

## FOR HUMANITARIAN PURPOSES ONLY

### Introduction

In order to inform a more evidence based response to addressing the needs of vulnerable communities across Syria, REACH, in collaboration with members of the Syria INGO Regional Forum (SIRF), has initiated regular monitoring of communities facing restrictions on civilian movement and humanitarian access.

The Syria Community Profiles intend to provide operational and strategic actors with an understanding of the humanitarian situation within these communities by assessing availability and access to food, healthcare, water, education and humanitarian assistance, price data, as well as the specific conditions associated with limited freedom of movement.

### Methodology and limitations

Based on data collected from 138 community representatives inside Syria in August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous community assessments (if any). An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.

### Executive Summary

In August and early September 2016, REACH supported SIRF members to assess the humanitarian situation in 36 communities in Syria currently facing restrictions in movement and access, 14 of which are classified as besieged. The profiled communities were located in Rural Damascus, Homs and Damascus governorates and information was gathered through a total of 138 community representatives (CRs). **Across indicators assessed, there was an overall worsening in the humanitarian situation across communities assessed in comparison to the situation in July.**

- In August, Al Waer, Yarmouk, Khan Elshih and the communities within Eastern Ghouta experienced escalations of conflict in comparison to July. Hama, Qudsiya, At Tall, Yarmouk, Al Waer, Madaya, Tadamon and the communities within Eastern Ghouta experienced a tightening of access restrictions, while the communities within the Wadi Burda region reported that there was a loosening of access restrictions in comparison to the previous month.
- In Al Waer, Madaya, Madamiyet Elsham, Qudsiya, Nashabiyeh, Yarmouk and Khan Elshih, the health situation deteriorated during August in comparison to the previous month. The functionality of available health facilities and services was negatively affected by the limited quantity of medical supplies and fuel available to operate equipment or move ambulances this month. Further, in many of these communities both populations and medical personnel faced conflict-related barriers to seeking treatment in facilities or administering assistance to people in need.
- In the communities of Hama, Qudsiya, Eastern Ghouta, Madaya, Az Zabdani, Al Waer and Madamiyet Elsham, populations have reportedly adopted emergency coping strategies such as skipping meals, while in Madaya and Al Waer populations also reported spending days without eating and eating weeds or non-food plants in order to cope with the lack of food or resources.
- Across indicators assessed, populations within **Madaya, Az Zabdani, Madamiyet Elsham, Al Waer and Yarmouk, suggest critical levels of vulnerability and are in need of emergency humanitarian assistance.** Situations reported within **Khan Elshih, Bseimeh, Nashabiyeh, Duma, Hajar Aswad and At Tall** have not yet reached the same levels of urgency, however **information collected highlights the ongoing deterioration of the humanitarian situation and the need for a timely humanitarian response.**

### List of Assessed Profiles August 2016

PDF: Click on profile name to jump to factsheet

- **Madaya, Az Zabdani and Bqine**
- **Eastern Ghouta**
- **Darayya and Madamiyet Elsham**
- **Yarmouk**
- **Homs (al Waer)**
- **Wadi Burda**
- **Damascus (Jobber, Burza and Tadamon)**
- **Ar Rastan, Talbiseh and Taldu**
- **Hajar Aswad**
- **Khan Elshih**
- **Hama and Qudsiya**
- **At Tall**

# Syria Community Profile Update: Az Zabdani and Madaya\*, Rural Damascus

August 2016



## FOR HUMANITARIAN PURPOSES ONLY

	Az Zabdani	Madaya*
<b>UN classification</b>	Besieged	Besieged
<b>Estimated population<sup>1</sup></b>	130-160	43000-48000 (Madaya and Bqine)
<b>Of which estimated IDPs</b>	None	12000-15000 (Madaya and Bqine)
<b>% pre-conflict population remaining</b>	1-25%	51-75%
<b>% of population that are female</b>	None	26-50%

### SUMMARY

Az Zabdani, Madaya and Bqine are located 40km northwest of Damascus city. The three mountainous communities have faced restrictions on movement since July 2015. Az Zabdani has been classified as besieged by the UN since November 2015, and Madaya and Bqine\*, which sit within a contiguous area, since January 2016.

While this profile presents the situation in Az Zabdani, Madaya and Bqine during August 2016, comparisons were made by community representatives to the situation observed in July. Additionally, comparisons have also been drawn with June, the last month in which the communities were assessed.

**Restrictions on civilian movement tightened in Madaya in August.** As in previous months, no one was able to enter or leave the community through formal routes, however an increased risk of gunfire and landmines also prevented populations from using informal points this month. There was no change in Az Zabdani with no one allowed to enter/leave.

As in previous months, **no vehicles carrying commercial or humanitarian goods were able to access either community and consequently,**

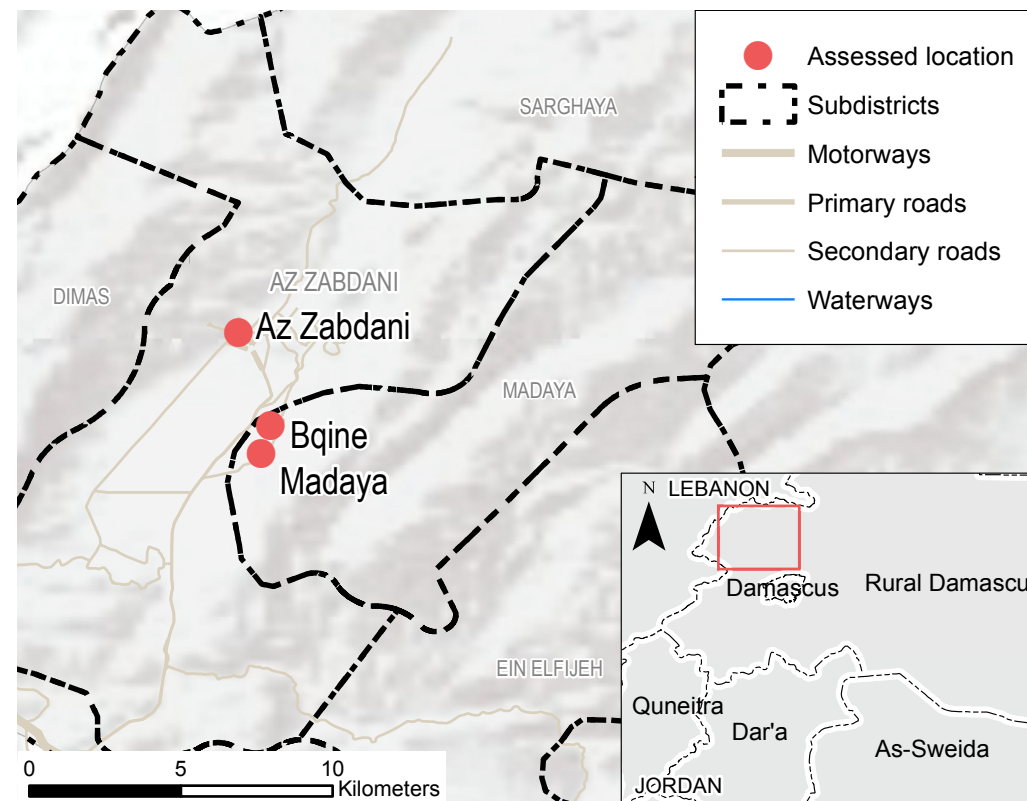
**no goods (food, fuel, NFIs or medical items) entered.**

**No assistance has been received in either community since April 2016, and populations are facing critical shortages of food, medical items and fuel. Food security has reached a critical point in both communities: all assessed food items are reportedly unavailable** either due to a lack of items in markets, or to prohibitively high prices. While the previously delivered food items have been rationed, almost all have now been consumed.

People in Madaya have been burning plastic in order to create fuel; however, they are now running out of plastic which is affecting all sectors.

**The functionality of the one mobile clinic, which is shared between communities, has decreased due to a shortage of fuel and supplies. In August, 18 people were medically evacuated and there were six suspected cases of meningitis reported, of which two were evacuated<sup>2</sup>.**

**Overall, the humanitarian situation in Madaya and Az Zabdani has worsened, with populations in both communities in critical need of food, fuel and medical assistance.**



### CHANGES SINCE JULY

	AZ	Madaya		AZ	Madaya
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 remotely from community representatives inside Syria in August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 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.

## ACCESS TO SERVICES

	Az Zabdani	Madaya
<b>WATER</b>	Main source of drinking water (status) Available water to meet household needs (coping strategies) Access to water network per week	Closed wells (safe to drink) Sufficient 7 days
<b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	Network unavailable 1-2 hours (Generator)
<b>EDUCATION</b>	Available education facilities Barriers to education Change in number of children attending school	None No primary school aged children left in the community About the same

## MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to July in Az Zabdani:	◆
Change in # people able to leave compared to July in Madaya:	↓

### People able to leave<sup>3</sup>

**Az Zabdani:** None reported

**Madaya:** None through formal points. Few people were able to use informal points in August, however this number decreased in comparison to previous months due to the increased number of landmines and an increased threat of gunfire.

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

**Az Zabdani:** No one tried to enter or exit the community through formal or informal points

**Madaya:** Gunfire, landmines

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

Change since July in Az Zabdani:	◆
Change since July in Madaya:	◆

Able to enter **Az Zabdani:** None reported

Able to enter **Madaya:** None reported

### Humanitarian vehicles

Change since July in Az Zabdani:	◆
Change since July in Madaya:	◆

**Az Zabdani:** No known humanitarian vehicles able to access community in August

**Madaya:** No vehicles entered this month. The last humanitarian assistance to be delivered to Madaya was in April 2016

### Goods entered

**Both communities:** No food, fuel, medical items or NFIs entered either community during August. **Populations have been rationing food items received last April, however the quantity remaining is critically low.**

As no assistance entered in July, the quantity of goods entering both communities this month did not change.

**In Madaya, fuel was previously being produced within the community itself by burning plastic. Due to a shortage of plastic, the quantity of fuel able to be produced also decreased in August.**

## HEALTH SERVICES

Change in health situation in Az Zabdani compared to July: ◆

Change in health situation in Madaya compared to July: ↓

### Reported deaths this month<sup>4</sup>

	AZ	M
Deaths reportedly attributable to causes related to a lack of food	No known cases	No known cases
Change since July	◆	◆
Deaths attributable to sickness / disease	No known cases	Yes
Change since July	◆	↑
Unusual illness breakouts	No known cases	Yes (chronic diseases)

### Permanent medical facilities available

	AZ	M
Mobile clinics / field hospitals	✓	✓
Informal emergency care points	✗	✗
Pre-conflict hospitals	✗	✗
Pre-conflict clinics / surgeries	✗	✗
Change since July	◆	◆

**There is one mobile clinic shared between communities; its functionality is limited due to shortages of fuel, medicine and medical items.**

### Unavailable medical items<sup>5</sup>

**Az Zabdani:** antibiotics, burn treatment, anaesthetics, medical scissors and blood transfusion bags

Diabetes medicine, blood pressure medication were sometimes available

Change since July

**Madaya:** antibiotics, burn treatment, anaesthetics, medical scissors

Clean bandages, blood transfusion bags, contraception and diabetes, heart and blood pressure medications were sometimes available.

Change since July

### Most needed medical items<sup>6</sup>

	Az Zabdani	Madaya
1.	Clean bandages	Diabetes medicine
2.	Anaesthetics	Heart medicine
3.	Antibiotics	Clean bandages

### Availability of medical personnel

**Az Zabdani:** Professionally trained nurses

**Madaya:** Professionally trained doctors, nurses, midwives

**Others providing medical services:** Pharmacists, anesthesiologists, dentists, veterinarians, medical or pharmacy, volunteers with informal training

Change since July in both

### Medical services available

	AZ	M
Child immunization		
Diarrhea management		
Emergency care		
Skilled childbirth care		
Surgery <sup>7</sup>		
Diabetes care		
Change since July		

No significant supplies of medical items have entered Madaya over the past three months; as such the community is facing shortages. Due to this, and the added burden of a lack of fuel, the availability of medical services decreased in Madaya this month.

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

**Both:** Recycling medical items e.g. bandages, syringes and needles

## FOOD

Change in food situation compared to July in both:

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

Receiving through distributions by local actors

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

**Az Zabdani:** Homemade

**Madaya:** Homemade

**Challenges to obtaining bread:** Bread unavailable in private/public bakeries, and shops, yeast, flour and wheat unavailable, not enough electricity/fuel available.

Residents in Madaya reported that despite rationing, flour received through an inter-agency convoy more than 3 months ago has almost entirely been consumed. As such, access to bread decreased this month.

Change in availability since July

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

	AZ	M
Reducing meal size		
Skipping meals		
Days without eating		
Eating weeds		
Food from garbage		

Reportedly used as a coping strategy

Not reportedly used as a coping strategy

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket

	AZ	M	Nearby areas <sup>9</sup>
Average cost June (SYP) <sup>8</sup>	No info	340 080	20 854
Change since July <sup>10</sup>		No info	No info

Based on prices reported, the average price of a standard core food basket in Madaya, excluding bread due to unavailability, was 340 080 SYP, more than 1500% higher than in nearby communities not considered besieged or hard to reach.

In Az Zabdani, the price could not be calculated as no food items were reported as accessible for populations.

### Core food item availability

Some core food items (rice, bulgur, lentils, tomato, cucumber, salt sugar and oil) were reportedly available on occasion (less than 7 days per month) in Madaya during August, however the prices were exceedingly high and in effect, not available for purchase by populations.

### WASH item availability / prices

**Madaya:** key hygiene and sanitation items (soap, laundry power, sanitation pads, toothpaste and disposable diapers) were reported available in markets some days during August, however on average prices were more than 730% higher than in nearby communities not considered hard to reach.




**Az Zabdani:** No key hygiene and sanitation items available in markets during August.

### Fuel availability / prices

**Both communities:** kerosene and diesel were the only fuel sources reportedly in markets in August, however they were only sometimes available. Further, inflated prices rendered them inaccessible for populations. The price of diesel in Az Zabdani had increased by 233% from prices reported in June, from 1200 SYP to 4000 SYP per litre. Similarly, prices for diesel in Madaya were 10000 SYP per litre, more than 5x higher than the prices in nearby areas not considered hard to reach.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>10</sup>

The food security situation in both communities remains at critical levels. **None of the assessed items were available in markets in Az Zabdani, and though prices for some items were reported in Madaya, they were generally unavailable (in markets less than 7 days this month) and prices were inflated to such heights that they were effectively unavailable.** Populations have been surviving on rationed food from the last distribution, which arrived in April, however this is reportedly running out.

	Item	Az Zabdani	Change since June <sup>10</sup>	Madaya	Change since June <sup>10</sup>	Nearby non-hard to reach communit <sup>9</sup>
	Bread private bakery (pack)	Not available	◆	Not available	◆	90
	Bread public bakery (pack)	Not available	◆	Not available	◆	55
	Rice (1kg)	Not available	◆	6000 <sup>11</sup>	No info	500
	Bulgur (1kg)	Not available	◆	6000 <sup>11</sup>	Not available	180
	Lentils (1kg)	Not available	◆	6000 <sup>11</sup>	Not available	445
	Chicken (1kg)	Not available	◆	Not available	No info	980
	Mutton (1kg)	Not available	◆	Not available	No info	3627
	Tomato (1kg)	Not available	◆	7000 <sup>11</sup>	Not available	140
	Cucumber (1kg)	Not available	◆	5000 <sup>11</sup>	Not available	180
	Milk (litre)	Not available	◆	Not available	◆	170
	Flour (1kg)	Not available	◆	Not available	No info	186
	Eggs (1)	Not available	◆	Not available	◆	45
	Iodised salt (500g)	Not available	◆	7500 <sup>12</sup>	Not available	70
	Sugar (1 kg)	Not available	◆	12000 <sup>11</sup>	Not available	350
Cooking oil (litre)	Not available	◆	8000 <sup>11</sup>	Not available	950	
	Soap (1 bar)	Not available	◆	2500 <sup>12</sup>	Not available	100
	Laundry powder (1kg)	Not available	◆	5000 <sup>12</sup>	Not available	520
	Sanitary pads (9)	Not available	◆	500 <sup>12</sup>	Not available	355
	Toothpaste (125ml)	Not available	◆	500 <sup>12</sup>	Not available	370
	Disposable diapers (24 pack)	Not available	◆	4500 <sup>12</sup>	Not available	1080
	Butane (cannister)	Not available	◆	Not available	◆	2677
	Diesel (litre)	4000 <sup>12</sup>	▲ +233%	10000 <sup>12</sup>	Not available	209
	Propane (cannister)	Not available	◆	Not available	◆	2500
	Kerosene (litre)	4000 <sup>12</sup>	Not available	10000 <sup>12</sup>	Not available	533
	Coal (kg)	Not available	◆	Not available	◆	438
	Firewood (tonne)	Not available	◆	Not available	Available	48000

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

<sup>1</sup> Figures based on recent estimates from local councils, however according to the last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016), the population in Az Zabdani was reported to be 700 and in Madaya and Bqine, 43000.

<sup>2</sup> OCHA, Syria Crisis Bi-Weekly Situation Report No. 12. 2 September, 2016

<sup>3</sup> 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.

<sup>4</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

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

<sup>6</sup> '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 rather indicative of needs that speak to the trend in the priorities of medical items in the area.

<sup>7</sup> 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.

<sup>8</sup> Calculation of average cost of food basket 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: July 2016' (link here).

<sup>9</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Kisweh, Shokteliyeh and Qleiah

<sup>10</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>10</sup> Prices were compared to when the community was last assessed

<sup>11</sup> Sometimes available in markets (7-20 days this month)

<sup>12</sup> Generally available in markets (more than 20 days this month)

# Syria Community Profile Update: Eastern Ghouta, Rural Damascus

## August 2016



**REACH** Informing more effective humanitarian action

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	Duma	Saqba	Arbin	Ein Terma	Hammura	Jisrien	Kafr Batna	Harasta	Zamalka	Nashabiyeh
<b>UN classification</b>	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Hard to reach
<b>Estimated population (individuals)<sup>1</sup></b>	143000	23000	39000	10000	18000	11750	16750	21000	10000	1000
<b>Of which estimated IDPs</b>	25000	3500	2400	1700-2000	1500-2000	7000	10000	1000-1500	1700-1800	NA
<b>% pre-conflict population remaining</b>	1-25%	1-25%	51-75%	1-25%	1-25%	51-75%	26-50%	1-25%	1-25%	1-25%
<b>% of population that are female</b>	1-25%	1-25%	1-25%	1-25%	1-25%	26-50%	1-25%	1-25%	1-25%	1-25%

### SUMMARY

Information in this profile was gathered from ten communities: Duma, Arbin, Saqba, Harasta, Hammura, Kafr Batna, Ein Terma, Jisrein, Zamalka and Nashabiyeh. While the profile refers to the situation in August 2016, comparisons were made by community representatives to changes observed since July, and where possible, comparisons have also been drawn to June, when the communities were last assessed.

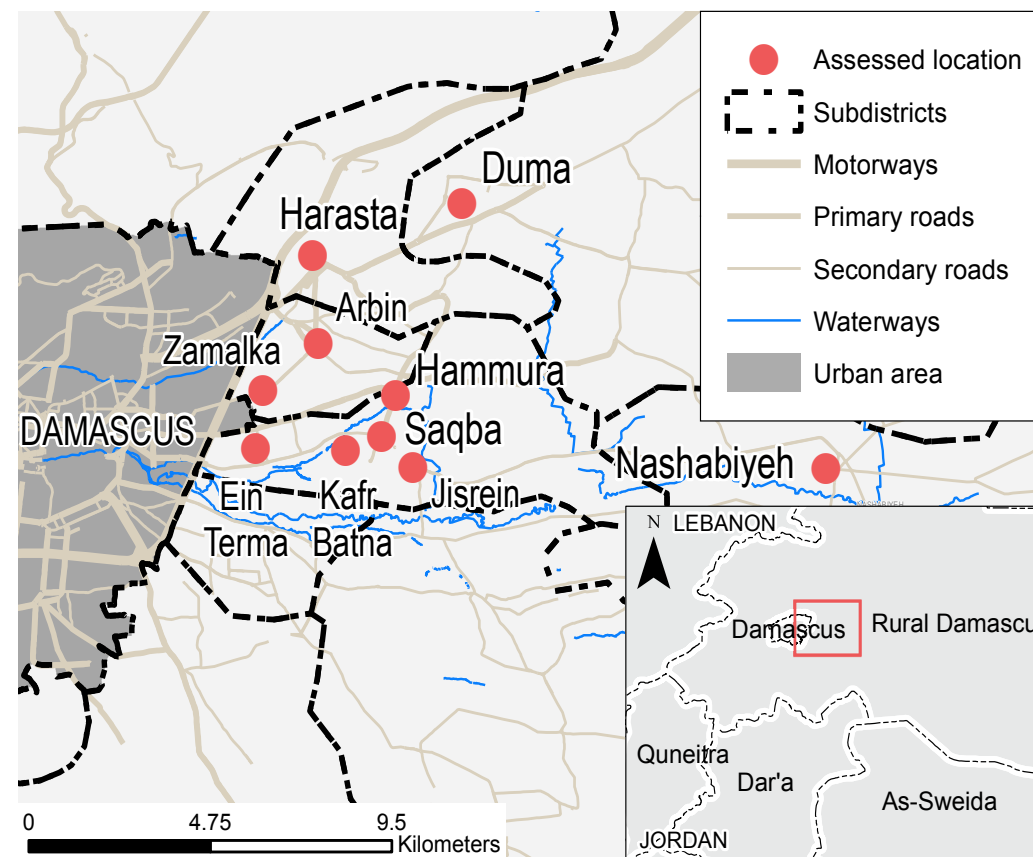
Military control of Eastern Ghouta, an agricultural region east of Damascus, has been contested since 2012, with restrictions on access tightening in mid-2013. With the exception of Nashabiyeh, classified as 'hard to reach', all assessed communities have been classified by the UN as besieged since 2014.

