

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 117 community representatives inside Syria in October and beginning of November 2016, these updates refer to the situation in October 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 months (if any). An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. During analysis, data is triangulated through secondary information, including humanitarian reports, news and social media monitoring, and partner verification, 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 October and early November 2016, REACH assessed the humanitarian situation in 28 communities in Syria currently facing restrictions in movement and access, 16 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 117 community representatives (CRs). **Across assessed indicators, the overall humanitarian situation in the assessed communities remained poor, with some of the communities becoming increasingly vulnerable in comparison to the situation in September.**

- In October, escalations in conflict were reported in Khan Elshih, Jobber, Yarmouk, Hama and Qudsiya.
- Besieged communities in Eastern Ghouta (Duma and Harasta) received aid for the first time since June 2016; the hard to reach communities of Hama, Qudsiya and Burza also received humanitarian aid for the first time since June 2016. No aid reportedly entered the communities of Ar Rastan, At Tall, Az Zabdani and Madaya, Hajar Aswad, Jobber and Tadamon, Khan Elshih, Yarmouk, and most of the communities of Eastern Ghouta (Arbin, Ein Terma, Hammura, Jisrein, Kafr Batna, Saqna, Zamalka and Nashabiyeh) in October.
- Information collected in Khan Elshih, Az Zabdani, Madaya, Ar Rastan and the Deir Ez Zor neighbourhoods of Joura and Qosour indicated critical levels of food insecurity, with populations having adopted emergency coping strategies such as skipping meals, not eating for days or eating weeds. Most core food items were unavailable in markets in Az Zabdani in October, with the population relying on distributions from local authorities.
- Communities which had recently implemented truce agreements, including Madamiyet Elsham, Al Waer, and Hama and Qudsiya, experienced significant improvements in the health situations as medical items could enter and residents could seek medical help outside the communities.

List of Assessed Profiles October 2016

PDF: [Click on profile name to jump to factsheet](#)

- **Madaya, Az Zabdani and Bqine**
- **Eastern Ghouta**
- **Madamiyet Elsham**
- **Yarmouk**
- **Homs (al Waer)**
- **Damascus (Jobber, Burza and Tadamon)**
- **Ar Rastan, Talbiseh and Taldu**
- **Deir ez Zor City (Joura, Qosour)**
- **Hajar Aswad**
- **Khan Elshih**
- **Hama and Qudsiya**
- **At Tall**

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

October 2016



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| | Az Zabdani | Madaya and Bqine* |
|---|------------|-------------------|
| UN classification | Besieged | Besieged |
| Estimated population¹: | 165 | 45500 |
| Of which estimated IDPs¹: | None | 8500 |
| % pre-conflict population remaining | 1-25% | 51-75% |
| % of population that are female | 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, which sit within a contiguous area, since January 2016. The civilian population was evacuated from Az Zabdani in the beginning of 2016.

Restrictions on movement continued in October, with no formal entry points available in either community. Additionally, **in contrast to September, no medical cases were allowed to be evacuated from Madaya.**

Humanitarian aid was allowed to enter in September for the first time since April, however no such deliveries were permitted in October. In conjunction with the continued restrictions on commercial vehicles, no food, medicine or non-food items entered either community during October.

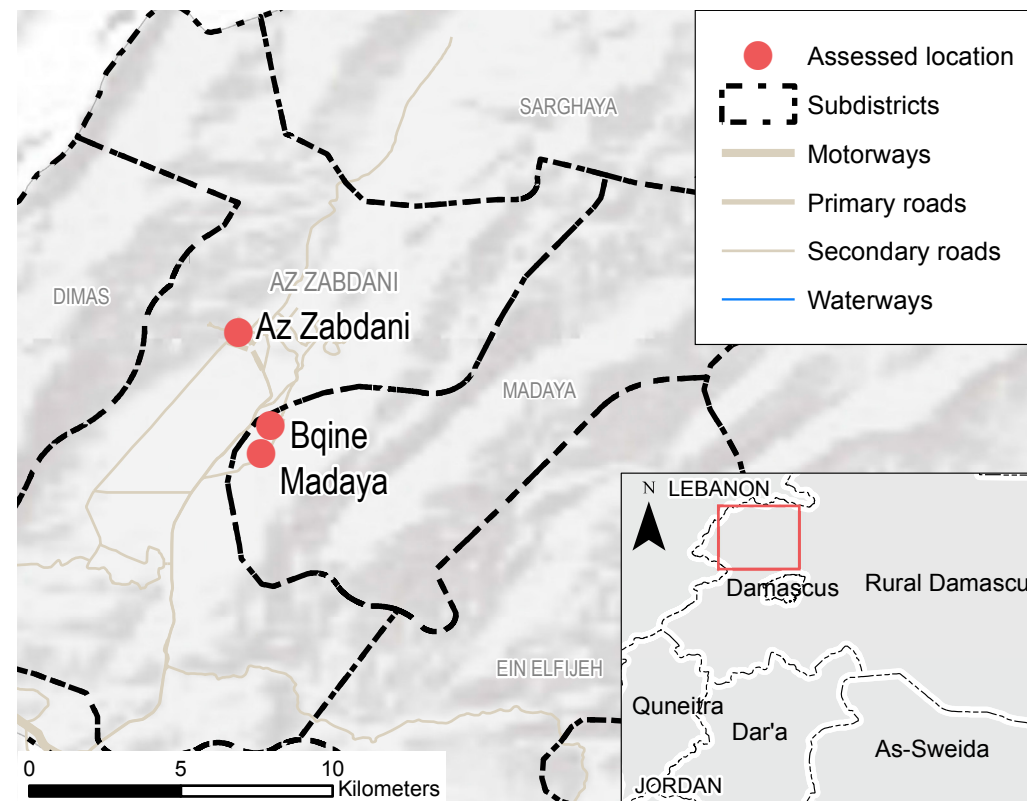
Due to the continued access restrictions, many core food items remained unavailable in Madaya. **In Az Zabdani, for the first time, no core food items were reportedly available for purchase in shops**

and markets, with residents receiving food through distributions from local authorities instead. Further, it was reported that some of the food delivered in September was deemed unfit for consumption.

The main electrical network remained unavailable in Madaya, however repairs performed to the network by authorities in Az Zabdani allowed for occasional access to electricity. As in September, no fuel entered Madaya in October, while residents in Az Zabdani who had formerly been able to purchase fuel at checkpoints reported that amounts available for purchase had decreased.

The only mobile clinic in Madaya was shut down in October due to lack of medicine and equipment, which resulted in no medical facilities remaining in the community.

Lack of humanitarian aid deliveries, continued access restrictions and the deteriorating health situation resulted in a worsened humanitarian situation in both communities in October.



CHANGES SINCE SEPTEMBER

| | 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 from community representatives inside Syria at the end of October and beginning of November 2016, these updates refer to the situation in October 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

| | | | | |
|---|--------------------|---|---|---|
| 💧 | WATER | Main source of drinking water (Status) | Closed wells (Safe to drink) | Closed wells (Safe to drink) |
| | | Available water to meet household needs (Coping strategies) | Sufficient | Insufficient (Modify hygiene practices i.e. bathe less) |
| | | Access to water network per week | 5-6 days | Network unavailable |
| 💡 | ELECTRICITY | Access to electricity network per day | 2-4 hours | Network unavailable |
| | | Access to electricity (Main source) per day | 2-4 hours (Generator) | 2-4 hours (Generator) |
| 🏠 | EDUCATION | Available education facilities | None | Pre-conflict primary, secondary and high schools |
| | | Barriers to education | No primary school aged children left in the community | Facilities destroyed, lack of teaching staff, route to services is unsafe |
| | | Change in number of children attending school | About the same | About the same |

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to September in Az Zabdani: 

Change in # people able to leave compared to September in Madaya: 

🚶 People able to leave²

Az Zabdani: None reported.

Madaya: None reported; in contrast to September, authorities prevented the evacuation of any medical cases through informal points. An estimated 300-500 residents in Bqine fled their homes and relocated to Madaya following verbal harassment and threats of violence at a formal access point.

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

Both: No one tried to enter or exit the community through formal or informal points.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since September in Az Zabdani: 

Change since September in Madaya: 

Both communities: No humanitarian vehicles reportedly entered.

🚚 Humanitarian vehicles

Change since September in Az Zabdani: 

Change since September in Madaya: 

Both communities: In contrast to September, no humanitarian vehicles were allowed to enter either community in October.

📦 Goods entered

Both communities: No humanitarian deliveries or commercial vehicles were allowed to enter in October, which led to a **decrease in the amount of food, non-food and medical items available compared to September.**





Whereas residents in Az Zabdani had previously been able to purchase fuel at checkpoints, the amount they were able to purchase decreased during October. No fuel entered Madaya, as was the case in September.

HEALTH SERVICES

Change in health situation in Az Zabdani compared to September: 











Change in health situation in Madaya compared to September: 

Reported deaths this month³

| | AZ | M |
|--|---|---|
| Deaths reportedly attributable to causes related to a lack of food | No known cases | No known cases |
| Change since September |  |  |
| Deaths attributable to sickness / disease | No known cases | Yes |
| Change since September |  |  |
| Unusual illness breakouts | No known cases | Yes |

An outbreak of meningitis in Madaya, first reported in September, was still observed in October. Further, around **twenty cases of kidney failure requiring medical attention were reported** in the community this month.

🏠 Permanent medical facilities available


| | AZ | M |
|----------------------------------|---|---|
| Mobile clinics / field hospitals |  |  |
| Informal emergency care points |  |  |
| Pre-conflict hospitals |  |  |
| Pre-conflict clinics / surgeries |  |  |
| Change since September |  |  |


The **mobile clinic servicing the residents of Madaya stopped functioning in October due to lack of medical supplies and equipment.** No medical facility remained in the community. Residents in Az Zabdani had limited access to only one mobile clinic.

Unavailable medical items⁴

Az Zabdani: Anaesthetics, antibiotics, burn treatment.

Madaya: Anaesthetics, clean bandages, blood transfusion bags, medical scissors

Change in Az Zabdani since September 

Change in Madaya since September 

Most needed medical items⁵

| | Az Zabdani | Madaya |
|----|------------------------|------------------------|
| 1. | Clean bandages | Clean bandages |
| 2. | Blood transfusion bags | Blood transfusion bags |
| 3. | Anaesthetics | Antibiotics |

Strategies used to cope with a lack of medical services


Both: None reported; coping strategies such as recycling medical items were not possible given the medical situation


Availability of medical personnel

Az Zabdani: Professionally trained doctors and nurses;















Madaya: Professionally trained doctors, nurses and midwives;

Others providing medical services: Pharmacists, dentists, anesthesiologists, medical or pharmacy students, volunteers with informal training.

