread significantly decreased as bread was distributed by local authorities and organisations.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[9]

**For affected populations, the functionality of, and access to, basic services such as medical facilities, water and electricity are highly dependent on the price and availability of fuel sources.**

| | Item | Ar Rastan | Price change since June[11] | | Talbiseh | Price change since June[11] | | Taldu | Prince change since June[11] | |
|---|---|---|---|---|---|---|---|---|---|---|
| Food Items | Bread private bakery (pack) | 250[10] | ↑ | +100% | 265[10] | ↑ | +112% | 200[10] | ↑ | +100% |
| | Bread public bakery (pack) | Not available | ⇕ | | Not available | ⇕ | | Not available | ⇕ | |
| | Rice (1kg) | 150[10] | ↓ | -25% | 200[10] | ↑ | +33% | 250[10] | ↑ | +25% |
| | Bulgur (1kg) | 200[10] | ⇕ | | 200[10] | ⇕ | | 200[10] | ⇕ | |
| | Lentils (1kg) | 500[10] | ↑ | +11% | 400[10] | ⇕ | | 500[10] | ⇕ | |
| | Chicken (1kg) | 1100[10] | ↑ | +5% | 1100[10] | ↑ | +10% | 900[10] | ↓ | -29% |
| | Mutton (1kg) | 3300[10] | ↑ | +14% | 3500[10] | ↑ | +25% | 3200[10] | ⇕ | |
| | Tomatoes (1kg) | 100[10] | ↓ | -43% | 100[10] | ↓ | -60% | 150[10] | ↓ | -14% |
| | Cucumbers (1kg) | 150[10] | ↑ | +20% | 150[10] | ↑ | +20% | 125[10] | ↑ | +25% |
| | Milk (1L) | 200[10] | ⇕ | | 200[10] | ⇕ | | 165[10] | ⇕ | |
| | Flour (1kg) | 250[10] | ⇕ | | 250[10] | ↑ | +11% | 250[10] | ↑ | +25% |
| | Eggs (1 unit) | 45[10] | ↑ | +13% | 45[10] | ↑ | +13% | 45[10] | ↑ | +29% |
| | Iodised salt (500g) | 35[10] | ⇕ | | 35[10] | ⇕ | | 35[10] | ⇕ | |
| | Sugar (1kg) | 400[10] | ↑ | +11% | 400[10] | ↑ | +14% | 375[10] | ↑ | +7% |
| | Cooking oil (1L) | 750[10] | ↓ | -12% | 750[10] | ↑ | +7% | 850[10] | ↑ | +13% |
| WASH Items | Soap (1 bar) | 105[10] | ⇕ | | 105[10] | ⇕ | | 105[10] | ⇕ | |
| | Laundry powder (1kg) | 650[10] | ↑ | +8% | 700[10] | ↑ | +17% | 600[10] | ↑ | +9% |
| | Sanitary pads (9 pack) | 650[10] | ⇕ | | 650[10] | ⇕ | | 650[10] | ⇕ | |
| | Toothpaste (125ml) | 250[10] | ⇕ | | 250[10] | ⇕ | | 250[10] | ⇕ | |
| | Disposable diapers (24 pack) | 1000[10] | ↓ | -13% | 1100[10] | ⇕ | | 1000[10] | ↓ | -17% |
| Fuel | Butane (cannister) | 7300[10] | ⇕ | | 7500[10] | ↑ | +7% | 7200[10] | ↑ | +7% |
| | Diesel (1L) | 400[10] | ↑ | +18% | 420[10] | ↑ | +23% | 400[10] | ↑ | +18% |
| | Propane (cannister) | Not available | ⇕ | | Not available | ⇕ | | Not available | ⇕ | |
| | Kerosene (1L) | Not available | ⇕ | | Not available | ⇕ | | Not available | ⇕ | |
| | Coal (1kg) | Not available | ⇕ | | Not available | ⇕ | | Not available | ⇕ | |
| | Firewood (1T) | Not available | ⇕ | | Not available | ⇕ | | Not available | ⇕ | |

**Due to limited coverage, core food item and NFI prices were unable to be collected from nearby communities not considered besieged or hard-to-reach. As such, no comparisons were able to be calculated for this assessment.**



✓ Available ✓ Sometimes available ✗ Not available

↑ Positive increase ⇕ No change ↓ Negative decrease

↑ Negative increase ↓ Positive decrease

## Core food item availability

Prices of several assessed food items increased in all three communities this month, compared to June. The most significant was the doubling of the price of bread in all three communities, due to the lack of bread distributions that had occurred in June throughout Ramadan. Additionally, a notable decrease in the price of tomatoes was observed in all communities, attributed to seasonal variations in availability. All assessed food items were generally available[10] in markets in July, as had been the case since April 2017. On average, compared to June, prices increased by 7%, 13% and 13%, in Ar Rastan, Talbiseh and Taldu, respectively.

## WASH item availability / prices

There was no significant change in the availability of assessed hygiene and sanitation items (soap, toothpaste, laundry powder, disposable diapers and sanitary pads) across the three communities in July. This is despite the reported decrease in hygeine and sanitation items entering these communities in July. Prices remained also, on average, similar to those reported in June.

## Fuel availability / prices

The availability of fuel remained unchanged in July compared to June, with diesel and butane the only fuels reported available in the three communities. However, the price of diesel increased by approximately 20% in all three communities, and the price of butane also increased by 7% in Talbiseh and Taldu. The price of butane did not significantly change in Ar Rastan in July. These price increases were likely due to the increased access restrictions on items entering the communities in July.

**Strategies used to cope with a lack of fuel:** All three communities continued to report burning plastics to address fuel shortages, as had been the case since November 2016.

**Endnotes**

[1] Figures based on HNO 2017 population data (December 2016). Figures based on estimates by local actors within communities assessed were reportedly 77,000-80,000 including 7,000-8,000 IDPs (Ar Rastan), 50,000-52,000 including 3,000-4,000 IDPs (Talbiseh), and 13,000-14,000 including 500-700 IDPs (Taldu).

[2] The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

[3] The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

[4] The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members, without professional medical backgrounds, may have been informally trained by medical personnel to carry out emergency procedures.

[5] Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

[6] Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

[7] 'Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

[8] Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: June 2017' (link here).

[9] $1 = 515 SYP (UN operational rates of exchange as of 1 Aug 2017).

[10] Generally available in markets (21+ days this month).

[11] Price fluctuations less than 5% were not reported.

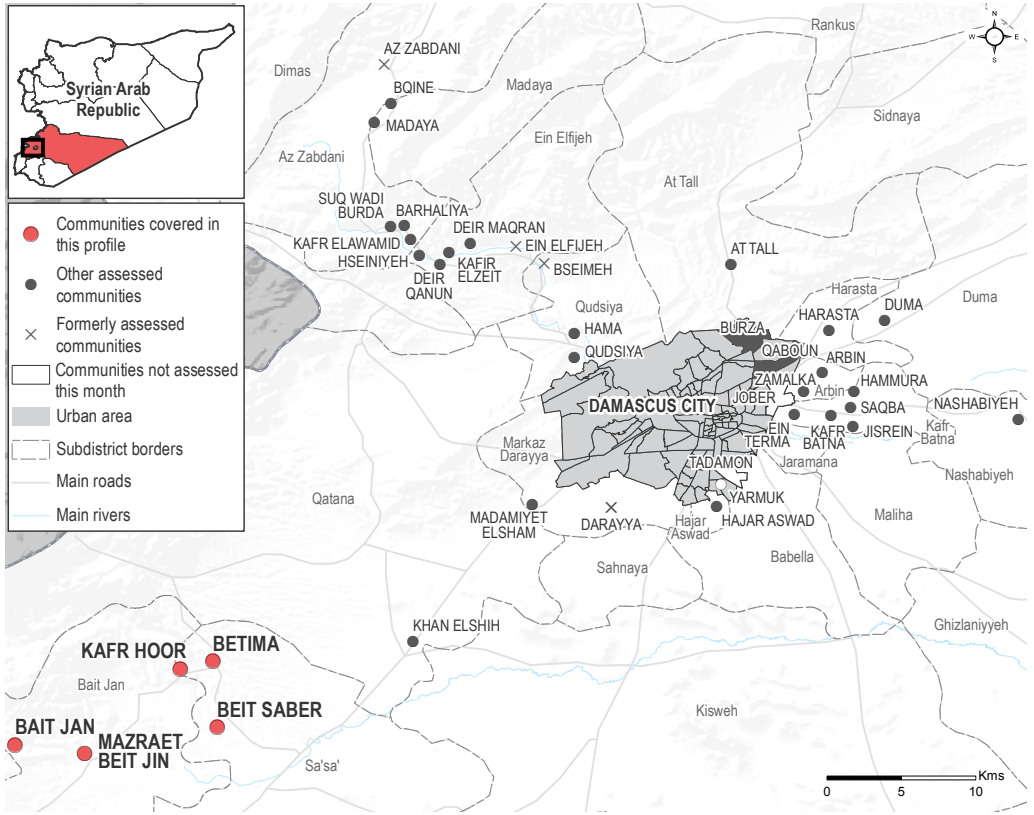
# Syria Community Profile Update: Bait Jan, Rural Damascus

## July 2017

FOR HUMANITARIAN PURPOSES ONLY

**Communities with a truce agreement:** Beit Saber, Betima and Kafr Hoor
**Communities without a truce agreement:** Bait Jan and Mazraet Beit Jin

| | Bait Jan | Beit Saber | Betima | Kafr Hoor | Mazraet Beit Jin |
|---|---|---|---|---|---|
| **UN classification** | Hard-to-reach | Hard-to-reach | Hard-to-reach | Hard-to-reach | Hard-to-reach |
| **Estimated population (individuals)[1]** | 1400 | 7200 | 7000 | 6500 | 2000 |
| **Of which estimated IDPs[2]** | 180 - 200 | 50 - 55 | 30 - 35 | 20 - 25 | 175 - 200 |
| **% of pre-conflict population remaining** | 26 - 50% | 76 - 100% | 76 - 100% | 76 - 100% | 51 - 75% |
| **% of population that are female** | 26 - 50% | 51 - 75% | 51 - 75% | 51 - 75% | 26 - 50% |
| **% of female-headed households** | 1 - 25% | 1 - 25% | 1 - 25% | 1 - 25% | 1 - 25% |




## SUMMARY


The Bait Jan area is located in the southwest of Rural Damascus governorate, close to the Lebanese border, and has faced access restrictions since early 2013. This profile covers five communities in the area: Bait Jan, Beit Saber, Betima, Kafr Hoor and Mazraet Beit Jin. These communities, all classified as hard-to-reach, were profiled for the first time in November 2016.

**A truce agreement was signed in Beit Saber, Betima and Kafr Hoor in January 2017,** which resulted in the lifting of access restrictions on people and vehicles, leading to notable improvements to the humanitarian situation in all Bait Jan communities in January and February 2017.

**In the two remaining communities, Bait Jan and Mazraet Beit Jin, truce negotiations broke down in April.** This resulted in movement restrictions on civilians and goods entering and exiting these communities, which remained in place in July 2017.

**The humanitarian situation in the communities of Bait Jan and Mazraet Beit Jin deteriorated slightly in July, compared to June, whereas the situation in the other three communities**


## CHANGES SINCE JUNE

| | Truce communities | Communities without a truce | | Truce communities | Communities without a truce |
|---|---|---|---|---|---|
| Access Restrictions on Civilians | ◆ | ◆ | Health Situation | ◆ | ◆ |
| Commercial Vehicle Access | ◆ | ▼ | Core Food Item Availability | ◆ | ▼ |
| Humanitarian Vehicle Access | ◆ | ◆ | Core Food Item Prices | ◆ | ◆ |
| Access to Basic Services | ◆ | ◆ | Overall Humanitarian Situation | ◆ | ◆ |

## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of July and beginning of August 2017, these updates refer to the situation in July 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations. Previously, in June, the collection of additional information providing more context for the situation in the Bait Jan communities led to some changes in reporting for this profile not reflected in previous assessments.

**remained the same overall.**

In the communities without truce agreements, official authorities imposed more stringent restrictions on commercial vehicle access in July, resulting in reduced availability of all food items, NFIs and fuel. However, prices of these goods remained overall stable in all communities, regardless of truce status.

Access to basic services also remained stable, although access to electricity improved in the communities with truce agreements.

The majority of residents of Bait Jan and Mazraet Beit Jin (communities without truce agreements) were still not permitted to leave the Bait Jan area in July, as had been the case since April, whereas residents of the three truce communities in the area were generally free to use formal access to enter and exit the area.

None of the five communities received any humanitarian deliveries in July, or since the assessments began in November 2016. Meanwhile, core medical items such as anaesthetics and medical scissors remained unavailable across the Bait Jan area.

## MOVEMENT OF CIVILIANS

### People able to leave[3]

**Change in # of people able to leave compared to June:**

The proportion of the population who could enter and exit the Bait Jan area has remained the same since April, when truce negotiations broke down in Bait Jan and Mazraet Beit Jin.

Between January and April 2017, 76-100% of residents of the area were allowed to use formal access points upon presenting identification papers. However, after April, this only applied to residents of truce communities.

Although residents of Bait Jan and Mazraet Beit Jin have been able to travel between the five communities without restrictions since assessments began, only 1-10% of the population from these communities was able to utilise formal routes to access the wider area in July, and since April 2017.

Informal entry points: None reported.

### Risks faced when trying to enter or exit

**All communities:** None reported.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since June:**

In July, commercial vehicle access to Beit Saber, Beitema and Kafr Hoor remained unrestricted. In contrast, commercial vehicles from outside the Bait Jan area were reportedly not permitted to directly access Bait Jan and Mazraet Beit Jin in July, or since April 2017.

**Additionally, in July, official authorities started to enforce stricter restrictions on commercial vehicles accessing Bait Jan and Mazraet Beit Jin through any of the other communities in the area, which resulted in fewer goods reaching the communities without truce agreements.**

Previously, in June, as had been the case since April, commercial vehicle movement within the Bait Jan area was unrestrcited, which meant that commercial vehicles used routes through Beit Saber to reach Bait Jan and Mazraet Beit Jin.

### Humanitarian vehicles

**Change since June:**

None reported in July, or since assessments of the communities began in November 2016.

### Goods entered

The amount of goods entering the communities without truce agreements decreased in July, due to additional access restrictions placed on commercial vehicles in the Bait Jan area. As a result, residents reportedly began bringing back items from truce communities. The amount of goods that entered the communities with truce agreements remained the same as in June.

## HEALTH SERVICES

**Change in health situation since June:**

There was no significant change in the health situation in the Bait Jan area in July, as was the case in June and May.

Access to medical items in Bait Jan and Mazraet Beit Jin decreased slightly in July after fewer commercial vehicles were able to enter the communities. This reportedly resulted in blood transfusion bags becoming unavailable in the community of Bait Jan.

No child immunization campaigns took place in Bait Jan and Mazraet Beit Jin in July, although the former did host such a campaign in June.

Similarly, no specialised childbirth care was available in Mazraet Beit Jin, Kafr Hoor and Betima in July, as has been the case since at least February 2017. Instead, women access specialised care in other communities.

Mazraet Beit Jin has not had any health facilities, staff or resources since assessments began in November 2016. Residents are able to travel to other communities in the Bait Jan area in order to access healthcare, but they are generally not allowed to travel beyond these five communities.

Anaesthetics and medical scissors remained unavailable in all communities in July, as was the case in June.

### Availability of medical personnel

**All communities:** Professionally trained doctors, nurses and midwives.

**Others providing medical services (all communities except Mazraet Beit Jin):**

Dentists, veterinarians, pharmacists,volunteers with informal or no medical training.

Change since June

### Unavailable medical items[4]

**No medical items available**:
Mazraet Beit Jin

**Unavailable medical items (all other communities):**
Anaesthetics and medical scissors (all assessed communities).

**Unavailable medical items (Bait Jan):**
Burn treatment, blood transfusion bags

Change since June

### Most needed medical items[5]

1. Diabetes medicine
2. Heart medicine
3. Antibiotics

The most needed medical items across assessed communities remained the same in July, and since February 2017.

### Strategies used to cope with a lack of medical items / medicines

As has been the case since at least November 2016, residents in Mazraet Beit Jin have been visiting other communities in order to access medical services. No other coping strategies were reportedly used in July.

### Unusual outbreaks of disease[6]

In July and since November 2016, no unusual outbreaks of disease have been reported in the assessed Bait Jan area.