Despite a local ceasefire agreement in May, fighting resumed in June 2016 and has continued to affect civilians throughout August. **Ongoing clashes and increasing airstrikes this month affected the mobility of both civilians and commercial vehicles, and increased the strain placed on medical facilities and personnel. Civilian movement decreased in August in comparison to previous months.** Typically, residents were able to move between communities, however an increased risk of airstrikes during August reduced populations' mobility. Further, with the exception of a few public sector employees, **residents remained unable to leave the wider contiguous area.**

In August, no humanitarian vehicles were permitted

### METHODOLOGY

Based on data collected remotely from community representatives inside Syria in August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.



to enter Eastern Ghouta through either formal or informal routes. While some local actors distributed assistance in the communities of Saqba, Ein Terma, Hammura and Jisrein, this was reportedly only to the poorest families and caused tension among residents.

Distribution points were reportedly overcrowded, aid was insufficient to meet population needs and those receiving assistance faced verbal and physical harassment, primarily from others collecting aid.

The number of commercial vehicles entering the region remained relatively similar to July. However, their ability to access communities experiencing increased conflict during August, such as Arbin, Duma and Nashibyeh, was impeded. Further, due to heightened risks of gunfire and shelling, fewer people were able to use informal routes. Consequently, **there was a reduction in the quantity of goods (food, fuel, NFIs and medical items) entering the region and populations experienced shortages of both medical items and fuel.**

**Access to water decreased in all communities** due to a lowering of water levels in wells, as a result of groundwater depletion. Lack of fuel also affected communities' ability to pump water with generators.

The food situation in Eastern Ghouta remained relatively stable in August given the capacity of populations' to produce their own food. Access to bread remained largely the same as in July, due to continued wheat production. However, the prices of assessed core food items were **on average 72% higher than in nearby communities not besieged or hard to reach.**

**Overall, the situation in Eastern Ghouta worsened between July and August 2016 with escalated levels of conflict imposing greater restrictions on civilian and commercial vehicle movement. As the quantity of food entering decreased this month, populations have been dependent on their ability to produce food. In this regard, levels of food insecurity are likely to increase as the summer season comes to an end and capacity for food production reduces.**

Finally, risk to life remained high, particularly in the communities of Duma, Arbin and Nashabyeh where conflict has escalated this month.

## CHANGES SINCE JULY

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<sup>2</sup>

**Change in # people able to leave compared to July:** ↓

While populations can generally move between communities within the Eastern Ghouta region, very few people, (some public sector employees) were permitted to leave the wider contiguous areas in August. Additionally, even movement between communities is **reportedly very dangerous due to the prevalence of shelling and gunfire.** In August, this was particularly the case for populations in the areas of Arbin, Duma and Nashabyeh, where increased conflict impeded populations moving outside their specific communities.

Some informal points were reportedly used to travel out of the area, even though it was reported that such routes were often closed as well as extremely risky. **These points are generally only used to transport those needing critical medical assistance, however due to conflict, the number of people entering and exiting through informal routes decreased during August in comparison to July.**

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

High risk associated to life; gunfire, landmines, shelling, detention, sexual harassment/violence towards women, other types of harassment, confiscation of documents, conscription.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since July:** ↓

Vehicles carrying commercial goods were generally unable to enter the Eastern Ghouta region through formal entry and exit points.

Some vehicles were able to enter one day a week through one entry point. However vehicles faced restrictions on quantity and contents of their cargo and were required to pay fees. It was reportedly common for portions of shipments to be removed prior to entry.

Due to conflict in particular areas of Eastern Ghouta, the ability of commercial trucks to move between some communities decreased in August. This was particularly the case for Duma, Arbin and Nashabyeh.

## Humanitarian vehicles

**Change since July:** ◆

No vehicles delivering humanitarian assistance entered Eastern Ghouta in August. While no external assistance entered, in the communities of Saqba, Ein Terma, Hammura and Jisrein local actors reportedly distributed some assistance, including food items, to the poorest families within the community. However, populations indicated that the unequal distribution and insufficient quantity to meet population needs caused friction within the communities. **As such, overcrowding, and physical and verbal harassment between aid recipients were common at distribution points.**

### Goods entered

Food, fuel, NFIs and medical supplies typically enter the Eastern Ghouta region in commercial vehicles or by populations leaving and entering via informal routes. In August, this remained the case, however due to localised conflict, movement of vehicles within the region was more difficult.

**With the exception of Ein Terma, all assessed communities reported that food could be produced within their community, however farming was reportedly somewhat inhibited by the lack of availability of water, seeds and other inputs.**

In Duma, the quantity of all goods entering in August decreased in comparison to July due to an escalation of conflict which prevented vehicles from accessing the community.

## ACCESS TO SERVICES



### 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	Change in number of children attending school since July
<b>Duma</b>	Closed wells (safe to drink)	Sufficient	Network unavailable	Network unavailable	2-4 hours (generator)	Informal schools set up since conflict began	Route to services is unsafe, children need to work	About the same
<b>Saqba</b>	Closed wells (safe to drink)	Sufficient	Network unavailable	Network unavailable	2-4 hours (generator)	Informal schools set up since conflict began	All children accessed schools	About the same
<b>Arbin</b>	Closed wells (smells/tastes bad)	Sufficient	Network unavailable	Network unavailable	8 - 12 hours (generator)	Informal schools set up since conflict began	All children accessed schools	About the same
<b>Ein Terma</b>	Closed wells (safe to drink)	Sufficient	Network unavailable	Network unavailable	2 - 4 hours (generator)	Informal schools set up since conflict began	Facilities destroyed, lack of teaching staff	About the same
<b>Hammura</b>	Closed wells (safe to drink)	Sufficient	Network unavailable	Network unavailable	2 - 4 hours (generator)	Informal schools set up since conflict began	Facilities destroyed, lack of teaching staff	About the same
<b>Jisrien</b>	Closed wells (safe to drink)	Sufficient	1-2 days	Network unavailable	2 - 4 hours (generator)	Informal schools set up since conflict began	Facilities destroyed, insufficient space	About the same
<b>Kafr Batna</b>	Closed wells (smells/tastes bad)	Sufficient	Network unavailable	Network unavailable	8 - 12 hours (generator)	Informal schools set up since conflict began	All children accessed schools	About the same
<b>Harasta</b>	Closed wells (safe to drink)	Sufficient	Network unavailable	Network unavailable	2 - 4 hours (generator)	Informal schools set up since conflict began	Facilities destroyed, lack of teaching staff	About the same
<b>Zamalka</b>	Closed wells (smells/tastes bad)	Sufficient	Network unavailable	Network unavailable	8 - 12 hours (generator)	Informal schools set up since conflict began	All children accessed schools	About the same
<b>Nashabiyeh</b>	Closed wells (smells/tastes bad)	Sufficient	Network unavailable	Network unavailable	4 - 8 hours (generator)	Informal schools set up since conflict began	Facilities destroyed, lack of teaching staff, route to services is unsafe	Fewer children attended due to destruction of facility

## 🏠 Permanent medical facilities available

	Duma	Saqba	Arbin	Ein Terma	Hammura	Jisrien	Kafr Batna	Harasta	Zamalka	Nashabiyeh
Mobile clinics / field hospitals	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Informal emergency care points	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pre-conflict hospitals	✗	✓	✗	✗	✗	✗	✓	✗	✗	✗
Pre-conflict clinics / surgeries	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗

## HEALTH SERVICES

In August, very few medicines or medical items were able to enter Eastern Ghouta, as typically these items only enter the region through aid deliveries or through informal routes. No external humanitarian assistance was received this month and access to informal routes decreased, as several routes were closed and deemed risky. Consequently the quantity of goods arriving reduced in comparison to July.

In general, the number of functioning health services remained similar between months, as did the number of available medical personnel. However an increase in conflict-related casualties following a rise in airstrikes placed added burden on the limited health facilities still functioning and the number of available medical supplies.

Further, due to conflict in particular areas of Eastern Ghouta, the mobility of populations to access available facilities was affected. In nearly all communities it was reported that populations living in certain locations within the community, as well as those with physical constraints could not access health services this month.

**Change in health situation compared to July:**



## 🏠 Medical facilities and services

As has been reported in previous months, there are some medical facilities functioning across the Eastern Ghouta region, primarily in the form of mobile clinics / field hospitals and informal emergency care points (see table above).

Available medical services varied between communities in Eastern Ghouta (see table on following page). Emergency care was available in all communities assessed, however services were particularly limited in Harasta, Jisrien and Ein Terma, in part due to a lack of functioning medical facilities such as hospitals and clinics. Child immunization and diabetes were only available on occasion due to the inability of both vaccinations and medicine for chronic disease to regularly enter.

With the exception of Nashabiyeh, communities reported that there was no significant change in medical services available in comparison to July. In Nashabiyeh, it was reported that the functionality of facilities has decreased this month due to the escalation of shelling, which has limited the services able to be provided, due to both structural damage and difficulties for medical personnel to access facilities.

Change since July



## 👤 Availability of medical personnel

At least one professionally trained doctor, surgeon, nurse or midwife were reportedly present in all communities assessed, in addition to volunteers with no or informal training. There were no surgeons reported available in Jisreïn, Harasta and Nashabiyeh.

With the exception of Nashabiyeh, the number of available medical personnel did not change between July and August.

In Nashabiyeh, it was reported that due to conflict, some medical personnel could not physically get to facilities to provide services and that due to the damage incurred within available facilities, some physicians were unable to work.

Change since July



## 👜 Unavailable medical items<sup>3</sup>

While the quantity of medical goods arriving decreased in August, this did not result in a change in the reported number of unavailable medical supplies, in comparison to July. The reported unavailability of specific medicines and medical items during August was

generally consistent across the majority of communities.

**Unavailable across a majority of communities:** anti-anxiety medication, contraception, medicine for chronic disease (heart, diabetes, blood pressure).

**Sometimes available across a majority of communities:** blood transfusion bags, antibiotics

Change since July



## 📄 Most needed medical items<sup>4</sup>

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

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

Medical services available

	Duma	Saqba	Arbin	Ein Terma	Hammura	Jisrien	Kafr Batna	Harasta	Zamalka	Nashabiyeh
Child immunization	✓	✗	✓	✗	✗	✗	✓	✓	✓	✓
Diarrhea management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled childbirth care	✗	✓	✓	✗	✓	✗	✓	✗	✗	✓
Surgery <sup>5</sup>	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗
Diabetes care	✓	✓	✓	✗	✗	✗	✓	✗	✓	✓

Reported casualties this month

Overall, most communities assessed reported that the number of deaths which occurred in August was approximately the same as in July; in Hammura and Jisrein, the number of deaths reported attributable to a lack of food decreased. However, at the time of writing (September) there was an increase in the number of conflict-related deaths in Duma following an escalation of shelling.

All communities reported that some people had died from sickness and disease during August.

Change since July

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

Across communities assessed in Eastern Ghouta, it was reported that people commonly **recycled medical items such as bandages, syringes and needles, and used non-medical items such as wooden sticks for treatment**, in order to cope with the lack of medicines and medical equipment. In contrast to prior assessment in June, communities no longer reported performing surgeries without anaesthesia as a coping strategy in August.

**FOOD**  
Change in food situation compared to July:

Most common methods of obtaining food at the household level

In August, **all communities** reported the ability of inhabitants to purchase food from shops, markets or local farmers.

The communities of **Arbin, Jisrein and Harasta** reported obtaining food through small farm or backyard production.

In comparison to prior assessment in June, where food was available through humanitarian aid convoys in August, food distributions through local actors were common methods of obtaining food in the communities of **Duma, Saqba, Harasta, Hammura, Jisrein and Ein Terma.**

1. Purchasing from shops or markets
2. Purchasing from local farmers
3. Receiving through food distributions

Most common methods of obtaining bread at the household level

In August, all communities, with the exception of Jisrein, reported that the most common method of accessing bread was from shops. In Jisrein, the most common source was private bakeries.

Across assessed communities in Eastern Ghouta, there were no commonly reported challenges to accessing bread in August.

In all communities, it was reported that populations' access to bread remained largely the same, between July and August. In previous months populations indicated that their capacity to produce wheat crops during summer months positively affects the availability of flour and subsequently their access to bread.

Reported deaths this month<sup>6</sup>

	Duma	Saqba	Arbin	Ein Terma	Hammura	Jisrien	Kafr Batna	Harasta	Zamalka	Nashabiyeh
Deaths reported attributable to causes related to a lack of food	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases
Deaths attributable to sickness / disease	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unusual illness breakouts	No known cases	Yes	No known cases	No known cases	Yes	Yes	Yes	No known cases	No known cases	No known cases



## Strategies used to cope with a lack of food

	All communities
Reducing meal size	✓
Skipping meals	✓
Days without eating	✗
Eating weeds	✗
Food from garbage	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy



## Food items

In August, bread from public bakeries was unavailable, however all other assessed food items were generally available<sup>12</sup> across Eastern Ghouta. Prices of many food items decreased slightly when compared to June, due to increased crop yields in the region over the summer months.

**On average, prices of available food items across the Eastern Ghouta region were 72% higher than prices in nearby communities which are not besieged or hard to reach.**



## WASH Items

In comparison to June, prices of assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) in Eastern Ghouta did not change markedly. However, they were on average 59% higher in comparison to nearby communities not considered besieged or hard to reach.

Across all assessed communities in Eastern Ghouta, core hygiene and sanitation items were available in markets at least 21 days per month.



## Fuel

Butane, diesel and firewood were the only fuel sources available in Eastern Ghouta in August. **In comparison to June, prices increased by an average of 17%. The average prices of butane and diesel across Eastern Ghouta were more than 500% and 150% higher than the respective prices in nearby communities.**

Due to a reduction of fuel sources entering this month, availability in markets decreased and prices rose accordingly.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES<sup>9</sup>

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	Change since June <sup>10</sup>	Nearby non-hard to reach communities <sup>9</sup>
	Bread private bakery (pack)	380 <sup>12</sup>	◆	90
	Bread public bakery (pack)	Not Available	◆	55
	Rice (1kg)	660 <sup>12</sup>	↑ +5%	500
	Bulgur (1kg)	560 <sup>12</sup>	↑ +24%	180
	Lentils (1kg)	800 <sup>12</sup>	↑ +23%	445
	Chicken (1kg)	2033 <sup>12</sup>	↑ +15%	980
	Mutton (1kg)	4667 <sup>12</sup>	↓ -7%	3627
	Tomato (1kg)	140 <sup>12</sup>	↓ -7%	140
	Cucumber (1kg)	140 <sup>12</sup>	↓ -67%	180
	Milk (litre)	220 <sup>12</sup>	↓ -4%	170
	Flour (1kg)	300 <sup>12</sup>	↓ -40%	186
	Eggs (1)	58 <sup>12</sup>	↓ -11%	45
	Iodised salt (500g)	128 <sup>12</sup>	↓ -60%	70
	Sugar (1 kg)	548 <sup>12</sup>	↓ -16%	350
	WASH Items			
	Soap (1 bar)	840 <sup>12</sup>	↓ -40%	950
	Laundry powder (1kg)	150 <sup>12</sup>	↑ +7%	100
	Sanitary pads (9)	820 <sup>12</sup>	↑ +6%	520
	Toothpaste (125ml)	640 <sup>12</sup>	↓ -6%	355
	Fuel			
	Disposable diapers (24 pack)	525 <sup>12</sup>	↓ -30%	370
	Butane (cannister)	1770 <sup>12</sup>	↓ -12%	1080
	Diesel (litre)	16450 <sup>12</sup>	↑ +18%	2677
	Propane (cannister)	530 <sup>12</sup>	↑ +18%	209
	Kerosene (litre)	Not available	◆	2500
	Coal (kg)	Not available	◆	533
Firewood (tonne)	Not available	◆	438	
		76010 <sup>12</sup>	↑ +14%	48000

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES



### Average cost of standard food basket

	EG	Nearby areas <sup>8</sup>
Average cost August (SYP) <sup>9</sup>	53523	20854
Change since June <sup>10</sup>	◆	No info

The average cost of a standard food basket in Eastern Ghouta was **156% more expensive than in a nearby community** not considered besieged/hard to reach. In comparison to prices reported in June, when the communities were last assessed, there was no significant change.

### Endnotes

<sup>1</sup> Figures based on the last comprehensive quarterly UN update of People in Need (PIN) across all besieged areas (June 2016). Figures for the communities of Zamalka were not available, figures presented here reflect estimations from local actors.

<sup>2</sup> 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.

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

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

<sup>5</sup> 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.

<sup>6</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

<sup>8</sup> Calculation of average cost of food basket 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: July 2016' (link here).

<sup>9</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Kisweh, Shokteliyeh and Qleiah

<sup>10</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>11</sup> Prices were compared to when the community was last assessed

<sup>12</sup> Sometimes available in markets (7-20 days this month)

Generally available in markets (21+ days this month)

### FOR HUMANITARIAN PURPOSES ONLY

	Darayya*	Madamiyet Elsham
<b>UN classification:</b>	Besieged	Besieged
<b>Estimated population<sup>1</sup>:</b>	None	38,000-39,000
<b>Of which estimated IDPs:</b>	None	12000 - 12500
<b>% pre-conflict population remaining:</b>	None	1-25%
<b>% of population that are female:</b>	None	26-50%

### SUMMARY

Darayya\* and Madamiyet Elsham are small urban areas in the Western Ghouta region, 4km southwest of the center of Damascus city. Both communities have faced access restrictions since late 2012, and were subsequently classified as besieged by the UN. In late August 2016, after three years without running water or electricity and just one delivery of humanitarian aid, residents of Darayya were evacuated and the community is now empty; therefore, Darayya was not assessed. At the time of writing (September) approximately 300 people originally from Darayya but living in Madamiyet Elsham were also evacuated. Departing populations from both communities were moved to areas within Idlib or to an IDP shelter in Kisweh, Rural Damascus.

As such the community has seen a depletion in the stocks of available medical supplies and NFIs, as these goods can only enter through vehicles carrying humanitarian aid.

The amount of **food and fuel also decreased this month** due to a reduction in the quantities permitted to enter in commercial vehicles. **Nearly all food items were unavailable in markets.** Further, while diesel was available, prices were prohibitively high; **more than 600% higher than prices in nearby non-besieged areas**, preventing residents from being able to access it.

The shortage of fuel has affected all sectors. **The community has seen a reduction in the quantity of available drinking water and electricity due to insufficient fuel to power generators.** Further, in addition to the reduction in the amount of medical supplies entering, a lack of fuel has further incapacitated the functionality of health facilities to provide services for populations.

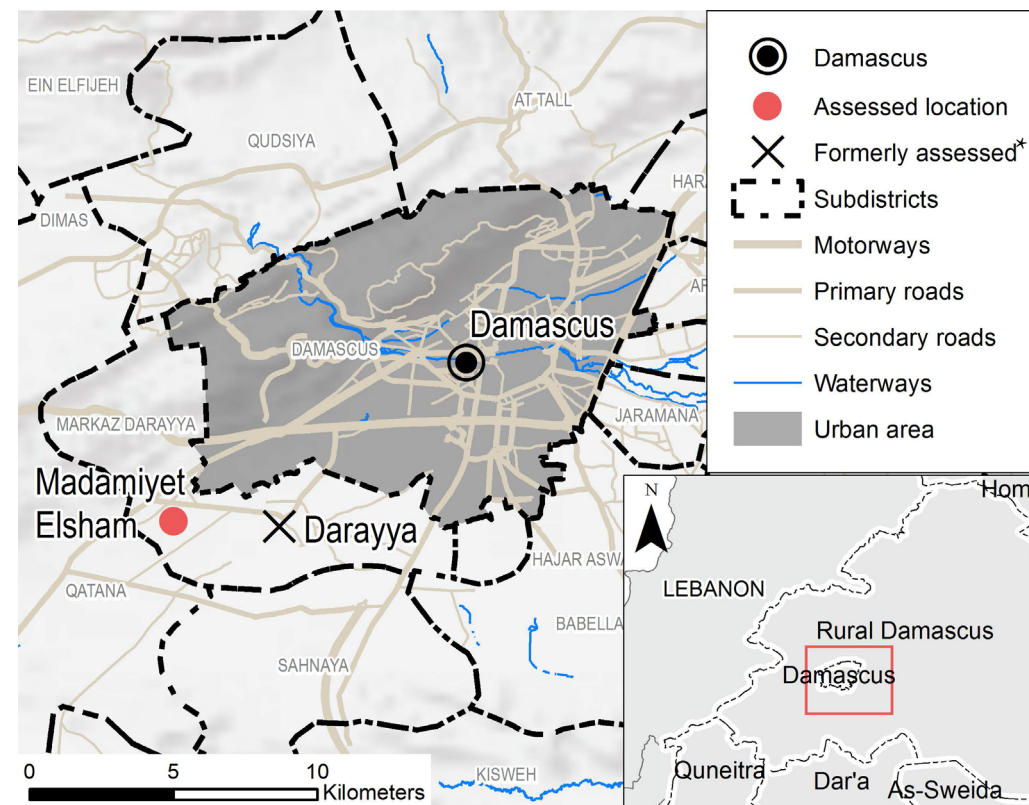
**Overall, the situation in Madamiyet Elsham has deteriorated since July, with populations increasingly vulnerable to a lack of food and basic services such as water, electricity and adequate health care.**

While this profile presents the situation in Madamiyet Elsham during August 2016, comparisons were made by community representatives to the situation observed in July, and where possible, comparisons have also been drawn with June, when the community was last assessed.

An inter-agency convoy entered the community on July 24, bringing multi-sectoral assistance for 40,000 people, however **no aid was received in August.**

### CHANGES SINCE JULY

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 in August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.

\* Community of Darayya not assessed in August following the evacuation of residents on 26-27 August 2016<sup>1</sup>

## MOVEMENT OF CIVILIANS

**Change in # people able to leave compared to July:** 

### People able to leave<sup>2</sup>

An estimated 1-10% of the population were given official permission to leave Madamiyet Elsham in August. However, these were only local sector employees and some students on weekdays, upon showing documentation.

During August, there was no change in the number of people leaving Madamiyet Elsham in comparison to July. However, at the time of writing (September) approximately 300 people originally from Darayya but living in Madamiyet Elsham were also evacuated.


**Informal points used:** None reported

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

Detention

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since July:** 




Some vehicles were able to enter during August, however were subject to restrictions on the time and these and their contents were searched prior to entering.

