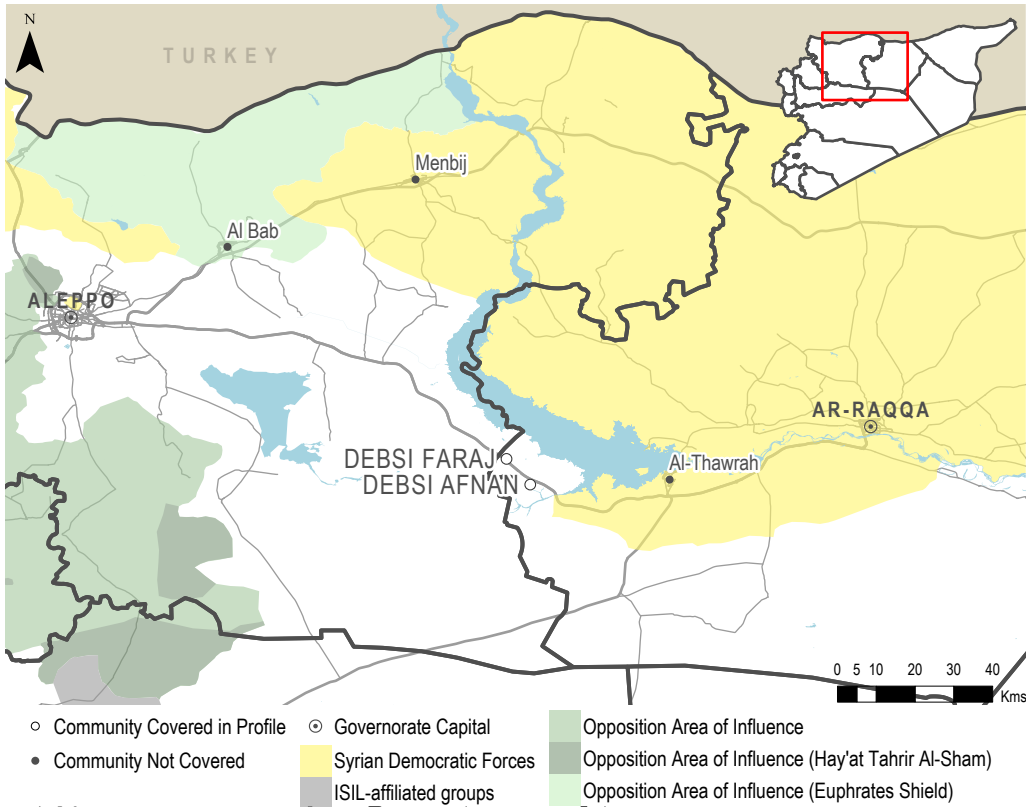
Syria Community Profile Update: Debsi Faraj and Debsi Afnan

Ar-Raqqa governorate - December 2017

CONTEXT

Debsi Faraj and Debsi Afnan are two agricultural communities located in southwestern Ar-Raqqa governorate near the border of Aleppo governorate. Throughout the conflict, multiple parties have controlled the area, including armed opposition groups, the so-called Islamic State of Iraq and the Levant (ISIL) and the Government of Syria. The two communities were first assessed by REACH in December 2017 and are currently classified by the United Nations (UN) as hard-to-reach (HTR).

Debsi Faraj and Debsi Afnan*



***Sourced from Live UA Map: 31 December, 2017**

DEMOGRAPHICS	DEBSI FARAJ	DEBSI AFNAN
UN classification:	HTR	HTR
Estimated Population[1]	1,575	2,705
Of which estimated IDPs[1]	285	550
% of pre-conflict population remaining	1-25%	1-25%
% of remaining population that are female	1-25%	1-25%
% of female-headed households	26-50%	26-50%

SUMMARY

In December, the humanitarian situation in Debsi Faraj remained stable and improved slightly in Debsi Afnan compared to November.*

Civilian movement in and out of both communities was permitted, and the majority of the populations of each could do so freely without restrictions. However, the risks of detention and conscription were reported for males between 18-42.