### Medical services available

| | Bait Jan | Beit Saber | Betima | Kafr Hoor | Mazraet Beit Jin |
|---|---|---|---|---|---|
| Child immunization[7] | ✗ | ✓ | ✓ | ✓ | ✗ |
| Diarrhoea management | ✓ | ✓ | ✓ | ✓ | ✗ |
| Emergency care | ✓ | ✓ | ✓ | ✓ | ✗ |
| Skilled childbirth care | ✓ | ✓ | ✗ | ✗ | ✗ |
| Surgery[8] | ✓ | ✗ | ✗ | ✗ | ✗ |
| Diabetes care | ✓ | ✓ | ✓ | ✓ | ✗ |
| Change since June | ◆ | ◆ | ◆ | ◆ | ◆ |

### Permanent medical facilities available

| | Bait Jan | Beit Saber | Betima | Kafr Hoor | Mazraet Beit Jin |
|---|---|---|---|---|---|
| Mobile clinics / field hospitals | ✓ | ✗ | ✗ | ✗ | ✗ |
| Informal emergency care points | ✗ | ✓ | ✓ | ✓ | ✗ |
| Pre-conflict hospitals | ✗ | ✗ | ✗ | ✗ | ✗ |
| Primary healthcare facilities | ✗ | ✓ | ✓ | ✓ | ✗ |
| Change since June | ◆ | ◆ | ◆ | ◆ | ◆ |

## ACCESS TO SERVICES*

Access to electricity in Beit Saber, Kafr Hoor and Betima increased for the second consecutive month, after authorities further loosened rationing restrictions in July. Residents of these communities were reportedly able to access the main electricity network 8-12 hours a day. Conversely, access to electricity stayed the same in Mazraet Beit Jin and Bait Jan, where residents relied on generators and solar panels. All communities had sufficient access to water, as has been the case since assessments began. No barriers to education were reported in July, as was the case in June, though students were reportedly on summer break.

| | WATER | | | ELECTRICITY | | EDUCATION | |
|---|---|---|---|---|---|---|---|
| | Main source of drinking water (status**) | Available water to meet household needs (coping strategies) | Access to water network per week | Access to electricity network per day | Access to electricity (main source) per day | Available education facilities | Barriers to education |
| **Bait Jan** | ◆ Closed wells and water network (safe to drink) | Sufficient | 1 - 2 days | ◆ Network unavailable | 1 - 2 hours (generators; solar panels) | ◆ Pre-conflict primary, secondary, and high schools | None reported |
| **Beit Saber** | ◆ Water network (safe to drink) | Sufficient | 1 - 2 days | ▲ 8 - 12 hours | 8 - 12 hours (network) | ◆ Pre-conflict primary, secondary, and high schools | None reported |
| **Betima** | ◆ Water network (safe to drink) | Sufficient | 1 - 2 days | ▲ 8 - 12 hours | 8 - 12 hours (network) | ◆ Pre-conflict primary, secondary, and high schools | None reported |
| **Kafr Hoor** | ◆ Water network (safe to drink) | Sufficient | 1 - 2 days | ▲ 8 - 12 hours | 8 - 12 hours (network) | ◆ Pre-conflict primary, secondary, and high schools | None reported |
| **Mazraet Beit Jin** | ◆ Closed wells and water network (safe to drink) | Sufficient | 1 - 2 days | ◆ Network unavailable | 1 - 2 hours (generators; solar panels) | ◆ Pre-conflict primary and secondary schools | None reported |

*Arrows indicate change in access since June. **Data collected is based on perceptions of local actors; therefore, reported water safety requires verification through testing.



✓ Available ✓ Sometimes available ✗ Not available
▲ Positive increase ◆ No change ▼ Negative decrease
▲ Negative increase ▼ Positive decrease

## FOOD

| | |
|---|---|
| **Change in food situation compared to June in truce communities:** | ↕ |
| **Change in food situation compared to June in communities without a truce:** | ↓ |

The food situation in the communities with truce agreements did not change significantly in July. In contrast, the food situation in communities without truce agreements worsened in July due to new access restrictions placed on commercial vehicles in the Bait Jan area, after it had reportedly improved in June.

### Most common methods of obtaining food at the household level

**All communities:** Purchasing from shops or markets, purchasing from local farmers, home production.

### Most common methods of obtaining bread at the household level

**All communities:** Shops

Shops remained the most common sources of bread for residents of all communities in July, although bread was also available in public bakeries in Beit Saber, Betima and Kafr Hoor.

**Challenges to obtaining bread:** As has been the case since the onset of the truce agreement in January 2017, no challenges to obtaining bread were reported in any of the communities.

| | |
|---|---|
| Change since June | ↕ |

### Deaths attributable to a lack of food[6]

**All communities:** No deaths have been reported since assessments began in November 2016.

### Strategies used to cope with a lack of food

| | Bait Jan and Mazraet Beit Jin |
|---|---|
| Reducing meal size | ✓ |
| Skipping meals | ✗ |
| Days without eating | ✗ |
| Eating non-edible plants | ✗ |
| Eating food waste | ✗ |

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

For the third consecutive month, men and women in the communities without truce agreements reportedly ate less so that children could eat more. Prior to the failure of the truce agreement in April, no coping strategies were reported in any of the five Bait Jan communities.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket[9]

| | Truce | No truce | Nearby areas[10] |
|---|---|---|---|
| Average cost (SYP)[11] | 35242 | 37411 | 31536 |
| Change since previous month | ↓ | ↕ | ↕ |

In July, the price of a food basket reportedly decreased by 6% in communities with a truce agreement and increased slightly in those without, though the changes in the latter were too small to be considered significant.[12]

The price of a food basket in Bait Jan and Mazraet Beit Jin was approximately 12% higher than in communities in rural Damascus not considered hard to reach, whereas the price of a food basket in a community without a truce agreement was approximately 19% higher on average.[9]

### Food item availability / prices

In the communities with truce agreements, the availability of food remained stable, while prices decreased slightly as a result of lower prices in communities outside the Bait Jan area.

Conversely, in Bait Jan and Mazraet Beit Jin, all food items went from being generally available[13] in June to being sometimes available[14] in July due to fewer commercial vehicles being allowed to enter these communities. However, as a result of the price reductions outside the Bait Jan area, food prices in the two communities remained stable.

For the third consecutive month, the prices of tomatoes and cucumbers decreased significantly in July, which has been attributed to increased seasonal availability. In Beit Saber, Betima and Kafr Hoor, tomatoes were on average 33% cheaper than in June, while cucmbers were 23% cheaper. In Bait Jan and Mazraet Beit Jin, tomatoes and cucumbers were on average 42% and 11% cheaper than in June, respectively.

The price of sugar in truce communities decreased by 7% after having increased by 9% in June. All other prices remained relatively stable.

### WASH item availability / prices

As was the case with food items, the availability of hygiene items decreased in June, and assessed items were reported as only sometimes available[14], due to increased access restrictions. However, this did not affect the prices of items in these communities.

In the communities where truce agreements were in place, all hygiene items remained generally available in July, and prices remained stable.

### Fuel availability / prices

Diesel and butane have been the only reported fuel sources in the Bait Jan area since April 2017. After a temporary increase in availability in June, diesel and butane were reported as sometimes available[14] in Bait Jan and Mazraet Beit Jin in July. In the other three communities, they remained generally available.

Although availability decreased, prices of diesel and butane remained stable in July. Butane remained 33% more expensive in Bait Jan and Mazraet Beit Jin than in the other three communities, as it had been in June, while diesel remained 11% more expensive in Beit Saber, Betima and Kafr Hoor.

**Strategies used to cope with a lack of fuel:**

Since May, no coping strategies have been reported in any of the Bait Jan communities, resulting from a seasonal decrease in demand.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES[10]

**For affected populations, the functionality of, and access to, basic services such as medical facilities, water and electricity are highly dependent on the price and availability of fuel sources.**

| | Item | Truce communities | Price change since June[12] | Non-truce communities | Price change since June[12] | Nearby non-hard-to- reach areas[10] |
|---|---|---|---|---|---|---|
| **Food Items** | Bread private bakery (pack) | Not available | | Not available | | 100 |
| | Bread public bakery (pack) | 60[13] | | Not available | | 58 |
| | Rice (1kg) | 500[13] | | 550[14] | | 535 |
| | Bulgur (1kg) | 252[13] | | 275[14] | | 308 |
| | Lentils (1kg) | 517[13] | | 525[14] | | 450 |
| | Chicken (1kg) | 983[13] | | 988[14] | | 1135 |
| | Mutton (1kg) | 3300[13] | | 3425[14] | | 3975 |
| | Tomatoes (1kg) | 100[13] | -33% | 100[14] | -42% | 143 |
| | Cucumbers (1kg) | 132[13] | -23% | 148[14] | -11% | 188 |
| | Milk (1L) | 200[13] | | 200[14] | | 220 |
| | Flour (1kg) | 250[13] | | 275[14] | | 220 |
| | Eggs (1 unit) | 50[13] | | 50[14] | | 50 |
| | Iodised salt (500g) | 50[13] | | 50[14] | | 65 |
| | Sugar (1kg) | 373[13] | -7% | 425[14] | | 438 |
| | Cooking oil (1L) | 1733[13] | | 1750[14] | | 1225 |
| **WASH Items** | Soap (1 bar) | 100[13] | | 100[14] | | 113 |
| | Laundry powder (1kg) | 450[13] | | 450[14] | | 800 |
| | Sanitary pads (9 pack) | 442[13] | | 450[14] | | 444 |
| | Toothpaste (125ml) | 433[13] | | 438[14] | | 357 |
| | Disposable diapers (24 pack) | 1067[13] | | 1100[14] | | 1500 |
| **Fuel** | Butane (cannister) | 3000[13] | | 4000[14] | | 2925 |
| | Diesel (1L) | 225[13] | | 250[14] | | 288 |
| | Propane (cannister) | Not available | | Not available | | 2500 |
| | Kerosene (1L) | Not available | | Not available | | 400 |
| | Coal (1kg) | Not available | | Not available | | 450 |
| | Firewood (1T) | Not available | | Not available | | Not available |

**Endnotes**

[1] Figures based on HNO 2017 population data (December 2016). Figures based on estimates by local actors within communities assessed were reportedly 2,000-2,300 (Bait Jan), 5,000-5,200 (Beit Saber), 5,000-5,300 (Betima), 4,000-4,100 (Kafr Hoor) and 5,000-5,150 (Mazraet Beit Jin) individuals.

[2] Figures based on estimates by local actors within communities assessed. Figures based on HNO 2017 population data (December 2016) were reportedly 230 (Beit Saber), 160 (Betima) and 230 (Kafr Hoor) IDPs. No data was available for Bait Jan and Mazraet Beit Jin.

[3] The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

[4] Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

[5] 'Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area

[6] Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

[7] The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccination campaigns in Syria are commonly done in rounds, and therefore may not be administered on a monthly basis.

[8] The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members, without professional medical backgrounds, may have been informally trained by medical personnel to carry out emergency procedures.

[9] Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: June 2017' (link here). As bread from bakeries was not available in all assessed Bait Jan communities, the food basket price for truce and non-truce communities was calculated using the reported price of bread sold in shops (70 SYP in truce communities, 75 SYP in non-truce communities) to allow for comparison between food basket prices.

[10] Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. June)."

[11] $1 = 515 SYP (UN operational rates of exchange as of 1 August 2017).

[12] Price fluctuations of 5% or less were not reported.

[13] Generally available in markets (21+ days this month)

[14] Sometimes available in markets (7-20 days this month)



Available
Sometimes available
Not available

Positive increase
No change
Negative decrease

Negative increase
Positive decrease

# Syria Community Profile Update: Burza, Damascus

## July 2017

FOR HUMANITARIAN PURPOSES ONLY

## SUMMARY


Located in eastern Damascus governorate, the neighbourhoods of Burza, Jober and Tadamon have faced access restrictions since mid-2013. Burza, previously considered as 'hard-to-reach', was reclassified as 'besieged' in April 2017. Due to a temporary drop in coverage, Jober and Tadamon were not covered in July. As such, this profile refers to the situation in Burza in July 2017, with comparisons made to changes observed since June, when the neighbourhood was last assessed.

**The humanitarian situation in Burza improved in July for the third consecutive month, following increased access to healthcare in the community. Additionally, increased availabiliy of food in the community was reported, as commercial vehicles were permitted uninhibited access for the second consecutive month, leading to an increase in the availability of medical and food items. Despite the positive changes, humanitarian vehicles were still not permitted entry, and access to electricity decreased slightly.**

Civilians could move in and out of Burza without any restriction or reported risks, upon presentation of identification, in both June and July. This was a marked improvement from April and May, when no civilian movement was permitted other than planned evacuations after a ceasefire and truce agreement were reached in the community on 22 May. Prior to the ceasfire, commercial vehicles were prohibited from entry, leading to critical food shortages and a lack of medical care. Additionally, the level of conflict in and around the community was high and resulted in no educational services being available in March and April.

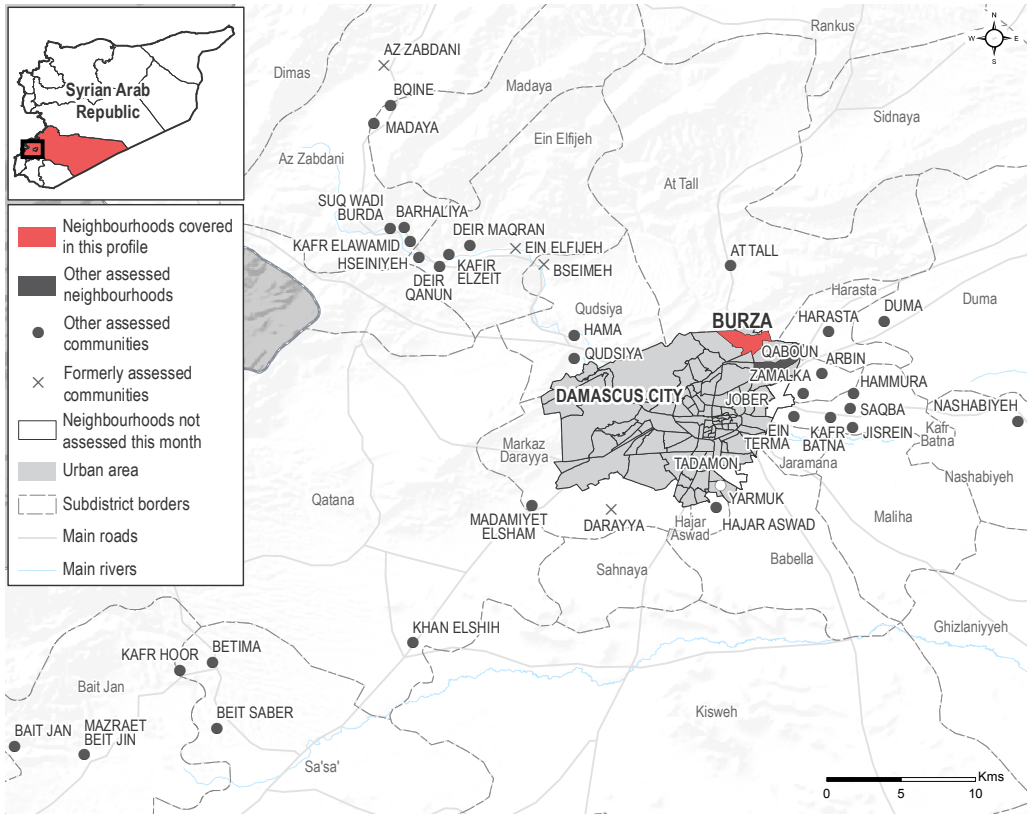
In July, access to electricity decreased slightly, with a reduced number of hours reported in which the electricity network could be accessed. However, water supplies remained sufficient for the community, and the main water network was available daily.

Additionally, the health situation improved significantly, as new medical facilities opened, resulting in increased numbers of medical personnel. For the first time since November 2016, all assessed medical items were available in Burza, and no medical items were reported as lacking in the community. Meanwhile, all core food items were reported as being consistently available for the first time since January 2017, while prices for food, hygiene and fuel remained stable.


| | |
|---|---|
| **UN classification:** | Besieged |
| **Estimated population[1]:** | 25000-30000 |
| **Of which IDPs[1]:** | 5000-7000 |
| **% of pre-conflict population remaining:** | 51-75% |
| **% of population female:** | 26-50% |
| **% of female-headed households** | 1-25% |

## CHANGES SINCE JUNE

| | | | |
|---|---|---|---|
| Access Restrictions on Civilians | ◆ | Health Situation | ▲ |
| Commercial Vehicle Access | ◆ | Core Food Item Availability | ▲ |
| Humanitarian Vehicle Access | ◆ | Core Food Item Prices | ◆ |
| Access to Basic Services | ▼ | Overall Humanitarian Situation | ▲ |




## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of July and beginning of August 2017, these updates refer to the situation in July 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations.

## MOVEMENT OF CIVILIANS

| Change in # of people able to leave compared to June: | ⇕ |
|---|---|

### People able to leave[2]

In July and for the second consecutive month, all residents who wished to enter and exit Burza were permitted to do so, upon presentation of identification. Previously, in April and May 2017, no civilian movement in and out of the community via formal access points was permitted, and the neigbourhood was completely isolated from other areas in Damascus.

Informal points used: No

### Risks faced when trying to enter or exit (formally or informally)

None reported.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

| Change since June: | ⇕ |
|---|---|

In both June and July, all commercial vehicles could enter Burza without restrictions. This is in contrast to all prior months since assessments began in June 2016.

### Humanitarian vehicles

Able to enter: None reported.

Humanitarian vehicle access remained restricted in July, as was the case in June and in contrast to commercial vehicle access. The last reported humanitarian delivery in Burza was on 14 May, 2017, and contained only bread. Previously, no vehicles had reportedly entered Burza since October 2016.

| Change since June: | ⇕ |
|---|---|

### Goods entered

Food, hygiene and medical items, as well as fuel, reportedly entered Burza via commercial vehicles in July, as was the case in June. Prior to June, none of these items had entered the community since February 2017.

## HEALTH SERVICES

| Change in health situation compared to June: | ↑ |
|---|---|

The health situation improved in July. Though no new types of medical facilities opened, the number of private medical centres and medical personnel reportedly increased, as some individuals reopened their facilities in July. As a result, diarrhoea management, surgery and diabetes care became available for the first time since February 2017.

Meanwhile, women continued to travel to nearby areas to seek skilled childbirth care in hospitals, and all residents could access medical care equally. All assessed medical items were reported available in July; the only other assessed month in which this occurred was in November 2016.

Previously, in June 2017, the health situation had deteriorated, as the only field hospital was shut down; this facility had reportedly not been functioning since April or May, due to supply shortages.

### Permanent medical facilities available

| | |
|---|---|
| Mobile clinics / field hospitals | ✗ |
| Informal emergency care points | ✗ |
| Pre-conflict hospitals | ✗ |
| Primary healthcare facilities | ✓ |
| Change since June | ⇕ |

### Availability of medical personnel

**Personnel available**: Trained doctors and nurses.

**Others providing medical services:** Dentists and pharmacists.

| Change since June | ↑ |
|---|---|

### Medical services available

| | |
|---|---|
| Child immunization[3] | ✓ |
| Diarrhoea management | ✓ |
| Emergency care | ✓ |
| Skilled childbirth care | ✗ |
| Surgery[4] | ✓ |
| Diabetes care | ✓ |
| Change since June | ↑ |

### Strategies used to cope with a lack of medical services

None reported, as was the case in June.