Change in Az Zabdani since September 

Change in Madaya since September 

Medical services available

| | AZ | M |
|-------------------------|---|---|
| Child immunization |  |  |
| Diarrhea management |  |  |
| Emergency care |  |  |
| Skilled childbirth care |  |  |
| Surgery ⁶ |  |  |
| Diabetes care |  |  |
| Change since Sept. |  |  |

The lack of medical items entering both communities in October led to a deterioration in the medical situation in Madaya and forced the mobile clinic to close. **No facilities offering medical services formally exist. Due to twenty cases of kidney failure, a dialysis device was reported as urgently needed.** In Az Zabdani, where no women or children remain, one mobile clinic remained functional and services were comparable to those in September.

FOOD

Change in food situation compared to September in both: 

Most common methods of obtaining food at the household level

Both: Receiving through food distributions from local councils.


Most common methods of obtaining bread at the household level

Both: Homemade.







Challenges to obtaining bread: Bread unavailable in private/public bakeries and

shops, yeast and wheat unavailable or expensive, not enough electricity/fuel.


Access to bread remained similar to previous months, with bread unavailable for purchase in Madaya. In Az Zabdani residents did not face issues accessing bread, which was distributed by the local authorities.

Change in availability since September 

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 basket⁷

| | Madaya | Nearby areas ⁸ |
|---------------------------------|---|---------------------------|
| Average cost (SYP) ⁹ | 202500 | 29625 |
| Price change since Sept. |  | No info |

Due to the unavailability of any core food items in markets and shops in Az Zabdani during

October, no standard core food basket could be calculated for this period.

The price of a standard core food basket in Madaya, excluding bread and sugar due to unavailability of both these items in markets, increased since September and was 584% higher than in nearby communities not considered besieged or hard to reach.

Core food item availability

Despite food distributions in September, most of the food items delivered were consumed on a household level and generally not available in shops and markets. As no aid or commercial vehicles entered in October, the situation remained largely the same in Madaya during October. In Az Zabdani, no core food items were available for purchase in October. Additionally, it was reported that some of the food delivered in the previous month had been unfit for consumption, e.g. bags of flour contained glass.

WASH item availability / prices

Madaya: There was a slight overall decrease in the prices of hygiene and sanitation items and all items remained sometimes available, but were priced significantly higher than in nearby communities.




Az Zabdani: Hygiene and sanitation items were not available for purchase in shops and markets, including toothpaste, which had previously been available in September.

Fuel availability / prices

Both communities: Diesel remained the only source of fuel available in both communities, as kerosene became unavailable in Az Zabdani. In Madaya diesel was available six or fewer days this month. Residents in Az Zabdani who had previously been able to purchase diesel from check points reported increased restrictions, which were reflected in a 157% price surge.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX¹⁰

The availability of food and non-food items in Madaya remained largely the same as in September, but quantities decreased as no humanitarian or commercial vehicles entered the communities. Food items were up to fifty times more expensive than in nearby communities not considered besieged or hard to reach. In Az Zabdani, where residents mainly acquired food through distributions or from Madaya, additional core food items became unavailable in October, meaning none of the core food items could be purchased in shops or markets. Diesel was on average 44 times more expensive than in nearby communities.

| | Item | Az Zabdani | Price changes since Sept. | Madaya | Price changes since Sept. | Nearby non-hard to reach communities ⁸ |
|--|------------------------------|--------------------|---------------------------|---------------------|---------------------------|---|
|  | Bread private bakery (pack) | Not available | ◆ | Not available | ◆ | Not available |
| | Bread public bakery (pack) | Not available | ◆ | Not available | ◆ | 50 |
| | Rice (1kg) | Not available | Available | 4500 ¹⁰ | ◆ | 538 |
| | Bulgur (1kg) | Not available | Available | 4500 ¹⁰ | ◆ | 250 |
| | Lentils (1kg) | Not available | Available | 4500 ¹⁰ | ◆ | 550 |
| | Chicken (1kg) | Not available | ◆ | Not available | ◆ | 950 |
| | Mutton (1kg) | Not available | ◆ | Not available | ◆ | 3550 |
| | Tomato (1kg) | Not available | ◆ | 7000 ¹⁰ | ◆ | 138 |
| | Cucumber (1kg) | Not available | ◆ | 7000 ¹⁰ | ◆ | 205 |
| | Milk (litre) | Not available | ◆ | Not available | ◆ | 170 |
| | Flour (1kg) | Not available | ◆ | Not available | ◆ | 238 |
| | Eggs (1) | Not available | ◆ | Not available | ◆ | 50 |
| | Iodised salt (500g) | Not available | Available | 500 ¹⁰ | ◆ | 88 |
| | Sugar (1 kg) | Not available | Available | Not available | ◆ | 463 |
| Cooking oil (litre) | Not available | Available | 4500 ¹⁰ | ▲ +13% | 1375 | |
|  | Soap (1 bar) | Not available | ◆ | 150 ¹⁰ | ◆ | 88 |
| | Laundry powder (1kg) | Not available | ◆ | 4000 ¹⁰ | ▲ +14% | 388 |
| | Sanitary pads (9) | Not available | ◆ | 400 ¹⁰ | ▼ -20% | 395 |
| | Toothpaste (125ml) | Not available | Available | 450 ¹⁰ | ▼ -10% | 350 |
| | Disposable diapers (24 pack) | Not available | ◆ | 4000 ¹⁰ | ▼ -11% | 1075 |
|  | Butane (cannister) | Not available | ◆ | Not available | ◆ | 3100 |
| | Diesel (litre) | 9000 ¹⁰ | ▲ +157% | 10000 ¹¹ | ◆ | 225 |
| | Propane (cannister) | Not available | ◆ | Not available | ◆ | Not available |
| | Kerosene (litre) | Not available | Available | 10000 ¹¹ | ◆ | 550 |
| | Coal (kg) | Not available | ◆ | Not available | ◆ | Not available |
| | Firewood (tonne) | Not available | ◆ | Not available | ◆ | Not available |

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

Endnotes

¹ Figures based on estimates by local actors within communities assessed. The last HNO 2017 population data (September 2016) estimates that population figures within Az Zabdani are up to 34,190, including 14,360 IDPs, and 51,100 in Madaya, including 1,800 IDPs.

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

³ 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.

⁴ 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.

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

⁶ 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.

⁷ 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).

⁸ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Aqraba and Deir Ali.

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 Nov. 2016).

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

¹¹ Generally not available in markets (fewer than 6 days this month).

Syria Community Profile Update: Eastern Ghouta, Rural Damascus

October 2016



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| | Duma | Saqba | Arbin | Ein Terma | Hammura | Jisrien | Kafr Batna | Harasta | Zamalka | Nashabiyeh |
|---|----------|----------|----------|-----------|----------|----------|------------|----------|----------|---------------|
| UN classification | Besieged | Besieged | Besieged | Besieged | Besieged | Besieged | Besieged | Besieged | Besieged | Hard to reach |
| Estimated population (individuals)¹ | 143000 | 24000 | 39000 | 23300 | 18000 | 14000 | 16750 | 20000 | 12000 | 4000 |
| Of which estimated IDPs¹ | 19000 | 8500 | 1930 | 14300 | 5850 | 6300 | 10000 | 5270 | 2640 | 1300 |
| % pre-conflict population remaining | 1-25% | 1-25% | 51-75% | 1-25% | 1-25% | 51-75% | 26-50% | 1-25% | 1-25% | 1-25% |
| % of population that are female | 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 October 2016, comparisons were made to changes observed since September, 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.

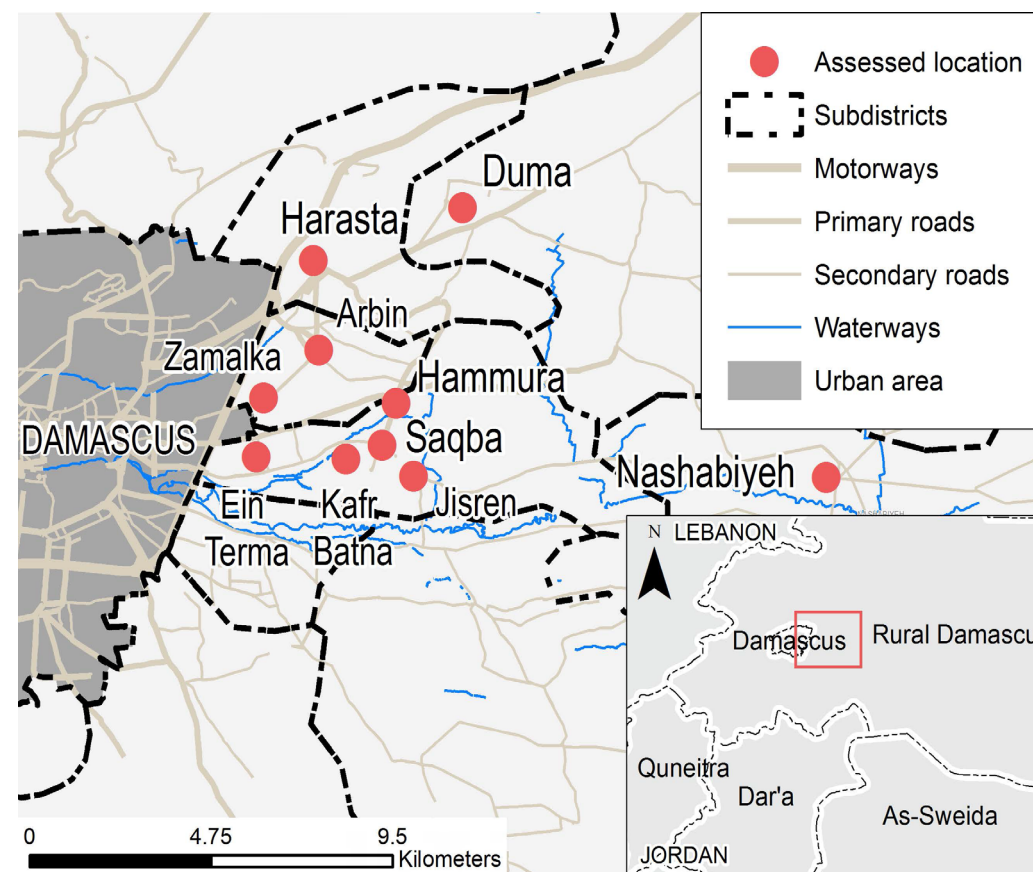
Despite a local ceasefire agreement in May 2016, fighting resumed in June and continued to affect

civilians until August, when conflict escalated further. Internal clashes between parties to the conflict in the Eastern Ghouta area decreased in September. While these internal clashes remained minimal in October, **airstrikes and shelling increased significantly in Duma, resulting in increased insecurity and civilian injuries within the community.** Furthermore, at the time of writing (6 November), **a kindergarten in Harasta was shelled, reportedly resulting in eight deaths and several injuries.**

As was the case in September, typically, residents were able to move between communities; however, movement outside the wider contiguous area via formal routes remained limited to a few public sector employees. Civilians also reportedly used informal routes, though these remained open only for those requiring urgent medical assistance.

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of October and beginning of November 2016, these updates refer to the situation in October 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.