Commercial and humanitarian vehicle entry remained possible, although restrictions in both communities on commercial deliveries were reported, as well as restrictions on humanitarian deliveries in Debsi Faraj. These included fees, searches, and documentation requirements. **Meanwhile, in Debsi Afnan, access to humanitarian aid was insufficient,** with overcrowded distribution points and unequal distribution of aid cited as the main barriers to obtaining assistance.

Access to food was insufficient in both communities in December, as residents reportedly had a lack of income **and insufficient access to livelihood opportunities,** rendering food unaffordable.

Access to healthcare in Debsi Faraj remained critical in December, with no personnel, medical facilities, or medical supplies reported as available. Although women, children, and the elderly could access healthcare elsewhere, men who feared detention or conscription at checkpoints were reportedly left with no options for treatment. In Debsi Afnan, all medical services other than surgery were reportedly available, and residents needing advanced procedures were able to go to larger urban areas to receive them. However, men faced the same barriers to accessing care in nearby areas as those in Debsi Faraj.

Residents of both communities utilised generators as their principal source of electricity, as the main network remained unavailable in December. **Conversely, the water network was available for 5-6 days per week in Debsi Faraj, and seven days per week in Debsi Afnan,** after repairs to the water network improved availability in the later.

* Although Debsi Faraj and Debsi Afnan were assessed for the first time in December, Community Representatives (CRs) responded about the humanitarian situation in comparison to the month before (i.e. November).

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, 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

Civilian movement via formal access points into and out of Debsi Faraj and Debsi Afnan was unrestricted for the majority of the population (76-100%) in December. In Debsi Faraj, this was the same figure as last month, whereas in Debsi Afnan this percentage increased. **Women, children, and the elderly were able to enter and exit both communities without risks, and no time constraints on access were reported. In contrast, fighting aged males (18-42 years) reportedly risked detention and conscription at formal access points and thus avoided using them.**

The use of informal routes[2] was not reported in either community.

MOVEMENT OF GOODS AND ASSISTANCE

Commercial vehicle entry into both communities was permitted in December. However, restrictions such as fees, searching of vehicles, and documentation requirements were reported for vehicles entering both communities.

Meanwhile, humanitarian assistance also reportedly reached both communities in December. In Debsi Faraj, about the same number of humanitarian vehicles entered compared to November, whereas in Debsi Afnan, the number increased. In both cases, aid deliveries consisted of hygiene and food items. While all vehicles could enter Debsi Afnan unrestricted, those entering Debsi Faraj were reportedly subject to the same restrictions as commercial vehicles.

No barriers to receving aid were reported in Debsi Faraj. Meanwhile, CRs from Debsi Afnan reported that distribution points were overcrowded and that aid was not accessible to all parts of the population.

Most notably, those without connections to authorities, or those who were not aware in advance that deliveries would occur, were reportedly not always able to obtain aid.

Because of the continued accessibility of formal routes by residents, and commercial and humanitarian deliveries leading into Debsi area, the levels of food, hygiene items, medicine, and fuel coming into both communities remained the same in December compared to November.

2. FOOD & MARKETS

ACCESS TO FOOD

Food availability did not change significantly in December in both communities. All foods except bread from public and private bakeries were reported as generally available (21 or more days in markets). In both communities, purchasing food from shops, markets, and receiving food from distributions were the most commonly reported methods of obtaining food; residents of Debsi Afnan also reported home production via personal farms. As no public or private bakeries were available in either community, all bread was reportedly brought from the nearby community of Maskana and sold locally in shops.

In both communities, access to food was insufficient, and residents reported buying cheaper goods as a strategy to deal with a lack of food. Additionally, some men and women of Debsi Faraj had to reduce the sizes of their meals so that children could have more to eat.

The primary barriers to accessing food were a lack of sufficient income to purchase food due to a lack of livelihoods opportunities, as well as that food was unaffordable for residents.

COMMONLY[3] REPORTED STRATEGIES

TO COPE WITH A LACK OF FOOD	DEBSI FARAJ	DEBSI AFNAN
Reducing meal size	✓	✗
Skipping meals	✗	✗
Days without eating	✗	✗
Eating non-edible plants	✗	✗
Eating food waste	✗	✗
CHANGE SINCE NOVEMBER	◆	◆

ACCESS TO MARKETS

The price of a standard food basket[4] was slightly lower in Debsi Afnan than in Debsi Faraj, as goods in the latter were overall more expensive in the latter. As data regarding prices in nearby communities not considered besieged or HTR was unavailable, comparisons between the two Debsi communities and nearby areas was not possible.