### Humanitarian vehicles

**Change since July:** 

An inter-agency convoy entered the community on July 24, however no aid was received during August.

## ACCESS TO SERVICES

 <b>WATER</b>	Main source of drinking water (status)	Water network (Safe to drink)
	Available water to meet household needs (coping strategies)	Insufficient (modifying hygiene practices i.e. bathing less)
	Access to water network per week	3 - 4 days
 <b>ELECTRICITY</b>	Access to electricity network per day	Network unavailable
	Access to electricity (main source) per day	2 - 4 hours (Generator)
 <b>EDUCATION</b>	Available education facilities	Pre-conflict primary, secondary, high schools
	Barriers to education	Lack of school supplies, route to services is unsafe
	Change in number of children attending school	About the same


### Goods entered

The quantity of all goods (food, fuel, NFIs and medical items) decreased in August in comparison to July. Medical items and NFIs generally only enter through aid convoys and none were received. Similarly the quantity of food and fuel permitted to enter through commercial vehicles was also reduced this month.


### Availability of medical personnel

**Personnel available:** Professionally trained surgeons, doctors, nurses, midwives






**Others providing medical services:** Dentists, veterinarians, pharmacists, anesthesiologists, medical or pharmacy students and volunteers with informal medical training

Change since July 

## HEALTH SERVICES

**Change in health situation compared to July:** 

### Permanent medical facilities available

Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
Change since July	

### Unavailable medical items<sup>3</sup>

**Items available:** Anti-anxiety medication, antibiotics, anaesthetics and medical scissors


Burns treatment, contraception and medicine for heart, blood pressure and diabetes were sometimes available

Change since July 



### Most needed medical items<sup>4</sup>

- Clean bandages
- Blood transfusion bags
- Antibiotics

### Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery <sup>5</sup>	
Diabetes care	
Change since July	

### Reported deaths this month<sup>7</sup>

Deaths reportedly attributable to causes related to a lack of food	No known cases
Change since July	
Deaths attributable to sickness / disease	Yes
Change since July	
Unusual illness breakouts	No known cases

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

Recycling medical items e.g. bandages syringes and needles

## FOOD

### Change in food situation compared to 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:** Bread enters Madamiyet Elsham when people who are permitted to leave, return with packets from nearby communities. Populations also commonly access bread through distributions from local councils.

**Challenges to obtaining bread:** None reported

Change since July



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

Reducing meal size



Skipping meals



Days without eating



Eating weeds



Food from garbage



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>7</sup>

	Madamiyet Elsham	Nearby areas <sup>8</sup>
Average cost August (SYP) <sup>9</sup>	No info	28433
Change since June <sup>10</sup>		No info

Similar to June, the last time Madamiyet Elsham was assessed, the average price of a standard food basket could not be calculated as almost no food items were reported accessible for populations to purchase.

### Core food item availability

**Items unavailable:** Bread (private and public bakeries), rice, bulgur, lentils, flour, salt, sugar, cooking oil

Change since July



### WASH item availability / prices

None of the hygiene items assessed (soap, laundry powder, sanitary pads, and toothpaste) were available for purchase in August. There was no change in availability due to the inability of humanitarian assistance to enter.

### Fuel availability / prices

Diesel was largely unavailable in markets (less than 7 days), however on the days that it was, populations were prevented from accessing it due to prohibitively high prices. In comparison to nearby communities, the **price of diesel was more than 600% higher** in ME.

medical needs, but rather indicative of key medical items that speak to the trend in access to medical services in the area.

<sup>4</sup> 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 rather indicative of needs that speak to the trend in the priorities of medical items in the area.

<sup>5</sup> 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.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>10</sup>

Nearly all assessed food, fuel and NFIs were unavailable in August. Of the core food items which were available, prices were prohibitively high; **on average more than 3x higher** than the same items in nearby communities. Overall, availability of all items decreased given that no assistance was received and the quantity of food permitted to enter the community also decreased this month.

**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	Madamiyet Elsham	Change since June <sup>10</sup>	Nearby non-hard to reach areas <sup>8</sup>
<b>Food Items</b>	Bread private bakery (pack)	Not available		90
	Bread public bakery (pack)	Not available		55
	Rice (1kg)	Not available		500
	Bulgur (1kg)	Not available		180
	Lentils (1kg)	Not available		445
	Chicken (1kg)	1400 <sup>11</sup>		980
	Mutton (1kg)	15000 <sup>11</sup>		3627
	Tomato (1kg)	500 <sup>12</sup>		140
	Cucumber (1kg)	500 <sup>12</sup>		180
	Milk (litre)	300 <sup>12</sup>		170
	Flour (1kg)	Not available		186
	Eggs (1)	60 <sup>12</sup>		45
	Iodised salt (500g)	Not available		70
	Sugar (1 kg)	Not available		350
<b>WASH Items</b>	Cooking oil (litre)	Not available		950
	Soap (1 bar)	Not available		100
	Laundry powder (1kg)	Not available		520
	Sanitary pads (9)	Not available		355
<b>Fuel</b>	Toothpaste (125ml)	Not available		370
	Disposable diapers (24 pack)	2000 <sup>11</sup>		1080
	Butane (cannister)	Not available		2677
	Diesel (litre)	1500 <sup>11</sup>	Unavailable	209
	Propane (cannister)	Not available		2500
	Kerosene (litre)	Not available		533
	Coal (kg)	Not available		438
Firewood (tonne)	10000 <sup>12</sup>		48000	

Community members, without professional medical backgrounds, July have been informally trained by medical personnel to carry out emergency procedures.

<sup>6</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities

<sup>7</sup> Calculation of average cost of food basket 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: July 2016' (link here).

<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Kisweh, Shokteliyeh and Qleiah

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>10</sup> Prices were compared to when the community was last assessed

<sup>11</sup> Generally unavailable in markets (less than 7 days this month)

<sup>12</sup> Sometimes available on markets (7-20 days this month)

### FOR HUMANITARIAN PURPOSES ONLY

#### SUMMARY

The Palestinian community of Yarmouk, located in the southern suburbs of Damascus city, has faced access restrictions since early 2013. Over this period, the humanitarian and security situations in the area have deteriorated.

While this profile presents the situation in Yarmouk during August 2016, comparisons were made by community representatives to changes observed since July. Additionally, comparisons have been drawn to June, when Yarmouk was last assessed.

In April 2016, direct fighting between parties to the conflict escalated significantly within the community, and inhabitants continued to be affected throughout August. **Restrictions of civilian movement tightened in comparison to previous months, as the main access point remained open for only 5 days in August.**

Due to the proximity of clashes, movement within the community was also impacted during August; populations living in certain areas were unable to travel to health facilities to seek treatment and many children were prevented from going to school.

The capacity of health facilities to provide services was further impacted as the last doctor in Yarmouk was detained for most of the month. A lack of fuel to run generators rendered some services only intermittently available and prevented medicine from being stored adequately. Additionally, the quantity of medicine and medical items entering the community declined given the closure of the main access route.

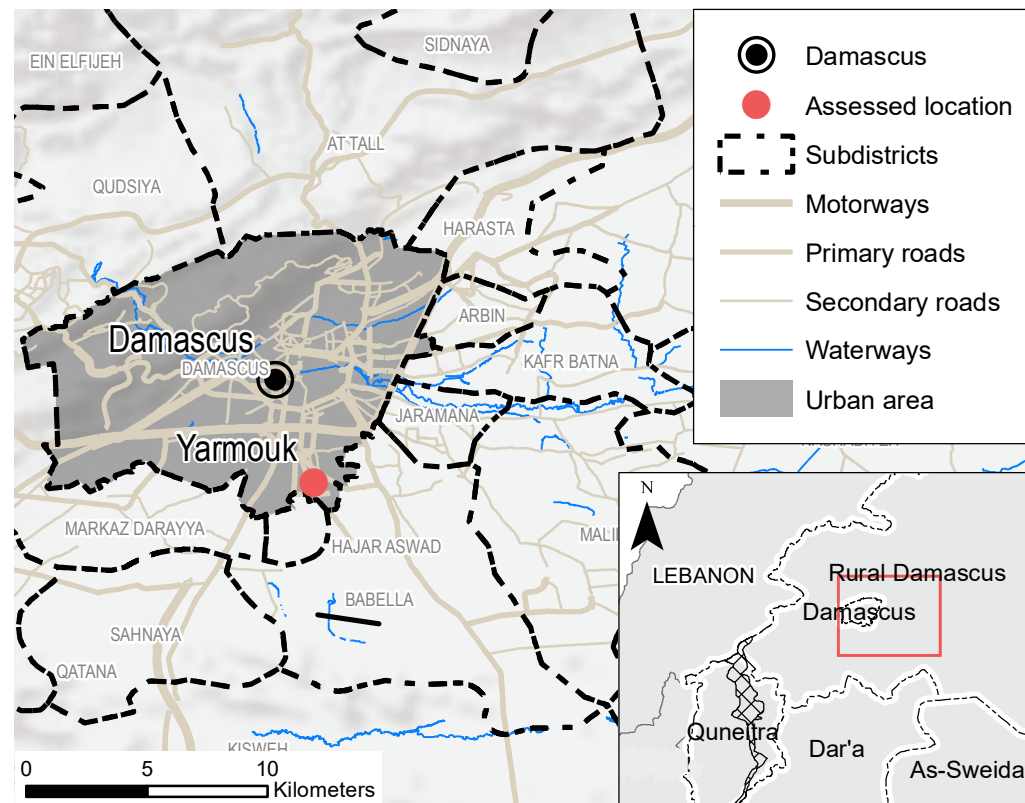


<b>UN classification:</b>	Besieged
<b>Estimated population<sup>1</sup>:</b>	9000-10 000 individ.
<b>Of which IDPs:</b>	500 - 700
<b>% pre-conflict population remaining:</b>	1-25%
<b>% population female:</b>	1-25%

No vehicles carrying either commercial items or humanitarian assistance entered Yarmouk in August, and the use of informal routes was reduced due to direct conflict. Consequently, **there was a decrease in the amount of goods (food, fuel, NFIs and medical supplies) entering the community.**

While most assessed food, fuel, and hygiene and sanitation items remained available in markets, residents experienced price increases across the board. **In particular, the price of diesel increased by 25% since June and was more than 3x higher than diesel in nearby neighbourhoods of Damascus.**

Overall, the changing conflict dynamics have led to a deterioration of the humanitarian situation in Yarmouk in comparison to July. Populations have been unable to leave the community at all and goods were largely prevented from entering through both formal and informal routes. Finally given the direct fighting within the community the protection of civilians remains an ongoing concern.



#### CHANGES SINCE JULY

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 in August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.

## MOVEMENT OF CIVILIANS

**Change in # people able to leave compared to July:** ↓

### 🚶 People able to leave<sup>2</sup>

The main access route into Yarmouk was closed for all but 5 days during August.

When possible, some families reportedly left Yarmouk for nearby communities due to safety concerns, given the ongoing fighting in the area.

### Informal points used: Yes

Whilst informal routes had been closed due to conflict in June, some had reportedly opened in July and August. However these routes are reportedly extremely dangerous and few people choose to use them.

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

Sexual, verbal, physical harassment, gunfire, detention

## MOVEMENT OF GOODS AND ASSISTANCE

### 🚚 Vehicles carrying commercial goods

**Change since July:** ⬆️

Able to enter: None reported

### 🚚 Humanitarian vehicles

Able to enter: None reported

**Change since July:** ⬆️

## ACCESS TO SERVICES

💧 <b>WATER</b>	Main source of drinking water (status)	Private water trucking (smelled/tasted bad)
	Sufficiency of available water to meet household needs (coping strategies used)	Sufficient
	Access to water network per week	Network unavailable
💡 <b>ELECTRICITY</b>	Access to electricity network per day	Network unavailable
	Access to electricity (main source) per day	2 - 4 hours (Generator)
🏠 <b>EDUCATION</b>	Available education facilities	Pre conflict primary and secondary schools
	Barriers to education	Lack of school supplies, route to services is unsafe, lack of teaching staff
	Change in number of children attending school	Fewer children attending due to conflict

### 📦 Goods entered

All goods (food, fuel, NFIs and medical items) can generally only enter Yarmouk through civilians traveling in and out through formal or informal routes. **Due to the closure of the main formal entry point this month, the quantity of all goods entering decreased in comparison to July.** Implications were seen across all sectors, particularly in the functionality of health services which were impacted by the inability for medical supplies to enter and a reduced amount of fuel to power equipment or store medicine.

## HEALTH SERVICES

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

### 🏠 Permanent medical facilities available

Mobile clinics / field hospitals	✓
Informal emergency care points	✓
Pre-conflict hospitals	✓
Pre-conflict clinics / surgeries	✓
<b>Change since July</b>	⬆️

### 👤 Availability of medical personnel

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

**Others providing medical services:** Pharmacists, anesthesiologists, volunteers with informal or no medical training

The number of available medical personnel decreased as the only doctor was reportedly detained throughout August, and released at the end of the month.

**Change since July** ↓

### 🚑 Unavailable medical items<sup>4</sup>

**Items available:** Antibiotics, blood pressure and heart medicine, contraception

Clean bandages, anaesthetics, burn treatment, and diabetes medicine were sometimes available

**Change since July** ↓

### 💊 Most needed medical items<sup>5</sup>

1. Clean bandages
2. Antibiotics
3. Burn treatment

### 🩹 Medical services available

Child immunization	✗
Diarrhea management	✗
Emergency care	✓
Skilled childbirth care	✓
Surgery <sup>6</sup>	✗
Diabetes care	✓
<b>Change since July</b>	↓

### Reported deaths this month<sup>3</sup>

Deaths reportedly attributable to causes related to a lack of food	No known cases
<b>Change since July</b>	⬆️
Deaths attributable to sickness / disease	Yes
<b>Change since July</b>	⬆️
Unusual illness breakouts	No known cases

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

Recycling medical items e.g. bandages syringes needles

**It was reported that people living in certain locations within Yarmouk were prevented from accessing medical facilities due to the localised conflict in parts of the neighbourhood.**

## FOOD

Change in food situation compared to July: 


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

Purchasing from shops markets, bartering, receiving through food distributions






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


Most common source: Shops

Challenges to obtaining bread: Flour and electricity/fuel too expensive or hard to access.

Change since July 

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


Reducing meal size	
Skipping meals	
Days without eating	
Eating weeds	
Food from garbage	

 Reportedly used as a coping strategy

 Not reportedly used as a coping strategy

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>7</sup>

	Yarmouk	Nearby areas <sup>8</sup>
Average cost August (SYP) <sup>9</sup>	36519	27880
Change since June <sup>10</sup>		No info

The average cost of a standard food basket, in Yarmouk was **more than 30% more expensive** than in nearby neighbourhoods in Damascus neighbourhoods not considered besieged/hard to reach. In comparison to June, **the price of a standard food basket increased by 3000 SYP in Yarmouk** (excluding bread due to unavailability in June).

### WASH item availability / prices

All assessed hygiene and sanitation items were generally available in August. Between June and August, prices increased, on average by 22%. The most significant increase was seen in toothpaste (125ml) which increased by 75% over this period.
























### Fuel availability / prices

Only butane, diesel and firewood were available this month, however due to limited entry, the quantity of items decreased. **The price of diesel increased by 25% since June and was more than 3x higher than diesel in nearby neighbourhoods of Damascus.**

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In August, all assessed core food items were available, however the quantity of goods in markets reportedly decreased given the restricted access this month. Prices of available food items on average increased by 10% since June, most notably prices of lentils and salt, which both increased by 100%.

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	Yarmouk	Change since June <sup>10</sup>	Nearby non-hard to reach areas <sup>8</sup>
	Bread private bakery (pack)	350 <sup>11</sup>	Not available	190
	Bread public bakery (pack)	200 <sup>11</sup>	Not available	55
	Rice (1kg)	225 <sup>11</sup>	 -25%	386
	Bulgur (1kg)	250 <sup>11</sup>		300
	Lentils (1kg)	500 <sup>11</sup>	 +100%	335
	Chicken (1kg)	1200 <sup>12</sup>	Not available	925
	Mutton (1kg)	4500 <sup>12</sup>	Not available	3775
	Tomato (1kg)	200 <sup>11</sup>	 -10%	190
	Cucumber (1kg)	250 <sup>11</sup>	 -15%	218
	Milk (litre)	250 <sup>11</sup>		260
	Flour (1kg)	300 <sup>11</sup>	 -25%	260
	Eggs (1)	50 <sup>12</sup>	 -15%	35
	Iodised salt (500g)	200 <sup>12</sup>	 +100%	185
	Sugar (1 kg)	400 <sup>12</sup>		330
	Cooking oil (litre)	700 <sup>12</sup>		575
	Soap (1 bar)	150 <sup>11</sup>	 +50%	75
	Laundry powder (1kg)	700 <sup>11</sup>		580
	Sanitary pads (9)	200 <sup>12</sup>	 -20%	375
	Toothpaste (125ml)	350 <sup>11</sup>	 +75%	212
	Disposable diapers (24 pack)	1500 <sup>11</sup>	 +7%	1600
	Butane (cannister)	3800 <sup>11</sup>	 -5%	2000
	Diesel (litre)	600 <sup>11</sup>	 +25%	180
	Propane (cannister)	No info	Not available	3000
	Kerosene (litre)	No info	Not available	275
	Coal (kg)	Not available		385
Firewood (tonne)	95000 <sup>12</sup>		87500	

<sup>5</sup> 'Most needed' does not necessarily imply unavailability. This list is not intended to be a comprehensive list of most needed medical items or medicines, but rather indicative of needs that speak to the trend in the priorities of medical items in the area.

<sup>6</sup> 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.

<sup>7</sup> Calculation of average cost of food basket 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: July 2016' (link here).

<sup>8</sup> Nearby neighbourhoods in Damascus which are not considered besieged/hard to reach: Ayoubiya, Jalaa, Zahreh, Midan Wastani

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>10</sup> Prices were compared to when the community was last assessed

<sup>11</sup> Sometimes available on markets (7 – 20 days this month)

<sup>12</sup> Generally available on markets (more than 20 days this month)

## Endnotes

<sup>1</sup> Figures based on estimates by local actors. The last comprehensive quarterly UN update of People in Need (PIN) across all besieged areas (June 2016) estimated the population of Yarmouk was 10 000.

<sup>2</sup> 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.

<sup>3</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities

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

### FOR HUMANITARIAN PURPOSES ONLY

#### SUMMARY

Al Waer, located to the west of the city of Homs, has faced access restrictions since October 2013, which tightened in mid-2014. In December 2015, a multi-stage truce agreement was reached, through which food supplies and humanitarian aid were able to enter the community. Several violations of the local truce agreement have since been reported. The UN classified Al Waer as besieged on 23rd of May 2016. While this profile presents the situation in Al Waer during August 2016, comparisons were made by community representatives to the situation observed in July and where possible, comparisons were also drawn with June, when the community was last assessed.

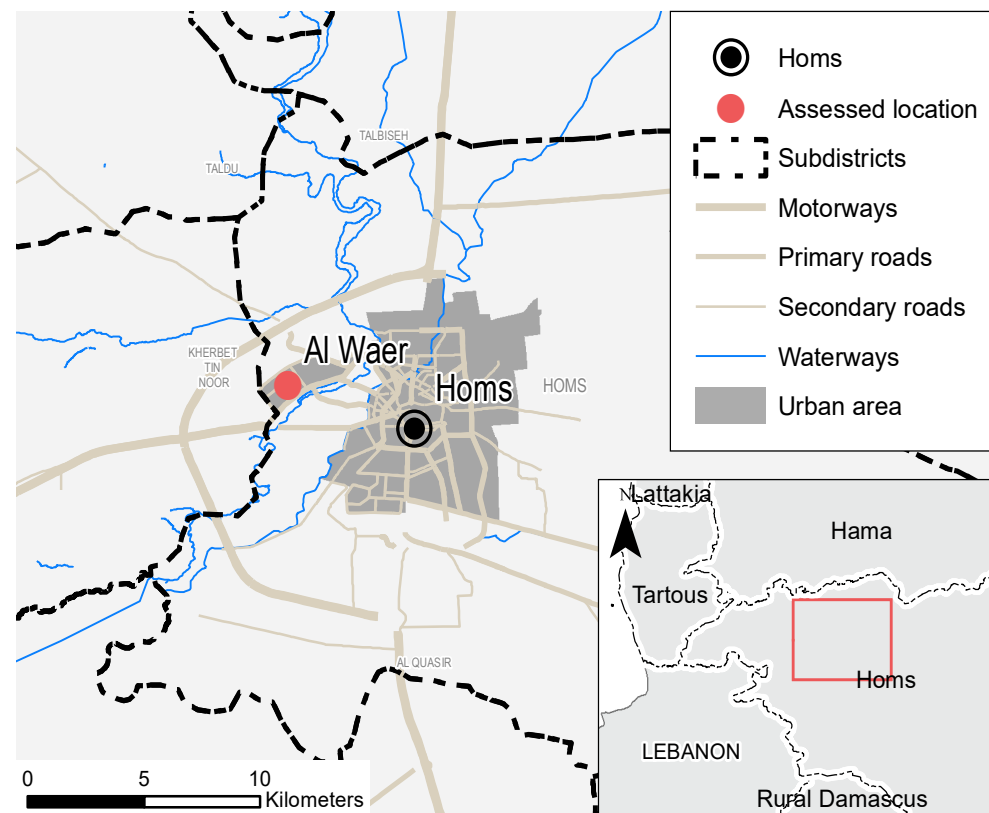
**The security and humanitarian situation markedly worsened in August. Already affected by mobility restrictions, Al Waer was subject to airstrikes for the first time**, including extensive shelling of civilian infrastructure. An increase in external movement stemmed from the perception that the community may become an entirely military controlled area, whereby the military imposes greater restrictions on civilians from within the community, as opposed to encirclement alone. On 20 August, the final remaining entry point into Al Waer was reportedly closed and the community was declared a military area on the 21st. At the time of writing (September), a deal negotiating the end to the military control was delayed. Prior to 21 August, food items were brought by civilians returning in the evening, but upon the increase in access restrictions, there was a corresponding decrease in the quantity of most goods entering. Al Waer received humanitarian aid on 23rd and 25th August, including food and

<b>UN classification:</b>	Hard to reach
<b>Estimated population:</b>	75000 individuals
<b>Of which IDPs:</b>	65000-70000
<b>% pre-conflict population remaining:</b>	1-25%
<b>% population female:</b>	26-50%

nutrition items and education supplies. Following this delivery, there was a reported intensification of conflict due to airstrikes. Faced with food insecurity, individuals continued to report resorting to negative coping strategies, such as eating weeds.