### Unavailable medical items[5]

None reported, for the first time since November 2016.

| Change since June | ↑ |
|---|---|

### Most needed medical items[6]

Due to increased availability of medical items within Burza, as well as the ability of residents to travel to other areas to procure items, no needed medical items were reported in July.

### Unusual outbreaks of disease[7]

None reported in July.

## ACCESS TO SERVICES*

In July, access to services remained largely the same, with the exception of a decrease in access to electricity, due to rationing restrictions put in place by official authorities in order to equalise electricity access between Burza and other areas of Damascus. Water remained sufficient, with residents able to utilise the main network daily, and children faced no barriers to education, though they were reportedly on summer break in July, as was the case in June.

| | | | |
|---|---|---|---|
| **WATER** | ⇕ | Main source of drinking water (status) | Water network (water was safe to drink)** |
| | | Sufficiency of available water to meet household needs (coping strategies used) | Sufficient |
| | | Access to water network per week | 7 days |
| **ELECTRICITY** | ↓ | Access to electricity network per day | 8-12 hours |
| | | Access to electricity (main source) per day | 8-12 hours |
| **EDUCATION** | ⇕ | Available education facilities | Pre-conflict primary schools |
| | | Barriers to education | All school-aged children accessed education |

*Arrows indicate change in access since June.
** Data collected is based on perceptions of local actors; therefore, reported water safety requires verification through testing.



✓ Available ✓ Sometimes available ✗ Not available
↑ Positive increase ⇕ No change ↓ Negative decrease
↑ Negative increase ↓ Positive decrease

## FOOD

| Change in food situation compared to June: | ↑ |
|---|---|

Overall, the food situation improved in July, due to an increase in the availability of assessed food items in July.

### Most common methods of obtaining food at the household level

Purchasing from shops and markets.

### Most common methods of obtaining bread at the household level

**Most common source:** Shops.

**Challenges to obtaining bread**: None reported, as was the case in June. Previously, in March and April 2017, no bread was accessible in the community, reportedly due to a lack of bread in bakeries and/or a lack of flour due to tight access restrictions on the entry of goods to the community.

| Change since June | ↕ |
|---|---|

### Strategies used to cope with a lack of food

| | |
|---|---|
| Reducing meal size | ✓ |
| Skipping meals | ✗ |
| Days without eating | ✗ |
| Eating non-edible plants | ✗ |
| Eating food waste | ✗ |

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Despite the increase in availability of assessed food items in June, reducing meal size was still reported as a coping strategy in July, with men and women continuing to eat less so that children could eat more.

### Deaths attributable to a lack of food[7]

None reported in July.

## CORE FOOD ITEM / NFI AVAILABILITY AND

### Average cost of standard food basket[8]

| | Burza | Nearby areas[9] |
|---|---|---|
| Average cost (SYP)[10] | 33221 | 33608 |
| Change since previous month[9] | ↑ | ↕ |

The average cost of a food basket in Burza increased in July by 14% compared to that of June. This was largely attributed to a 50% increase in the price of bread, which is weighted heavily in the food basket, as well as a 20% increase in the price of lentils.

### Food item availability / prices

The availability of assessed food items improved in July for the second consecutive month, with all assessed items reported as generally available[11] for the first time since January 2017. Meanwhile, the average prices of assessed food items remained similar to those of June. The only notable price differences reported in July were 20% increases in the prices of lentils and eggs, and a 17% decrease in the price of mutton. Prices remained comparable to those of nearby areas not considered besieged or hard-to-reach.

### WASH item availability / prices

No notable change in the availability or price of hygiene items was reported in July, compared to June. All items were reported generally available, and prices were, overall, similar to those reported last month, and to the average reported prices in other areas not considered besieged or hard-to-reach. Previously, an increase in availability and decrease in prices were observed in Burza in June, compared to May, due to the entry of commercial vehicles and hygiene items to the community.

### Fuel availability / prices

As was the case regarding hygiene items, the availability of assessed fuels remained overall stable in July. Previously, in June, fuel had entered the community for the first time since December 2016, leading to an increase in availability. Regarding fuel prices, the only notable change reported in July was an increase of 13% in the price of propane. Fuel was, on average, comparable in price to nearby areas not considered besieged or hard-to-reach.

**Strategies used to cope with a lack of fuel:** None reported in July, as was the case in June.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[12]

**For affected populations, the functionality of, and access to, basic services such as medical facilities, water and electricity are highly dependent on the price and availability of fuel sources.**

| | Item | Burza | Price change since June[12] | | Nearby non-hard-to-reach areas[9] |
|---|---|---|---|---|---|
| Food Items | Bread private bakery (pack) | | ↕ | | 181 |
| | Bread public bakery (pack) | | ↕ | | 50 |
| | Rice (1kg) | 500[11] | ↕ | | 546 |
| | Bulgur (1kg) | 325[11] | ↕ | | 380 |
| | Lentils (1kg) | 600[11] | ↑ | +20% | 695 |
| | Chicken (1kg) | 1250[11] | ↕ | | 1335 |
| | Mutton (1kg) | 5000[11] | ↓ | -17% | 4500 |
| | Tomatoes (1kg) | 150[11] | ↕ | | 150 |
| | Cucumbers (1kg) | 150[11] | ↕ | | 156 |
| | Milk (1L) | 250[11] | ↕ | | 250 |
| | Flour (1kg) | 325[11] | ↕ | | 320 |
| | Eggs (1 unit) | 60[11] | ↑ | +20% | 54 |
| | Iodised salt (500g) | 150[11] | ↕ | | 143 |
| | Sugar (1kg) | 375[11] | ↑ | +7% | 378 |
| | Cooking oil (1L) | 900[11] | ↑ | +6% | 895 |
| WASH Items | Soap (1 bar) | 150[11] | ↕ | | 165 |
| | Laundry powder (1kg) | 900[11] | ↑ | +6% | 860 |
| | Sanitary pads (9 pack) | 450[11] | ↕ | | 445 |
| | Toothpaste (125ml) | 250[11] | ↕ | | 285 |
| | Disposable diapers (24 pack) | 2300[11] | ↕ | | 2278 |
| Fuel | Butane (cannister) | 2900[11] | ↕ | | 2928 |
| | Diesel (1L) | 300[11] | ↕ | | 288 |
| | Propane (cannister) | 4500[11] | ↑ | +13% | 4375 |
| | Kerosene (1L) | Not available | ↕ | | 383 |
| | Coal (1kg) | 400[11] | ↕ | | 400 |
| | Firewood (1T) | Not available | ↕ | | Not available |

✓ Available ✓ Sometimes available ✗ Not available

↑ Positive increase ↕ No change ↓ Negative decrease

↑ Negative increase ↓ Positive decrease

**Endnotes**

[1] Figures based on estimates by local actors within Burza. The last HNO 2017 population data (December 2016) estimates that the population of Burza is 88,387, with ADDD IDPs.

[2] The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.[4] The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccination campaigns in Syria are commonly done in rounds, and therefore may not be administered on a monthly basis.

[3] The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

[4] The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

[5] Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

[6] Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

[7] Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

[8] Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: June 2017' (link here). As bread was unavailable in private and public bakeries in Hajar Aswad, the food basket price for Hajar Aswad was calculated using the reported price of bread sold in shops (300 SYP).

[9] Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. June)."

[10] $1 = 515 SYP (UN operational rates of exchange as of 1 August 2017).

[11] Generally available in markets (21+ days this month).

[12] Price fluctuations of 5% or less were not reported.

# Syria Community Profile Update: Deir ez Zor City (Joura, Qosour), Deir ez Zor

## July 2017

FOR HUMANITARIAN PURPOSES ONLY

## SUMMARY


The city of Deir ez Zor, located in eastern Syria, has experienced heavy conflict since June 2012. The neighbourhoods of Joura and Qosour were classified as besieged by the United Nations (UN) in January 2015. The communities have experienced a critical humanitarian situation since assessments began in June 2016, due to extreme access restrictions and ongoing hostilities between parties to the conflict.

**Though no significant changes were reported in July, the situation in Joura and Qosour remained critical, as was the case in previous months. Humanitarian assistance that reached the area was sold or not distributed to people in need, and shortages in food, hygiene and medical items persisted. Additionally, medical services and items remained accessible to only a small percentage of the civilian population.**

Movement out of or into Joura and Qosour via formal routes has not been possible since assessments began. While internal movement between the two neighbourhoods continued to be permitted in July, **severe risks persisted when accessing internal checkpoints, most notably conscription for men and rape for women.**

Food, NFIs and medicine entered via humanitarian airdrops, with medicine arriving for the first time since January 2017. However, the majority of core food items remained unavailable in markets, while other assessed items were rarely available and prohibitively priced. **Deaths due to a lack of food were reported in July, as has been the case in all assessed months except for June 2016.**

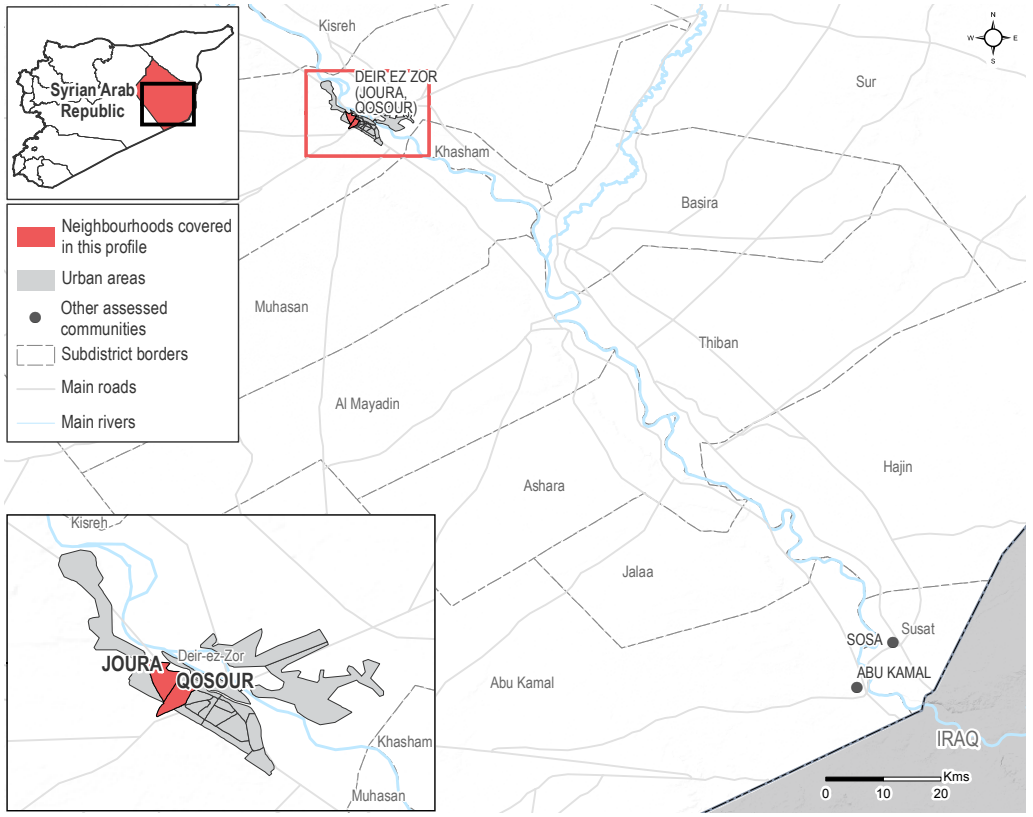
Non-food items were reportedly sold at unaffordable prices and reached only small parts of the civilian population, while fuel, produced locally in small quantities, was also unaffordable. This continued to limit access to electricity, as 80% of residents were reportedly unable to purchase fuel needed for generators and were therefore left without a source of electricity.

Access to drinking water remained insufficient, and available water reportedly made people sick. In addition, formal medical services were accessible only for those in good standing with authorities and who had adequate financial resources. The reported risk of detention for men seeking care persisted.


| | |
|---|---|
| **UN classification:** | Besieged |
| **Estimated population[1]:** | 100000-120000 |
| **Of which IDPs[1]:** | None |
| **% of pre-conflict population remaining:** | 26-50% |
| **% of population female:** | 26-50% |
| **% of female-headed households:** | 26-50% |

## CHANGES SINCE JUNE

| | | | |
|---|---|---|---|
| Access Restrictions on Civilians | ◆ | Health Situation | ↑ |
| Commercial Vehicle Access | ◆ | Core Food Item Availability | ◆ |
| Humanitarian Vehicle Access | ◆ | Core Food Item Prices | ◆ |
| Access to Basic Services | ◆ | Overall Humanitarian Situation | ◆ |




## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of July and beginning of August 2017, these updates refer to the situation in July 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations.

## MOVEMENT OF CIVILIANS

| Change in # of people able to leave compared to June: | ⇕ |
|---|---|

### People able to leave[2]

**No formal or informal entry and exit routes have been reported in Joura or Qosour since assessments began in June 2016.** In July, residents were able to move between the two neighbourhoods, as has been the case in previous months. However, men were reportedly targeted for detention and conscription by authorities at checkpoints within the two areas, while women faced risks of harrassment, detention and rape, as was the case in June.

### Risks faced when trying to enter or exit (formally or informally)

None reported, as no one attempted to enter or leave the two communities.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

| Change since June: | ⇕ |
|---|---|

Able to enter: None reported.

### Humanitarian vehicles

| Change since June: | ⇕ |
|---|---|

Able to enter: None reported.

### Humanitarian airdrops

| Change since June: | ⇕ |
|---|---|

In July, food and non-food items (such as soap and detergent) entered the city via airdrops, as was the case in June, and medicine was also included for the first time since January 2017.

However, food aid other than bread, as well as hygiene items, were reportedly sold rather than provided freely, while medicine was not distributed to civilians.

### Goods entered

While limited amounts of food, NFIs and medicine reached the communities via airdrops in July, the exact contents and quantities of such deliveries were not reported.

No fuel has entered Joura and Qosour through formal routes since at least June 2016.

## HEALTH SERVICES

| Change in health situation compared to June: | ↑ |
|---|---|

**Despite the entry of medical items via airdrops, the medical situational in Joura and Qusour remained critical.** Medical items and services were only available at the one military hospital in the area, with surgery and emergency care the only two medical services reported available. Only residents with sufficient financial resources, good relations with authorities, or non-civilians could safely access them. Men seeking formal medical care were particularly at risk of detention.

**Contraception continued to be one of the most needed medical items, due to the reported prevalence of rape and a lack of income and resources to provide for additional children.**

### Permanent medical facilities available

| | |
|---|---|
| Mobile clinics / field hospitals | ✗ |
| Informal emergency care points | ✗ |
| Pre-conflict hospitals | ✓ |
| Pre-conflict clinics / surgeries | ✗ |
| Change since June | ⇕ |

### Availability of medical personnel

**Personnel available**: Professionally trained surgeons, nurses and midwives.

**Others providing medical services:** Anaesthesiologists, volunteers with informal medical training.

| Change since June | ⇕ |
|---|---|

### Medical services available

| | |
|---|---|
| Child immunization[3] | ✗ |
| Diarrhoea management | ✗ |
| Emergency care | ✓ |
| Skilled childbirth care | ✗ |
| Surgery[4] | ✓ |
| Diabetes care | ✗ |
| Change since June | ⇕ |

## ACCESS TO SERVICES*

Access to electriciy remained limited, with an estimated 80% of the population with no access, while the rest of the population relied on generators run off of locally-sourced fuel. Access to drinking water remained insufficient, with available water reportedly causing sickness after consumption. No educational facilities were available in Joura or Qosour in July, as had been the case since assessments began.

| | | | |
|---|---|---|---|
| **WATER** | ⇕ | Main source of drinking water (status**) | Surface water / unprotected spring (water tastes and smells bad, had a bad colour, people got sick after drinking water) |
| | | Sufficiency of available water to meet household needs (coping strategies used) | Insufficient (modify hygiene practices, bathe less, reduce drinking water consumption, drink water used for cleaning or other purposes) |
| | | Access to water network per week | 1-2 days |
| **ELECTRICITY** | ⇕ | Access to electricity network per day | Network unavailable |
| | | Access to electricity (main source) per day | No electricity available (80% of population) |
| **EDUCATION** | ⇕ | Available education facilities | None |
| | | Barriers to education | Facilities destroyed, routes to schools unsafe, lack of teaching staff |

*Arrows indicate change in access since June.
** Data collected is based on perceptions of local actors; therefore, water safety cannot be guaranteed in the absence of water testing.

### Strategies used to cope with a lack of medical services

In July, as was the case in June, reported coping strategies included undergoing operations without anaesthesia, as well as using non-medical items for treatment.

### Unavailable medical items[5]

Anti-anxiety medication, clean bandages, burn treatment, anaesthetics, heart, diabetes and blood pressure medicine.

Sometimes available: blood transfusion bags.

| Change since June | ⇕ |
|---|---|

### Most needed medical items[6]

1. Antibiotics
2. Artificial limbs
3. Contraception

### Unusual outbreaks of disease[7]

Community representatives had reported cases of cholera, hepatitis and human papillomavirus (HPV) in Joura and Qosour in previous assessed months.[7] However, no new or unusual outbreaks of these or other diseases were reported in July.

## FOOD

**Change in food situation compared to June:** ◆

The food situation in July remained overall critical, and extreme strategies were used to cope with severe shortages in food, as has been the case in assessed months since February. This was in large part due to the selling of food rations delivered via airdrops, a general lack of availability of items and severe access restrictions.

### Most common methods of obtaining food at the household level

Receiving from food distributions (airdrops), bartering.

### Most common methods of obtaining bread at the household level

**Most common source:** Public bakeries.

**Challenges to obtaining bread**: Flour, wheat and yeast unavailable or too expensive/hard to access.

Change since June ◆

### Deaths attributable to a lack of food[7]

Deaths related to a lack of food have been reported in the two neighbourhoods during all assessed months since September 2016.