AVERAGE PRICE OF A STANDARD FOOD BASKET	DEBSI FARAJ	DEBSI AFNAN	NEARBY AREAS
Average price (SYP)[5]	25,517	23,642	n/a
CHANGE SINCE NOVEMBER[6]	n/a	n/a	n/a

FOOD ITEM AVAILABILITY & PRICES

In December 2017, all assessed foods except bread from public and private bakeries were reported as generally available (21+ days per month) in both communities. Furthermore, no notable change in price or availability was observed. The prices of rice, lentils, chicken and salt were slightly higher in Debsi Faraj than Debsi Afnan, potentially due to the additional fees charged for the entry of humanitarian vehicles to the community.

WASH ITEM AVAILABILITY & PRICES

In December, all assessed hygiene items remained generally available in both communities, and prices and availability remained stable and were similar across the two communities.

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 networks.

In December, all assessed fuel items remained generally available in both communities, and the prices of fuel remained unchanged from the previous month. Furthermore, there was no difference in price of fuel items between the two communities in December.

However, in Debsi Faraj, burning agricultural or other productive assets were reported as a coping mechanism to deal with a lack of access to fuel.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX (SYP)[5]

	Item	DEBSI FARAJ		DEBSI AFNAN	
Food Items	Bread private bakery (pack)	Not available	No info	Not available	No info
	Bread public bakery (pack)	Not available	No info	Not available	No info
	Bread shops (pack)	75	No info	75	No info
	Rice (1kg)	500	No info	450	No info
	Bulgur (1kg)	225	No info	225	No info
	Lentils (1kg)	450	No info	400	No info
	Chicken (1kg)	650	No info	625	No info
	Mutton (1kg)	2,600	No info	2,600	No info
	Tomatoes (1kg)	300	No info	300	No info
	Cucumbers (1kg)	250	No info	250	No info
	Milk (1L)	200	No info	200	No info
	Flour (1kg)	150	No info	150	No info
	Eggs (1 unit)	50	No info	50	No info
	Iodised salt (500g)	50	No info	35	No info
	Sugar (1kg)	320	No info	325	No info
	Cooking oil (1L)	475	No info	475	No info
WASH Items	Soap (1 bar)	100	No info	100	No info
	Laundry powder (1kg)	350	No info	350	No info
	Sanitary pads (9 pack)	150	No info	200	No info
	Toothpaste (125ml)	150	No info	175	No info
	Disposable diapers (24 pack)	1000	No info	900	No info
Fuel Items	Butane (cannister)	2,200	No info	2,200	No info
	Diesel (1L)	190	No info	185	No info
	Propane (cannister)	250	No info	250	No info
	Kerosene (1L)	200	No info	200	No info
	Coal (1kg)	450	No info	450	No info
	Firewood (1T)	5,500	No info	5,500	No info

3. LIVELIHOODS

ACCESS TO LIVELIHOODS

In Debsi Faraj, the most common sources of livelihoods were livestock and daily production, stable employment, and salaried work. In Debsi Afnan, farming, livestock and dairy production, and humanitarian assistance were reported. However, **limited access to income and livelihood opportunities in both reportedly translated into a lack of sufficient access to food.**

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.

AVAILABLE MEDICAL SERVICES	DEBSI FARAJ	DEBSI AFNAN
Child immunisation[7]	✓	✓
Diarrhoea management	✗	✓
Emergency care	✗	✓
Skilled childbirth care	✗	✓
Surgery[8]	✗	✗
Diabetes care	✗	✓
CHANGE SINCE NOVEMBER	◆	◆

In both communities, the healthcare situation remained stable. Some cases of Leishmaniasis, a parasite spread by sand-flies that affects the skin, have reportedly been present in both communities since the summer and continue to be present in December. The amount of medicine and medical items that entered each of the communities remained the same and entered via civilians leaving the community and bringing medical items back thorough formal points, as well as commercial deliveries to Debsi Faraj.