**The tightening of the siege has been maintained until the time of writing, and increased insecurity has resulted in a decrease in access to basic services**, including electricity and education services. No fuel or medical items entered Al Waer in August, resulting in a deterioration of the health situation. While the number of medical personnel remained the same, the community faced a critical shortage of medical supplies in August due to a depletion of stocks, as no medical items have reportedly entered for 5 months. Shelling on Al Bir Hospital left some departments inoperable, resulting in a worsening of the health system's capacity to meet population needs.

Overall, the humanitarian situation appears to have deteriorated in comparison to July due to increased conflict and significantly reduced access to food, fuel, NFI, and medical items.



#### CHANGES SINCE JULY

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 in August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.

## MOVEMENT OF CIVILIANS

Change in # people able to leave compared to July prior to August 21:	↑
After August 21:	↓

### People able to leave<sup>2</sup>

Throughout most of August, **only civilians who were leaving with no intention to return were able to exit Homs Al Waer, approximately 1-10% of the community.** Prior to 21st August there was an increase in the number of civilians leaving in contrast to July as community members anticipated they would soon face full military control. **After the 21st of August, when the neighbourhood was announced as a military area, civilians have not been permitted to leave and reported facing a greater risk of detention.**

Informal points used: No

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

Gunfire, detention

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

Change since July:	◊
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Able to enter: None reported

### Humanitarian vehicles

Some humanitarian vehicles were reportedly able to enter, but faced searches prior to entry. On 23 August, a UN/SARC convoy delivered multi-sectoral assistance to 35,000 beneficiaries and on 25 August an additional convoy delivered food, nutrition, and education supplies for 40,000 beneficiaries. Assistance was also received in July.

Change since July:	◊
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## ACCESS TO SERVICES

💧	<b>WATER</b>	Main source of drinking water (status)	Water network (Safe to drink)
		Available water to meet household needs (coping strategies)	Sufficient
		Access to water network per week	7 days
💡	<b>ELECTRICITY</b>	Access to electricity network per day	1 - 2 hours
		Access to electricity (main source) per day	1 - 2 hours (Main network)
🏠	<b>EDUCATION</b>	Available education facilities	Informal schools set up since conflict began
		Barriers to education	All children able to access school
		Change in number of children attending school	Fewer children attended schools due to airstrikes, gunfire, and summer holidays

### Goods entered

No NFIs, fuel or medical items entered Al Waer during August; a reduction in comparison to July. Though food was commonly self-produced or received through humanitarian aid, overall, less food reportedly entered the community in August due to the closure of an entry point.

### Availability of medical personnel

**Personnel available:** Professionally trained surgeons, doctors, nurses, midwives

### Others providing medical services:

Dentists, pharmacists

Change since July	◊
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### Unavailable medical items<sup>4</sup>

**Items available:** Contraception, medical scissors

**Sometimes available:** Heart, diabetes, and blood medication; antibiotics; and anesthetics

There is reportedly a critical shortage of medical supplies due to depleting stocks, as no items have entered for 5 months.

Change since July	↓
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### Most needed medical items<sup>5</sup>

1. Blood transfusion bags
2. Heart medicine
3. Diabetes medicine

## HEALTH SERVICES

Change in health situation compared to July:	↓
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### Permanent medical facilities available

Mobile clinics / field hospitals	✓
Informal emergency care points	✓
Pre-conflict hospitals	✓
Pre-conflict clinics / surgeries	✗
Change since July	◊

### Medical services available

Child immunization	✗
Diarrhea management	✗
Emergency care	✓
Skilled childbirth care	✓
Surgery <sup>6</sup>	✓
Diabetes care	✓
Change since July	◊

Though the number of medical facilities remained the same since July, on August 20, shelling left some departments inoperable at Al Birr hospital, which provides essential obstetric, dialysis, and intensive care services.

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

Recycling medical items e.g. bandages, syringes and needles

### Reported deaths this month<sup>3</sup>

Deaths reportedly attributable to causes related to a lack of food	No known cases
Change since July	◊
Deaths attributable to sickness / disease	No info
Change since July	No info
Unusual illness breakouts	No info

## FOOD

Change in food situation compared to July: 

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


Purchasing from local farmers, home or backyard production, receiving through food distributions

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






**Most common source:** Homemade


**Challenges to obtaining bread:** Bread unavailable in shops; flour too expensive/hard to access; wheat unavailable; yeast too expensive/hard to access

Access to bread decreased, as civilians were unable to access bakeries to buy bread due to both unavailability and restriction in movement as a result of the declaration of a military area.

Change since July 

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

Reducing meal size	
Skipping meals	
Days without eating	
Eating weeds	
Food from garbage	

 Reportedly used as a coping strategy


 Not reportedly used as a coping strategy

### Endnotes

<sup>1</sup> Figures based on the last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016). Local actors however estimate that PiN in August may be 70 000- 80 000

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>7</sup>

	Al Waer	Nearby areas <sup>8</sup>
Average cost August (SYP) <sup>9</sup>	72820	23181
Change since June <sup>10</sup>		No info

The average cost of a standard food basket, excluding bread due to unavailability in **Al Waer** was **214% more expensive than in nearby communities not considered besieged/hard to reach**. Average food basket cost increased since the community was last assessed in June.

### Core food item availability

**Items unavailable:** Bread (private and public bakeries), chicken, tomato, cucumber; no change since previous assessment

Change since July 

### WASH item availability / prices

All assessed hygiene items (soap, laundry powder, sanitary pads, toothpaste, and disposable diapers) were generally available in August.<sup>13</sup>

### Fuel availability / prices

Diesel, firewood, and coal were reportedly sometimes available<sup>12</sup>, and butane was generally unavailable<sup>11</sup>. **No fuel or NFIs entered the community in August. While prices increased from July to August owing to a decrease in stocks**, due to a decrease in some fuel prices from June to July, the net change between June and August shown in the table to the right shows no change across several fuel prices.





























<sup>2</sup> 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.

<sup>3</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

When compared to reported prices of core food items when the community was last assessed in June, on average prices of available core food items increased by 28%.

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	Al Waer	Change since June <sup>10</sup>	Nearby non-hard to reach areas
	Bread private bakery (pack)	Not available		250
	Bread public bakery (pack)	Not available		No info
	Rice (1kg)	1200 <sup>13</sup>	 -20%	280
	Bulgur (1kg)	1700 <sup>13</sup>	 -15%	175
	Lentils (1kg)	1500 <sup>13</sup>		533
	Chicken (1kg)	Not available		816
	Mutton (1kg)	25000 <sup>11</sup>	 +170%	2883
	Tomato (1kg)	Not available		158
	Cucumber (1kg)	Not available		167
	Milk (litre)	1000 <sup>13</sup>	 +25%	108
	Flour (1kg)	2500 <sup>13</sup>	 +17%	267
	Eggs (1)	1000 <sup>12</sup>	Not available <sup>10</sup>	40
	Iodised salt (500g)	750 <sup>13</sup>	 -53%	125
	Sugar (1 kg)	1700 <sup>13</sup>	 +70%	375
	Cooking oil (litre)	2000 <sup>13</sup>		900
	Soap (1 bar)	300 <sup>13</sup>		45
	Laundry powder (1kg)	1500 <sup>13</sup>	 +50%	625
	Sanitary pads (9)	500 <sup>13</sup>	 -38%	533
	Toothpaste (125ml)	200 <sup>13</sup>	 -33%	258
	Disposable diapers (24 pack)	4000 <sup>13</sup>	 -33%	2016
	Butane (cannister)	70000 <sup>11</sup>		7767
	Diesel (litre)	3500 <sup>12</sup>		450
	Propane (cannister)	Not available		No info
	Kerosene (litre)	Not available		No info
	Coal (kg)	10000 <sup>12</sup>	 +25%	No info
	Firewood (tonne)	250000 <sup>12</sup>		No info

medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities

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

<sup>5</sup> '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 rather indicative of needs that speak to the trend in the priorities of medical items in the area.

<sup>6</sup> 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.

<sup>7</sup> Calculation of average cost of food basket 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: July 2016' (link here).

<sup>8</sup> Nearby communities in Homs governorate which are not considered besieged/hard to reach: Makrumeiyeh, Zmeimer, and Deir Fool.

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>10</sup> Prices were compared to when communities were last assessed.

<sup>11</sup> Generally not available in markets (less than 7 days this month)

<sup>12</sup> Sometimes available in markets (7-20 days this month)

<sup>13</sup> Generally available in markets (21+ days this month)

### FOR HUMANITARIAN PURPOSES ONLY

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafir Elawamid
Estimated population (individuals) <sup>1</sup>	3000-3500	4500-5000	10500-11000	11500-12000	12000-125000	4500-5000	7000-7500	5500-5700	1000-1200
Of which estimated IDPs	800-100	1500-1700	3000-3200	3500-4000	4000-4500	1500-2000	1500-1700	1900-2000	1000-1200
% pre-conflict population remaining	76-100%	76-100%	76-100%	51-75%	51-75%	51-75%	51-75%	76-100%	76-100%
% of population that are female	26-50%	51-75%	26-50%	26-50%	26-50%	51-75%	26-50%	51-75%	51-75%

All assessed communities except Bseimeh classified as hard to reach by the UN

### SUMMARY

Information in this profile was gathered from nine communities within the Wadi Burda region, northwest of Damascus city: Barhaliya, Hseiniyeh, Kafir Elzeit, Deir Maqran, Ein Elfijeh, Suq Wadi Burda, Deir Qanun, Bseimeh, and Kafir Elawamid.

These nine communities, all UN classified hard to reach except Bseimeh, were profiled for the first time in August 2016; as such, reported changes with regards to the situation in July are based solely on comparisons made by community representatives.

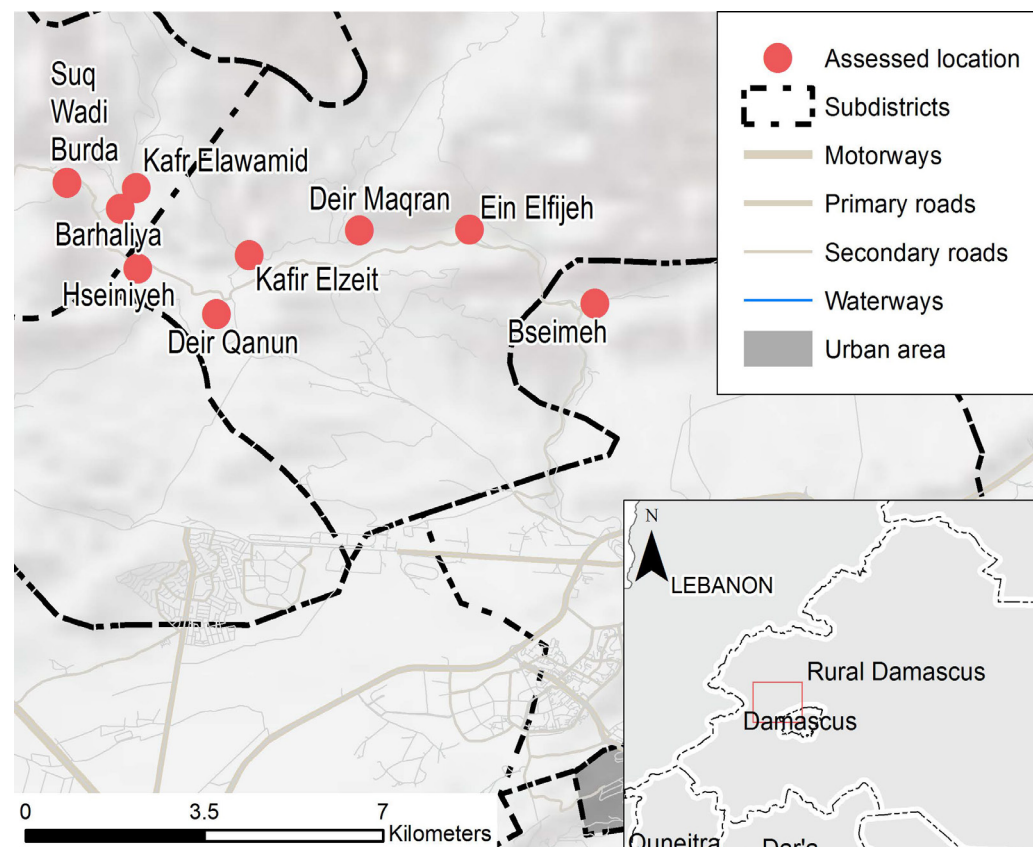
The cluster of communities sits within an area of contested control and faces ongoing restrictions on movement and access, which tightened in late July when access routes to the area closed. Restrictions are felt to varying degrees among communities, **with Bseimeh facing the most severe constraints. Ein Elfijeh is considered the principal community in**

the valley, as the Elfijeh spring is the primary source of water to the Wadi Burda region and Damascus.

In August 2016, an agreement, referred to as “food for water” between parties to the conflict was made. Access to some commercial goods and medical items is permitted into the Wadi Burda region, providing that the water supply to Damascus is maintained. As a result of this agreement, civilians have access to food, medical, and NFI items; however, restrictions on both civilian movement and the quantity of any type of goods entering remain. **The situation remains particularly severe in the community of Bseimeh**, which despite being the only community not classified as hard to reach, is the only one to report using coping strategies for lack of medical items/medicine and where civilians face high risks to life due to the

### METHODOLOGY

Based on data collected directly from community representatives inside Syria in August and beginning of September 2016. 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 comparatively to the previous month. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.



presence of gunfire surrounding the area.

In August, community representative reported that restrictions on civilian movement eased in comparison to July. **While movement outside the Wadi Burda region was previously limited to just students and employees, in August, women, children, and some men were able to enter and exit the community through formal points upon showing identification on all days except Fridays and holidays.** Civilians, in general, continue to face harassment, violence, and detention. Nevertheless, populations reported they were commonly able to move between locations within the Wadi Burda region.

**No humanitarian aid vehicles reportedly entered the Wadi Burda region in the month of August.** Commercial vehicle entry increased in comparison to July, per the conditions of the 'food for water' agreement. **Some commercial vehicles were able to enter through formal points, but they faced several restrictions, including vehicle searches and removal of items from loads prior to entry.** Reportedly, vehicles were only allowed to bring 300kg of items into the communities and \$100 worth of medical items/medicine every 10 days.

As a result of the agreement, a larger quantity of food, NFI, and medicines were accessible in the communities in August. For the same reasons, prices of these items dropped, though not as significantly as would be expected due to an increase in the dollar exchange rate. Despite the greater access to items, bread from private and public bakeries remained largely unavailable across communities and no fuel reportedly entered Wadi Burda, with the exception of Barhalia community, where it entered through informal routes.

Despite the increase in available medical items, the status of health services varies greatly within the wider area, with no permanent medical facilities reportedly available in Huseniyeh and the recycling of medical items used as a reported coping strategy in Bseimeh.

### CHANGES SINCE JULY

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	↑

Generally, the ability of food, NFI, and medical items to enter appears to have improved the overall humanitarian situation in Wadi Burda, though needs surrounding access to medical facilities and fuel persist. The situation in the Bseimeh is significantly more severe than in other communities, as it faces much tighter access and freedom of movement restrictions and civilians face greater vulnerability due to security risks.

### MOVEMENT OF CIVILIANS

People able to leave<sup>2</sup>

Change in # people able to leave compared to July: ↑

During August, civilians were able to travel between the communities within Wadi Burda; however, access outside the contiguous area was limited to women, children, selected men, students, and employees, who were permitted to travel through formal points upon showing identification, with the exceptions of Fridays and holidays.

After the enactment of the 'food for water' agreement in August the number of people entering and exiting Wadi Burda through formal routes increased due to

the reopening of routes to a wider group of civilians. Despite this development, populations continue to face physical risks.

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

All communities in Wadi Burda: Sexual, verbal, and physical harassment; violence towards women; detention; confiscation of documents; conscription

Deir Qanun and Besseima: Gunfire

### MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since July: ↑

Vehicles carrying commercial goods were allowed to move freely within the communities; though access outside this area was limited to only some vehicles through formal entry and exit points upon showing documentation.

Vehicles faced restrictions and were limited to carrying only 300 kg loads with less than \$100 worth of medical items every ten days. Vehicles were required to pay of fees

and were subject to vehicle searches. It was reportedly common for portions of loads to be removed prior to entry.

Humanitarian vehicles

Change since July: ↕

Able to enter Wadi Burda: No vehicles allowed to enter during August.

Goods entered

Food, NFIs and medicine all generally entered the Wadi Burda region through civilians and commercial vehicles. **Fuel did not enter the Wadi Burda region with the exception of Barhalia, where it entered through informal routes.**

In comparison to the previous month, the quantity of food, NFIs, and medical items increased across all communities in the Wadi Burda region, largely due to the easing of restrictions as a result of the food for water deal. **However, access restrictions remain the tightest in Bseimeh, and the quantity of goods entering Bseimeh was reportedly lower than other communities in the Wadi Burda area.** Some medical items were reportedly unavailable in Deir Qanun, due to perceived danger of gunfire by traders bringing in medical items.

In addition, increased medical items entered the community of Barhalia, due to pharmacists being allowed to bring in items that were previously not allowed to enter.

## ACCESS TO SERVICES

		Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafr Elawamid
<b>WATER</b>	Main source of drinking water (status)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)
	Access to water network per week	7 days per week	7 days per week	7 days per week	7 days per week	7 days per week	7 days per week	7 days per week	7 days per week	7 days per week
	Available water to meet household needs (coping strategies)	Sufficient	Sufficient	Sufficient	Sufficient	Sufficient	Sufficient	Sufficient	Sufficient	Sufficient
<b>ELECTRICITY</b>	Access to electricity network per day	4-8 hours	4-8 hours	4-8 hours	4-8 hours	4-8 hours	4-8 hours	4-8 hours	4-8 hours	4-8 hours
	Access to electricity (main source) per day	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)
<b>EDUCATION</b>	Available education facilities	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools
	Barriers to education	Children dropped out to join armed forces or to work	Children dropped out to join armed forces or to work	Children dropped out to join armed forces or to work	Children dropped out to join armed forces or to work	Routes unsafe, children dropped out to join armed forces	Routes unsafe, lack of teaching staff	Routes unsafe, lack of school supplies	Routes unsafe, children having to work	Routes unsafe, Children dropped out to join armed forces or work
	Change in number of children attending school	About the same	About the same	About the same	About the same	About the same	About the same	About the same	About the same	About the same

### HEALTH SERVICES

In August, **the entry of medicine and medical items through civilians and commercial vehicles, as a result of the food for water agreement increased populations' access to medical items in most assessed locations in Wadi Burda.**

In general, the number of functioning health services remained similar between months, as did the number of available medical personnel. Across all assessed communities in Wadi Burda, there were no pre-conflict hospitals reported functioning.

**Change in health situation compared to July:**



#### Availability of medical personnel

**At least one professionally trained doctor, nurse, and pharmacist were reportedly present in all communities assessed, in addition to volunteers with informal training.** Further, in Ein Elfijeh, medical personnel also included at least one surgeon, dentist, and anesthesiologist. Deir Qanun was the only community reporting the availability of at least one trained midwife.

In all assessed communities, the numbers of medical personnel available remained the same in August in comparison to July.

Change since July



#### Unavailable medical items<sup>3</sup>

Access to medical items increased in all communities in August in contrast to July due to the entry of medical items, as per the food for water deal reached in August.

The reported unavailability of specific medicine and medical items during August was generally consistent across the majority of communities with the exception of **Deir Qanun, which was the only community to report unavailability of heart, diabetes, and blood pressure medicine; anti-biotics, and burn treatment.** Deir Qanun is often targeted by gunfire from a nearby hill called Al Khazzan. Traders bringing medical items often feel afraid to move freely in this area,

and while medical items entered, resulting in more limited access to medical items. The availability of anesthetics varied, with some communities reporting them unavailable and others reporting them sometimes available.

**Unavailable across a majority of communities:** Clean bandages; blood transfusion bags

**Sometimes available across a majority of communities:** contraception; anti-anxiety, heart, diabetes, and blood pressure medicine; antibiotics; burn treatment

Change since July



## 🏠 Permanent medical facilities available

	Barhaliya	Hseiniyeh	Kafir Elzeit	Der Meeqren	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafr Elawamid
Mobile clinics / field hospitals	✗	✗	✗	✗	✓	✗	✗	✗	✗
Informal emergency care points	✗	✗	✗	✗	✓	✓	✓	✓	✗
Pre-conflict hospitals	✗	✗	✗	✗	✗	✗	✗	✗	✗
Pre-conflict clinics / surgeries	✓	✗	✓	✓	✓	✓	✓	✓	✓

### 🩹 Most needed medical items<sup>4</sup>

Across communities assessed in Wadi Burda, the most needed medical items were reported to be:

1. Antibiotics
2. Clean bandages
3. Heart medicine
4. Diabetes medicine
5. Blood transfusion bags
6. Anaesthetics

the form of pre-conflict clinics/surgeries (see table above). Hussiniyeh, a small community, had no functioning facilities even prior to the conflict, and individuals access health facilities in neighboring communities. By contrast, Ein Elfijeh, is a much larger community that had more developed infrastructure pre-conflict and continues to provide neighboring communities with medical services.

All communities in the region reported that there was no significant change in medical facilities available in comparison to July. In the communities of Barhaliya, Hseiniyeh, Kafir Elzeit, Kafr Elawamid, and Deir Maqran, individuals with less income were reportedly unable to access these medical facilities.

Available medical services varied between communities in Wadi Burda (see table below), though there was a reported increase in medical services available in the communities of Barhaliya, Hseiniyeh, Ein Elfijeh, Suq Wadi Burda, and Deir Qanun attributable to an increase in medical item availability following the food for water agreement.