### Strategies used to cope with a lack of food

| | |
|---|---|
| Reducing meal size | ✓ |
| Skipping meals | ✓ |
| Days without eating | ✓ |
| Eating non-edible plants | ✓ |
| Eating food waste | ✓ |

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

In addition to the above coping strategies, men and women reportedly ate less in July, so that children could eat more.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket[8]

It has not been possible to calculate a standard food basket price for Deir ez Zor city since December 2016, due to the unavailability of most assessed core food items.

### Food item availability / prices

Availability and prices of assessed food remained unchanged in July. As has been the case since February 2017, the only remaining core food items in Joura and Qosour in July were bread from public bakeries, bulgur, eggs, salt and cooking oil, all of which were prohibitively expensive.

### WASH item availability / prices

Soap and laundry powder delivered via airdrops were resold in markets at unaffordable prices, as was the case in June. To cope with the absence of sanitary pads, women continued to resort to using cloth.

### Fuel availability / prices

Diesel and kerosene were introduced to markets in February, after the discovery of a local petroleum source. However, availability of these items remained extremely limited.

**Strategies used to cope with a lack of fuel:** Burning plastics, clothes and waste; burning furniture in and not in use; burning agricultural or other productive assets.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[9]

**For affected populations the functionality of, and access to, basic services such as medical facilities, water and electricity are highly dependent on the price and availability of fuel sources.**

| | Item | Joura/Qosour | Price change since June[10] |
|---|---|---|---|
| Food Items | Bread private bakery (pack) | Not available | ◆ |
| | Bread public bakery (pack) | 600[11] | ◆ |
| | Rice (1kg) | Not available | ◆ |
| | Bulgur (1kg) | 3500[11] | ◆ |
| | Lentils (1kg) | Not available | ◆ |
| | Chicken (1kg) | Not available | ◆ |
| | Mutton (1kg) | Not available | ◆ |
| | Tomatoes (1kg) | Not available | ◆ |
| | Cucumbers (1kg) | Not available | ◆ |
| | Milk (1L) | Not available | ◆ |
| | Flour (1kg) | Not available | ◆ |
| | Eggs (1 unit) | 500[11] | ◆ |
| | Iodised salt (500g) | 500[11] | ◆ |
| | Sugar (1kg) | Not available | ◆ |
| | Cooking oil (1L) | 9000[11] | ◆ |
| WASH Items | Soap (1 bar) | 1900[12] | ◆ |
| | Laundry powder (1kg) | 12000[11] | ◆ |
| | Sanitary pads (9 pack) | Not available | ◆ |
| | Toothpaste (125ml) | Not available | ◆ |
| | Disposable diapers (24 pack) | Not available | ◆ |
| Fuel | Butane (cannister) | Not available | ◆ |
| | Diesel (1L) | 700[11] | ◆ |
| | Propane (cannister) | Not available | ◆ |
| | Kerosene (1L) | 1900[11] | ◆ |
| | Coal (1kg) | Not available | ◆ |
| | Firewood (1T) | Not available | ◆ |

Due to limited coverage, it was not possible to collect prices for comparison in July from nearby communities not considered besieged or hard-to-reach.

**Endnotes**

[1] Figures based on estimates by local actors within communities assessed. The last HNO 2017 population data (December 2016) estimates that population figures within Deir ez Zor City are 110,000 individuals, inclulding 52,200 IDPs.

[2] The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

[3] The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

[4] The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

[5] 'Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

[6] Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

[7]Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

[8] Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: June 2017' (link here).

[9] $1 = 515 SYP (UN operational rates of exchange as of 1 August 2017).

[10] Price fluctuations of 5% or less were not reported.

[11] Generally unavailable in markets (<6 days this month).

[12] Sometimes available in markets (7-20 days this month)

# Syria Community Profile Update: Eastern Ghouta, Rural Damascus

## July 2017

FOR HUMANITARIAN PURPOSES ONLY

| | Arbin | Duma | Ein Terma | Hammura | Harasta | Jisrein | Kafr Batna | Nashabiyeh | Saqba | Zamalka |
|---|---|---|---|---|---|---|---|---|---|---|
| **UN classification** | Besieged | Besieged | Besieged | Besieged | Besieged | Besieged | Besieged | Besieged | Besieged | Besieged |
| **Estimated population (individuals)[1]** | 39000 | 153900 | 23300 | 18000 | 20000 | 14000 | 19500 | 4000 | 24000 | 12000 |
| **Of which estimated IDPs[1]** | 1930 | 29900 | 14300 | 5850 | 5270 | 6300 | 5770 | 1300 | 8500 | 2640 |
| **% of pre-conflict population remaining** | 51-75% | 1-25% | 1-25% | 1-25% | 1-25% | 51-75% | 51-75% | 1-25% | 26-50% | 1-25% |
| **% of population that are female** | 1-25% | 1-25% | 1-25% | 26-50% | 1-25% | 51-75% | 26-50% | 1-25% | 26-50% | 1-25% |
| **% of female-headed households** | 1-25% | 1-25% | 1-25% | 1-25% | 1-25% | 1-25% | 1-25% | None | 1-25% | 1-25% |

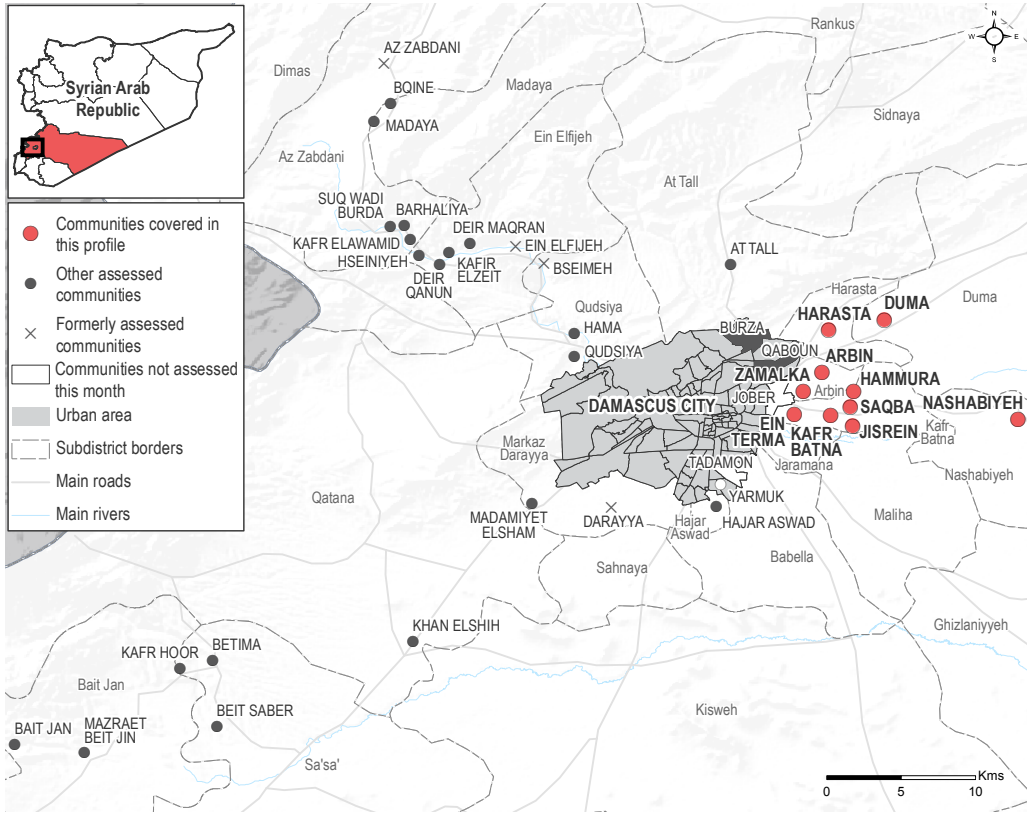

## SUMMARY

Information in this profile was gathered from 10 communities: Arbin, Duma, Ein Terma, Hammura, Harasta, Jisrein, Kafr Batna, Nashabiyeh, Saqba and Zamalka. While the profile refers to the situation in July 2017, comparisons were made to changes observed since June and previous assessed months.

Military control of Eastern Ghouta, an agricultural region east of Damascus, has been contested since 2012. In mid-2013, access restrictions to the area tightened. In 2016, Nashabiyeh was re-classified by the United Nations (UN) from hard-to-reach to besieged, following an escalation of conflict. All other assessed communities have been classified as besieged since 2014.

**The humanitarian situation remained overall stable in July, compared to June. The area near Ein Terma continued to experience intense conflict, while shelling was reported as a general risk when moving between Eastern Ghouta communities. Civilian movement continued to be restricted both inside and outside Eastern Ghouta, and restrictions on commercial vehicles, although permitted entry since May 2017, remained tight.**

**For the second time in three months, humanitarian deliveries reached the town of Duma, on 25 and 27 July. However, aid was reportedly insufficient to meet population needs and was not distributed to other assessed communities. According to the UN Office for the Coordination of Humanitarian**


## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of July and beginning of August 2017, these updates refer to the situation in July 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations.

**Affairs (OCHA), a humanitarian delivery also reached the community of Nashabiyeh on 30 July, though the contents of this delivery or its impact could not be assessed, as it occurred between data collection periods. Conversely, the first death attributed to a lack of food in the Eastern Ghouta area since assessments began was reported in Harasta, which received aid in June 2017. However, the case could not be independently verified.**

**Medical items were not included in commercial vehicles and only entered through the humanitarian delivery to Duma. Additionally, at the time of writing, a ceasfire has been agreed to by parties to the conflict; however, it is unclear whether the agreement between parties will hold.**

Internal checkpoints, previously established as a result of fighting in May between armed groups inside Eastern Ghouta, remained in place in July, which, alongside shelling throughout the area, restricted civilain movement. Meanwhile, only 1-10% of the population were able to access the single formal checkpoint in Duma, Al Wafideen, as was the case in May and June.

In communities other than Duma, the amount of food and hygiene items reportedly entering remained unchanged in July. In contrast, medical supplies continued to deplete in all communities except for Duma, as they did not enter via commercial vehicles. Additionally, critical fuel shortages persisted, as no fuel has been permitted to enter via Al Wafideen checkpoint since February 2017.

Access to basic services remained the same throughout assessed communities, with all communities reporting some access to electricity except for Nashabiyeh. Meanwhile, drinking water remained sufficient in all communities, though water sourced from wells reportedly tasted bad.

The prices and availability of food and hygiene items have remained overall stable since May, though food prices remain, on average, ten times higher than those in neigbhouring communities not considered besieged or hard-to-reach.

## CHANGES SINCE JUNE

| | | | |
|---|---|---|---|
| Access Restrictions on Civilians | ↔ | Health Situation | ↓ |
| Commercial Vehicle Access | ↔ | Core Food Item Availability | ↔ |
| Humanitarian Vehicle Access | ↔ | Core Food Item Prices | ↔ |
| Access to Basic Services | ↔ | Overall Humanitarian Situation | ↔ |

## MOVEMENT OF CIVILIANS

### People able to leave[2]

**Change in # of people able to leave compared to June:** ↔

Movement of civilians remained unchanged in July, compared to June.

Checkpoints that had been established in May 2017 following internal fighting between armed groups inside Eastern Ghouta remained in place in July, as was the case in June. Populations were required to present identification when moving between areas of Eastern Ghouta, with some people reportedly not permitted to move freely by local authorities. All civilians faced the risk of shelling when moving within the wider area.

In addition, as was the case in May and June, the risk of detention at internal checkpoints was reported as a risk specific to young men, related to perceived affiliations with armed groups, while women and childen could move unrestricted. Previously, no barriers to movement between Eastern Ghouta communities had been reported since assessments began.

Regarding movement out of the Eastern Ghouta area, only 1-10% were allowed to leave through Al Wafideen checkpoint in Duma, the only formal access point leading ouside of Eastern Ghouta. This has been the case in all assessed months except for March and April, when the checkpoint was shut. Public employees and students who presented identification were allowed to cross, while reported risks of accessing the checkpoint included physical and verbal harrassment, confiscation of documents, detention and conscription.

Informal routes have been largely inaccessible since March 2017, having been closed by official authorities in late February.

### Risks faced when trying to enter or exit (formally or informally)

**All assessed communities**: snipers, gunfire, shelling, detention.

**Duma:** verbal and physical harassment of men and women, confiscation of documents, conscription.

**Harasta, Jisrien and Ein Terma:** landmines.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since June:** ↔

Commercial vehicles were conditionally allowed into Eastern Ghouta in July and since May, with the reopening of Al Wafideen in Duma . However, they were only permitted entry on certain days, upon providing sufficient identification, and were subject to searches, confiscation of loads and payment of fees. Meanwhile, commercial vehicle movement between Eastern Ghouta communities remained unrestricted.

### Humanitarian vehicles

**Change since June:** ↔

Between 25 and 27 July, eight humanitarian vehicles were able to reach the community of Duma, delivering food, hygiene and medical items. However, as was the case with a previous humanitarian delivery to Harasta, Modira and Msraba communities in June, none of the aid reached other Eastern Ghouta towns, and the delivery was not sufficient to meet needs.

Additionally, UN OCHA reported that on 30 July, an inter-agency humanitarian convoy delivering food, hygiene and medical items entered the community of Nashabiyeh for the first time since the conflict began in 2011, reportedly reaching 7200 people in the area. However, contents, quality and sufficiency of the delivery remained unconfirmed by community representatives.

### Goods entered

Food and non-food items continued to enter Eastern Ghouta through commercial vehicles crossing Al Wafideen checkpoint in July for the third consecutive month, while, conversely, medical items were not included in commercial loads. Additionally, restrictions on the entry of fuel persisted for the sixth consecutive month, and residents of Eastern Ghouta relied instead on producing fuel locally by altering plastics.

## ACCESS TO SERVICES*

No change in access to basic services was reported for any of the Eastern Ghouta communities in July. Access to water remained sufficient in all communities, though water was reported as tasting bad in communities where closed wells was the main water source, as was the case in previous months. Access to electricity in all communities except Nashabiyeh remained contingent upon diesel supplies for generators, and availability therefore remained low, as fuel has not formally entered Eastern Ghouta in six months. Meanwhile, in Nashabiyeh community, only a small portion of the population could rely on solar panels for electricity, while the rest reportedly had no electricity access. Meanwhile, no students attended school, due to summer break in July, though reported barriers to education, such as destroyed facilities and unsafe routes to schools, persisted.

| | WATER | | | ELECTRICITY | | EDUCATION | |
|---|---|---|---|---|---|---|---|
| | Main source of drinking water (status**) | Available water to meet household needs (coping strategies) | Access to water network per week | Access to electricity network per day | Access to electricity (main source) per day | Available education facilities | Barriers to education |
| **Arbin** | Closed wells (water tastes bad) | Sufficient | Network unavailable | Network unavailable | 4 - 8 hours (generator) | Pre-conflict primary, secondary and high schools | Facilities destroyed; route to services is unsafe |
| **Duma** | Water trucking (safe to drink) | Sufficient | Network unavailable | Network unavailable | 4 - 8 hours (generator) | Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | Facilities destroyed; route to services is unsafe |
| **Ein Terma** | Water trucking (safe to drink) | Sufficient | 1-2 days | Network unavailable | 4 - 8 hours (generator) | Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | Facilities destroyed; route to services is unsafe |
| **Hammura** | Water trucking (safe to drink) | Sufficient | Network unavailable | Network unavailable | 4 - 8 hours (generator) | Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | Facilities destroyed; route to services is unsafe |
| **Harasta** | Water trucking (safe to drink) | Sufficient | Network unavailable | Network unavailable | 4 - 8 hours (generator) | Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | Facilities destroyed; route to services is unsafe |
| **Jisrein** | Water trucking (safe to drink) | Sufficient | 1-2 days | Network unavailable | 2 - 4 hours (generator) | Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | Route to services is unsafe; children need to work |
| **Kafr Batna** | Closed wells (water tastes bad) | Sufficient | Network unavailable | Network unavailable | 4 - 8 hours (generator) | Pre-conflict primary, secondary and high schools | Facilities destroyed; route to services is unsafe |
| **Nashabiyeh** | Closed wells (water tastes bad) | Sufficient | Network unavailable | Network unavailable | Overall, no electricity source | Pre-conflict primary schools | Facilities destroyed; route to services is unsafe; lack of teaching staff |
| **Saqba** | Water trucking (safe to drink) | Sufficient | Network unavailable | Network unavailable | 4 - 8 hours (generator) | Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | Route to services is unsafe; children need to work |
| **Zamalka** | Closed wells (water tastes bad) | Sufficient | Network unavailable | Network unavailable | 4 - 8 hours (generator) | Pre-conflict primary, secondary and high schools | Facilities destroyed; route to services is unsafe |

*Arrows indicate change in access since June.
**Data collected is based on perceptions of local actors and water safety cannot be guaranteed in the absence of water testing.



Available | Sometimes available | Not available
Positive increase | No change | Negative decrease
Negative increase | Positive decrease

### Permanent medical facilities available

| | Arbin | Duma | Ein Terma | Hammura | Harasta | Jisrein | Kafr Batna | Nashabiyeh | Saqba | Zamalka |
|---|---|---|---|---|---|---|---|---|---|---|
| Mobile clinics / field hospitals | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ |
| Informal emergency care points | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pre-conflict hospitals | ✗ | ✓ | ✓ | ✗ | ✗ | ✗ | ✓ | ✗ | ✓ | ✗ |
| Primary healthcare facilities | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✓ | ✗ |

## HEALTH SERVICES

**Change in health situation compared to June:** ↓

In July, the health situation in all Eastern Ghouta communities except for Duma deteriorated for the second consecutive month. As no medical supplies entered via commercial vehicles, stocks of medicine continued to deplete.

In contrast, the humanitarian delivery to Duma, which included medical supplies, led to an improvement to the medical situation there, as did a reported increase in the number of practicing medical professionals within the community, following their certification. Though there was reportedly another humanitarian delivery that reached Nashabiyeh on 30 July, information on the contents and quality of any included medical items was unable to be obtained, as the delivery occurred between data collection periods.