Humanitarian aid entered Duma in October for the first time since June 2016, after authorities refused the entry of humanitarian aid in September. The delivery consisted of education materials, medicine, food, and non-food items. **Humanitarian aid containing food, non-food, and medical items also entered Harasta,** though vehicles reportedly faced restrictions. These were the only communities to receive aid in Eastern Ghouta; both reported that deliveries were insufficient to meet populations' needs. The number of commercial vehicles entering the region was similar to prior months, with commercial access to Eastern Ghouta being allowed only one day per week in October.

Medical items' availability remained largely the same in most communities, with the exception of Duma and Harasta, where availability increased following the delivery of humanitarian aid. As a result, previously unavailable items became available. Despite this, the significant increase in shelling and associated increase in reported injuries in Duma during October continued to place stress on the capacity of medical facilities. **Availability of medical services increased in Eastern Ghouta in October, as a local organisation provided child immunization across all communities.**

Food item availability remained unchanged compared to previous months, and **prices of available food items across the Eastern Ghouta region were 63% higher than in nearby communities not classified as besieged or hard to reach.** Though the price of butane decreased in October, the price of firewood rose across all communities due to increased demand in preparation for winter months.

While the delivery of aid to Duma and Harasta provided some relief to these communities, **the overall situation in Eastern Ghouta remained largely unchanged compared to September.** While the communities witnessed improvements in some health indicators following the administration of immunizations, other indicators such as the relatively high cost of food and non-food items, high risk to life, and conflict-related insecurity continue to point to ongoing vulnerabilities during October.

CHANGES SINCE SEPTEMBER

| | | | |
|----------------------------------|---|--------------------------------|---|
| 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 leave²**

Change in # people able to leave compared to September: ◆

As was the case in prior months, while populations could generally move between communities within Eastern Ghouta most days, very few people (some public sector employees) were permitted to leave the wider contiguous areas in October.

Populations were able to move more freely than in September between communities within Eastern Ghouta, as the number of checkpoints decreased in October.

The use of informal routes remained unchanged from September to October. This represented an overall increase in access when compared to previous months, whereby routes were reportedly closed or deemed inaccessible due to conflict-related insecurity. However, in October, routes remained extremely unsafe and were only used to transport those in need of critical medical assistance.

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

High risk associated to life; gunfire, landmines, shelling, detention, confiscation of documents, conscription.

MOVEMENT OF GOODS AND ASSISTANCE

 **Vehicles carrying commercial goods**

Change since September: ◆

Similar to September, commercial vehicles were able to travel within Eastern Ghouta freely in October.

However, movement into and out of the Eastern Ghouta region through formal entry and exit points remained limited. As in September, some vehicles were able to enter one day per 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. Nevertheless, in comparison to September, there was a slight increase in number of commercial vehicles reportedly entering only the community of Duma.

 **Humanitarian vehicles**

Change since September: ↑

Humanitarian aid entered Duma in October for the first time since June 2016, after authorities refused entry of humanitarian aid the prior month. The delivery consisted of education materials, medicine, food, and

non-food items. Some items, including some medicine and baby milk, were reportedly removed from the load prior to entry.

Some humanitarian aid containing food, non-food, and medical items also entered Harasta, though vehicles were searched prior to entry and documentation was requested.

Despite the delivery of aid, both communities reported that the quantity was insufficient to meet populations' needs. In Harasta, baskets were reportedly divided into smaller quantities in order to distribute aid to a larger portion of the population.

No humanitarian aid entered any of the other communities in Eastern Ghouta.

 **Goods entered**

In October, food, fuel, NFIs and medical supplies continued to enter Eastern Ghouta through commercial vehicles or by populations leaving and entering via informal routes. In addition, food, NFIs, and medical supplies also entered the communities of Duma and Harasta through humanitarian aid deliveries.

Following increased availability of medicine in Duma, individuals from Saqba who had good relations with community members in Duma were able to bring some medical items back to their community, resulting in a slight increase in availability in Saqba in October.

As has been the case since August, all assessed communities, with the exception of Ein Terma, reported that food could be produced within their community; however, farming was reportedly somewhat inhibited by scarce water, and lack of seeds and other inputs. Additionally, levels of food insecurity are likely to increase as the summer season comes to an end and capacity for food production reduces.

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 September |
|-------------------|--|--|---|--|--|--|---|--|
| Duma | 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 | Slight increase associated with the start of a new school year |
| Saqba | 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 | Slight increase associated with the start of a new school year |
| Arbin | 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 | Slight increase associated with the start of a new school year |
| Ein Terma | 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 | Slight increase associated with the start of a new school year |
| Hammura | 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 | Slight increase associated with the start of a new school year |
| Jisrien | 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 | Slight increase associated with the start of a new school year |
| Kafr Batna | 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 | Slight increase associated with the start of a new school year |
| Harasta | 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 | Slight increase associated with the start of a new school year |
| Zamalka | 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 | Slight increase associated with the start of a new school year |
| Nashabiyeh | 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 |

* Data collected is based on perceptions of local actors and water safety cannot be guaranteed in the absence of water testing.

🏠 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

Change in health situation compared to September:



In October, humanitarian aid entered the communities of Duma and Harasta, resulting in increased availability of medical items. Individuals from Saqba who had good relations with community members in Duma were able to bring some medical items back into their community in October, resulting in increased availability in Saqba. Availability of medicine or medical items remained largely the same in other communities within Eastern Ghouta.

The number of functioning health facilities, as well as the availability of personnel remained the same in October in all communities. **Due to conflict in certain areas of Eastern Ghouta, the burden placed on existing facilities was high, especially in Duma, where intense airstrikes resulted in several reported injuries over the course of the month.** Despite damage to portions of a field hospital in Duma in early October, the facility was relocated, and services that had been suspended became again available by the end of the month. Further, at the time of writing (6 November), a kindergarten in Harasta was shelled, resulting in eight deaths and several injuries.

There was an improvement in medical services across communities in Eastern Ghouta. **Child immunization services became available in Duma, Saqba, Ein Terma, Hammura, Jisrien, and Harasta in October following the administration of immunizations across all Eastern Ghouta by a local organisation.**

🏠 Medical facilities and services

As reported in previous months, some medical facilities were functioning across the Eastern Ghouta communities, primarily in the form of mobile clinics, field hospitals and informal emergency care points (see table above). Communities reported that there was no significant change in the number of available facilities compared to the previous month. **Community representatives in Duma reported that the substantial increase in shelling and associated conflict-related injuries continued to place stress on the capacity of available medical facilities.**

Change since September



👤 Availability of medical personnel

There was no reported change in number of available medical personnel from September to October.

At least one professionally trained doctor, surgeon, nurse, midwife, dentist or pharmacist was reportedly present in all communities assessed, in addition to volunteers with informal or no training. No surgeons were reportedly available in Jisrein, Harasta and Nashabiyeh.

Change since September



📦 Unavailable medical items³

With the exception of the communities of Duma, Harasta and Saqba, the availability of medical items remained largely the same as during September in Eastern Ghouta.

Following the delivery of humanitarian aid in October, the quantity of available medical goods in the communities of Duma and Harasta increased. Delivered medical items included birth kits and sterilization items. Further, as previously mentioned, some medical items from Duma were brought into Saqba by individuals travelling between the two communities.

Items, including clean bandages, burn treatment, anesthetics and medical scissors, which were previously unavailable or only sometimes available

in Duma, Harasta, and Saqba, became available in October.

The reported unavailability of specific medicine and medical items during October was generally consistent across the majority of communities.

Unavailable across a majority of communities: Clean bandages, burn treatment; **Sometimes available across a majority of communities:** Blood transfusion bags, antibiotics, anesthetics.

Change since September



🩹 Most needed medical items⁴

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. Artificial limbs
5. Clean bandages
6. Burn treatment

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 ⁵ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✗ | ✓ | ✗ |
| Diabetes care | ✓ | ✓ | ✓ | ✗ | ✗ | ✗ | ✓ | ✗ | ✗ | ✗ |

Reported casualties this month

Overall, most communities assessed reported that the number of deaths which occurred in October was about the same as in September, with all communities reporting that some people had died from sickness and disease during October.

Change since September



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

In the communities of Duma, Saqba, Ein Terma, Hammura, Jisrein, and Harasta, it was reported that people continued to commonly **recycle 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 medicine and medical equipment. Despite an increase in the availability of medical items in Duma, Saqba, and Harasta, communities reported continued need for adopting coping strategies, as medical items delivered through humanitarian convoys were not sufficient to meet populations' needs.

FOOD

Change in food situation compared to September:



Most common methods of obtaining food at the household level

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

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

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

Humanitarian aid delivered in October to the communities of Duma and Harasta resulted in an increase in available food items in these communities. However, aid was reportedly insufficient to meet the communities' needs.

Populations in Eastern Ghouta 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.



Most common methods of obtaining bread at the household level

Ein Terma, and Jisrein: Private bakeries;
Arbin, Kafr Batna, Duma, Saqba, Zamalka, Hammura, and Nashabiyeh: Shops.

Across assessed communities in Eastern Ghouta, there were no commonly reported challenges to accessing bread in October, and populations' access to bread remained largely the same as previous months.

Reported deaths this month⁶

| | 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 | 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 |



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

As was the case in prior months, bread from public bakeries was unavailable in October; however, all other assessed food items were generally available¹¹ across Eastern Ghouta. While several food item prices remained similar to prices reported in September, there were significant changes in the prices of tomato and cucumber, increasing by 18% and 60%, respectively.

On average, prices of available food items across the Eastern Ghouta region were 63% higher than prices in nearby communities which are not classified as besieged or hard to reach.



