Syria Community Profile Update: Hajar Aswad, Tadamon & Yarmuk

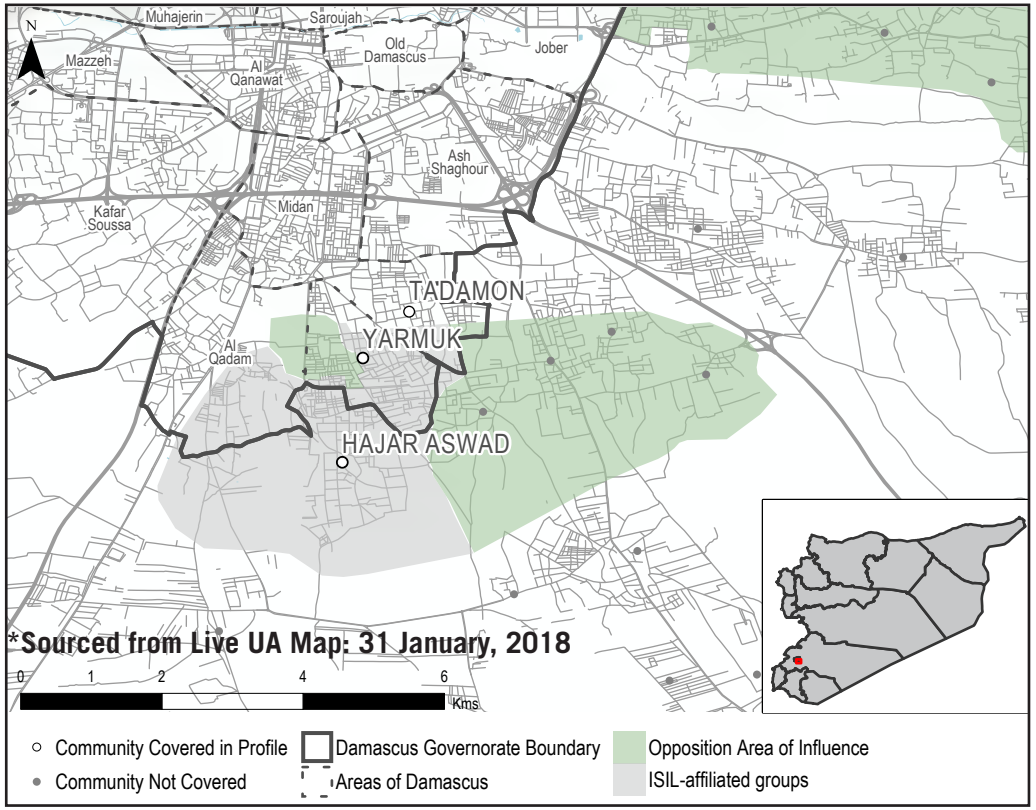
Damascus/Rural Damascus - January 2018

CONTEXT

The communities of Hajar Aswad, Tadamon, and Yarmuk are located in southern Damascus city/Rural Damascus. Assessments of all three areas, which have faced access restrictions since early to mid-2013, began in June 2016. In Hajar Aswad, situated south of Damascus city, and Tadamon, a nearby neighbourhood of Damascus, the security situation had previously remained stable since assessments began. However, in late 2017, tensions and shifting dynamics between the so-called Islamic State of Iraq and the Levant (ISIL), non-state opposition groups, and the government reportedly led to increased access restrictions on civilians there.

Meanwhile, the Palestinian refugee camp of Yarmuk, located in the suburbs of Damascus next to Hajar Aswad and Tadamon, has been classified as besieged since 2014. Periodic fighting in the community and stringent access restrictions have characterised the assessment period.

Hajar Aswad, Tadamon, and Yarmuk*



DEMOGRAPHICS	HAJAR ASWAD	TADAMON	YARMUK
UN classification:	Hard-to-reach	Hard-to-reach	Besieged
Estimated Population[1]	1,784	275	2,268
Of which estimated IDPs[1]	320	275	320
% of pre-conflict population remaining	1-25%	1-25%	1-25%
% of population that is female	1-25%	1-25%	1-25%
% of female-headed households	1-25%	1-25%	1-25%

SUMMARY

The humanitarian situation in Hajar Aswad, Tadamon, and Yarmuk remained largely unchanged in January after having improved in December.