Change since July



### 🏠 Reported casualties this month

**All reported deaths for the month of August in all communities were attributed to sickness and disease.**

Overall, most communities assessed reported that the number of deaths which occurred in August was about the same as in July; in Kafir Elzeit and Deir Maqran it was reported to have decreased (see table on the following page).

Change since July



## 🏠 Medical facilities and services

Some medical facilities were functioning across the Wadi Burda region, primarily in

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

**Bseimeh:** Recycling of medical items, e.g., bandages, syringes, needles, etc.

### 🩹 Medical services available

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafr Elawamid
Child immunization	✗	✗	✗	✗	✗	✗	✗	✗	✗
Diarrhea management	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency care	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled childbirth care	✓	✓	✓	✗	✓	✓	✓	✗	✓
Surgery <sup>5</sup>	✗	✗	✗	✗	✓	✗	✓	✗	✗
Diabetes care	✓	✓	✓	✓	✓	✓	✓	✗	✓

## Reported deaths this month<sup>6</sup>

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafr Elawamid
Deaths reported attributable to causes related to a lack of food	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases
Deaths attributable to sickness / disease	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unusual illness breakouts	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases

## FOOD

Change in food situation compared to July:



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

**All communities:** Purchasing from shops or markets

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

**Barhaliya, Hseiniyeh, Kafir Elzeit, Ein Elfijeh, Suq Wadi Burda, Bseimeh Kafr Elawamid:** Shops

**Deir Maqran, Deir Qanun:** Public bakeries

### Most commonly reported challenges to obtaining bread across Wadi Burda:

There were no commonly reported challenges to accessing bread during August across all of the assessed communities in Wadi Burda with the exception of **Bseimeh**, where bread was difficult to access due


to flour, yeast, fuel, and wheat all being too expensive, unavailable and/or hard to access.


In all communities, access to bread increased from the prior month due to the greater quantity of flour and bread able to enter the communities following the agreement reached in August.



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

	All communities
Reducing meal size	
Skipping meals	
Days without eating	
Eating weeds	
Food from garbage	

 Reportedly used as a coping strategy

 Not reportedly used as a coping strategy

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES



### Average cost of standard food basket

	Wadi Burda	Nearby areas <sup>8</sup>
Average cost August (SYP) <sup>9</sup>	54259	28036
Change since July <sup>10</sup>	No info	No info

The average cost of a standard food basket in the communities of Wadi Burda was **94% more expensive than in the nearby communities** not considered besieged/hard to reach.



### Food items

During August, bread from private bakeries was unavailable in all communities except **Bseimeh**. Bread from public bakeries was only sometimes available in **Deir Maqran and Deir Qanun**. The remaining core items in a majority of communities were either generally available (21+ days per month) or sometimes available (7-20 days per month).

Despite an overall decrease in food item prices in comparison to July, due to increased availability of food items, the price decrease was not as pronounced as would be expected due to a simultaneous increase in the dollar exchange rate witnessed in August.



### WASH Items

With the exception of **Hseiniyeh and Bseimeh where assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) were only sometimes available in markets**, in all other assessed communities in Wadi Burda, they were available at least 21 days per month.




As was the case with food items, there was an overall decrease in the prices of the aforementioned hygiene and sanitation items' prices due to increased availability of these items on the market; however, the decrease was slightly mitigated by the increase in the dollar exchange rate.

## Fuel

Despite an increase in fuel availability due to the food for water agreement that allowed NFIs enter the Wadi Burda region, **butane and diesel were the only fuel sources available during August**. While butane was reportedly sometimes available in markets (7-20 days per month), diesel was reportedly generally unavailable (fewer than 6 days per month).

**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.**

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES<sup>9</sup>

	Item	Wadi Burda Average	Change since July <sup>10</sup>	Neighbouring non-hard to reach communities
	Bread private bakery (pack)	150 <sup>11</sup>	No Info	90
	Bread public bakery (pack)	150 <sup>12</sup>	No Info	55
	Rice (1kg)	500	No Info	500
	Bulgur (1kg)	350	No Info	180
	Lentils (1kg)	350	No Info	445 <sup>14</sup>
	Chicken (1kg)	1250	No Info	980
	Mutton (1kg)	5000	No Info	3627
	Tomato (1kg)	150	No Info	140
	Cucumber (1kg)	250	No Info	180
	Milk (litre)	220	No Info	170
	Flour (1kg)	450	No Info	186
	Eggs (1)	61	No Info	45
	Iodised salt (500g)	100	No Info	70
	Sugar (1 kg)	500	No Info	350
Cooking oil (litre)	1200	No Info	950	
	Soap (1 bar)	125	No Info	100
	Laundry powder (1kg)	500	No Info	520 <sup>13</sup>
	Sanitary pads (9)	378	No Info	355
	Toothpaste (125ml)	300	No Info	370 <sup>13</sup>
	Disposable diapers (24 pack)	3000	No Info	1080
	Butane (cannister)	3000	No Info	2677
	Diesel (litre)	447	No Info	209
	Propane (cannister)	Not available	No Info	2500
	Kerosene (litre)	Not available	No Info	533
	Coal (kg)	Not available	No Info	438
	Firewood (tonne)	Not available	No Info	48000

## Endnotes

<sup>1</sup> Figures based on data collected from local councils in the Wadi Burda region.

<sup>2</sup> 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.

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

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

<sup>5</sup> 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 background may have been informally trained by medical personnel to carry out emergency procedures.

<sup>6</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

<sup>7</sup> Calculation of average cost of food basket 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: April 2016' (link here).

<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Kisweh, Shokteliyeh and Qleiah.

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 September 2016).

<sup>10</sup> The communities were assessed for the first time, so no comparisons could be made to food price data from the previous month.

<sup>11</sup> Bread from private bakeries was only available in Bseimeh, so this value represents data from just this community.

<sup>12</sup> Bread from public bakeries was only available in Deir Maqran and Deir Qanun, so this value represents data from these two communities alone.

<sup>13</sup> Prices for some items might be lower in Wadi Burda compared to nonbesieged or hard to reach communities due to the agreement made in August that allowed more goods into the communities. This may have caused a corresponding decrease in prices of some goods.

# Syria Community Profile Update: Burza, Jober and Tadamon, Damascus

August 2016



## FOR HUMANITARIAN PURPOSES ONLY

	Burza	Jober	Tadamon
<b>UN classification:</b>	Hard to reach	Hard to reach	Hard to reach
<b>Estimated population<sup>1</sup>:</b>	30000-35000	500-600	1800-2000
<b>Of which estimated IDPs:</b>	12000-14000	0	0
<b>% pre-conflict population remaining:</b>	76-100%	1-25%	1-25%
<b>% of population that are female:</b>	76-100%	1-25%	1-25%

### SUMMARY

The neighbourhoods of Burza, Tadamon and Jober in Damascus governorate remain vulnerable due to conflict-related insecurity, restrictions preventing citizens from exiting the area as well as limited humanitarian access.

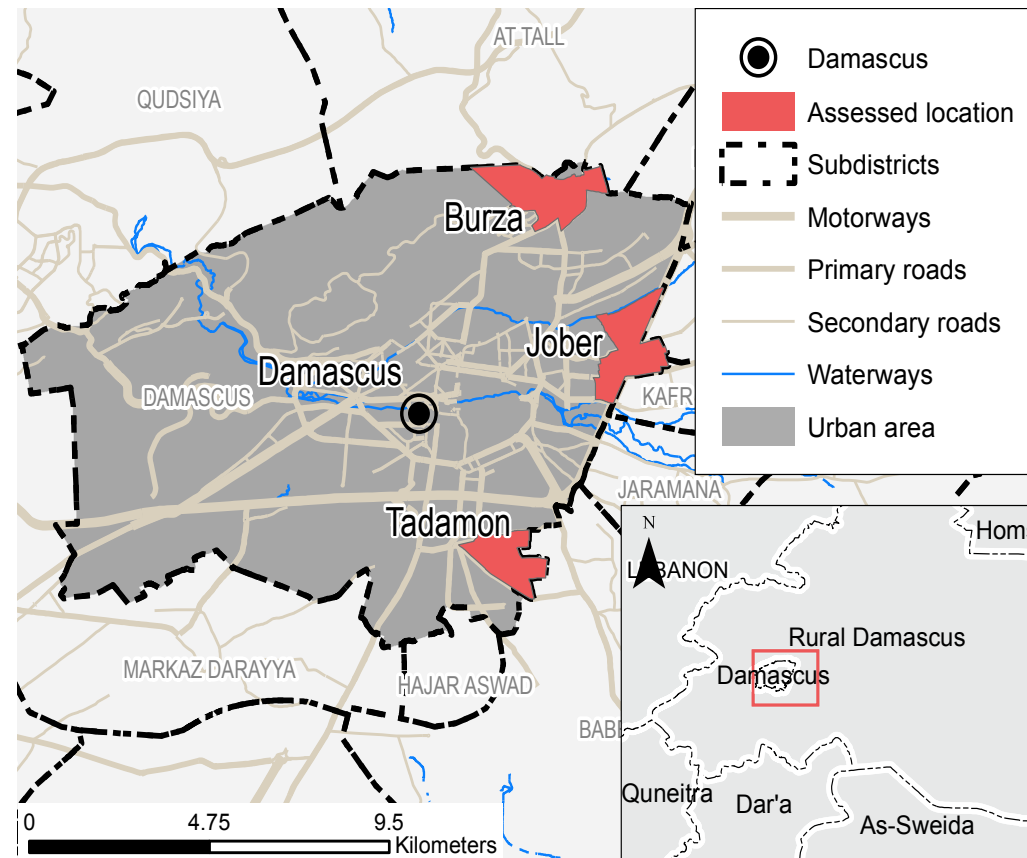
The community of Burza was profiled for the first time in August 2016; as such, reported changes with regards to the situation in July are based solely on comparisons made by community representatives. In the case of Jober and Tadamon, such comparisons were complemented, wherever possible, by data collected in June, when these communities were last assessed.

In August, populations in Tadamon and Jober reported restrictions on their freedom of movement, including checkpoints, as well as gunfire, detention and harassment upon attempts to leave.

Civilians in all three communities heavily rely on the procurement of goods and services from outside their respective neighbourhoods. However, movement restrictions for civilians reportedly increased compared to July in Tadamon, where the main formal entry point to the community was closed for several days.

While no price comparisons are available for Burza, food item prices decreased during August in Jober compared to June, and increased in Tadamon, reportedly due to lower availability of items given the temporary closure of the main entry point.

Access to electricity remained difficult in Jober and Tadamon, with both communities relying on generators. In Burza, populations can reportedly access the main network. **Overall, the humanitarian situation in August 2016 worsened in the community of Tadamon, while remaining similar to that in July in Burza and Jober.**



### CHANGES SINCE JULY

	Burza	Jober	Tadamon		Burza	Jober	Tadamon
Access Restrictions on Civilians	◆	◆	▲	Health Situation	◆	◆	◆
Commercial Vehicle Access	◆	◆	◆	Core Food Item Availability	◆	◆	◆
Humanitarian Vehicle Access	◆	◆	◆	Core Food Item Prices	No info	▼	▲
Access to Basic Services	◆	◆	◆	Overall Humanitarian Situation	◆	◆	◆

### METHODOLOGY

Based on data collected from community representatives inside Syria in August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.

## ACCESS TO SERVICES

	Burza	Jober	Tadamon
<b>WATER</b>	Main source of drinking water (status) Available water to meet household needs (coping strategies) Access to water network per week	Water network (safe to drink) Sufficient 7 days	Water network (safe to drink) Sufficient Network unavailable
<b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	8-12 hours 8-12 hours (network)	Network unavailable Network unavailable 2-4 hours (generator)
<b>EDUCATION</b>	Available education facilities  Barriers to education	Pre-conflict primary schools  All children had access to education	None  Services are too far, route to services unsafe, parents do not approve of curriculum

## MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to July in Burza:	◆
Change in # people able to leave compared to July in Jober:	◆
Change in # people able to leave compared to July in Tadamon:	▼

### People able to leave<sup>2</sup>

**Burza:** Employees and students on all weekdays without restriction through formal entry points. No informal entry points were reported.

**Jober:** No formal entry points were available; it was reported that around 26-50% of the population could leave the community through informal entry points.

**Tadamon:** Women, children and elderly people were reportedly allowed to leave the community through formal entry points; this was possible one day per week, upon presentation of documents. There was a decrease in the number of people allowed to leave, due to the closure for several days, in August, of the main crossing point. It was reported that 11-25% of the population could leave through informal points.

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

**Burza:** None reported  
**Jober:** Gunfire, shelling  
**Tadamon:** Gunfire, shelling, physical harassment, detention

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

Change since July in Burza:	◆
Change since July in Jober:	◆
Change since July in Tadamon:	◆

All communities: None reported

### Humanitarian vehicles

Change since July in Burza:	◆
Change since July in Jober:	◆
Change since July in Tadamon:	◆

All communities: None reported

### Goods entered

All three neighbourhoods reported that goods (food, fuel, medical items and NFIs) generally entered through civilians leaving and bringing back items.

In Tadamon, a decrease in the amount of goods entering was reported in August; this was due to the closure for several days of the main formal entry point.

## HEALTH SERVICES

Change in health situation in Burza compared to July:	◆
Change in health situation in Jober compared to July:	◆
Change in health situation in Tadamon compared to July:	◆

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

**Burza:** None reported  
**Jober:** Recycling medical items e.g. bandages syringes and needles, using non medical items for treatment  
**Tadamon:** Recycling medical items e.g. bandages syringes and needles

### Availability of medical personnel

**Burza:** Professionally trained surgeons, nurses and midwives; Others: dentists, pharmacists, volunteers without formal medical training.

**Jober:** Professionally trained nurses; Others: volunteers without formal medical training.

**Tadamon:** None.

Change since July ◆

### Medical services available

	Burza	Jober	Tadamon
Child immunization	✓	✗	✗
Diarrhea management	✓	✗	✗
Emergency care	✓	✓	✗
Skilled childbirth care	✓	✗	✗
Surgery <sup>6</sup>	✓	✗	✗
Diabetes care	✓	✗	✗
Change since July	◆	◆	◆

## Permanent medical facilities available

	B	J	T
Mobile clinics / field hospitals	✓	✗	✗
Informal emergency care points	✗	✓	✗
Pre-conflict hospitals	✗	✗	✗
Pre-conflict clinics / surgeries	✓	✗	✗
Change since July	◊	◊	◊

## Reported deaths this month<sup>3</sup>

	B	J	T
Deaths reportedly attributable to causes related to a lack of food	No known cases	No known cases	No known cases
Change since July	No info	◊	◊
Deaths attributable to sickness / disease	No known cases	No known cases	No known cases
Change since July	No info	◊	◊
Unusual illness breakouts	No known cases	No known cases	No known cases

## Unavailable medical items<sup>4</sup>

**Burza:** Anxiety medicine, contraception, clean bandages, blood transfusion bags, burn treatment, antibiotics, anaesthetics, medical scissors, heart medicine, blood pressure medicine

**Sometimes available:** Diabetes medicine.

Change since July ◊

**Jobber:** Anxiety medicine, clean bandages, blood transfusion bags, burn treatment, anaesthetics, diabetes medicine.

Change since July ◊

**Tadamon:** Anxiety medicine, contraception, clean bandages, blood transfusion bags, burn treatment, anaesthetics, medical scissors, diabetes medicine

Change since July ◊

## Most needed medical items<sup>5</sup>

	Burza	Jobber	Tadamon
1. Artificial limbs		Clean bandages	Clean bandages
2. Surgical equipment		Blood transfusion bags	Antibiotics
3. Diabetes medication		Antibiotics	Burn treatment

## FOOD

### Change in food situation compared to July in all three: ◊

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

**Burza:** Purchasing from shops and markets

**Jobber:** Purchasing from shops and markets, receiving through food distributions by local NGOs

**Tadamon:** Purchasing from shops and markets, receiving through food distributions, bartering

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

	Burza	Jobber	Tadamon
Reducing meal size	✓	✓	✓
Skipping meals	✗	✗	✗
Days without eating	✗	✗	✗
Eating weeds	✗	✗	✗
Food from garbage	✗	✗	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

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

**All three communities:** Shops

**Challenges to obtaining bread:** Flour expensive/hard to access, electricity/fuel insufficient, or too expensive/hard to access

Change in availability since July ↑

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>7</sup>

	Burza	Jobber	Tadamon	Nearby areas <sup>8</sup>
Average cost August (SYP) <sup>9</sup>	31301	32034	20807	24758
Change since June <sup>10</sup>	No info	↓	↑	No info

In all communities except Tadamon the cost of a standard food basket was more than 6000 SYP higher than in nearby communities in Damascus.

It was not possible to assess changes to the cost of a standard food basket in Burza due to the fact that the community was first assessed in the month of August. In Jobber and Tadamon, the average price of a standard food basket decreased by 17% in Jobber and increased by 22% in Tadamon, compared to June.

### Core food item availability

**Items unavailable in Burza:** Bread private, mutton

**Items unavailable in Jobber:** Bread public  
**Items that became available in August in Jobber:** None reported

**Items unavailable in Tadamon:** None reported

**Items that became available in August in Tadamon:** chicken, mutton, bread public/private

Change since July ◊

## WASH item availability / prices

While key hygiene and sanitation items were generally available in August, prices of soap reportedly increased by an average of 55% since June in Jober and Tadamon.




## Fuel availability / prices

Diesel, butane and firewood were the only available fuel sources in all neighbourhoods in August. The average price of diesel was more than 180% higher than in other neighbourhoods of Damascus city.

**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.**

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In August, prices of available food items in Jober were on average 29% higher than in nearby communities in Damascus governorate which are not considered hard to reach (Ayoubiya, Jalaa, Zahreh, Midan Wastani), while prices in Tadamon were on average 9% higher.

	Item	Burza	Jober	Change since June <sup>10</sup>	Tadamon	Change since June <sup>10</sup>	Nearby non-hard to reach communities <sup>8</sup>
	Bread private bakery (pack)	Not available	350 <sup>12</sup>	↓ -13%	300 <sup>12</sup>	Not available	190
	Bread public bakery (pack)	175 <sup>11</sup>	Not available	◇	200 <sup>12</sup>	Not available	55
	Rice (1kg)	500 <sup>11</sup>	600 <sup>12</sup>	↓ -8%	250 <sup>11</sup>	◇	386
	Bulgur (1kg)	300 <sup>11</sup>	450 <sup>12</sup>	↓ -10%	200 <sup>11</sup>	↓ -20%	300
	Lentils (1kg)	350 <sup>11</sup>	650 <sup>12</sup>	↓ -7%	500 <sup>11</sup>	↑ +67%	335
	Chicken (1kg)	1100 <sup>11</sup>	1800 <sup>12</sup>	↓ -10%	1100 <sup>11</sup>	Not available	925
	Mutton (1kg)	Not available	4800 <sup>12</sup>	↓ -4%	4500 <sup>11</sup>	Not available	3775
	Tomato (1kg)	200 <sup>11</sup>	125 <sup>12</sup>	↓ -17%	200 <sup>11</sup>	↓ -11%	190
	Cucumber (1kg)	150 <sup>11</sup>	150 <sup>12</sup>	↓ -63%	225 <sup>11</sup>	↓ -25%	218
	Milk (litre)	275 <sup>11</sup>	250 <sup>12</sup>	◇	250 <sup>11</sup>	◇	260
	Flour (1kg)	350 <sup>11</sup>	350 <sup>12</sup>	↓ -30%	300 <sup>11</sup>	↓ -25%	260
	Eggs (1)	35 <sup>11</sup>	60 <sup>12</sup>	◇	50 <sup>11</sup>	↑ +25%	35
	Iodised salt (500g)	100 <sup>11</sup>	200 <sup>12</sup>	↓ -33%	200 <sup>11</sup>	↑ +100%	185
	Sugar (1 kg)	500 <sup>11</sup>	550 <sup>12</sup>	↓ -15%	400 <sup>11</sup>	◇	330
Cooking oil (litre)	700 <sup>11</sup>	850 <sup>12</sup>	↓ -43%	700 <sup>11</sup>	◇	575	
	Soap (1 bar)	100 <sup>11</sup>	200 <sup>11</sup>	↑ +60%	150 <sup>11</sup>	↑ +50%	75
	Laundry powder (1kg)	750 <sup>11</sup>	600 <sup>11</sup>	↓ -20%	700 <sup>11</sup>	◇	580
	Sanitary pads (9)	400 <sup>11</sup>	350 <sup>11</sup>	↓ -50%	250 <sup>11</sup>	◇	375
	Disposable diapers (24 pack)	2000 <sup>11</sup>	2300 <sup>11</sup>	↑ +10%	1500 <sup>11</sup>	↑ +7%	1600
	Toothpaste (125ml)	200 <sup>11</sup>	450 <sup>11</sup>	↓ -31%	350 <sup>11</sup>	↑ +75%	212
	Butane (cannister)	12000 <sup>11</sup>	16000 <sup>12</sup>	↑ +14%	4000 <sup>12</sup>	◇	2000
	Diesel (litre)	375 <sup>11</sup>	525 <sup>12</sup>	↑ +17%	550 <sup>12</sup>	↑ +22%	180
	Propane (cannister)	Not available	Not available	◇	Not available	◇	3000
	Kerosene (litre)	300 <sup>11</sup>	Not available	◇	Not available	◇	275
	Coal (kg)	400 <sup>11</sup>	Not available	◇	Not available	◇	385
Firewood (tonne)	1000000 <sup>11</sup>	85000 <sup>11</sup>	↑ +31%	95000 <sup>11</sup>	◇	87500	

## Endnotes

<sup>1</sup> Figures based on local estimates, the last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016) estimate that the PiN within suburbs of Damascus is 164, 602.

<sup>2</sup> 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.

<sup>3</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

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

<sup>5</sup> '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 rather indicative of needs that speak to the trend in the priorities of medical items in the area.

<sup>6</sup> 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.

<sup>7</sup> Calculation of average cost of food basket 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: July 2016' (link here).