As was the case in June, in Arbin and Zamalka, people living in certain locations of the communities and the elderly were reportedly unable to obtain medical care.

Additionally, in Ein Terma, Harasta, Jisrein and Nashabiyeh, a lack of women-specific services within the communities was reported, as was the case in June, while only simple surgeries were availablie in Ein Terma, Harasta and Jisrein in July.

No outbreaks of disease were reported this month in any communities.

### Medical facilities and services

Medical facilities were present in all assessed Eastern Ghouta communities in July, as was the case in May and June.

Additionally, there was no change reported in the type of medical services available this month in any communities. However, in Duma, access to services that were already available reportedly increased, due to a higher number of medical personnel working in the community.

In July, as was the case in the previous two months, patients from Harasta, Ein Terma and Jisrein needing extensive surgeries had to travel to other locations in Eastern Eastern Ghouta to obtain adequate surgical care.

Change since June ↕

### Availability of medical personnel

The availability of medical personnel remained the same in all communities in July except for Duma, with most communities reporting trained surgeons, doctors, nurses and midwives, in addition to anaesthesiologists, dentists and pharmacists. The exception to this was Nashabiyeh, where only trained nurses were reported. In Duma, the number of medical personnel increased substantially, after some doctors, nurses, dentists and pharmacists reportedly received certifications to practice medicine.

Change since June ↕

### Unavailable medical items[3]

Though the reported availability of medical items did not change in the majority of Eastern Ghouta, stockpiles continued to deplete for the second consecutive month, due to a lack of medicine entering Eastern Ghouta via commercial or humanitarian vehicles. Only Duma reported an increase in medical items, due to the humanitarian deliveries there.

**Unavailable across a majority of communities:** Anti-anxiety, heart and diabetes medicine.

**Unavailable in half of communities:** blood pressure medicine.

**Sometimes available across a majoriy of communities**: Blood transfusion bags.

Change since June ↓

### Most needed medical items[4]

Across communities assessed in Eastern Ghouta, the most needed medical items were reported to be:

1. Blood transfusion bags
2. Antibiotics
3. Heart medicine
4. Assistive devices

### Strategies used to cope with a lack of medical items / medicines

Coping strategies reported in July included sharing resources between medical facilities, recycling medical items (e.g. bandages, syringes, needles) or using expired medicine, though usage varied depending on community. These strategies were first reported in April 2017, following the closure of informal routes in February and Al Wafideen formal checkpoint in March.

### Unusual outbreaks of disease[5]

In July, inflammatory bowel disease was present among some children in Duma, Ein Terma, Hammura, Harasta and Saqba, though this was reportedly a seasonal condition. No other diseases have been reported since the measles outbreak among children in some communities in April 2017.

### Medical services available

| | Arbin | Duma | Ein Terma | Hammura | Harasta | Jisrein | Kafr Batna | Nashabiyeh | Saqba | Zamalka |
|---|---|---|---|---|---|---|---|---|---|---|
| Child immunization[6] | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Diarrhoea management | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Emergency care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Skilled childbirth care | ✓ | ✓ | ✗ | ✓ | ✗ | ✗ | ✓ | ✗ | ✓ | ✓ |
| Surgery[7] | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ |
| Diabetes care | ✗ | ✓ | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ | ✓ | ✗ |

## FOOD

**Change in food situation compared to June:** ◆

### Most common methods of obtaining food at the household level

Purchasing from shops or markets, purchasing from local farmers, home production.

Common methods of obtaining food remained unchanged in July, except for in Duma, as humanitarian deliveries were listed as one of the main sources of food in the community.

### Most common methods of obtaining bread at the household level

**All communities:** Shops.

**Most commonly reported challenges to obtaining bread:** None reported.

Barriers to obtaining bread have not been reported since April 2017, with residents of all Eastern Ghouta communities reportedly able to access bread every day.

Change in availability in Eastern Ghouta since June: ◆

### Strategies used to cope with a lack of food

| | All communities |
|---|---|
| Reducing meal size | ✓ |
| Skipping meals | ✓ |
| Days without eating | ✗ |
| Eating non-edible plants | ✗ |
| Eating food waste | ✗ |

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Reducing meal size and skipping meals continued to be reported in assessed Eastern Ghouta communities in July, with men and women reportedly eating less, so that children could eat more. This has been the case since the area was first assessed in June 2016.

### Deaths attributable to a lack of food[5]

For the first time since assessments began, a fatality attributed to a a lack of food was reported in Eastern Ghouta in July, in Harasta community. However, medical reports on the case could not be independently verified.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket[8]

| | Eastern Ghouta | Nearby areas[9] |
|---|---|---|
| Average cost (SYP)[10] | 81853 | 31537 |
| Change since previous month[11] | ◆ | ◆ |

The average price of a food basket in Eastern Ghouta communities remained stable in July. However, a food basket in Eastern Ghouta remained 163% more expensive than the average price of a food basket in nearby areas not considered besieged or hard-to-reach.[9]

### Food item availability / prices

Assessed food items remained generally available[11] in markets in July, as had been the case since May. Although the price of some individual items fluctuated considerably, the overall average price of food remained the same in July as in June, though it remained 163% more expensive than in communities not considered besieged or hard-to-reach.[8]

### WASH item availability / prices

Assessed hygiene items continued to be reported as generally available in markets as well. Meanwhile , the prices of assessed sanitation and hygiene items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) dropped by an average of 8%.

### Fuel availability / prices

Fuel has not entered Eastern Ghouta via formal routes for six consecutive months, due to access restrictions, and availability has thus remained extremely limited, with only diesel and firewood available in July, as was the case in June. The price of diesel in Eastern Ghouta was, on average, 665% higher than recorded prices in nearby communities not considered besieged or hard-to-reach in July.

**Strategies used to cope with a lack of fuel:**

**All communities:** Burning furniture not in use, burning agricultural or other productive assets, burning plastics and waste, as was the case in June.

## CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX[10]

**For affected populations, the functionality of, and access to, basic services such as medical facilities, water and electricity are highly dependent on the price and availability of fuel sources.**

| | Item | Eastern Ghouta average | Price change since June[11] | | Nearby non-hard-to-reach communities[9] |
|---|---|---|---|---|---|
| **Food Items** | Bread private bakery (pack) | 692[12] | ↑ | +6% | 100 |
| | Bread public bakery (pack) | Not available | ↕ | | 58 |
| | Rice (1kg) | 1180[12] | ↕ | | 535 |
| | Bulgur (1kg) | 900[12] | ↑ | +6% | 308 |
| | Lentils (1kg) | 690[12] | ↓ | -16% | 450 |
| | Chicken (1kg) | 2883[12] | ↓ | -15% | 1135 |
| | Mutton (1kg) | 5500[12] | ↑ | +10% | 3975 |
| | Tomatoes (1kg) | 169[12] | ↓ | -20% | 143 |
| | Cucumbers (1kg) | 251[12] | ↓ | -44% | 188 |
| | Milk (1L) | 315[12] | ↕ | | 220 |
| | Flour (1kg) | 656[12] | ↑ | +46% | 220 |
| | Eggs (1 unit) | 96[12] | ↕ | | 50 |
| | Iodised salt (500g) | 450[12] | ↓ | -10% | 65 |
| | Sugar (1kg) | 1093[12] | ↓ | -9% | 438 |
| | Cooking oil (1L) | 1339[12] | ↕ | | 1225 |
| **WASH Items** | Soap (1 bar) | 150[12] | ↕ | | 113 |
| | Laundry powder (1kg) | 1595[12] | ↕ | | 800 |
| | Sanitary pads (9 pack) | 530[12] | ↑ | +6% | 444 |
| | Toothpaste (125ml) | 400[12] | ↓ | -20% | 357 |
| | Disposable diapers (24 pack) | 2100[12] | ↓ | -27% | 1500 |
| **Fuel** | Butane (cannister) | Not available | ↕ | | 2925 |
| | Diesel (1L) | 2200[12] | ↑ | +10% | 288 |
| | Propane (cannister) | Not available | ↕ | | 2500 |
| | Kerosene (1L) | Not available | ↕ | | 400 |
| | Coal (1kg) | Not available | ↕ | | 450 |
| | Firewood (1T) | 209800[12] | ↕ | | Not available |

**Endnotes FINISH**

[1] Figures based on HNO 2017 population and IDP data (December 2016). Figures based on population estimates by local actors within the community assessed were Arbin: 42,500-43,500; Duma: 122,000-128,000; Ein Terma: 31,000-33,000; Hammura: 30,000-33,000; Harasta: 18,000-19,000; Jisrein: 18,000-20,000; Kafr Batna: 18,000-20,000; Nashabiyeh: 500-700; Saqba: 50,000-53,000; and Zamalka: 11,500-12,500.

[2] The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

[3] Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

[4] 'Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

[5] Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

[6] The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

[7] The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members, without professional medical backgrounds, may have been informally trained by medical personnel to carry out emergency procedures.

[8] Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: June 2017' (link here). As bread was not available in bakeries for all communities, the food basket price for Eastern Ghouta was calculated this month using the reported average price of bread sold in shops (695 SYP).

[9] Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. June).

[10] $1 = 515 SYP (UN operational rates of exchange as of 1 August 2017)

[11] Price fluctuations of 5% or less were not reported.

[12] Generally available in markets (21+ days this month)

# Syria Community Profile Update: Hajar Aswad, Rural Damascus

## July 2017

FOR HUMANITARIAN PURPOSES ONLY

## SUMMARY


The community of Hajar Aswad, situated just south of Damascus city, has faced access restrictions since early 2013. In 2014, the community witnessed critical levels of food insecurity before local actors in the area reached a truce agreement. Hajar Aswad was first assessed in June 2016, and since then, the security situation in the community has been stable. The community was reclassified as hard-to-reach from besieged in January 2017.

**The humanitarian situation in Hajar Aswad changed little in July. The movement of vehicles in and out of the community was still prohibited, and civilian movement was limited. Access to basic services and medical assistance was limited. Meanwhile, the prices of basic foods, hygiene items and fuel remained stable.**

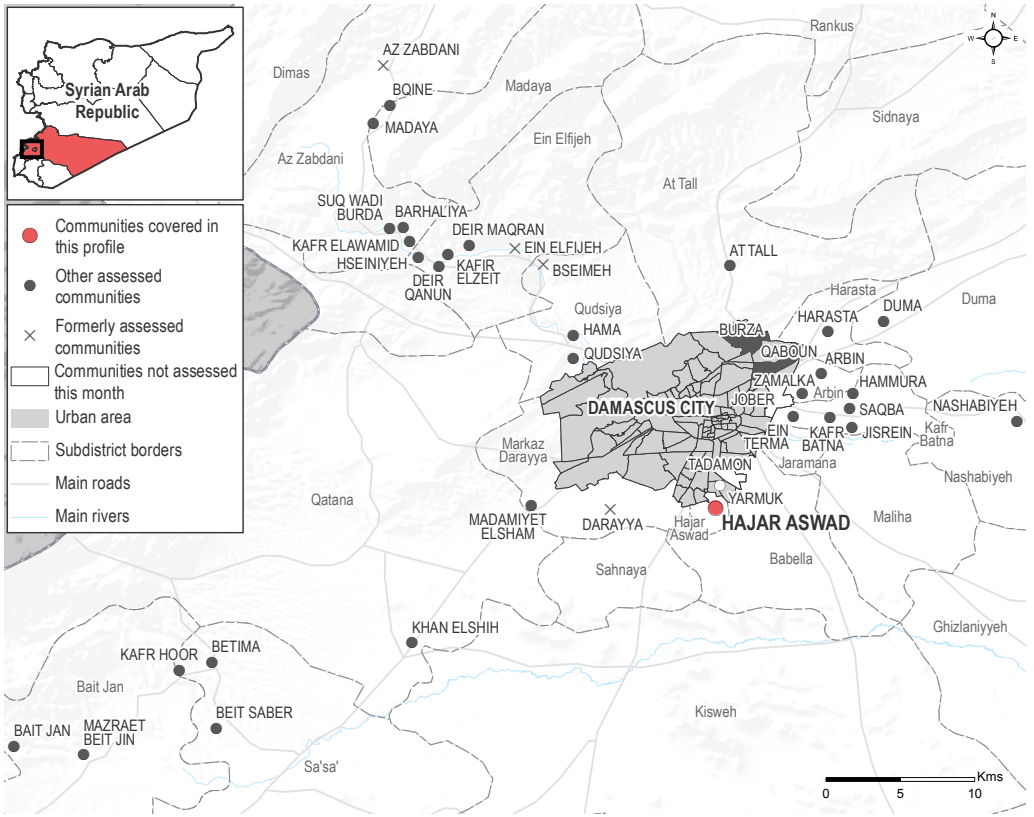
Women, children and the elderly with valid identification could access formal routes to enter and exit Hajar Aswad on average two times a week. As was the case in previous months, people crossing at checkpoints reportedly faced verbal and sexual harassment. **Since at least March 2017, men have avoided crossing at checkpoints, due to the reported risk of detention, which negatively affected their access to healthcare outside of Hajar Aswad.** Conversely, some women continued seeking childbirth care in nearby areas.

**As commercial and humanitarian vehices have not been able to access Hajar Aswad since at least June 2016, residents continued to rely on access to the neighbouring towns of Yalda and Babella to buy food, hygiene, medical items and equipment, and fuel.**

Access to basic services in July was similar to that of previous months. The main water and electricity networks have not been available since Hajar Aswasd was first assessed. As such, access to drinking water remained insufficient, with negative coping strategies reported such as using money intended for other purposes to purchase water, while access to electricity was limited.

Meanwhile, the price and availability of food items stayed, overall, the same in July as it had been in June, though the price of cucumbers decreased by 13%. While fuel prices remained stable, some people were reportedly unable to access fuel, due to a lack of income. As a result, negative coping strategies, such as burning plastics, were reported in July, in contrast to the previous two months.


| | |
|---|---|
| **UN classification:** | Hard-to-reach |
| **Estimated population[1]:** | 4500 |
| **Of which IDPs[1]:** | 320 |
| **% of pre-conflict population remaining:** | 1-25% |
| **% of population female:** | 1-25% |
| **% of female-headed households** | 1-25% |




## CHANGES SINCE JUNE

| | | | |
|---|---|---|---|
| Access Restrictions on Civilians | ◆ | Health Situation | ◆ |
| Commercial Vehicle Access | ◆ | Core Food Item Availability | ◆ |
| Humanitarian Vehicle Access | ◆ | Core Food Item Prices | ◆ |
| Access to Basic Services | ◆ | Overall Humanitarian Situation | ◆ |

## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of July and beginning of August 2017, these updates refer to the situation in July 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations.

## MOVEMENT OF CIVILIANS

| Change in # of people able to leave compared to June: | ⇕ |
|---|---|

### People able to leave[2]

In July, approximately 11-25% of the population was reportedly able to use formal routes to enter and exit Hajar Aswad, as has been the case since the community was first assessed in June 2016. Women, children and the elderly with identification were able to use these formal checkpoints on average twice a week, which allowed them to buy goods and collect remittances (hawala transfers[3]) in other communities. Since March 2017, men have reportedly been avoiding checkpoints due to the risk of being detained at one.

Informal points used: Yes.

### Risks faced when trying to enter or exit (formally or informally)

Shelling, gunfire, verbal harrassment of men and women, sexual harassment of women, detention.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

| Change since June: | ⇕ |
|---|---|

Able to enter: None reported.

### Humanitarian vehicles

Able to enter: None reported.

| Change since June: | ⇕ |
|---|---|

### Goods entered

While no humanitarian or commercial vehicles have been able to enter Hajar Aswad since assessments began in June 2016, residents have reportedly been able to purchase goods from the nearby communities of Yalda and Babella. While these communities did receive humanitarian aid in July, residents of Hajar Aswad were unable to obtain items from these distributions.

## HEALTH SERVICES

| Change in health situation compared to June: | ⇕ |
|---|---|

The overall health situation in Hajar Aswad has not changed significantly since assessments began, and available health facilities remained limited in July.

For at least the past five months, including July, men have faced additional barriers to accessing medical services in other communities. This was due to the reported risk of detention at checkpoints.

Conversely, some women continued to leave the community to access better medical services during childbirth. Women who were not able to leave reportedly gave birth at home with the aid of a midwife, as there was a general lack of other childbirth-specific medical resources in the community.

### Permanent medical facilities available

| | |
|---|---|
| Mobile clinics / field hospitals | ✓ |
| Informal emergency care points | ✗ |
| Pre-conflict hospitals | ✗ |
| Primary healthcare facilities | ✗ |
| Change since June | ⇕ |

### Availability of medical personnel

**Personnel available**: Professionally trained nurses and midwives.

## ACCESS TO SERVICES*

As was the case in previous months, access to services was limited in Hajar Aswad in July. Due to insufficient access to water, residents reportedly spent money intended for other purposes to buy drinking water for the third consecutive month. Electricity remained limited to a few hours a day, and while children did not attend school due to the summer holiday, barriers to education persisted.

| | | | |
|---|---|---|---|
| **WATER** | ⇕ | Main source of drinking water (status) | Closed wells (safe to drink)** |
| | | Sufficiency of available water to meet household needs (coping strategies used) | Insufficient (purchase water with money usually spent on other things) |
| | | Access to water network per week | Network unavailable |
| **ELECTRICITY** | ⇕ | Access to electricity network per day | Network unavailable |
| | | Access to electricity (main source) per day | 2-4 hours (generators) |
| **EDUCATION** | ⇕ | Available education facilities | Pre-conflict primary, secondary, high schools |
| | | Barriers to education | Facilities destroyed, children need to work (primarily boys), lack of teaching staff |

*Arrows indicate change in access since June.
**Data collected is based on perceptions of local actors; therefore, reported water safety requires verification through testing.