Formal access points remained closed in all communities. Additionally, clashes between the so-called Islamic State of Iraq and the Levant (ISIL) and armed opposition groups (AOGs) flared up for a few days in the area, which temporarily impacted the ability of residents to travel via informal routes[2] to the communities of Yalda, Babilla, and Beit Sahm to procure goods and reportedly increased the risks to doing so during the period of fighting.

However, the flow of goods via civilians to all three communities remained overall constant, as did the overall availability of food, fuel, medicine and medical supplies, and hygiene items. Food prices decreased slightly across communities. **However, residents of the three assessed communities continued to resort to negative strategies to deal with a lack of sufficient access to food.** The same was reported for fuel; although most types were available in markets, coping strategies, such as burning items in place of fuel (clothes, furniture, plastics, etc.), persisted.

No commercial or humanitarian deliveries were permitted to enter Hajar Aswad, Tadamon, or Yarmuk in January, although cash assistance reportedly reached some of the population of all three and was a main source of income in Yarmuk. **Joining armed groups reportedly continued to be a strategy to cope with a lack of access to income in all three communities. This reportedly included children aged 15-17 years, as was the case in December.**

Additionally, access to water continued to be insufficient, with residents reportedly re-allocating money to purchase water or bathing less to cope.

1. ACCESS & MOVEMENT

Communities that are classified as besieged or HTR are characterised by unique access restrictions that impact civilian movement in and out of the community, commercial and humanitarian vehicle access, the entry of goods, supply chains, power and control dynamics, and protection issues. The economy is unable to function normally due to the inability to use usual trade routes or foster competition. Prices soar and supplies dwindle, leading to an unsustainable and ultimately precarious situation. Furthermore, in areas of conflict or contested control, the average resident faces increased protection concerns. These can include risks such as conflict-related violence, physical, psychological, or gender-based violence, increased surveillance, harassment, detention, and conscription. Risks associated with crossing checkpoints can also limit or decrease mobility and create constraints for certain residents to access services in other areas. For this reason, this profile first considers access restrictions and their impact on other sectors.

MOVEMENT OF CIVILIANS

After an increase in movement of civilians to and from all three communities via informal routes was reported in December, movement fluctuated in January. Clashes between armed groups in the area reportedly lasted for a few days, which led to a temporary decrease in civilian movement and heightened risks associated with travel. However, the situation calmed afterward, after which movement returned to previous levels. Between 76-100% of residents of each community were able to enter and exit informally.

Meanwhile, no formal routes were reportedly available for use in any of the three communities, having been closed in Hajar Aswad and Tadamon since November 2017 and Yarmuk since October.

Risks to movement in Hajar Aswad, Tadamon, and Yarmuk reportedly included sniper fire and other gunfire during January. In the latter two communities, this represented a negative increase, as no risks had been reported in December, and was largely related to the uptick in conflict that occurred during the month. In Hajar Aswad, the risk of sniper fire and gunfire had persisted from December, although shelling was not reported in January.

Women, and girls aged 12 and older, continued to be obliged to wear black abayas and niqabs to cover their bodies and faces when moving in public spaces in Hajar Aswad.

MOVEMENT OF GOODS AND ASSISTANCE

No commercial vehicle access has been reported in any of the three communities since assessments began. Additionally, no humanitarian vehicles have reached Tadamon or Hajar Aswad since assessments began, and the last humanitarian delivery reported in Yarmuk was during September 2017 and reportedly only reached a small part of the population.

As such, residents remained dependent on bringing back food, fuel, medicine, and hygiene items from nearby areas as has been the case since assessments of the three communities began. **After increasing in December with the re-opening of informal access routes, the amount of all types of goods entering the three communities remained unchanged in January.**

2. FOOD & MARKETS

ACCESS TO FOOD

After increasing in December, levels of access to food stayed constant in January but remained insufficient. Markets and shops reportedly continued to be the most common sources of food for residents of all three communities, while shops were the most common source for bread as well. Barriers to accessing bread persisted and continued to include its unavailability in bakeries and a lack of access to or availability of supplies such as yeast, wheat, flour, fuel, and electricity needed to produce the bread. Prohibitive prices of these components were also cited as a barrier to access.

Reducing meal size continued to be reported as a negative strategy in Hajar Aswad, Tadamon, and Yarmuk, to compensate for a persisting lack of access to food. Adults, and most commonly men, have reportedly eaten less in order for women and children to have more food. **Meanwhile, skipping meals remained widely used among residents of Tadamon and Yarmuk. As of January 2018, reducing the number of meals consumed has been reported in Tadamon for five consecutive months and three consecutive months in Yarmuk.**

In all communities, a lack of income, unaffordable prices, and a lack of constant availability of individual items in markets were reportedly barriers to accessing enough food, while in Hajar Aswad, quantities of foods available in markets were also reportedly not enough for population needs.