WASH Items

In comparison to September, prices of assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) in Eastern Ghouta remained, on average, largely the same. Prices were, however, on average 147% 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 October. **The price of butane decreased since September, specifically in Kafr Batna and Nashabiyeh, as increased quantities of butane were brought in from neighboring communities, resulting in increased availability and lower prices.**

The price of firewood rose across all communities due to increased demand due to people preparing for the coming winter.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES⁹

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

| | Item | Eastern Ghouta Average | Price change since September ¹⁰ | Nearby non-hard to reach communities ⁹ | | |
|------------------|------------------------------|------------------------|--|---|---------------|---------------|
| | Bread private bakery (pack) | 325 ¹¹ | ◆ | Not available | | |
| | Bread public bakery (pack) | Not Available | ◆ | 50 | | |
| | Rice (1kg) | 670 ¹¹ | ◆ | 538 | | |
| | Bulgur (1kg) | 525 ¹¹ | ↓ | -1% | 250 | |
| | Lentils (1kg) | 830 ¹¹ | ↓ | -1% | 550 | |
| | Chicken (1kg) | 2100 ¹¹ | ◆ | | 950 | |
| | Mutton (1kg) | 4267 ¹¹ | ↓ | -2% | 3550 | |
| | Tomato (1kg) | 220 ¹¹ | ↑ | +18% | 138 | |
| | Cucumber (1kg) | 395 ¹¹ | ↑ | +60% | 205 | |
| | Milk (litre) | 222 ¹¹ | ↓ | -1% | 170 | |
| | Flour (1kg) | 358 ¹¹ | ◆ | | 238 | |
| | Eggs (1) | 65 ¹¹ | ↑ | +3% | 50 | |
| | Iodised salt (500g) | 140 ¹¹ | ↑ | +2% | 88 | |
| | Sugar (1 kg) | 532 ¹¹ | ↓ | -7% | 463 | |
| | Cooking oil (litre) | 930 ¹¹ | ↓ | -5% | 1375 | |
| | Soap (1 bar) | 120 ¹¹ | ↓ | -5% | 88 | |
| | Laundry powder (1kg) | 900 ¹¹ | ↓ | -20% | 388 | |
| | Sanitary pads (9) | 515 ¹¹ | ↑ | +16% | 395 | |
| | Toothpaste (125ml) | 500 ¹¹ | ↓ | -16% | 350 | |
| | Disposable diapers (24 pack) | 1820 ¹¹ | ◆ | | 1075 | |
| | | Butane (cannister) | 15600 ¹¹ | ↓ | -23% | 3100 |
| | | Diesel (litre) | 530 ¹¹ | ↓ | -7% | 225 |
| | | Propane (cannister) | Not available | ◆ | | Not available |
| | | Kerosene (litre) | Not available | ◆ | | 550 |
| Coal (kg) | | Not available | ◆ | | Not available | |
| Firewood (tonne) | 102500 ¹¹ | ↑ | +21% | Not available | | |



Average cost of standard food basket⁷

| | EG | Nearby areas ⁸ |
|---|-------|---------------------------|
| Average cost October (SYP) ⁹ | 52246 | 26178 |
| Change since September ¹⁰ | ◆ | No info |

On average, there were no significant changes in the average food basket price between September and October within the communities of Eastern Ghouta. The average cost of a standard food basket in Eastern Ghouta was **100% more expensive than in nearby communities** not considered besieged or hard to reach.

Endnotes

¹ Figures based on HNO 2017 population and IDP data (September 2016).

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

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

⁴ 'Most needed' does not necessarily imply unavailability. 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.

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

⁶ 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.

⁷ 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: August 2016' ([link here](#)).

⁸ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Deir Ali abd Aqraba.

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 Nov. 2016)

¹⁰ Prices were compared to when the community was last assessed

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

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Madamiyet Elsham is a small urban area in the Western Ghouta region, 4km southwest of the center of Damascus city. The community has faced access restrictions since late 2012 and was subsequently classified as besieged by the UN.

While this profile refers to the situation in October 2016, comparisons were made by community representatives to changes observed since September, when the community was last assessed.

As part of an ongoing reconciliation process, **1,600 people were evacuated from Madamiyet Elsham to Idleb during October.** Following the evacuation, restrictions on movement of people and goods were loosened.

All civilians could reportedly leave the community through formal checkpoints upon presenting documentation, without facing restrictions. Similarly, all commercial vehicles were allowed to enter during October, without restrictions.

This, in addition to the **entrance of a 24-truck aid convoy including 7,000 food packages, 7,000 flour sacks, medical items, winter clothes, health packages and lighting equipment, positively affected the humanitarian situation within Madamiyet Elsham.**

In October, the health situation improved as a result of increased available medicine and civilians

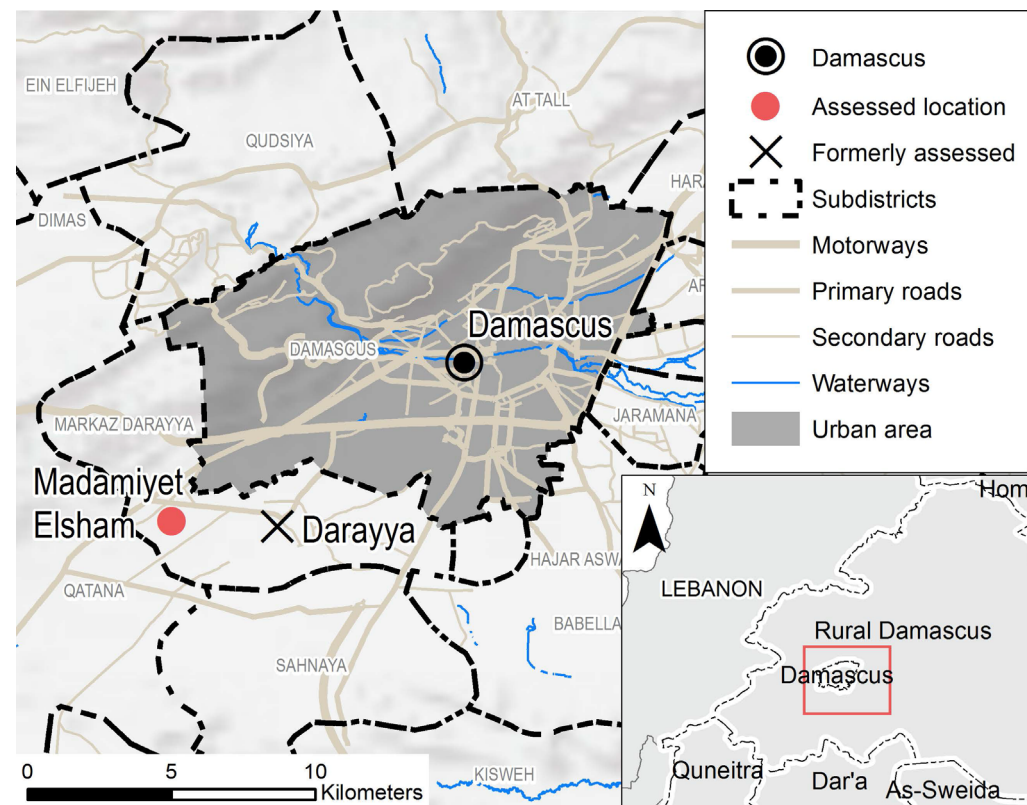
| | |
|---|-----------|
| | |
| UN classification: | Besieged |
| Estimated population¹: | 38000 |
| Of which IDPs¹: | 7500-8000 |
| % pre-conflict population remaining: | 1-25% |
| % population female: | 26-50% |

now being able to receive medical assistance from, or in, nearby communities.

Access to services also improved compared to September due to increased availability of fuel and lower fuel prices; this allowed populations to run generators and provide electricity to households for more hours per day than during previous months. Kerosene and coal also became available on markets in October, due to the lifting of restrictions on commercial vehicles access.

Several food items became available on markets in October, and the prices of assessed items decreased by 52% on average, compared to September.

Overall, the humanitarian situation in Madamiyet Elsham markedly improved in October, mainly due to a lifting of movement restrictions on people and goods, and due to the delivery of humanitarian aid.



CHANGES SINCE SEPTEMBER

| | | | |
|----------------------------------|---|--------------------------------|---|
| 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 October and beginning of November 2016, these updates refer to the situation in October 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 September: 

People able to leave²

After the negotiation of a truce agreement in early September³, most fighters were evacuated from the community throughout October and relocated to Idlib. The remaining civilian population could enter and exit the area through formal checkpoints upon presentation of documents. Compared to September, there was an increase from 11-25% to 75-100% of the population being allowed to leave and re-enter.

Informal points used: None reported.

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

None reported.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since September: 




While in September only some vehicles were able to enter, during October all commercial vehicles were allowed into Madamiyet Elsham without any reported restrictions.

Humanitarian vehicles

Change since September: 

As in September, an interagency aid convoy was allowed to enter the community. The convoy consisted of 24 trucks carrying 7,000 food packages, 7,000 flour sacks, medical items, winter clothes, health packages and lighting equipment. Reportedly, quantities of

ACCESS TO SERVICES

| | | |
|--|---|---|
|  WATER | Main source of drinking water (Status) Sufficiency of available water to meet household needs (Coping strategies used) Access to water network per week | Water network (Safe to drink) Insufficient (Modifying hygiene practices i.e. bathing less) 1 - 2 days |
|  ELECTRICITY | Access to electricity network per day Access to electricity (Main source) per day | Network unavailable 4 - 8 hours (Generator) |
|  EDUCATION | Available education facilities Barriers to education Change in number of children attending school | Pre conflict primary, secondary and high schools Facilities destroyed, lack of school supplies, children need to work No change |

items delivered were greater in October than in September. As such, unlike September, no challenges to accessing aid were reported this month.

Goods entered

Following the delivery of aid and the loosening of restrictions on commercial vehicles, there was a marked increase in the quantity of food, NFIs, fuel and medicine entering, compared to September.

Availability of medical personnel

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

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

The number of medical personnel decreased, as many were relocated to Idlib during October. Reportedly, this did not negatively affect the overall health situation in the community.

Change since September 

Unavailable medical items⁴

All medical items were reportedly available.

Change since September 

HEALTH SERVICES

Change in health situation compared to September: 

Permanent medical facilities available

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



As a result of more commercial vehicles being allowed into the community and more civilians being able to enter and exit, all medical items reportedly became available in October in Madamiyet Elsham. No strategies to cope with a lack of medical equipment were thus reported, and no medical items were indicated as being needed within the community.

Medical services available

| | |
|-------------------------------|---|
| Child immunization |  |
| Diarrhea management |  |
| Emergency care |  |
| Skilled childbirth care |  |
| Surgery ⁵ |  |
| Diabetes care |  |
| Change since September |  |

Some medical staff reportedly operated from their homes, and doctors from nearby communities could now provide services to households in Madamiyet Elsham. Civilians could also reportedly access available medical services in nearby communities.

Reported deaths this month⁶

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

FOOD

Change in food situation compared to September: 

Most common methods of obtaining food at the household level

Purchasing from shops and markets, receiving through food distributions.


Most common methods of obtaining bread at the household level


Most common source: Shops.

Challenges to obtaining bread: None reported.


Change since September 


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 basket⁷

| | Madamiyet Elsham | Nearby areas ⁸ |
|---|------------------|---------------------------|
| Average cost October (SYP) ⁹ | 27060 | 31940 |
| Change since September | No info | No info |

The price of a food basket in Madamiyet Elsham, excluding bread due to lack of information on prices, was 15% lower than in nearby communities not considered besieged or hard to reach. This is most likely due to the exclusion of bread in the calculation, which represents a heavily weighted portion of the food basket. Prices could not be compared to the previous month, as in September most food items were reportedly unavailable in markets.

Core food item availability

Due to the increased entry of commercial goods and humanitarian aid, **a number of food items became available in markets during October. Items included rice, bulgur, lentils, flour, sugar and cooking oil.**

Items unavailable: Bread (private and public bakeries).

Change since September 

WASH item availability / prices

All hygiene items were reportedly sometimes available in markets¹⁰; on average, prices across assessed items decreased by 35%.





