<sup>8</sup> Nearby neighbourhoods in Damascus which are not considered besieged/hard to reach: Ayoubiya, Jalaa, Zahreh, Midan Wastani

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>10</sup> Prices were compared to when the community was last assessed

<sup>11</sup> Generally available in markets this month (more than 20 days a month)

<sup>12</sup> Sometimes available on markets this month (7-20 days a month)

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

August 2016



**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

	Ar Rastan	Talbiseh	Taldu
<b>UN classification:</b>	Hard to reach	Hard to reach	Hard to reach
<b>Estimated population<sup>1</sup>:</b>	9000-9500	50000-60000	10000-15000
<b>Of which estimated IDPs:</b>	7000-8000	9000-10000	2000-3000
<b>% pre-conflict population remaining:</b>	26-50%	26-50%	1-25%
<b>% of population that are female:</b>	26-50%	26-50%	1-25%

### SUMMARY

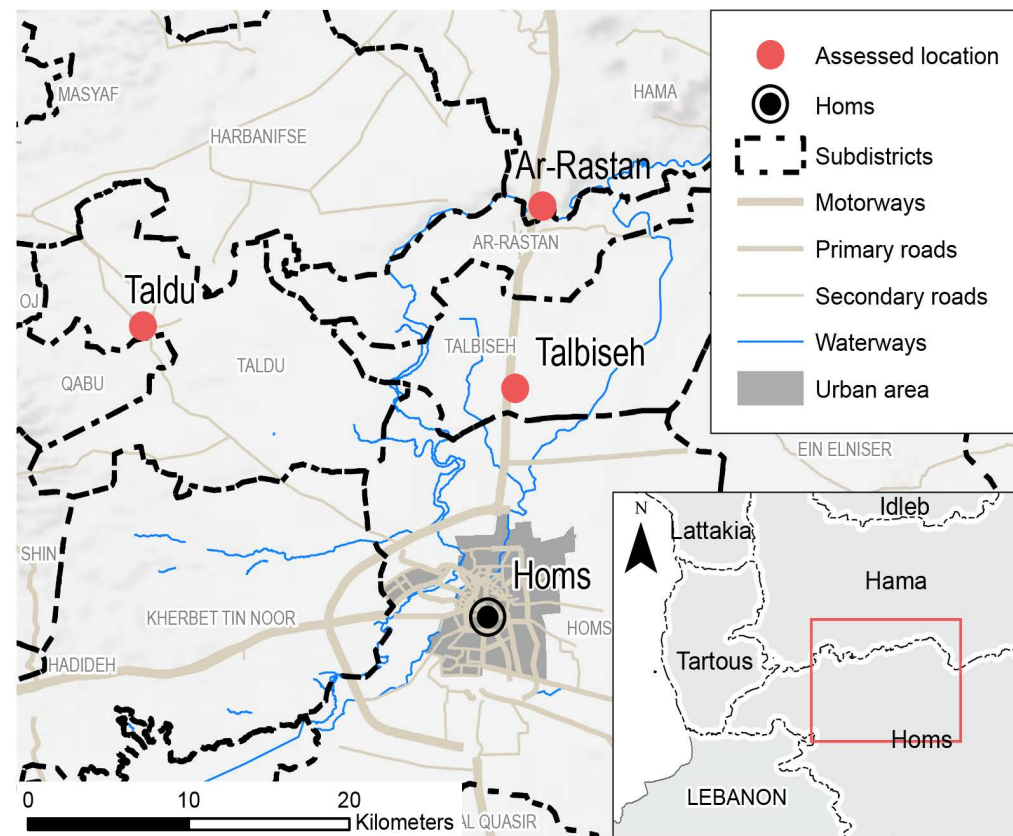
The communities of Ar Rastan, Talbiseh and Taldu are located within the northwestern region of Homs governorate between Homs and Hama cities. Since 2012, access restrictions have been placed on the city of Ar Rastan and the town of Talbiseh, as well as on communities such as Taldu in the surrounding Al Houleh region. During the first half of 2016, conditions in the Al Houleh region deteriorated: the intensification of conflict resulted in increased restrictions on civilian movement and on the entrance of goods such as food and medical items.

While this profile presents the situation in Ar-Rastan, Talbiseh and Taldu during August 2016, comparisons were made by community representatives to the situation in July; where possible, comparisons were also drawn with June, when the communities were last assessed.

In August, restrictions on civilian movement were similar across all communities, with populations allowed to move between locations but generally not able to leave the wider contested area. **Commercial vehicle access remained limited, with no vehicles reportedly able to enter.** Vehicles carrying humanitarian food aid were instead able to enter Ar Rastan, Talbiseh and Taldu this month, without any reported restrictions.

Prices of available food items in Ar Rastan decreased in comparison to the prior assessment in June; the availability of food, fuel, non-food items and medical items reportedly remained unchanged since July.

**Overall, no significant changes in the humanitarian situation were reported in Ar Rastan, Talbiseh or Taldu between July and August 2016.**



### CHANGES SINCE JULY

	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 in August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.

## ACCESS TO SERVICES

	Ar Rastan	Talbiseh	Taldu
<b>WATER</b>	Main source of drinking water (status) Available water to meet household needs (coping strategies) Access to water network per week	Water trucking (safe to drink) Insufficient (Spending money usually spent on other items to buy water) 1-2 days	Water trucking (safe to drink) Insufficient (Spending money usually spent on other items to buy water) 1-2 days
<b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	2-4 hours 2-4 hours (generator)	2-4 hours 2-4 hours (generator)
<b>EDUCATION</b>	Available education facilities  Barriers to education	Pre-conflict primary and secondary facilities; informal schools set up since conflict began  Facilities destroyed, route to services unsafe, children need to work	Pre-conflict primary and secondary facilities; informal schools set up since conflict began  Facilities destroyed, route to services unsafe, children need to work

## MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to July in all three:

### People able to leave<sup>2</sup>

All three communities faced similar conditions for movement of people. It was reported that everyone could travel between the three communities at any time of the week through formal entry/exit points, without any restrictions. Despite no travel restrictions within the three communities, only employees and students were reportedly allowed to leave the wider contested area upon providing the appropriate documentation.

Informal entry/exit points were also reported being used in all three communities.

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

**Ar Rastan:** Gunfire, shelling

**Talbiseh:** Gunfire, shelling, detention

**Taldu:** Gunfire, shelling, detention

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

Change since July in Ar Rastan:

Change since July in Talbiseh:

Change since July in Taldu:

No commercial vehicles reportedly entered the communities during August; goods were reportedly entering through informal points.

### Humanitarian vehicles

Change since July in Ar Rastan:

Change since July in Talbiseh:

Change since July in Taldu:

Humanitarian vehicles were reportedly allowed to enter the communities without any form of restriction; also, there were no reported barriers to receiving aid. Fewer vehicles reportedly entered Talbiseh compared to July.

### Goods entered

During August, food, NFIs, fuel and medical items reportedly entered all three communities mostly through civilians leaving and bringing goods back through formal or informal points. Food was also obtained through local production and aid deliveries in all of the three communities.

## HEALTH SERVICES

Change in health situation in Ar Rastan compared to July:

Change in health situation in Talbiseh compared to July:

Change in health situation in Taldu compared to July:

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

**All communities:** None reported

## Permanent medical facilities available

	Ar R.	Talb.	T
Mobile clinics / field hospitals			
Informal emergency care points			
Pre-conflict hospitals			
Pre-conflict clinics / surgeries			
Change since July			

### Availability of medical personnel

**Ar Rastan:** Professionally trained surgeons, doctors, nurses and midwives. Others: volunteers with informal medical training, medicine/pharmacy students

**Talbiseh:** Professionally trained surgeons, doctors, nurses and midwives. Others: volunteers with informal medical training

**Taldu:** Professionally trained doctors, nurses and midwives. Others: volunteers with informal medical training

Change since July

### Reported deaths this month<sup>3</sup>

	Ar R.	Talb.	Taldu
Deaths reportedly attributable to causes related to a lack of food	No known cases	No known cases	Yes
Change since July	◆	◆	◆
Deaths attributable to sickness / disease	Yes	Yes	No known cases
Change since July	No info	◆	◆
Unusual illness breakouts	No known cases	No known cases	No known cases

### Unavailable medical items<sup>4</sup>

**Ar Rastan:** Anti-anxiety medicine, contraception, clean bandages, blood transfusion bags, blood pressure medicine, burn treatment, anaesthetics, medical scissors

Change since July ◆

**Talbiseh:** Contraception, clean bandages, blood transfusion bags, blood pressure medicine, burn treatment, anaesthetics, medical scissors;

Heart and diabetes medicine sometimes available

Change since July ◆

**Taldu:** Clean bandages, blood transfusion bags, burn treatment, anaesthetics, medical scissors

Heart, diabetes and blood pressure medicines sometimes available

Change since July ◆

### FOOD

**Change in food situation compared to July in all three:** ◆

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

**All three communities:** Purchasing from shops or markets, home production, personal farms, food distributions.

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

	A	Talb.	Taldu
Reducing meal size	✓	✓	✓
Skipping meals	✓	✓	✓
Days without eating	✗	✗	✗
Eating weeds	✗	✗	✗
Food from garbage	✗	✗	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

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

**All three communities:** Private bakeries

**Challenges to obtaining bread in Ar Rastan and Talbiseh:** Flour unavailable or expensive/ hard to access, wheat expensive/ hard to access.

No challenges were reported in Taldu.

Change in availability since July ◆

### CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

#### Average cost of standard food basket<sup>7</sup>

	Ar R.	Talb.	Taldu	Nearby areas <sup>8</sup>
Average cost in August (SYP) <sup>9</sup>	37906	36722	37048	34743
Change since June <sup>10</sup>	◆	◆	◆	No info

The average cost of standard food baskets in Ar Rastan, Talbiseh and Taldu were approximately 7% more expensive than in nearby communities in Homs governorate which are not considered hard to reach.

There was no significant changes between prices reported in June and August.

#### Core food item availability

**Items unavailable:** Bread (public bakeries)

**Items that became available in August:** None

#### WASH item availability / prices

**All three communities:** With the exception of sanitary pads, all key sanitary and hygiene items (soap, toothpaste, laundry powder, and diapers) were available in August. In Ar Rastan prices of most assessed items increased between June and August, while in Talbiseh and Taldu, prices generally remained the same.

### Most needed medical items<sup>5</sup>

	Ar Rastan	Talbiseh	Taldu
1. Burn treatment	Antibiotics	Blood transfusion bags	
2. Surgical equipment	Burn treatment	Surgical equipment	
3. Anaesthetics	Surgical equipment	Antibiotics	

### Medical services available




	Ar R.	Talb.	Taldu
Child immunization	✓	✓	✓
Diarrhea management	✓	✓	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✓	✓	✓
Surgery <sup>6</sup>	✓	✓	✓
Diabetes care	✗	✓	✗
Change since July	◆	◆	◆

## Fuel availability / prices

In August, diesel, butane and firewood were the only available fuel sources across the three communities. Market availability appears to have improved since communities were assessed in June with firewood previously unavailable and prices of butane and diesel having generally reduced.

### CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In August, prices of available food items in the three communities assessed were between 10-20% higher than in nearby communities in Homs governorate which are not considered hard to reach (Makrumiyeh, Zmeimer, and Deir Fool).

	Item	Ar Rastan	Change since June <sup>10</sup>	Talbiseh	Change since June <sup>10</sup>	Taldu	Change since June <sup>10</sup>	Nearby non-hard to reach communities <sup>8</sup>
	Bread private bakery (pack)	280 <sup>11</sup>	↑ +12%	250 <sup>11</sup>	◇	250 <sup>11</sup>	◇	250
	Bread public bakery (pack)	Not available	◇	Not available	◇	Not available	◇	No info
	Rice (1kg)	290 <sup>11</sup>	↓ -17%	300 <sup>11</sup>	◇	300 <sup>11</sup>	↓ -14%	280
	Bulgur (1kg)	200 <sup>11</sup>	◇	200 <sup>11</sup>	↑ +25%	250 <sup>11</sup>	◇	175
	Lentils (1kg)	625 <sup>11</sup>	↓ -4%	600 <sup>11</sup>	↓ -14%	600 <sup>11</sup>	◇	533
	Chicken (1kg)	725 <sup>11</sup>	↓ -28%	700 <sup>11</sup>	↓ -99%	750 <sup>11</sup>	↓ -38%	816
	Mutton (1kg)	2950 <sup>11</sup>	↑ +2%	3000 <sup>11</sup>	↑ +3%	3000 <sup>11</sup>	◇	2883
	Tomato (1kg)	225 <sup>11</sup>	↓ -25%	250 <sup>11</sup>	↓ -29%	250 <sup>11</sup>	↓ -17%	158
	Cucumber (1kg)	200 <sup>11</sup>	↓ -20%	200 <sup>11</sup>	◇	200 <sup>11</sup>	↓ -20%	167
	Milk (litre)	115 <sup>11</sup>	↑ +15%	15 <sup>11</sup>	↑ +20%	120 <sup>11</sup>	↑ +20%	108
	Flour (1kg)	275 <sup>11</sup>	↓ -8%	275 <sup>12</sup>	↓ -8%	275 <sup>11</sup>	↓ -8%	267
	Eggs (1)	40 <sup>11</sup>	↓ -20%	40 <sup>11</sup>	↓ -20%	40 <sup>11</sup>	↓ -38%	40
	Iodised salt (500g)	125 <sup>11</sup>	↑ +317%	125 <sup>11</sup>	↑ +400%	125 <sup>11</sup>	↑ +317%	125
	Sugar (1 kg)	375 <sup>11</sup>	↓ -6%	375 <sup>11</sup>	↓ -6%	375 <sup>11</sup>	↓ -12%	375
	Cooking oil (litre)	875 <sup>11</sup>	↓ -3%	950 <sup>11</sup>	↑ +11%	1000 <sup>11</sup>	◇	900
	Soap (1 bar)	60 <sup>11</sup>	↑ 20%	60 <sup>11</sup>	↓ -10%	45 <sup>11</sup>	↓ -31%	45
	Laundry powder (1kg)	600 <sup>11</sup>	↑ 9%	650 <sup>11</sup>	↓ -7%	650 <sup>11</sup>	◇	625
	Sanitary pads (9)	No info	No info	No info	No info	No info	No info	533
	Toothpaste (125ml)	275 <sup>11</sup>	↑ +10%	250 <sup>11</sup>	↑ +25%	250 <sup>11</sup>	◇	258
	Disposable diapers (24 pack)	1850 <sup>11</sup>	↓ -8%	1850 <sup>11</sup>	↓ -8%	2000 <sup>11</sup>	↓ -13%	2016
	Butane (cannister)	7500 <sup>11</sup>	◇	7000 <sup>11</sup>	↓ -6%	7500 <sup>11</sup>	↓ -17%	7767
	Diesel (litre)	400 <sup>11</sup>	↓ -27%	390 <sup>11</sup>	Not available	400 <sup>11</sup>	↓ -38%	450
	Propane (cannister)	Not available	◇	Not available	◇	Not available	◇	No info
	Kerosene (litre)	Not available	◇	Not available	◇	Not available	◇	No info
Coal (kg)	Not available	◇	Not available	◇	Not available	◇	No info	
Firewood (tonne)	75000 <sup>11</sup>	Not available	75000 <sup>12</sup>	Not available	75000 <sup>11</sup>	Not available	No info	

**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.**

#### Footnotes

<sup>1</sup> Figures based on estimates by local actors within communities assessed. The last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016) estimates that population figures within assessed sub-district are up to; Ar Rastan (110, 000), Talbiseh (84,000) and Taldu (71, 000).

<sup>2</sup> 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.

<sup>3</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

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

<sup>5</sup> '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 rather indicative of needs that speak to the trend in the priorities of medical items in the area.

<sup>6</sup> 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.

<sup>7</sup> Calculation of average cost of food basket 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: July 2016' (link here).

<sup>8</sup> Nearby communities in Homs governorate which are not considered besieged/hard to reach: Makrumiyeh, Zmeimer, and Deir Fool.

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>10</sup> Prices were compared to when the community was last assessed

<sup>11</sup> Generally available in markets this month (more than 20 days a month)

<sup>12</sup> Sometimes available on markets this month (7-20 days a month)

### 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 faced critical levels of food insecurity before a local truce agreement in the area was reached. While this profile refers to the situation in August 2016, comparisons were made by community representatives to changes observed since July, and where possible, comparisons have been drawn to June, when communities were last assessed.

In August, **freedom of movement remained limited, with only 11-25% of the population allowed to leave. Permission to move through formal entry/exits was only given to women, children, and the elderly once or twice a week upon showing documentation.** Individuals continued to use informal points, as was the case in July. Medical personnel were occasionally permitted to travel to and from the neighbouring communities of Yalda, Babella, and Beit Saham.

**No vehicles, commercial or humanitarian, were allowed entry through formal points in Hajar Aswad.** However, some food, NFIs, fuel, and medicine were able to enter with civilians entering or exiting the community.

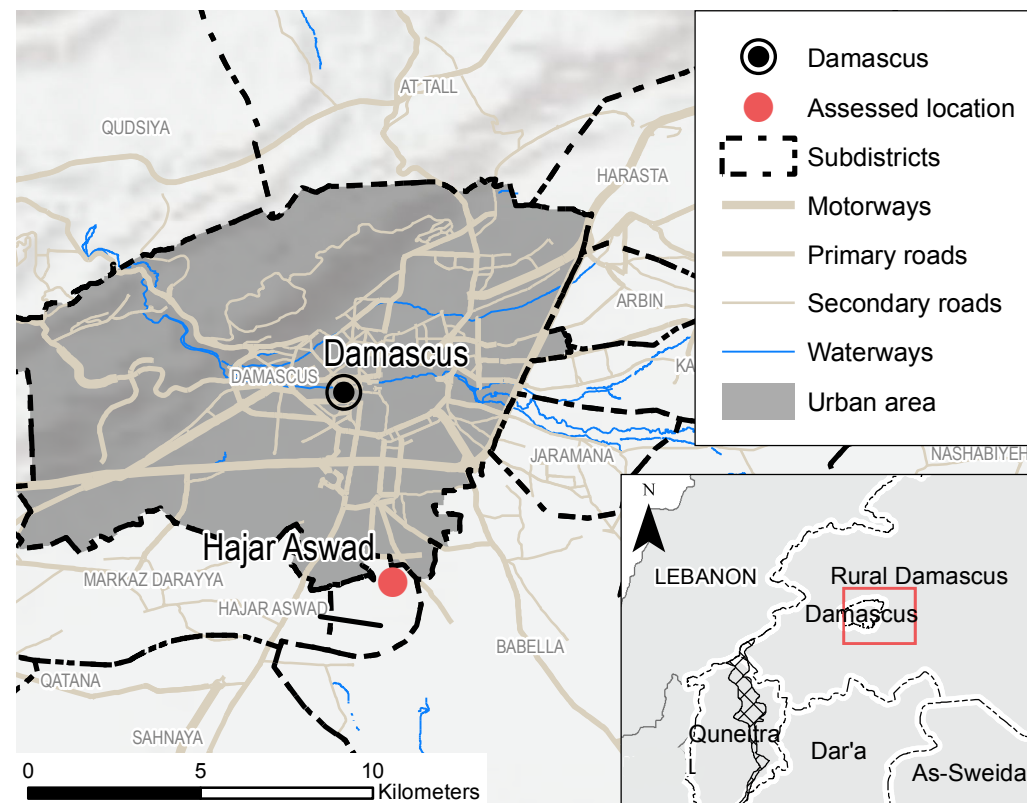
Access to basic water, education, and health services remained largely the same from July to August. While there was no change in the number of medical facilities available or the number of medical personnel, there was a change in the type

<b>UN classification:</b>	Hard to reach
<b>Estimated population<sup>1</sup>:</b>	5500
<b>Of which IDPs:</b>	700
<b>% pre-conflict population remaining:</b>	1-25%
<b>% population female:</b>	1-25%

of medical personnel operating in Hajar Aswad as physicians often travel between Hajar Aswad and the neighbouring communities of Yalda and Babella dependent on need.

**Most assessed core food items were reportedly available in markets; however, bread (private and publicly available) remained unavailable, individuals in Hajar Aswad had to travel to Babella and Yalda in order to access flour and bread through local distributions.** The prices of food reportedly increased due to the increase in the US dollar exchange rate. This month, populations reported reducing meal size and skipping meals in order to cope with the lack of food.

**Overall, the humanitarian situation appears to have remained largely the same between July and August, with continued restrictions on vehicle and human movement, limited medical services, and access to food, NFI and medical items.**




#### CHANGES SINCE JULY

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 August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.

## MOVEMENT OF CIVILIANS

Change in # people able to leave compared to July: 

### People able to leave<sup>2</sup>

Approximately 11-25% of people were able to leave Hajar Aswad in August through formal entry and exit; however, this was limited to women, children and elderly, once or twice a week, upon showing documents.

Informal points used: Yes, used by approximately 26-50% of the population, unchanged from the previous month of July

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

Verbal harassment, detention, gunfire


## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

Change since July: 




Able to enter: None reported

### Humanitarian vehicles

Change since July: 

Able to enter: None reported

## ACCESS TO SERVICES

 <b>WATER</b>	Main source of drinking water (status) Available water to meet household needs (coping strategies) Access to water network per week	Private water trucking (safe to drink) Insufficient (Modifying hygiene practices i.e. bathing less) Network unavailable
 <b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	Network unavailable 2-4 hours (Generator)
 <b>EDUCATION</b>	Available education facilities Barriers to education Change in number of children attending school	Informal schools set up since conflict began Routes unsafe, lack of school supplies Fewer children attending school due to school holidays

### Goods entered

As was the case in July, there was **no movement of either commercial or humanitarian vehicles into or out of Hajar Aswad in August**. Limited amounts of food, NFIs, medical items, and fuel were able to enter with civilians permitted to enter and exit the community using formal and informal routes


### Availability of medical personnel

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

#### **Others providing medical services:**

Pharmacists and volunteers with informal medical training

**While the number of medical personnel remained the same from July to August, the type of personnel changed, as medical specialists move between Hajar Aswad, Yalda and Babella**, explaining why there were no dentists and herbalists in Hajar Aswad in contrast to the prior assessment in June.