COMMONLY[3] REPORTED STRATEGIES TO COPE WITH A LACK OF FOOD	HAJAR ASWAD	TADAMON	YARMUK
Reducing meal size	✓	✓	✓
Skipping meals	✗	✓	✓
Days without eating	✗	✗	✗
Eating non-edible plants	✗	✗	✗
Eating food waste	✗	✗	✗
CHANGE SINCE DECEMBER	◆	◆	◆

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX (SYP)[4]

	Item	Hajar Aswad	Price change since December[5]		Tadamon	Price change since December		Yarmuk	Price change since December		Nearby non-hard-to-reach areas[6]	Price difference: average price in assessed communities vs. nearby areas
Food Items	Bread private bakery (pack)	Not available	No info		Not available	No info		Not available	↕	No info	148	No info
	Bread public bakery (pack)	Not available	No info		Not available	No info		Not available	↕	No info	63	No info
	Bread shops (pack)	150	↓	-50%	150	↓	-50%	150	↓	-50%	76	+70%
	Rice (1kg)	550	↑	10%	600	↕		600	↓	-8%	405	+33%
	Bulgur (1kg)	250	↓	-38%	250	↓	-38%	250	↓	-38%	322	-21%
	Lentils (1kg)	250	↓	-38%	250	↓	-38%	250	↓	-38%	506	-49%
	Chicken (1kg)	1,350	↑	13%	1,400	↕		1400	↕		781	+74%
	Mutton (1kg)	5,500	↑	10%	5,500	↑	10%	5500	↑	10%	4,063	+29%
	Tomatoes (1kg)	250	↑	100%	300	↕		300	↕	-17%	119	+64%
	Cucumbers (1kg)	300	↓	50%	250	↓	-17%	250	↕		141	+42%
	Milk (1L)	250	↕		250	↓	-29%	250	↓	-29%	219	+18%
	Flour (1kg)	200	↑	33%	300	↓	-25%	300	↓	-38%	278	
	Eggs (1 unit)	60			60	↑	9%	60	↑	9%	45	+35%
	Iodised salt (500g)	100	↕		150	↓	-40%	150	↕		125	+15%
	Sugar (1kg)	350	↑	8%	400	↕		400	↕		400	+18%
	Cooking oil (1L)	650	↕		750	↓	-17%	750	No info	-17%	631	+9%
WASH Items	Soap (1 bar)	100	↕		125	↓	-38%	125	↕		131	
	Laundry powder (1kg)	1400	↑	8%	650	↓	-28%	650	↓	-28%	650	+38%
	Sanitary pads (9 pack)	550	↑	10%	300	↓	-50%	300	↓	-42%	425	
	Toothpaste (125ml)	400	↕		450	↓	-10%	450	↓	-10%	245	+73%
	Disposable diapers (24 pack)	2,100	↕		1,650	↓	-34%	1650	↓	-34%	1,362	+35%
Fuel Items	Butane (cannister)	3,200	↕		3,900	↓	-13%	3900	↕		2,763	+35%
	Diesel (1L)	350	↑	8%	500	↓	-17%	500	↕		270	+68%
	Propane (cannister)	2100	↕		2,300	No info		2300	↕		450	+403%
	Kerosene (1L)	Not available	No info		Not available	No info		Not available	No info		363	No info
	Coal (1kg)	500	↕		450	↓	-10%	450	↕		369	+29%
	Firewood (1T)	75,000	↕		Not available	No info		Not available	↕		50,000	+110%

ACCESS TO MARKETS

In January the average price of a standard food basket[7] in Hajar Aswad, Tadamon, and Yarmuk decreased for the second consecutive month by 24%, 26%, and 29%, respectively. The food basket remained 7% more expensive in Hajar Aswad than in nearby areas of Damascus not considered besieged or HTR. In Tadamon, it was 14% more expensive, and in Yarmuk, it was 10% more expensive.