**Others providing medical services:** Pharmacists, volunteers with informal medical training.

| Change since June | ⇕ |
|---|---|

### Medical services available

| | |
|---|---|
| Child immunization[4] | ✗ |
| Diarrhoea management | ✓ |
| Emergency care | ✓ |
| Skilled childbirth care | ✗ |
| Surgery[5] | ✗ |
| Diabetes care | ✓ |
| Change since June | ⇕ |

### Strategies used to cope with a lack of medical services

None used for the second consecutive month, as a result of a lower caseload than in previous months.

### Unavailable medical items[6]

**Sometimes available**: Anti-anxiety, heart, diabetes and blood pressure medicine, clean bandages, contraceptives, antibiotics, blood transfusion bags, burn treatment, medical scissors, anaesthetics

| Change since June | ⇕ |
|---|---|

### Most needed medical items[7]

1. Clean bandages
2. Blood transfusion bags
3. Antibiotics

### Unusual outbreaks of disease

None reported since December 2016.

## FOOD

**Change in food situation compared to June:** ⇕

### Most common methods of obtaining food at the household level

Purchasing from shops and markets in neighbouring communities.

Since assessments began in Hajar Aswad, residents have purchased their food in the neighbouring communities of Yalda and Babella.

### Most common methods of obtaining bread at the household level

**Most common source:** purchasing from shops in nearby communities.

**Challenges to obtaining bread**: No functioning bakeries, flour and wheat unavailable, yeast expensive or hard to access, not enough electricity or fuel available.

| Change since June | ⇕ |
|---|---|

### Strategies used to cope with a lack of food

| | |
|---|---|
| Reducing meal size | ✓ |
| Skipping meals | ✗ |
| Days without eating | ✗ |
| Eating non-edible plants | ✗ |
| Eating food waste | ✗ |

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Reducing meal sizes has reportedly been a coping strategy since Hajar Aswad was first assessed. Since at least February 2017[8], men have reportedly eaten less to ensure that women and children can eat.

### Deaths attributable to a lack of food[9]

None reported.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICE

### Average cost of standard food basket[10]

| | Hajar Aswad | Nearby areas[11] |
|---|---|---|
| Average cost (SYP)[12] | 32782 | 31537 |
| Change since previous month[12] | ⇕ | ⇕ |

There was no change in the price of a standard food basket in July, as prices of all included food items stayed the same.

### Food item availability / prices

Availability and price of assessed food items in Hajar Aswad remained largely the same in July. With the exception of bread from bakeries, all food items were reportedly sometimes available[14] in July, as they had been in June and since September 2016, and food prices remained stable. Both tomatoes and cucumbers had decreased in price in May and June, as a result of seasonal availability. While the price of tomatoes stabilised in July, the price of cucumbers reportedly decreased for the third consecutive month, by 13%.

### WASH item availability / prices

The availability and prices of most assessed hygiene items have been stable since November 2016. The price of sanitary pads, after having increased in May and June, stabilised saw no further change in July.

### Fuel availability / prices

Fuel availability and prices remained the same in July as in June. After first becoming available in June, propane was available for the second consecutive month in July. However, despite availability remaining stable, some residents reported reduced access to fuel due to a lack of income.

**Strategies used to cope with a lack of fuel:**
In contrast to June, burning plastics and wastes were reported as coping strategies in July. May and June were the only months since November 2016 in which no coping strategies were reported.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[12]

**For affected populations, the functionality of, and access to, basic services such as medical facilities, water and electricity are highly dependent on the price and availability of fuel sources.**

| | Item | Hajar Aswad | Price change since June[12] | Nearby non-hard-to-reach areas[11] |
|---|---|---|---|---|
| Food Items | Bread private bakery (pack) | Not available | ⇕ | 100 |
| | Bread public bakery (pack) | Not available | ⇕ | 58 |
| | Rice (1kg) | 400[14] | ⇕ | 535 |
| | Bulgur (1kg) | 250[14] | ⇕ | 308 |
| | Lentils (1kg) | 250[14] | ⇕ | 450 |
| | Chicken (1kg) | 1450[14] | ⇕ | 1135 |
| | Mutton (1kg) | 5000[14] | ⇕ | 3975 |
| | Tomatoes (1kg) | 150[14] | ⇕ | 143 |
| | Cucumbers (1kg) | 275[14] | ↓ | -13% 188 |
| | Milk (1L) | 250[14] | ⇕ | 220 |
| | Flour (1kg) | 300[14] | ⇕ | 220 |
| | Eggs (1 unit) | 60[14] | ⇕ | 50 |
| | Iodised salt (500g) | 200[14] | ⇕ | 65 |
| | Sugar (1kg) | 400[14] | ⇕ | 438 |
| | Cooking oil (1L) | 700[14] | ⇕ | 1225 |
| WASH Items | Soap (1 bar) | 150[14] | ⇕ | 113 |
| | Laundry powder (1kg) | 1000[14] | ⇕ | 800 |
| | Sanitary pads (9 pack) | 400[14] | ⇕ | 444 |
| | Toothpaste (125ml) | 400[14] | ⇕ | 357 |
| | Disposable diapers (24 pack) | 1500[14] | ⇕ | 1500 |
| Fuel | Butane (cannister) | 3200[14] | ⇕ | 2925 |
| | Diesel (1L) | 400[14] | ⇕ | 288 |
| | Propane (cannister) | 2500[14] | ⇕ | 2500 |
| | Kerosene (1L) | 400[14] | ⇕ | 400 |
| | Coal (1kg) | 450[14] | ⇕ | 450 |
| | Firewood (1T) | Not available | ⇕ | Not available |



✓ Available ✓ Sometimes available ✗ Not available

↑ Positive increase ⇕ No change ↓ Negative decrease

↑ Negative increase ↓ Positive decrease

**Endnotes**

[1] Figures based on HNO 2017 population data (December 2016). Figures based on population estimates by local actors within the community assessed were reportedly 4,900-5,000 individuals, including 700-1,000 IDPs.

[2]The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

[3] Hawala systems refer to a semi-formal method of transferring money within Syria (similar to that of Western Union). Notably, it can allow people within besieged or hard-to-reach areas to receive money from other areas of Syria, or from relatives and friends living abroad.

[4] The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccination campaigns in Syria are commonly done in rounds, and therefore may not be administered on a monthly basis.

[5] The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

[6] Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

[7] Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

[8] This indicator was first assessed in February 2017. While it is likely that men have been eating less so that women and children can eat more before the assessment of this indicator began, there was no data collected for months before February. Findings must therefore be considered indicative of each assessed month, rather than generalisable.

[9] Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

[10] Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: June 2017' (link here). As bread was unavailable in private and public bakeries in Hajar Aswad, the food basket price for Hajar Aswad was calculated using the reported price of bread sold in shops (300 SYP).

[11] Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. June)."

[12] $1 = 515 SYP (UN operational rates of exchange as of 1 August 2017).

[13] Price fluctuations of 5% or less were not reported.

[14] Sometimes available in markets (7-20 days this month).

# Syria Community Profile Update: Madaya and Bqine*, Rural Damascus

## July 2017

FOR HUMANITARIAN PURPOSES ONLY

## SUMMARY


Madaya and Bqine*, which sit within a contiguous area, are located 40km northwest of Damascus city. The mountainous communities have faced restrictions on movement since July 2015, and were classified as besieged by the UN in January 2016. At the end of June 2017, they were reclassified as hard-to-reach. Az Zabdani, which was assessed by REACH between June 2016 and March 2017, had been classified as besieged since November 2015. The civilian population was evacuated from Az Zabdani[2] in early 2016; the remaining population left the community in April 2017.

**The humanitarian situation in Madaya remained overall stable in July, with a few key improvements. Civilian movement and commercial vehicle traffic, as well as the availability of food, fuel and NFIs have remained largely the same since a truce agreement was implemented in May 2017. Conversely, access to medical care and other basic services improved in July.**

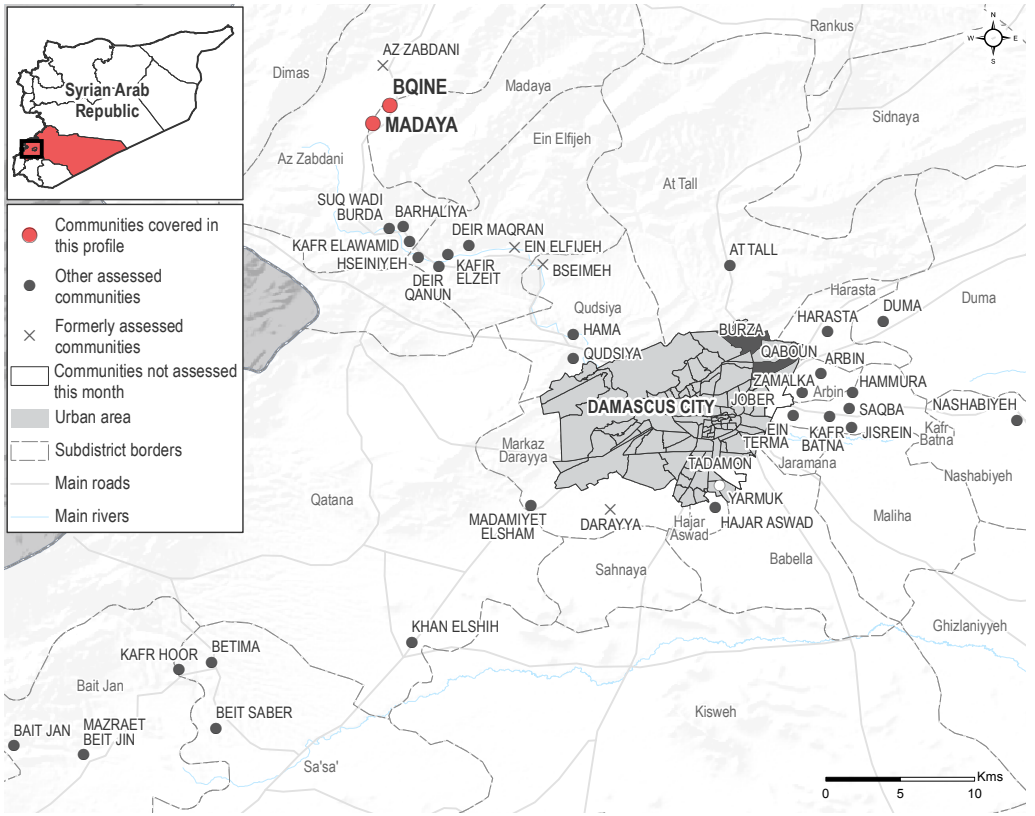
As was the case in May and June, an estimated 26-50% of Madaya residents were able to use formal acces points to enter and exit the area in July. However, men continued to face barriers to movement, due to a perceived risk of detention and conscription when using the formal routes. Commercial vehicles, which had been allowed to enter the community since May, continued to bring goods into the area. No humanitarian aid reportedly reached Madaya in July; the last humanitarian delivery was reported in March 2017.

Hygiene items became slightly more available in July than in June. Fuel prices decreased by an average of 10%, although kerosene became unavailable again, after having been available for a short period of time in June.

The health situation improved in July, with the return of medical professionals to the community and growing stockpiles of medical items resulting from continued commercial vehicle access. However, as health facilities in Madaya remained limited, residents continued to seek medical services in neighbouring areas, though men remained hesitant to do so, due to the risks associated with travel.

Access to water and electricity also improved in July, after the government increased the availability of the main electricity network. Access to education did not change in July, although children remained on their summer break.


| | |
|---|---|
| **UN classification:** | Hard-to-reach |
| **Estimated population[1]:** | 40500-42500 |
| **Of which IDPs[1]:** | 8700-9400 |
| **% of pre-conflict population remaining:** | 51-75% |
| **% of population female:** | 26-50% |
| **% of female-headed households** | 26-50% |




## CHANGES SINCE JUNE

| | | | |
|---|---|---|---|
| Access Restrictions on Civilians | ◆ | Health Situation | ▲ |
| Commercial Vehicle Access | ◆ | Core Food Item Availability | ◆ |
| Humanitarian Vehicle Access | ◆ | Core Food Item Prices | ◆ |
| Access to Basic Services | ▲ | Overall Humanitarian Situation | ▲ |

## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of July and beginning of August 2017, these updates refer to the situation in July 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations.

*For the purpose of this profile, the contiguous area of Madaya and Bqine will further be referred to as Madaya.

## MOVEMENT OF CIVILIANS

| Change in # of people able to leave compared to June: | ⇕ |
|---|---|

### People able to leave[3]

**In July, residents of Madaya continued to be permitted to use two formal access points to enter and exit the area,** as has been the case since April 2017, following the implementation of the Four Towns Agreement[4].

However, as in previous months since the onset of the agreement, only 26-50% of the population utilised formal access points in July, In particular, men reportedly avoided these routes, due to the perceived risks of detention and conscription, which resulted in limited mobility and barriers to seeking healthcare in other communities among male populations.

Meanwhile, people remained able to move freely within the contiguous area of Madaya.

Informal points used: None reported.

### Risks faced when trying to enter or exit (formally or informally)

Verbal harassment, detention, conscription.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

| Change since June: | ⇕ |
|---|---|

**Commercial vehicles continued to access Madaya, after they were first permitted to enter in May 2017.** However, as was reported in previous months, vehicles were subject to payment of fees, confiscation of goods, vehicle searches, documentation requirements and restrictions on times and dates of entry.

### Humanitarian vehicles

| Change since June: | ⇕ |
|---|---|

No humanitarian aid entered Madaya in July, nor in other months since March 2017.

### Goods entered

Food, fuel, NFIs and medical items continued to enter Madaya in commercial vehicles and by being brought back from nearby communities (Sidnayah and Damascus city) by civilians.

## HEALTH SERVICES

| Change in health situation compared to June: | ↑ |
|---|---|

**The health situation in Madaya remained largely stable in July, after it had improved significantly following the truce agreement in May.** The number of medical staff in the community increased, following the return of medical professionals who were originally from the area, and veterinarians were reportedly present in Madaya for the first time since August 2016.

All medical services that were available in June remained available in July. As was the case in previous months, skilled childbirth care remained unavailable in Madaya; consequently, women reportedly travelled to Damascus in order to receive appropriate care. Conversely, men continued to avoid seeking medical care outside the community, due to perceived risks of detention and conscription at formal access points.

Meanwhile, the primary healthcare clinics that had resumed operations in Madaya, following the cessation of hostilities, continued to function in July, as did private clinics that opened in May and June. However, access to the latter continued to be available only to those with sufficient funds.

## ACCESS TO SERVICES*

**Though the communities of Madaya and Bqine are treated as one contiguous area by the UN, access to services reportedly differed between the two communities in July.** In Madaya community, access to the main electricity network improved; consequently, water supplies also increased as water pumps could be powered for longer periods of time. Conversely, in Bqine community, access remained limited to 2-4 hours per day, and water supplies continued to be insufficient, with people purchasing water with money usually spent on other things. Access to education remained stable in both communities in July, although all children were reportedly on summer break.

| | | | |
|---|---|---|---|
| **WATER** | ↑ | Main source of drinking water (status) | Water network (safe to drink)** |
| | | Sufficiency of available water to meet household needs (coping strategies used) | Sufficient |
| | | Access to water network per week | 1-2 days |
| **ELECTRICITY** | ↑ | Access to electricity (main source), per day | 4-8 hours (main network) |
| | | Access to electricity network, per day | 4-8 hours |
| **EDUCATION** | ⇕ | Available education facilities | Pre-conflict primary, secondary and high schools |
| | | Barriers to education | None reported |

*Arrows indicate change in access since June.
**Data collected is based on perceptions of local actors; therefore, reported water safety requires verification through testing.

### Permanent medical facilities available

| | |
|---|---|
| Mobile clinics / field hospitals | ✗ |
| Informal emergency care points | ✗ |
| Pre-conflict hospitals | ✗ |
| Primary healthcare facilities | ✓ |
| Change since June | ⇕ |

**Others providing medical services:**
Dentists, veterinarians, pharmacists and medical or pharmacy students.

| Change since June | ⇕ |
|---|---|

### Availability of medical personnel

**Personnel available**: Professionally trained doctors, nurses and midwives.

### Unavailable medical items[5]

As stocks had accumulated since vehicle access improved in May, all assessed medical items became generally available in July, after having been sometimes available in June.

| Change since June | ↑ |
|---|---|

### Most needed medical items[6]

1. Antibiotics
2. Clean bandages
3. Contraceptives
4. Blood transfusion bags

### Medical services available

| | |
|---|---|
| Child immunization[7] | ✗ |
| Diarrhoea management | ✓ |
| Emergency care | ✓ |
| Skilled childbirth care | ✗ |
| Surgery[8] | ✗ |
| Diabetes care | ✓ |
| Change since June | ◆ |

### Strategies used to cope with a lack of medical services

None reported in July.

### Unusual outbreaks of disease[9]

None reported in July, or since May 2017, when people suffering from meningitis and kidney failure were evacuated or sought treatment in other communities.

## FOOD

| | |
|---|---|
| **Change in food situation compared to June:** | ◆ |

**The food situation in Madaya in July remained relatively stable, though a number of items reportedly decreased in price.** All assessed items, with the exception of bread from bakeries, were reportedly sometimes available[9], as they had been since the onset of the truce agreement in May 2017. As a result, no food-related coping strategies were reported for the third consecutive month.

### Most common methods of obtaining food at the household level

Purchasing from shops and markets.

### Most common methods of obtaining bread at the household level

**Most common source:** Shops

**Challenges to obtaining bread**: None reported; bread accessed every day.

| | |
|---|---|
| Change since June | ◆ |

### Deaths attributable to a lack of food[9]

None reported.