However, many items remained unavailable across both communities. In Debsi Faraj, all assessed medical items were unavailable, whereas in Debsi Afnan, anti-anxiety medication, blood transfusion bags, and anesthetics were unavailable.

Debsi Faraj lacked any type of medical facilities or services except child immunisations, which have reportedly been administered during mobile Syrian Arab Red Crescent (SARC) vaccine campaigns as needed. **Those from Debsi Faraj that required care therefore had to travel to Debsi Afnan or nearby areas to receive it.** Debsi Afnan reportedly had an informal emergency care point and private clinics which were able to offer skilled childbirth care, among other services. However, for complex procedures, residents from both communities had to travel to larger urban areas. As such, men in Debsi Faraj and Debsi Afnan faced barriers to accessing healthcare, as they risked detention and conscription when exiting their communities. Men in Debsi Faraj especially lacked access because there were reportedly no options for medical treatment inside the community. The most needed[9] medical items in the area were reportedly antibiotics, and medicines for diabetes and heart conditions.

AVAILABLE MEDICAL FACILITIES	DEBSI FARAJ	DEBSI AFNAN
Mobile clinics/field hospitals	✗	✗
Informal emergency care points	✗	✓
Pre-conflict hospitals	✗	✗
Primary healthcare facilities	✗	✗
CHANGE SINCE NOVEMBER	◆	

AVAILABILITY OF MEDICAL PERSONNEL

In Debsi Faraj, no formal or informally trained medical staff were present in the month of December. Meanwile, staffing was comparatively better in Debsi Afnan, as formally trained medical staff comprised professionally trained doctors, midwives, and nurses. Furthermore, pharmacists were

EDUCATION

ACCESS TO EDUCATION	DEBSI FARAJ	DEBSI AFNAN
Available education facilities	✓	✓
Barriers to education	✓	✗
CHANGE SINCE NOVEMBER	◆	◆

Pre-conflict primary, secondary, and high schools were reportedly present and functioning in both communities. However, children in Debsi Faraj reportedly faced barriers to education that included a lack of teaching staff, the destruction of certain facilities, and a lack of school supplies.

ELECTRICITY

No change in access to electricity was reported in December. The electricity network remained unavailable, with both communities instead using diesel-powered generators. In Debsi Afnan, electricity was available for 2-4 hours per day, while in Debsi Faraj it was available 4-8 hours.

ACCESS TO ELECTRICITY	DEBSI FARAJ	DEBSI AFNAN
Access to electricity network	✗	✗
Main source of electricity	Generator	Generator
Access to main source/day	4-8 hours	2-4 hours
CHANGE SINCE NOVEMBER	◆	◆

WATER

Access to water reportedly improved in Debsi Afnan in December, as repairs had been made to the water network that had been previously damaged by shelling. Access to the water network therefore increased to 7 days per week. In Debsi Faraj, access to the main network remained high, at 5-6 days per week. Water in both communities was reportedly sufficient to meet household needs and safe to drink[10].

ACCESS TO WATER	DEBSI FARAJ	DEBSI AFNAN
Access to water network	✗	✗
Main source of water	Main network	Main network
Water safe to drink[10]	✓	✓
Access to water network	Available	Available
Sufficiency of water for HH needs	Sufficient	Sufficient
Coping strategies used	✗	✗
CHANGE SINCE NOVEMBER	◆	▲

5. SUMMARY OF CHANGES SINCE PREVIOUS MONTH

	DEBSI FARAJ	DEBSI AFNAN		DEBSI FARAJ	DEBSI AFNAN
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	◆	▲

ENDNOTES

1. Population estimates from the HNO 2018 population data (September 2017). Figures based on population estimates by local actors within the community assessed were reportedly as follows:1,500-2,000 (Debsi Faraj) and 3,500-4,000 (Debsi Afnan), with no IDPs reported in either.

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. 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.

5. 1 USD = 434 SYP (UN operational rate of exchange as of 1 December 2017).

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

7. 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.

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

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

10. As reported by CRs.

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 December and early January 2018 and refers to the situation in December 2017. 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.

About REACH

REACH is a joint initiative of two international non-governmental organisations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to, and within the framework of, inter-agency aid coordination mechanisms. For more information, please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiaitive.org and follow us on Twitter: @REACH_info.