AVERAGE PRICE OF A STANDARD FOOD BASKET	HAJAR ASWAD	TADAMON	YARMUK	NEARBY AREAS
Average price (SYP)	28,199	29,970	29,020	25,535
CHANGE SINCE DECEMBER	↓	↓	↓	↕

FOOD ITEM AVAILABILITY & PRICES

After increasing in December, the availability of assessed food items in Hajar Aswad, Tadamon, and Yarmuk remained stable in January. All food except bread from bakeries was generally available (21+ days per month) in Tadamon and Yarmuk, while it was sometimes available (7-20 days per month) in Hajar Aswad. The average price of food increased slightly in Hajar Aswad by 7%. However, this was largely due to an increase in the price of tomatoes, which doubled from December to January due to limited availability during the winter season. Meanwhile, the average price of food decreased by 16% in Tadamon and by 15% in Yarmuk.

Food was, on average, 18%, 28%, and 26% more expensive in Hajar Aswad, Tadamon, and Yarmuk than in nearby areas in Damascus not considered besieged or HTR.

WASH ITEM AVAILABILITY & PRICES

The availability of hygiene items remained constant across the three communities in January, and the average price of items decreased in Tadamon and Yarmuk and remained stable in Hajar Aswad.

However, hygiene item prices were higher in these communities than in nearby communities not considered besieged or HTR. In Hajar Aswad they were 51% more expensive, while in Tadamon and Yarmuk they were 17% and 20% more expensive, respectively.

FUEL ITEM AVAILABILITY & PRICES

Access to fuel is especially critical for people living in besieged and HTR areas, which often face high levels of conflict and unique access restrictions. The transport of goods via commercial vehicles, provision of medical services such as ambulances, functionality of bakeries, and the powering of well pumps and electric generators in the absence of functioning water and electricity networks all depend on access to fuel.

Access to fuel remained stable but was insufficient across communities in January. The availability of fuel was overall unchanged other than propane being introduced to markets in Tadamon. Kerosene remained unavailable in all communities, while all other types of fuel were generally available in Yarmuk and sometimes available in Hajar Aswad.

Negative strategies to compensate for a lack of fuel continued to be employed in all three communities in January. They included burning furniture not in use, plastics, and waste. In Yarmuk, the additional strategy of burning clothes was also reported.

3. LIVELIHOODS

ACCESS TO LIVELIHOODS

In January, cash assistance from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), which reportedly arrives quarterly, reached at least some of the Palestinian populations of Hajar Aswad, Tadamon and Yarmuk and was reported as a main source of income in the latter.

In Hajar Aswad and Tadamon, unstable employment in nearby areas that had become accessible again following the re-opening of informal routes in December was reported as a common source of income, while remittances from outside Syria were reported in Hajar Aswad and Yarmuk.

In all communities, joining armed groups, including children between the ages of 15 and 17, continued to be reported as a principal way of making ends meet, which indicated a persisting need for increased livelihood opportunities.

4. ACCESS TO SERVICES

Access to services in besieged and HTR areas is often reduced due to restrictions on civilian movement, limitations on the entry of goods and vehicles, and rationing of the main water and electricity networks.

HEALTHCARE

AVAILABLE MEDICAL SERVICES	HAJAR ASWAD	TADAMON	YARMUK
Child immunisation[8]	✗	✗	✗
Diarrhoea management	✓	✗	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✗	✗	✓
Surgery[9]	✗	✗	✓
Diabetes care	✓	✗	✗
CHANGE SINCE DECEMBER	◆	◆	◆

The health situation did not witness significant changes in January. This was following improvements in December related to an increased flow of medicine and medical supplies to the three communities, as well as the ability of some residents to seek services in nearby areas with the re-opening of informal access routes.

There was no reported change in the number or type of available medical facilities during January. Community Representatives (CRs) of Hajar Aswad continued to report a functioning mobile clinic/field hospital that provided diarrhoea management, emergency first aid, and diabetes care, while Yarmuk had the most variety in types of facilities of the three communities. These reportedly included informal emergency care points, pre-conflict hospitals, and primary heath care facilities. Services at these facilities reportedly included diarrhoea management, emergency care, minor surgeries, and skilled childbirth - the latter of which was not available in the other two communities. In comparison, CRs from Tadamon cited only an informal emergency care point that could provide basic emergency care as available inside the community.

The negative strategy of sharing resources between facilities continued to be reported in Yarmuk but was likely not reported in Hajar Aswad and Tadamon due to the limited number of facilities available in each.

In all three communities, people who were perceived to have certain political affiliations continued to be unable to access available medical facilities, while in Tadamon and Yarmuk, people who lived in certain parts of the community were also reportedly unable to access them.