Fuel availability / prices

In contrast to prior months, when a majority of fuel items were unavailable, butane, kerosene and coal became available in markets in October. This was due to increased quantities of fuel allowed into the community through commercial vehicles and civilians.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

As in September, an increase in core food item availability was reported in October, following aid deliveries and the lifting of restrictions on the entrance of goods into the community. All prices for assessed food items decreased, and were on average 52% lower than those reported in September.

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 | Price change since September | Nearby non-hard to reach areas ⁸ | |
|---|---|---|--|--|---------------|
|  Food Items | Bread private bakery (pack) | Not Available |  | Not Available | |
| | Bread public bakery (pack) | Not Available |  | 50 | |
| | Rice (1kg) | 500 ¹⁰ | Not Available | 538 | |
| | Bulgur (1kg) | 450 ¹⁰ | Not Available | 250 | |
| | Lentils (1kg) | 450 ¹⁰ | Not Available | 550 | |
| | Chicken (1kg) | 1100 ¹⁰ |  -45% | 950 | |
| | Mutton (1kg) | 3500 ¹⁰ |  -77% | 3550 | |
| | Tomato (1kg) | 175 ¹⁰ |  -71% | 138 | |
| | Cucumber (1kg) | 200 ¹⁰ |  -67% | 205 | |
| | Milk (litre) | 200 ¹⁰ |  -43% | 170 | |
| | Flour (1kg) | 200 ¹⁰ | Not Available | 238 | |
| | Eggs (1) | 50 ¹⁰ |  -24% | 50 | |
| | Iodised salt (500g) | 150 ¹⁰ |  -40% | 88 | |
| | Sugar (1 kg) | 500 ¹⁰ | Not Available | 463 | |
|  WASH Items | Cooking oil (litre) | 1000 ¹⁰ | Not Available | 1375 | |
| | Soap (1 bar) | 100 ¹⁰ |  -50% | 88 | |
| | Laundry powder (1kg) | 2000 ¹⁰ |  -20% | 388 | |
| | Sanitary pads (9) | 400 ¹⁰ |  -60% | 395 | |
| | Toothpaste (125ml) | 350 ¹⁰ |  -30% | 350 | |
| | Disposable diapers (24 pack) | 2500 ¹⁰ |  -17% | 1075 | |
| |  Fuel | Butane (cannister) | 3000 ¹⁰ | Not Available | 3100 |
| | | Diesel (litre) | 450 ¹⁰ |  -70% | 225 |
| | | Propane (cannister) | Not Available |  | Not Available |
| | | Kerosene (litre) | 450 ¹⁰ | Not Available | 550 |
| Coal (kg) | | 1500 ¹⁰ | Not Available | Not Available | |
| Firewood (tonne) | Not Available |  | Not Available | | |

Endnotes

¹ Figures based on HNO 2017 population data (October 2016).

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

³ UN OCHA, Syria Crisis Bi-Weekly Situation Report No. 13. 19 October, 2016.

⁴ 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.

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

⁶ 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.

⁷ 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](#)).

⁸ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Deir Ali and Aqraba.

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 November 2016).

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

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 situation in the area have deteriorated. In April 2016, direct fighting between parties to the conflict escalated significantly within the community, and residents felt the effects of this escalation in subsequent months, with access restrictions increasing in June and August. However, the opening of checkpoints for four days during the Eid holiday in September provided some temporary relief to the community.

While this profile presents the situation in Yarmouk during October 2016, comparisons were made by community representatives to changes observed since September.

In October, access restrictions returned to the levels seen in August, with some women, children, and elders able to leave upon showing documentation. As in September, the proximity of clashes prevented many children from going to school. Numbers of children attending school in October fell as students found it increasingly difficult to travel the distance to schools outside the community. Children did not, instead, attend schools within the community, as parents did not approve of the curriculum in use following a change in school management as conflict dynamics shifted.

No vehicles carrying either commercial items or humanitarian assistance entered Yarmouk in October, as has been the case since the community was first assessed in April 2016. There was a slight decrease in the amount of food entering the

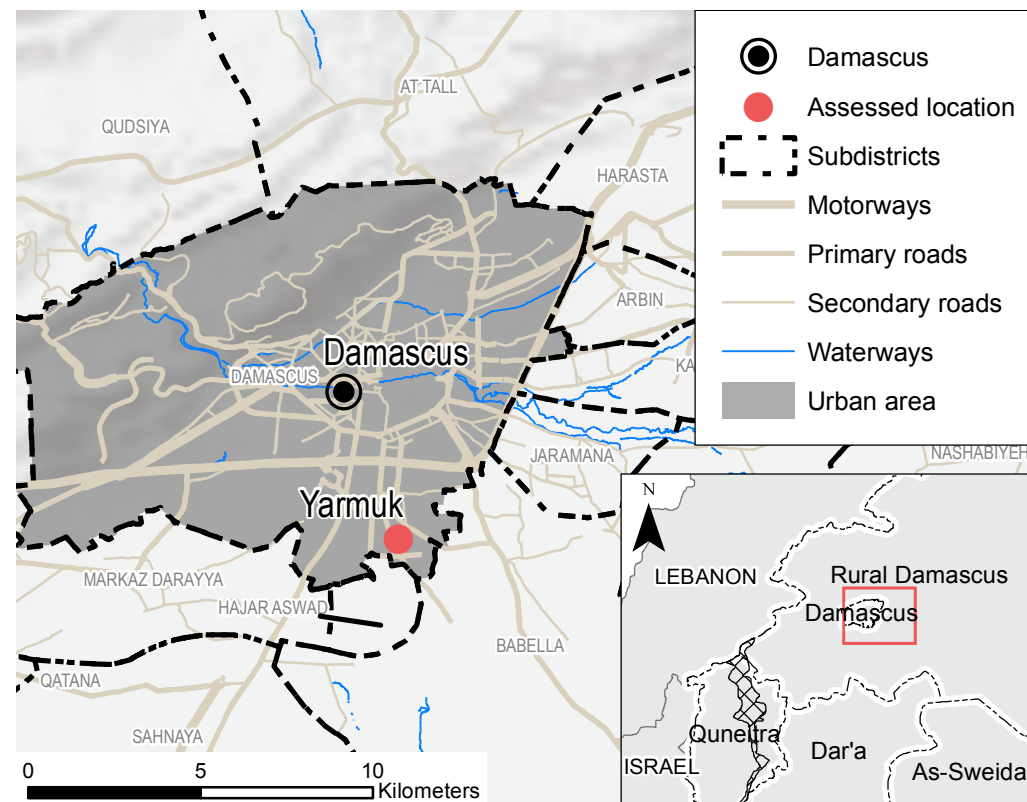
| | |
|---|----------|
| | |
| UN classification: | Besieged |
| Estimated population¹: | 9800 |
| Of which IDPs: | 6000 |
| % pre-conflict population remaining: | 1-25% |
| % population female: | 1-25% |

community in October, as checkpoints remained closed for more days compared to September.

Prices mostly remained stable, with food item prices fluctuating by few percentage points and fuel prices decreasing on average by 10%. The reduction in fuel prices resulted from an increased availability of butane and firewood in nearby communities, which allowed civilians to bring back increased quantities of fuel through informal and formal points.

The health situation was similar to that in September; medical facilities and personnel were present in the community, but services such as surgery and diabetes care were unavailable.

Overall, the humanitarian situation in Yarmouk in October remained relatively unchanged from that in September, with the main developments being reduced fuel prices, reduced school attendance, and slightly increased access restrictions.




CHANGES SINCE AUGUST

| | | | |
|----------------------------------|---|--------------------------------|---|
| 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 October and beginning of November 2016, these updates refer to the situation in October 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 September: 

People able to leave²

As was the case in September, 11-25% of people were able to leave and re-enter the community, mostly women, children, and elders, upon showing documentation. However there was reportedly a slight decrease in mobility opportunities, compared to the previous month. This was due to the temporary opening of checkpoints that occurred during Eid holidays in September, and was not replicated in October.

Informal points used: Yes.

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

Sexual harassment, verbal harassment, gunfire, detention.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since September: 




Able to enter: None reported.

Humanitarian vehicles

Change since September: 

Able to enter: None reported.

ACCESS TO SERVICES

| | | |
|--|---|--|
|  WATER | Main source of drinking water (Status) Sufficiency of available water to meet household needs (Coping strategies used) Access to water network per week | Private water trucking (Safe to drink) Sufficient Network unavailable |
|  ELECTRICITY | Access to electricity network per day Access to electricity (Main source) per day | Network unavailable 2 - 4 hours (Generator) |
|  EDUCATION | Available education facilities Barriers to education Change in number of children attending school | Pre-conflict primary schools, pre-conflict secondary schools, informal schools set up since conflict began Parents don't approve of curriculum, services too far, lack of teaching staff Fewer children attending school |


Goods entered

All goods (food, fuel, NFIs and medical items) could generally only enter and exit Yarmouk through civilians leaving and returning through formal or informal routes. Due to the slight increase in restrictions on civilian movement, the quantity of all goods entering Yarmouk decreased slightly in comparison to September.

Availability of medical personnel

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

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

Change since September 

HEALTH SERVICES

Change in health situation compared to September: 

Permanent medical facilities available

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

Unavailable medical items⁴

Items unavailable: Anti-anxiety medicine, clean bandages, blood transfusion bags;






Sometimes available: Burn treatment and anesthetics.

Change since September 



Most needed medical items⁵

- Clean bandages
- Antibiotics
- Burn treatment

Medical services available

| | |
|-------------------------|---|
| Child immunization |  |
| Diarrhea management |  |
| Emergency care |  |
| Skilled childbirth care |  |
| Surgery ⁶ |  |
| Diabetes care |  |
| Change since September |  |

Reported deaths this month³

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

Strategies used to cope with a lack of medical services

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

FOOD

Change in food situation compared to September:



Most common methods of obtaining food at the household level

Purchasing from shops and markets.

Most common methods of obtaining bread at the household level

Most common source: Shops

Challenges to obtaining bread: Flour too expensive or hard to access, not enough electricity/fuel available, electricity/fuel too expensive or hard to access, bread unavailable in private and public bakeries.

Change since September



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 basket⁷

| | Yarmouk | Nearby areas ⁸ |
|---|---------|---------------------------|
| Average cost September (SYP) ⁹ | 16508 | 24929 |
| Change since September | ↑ | ↑ |

The average cost of a standard food basket, excluding bread due to lack of information on prices, increased by 4% from September to October. The price of a standard food basket in Yarmouk was roughly similar to that in nearby communities not considered besieged or hard to reach.

WASH item availability / prices

All assessed hygiene and sanitation items were generally available in September. Between September and October prices increased on average by 8%, mostly as a result of the price of toothpaste increasing by 29% and that of sanitary pads rising by 17%, while the prices of other assessed items remained the same or decreased. These increases may reflect the volatile nature often associated with hygiene item prices, which have seen major fluctuations in the past and in other communities.