### Strategies used to cope with a lack of food

| | |
|---|---|
| Reducing meal size | ✗ |
| Skipping meals | ✗ |
| Days without eating | ✗ |
| Eating non-edible plants | ✗ |
| Eating food waste | ✗ |

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Before the truce agreement came into effect in May 2017, reducing meal sizes and skipping meals were reported in all assessed months.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket[11]

| | Madaya | Nearby areas[12] |
|---|---|---|
| Average cost (SYP)[13] | 29658 | 31537 |
| Change since previous month | ◆ | ◆ |

**The cost of a standard food basket in Madaya has remained stable since May 2017.** In July, a food basket in Madaya was reportedly 6% cheaper than in nearby communities not considered besieged or hard-to-reach[12].

### Food item availability / prices

**All assessed core items reportedly remained sometimes available[9] in Madaya in July, as has been the case since the truce agreement came into force.** Stocks of food items were gradually being replenished as commercial vehicles continued to enter the community in July. However, bread from private and public bakeries was still unavailable, as bakeries had not been repaired after sustaining damage from conflict.

Prices of tomatoes, cucumbers and eggs decreased by 13%, 20% and 17%, respectively, in July, as a result of price reductions in the communities from which they were procured.

### WASH item availability / prices

**The availability of WASH items improved slightly in July, with stocks growing due to commercial vehicle access to the community for the third consecutive month.** While only Bqine community had general availability[14] of most hygiene items in June, all items were reported as generally available in the entire Madaya area in July.

The prices of soap and disposable diapers decreased by 10% and 8%, respectively. However, WASH items in Madaya were still, on average, 38% more expensive than those in neighbouring communities.

### Fuel availability / prices

**Fuel prices decreased by an average of 10% in July, as a result of price reductions in the areas where the fuel originated. While commercial vehicles had been permitted to bring fuel to the community since June, most fuels remained only sometimes available[9] in July,** with the exception of kerosene, which had become available for a short period of time in June before becoming unavailable again in July. Firewood also remained unavailable, due to a seasonal decrease in demand.

**Strategies used to cope with a lack of fuel:** None reported in July.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[13]

**For affected populations, the functionality of, and access to, basic services such as medical facilities, water and electricity are highly dependent on the price and availability of fuel sources.**

| | Item | Madaya | Price change since June[15] | | Nearby non-hard-to-reach areas[12] |
|---|---|---|---|---|---|
| **Food Items** | Bread private bakery (pack) | Not available | | | 100 |
| | Bread public bakery (pack) | Not available | | | 58 |
| | Rice (1kg) | 525[10] | | | 535 |
| | Bulgur (1kg) | 450[10] | | | 308 |
| | Lentils (1kg) | 400[10] | | | 450 |
| | Chicken (1kg) | 1350[10] | | | 1135 |
| | Mutton (1kg) | 5000[10] | | | 3975 |
| | Tomatoes (1kg) | 130[10] | ↓ | -13% | 143 |
| | Cucumbers (1kg) | 160[10] | ↓ | -20% | 188 |
| | Milk (1L) | 250[10] | | | 220 |
| | Flour (1kg) | 150[10] | | | 220 |
| | Eggs (1 unit) | 50[10] | ↓ | -17% | 50 |
| | Iodised salt (500g) | 100[10] | | | 65 |
| | Sugar (1kg) | 450[10] | | | 438 |
| | Cooking oil (1L) | 800[10] | | | 1225 |
| **WASH Items** | Soap (1 bar) | 100[14] | | | 113 |
| | Laundry powder (1kg) | 1800[14] | ↓ | -10% | 800 |
| | Sanitary pads (9 pack) | 500[14] | | | 444 |
| | Toothpaste (125ml) | 400[14] | | | 357 |
| | Disposable diapers (24 pack) | 2300[14] | ↓ | -8% | 1500 |
| **Fuel** | Butane (cannister) | 3000[10] | ↓ | -6% | 2925 |
| | Diesel (1L) | 375[10] | ↓ | -6% | 288 |
| | Propane (cannister) | 2500[10] | ↓ | -17% | 2500 |
| | Kerosene (1L) | Not available | Not available | | 400 |
| | Coal (1kg) | 450[10] | ↓ | -10% | 450 |
| | Firewood (1T) | Not available | | | Not available |

**Endnotes**

[1] Figures based on estimates by local actors withing communities assessed. The last HNO population data (December 2016) estimates that figures within Madaya are up to 51,100, including 1,800 IDPs.

[2] Prior to the departure of all remaining population, REACH assessed Az Zabdani together with Madaya and Bqine between June 2016 and March 2017.

[3] The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

[4] The Four Towns Agreement was a deal between parties to the conflict, affecting, among others, humanitarian access to the communities of Az Zabdani and Madaya (Rural Damascus governorate) and Foah and Kafraya (Idleb governorate).

[5] Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

[6] 'Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

[7] The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

[8] The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

[9] Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

[10] Sometimes available in markets (7 – 20 days this month).

[11] Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: June 2017' (link here). As bread was unavailable in private and public bakeries in Madaya, no prices were available for bread sold in bakeries in the community. However, the food basket price for Madaya for July was calculated using the reported price of bread sold in shops (100 SYP).

[12] Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. June).

[13] $1 = 515 SYP (UN operational rates of exchange as of 1 August 2017).

[14] Generally available in markets (21+ days this month).

[15] Price fluctuations of 5% or less were not reported.

# Syria Community Profile Update: Qaboun, Damascus Governorate

## July 2017

FOR HUMANITARIAN PURPOSES ONLY

## SUMMARY


Qaboun is a neighbourhood in eastern Damascus city which has, along with the adjacent neighbourhoods of Burza and Tishreen, faced access restrictions since 2013. In early 2014, semi-official truces were reported in all three neighbourhoods. Due to the proximity of these communities to Eastern Ghouta, informal routes were established linking these two areas to facilitate the transport of goods between them. The unofficial ceasefires in the neighbourhoods ended in February 2017 when the only formal access point into Qaboun, Burza and Tishreen was shut down, thereby completely isolating the neighbourhoods from other areas. This profile focuses only on the situation in Qaboun, as Burza is assessed in another profile and Tishreen is not assessed.

The renewed escalation of conflict not only cut off the main supply route from Eastern Ghouta, but also caused the humanitarian situation in Qaboun to deteriorate rapidly; civilian movement into the community was prohibited in March, April and May, as was the entry of food, fuel, hygiene or medical items. Qaboun was officially classified by the United Nations as besieged in April 2017. By mid-May, official authorities reportedly controlled the entire neighbourhood. The shift in control led to a mass evacuation of Qaboun's population to Idleb governorate, with fewer than 50 individuals remaining in Qaboun in late May.

After dropping significantly in May due to the mass evacuation to Idleb, Qaboun's population grew by at least 300 internally displaced persons in June and July, when families trying to flee Eastern Ghouta through informal routes via Qaboun were forced to stay in the neighbourhood, as they were unable to exit the community due to the imposed siege.

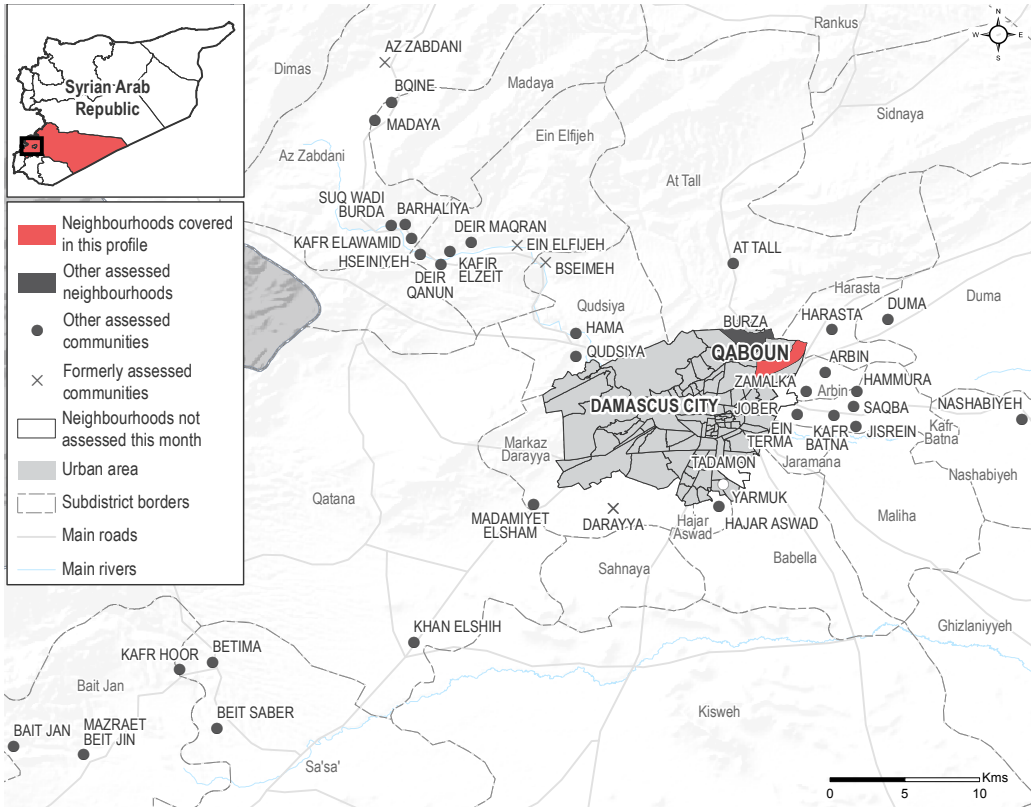
**Despite severe restrictions on civilian movement, the overall humanitarian situation improved in July for the second consecutive month, following the truce agreement in mid-May. The Syrian Arab Red Crescent (SARC) was granted access to Qaboun to set up an informal emergency care point. This resulted in the availability of medical supplies, and skilled care by professional nurses for the first time since assessments of the community began in April 2017.**

While severe movement restrictions on civilians and commercial vehicles remained in place, with no civilians having been allowed to enter or exit the community since evacuations ended in May, both


| | |
|---|---|
| **UN classification:** | Besieged |
| **Estimated population[1]:** | 300-400 |
| **Of which IDPs[1]:** | 150-200 |
| **% of pre-conflict population remaining:** | 1-25% |
| **% of population female:** | 26-50% |
| **% of female-headed households** | 1-25% |

## CHANGES SINCE JUNE

| | | | |
|---|---|---|---|
| Access Restrictions on Civilians | ◆ | Health Situation | ↑ |
| Commercial Vehicle Access | ◆ | Core Food Item Availability | ↑ |
| Humanitarian Vehicle Access | ↑ | Core Food Item Prices | ↑ |
| Access to Basic Services | ↑ | Overall Humanitarian Situation | ↑ |




## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of July and beginning of August 2017, these updates refer to the situation in July 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations.

food and non-food items entered the community via informal routes in June and July. **The availability of food and NFIs thus continued to improve in July,** although the price of certain core food items increased slightly in July compared to June.

After access to the main water and electricity networks was restored in June, **authorities expanded network coverage in July,** thereby increasing electricity coverage to 8-12 hours per day. Access to the water network also increased to seven days per week. **Water was reported sufficient to meet household needs for the first time since assessments began in April.** However, despite improvements in access to other basic services, all educational facilities remained closed due to their destruction and security concerns resulting from active conflict in adjacent areas.

## MOVEMENT OF CIVILIANS

| Change in # of people able to leave compared to June: | ↔ |
|---|---|

### People able to leave[2]

After evacuations to Idleb concluded mid-May, entry to the neighbourhood was restricted by official authorities in June, and restrictions remained in place in July, with no one permitted to enter or exit Qaboun. Nonetheless, the population increased by at least 250 individuals, as families attempting to flee from Eastern Ghouta to Idleb via Qaboun using informal routes, were forced to remain in Qaboun, due to strict exit restrictions associated with the siege imposed on the neighbourhood.

### Risks faced when trying to enter or exit (formally or informally)

No risks associated with exiting the community were reported, as no one was able to leave.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

| Change since June: | ↔ |
|---|---|

No commercial vehicles have been allowed to enter Qaboun since the closure of the formal access point in Burza on 17 February 2017.

### Humanitarian vehicles

| Change since June | ↑ |
|---|---|

SARC vehicles entered Qaboun in July to provide medical services and supplies for residents.

### Goods entered

In July, community members obtained food, fuel and hygiene items via informal methods, as tight restrictions on movement hindered commercial vehicles and civilians from transporting goods into Qaboun.

## HEALTH SERVICES

| Change in health situation compared to June: | ↑ |
|---|---|

The health situation in Qaboun improved significantly in July, following the rapid deterioration of the medical situation since the onset of the siege. Following the shift in control in May, the last remaining medical items were seized by the authorities and all medical facilities shut down. All medical personnel were evacuated from the neighbourhood and none have returned since. In July, the SARC was able to enter Qaboun to set up an informal emergency care point. Trained nurses provided medical assistance at the care point in July. Medical items were also able to enter Qaboun via vehicles operated by SARC. Additionally, child immunization services were available for the first time since assessments of the community began.

### Permanent medical facilities available

| | |
|---|---|
| Mobile clinics / field hospitals | ✗ |
| Informal emergency care points | ✓ |
| Pre-conflict hospitals | ✗ |
| Primary healthcare facilities | ✗ |
| Change since June | ↑ |

## ACCESS TO SERVICES*

In July, access to water and electricity improved, as authorities increased the hours of network availability within the neighbourhood to equalize coverage with adjacent Damascus neighbourhoods. Following repairs to pipes and tanks connecting buildings to the main water network, water availability increased in June, albeit remaining insufficient to meet household needs. In July, authorities increased water network access to seven days per week. Water was therefore sufficient to meet household needs for the first time since assessments began in April 2017. Access to the electricity network also increased in July, with residents able to use the electricity network between 8 and 12 hours daily. Barriers to children receiving education persisted, as destroyed facilities and unsafe routes have resulted in children having no access to schools, irrespective of the summer break.

| | | | |
|---|---|---|---|
| **WATER** | ↑ | Main source of drinking water (status) | Water network (safe to drink)** |
| | | Sufficiency of available water to meet household needs (coping strategies used) | Water was reported sufficient to meet household needs. |
| | | Access to water network per week | 7 days |
| **ELECTRICITY** | ↑ | Access to electricity network per day | 8 - 12 hours |
| | | Access to electricity (main source) per day | 8 - 12 hours (main network) |
| **EDUCATION** | ↔ | Available education facilities | None |
| | | Barriers to education | Facilities destroyed, routes unsafe, lack of school supplies |

* Arrows indicate change in access since June.

**Data collected is based on perceptions of local actors; therefore, reported water safety requires verification through testing.

### Most needed medical items[3]

1. Heart medicine
2. Antibiotics
3. Diabetes medicine

### Strategies used to cope with a lack of medical services

No strategies to cope with a lack of medical services were reported in July, as SARC provided medical care to the community.

### Unusual outbreaks of disease[4]

None reported in July, as was the case in June.

### Availability of medical personnel

**Personnel available**: Professionally trained nurses.
**Others providing medical services:** Volunteers with informal medical training.

| Change since June | ↑ |
|---|---|

### Unavailable medical items[5]

All assessed medical items were sometimes available in July for the first time since stocks were confiscated by authorities in May.

| Change since June | ↑ |
|---|---|

### Medical services available

| | |
|---|---|
| Child immunization[6] | ✓ |
| Diarrhoea management | ✗ |
| Emergency care | ✓ |
| Skilled childbirth care | ✗ |
| Surgery[7] | ✗ |
| Diabetes care | ✗ |
| Change since June | ↑ |

## FOOD

| Change in food situation compared to June: | ↑ |
|---|---|

Food availability continued to increase in July. Since June 2017, food has entered the community through informal routes, and residents were therefore able to purchase food from shops.

### Strategies used to cope with a lack of food

| | |
|---|---|
| Reducing meal size | ✓ |
| Skipping meals | ✗ |
| Days without eating | ✗ |
| Eating non-edible plants | ✗ |
| Eating food waste | ✗ |

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

In July, both men and women reportedly reduced the size of their meals so that children could eat more, as was the case in June.

### Deaths attributable to a lack of food[4]

None reported in July, as was the case in June.

### Most common methods of obtaining food at the household level

Purchasing food from shops was the most common means of obtaining food in July. No food distributions have been reported since May 2017.

### Most common methods of obtaining bread at the household level

**Most common source:** After being unavailable in May, bread has been generally available[13] in shops since June.

**Challenges to obtaining bread**: Bread became unavailable in bakeries in May due to the depletion of flour stocks, due to increased access restrictions beginning in February 2017. No issues accessing bread have been reported since June, and bread could be accessed daily.

| Change since June | ↕ |
|---|---|

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket[8]

| | Qaboun | Nearby areas[9] |
|---|---|---|
| Average cost (SYP)[10] | 33384 | 33608 |
| Change since previous month[11] | ↑ | ↑ |

All assessed food items were reported generally available[13] in July, following a marked increase in availability in June. Previously, the majority of assessed items were reported as only being sometimes available[12]. The cost of a standard food basket in July was slightly lower than the average standard food basket in nearby communities not considered besieged or hard-to-reach[9], but increased by 8% compared to June.

### Food item availability / prices

In July, all assessed food items were generally available[13], as food has entered the community through informal routes since June 2017. Prices were not substantially different from prices in nearby communities.

### WASH item availability / prices

As opposed to May, when only sanitary pads were available in Qaboun, all assessed WASH items were available in June and July, as they entered the community informally. Prices did not substantially differ from those reported in nearby communities.

### Fuel availability / prices

In July, butane and coal informally entered Qaboun, after only butane had been reported available in June and no fuel source had been reported available in May.