Additionally, men reportedly faced barriers to addressing their healthcare needs, as they avoided leaving communities to seek care in other areas, fearing movement in general due to the reported risks of arrest, detention, and conscription by authorities for any perceived political leanings.

Meanwhile, women in Hajar Aswad and Tadamon reportedly suffered from a lack of access to skilled childbirth services inside their communities, meaning that they had to seek care elsewhere via informal routes and potentially face severe associated risks to do so.

No community has reported having access to child immunisations since June 2016.

AVAILABLE MEDICAL FACILITIES	HAJAR ASWAD	TADAMON	YARMUK
Mobile clinics/field hospitals	✓	✗	✗
Informal emergency care points	✗	✓	✓
Pre-conflict hospitals	✗	✗	✓
Primary healthcare facilities	✗	✗	✓
CHANGE SINCE DECEMBER	◆	◆	◆

UNAVAILABLE MEDICAL ITEMS

No change in the availability of medical items was reported after an increase in December following the re-opening of informal access routes, with residents of all three communities having some access to items in January. The most needed medical items[10] in all three communities were antibiotics and blood transfusion bags, clean bandages in Hajar Aswad and Yarmuk, and anti-anxiety medicine in Tadamon.

AVAILABILITY OF MEDICAL PERSONNEL

The number or type of available medical personnel did not change in any of the communities during January. Professionally trained nurses, midwives, pharmacists, and volunteers with informal medical training were present in Hajar Aswad and Yarmuk in December, while the latter also reported doctors and dentists as available. Meanwhile, residents of Tadamon had access only to informally trained nurses.

EDUCATION

ACCESS TO EDUCATION	HAJAR ASWAD	TADAMON	YARMUK
Available education facilities	✓	✗	✓
Barriers to education	✓	✓	✓
CHANGE SINCE DECEMBER	◆	◆	◆

The number of children attending school stabilised in January after having increased in December. Primary, secondary, and high schools continued to be functioning in Hajar Aswad and Yarmuk, while no educational facilities have been reported as functioning in Tadamon since assessments began.

Barriers to accessing education in all three communities persisted. Top barriers in Hajar Aswad and Tadamon included destroyed facilities and a lack of appropriate school supplies. In Tadamon and Yarmuk, insecure routes to services were reported, as well as a lack of teaching staff. Finally, in Yarmuk, some parents also did not reportedly agree with the curriculum provided in the community.

Some children from each community reportedly attended schools in nearby communities.

ELECTRICITY

After an improvement in the availability of electricity in all communities during December following an increase in the entry of fuel, the availability of electricity remained constant in January.

The main source of electricity in all communities remained diesel-fueled generators that were accessible for 2-4 hours a day in Hajar Aswad and Tadamon, and 4-8 hours a day in Yarmuk.

ACCESS TO ELECTRICITY	HAJAR ASWAD	TADAMON	YARMUK
Access to electricity network	✗	✗	✗
Main source of electricity	Generator	Generator	Generator
Access to main source/day	2-4 hours	2-4 hours	4-8 hours
CHANGE SINCE DECEMBER	▲	▲	▲

WATER

After there was an increase in the availability of drinking water in December following increased access to fuel needed for water trucking in Tadamon and Yarmuk, available drinking water remained unchanged in January in the two communities, as well as in Hajar Aswad.

The water network has remained unavailable in all three communities since assessments began. Residents of Hajar Aswad continued to source their drinking water from closed wells, while private trucking services remained the main source of drinking water in Tadamon and Yarmuk. **Water was considered safe to drink[13].**

Access to water to meet household needs remained insufficient in all three communities during January. This has been the case since June 2017 in Tadamon and Yarmuk, and since a year previously in Hajar Aswad (June 2016) when assessments began. **In January, all three communities remained reliant on re-allocating money intended for other things to cover the costs of water, while residents of Hajar Aswad also continued to modify their hygiene practices to cope with a lack of access.**

ACCESS TO WATER	HAJAR ASWAD	TADAMON	YARMUK
Access to water network	✗	✗	✗
Main source of drinking water	Closed wells	Water trucking	Water trucking
Water safe to drink[11]	✓	✓	✓
Access to water network/week	Unavailable	Unavailable	Unavailable
Sufficiency of water for HH needs	Insuficient	Insufficient	Insufficient
Coping strategies used	✓	✓	✓
CHANGE SINCE DECEMBER	◆	◆	◆