Fuel availability / prices

As in September, only butane, diesel and firewood were available this month. The prices of firewood and butane decreased because of their increased availability in nearby communities, which allowed increased quantities to enter with civilians using formal and informal routes.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

In October, prices of available food items were on average largely the same as in the previous month, and 8% lower than in nearby communities not considered besieged or hard to reach. Sanitation and hygiene items were on average 10% more expensive than those in neighbouring communities. Fuel was significantly more expensive in Yarmouk than in neighbouring communities, on average by 58%, despite the reduction of fuel prices seen since September.

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 | Price change since September | Nearby non-hard to reach areas | |
|------------------|------------------------------|---------------------|------------------------------|--------------------------------|-------|
| Food Items | Bread private bakery (pack) | Not Available | ◆ | 238 | |
| | Bread public bakery (pack) | Not Available | ◆ | 50 | |
| | Rice (1kg) | 250 ¹² | ↓ +11% | 500 | |
| | Bulgur (1kg) | 200 ¹² | ◆ | 338 | |
| | Lentils (1kg) | 250 ¹² | ◆ | 350 | |
| | Chicken (1kg) | 900 ¹¹ | ↓ -25% | 1088 | |
| | Mutton (1kg) | 3500 ¹¹ | ◆ | 3688 | |
| | Tomato (1kg) | 150 ¹¹ | ◆ | 191 | |
| | Cucumber (1kg) | 175 ¹¹ | ↓ +17% | 255 | |
| | Milk (litre) | 250 ¹¹ | ◆ | 225 | |
| | Flour (1kg) | 300 ¹¹ | ↓ -14% | 290 | |
| | Eggs (1) | 50 ¹² | ↓ -9% | 42 | |
| WASH Items | Iodised salt (500g) | 200 ¹² | ◆ | 141 | |
| | Sugar (1 kg) | 425 ¹² | ↓ +6% | 406 | |
| | Cooking oil (litre) | 750 ¹² | ↓ +7% | 681 | |
| | Soap (1 bar) | 150 ¹² | ◆ | 100 | |
| | Laundry powder (1kg) | 700 ¹² | ↓ -7% | 644 | |
| | Sanitary pads (9) | 350 ¹² | ↓ +17% | 372 | |
| | Toothpaste (125ml) | 450 ¹² | ↓ +29% | 240 | |
| | Disposable diapers (24 pack) | 1600 ¹² | ◆ | 1,863 | |
| | Fuel | Butane (cannister) | 3600 ¹¹ | ↓ -10% | 2,620 |
| | | Diesel (litre) | 500 ¹¹ | ◆ | 192 |
| | | Propane (cannister) | Not Available | ◆ | 3,375 |
| | | Kerosene (litre) | Not Available | ◆ | 300 |
| Coal (kg) | | Not Available | ◆ | 313 | |
| Firewood (tonne) | 75000 ¹¹ | ↓ -21% | 100000 | | |

Endnotes

¹Figures based on HNO 2017 population data (September 2016).

²The 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.

³Reported 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

⁴Some 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.

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

⁶The 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.

⁷Calculation 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). Because of the lack of availability of bread in bakeries in Yarmouk in September and October, the price of bread in the food basket is that of shops, which was 150 SYP in both months. The price of bread in neighbouring communities has been calculated using public bakeries since those are more comparable to shops.

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

⁹\$1 = 515 SYP (UN operational rates of exchange as of 1 Nov. 2016)

¹⁰Generally not available in markets (less than 7 days this month)

¹¹Sometimes available in markets (7 – 20 days this month)

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

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Al Waer, located to the west of the city of Homs, has faced access restrictions since 2013, which tightened in mid-2014. **Classified by the UN as besieged in May 2016, Al Waer became part of a truce agreement in September 2016.** This agreement saw the evacuation of parts of the population in mid-September, as well as fewer restrictions on commercial and humanitarian vehicles entering the community.

The security and humanitarian situation improved in Al Waer both in September and October, compared to earlier months. This was mostly due to reduced shelling and reduced restrictions on vehicle movement following the truce agreement in mid-September.

However, movement restrictions on the remaining civilian population continued, with residents largely unable to enter or leave the community.

An inter-agency convoy was permitted to deliver core food items, NFIs, hygiene and sanitation items, and school supplies to Al Waer on 26 October; reportedly, the delivery was intended to supply 70,000 people, which was more extensive than the humanitarian delivery in September.

In contrast to before the agreement, commercial vehicles were permitted to enter the community during October, allowing for the entry of food items, NFIs, medical supplies, and some fuel. However, vehicles were still subject to restrictions on their

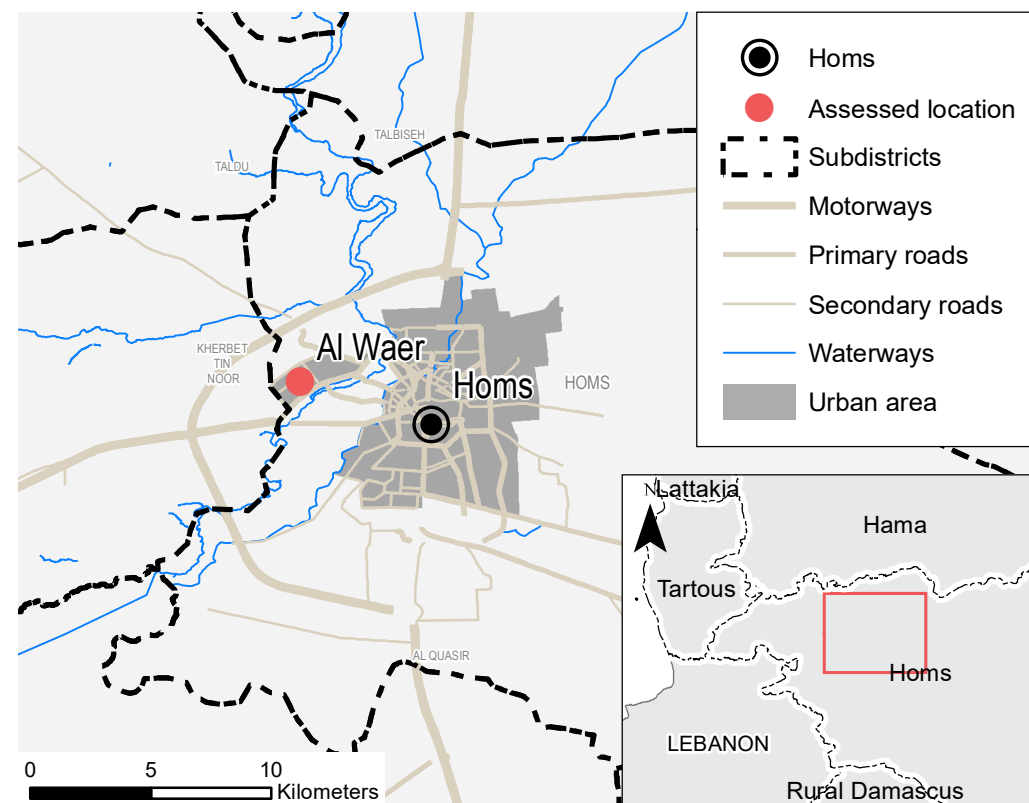
| | | |
|--|---|-------------|
| | UN classification: | Besieged |
| | Estimated population¹: | 50000-55000 |
| | Of which IDPs¹: | 40000-45000 |
| | % pre-conflict population remaining: | 1-25% |
| | % population female: | 26-50% |

movement and contents, were searched prior to entry and were often required to pay fees.

Following increased vehicle access this month, availability of food, medical, hygiene and sanitation items increased, and prices decreased. **Populations no longer indicated commonly skipping meals in order to cope with a lack of food; an improvement since August, when extreme strategies such as eating weeds were reported.**

Due to the decrease in airstrikes since mid-September, there was a reduction in the number of conflict-related casualties requiring treatment. With the greater availability of medical items, there was also a reported increase in the capacity of health services to meet population needs.

Although tight restrictions remain on civilian movement, overall the humanitarian situation in Al Waer improved during October. This was due to increased security, continued humanitarian deliveries and greater access for commercial vehicles.



CHANGES SINCE SEPTEMBER

| | | | |
|----------------------------------|---|--------------------------------|---|
| 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 October and beginning of November 2016, these updates refer to the situation in October 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 September: 

People able to leave²

There was a slight increase in the number of people able to enter and exit Al Waer in October; reportedly due to the temporary opening of a checkpoint which allowed some families to leave and return. As was the case in August and September, university students and public and private sector employees were able to travel outside the community upon presenting required documentation; however this remained just 1-10% of the population. In contrast to September, no further evacuations from Al Waer were reported in October.

Informal points used: None reported.

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

None reported, as was the case in previous months.




MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since September: 

Despite facing restrictions, more commercial vehicles were able to enter Al Waer in October in comparison to last month. However, as was reported in September, vehicles were only allowed to enter on certain days, loads were searched and some items removed before entry, and traders were required to present documentation and pay entry fees.

ACCESS TO SERVICES

| | | |
|--|---|---|
|  WATER | Main source of drinking water (Status) Sufficiency of available water to meet household needs (Coping strategies used) Access to water network per week | Water network (Safe to drink) Sufficient 7 days |
|  ELECTRICITY | Access to electricity network per day Access to electricity (main source) per day | 4 - 8 hours 4 - 8 hours (Main network) |
|  EDUCATION | Available education facilities Barriers to education Change in number of children attending school | Pre-conflict primary, secondary, high schools All children accessed schools Stayed the same |

Humanitarian vehicles

Change since September: 

As was the case last month, following the truce agreement in mid-September an inter-agency convoy was able to enter Al Waer on 26 October. The aid delivery was reportedly more extensive than in September, and included food items, NFIs, nutrition, education, and hygiene and sanitation products for 70,000 people. Civilians reported no barriers to accessing assistance.

Goods entered

The quantity of all goods entering the community increased in comparison to September. This was mainly due to the delivery of aid and the increase in commercial vehicles being able to enter Al Waer. While some fuel was able to enter Al Waer through commercial vehicles last month, fuel was also produced within the community to supplement needs, as was the case in September.

HEALTH SERVICES

Change in health situation compared to September: 

Following the delivery of aid, the quantity of medical items available within the community increased in comparison to September, slightly improving the overall health situation in Al Waer.

Permanent medical facilities available

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

Unavailable medical items³

All medical items were reportedly available

Change since September 

Most needed medical items⁴

1. Heart medicine
2. Diabetes medicine
3. Surgical equipment


Availability of medical personnel

Personnel available: Professionally trained surgeons, doctors, nurses, and midwives;


Others providing medical services: Dentists, pharmacists, anesthesiologists.

Change since September 

Medical services available

| | |
|-------------------------------|--|
| Child immunization |  |
| Diarrhea management |  |
| Emergency care |  |
| Skilled childbirth care |  |
| Surgery ⁵ |  |
| Diabetes care |  |
| Change since September |  |

Reported deaths this month⁶

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

FOOD

Change in food situation compared to September:

The increase in commercial vehicles entering Al Waer and the delivery of humanitarian aid contributed to increased food availability and decreased prices in October. As such, the overall food situation in the community improved and fewer coping strategies were used compared to previous months.