Change since July: 

### Unavailable medical items<sup>4</sup>





**Items available:** Heart, diabetes, and blood pressure medicine; contraception; antibiotics; medical scissors


Anaesthetics and antibiotics were sometimes available

## HEALTH SERVICES

Change in health situation compared to July: 

### Permanent medical facilities available








Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
Change since July	

Change since July: 



### Most needed medical items<sup>5</sup>

1. Antibiotics
2. Burn treatment
3. Clean bandages

### Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery <sup>6</sup>	
Diabetes care	
Change since July	

### Reported deaths this month<sup>3</sup>

Deaths reportedly attributable to causes related to a lack of food	No known cases
Change since July	
Deaths attributable to sickness / disease	No known cases
Change since July	
Unusual illness breakouts	No known cases

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

Recycling medical items e.g. bandages syringes and needles; no change since prior assessment in June

## FOOD

### Change in food situation compared to July:



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

Purchasing from shops markets

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

Most common source: Shops

**Challenges to obtaining bread:** Electricity and fuel too expensive/hard to access, wheat unavailable, flour unavailable/hard to access

Despite these challenges, individuals from Hajar Aswad were able to access bread by traveling to the nearby communities of Babella and Yalda, and returning with bread, distributed by local organisations.

Change since July



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

Reducing meal size



Skipping meals



Days without eating



Eating weeds



Food from garbage



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>7</sup>

	Hajar Aswad	Nearby areas <sup>8</sup>
Average cost August (SYP) <sup>9</sup>	20007	23937
Change since June <sup>10</sup>	↑	No info

The average cost of a standard food basket, excluding bread due to unavailability, **increased by 18% since June**. While the price was 16% lower than the average cost in nearby communities not considered besieged/hard to reach<sup>11</sup>. This is most likely due to the exclusion of bread in the calculation, which represents a heavily weighted portion of the bread basket.

### Core food item availability

**Items unavailable:** bread (private and public bakeries)

Change since July



### WASH item availability / prices

Assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste, and disposable diapers) were generally available in August<sup>12</sup>. In comparison to July, prices of these items increased by an average of 30%, most likely due to the continued limited supply of goods able to enter the community and corresponding depletion of stocks.

### Fuel availability / prices

**Butane, diesel, and firewood were the only available fuel sources in August.** The price of diesel has increased by 22% since June, due to limited supply and consumption of stocks; it is more than 160% higher than prices in nearby communities not considered hard to reach.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

With the exception of bread, assessed core food items were generally available<sup>12</sup> in August. However prices of available items in Hajar Aswad were on average 11% higher than June when the community was last assessed.

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	Change since June <sup>10</sup>	Nearby non-hard to reach areas
Food Items	Bread private bakery (pack)	Not available	◆	90
	Bread public bakery (pack)	Not available	◆	55
	Rice (1kg)	225 <sup>12</sup>	↓ -10%	500
	Bulgur (1kg)	200 <sup>12</sup>	↓ -20%	180
	Lentils (1kg)	500 <sup>12</sup>	↑ +67%	445
	Chicken (1kg)	1100 <sup>12</sup>	No info	980
	Mutton (1kg)	4500 <sup>12</sup>	No info	3627
	Tomato (1kg)	200 <sup>12</sup>	↓ -10%	140
	Cucumber (1kg)	225 <sup>12</sup>	↓ -25%	180
	Milk (litre)	250 <sup>12</sup>	◆	170
	Flour (1kg)	300 <sup>12</sup>	↓ -25%	186
	Eggs (1)	50 <sup>12</sup>	↑ +25%	45
	Iodised salt (500g)	200 <sup>12</sup>	↑ +100%	70
WASH Items	Sugar (1 kg)	400 <sup>12</sup>	◆	350
	Cooking oil (litre)	650 <sup>12</sup>	↓ -7%	950
	Soap (1 bar)	150 <sup>12</sup>	↑ +50%	100
	Laundry powder (1kg)	700 <sup>12</sup>	◆	520
	Sanitary pads (9)	250 <sup>12</sup>	◆	355
Fuel	Toothpaste (125ml)	350 <sup>12</sup>	↑ +75%	370
	Disposable diapers (24 pack)	1500 <sup>12</sup>	No info	1080
	Butane (cannister)	4000 <sup>12</sup>	◆	2677
	Diesel (litre)	550 <sup>12</sup>	↑ +22%	209
	Propane (cannister)	Not available	◆	2500
	Kerosene (litre)	Not available	◆	533
Coal (kg)	Not available	◆	438	
Firewood (tonne)	9500 <sup>12</sup>	◆	48000	

## Endnotes

<sup>1</sup> Figures based on the last comprehensive quarterly UN update of People in Need (PIN) across all besieged areas (June 2016).

<sup>2</sup> 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.

<sup>3</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain population to pay the fees required to use them.

<sup>3</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities

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

<sup>5</sup> '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 rather indicative of needs that speak to the trend in the priorities of medical items in the area.

<sup>6</sup> 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.

<sup>7</sup> Calculation of average cost of food basket 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: July 2016' ([link here](#)).

<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Kisweh, Shokteliyeh and Qleiah; to enable comparisons between food basket prices, bread was excluded from total food basket calculations for these areas.

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>10</sup> Prices were compared to when the community was last assessed

<sup>11</sup> A relatively low food basket price might be due to the inability to include key items such as bread in the calculations.

<sup>12</sup> Generally available in markets (21+ days this month)

**FOR HUMANITARIAN PURPOSES ONLY**

**SUMMARY**


Khan Elshih is a largely Palestinian community, located southwest of Damascus that has been affected by access restrictions since March 2013. There exists only one road into and out of Khan Elshih; however due to insecurity, this road is considered too dangerous for civilian use. While this profile refers to the situation in August 2016, comparisons were made by community representatives with the situation in July, and where possible, comparisons were also drawn with June, when the community was last assessed.

**Civilian movement remained tightly restricted during August, with very few people able to enter or leave the community through the formal route.** While this was also the case in June, community representatives indicated that informal routes were becoming more difficult to use due to increased insecurity and risk to life. Airstrikes continued during August resulting in a greater number of security-related casualties in comparison to July.

As was the case in June, **no vehicles carrying either commercial or humanitarian goods were able to enter Khan Elshih** during August. Consequently, the few people who were able to leave the community (largely only women, children and elderly people) were required to travel to nearby communities to access bread and other basic food items.

Health facilities and personnel struggled to cope with the increased caseload during August as very few medicines and medical items entered the community. **All assessed medical items were unavailable**, with the exception of clean bandages and blood transfusion bags, which were sometimes available.

As was the case in June, **populations have resorted to recycling items such as syringes,**



**UN classification:** Hard to reach

**Estimated population<sup>1</sup>:** 12000 - 12500 indiv.

**Of which IDPs:** 1500 - 2000

**% pre-conflict population remaining:** 26-50%

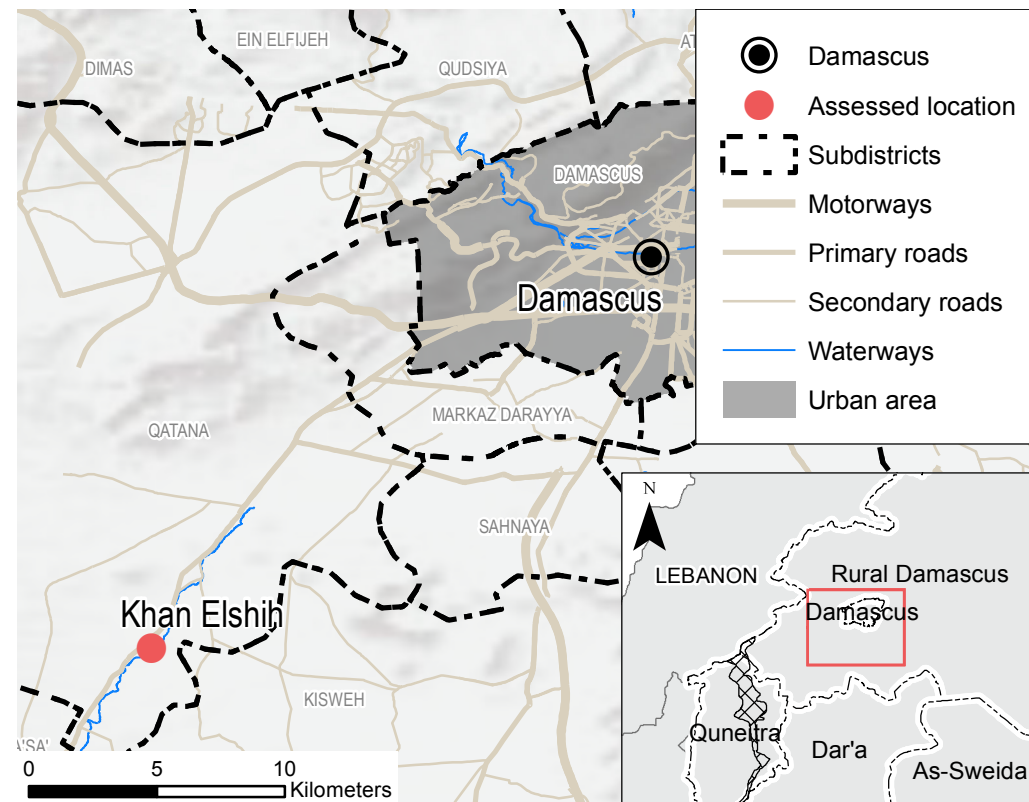
**% population female:** 26-50%

**bandages and needles in order to cope with the shortage of medical supplies.**

There was a reduction in the amount of available drinking water this month due to a decline in the level of water in closed wells. As the quantity of water available was insufficient to meet household needs, populations have reportedly been spending money usually spent on other things to buy water and modifying their hygiene practices (i.e. bathing less) in order to cope.

Finally, while most assessed food, fuel, hygiene and sanitation items were available in markets, prices across the board have increased since June. On average, food items increased by 30%, and hygiene and sanitation items by 93%. **The price of diesel was 44% higher in Khan Elshih than in nearby communities not considered hard to reach.**

**Overall, the situation in Khan Elshih has continued to worsen since June. Amid heightened conflict, populations are increasingly vulnerable due to reduced access to water and a decreased capacity of the health system to meet population needs.**




**CHANGES SINCE JULY**

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 in August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.

## MOVEMENT OF CIVILIANS

**Change in # people able to leave compared to July:** 

### People able to leave<sup>2</sup>

As was the case in previous months, only some women and children were able to leave Khan Elshih through formal routes during August, upon showing required documentation.

Informal points used: Yes

Informal routes are perceived as increasingly dangerous, and therefore only used by a small portion of the population.

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

Gunfire, shelling, verbal and physical harassment, detention, and conscription


## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since July:** 




Able to enter: None reported

### Humanitarian vehicles

**Change since July:** 

Able to enter: None reported


## ACCESS TO SERVICES

 <b>WATER</b>	Main source of drinking water (status)	Closed wells (Safe to drink)
	Available water to meet household needs (coping strategies)	Insufficient (Spending money usually spent on other things to buy water; modifying hygiene practices i.e. bathe less)
	Access to water network per week	5 - 6 days
 <b>ELECTRICITY</b>	Access to electricity network per day	4 - 8 hours
	Access to electricity (main source) per day	4 - 8 hours (Main network)
 <b>EDUCATION</b>	Available education facilities	Pre-conflict primary schools
	Barriers to education	Facilities destroyed, routes to services unsafe, children need to work
	Change in number of children attending school	About the same

### Goods entered






All assessed goods (food, fuel, NFIs and medical items) entered the community through civilians traveling in and out of the community via both formal and informal routes. In August there was no change in the quantity of goods able to enter.

## HEALTH SERVICES

**Change in health situation compared to July:** 

Despite no change in medical indicators since July, the health situation reportedly worsened in August, as health facilities and personnel struggled to cope with an increased caseload and limited medicines and medical items entering the community.


### Permanent medical facilities available

Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
<b>Change since July</b>	

### Availability of medical personnel

**Personnel available:** Professionally trained surgeons, doctors, nurses, midwives

**Others providing medical services:** Dentists, veterinarians, pharmacists, anesthesiologists, medical or pharmacy students and volunteers with informal medical training

**Change since July** 

### Unavailable medical items<sup>4</sup>

**Items unavailable:** Anaesthetics, antibiotics, burns treatment, anti-anxiety medication, contraception, medical scissors and medicine for heart, diabetes and blood pressure








Clean bandages and blood transfusion bags were sometimes available

**Change since July** 



### Most needed medical items<sup>5</sup>

- Clean bandages
- Blood transfusion bags
- Antibiotics

### Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery <sup>6</sup>	
Diabetes care	
<b>Change since July</b>	

### Reported deaths this month<sup>3</sup>

Deaths reportedly attributable to causes related to a lack of food	No known cases
<b>Change since July</b>	
Deaths attributable to sickness / disease	Yes
<b>Change since July</b>	
Unusual illness breakouts	No known cases

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

Recycling medical items, e.g. bandages, syringes and needles

## FOOD

### Change in food situation compared to July:



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

Purchasing from shops and markets, people bringing in food from nearby communities

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

**Most common source:** Shops

**Challenges to obtaining bread:** Bakeries in Khan Elshih are not functioning, in order to access bread civilians need to travel to nearby Kisweh and purchase bread.

Change since July



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

Reducing meal size	✗
Skipping meals	✗
Days without eating	✗
Eating weeds	✗
Food from garbage	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>7</sup>

	Khan Elshih	Nearby areas <sup>8</sup>
Average cost August (SYP) <sup>9</sup>	25932	25900
Change since June <sup>10</sup>	↑	No info

The average cost of a standard food basket, excluding bread due to unavailability, increased by 16% from June to August in Khan Elshih. In comparison to nearby communities, the price of a food basket was relatively similar<sup>8</sup>.

### Core food item availability

**Items unavailable:** bread (private and public bakeries)

Change since July



### WASH item availability / prices

With the exception of soap, prices of all hygiene and sanitation items have increased since June. On average, prices increased by 93%, with the largest increase being laundry powder which increased by 243% between June and August.

### Fuel availability / prices

Most fuel sources were unavailable in August. Further, price of available items increased by an average of 13% since June. The price of diesel was 44% higher than in nearby communities not considered hard to reach.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

With the exception of bread, assessed core food items were generally available in markets in August. On average, prices increased by 30% since June, most notably tomato and bulgur, which increased by 100% and 50% respectively.

**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	Khan Elshih	Change since June <sup>10</sup>	Nearby non-hard to reach areas <sup>8</sup>
Food Items	Bread private bakery (pack)	Not available	◆	90
	Bread public bakery (pack)	Not available	◆	55
	Rice (1kg)	600 <sup>11</sup>	↑ +20%	500
	Bulgur (1kg)	300 <sup>11</sup>	↑ +50%	180
	Lentils (1kg)	400 <sup>11</sup>	↑ +33%	445
	Chicken (1kg)	1200 <sup>11</sup>	↓ -20%	980
	Mutton (1kg)	3500 <sup>11</sup>	↑ +21%	3627
	Tomato (1kg)	250 <sup>11</sup>	↑ +100%	140
	Cucumber (1kg)	250 <sup>11</sup>	◆	180
	Milk (litre)	150 <sup>11</sup>	◆	170
	Flour (1kg)	300 <sup>11</sup>	↑ +50%	186
	Eggs (1)	50 <sup>11</sup>	◆	45
	Iodised salt (500g)	100 <sup>11</sup>	◆	70
	Sugar (1 kg)	475 <sup>11</sup>	↑ +19%	350
WASH Items	Cooking oil (litre)	700 <sup>11</sup>	↓ -13%	950
	Soap (1 bar)	100 <sup>11</sup>	◆	100
	Laundry powder (1kg)	1200 <sup>11</sup>	↑ +243%	520
	Sanitary pads (9)	500 <sup>11</sup>	↑ +100%	355
	Toothpaste (125ml)	350 <sup>11</sup>	↑ +100%	370
Fuel	Disposable diapers (24 pack)	2000 <sup>11</sup>	↑ +75%	1080
	Butane (cannister)	3000 <sup>11</sup>	◆	2677
	Diesel (litre)	370 <sup>11</sup>	↑ +19%	209
	Propane (cannister)	Not available	◆	2500
	Kerosene (litre)	Not available	◆	533
Coal (kg)	Not available	◆	438	
Firewood (tonne)	75000 <sup>11</sup>	↑ +20%	48000	

## Endnotes

<sup>1</sup> Figures based on the last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016).

<sup>2</sup> 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.

<sup>3</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities

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

<sup>5</sup> '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 rather indicative of needs that speak to the trend in the priorities of medical items in the area.

<sup>6</sup> 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.

<sup>7</sup> Calculation of average cost of food basket 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: July 2016' ([link here](#)).

<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Kisweh, Shokteliyeh and Qleiah; to enable comparisons between food basket prices, bread was excluded from total food basket calculations for these areas.

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>10</sup> Prices were compared to when the community was last assessed

<sup>11</sup> Generally available in markets (16- 21 days this month)

# Syria Community Profile Update: Hama and Qudsiya, Rural Damascus

August 2016



**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

	Hama	Qudsiya
<b>UN classification:</b>	Hard to reach	Hard to reach
<b>Estimated population<sup>1</sup>:</b>	15000 indiv.	25000 indiv.
<b>Of which estimated IDPs:</b>	3000-3800 indiv.	11000 indiv.
<b>% pre-conflict population remaining:</b>	1-25%	76-100%
<b>% of population that are female:</b>	1-25%	1-25%

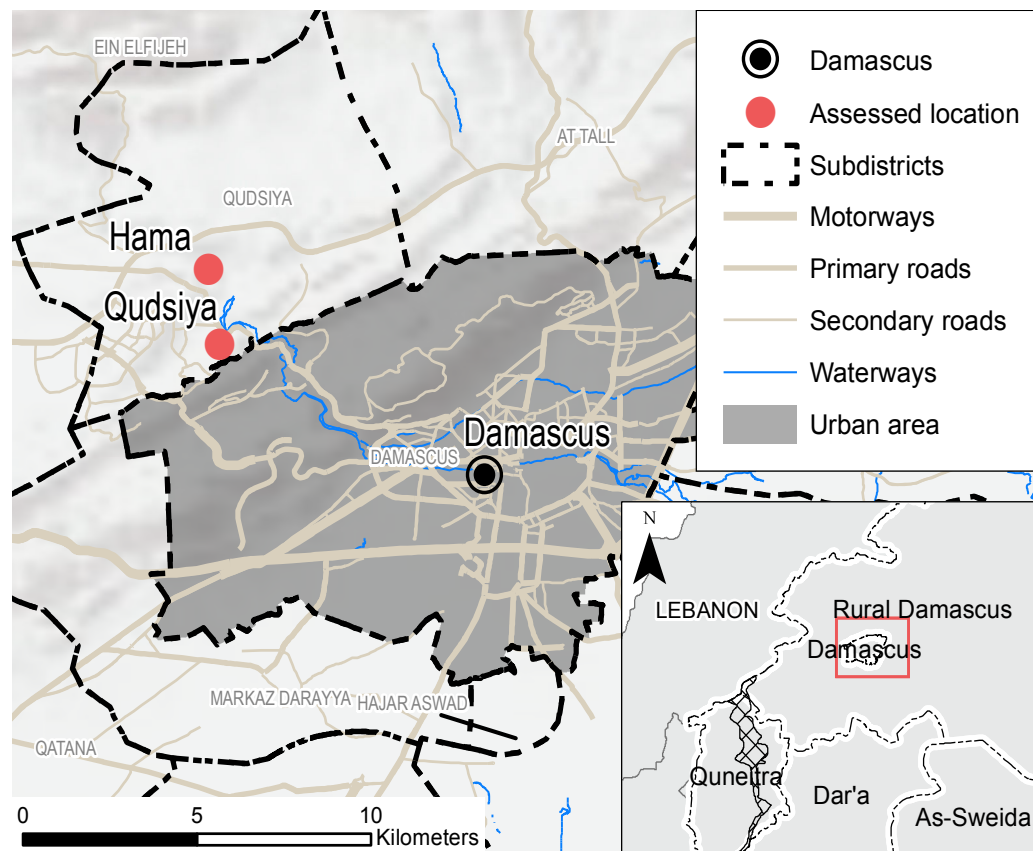
### SUMMARY

Hama and Qudsiya are located northwest of Damascus. Despite a reported truce agreement in November 2015, both communities continue to face access restrictions. While this profile presents the situation in Hama and Qudsiya during August 2016, comparisons were made by community representatives to the situation observed in July. Where possible, comparisons were also drawn with June, when the community was last assessed.

**Restrictions on the movement of civilians have increased since July.** Although they may move freely between the two communities, restrictions inhibit movement elsewhere. Outward travel is only permitted through two formal points in Qudsiya. **A previously used third formal point was rendered inaccessible in August due to newly imposed restrictions.** Civilian movement also reportedly decreased due to increased risks associated with movement,

including harassment, arrests, and gunfire. Fewer commercial vehicles were allowed access in comparison to July, and vehicle movement outside the communities was highly restricted. Limited quantities of food, fuel, and NFIs entered both communities, primarily carried by civilians. **In contrast to July, medical items were banned from entry.** This contributed to the deterioration in the health situation particularly in Qudsiya, where the comparatively higher population and demand for limited medical services placed strain on facilities. As the case in July, **no humanitarian vehicles reportedly entered either community.**

**The humanitarian situation declined from July to August, primarily due to the tightening of access restrictions, affecting the availability of food, fuel, medical items and NFIs in both communities.** The change was more acute in Qudsiya, where already limited resources were overburdened due to the larger population.



### CHANGES SINCE JULY

	Hama	Qudsiya		Hama	Qudsiya
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 in August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.

## ACCESS TO SERVICES

	Hama	Qudsiya
<b>WATER</b>	Main source of drinking water (status) Available water to meet household needs (coping strategies) Access to water network per week	Water network (Safe to drink) Sufficient 1-2 days
<b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	2-4 hours 2-4 hours (Main network)
<b>EDUCATION</b>	Available education facilities Barriers to education Change in number of children attending school	Pre-conflict primary, secondary, and high schools None reported About the same

## MOVEMENT OF INDIVIDUALS

**Change in # people able to leave compared to July:**

### People able to leave<sup>2</sup>

Civilian populations may move freely between Hama and Qudsiya, if able to present identification when requested; however, movement into the wider area was limited, decreasing from July.