5. SUMMARY OF CHANGES SINCE PREVIOUS MONTH

	HAJAR ASWAD	TADAMON	YARMUK		HAJAR ASWAD	TADAMON	YARMUK
Movement of Civilians	◆	◆	◆	Core Food Item Prices	↓	↓	↓
Commercial Vehicle Access	◆	◆	◆	Access to Healthcare	◆	◆	◆
Humanitarian Vehicle Access	◆	◆	◆	Access to Education	◆	◆	◆
Core Food Item Availability	◆	◆	◆	Access to Electricity	◆	◆	◆
Access to Water	◆	◆	◆	Overall Humanitarian Situation	◆	◆	◆

BACKGROUND

In order to inform a more evidence-based response to address the needs of vulnerable communities across Syria, REACH, in partnership with the Syria INGO Regional Forum (SIRF) and other humanitarian actors, regularly monitors the humanitarian situation within communities facing restrictions on civilian movement and humanitarian access. The Syria Community Profiles, which commenced in June 2016, intend to provide aid actors with an understanding of the humanitarian situation within these communities by assessing availability of and access to food, non-food items, healthcare, water, education and humanitarian assistance, as well as the specific conditions associated with limited freedom of movement. The list of assessed communities is not intended to be exhaustive of all the areas in Syria facing limited freedom of movement and access. With greater partner input and collaboration, the number of assessed communities will be expanded when feasible.

METHODOLOGY

Data presented in the Community Profiles is collected through contact with community representatives (CRs) residing within assessed communities, who are responsible for gathering sector-specific data on their areas of expertise (e.g. health, education and so forth). Data for this round was gathered during the end of January 2018 and early February and refers to the situation in January 2018. Each community has a minimum of three and up to six CRs. The network continues to expand with ongoing collaboration with SIRF and other partners.

During analysis, data is triangulated through secondary information, including humanitarian reports, news and social media monitoring, and partner verification. Comparisons are made to findings from previous assessments (where possible) and follow up conducted with CRs to build a thorough understanding of situational developments within communities. In the case of some profiles, multiple communities are presented together; decisions to do so are based on geographical proximity, or on similarities in the access restrictions faced by populations.

Due to the inherent challenges of data collection inside Syria, representative sampling, entailing larger-scale data collection, remains difficult. Consequently, information is to be considered indicative rather than generalisable across the population of each assessed community. Furthermore, an improvement or deterioration in the situation between months may not necessarily indicate a trend, but rather a distinct development specific to the month assessed. The exclusion or inclusion of assessed communities is influenced by the availability of CRs within communities and, therefore, the list of assessed communities should not be considered representative of all areas within Syria facing acute vulnerability. Finally, the level of information presented in each profile varies due to difficulties in obtaining data from certain communities.

ENDNOTES

1. Figures based on HNO 2018 population data (September 2017). Figures based on population estimates by local actors within the community assessed were reportedly as follows: 4,900-5,000 individuals, including 700-1,000 IDPs (Hajar Aswad); 1200-1500, with 250-300 IDPs (Tadamon) and 6500-7500, with 500-700 IDPs (Yarmuk).

2. The fact that some informal routes may exist does not mean that they are safe or free to use.

3. Only strategies that are used by the majority of the population in a given community are reported, meaning that additional strategies may also be in use.

4. 1 USD = 434 SYP (UN operational rate of exchange as of 1 January 2018).

5. Price fluctuations of 5% or less were not reported.

6. Nearby communities in Damascus which are not considered besieged/hard-to-reach: Jalaa, Midan Wastani, Ayoubiyah and Zahreh. Due to different data collection cycles in these areas, price data from nearby communities is from the month prior to the month featured in this profile and is only meant to serve as a reference point.

7. Calculation of the average price of a food basket is based on the World Food Programme's standard basket of dry goods (link here). The food basket includes 37 kg of bread, 19 kg of rice, 19 kg of lentils, 5 kg of sugar, and 7 kg of vegetable oil, and provides 1,930 kcal a day for a family of five for a month. In communities where bread from bakeries is not available, the price of bread from shops is used to calculate the food basket price.

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

9. The availability of surgery does not mean that procedures were carried out by formally trained medical personnel or that anaesthetics and appropriate surgical equipment were used.

10. An item being listed as among the 'most needed' does not necessarily indicate that it is unavailable in the community.

11. As reported by CRs.