Most common methods of obtaining food at the household level

Purchasing from shops, markets or local farmers, receiving through food distributions.


Most common methods of obtaining bread at the household level


Most common source: Homemade; receiving through distributions;

In contrast to September, bread was not available in shops in October due to access restrictions. Residents relied on the distribution of 7,000 packs which entered in the aid convoy, and on those civilians who were able to leave the area, purchasing packs in nearby communities and returning.


Change since September 


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 basket⁷

| | Al Waer | Nearby areas ⁸ |
|---|---|---|
| Average cost October (SYP) ⁹ | 17935 | 14465 |
| Change since September |  |  |

The average cost of a standard food basket, excluding bread due to unavailability, decreased by 44% since September, and by 75% in comparison to August. The average cost in October remained 24% more expensive than in other communities in Homs governorate not considered besieged or hard to reach.¹²

Core food item availability

Items unavailable: Bread (private and public bakeries);

Sometimes available: Eggs, chicken, mutton, tomatoes, cucumber.

Change since September 

WASH item availability / prices

Assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) remained generally available¹⁰ in October. An increase in the price of toothpaste was reported, while soap decreased in price.






























Fuel availability / prices

In October, fuel availability increased and prices decreased in comparison to both September and August. However, prices were on average 135% higher than those reported in nearby non-hard to reach communities.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX

In October, prices of available food items were on average 31% lower than those reported in September. This was due to increased availability of items following the delivery of aid and the increased number of commercial vehicles allowed into the community. However, prices of available items remained on average 98% higher in Al Waer than in nearby non-hard to reach communities.

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 | Price changes since September | Nearby non-hard to reach areas ⁸ |
|---|------------------------------|---|--|---|
|  | Bread private bakery (pack) | Not Available |  | 250 |
| | Bread public bakery (pack) | Not Available ¹³ |  | 200 |
| | Rice (1kg) | 300 ¹⁰ |  -40% | 200 |
| | Bulgur (1kg) | 300 ¹⁰ |  -67% | 135 |
| | Lentils (1kg) | 200 ¹⁰ |  -71% | 170 |
| | Chicken (1kg) | 925 ¹¹ |  -23% | 2000 |
| | Mutton (1kg) | 2600 ¹¹ |  +4% | 3000 |
| | Tomato (1kg) | 225 ¹¹ |  | 125 |
| | Cucumber (1kg) | 325 ¹¹ |  -7% | 75 |
| | Milk (litre) | 500 ¹⁰ |  | 250 |
| | Flour (1kg) | 300 ¹⁰ |  -63% | 175 |
| | Eggs (1) | 50 ¹¹ |  | 50 |
| | Iodised salt (500g) | 250 ¹⁰ |  -17% | 50 |
|  | Sugar (1 kg) | 450 ¹⁰ |  -36% | 250 |
| | Cooking oil (litre) | 950 ¹⁰ |  +6% | 500 |
| | Soap (1 bar) | 75 ¹⁰ |  -63% | 200 |
| | Laundry powder (1kg) | 1000 ¹⁰ |  | 550 |
| | Sanitary pads (9) | 350 ¹⁰ |  -13% | 500 |
|  | Toothpaste (125ml) | 300 ¹⁰ |  +50% | 300 |
| | Disposable diapers (24 pack) | 2500 ¹⁰ |  | 2850 |
| | Butane (cannister) | 25000 ¹⁰ |  -58% | 2850 |
| | Diesel (litre) | 300 ¹¹ |  -90% | No info |
| | Propane (cannister) | Not Available |  | 1500 |
| | Kerosene (litre) | Not Available |  | 200 |
| | Coal (kg) | 4000 ¹⁰ |  -20% | 250 |
| Firewood (tonne) | 200000 ¹⁰ |  | 20000 | |

Endnotes

¹ Figures based on HNO 2017 population data (September 2016).

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

³ Some availability does not necessarily imply sufficiency. 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.

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

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

⁶ 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.

⁷ Calculation of the average cost of a food basket is based on the 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 Syria Market Price Watch Bulletin: July 2016'.

⁸ Nearby community in Homs governorate which is not considered besieged/hard to reach: Makrumiyeh, Zmeimer, Deir Fool.

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 November 2016). Prices were compared to when the community was last assessed.

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

¹¹ Sometimes available in markets (7-20 days this month).

¹² For the purpose of this month's assessment, the price of a standard food basket excluding bread in September in Al Waer (SYP 32159) and the nearby communities of Makrumiyeh, Zmeimer, Deir Fool (SYP 23,459) was calculated to ensure accuracy across comparisons.

¹³ While bread was reportedly available in public bakeries in September, this referred to public bakeries outside the community that civilians accessed. Within Al Waer, bread was not available in public bakeries during either September or October.

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

October 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

| | Burza | Jober | Tadamon |
|---|---------------|---------------|---------------|
| UN classification: | Hard to reach | Hard to reach | Hard to reach |
| Estimated population¹: | 30000-35000 | 500-600 | 1800-2000 |
| Of which estimated IDPs¹: | 12000-14000 | None | 250-300 |
| % pre-conflict population remaining: | 76-100% | 1-25% | 1-25% |
| % of population that are female: | 76-100% | 1-25% | 1-25% |

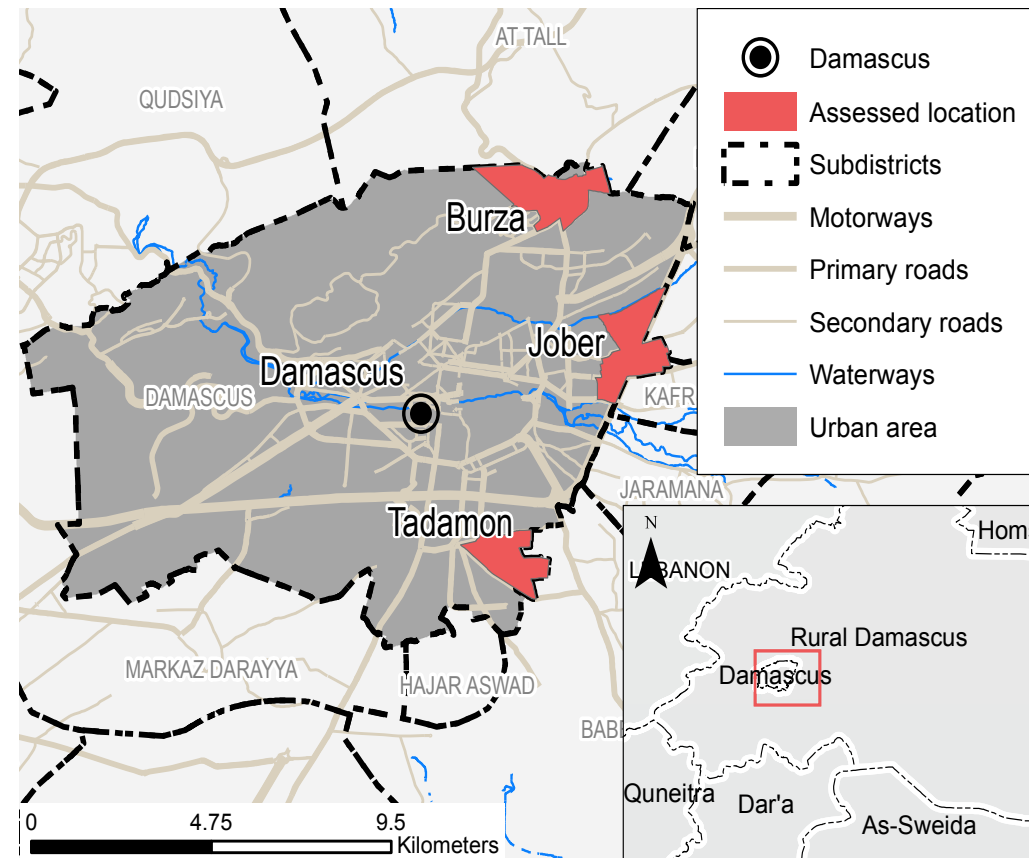
SUMMARY

Located in eastern Damascus governorate, the neighbourhoods of Burza, Tadamon and Jober have faced access restrictions since mid-2013. Intensifications of conflict-related insecurity, restrictions on civilian freedom of movement, and limited access to services have resulted in the progressive deterioration of the humanitarian situation in all three neighbourhoods.

Similar to September, access to Tadamon and Burza remained restricted in October, with civilians able to leave the neighbourhoods during weekdays in Burza and twice a week in Tadamon. **In contrast, fewer individuals were able to enter/leave Jober through informal points in October due to increased shelling and insecurity.** As in prior months, no formal points were reportedly used in Jober.

Civilians in all three communities heavily relied on the procurement of goods and services from outside their respective neighbourhoods. **Though people in Jober continued to bring in food and non-food items from neighbouring communities, due to increased limitations on civilian movement in October, the quantity of these items entering in October reduced since September.**

In Burza and Tadamon, freedom of movement remained limited, as in prior months. However, due to increased availability of goods in nearby communities, greater quantities of food, non-food items and fuel entered the two communities through civilians traveling through formal and informal points in October. As a result, food items that were unavailable in September in Tadamon due to depletion of stocks became available again in



CHANGES SINCE SEPTEMBER

| | 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 | ▼ | ◆ | ◆ |
| Access to Basic Services | ◆ | ◆ | ◆ | Overall Humanitarian Situation | ▲ | ◆ | ▲ |

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of October and beginning of November 2016, these updates refer to the situation in October 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 |
|--------------------|---|---|--|
| WATER | 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) Insufficient (Reduce drinking water consumption) | Water network (Safe to drink) Sufficient |
| ELECTRICITY | 8-12 hours | 5-6 days | Network unavailable |
| | Access to electricity network per day | Network unavailable | Network unavailable |
| | 8-12 hours (Network) | 2-4 hours (Generator) | 2-4 hours (Generator) |
| EDUCATION | Pre-conflict primary schools, informal schools set up since conflict began | Informal schools set up since conflict began | None |
| | Available education facilities | Informal schools set up since conflict began | None |
| | Barriers to education | Route to services unsafe, facilities destroyed, services too far away | Services are too far, route to services unsafe, parents do not approve of curriculum |

October. Prices of some food items and fuel in Burza and Tadamon decreased, accordingly.

Moreover, humanitarian aid, including food and non-food items, reportedly entered Burza for the first time since June. Food prices in Burza, which had been increasing in August and September, reduced slightly in October following the delivery of aid. However, prices remained 31% higher than nearby non-besieged or hard to reach communities.

In response to increased shelling in Jober, medical professionals along with medical items from nearby communities entered to provide health services. This provided temporary relief in October to cope with some health issues faced by the community prior to the escalation of conflict. In Tadamon, there were no permanent medical facilities or medical personnel, access to which depends almost entirely on the ability of civilians to leave the area. This is also the case for accessing education, since the destruction of facilities and lack of teaching staff left no functioning schools in the community since June 2016.