No informal entry/exit points were used.

**Hama:** 26- 50% of people were able to leave in August. Of these, some civilians were permitted to leave the wider area through two formal points in Qudsiya (Al Haras or Al Dahyeh), but only on weekdays upon showing identification.

**Qudsiya:** 51-75% of people were able to leave in August. Upon presentation of required identification, some civilians were permitted to leave the greater area. A greater number of people were able to leave Qudsiya in comparison to Hama, as those leaving Hama needed to travel through Qudsiya to access the two formal points, while access to these exit points was easier for those already residing in Qudsiya.

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

**Hama:** Gunfire; verbal, physical, and sexual harassment; violence towards women; detention; confiscation of documents

**Qudsiya:** Sexual, verbal, and physical harassment; violence towards women; detention; confiscation of documents; conscription

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change in both since July:**

**Both communities:** Some commercial vehicles were allowed entry through formal points on select days upon showing documentation; typical restrictions to entering included the payment of transit fees, vehicle searches, and removal of items before entry.

Vehicles are able to move between the communities without restriction, but faced several restrictions upon leaving the greater area. Fewer were allowed access in comparison

## Qudsiya

Water network (Safe to drink)  
Sufficient

1-2 days

2-4 hours

2-4 hours (Main network)

Pre-conflict primary, secondary, and high schools

None reported

About the same

to increased number of vehicle checkpoints, restrictions on goods, namely the banning of medical items, and payment of fees.

### Humanitarian vehicles

**Change in both since July:**

**Able to enter Hama and Qudsiya:** none reported in August, as was the case in July

### Goods entered

**Hama and Qudsiya:** Some fuel entered via formal entry points through commercial vehicles. Commercial vehicles and civilians moving through entry points brought in food and NFIs. However, medical items were prevented from entering.

**There was an overall decrease in goods entering in August since July, primarily due to the closure of one of the three main access routes, an increased number of checkpoints, and banning of (medical) items.**

## HEALTH SERVICES

**Change in health situation in Hama compared to July:**

**Change in health situation in Qudsiya compared to July:**

### Reported deaths this month<sup>3</sup>

	Hama	Qudsiya
Deaths reportedly attributable to causes related to a lack of food	No known cases	No known cases
Change since July		
Deaths attributable to sickness / disease	Yes	Yes
Change since July		
Unusual illness breakouts	Yes; fever	Yes; fever

### Permanent medical facilities available



	Hama	Qudsiya
Mobile clinics / field hospitals		
Informal emergency care points		
Pre-conflict hospitals		
Pre-conflict clinics / surgeries		
Change since July		

While the availability of medical facilities remained the same, the medical situation became worse in August in Qudsiya, as the high population and high demand, in comparison to neighboring Hama, placed strain on the limited available resources. This in tandem with the prevention of medical goods from entering, resulted in a worsening of the overall health situation in Qudsiya.

#### **Unavailable medical items<sup>4</sup>**

**Hama and Qudsiya:** Burn treatment

**Sometimes available:** Anaesthetics, medical scissors, antibiotics, and clean bandages

Change since July in Hama	
Change since July in Qudsiya	

In both Hama and Qudsiya there was a **decrease in medical services available due to the prevention of medical items being allowed entry into the community.**

#### **Most needed medical items<sup>5</sup>**

	Hama	Qudsiya
1.	Blood transfusion bags	Antibiotics
2.	Antibiotics	Blood transfusion bags
3.	Anaesthetics	Assistive devices

#### **Availability of medical personnel**

**Hama:** Professionally trained doctors, nurses, and midwives















**Others providing medical services:** Dentists, pharmacists, and anesthesiologists

**Qudsiya:** Professionally trained doctors, nurses, and midwives

#### **Others providing medical services:** Dentists, pharmacists, and anesthesiologists

Change since July	
-------------------	--

#### **Medical services available**

	Hama	Qudsiya
Child immunization		
Diarrhea management		
Emergency care		
Skilled childbirth care		
Surgery <sup>6</sup>		
Diabetes care		
Change since July		

In both communities, despite the availability of some medical services, a lack of income and resources and physical constraints were a barrier preventing parts of the population, specifically the elderly, from accessing such services. **In both communities child immunization was sporadically available due to mobile immunization vehicles run by local NGOs able to enter the communities with permission from authorities.**

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

**Hama:** Using non-medical items or treatment; none reported in previous assessment in June

**Qudsiya:** Recycling medical items, as the case in June, and using non-medical items for treatment reported for the first time in August

## FOOD

**Change in food situation compared to July in both:** 

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

**Hama and Qudsiya :** Purchasing from shops and markets

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











**Hama and Qudsiya:** Shops; bread was brought in from neighboring villages and sold in shops

**Challenges to obtaining bread:** Flour, wheat, and yeast expensive or hard to access; insufficient electricity or fuel

Access to bread reduced in both communities during August due to the closure of a formal entry/exit point. Previously bread entered through this point, with the payment of a fee, and despite some use of informal entry points, the quantity of bread entering both communities decreased from July to August.

Change in availability since July 

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



	Hama	Qudsiya
Reducing meal size		
Skipping meals		
Days without eating		
Eating weeds		
Food from garbage		

 Reportedly used as a coping strategy

 Not reportedly used as a coping strategy

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

 **Average cost of standard food basket<sup>7</sup>**

	Hama	Qudsiya	Nearby areas <sup>8</sup>
Average cost August (SYP) <sup>9</sup>	45709	45684	25890
Change since June <sup>10</sup>			No info

**In Hama and Qudsiya the average cost of a standard food basket<sup>11</sup> was approximately 20000 SYP higher than in nearby communities which are not considered hard to reach.** Compared to prices reported in June<sup>10</sup>, **the average price of a standard food basket, increased in Hama and Qudsiya by 116% and 58%, respectively.**

Prices displayed above and on the following page indicate an overall price increase from June, when communities were last assessed, to August. However, due to an increase in prices from June to July, the reported change in prices from July to August was a net decrease.

#### **Core food item availability**

**Items unavailable in both:** Bread (private and public bakeries), flour

**Flour and public bakery bread became unavailable in private and public bakeries since the prior assessment in June.** However, individuals purchased bread in shops, as bread was brought from nearby villages and sold.

#### **WASH item availability / prices**



**Hama and Qudsiya:** There were no notable changes in availability of assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste, and disposable diapers) between June and August.

## Fuel availability / prices

**Both communities:** As the case in June<sup>10</sup>, diesel, butane and firewood were the only available fuel sources in August. While diesel and butane were generally available<sup>13</sup>, firewood was only sometimes available<sup>12</sup> in the two communities. Similar to prior assessment in June, prices of diesel and butane were approximately twice as high as in the nearby non-hard to reach communities. Firewood was four times as high.

### CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In August, prices of available food items in Hama and Qudsiya were on average 60% and 25% higher, respectively, than in June when the communities were last assessed. Food prices reportedly increased in Qudsiya due to the sporadic closure and tight supervision of formal entry/exit points in mid-August, but reduced by the end of the month. Prices below represent the prices reported at the end of the month.

	Item	Hama	Change since June <sup>10</sup>	Qudsiya	Change since June <sup>10</sup>	Nearby non-hard to reach communities
	Bread private bakery (pack)	Not available <sup>11</sup>	Available	Not available <sup>11</sup>	Available	90
	Bread public bakery (pack)	Not available <sup>11</sup>	Available	Not available <sup>11</sup>	Available	55
	Rice (1kg)	700	↑ +40%	700	↑ +17%	500
	Bulgur (1kg)	650	↑ +117%	650	↑ +30%	180
	Lentils (1kg)	850	↑ +240%	850	↑ +60%	445
	Chicken (1kg)	2000	↑ +53%	2000	↓ -42%	980
	Mutton (1kg)	6000	◇	6000	↑ +56%	3627
	Tomatoes (1kg)	350	↑ +40%	350	↑ +22%	140
	Cucumber (1kg)	350	◇	350	◇	180
	Milk (litre)	350	↓ -40%	350	◇	170
	Flour (1kg)	Not available	Available	Not available	Available	186
	Eggs (1)	60	↑ +20%	60	↑ +33%	45
	Iodised salt (500g)	150	↑ +50%	150	↑ +50%	70
	Sugar (1 kg)	600	↑ +71%	600	↑ +33%	350
	Cooking oil (litre)	900	↑ +13%	850	↓ -6%	950
	Soap (1 bar)	150	↑ +100%	150	↑ +50%	100
	Laundry powder (1kg)	650	↓ -19%	700	↓ -53%	520
	Sanitary pads (9)	600	↑ +100%	600	↓ -40%	355
	Toothpaste (125ml)	600	↑ +50%	600	↑ +20%	370
	Disposable diapers (24 pack)	1800	↓ -40%	1850	↓ -38%	1080
	Butane (cannister)	4500	↑ +13%	4500	↑ +13%	2677
	Diesel (litre)	500	↑ +11%	500	↑ +25%	209
	Propane (cannister)	Not available	◇	Not available	◇	2500
	Kerosene (litre)	Not available	◇	Not available	◇	533
	Coal (kg)	Not available	◇	Not available	◇	438
Firewood (tonne)	200000	↑ +100%	200000	↑ +33%	48000	

**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

<sup>1</sup> Figures based on the last comprehensive quarterly UN update of People in Need (PIN) across all besieged and hard to reach areas (June 2016).

<sup>2</sup> 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.

<sup>3</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

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

<sup>5</sup> '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 rather indicative of needs that speak to the trend in the priorities of medical items in the area.

<sup>6</sup> 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 background may have been informally trained by medical personnel to carry out emergency procedures.

<sup>7</sup> Calculation of average cost of food basket 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: July 2016' (link here).

<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Kisweh, Shokteliyeh and Qleiah

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>10</sup> Prices were compared to when the community was last assessed

<sup>11</sup> As bread was unavailable in private and public bakeries, no prices were available for bread sold in bakeries. However, the food basket price was calculated using the reported price of bread sold in shops (250 SYP).

<sup>12</sup> Sometimes available in markets (7-20 days this month )

<sup>13</sup> Generally available in markets (21+ days this month)

### FOR HUMANITARIAN PURPOSES ONLY

#### SUMMARY

At Tall is located in the Qalamoun mountains, 11km north of Damascus and has faced military encirclement and access restrictions since the end of 2013.

While this profile presents the situation in At Tall during August 2016, comparisons were made by community representatives to the situation in July; where possible, comparisons were also drawn with June, when the community was last assessed.

Restrictions on humanitarian vehicles remained largely unchanged compared to July, with **no vehicles being able to enter the area.**

Restrictions on commercial goods and civilian movement increased compared to the previous month with the introduction of a **fee applying to traders and civilians. Individuals and traders are now required to pay 100 SYP for every kilogram of goods they wish to carry into the community.** There was also a reduction in the number of people given approval to enter or exit the community when compared to June.

In August, food and NFIs entered the community through commercial vehicles and through civilians traveling to neighbouring communities and bringing goods back. However, **limited amounts of medical items entered the**

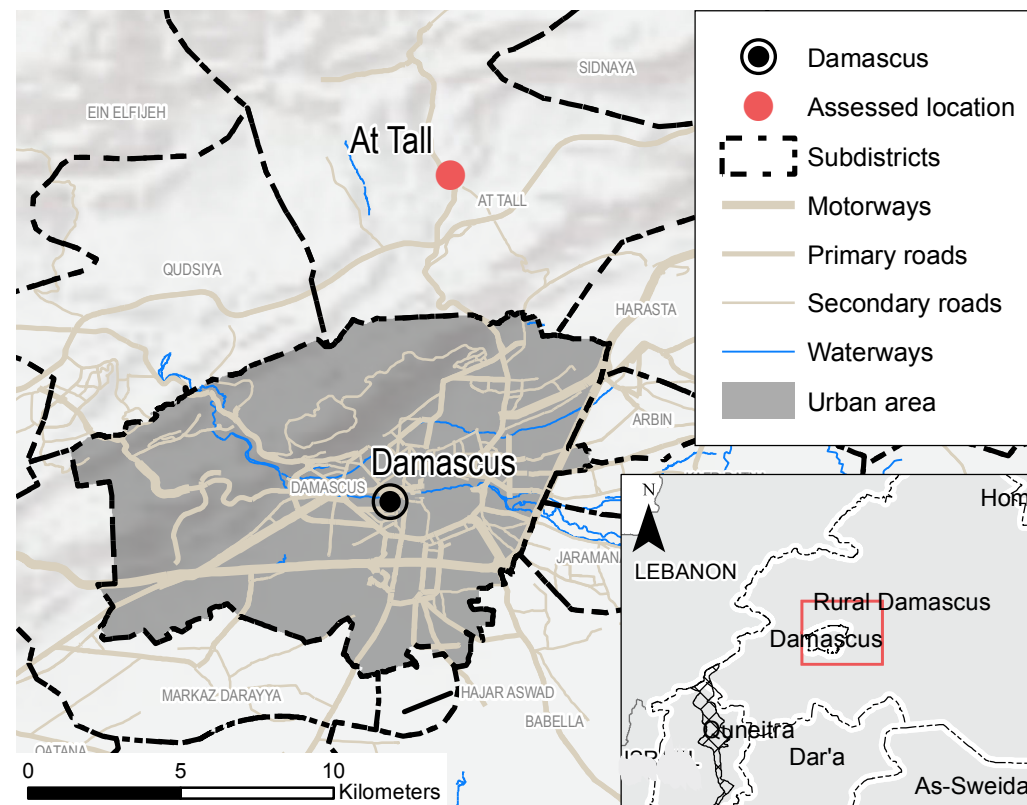


**UN classification:** Hard to reach  
**Estimated population<sup>1</sup>:** 75000 individuals  
**Of which IDPs:** 65000 - 70000  
**% pre-conflict population remaining:** 1-25%  
**% population female:** 26-50%

**community, and the capacity of available medical services to cope with the populations needs has continued to decrease.**

Due to the new fees introduced at entry points, **increased prices were reported for most basic food items, some core hygiene and sanitation items, and diesel, accompanied by a lower availability of all available fuel items.**

Overall, it appears that **the humanitarian situation in At Tall is deteriorating due to increasing restrictions on goods and civilian movement, the related increase in prices of food and hygiene and sanitation items, and the increasing scarcity of available medical items.**



#### CHANGES SINCE JULY

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 in August and beginning of September 2016, these updates refer to the situation in August 2016. 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 comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month 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 prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing 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 obtaining data from certain locations.

## MOVEMENT OF CIVILIANS

**Change in # people able to leave compared to July:** ↓

### 🚶 People able to leave<sup>2</sup>

Compared to July, fewer people were reportedly able to leave the community, only 1-10%, mostly public/private sector employees and university students on weekdays, upon showing documents and pre-registering with officials. In contrast to July, private sector employees were able to obtain leave permits.

Informal points used: No

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

Verbal, physical and sexual harassment, detention.

## MOVEMENT OF GOODS AND ASSISTANCE

### 🚚 Vehicles carrying commercial goods

**Change since July:** ↓

Some vehicles carrying commercial goods were reportedly able to enter despite facing restrictions. Notably, vehicles were allowed to enter only on certain days, loads were searched and part of them removed before entry, and traders had to present documents and pay fees. Overall it was reported that fewer vehicles were able to enter the community through formal points in comparison to July.

### 🚚 Humanitarian vehicles

**Change since July:** ⬆️

No vehicles allowed to enter.

## ACCESS TO SERVICES

💧 <b>WATER</b>	Main source of drinking water (status) Available water to meet household needs (coping strategies)	Water network (Safe to drink) Insufficient (Spending money usually spent on other items to buy water; modifying hygiene practices i.e. bathe less)
💡 <b>ELECTRICITY</b>	Access to water network per week Access to electricity network per day Access to electricity (main source) per day	1 - 2 days 2 - 4 hours 2 - 4 hours (Main network)
🎓 <b>EDUCATION</b>	Available education facilities Barriers to education Change in number of children attending school	Pre conflict primary, secondary and high schools All school aged children accessed schools About the same

### 📦 Goods entered

Food and NFIs were reportedly able to enter the community through commercial vehicles and through civilians leaving and bringing back items through formal and informal points. Due to the recent introduction of a fee, both the quantity of goods entering and the price at which they are sold in markets was affected this month. No fuel reportedly entered the community.

## HEALTH SERVICES

**Change in health situation compared to July:** ⬆️

### 👤 Availability of medical personnel

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

**Others:** Dentists, pharmacists, medical/pharmacy students and volunteers with informal training, anesthesiologists.

**Change since July:** ⬆️

### 🚑 Unavailable medical items<sup>3</sup>

**Items available:** Anti-anxiety medication, contraception, clean bandages, heart medicine, diabetes medicine, blood pressure medicine, antibiotics, burn treatment, medical scissors.

Blood transfusion bags and anaesthetics sometimes available.

**Change since July:** ↓

### 🏠 Permanent medical facilities available

Mobile clinics / field hospitals	✗
Informal emergency care points	✗
Pre-conflict hospitals	✓
Pre-conflict clinics / surgeries	✓
<b>Change since July:</b>	⬆️

### 💊 Most needed medical items<sup>4</sup>

1. Antibiotics
2. Anaesthetics
3. Clean bandages

### 💊 Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✓
Surgery <sup>5</sup>	✓
Diabetes care	✓
<b>Change since July</b>	⬆️

### 👤 Reported deaths this month<sup>6</sup>

Deaths reportedly attributable to causes related to a lack of food	No known cases
<b>Change since July</b>	⬆️
Deaths attributable to sickness / disease	Yes
<b>Change since July</b>	⬆️
Unusual illness breakouts	No known cases

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

None reported.

## FOOD

### Change in food situation compared to July:



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

Purchasing from shops markets, receiving through food distributions

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

**Most common source:** Civilians leaving community and bringing goods back through formal or informal points

**Challenges to obtaining bread:** Bread unavailable in private/public bakeries and shops, flour, wheat and yeast unavailable or too expensive and hard to access, electricity or fuel too expensive and hard to access

Change since July



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

Reducing meal size



Skipping meals



Days without eating



Eating weeds



Food from garbage



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>7</sup>

	At Tall	Nearby areas <sup>8</sup>
Average cost August (SYP) <sup>9</sup>	35785	25890
Change since June <sup>10</sup>	↑	No info

The average cost of a standard food basket, excluding bread due to unavailability, increased by 16% from June to August in At Tall and was 38% more expensive than in nearby communities not considered besieged/hard to reach.

### Core food item availability

**Items unavailable:** Bread (private and public bakeries), milk

**Items that became available in August:** None

Change since July



### WASH item availability / prices

All assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) were reportedly available in At Tall during August. However, prices of some items increased since June, most notably soap which increased by 75%.

### Fuel availability / prices

Butane, diesel, and firewood were the only available fuel sources in August. Butane and diesel were reported as sometimes available<sup>13</sup>, showing a decreasing availability when compared to June. Price increase of diesel was reportedly due to increasing fees applied to fuel items entering the community.

the population to pay the fees required to use them.

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

<sup>4</sup> '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 rather indicative of needs that speak to the trend in the priorities of medical items in the area.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In August, prices of available food items were on average 21% higher in At Tall when compared to prices of core food items reported in June, and 119% higher than prices reported in nearby non-hard to reach communities. Further, bread (both public and private), milk, and propane, kerosene and coal remained unavailable.

	Item	At Tall	Change since June <sup>10</sup>	Nearby non-hard to reach areas <sup>9</sup>
Food Items	Bread private bakery (pack)	Not available	◆	90
	Bread public bakery (pack)	Not available	◆	55
	Rice (1kg)	800 <sup>13</sup>	↑ +14%	500
	Bulgur (1kg)	600 <sup>13</sup>	↑ +20%	180
	Lentils (1kg)	600 <sup>13</sup>	↑ +20%	445
	Chicken (1kg)	3500 <sup>13</sup>	◆	980
	Mutton (1kg)	6000 <sup>13</sup>	◆	3627
	Tomato (1kg)	350 <sup>13</sup>	◆	140
	Cucumber (1kg)	400 <sup>13</sup>	◆	180
	Milk (litre)	Not available	◆	170
	Flour (1kg)	850 <sup>13</sup>	◆	186
	Eggs (1)	60 <sup>13</sup>	↑ +20%	45
	Iodised salt (500g)	100 <sup>13</sup>	↑ +67%	70
WASH Items	Sugar (1 kg)	600 <sup>13</sup>	↑ +9%	350
	Cooking oil (litre)	950 <sup>13</sup>	↑ +19%	950
	Soap (1 bar)	350 <sup>12</sup>	↑ +75%	100
	Laundry powder (1kg)	1750 <sup>13</sup>	↑ +17%	520
	Sanitary pads (9)	850 <sup>12</sup>	↓ -15%	355
Fuel	Toothpaste (125ml)	400 <sup>13</sup>	↓ -20%	370
	Disposable diapers (24 pack)	2000 <sup>13</sup>	↑ +33%	1080
	Butane (cannister)	10000 <sup>13</sup>	◆	2677
	Diesel (litre)	600 <sup>13</sup>	↑ +20%	209
	Propane (cannister)	Not available	◆	2500
Kerosene (litre)	Not available	◆	533	
Coal (kg)	Not available	◆	438	
Firewood (tonne)	125000 <sup>11</sup>	◆	48000	

**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

<sup>1</sup> Figures based on community estimates within the community. The last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016) estimated that the population within At Tall sub-district was 220,000.

<sup>2</sup> The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of

<sup>5</sup> 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.

<sup>6</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

<sup>7</sup> Calculation of average cost of food basket 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: July 2016' (link here).

<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Kisweh, Shokteliyeh and Qleiah

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>10</sup> Prices were compared to when the community was last assessed

<sup>11</sup> Generally unavailable in markets this month (less than 7 days)

<sup>12</sup> Generally available in markets (21+ days this month)

<sup>13</sup> Sometimes available on markets this month (7-20 days a month)