**Strategies used to cope with a lack of fuel:** No strategies to cope with a lack of fuel were reported, due to lower demand, following the departure of a majority of the population in May.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[8]

| | Item | Qaboun | Price change since June[11] | Nearby non-hard-to-reach areas[9] |
|---|---|---|---|---|
| Food Items | Bread private bakery (pack) | Not available | Not available | 181 |
| | Bread public bakery (pack) | Not available | Not available | 50 |
| | Rice (1kg) | 500[13] | ↓ -9% | 546 |
| | Bulgur (1kg) | 350[13] | ↕ | 380 |
| | Lentils (1kg) | 600[13] | ↑ +20% | 695 |
| | Chicken (1kg) | 1350[13] | Not available | 1335 |
| | Mutton (1kg) | 5000[13] | ↓ -9% | 4500 |
| | Tomatoes (1kg) | 175[13] | ↓ -13% | 150 |
| | Cucumbers (1kg) | 175[13] | ↓ -13% | 156 |
| | Milk (1L) | 275[13] | Not available | 250 |
| | Flour (1kg) | 350[13] | ↑ +8% | 320 |
| | Eggs (1 unit) | 60[13] | ↕ | 54 |
| | Iodised salt (500g) | 150[13] | ↕ | 143 |
| | Sugar (1kg) | 400[13] | ↕ | 378 |
| | Cooking oil (1L) | 900[13] | ↑ +6% | 895 |
| WASH Items | Soap (1 bar) | 150[13] | ↕ | 165 |
| | Laundry powder (1kg) | 850[13] | ↕ | 860 |
| | Sanitary pads (9 pack) | 450[13] | ↓ -10% | 445 |
| | Toothpaste (125ml) | 250[13] | ↕ | 285 |
| | Disposable diapers (24 pack) | 2350[13] | ↕ | 2278 |
| Fuel | Butane (cannister) | 3000[13] | ↕ | 2928 |
| | Diesel (1L) | Not available | Not available | 288 |
| | Propane (cannister) | Not available | Not available | 4375 |
| | Kerosene (1L) | Not available | Not available | 383 |
| | Coal (1kg) | 500[13] | Not available | 400 |
| | Firewood (1T) | Not available | Not available | Not available |

**For affected populations, the functionality of, and access to, basic services such as medical facilities, water and electricity are highly dependent on the price and availability of fuel sources.**

**Endnotes**

[1] Figures based on estimates by local actors within the community assessed.

[2] The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

[3] 'Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

[4] Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

[5] Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

[6] The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

[7] The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

[8] Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: June 2017' (link here). As bread was unavailable in private and public bakeries in Qaboun, no prices were available for bread sold in bakeries in the community. The food basket price for Qaboun for June was therefore calculated using the reported price of bread sold in shops (75 SYP).

[9] Nearby communities in Damascus governorate which are not considered besieged/hard-to-reach: Ayubiya, Jalaa, Midan Wastani and Zahreh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month.

[10] $1 = 515 SYP (UN operational rates of exchange as of 1 August 2017).

[11] Price fluctuations of 5% or less were not reported.

[12] Sometimes available in markets (7 – 20 days this month).

[13] Generally available in markets (more than 20 days this month).

# Syria Community Profile Update: Qaboun, Damascus Governorate

## July 2017

FOR HUMANITARIAN PURPOSES ONLY

## SUMMARY


Qaboun is a neighbourhood in eastern Damascus city which has, along with the adjacent neighbourhoods of Burza and Tishreen, faced access restrictions since 2013. In early 2014, semi-official truces were reported in all three neighbourhoods. Due to the proximity of these communities to Eastern Ghouta, informal routes were established linking these two areas to facilitate the transport of goods between them. The unofficial ceasefires in the neighbourhoods ended in February 2017 when the only formal access point into Qaboun, Burza and Tishreen was shut down, thereby completely isolating the neighbourhoods from other areas. This profile focuses only on the situation in Qaboun, as Burza is assessed in another profile and Tishreen is not assessed.

The renewed escalation of conflict not only cut off the main supply route from Eastern Ghouta, but also caused the humanitarian situation in Qaboun to deteriorate rapidly; civilian movement into the community was prohibited in March, April and May, as was the entry of food, fuel, hygiene or medical items. Qaboun was officially classified by the United Nations as besieged in April 2017. By mid-May, official authorities reportedly controlled the entire neighbourhood. The shift in control led to a mass evacuation of Qaboun's population to Idleb governorate, with fewer than 50 individuals remaining in Qaboun in late May.

After dropping significantly in May due to the mass evacuation to Idleb, Qaboun's population grew by at least 300 internally displaced persons in June and July, when families trying to flee Eastern Ghouta through informal routes via Qaboun were forced to stay in the neighbourhood, as they were unable to exit the community due to the imposed siege.

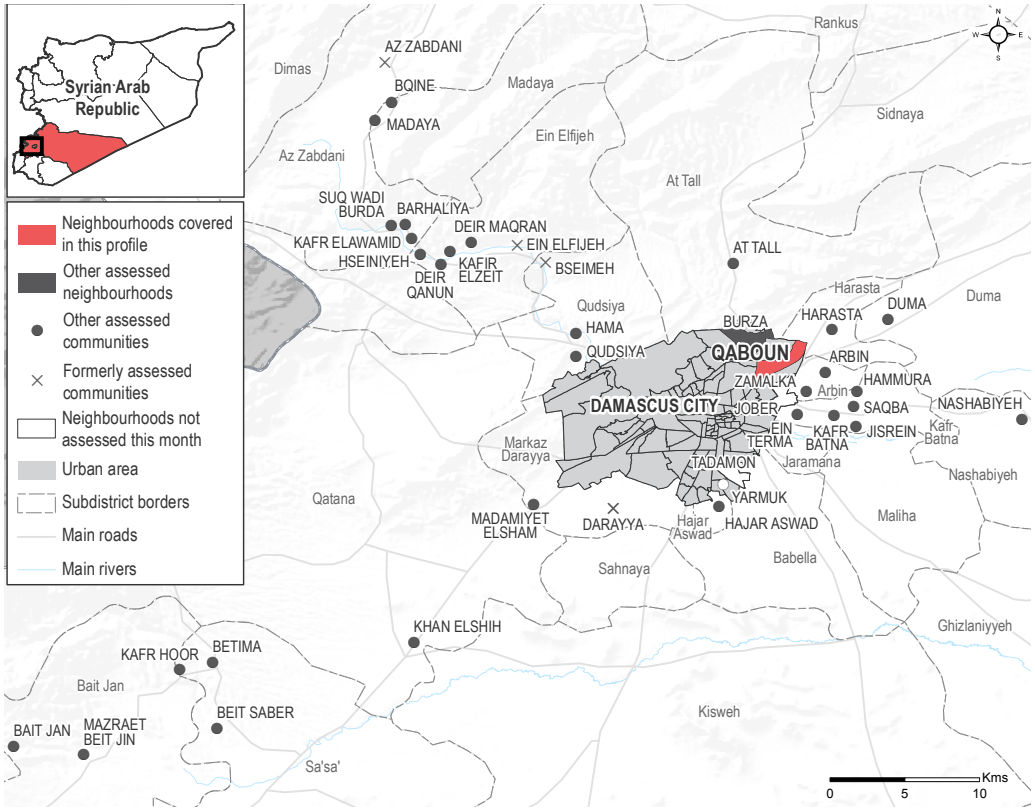
**Despite severe restrictions on civilian movement, the overall humanitarian situation improved in July for the second consecutive month, following the truce agreement in mid-May. The Syrian Arab Red Crescent (SARC) was granted access to Qaboun to set up an informal emergency care point. This resulted in the availability of medical supplies, and skilled care by professional nurses for the first time since assessments of the community began in April 2017.**

While severe movement restrictions on civilians and commercial vehicles remained in place, with no civilians having been allowed to enter or exit the community since evacuations ended in May, both


| | |
|---|---|
| **UN classification:** | Besieged |
| **Estimated population[1]:** | 300-400 |
| **Of which IDPs[1]:** | 150-200 |
| **% of pre-conflict population remaining:** | 1-25% |
| **% of population female:** | 26-50% |
| **% of female-headed households** | 1-25% |

## CHANGES SINCE JUNE

| | | | |
|---|---|---|---|
| Access Restrictions on Civilians | ◆ | Health Situation | ↑ |
| Commercial Vehicle Access | ◆ | Core Food Item Availability | ↑ |
| Humanitarian Vehicle Access | ↑ | Core Food Item Prices | ↑ |
| Access to Basic Services | ↑ | Overall Humanitarian Situation | ↑ |




## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of July and beginning of August 2017, these updates refer to the situation in July 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations.

food and non-food items entered the community via informal routes in June and July. **The availability of food and NFIs thus continued to improve in July,** although the price of certain core food items increased slightly in July compared to June.

After access to the main water and electricity networks was restored in June, **authorities expanded network coverage in July,** thereby increasing electricity coverage to 8-12 hours per day. Access to the water network also increased to seven days per week. **Water was reported sufficient to meet household needs for the first time since assessments began in April.** However, despite improvements in access to other basic services, all educational facilities remained closed due to their destruction and security concerns resulting from active conflict in adjacent areas.

## MOVEMENT OF CIVILIANS

| Change in # of people able to leave compared to June: | ↔ |
|---|---|

### People able to leave[2]

After evacuations to Idleb concluded mid-May, entry to the neighbourhood was restricted by official authorities in June, and restrictions remained in place in July, with no one permitted to enter or exit Qaboun. Nonetheless, the population increased by at least 250 individuals, as families attempting to flee from Eastern Ghouta to Idleb via Qaboun using informal routes, were forced to remain in Qaboun, due to strict exit restrictions associated with the siege imposed on the neighbourhood.

### Risks faced when trying to enter or exit (formally or informally)

No risks associated with exiting the community were reported, as no one was able to leave.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

| Change since June: | ↔ |
|---|---|

No commercial vehicles have been allowed to enter Qaboun since the closure of the formal access point in Burza on 17 February 2017.

### Humanitarian vehicles

| Change since June | ↑ |
|---|---|

SARC vehicles entered Qaboun in July to provide medical services and supplies for residents.

### Goods entered

In July, community members obtained food, fuel and hygiene items via informal methods, as tight restrictions on movement hindered commercial vehicles and civilians from transporting goods into Qaboun.

## HEALTH SERVICES

| Change in health situation compared to June: | ↑ |
|---|---|

The health situation in Qaboun improved significantly in July, following the rapid deterioration of the medical situation since the onset of the siege. Following the shift in control in May, the last remaining medical items were seized by the authorities and all medical facilities shut down. All medical personnel were evacuated from the neighbourhood and none have returned since. In July, the SARC was able to enter Qaboun to set up an informal emergency care point. Trained nurses provided medical assistance at the care point in July. Medical items were also able to enter Qaboun via vehicles operated by SARC. Additionally, child immunization services were available for the first time since assessments of the community began.

### Permanent medical facilities available

| | |
|---|---|
| Mobile clinics / field hospitals | ✗ |
| Informal emergency care points | ✓ |
| Pre-conflict hospitals | ✗ |
| Primary healthcare facilities | ✗ |
| Change since June | ↑ |

## ACCESS TO SERVICES*

In July, access to water and electricity improved, as authorities increased the hours of network availability within the neighbourhood to equalize coverage with adjacent Damascus neighbourhoods. Following repairs to pipes and tanks connecting buildings to the main water network, water availability increased in June, albeit remaining insufficient to meet household needs. In July, authorities increased water network access to seven days per week. Water was therefore sufficient to meet household needs for the first time since assessments began in April 2017. Access to the electricity network also increased in July, with residents able to use the electricity network between 8 and 12 hours daily. Barriers to children receiving education persisted, as destroyed facilities and unsafe routes have resulted in children having no access to schools, irrespective of the summer break.

| | | | |
|---|---|---|---|
| **WATER** | ↑ | Main source of drinking water (status) | Water network (safe to drink)** |
| | | Sufficiency of available water to meet household needs (coping strategies used) | Water was reported sufficient to meet household needs. |
| | | Access to water network per week | 7 days |
| **ELECTRICITY** | ↑ | Access to electricity network per day | 8 - 12 hours |
| | | Access to electricity (main source) per day | 8 - 12 hours (main network) |
| **EDUCATION** | ↔ | Available education facilities | None |
| | | Barriers to education | Facilities destroyed, routes unsafe, lack of school supplies |

* Arrows indicate change in access since June.

**Data collected is based on perceptions of local actors; therefore, reported water safety requires verification through testing.

### Most needed medical items[3]

1. Heart medicine
2. Antibiotics
3. Diabetes medicine

### Strategies used to cope with a lack of medical services

No strategies to cope with a lack of medical services were reported in July, as SARC provided medical care to the community.

### Unusual outbreaks of disease[4]

None reported in July, as was the case in June.

### Availability of medical personnel

**Personnel available**: Professionally trained nurses.
**Others providing medical services:** Volunteers with informal medical training.

| Change since June | ↑ |
|---|---|

### Unavailable medical items[5]

All assessed medical items were sometimes available in July for the first time since stocks were confiscated by authorities in May.

| Change since June | ↑ |
|---|---|

### Medical services available

| | |
|---|---|
| Child immunization[6] | ✓ |
| Diarrhoea management | ✗ |
| Emergency care | ✓ |
| Skilled childbirth care | ✗ |
| Surgery[7] | ✗ |
| Diabetes care | ✗ |
| Change since June | ↑ |

## FOOD

| Change in food situation compared to June: | ↑ |
|---|---|

Food availability continued to increase in July. Since June 2017, food has entered the community through informal routes, and residents were therefore able to purchase food from shops.

### Strategies used to cope with a lack of food

| | |
|---|---|
| Reducing meal size | ✓ |
| Skipping meals | ✗ |
| Days without eating | ✗ |
| Eating non-edible plants | ✗ |
| Eating food waste | ✗ |

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

In July, both men and women reportedly reduced the size of their meals so that children could eat more, as was the case in June.

### Deaths attributable to a lack of food[4]

None reported in July, as was the case in June.

### Most common methods of obtaining food at the household level

Purchasing food from shops was the most common means of obtaining food in July. No food distributions have been reported since May 2017.

### Most common methods of obtaining bread at the household level

**Most common source:** After being unavailable in May, bread has been generally available[13] in shops since June.

**Challenges to obtaining bread**: Bread became unavailable in bakeries in May due to the depletion of flour stocks, due to increased access restrictions beginning in February 2017. No issues accessing bread have been reported since June, and bread could be accessed daily.

| Change since June | ↕ |
|---|---|

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket[8]

| | Qaboun | Nearby areas[9] |
|---|---|---|
| Average cost (SYP)[10] | 33384 | 33608 |
| Change since previous month[11] | ↑ | ↑ |

All assessed food items were reported generally available[13] in July, following a marked increase in availability in June. Previously, the majority of assessed items were reported as only being sometimes available[12]. The cost of a standard food basket in July was slightly lower than the average standard food basket in nearby communities not considered besieged or hard-to-reach[9], but increased by 8% compared to June.

### Food item availability / prices

In July, all assessed food items were generally available[13], as food has entered the community through informal routes since June 2017. Prices were not substantially different from prices in nearby communities.

### WASH item availability / prices

As opposed to May, when only sanitary pads were available in Qaboun, all assessed WASH items were available in June and July, as they entered the community informally. Prices did not substantially differ from those reported in nearby communities.

### Fuel availability / prices

In July, butane and coal informally entered Qaboun, after only butane had been reported available in June and no fuel source had been reported available in May.

**Strategies used to cope with a lack of fuel:** No strategies to cope with a lack of fuel were reported, due to lower demand, following the departure of a majority of the population in May.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[8]

| | Item | Qaboun | Price change since June[11] | Nearby non-hard-to-reach areas[9] |
|---|---|---|---|---|
| Food Items | Bread private bakery (pack) | Not available | Not available | 181 |
| | Bread public bakery (pack) | Not available | Not available | 50 |
| | Rice (1kg) | 500[13] | ↓ -9% | 546 |
| | Bulgur (1kg) | 350[13] | ↕ | 380 |
| | Lentils (1kg) | 600[13] | ↑ +20% | 695 |
| | Chicken (1kg) | 1350[13] | Not available | 1335 |
| | Mutton (1kg) | 5000[13] | ↓ -9% | 4500 |
| | Tomatoes (1kg) | 175[13] | ↓ -13% | 150 |
| | Cucumbers (1kg) | 175[13] | ↓ -13% | 156 |
| | Milk (1L) | 275[13] | Not available | 250 |
| | Flour (1kg) | 350[13] | ↑ +8% | 320 |
| | Eggs (1 unit) | 60[13] | ↕ | 54 |
| | Iodised salt (500g) | 150[13] | ↕ | 143 |
| | Sugar (1kg) | 400[13] | ↕ | 378 |
| | Cooking oil (1L) | 900[13] | ↑ +6% | 895 |
| WASH Items | Soap (1 bar) | 150[13] | ↕ | 165 |
| | Laundry powder (1kg) | 850[13] | ↕ | 860 |
| | Sanitary pads (9 pack) | 450[13] | ↓ -10% | 445 |
| | Toothpaste (125ml) | 250[13] | ↕ | 285 |
| | Disposable diapers (24 pack) | 2350[13] | ↕ | 2278 |
| Fuel | Butane (cannister) | 3000[13] | ↕ | 2928 |
| | Diesel (1L) | Not available | Not available | 288 |
| | Propane (cannister) | Not available | Not available | 4375 |
| | Kerosene (1L) | Not available | Not available | 383 |
| | Coal (1kg) | 500[13] | Not available | 400 |
| | Firewood (1T) | Not available | Not available | Not available |

**For affected populations, the functionality of, and access to, basic services such as medical facilities, water and electricity are highly dependent on the price and availability of fuel sources.**

**Endnotes**

[1] Figures based on estimates by local actors within the community assessed.

[2] The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

[3] 'Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

[4] Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

[5] Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

[6] The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

[7] The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

[8] Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: June 2017' (link here). As bread was unavailable in private and public bakeries in Qaboun, no prices were available for bread sold in bakeries in the community. The food basket price for Qaboun for June was therefore calculated using the reported price of bread sold in shops (75 SYP).

[9] Nearby communities in Damascus governorate which are not considered besieged/hard-to-reach: Ayubiya, Jalaa, Midan Wastani and Zahreh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month.

[10] $1 = 515 SYP (UN operational rates of exchange as of 1 August 2017).

[11] Price fluctuations of 5% or less were not reported.

[12] Sometimes available in markets (7 – 20 days this month).

[13] Generally available in markets (more than 20 days this month).