Overall, the humanitarian situation in October improved slightly in Burza and Tadamon, following the aid delivery in Burza and increased quantity of items entering Tadamon. However,

an escalation in conflict resulted in greater insecurity and reduced civilian movement in Jober, though some medical support from neighbouring communities was able to provide marginal relief.

MOVEMENT OF INDIVIDUALS

| | |
|--|--|
| Change in # people able to leave compared to September in Burza: | |
| Change in # people able to leave compared to September in Jober: | |
| Change in # people able to leave compared to September in Tadamon: | |

People able to leave²

Restrictions on movement in the communities of Burza and Tadamon remained unchanged compared to September, while civilian movement decreased in Jober following increased restrictions and conflict-related insecurity.

Burza: Employees and students were able to exit on weekdays without restrictions through formal entry points. No informal entry/exit points were reported;

Jober: No formal entry/exit points were available; the number of people able to leave/enter the community through informal points reportedly decreased from 25-50% in September to 1-25% in October, following increased insecurity due to clashes and shelling;

Tadamon: Women, children and the elderly were allowed to leave the community through formal entry points twice per week, upon presentation of documents. The number of people allowed to leave through both formal and informal routes remained reportedly the same as September.

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

Burza: None reported;

Jober: Gunfire, shelling;

Tadamon: Gunfire, verbal harassment, detention.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

| | |
|------------------------------------|--|
| Change since September in Burza: | |
| Change since September in Jober: | |
| Change since September in Tadamon: | |

All communities: None reported.

Humanitarian vehicles

| | |
|------------------------------------|--|
| Change since September in Burza: | |
| Change since September in Jober: | |
| Change since September in Tadamon: | |

Burza: Humanitarian aid carrying food and non-food items was delivered for the first time since June. Vehicles entering faced no restrictions in accessing the community and populations reported no barriers to accessing aid;

Jober and Tadamon: 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 from nearby communities/neighbourhoods, as was the case during previous months. Additionally, in October, food items and NFIs entered Burza through humanitarian aid delivery.

Burza: Food and non-food items entered through a humanitarian aid delivery in October; increased quantities of fuel entered Burza from a neighbouring community through civilians leaving and bringing back items;

Jober: The amount of NFIs, food items, and fuel decreased from September due to fewer items entering through civilians as a result of increased clashes and shelling; the amount of medical items entering increased due to increased quantities entering from a neighbouring community via an informal point;

Tadamon: Increased quantities of food and fuel entered from neighbouring communities via civilians leaving and bringing back items.

However, the health situation remains critical, as Jober's strategic location and close proximity to besieged suburbs in Eastern Ghouta have made it vulnerable to shelling and escalations in conflict.

There are no permanent medical facilities or medical personnel in Tadamon, access to which depends almost entirely on the ability of civilians to leave the area.

Availability of medical personnel

Burza: Professionally trained surgeons, nurses and midwives;

Jober: Professionally trained doctors and nurses;

Tadamon: None; civilians relied on traveling to neighbouring communities to access medical personnel.

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

The number and types of available medical personnel increased since September in Jober.

| | |
|--|---|
| Change since September in Jober: | ↑ |
| Change since September in Burza and Tadamon: | ◊ |

Strategies used to cope with a lack of medical services

All communities: None reported.

In prior months, individuals from Jober reported to be recycling medical items (e.g. bandages, syringes and needles) to cope with a lack of medical items and services. Following the entry of some medical items and personnel from neighbouring communities,

there was a reduced need to use these strategies. However, such strategies are likely to resume when the aforementioned medical personnel return to their communities of origin.

Medical services available

| | Burza | Jober | Tadamon |
|-------------------------|-------|-------|---------|
| Child immunization | ✓ | ✗ | ✗ |
| Diarrhea management | ✓ | ✗ | ✗ |
| Emergency care | ✓ | ✓ | ✗ |
| Skilled childbirth care | ✓ | ✗ | ✗ |
| Surgery ⁶ | ✓ | ✗ | ✗ |
| Diabetes care | ✗ | ✗ | ✗ |
| Change since September | ◊ | ◊ | ◊ |

No changes were reported for medical services available in any of the three communities in October.

Most needed medical items⁵

| | Burza | Jober | Tadamon |
|-----------------------|-------|------------------------|----------------|
| 1. Artificial limbs | | Clean bandages | Antibiotics |
| 2. Surgical equipment | | Blood transfusion bags | Burn treatment |
| 3. Assistive devices | | Antibiotics | Clean bandages |

Artificial limbs and surgical equipment were consistently reported as most needed medical items in Burza since August, when the community was first assessed.

Unavailable medical items⁴

Burza: Contraception, clean bandages, blood transfusion bags, burn treatment, antibiotics, anaesthetics, medical scissors, heart and blood pressure medicine; Sometimes available: Diabetes medicine.

Jober: Anti-anxiety and diabetes medicine.

Tadamon: Contraception, clean bandages, blood transfusion bags, burn treatment, antibiotics, anaesthetics, medical scissors, heart, diabetes, blood pressure, and anti-anxiety medicine.

| | |
|-----------------------------------|---|
| Change since September in Burza | ◊ |
| Change since September in Jober | ↑ |
| Change since September in Tadamon | ◊ |

Reported deaths this month³

| | 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 September | ◊ | ◊ | ◊ |
| Deaths attributable to sickness / disease | No known cases | No known cases | No known cases |
| Change since September | ◊ | ◊ | ◊ |
| Unusual illness breakouts | No known cases | No known cases | No known cases |

HEALTH SERVICES

| | |
|--|---|
| Change in health situation in Burza compared to September: | ◊ |
| Change in health situation in Jober compared to September: | ◊ |
| Change in health situation in Tadamon compared to September: | ◊ |

In response to increased shelling in Jober, medical professionals entered to provide health services and brought medical items. This support provided temporary relief to the community and addressed some health issues that existed prior to this escalation in violence.

Permanent medical facilities available

| | Burza | Jober | Tad. |
|----------------------------------|-------|-------|------|
| Mobile clinics / field hospitals | ✓ | ✗ | ✗ |
| Informal emergency care points | ✗ | ✓ | ✗ |
| Pre-conflict hospitals | ✗ | ✗ | ✗ |
| Pre-conflict clinics / surgeries | ✓ | ✗ | ✗ |
| Change since September | ◆ | ◆ | ◆ |

or too expensive/hard to access, bread unavailable in bakeries;

No challenges were reported in Burza, as was the case in September.

| | |
|--|---|
| Change in availability since September | ◆ |
|--|---|

Strategies used to cope with a lack of food

| | Burza | Jober | 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

Reported strategies used to cope with a lack of food remained the same in October, when compared to September.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

| | Burza | Jober | Tad. | Nearby areas ⁸ |
|---|-------|-------|-------|---------------------------|
| Average cost September (SYP) ⁹ | 35334 | 33960 | 16508 | 26178 |
| Change since September | ◆ | ▲ | ◆ | ▲ |

Burza: The cost of a standard food basket was 35% more expensive than in nearby communities in Damascus not considered besieged or hard to reach. The average price remained the same, compared to September.

Jober: The cost of a standard food basket was 30% more expensive than in nearby communities not considered besieged or hard to reach, increasing by 7% since September. Fewer food items were able to enter Jober due to increased clashes, and reduced quantities may have contributed to price increases in some foods.

Tadamon: The average price of a food basket in Tadamon was 37% lower than in nearby communities, though various core items remained unavailable, such as bread.

Core food item availability

Items unavailable in Burza: Bread (private);

Items that became available in October in Burza: None reported.

Items unavailable in Jober: Bread (public/private), chicken;

Items that became available in October in Jober: None reported.

While no previously available items became unavailable in October, the quantity of food items entering Jober decreased, as increased restrictions on civilian movement led to fewer goods entering the community.

Items unavailable in Tadamon: Bread (public/private), chicken, mutton;

Items that became available in October in Tadamon: Tomato, cucumber, milk.

| | |
|-----------------------------------|---|
| Change since September in Burza | ◆ |
| Change since September in Jober | ▼ |
| Change since September in Tadamon | ▲ |

WASH item availability / prices

Key hygiene and sanitation items were generally available¹⁰ in all communities in October, with toothpaste becoming available in Tadamon. Prices decreased in Burza by 11% since September, following the delivery of humanitarian aid.

Fuel availability / prices

Diesel and butane were the only available fuel sources across all three neighbourhoods in October, as has been the case since August. Firewood became available again in Burza in October, after becoming unavailable from August to September. Prices of fuel largely decreased and availability of fuel increased compared to the prior month, most likely due to an increased amount of fuel entering the communities of Burza, Jober and Tadamon from neighbouring communities in October.

FOOD

| | |
|--|---|
| Change in food situation compared to September in Burza: | ◆ |
| Change in food situation compared to September in Jober: | ◆ |
| Change in food situation compared to September in Tadamon: | ▲ |

Most common methods of obtaining food at the household level

All communities: Purchasing from shops and markets.

Most common methods of obtaining bread at the household level




All three communities: Shops;

Challenges to obtaining bread (Jober and Tadamon): Flour and wheat too expensive/hard to access, electricity/fuel insufficient

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

In October, prices of available food items in Burza and Jober were on average 31% and 34% higher, respectively, than in nearby communities in Damascus governorate which are not considered hard to reach.⁸ In Tadamon, food prices remained, on average, the same. A number of items that became unavailable in September became available again in October due to increased quantities of food items entering from neighbouring communities.

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

| | Item | Burza | Price change since September | Jober | Price change since September | Tadamon | Price change since September | Nearby non-hard to reach communities ⁸ |
|--|------------------------------|-----------------------|------------------------------|---------------------|------------------------------|---------------------|------------------------------|---|
|  | Bread private bakery (pack) | Not available | ◆ | Not available | Available | Not available | ◆ | 169 |
| | Bread public bakery (pack) | 200 ¹⁰ | ◆ | Not available | Available | Not available | ◆ | 50 |
| | Rice (1kg) | 550 ¹⁰ | ▼ -8% | 650 ¹¹ | ▼ -4% | 250 ¹⁰ | ◆ | 450 |
| | Bulgur (1kg) | 300 ¹⁰ | ▼ -14% | 350 ¹⁰ | ▼ -22% | 225 ¹⁰ | ▲ +13% | 269 |
| | Lentils (1kg) | 400 ¹⁰ | ◆ | 650 ¹¹ | ▲ +18% | 250 ¹⁰ | ◆ | 350 |
| | Chicken (1kg) | 1400 ¹⁰ | ◆ | Not available | ◆ | Not available | ◆ | 950 |
| | Mutton (1kg) | 4500 ¹⁰ | ▼ -10% | 4500 ¹¹ | ▼ -8% | Not available | ◆ | 3500 |
| | Tomato (1kg) | 200 ¹⁰ | ◆ | 150 ¹¹ | ◆ | 150 ¹⁰ | Not available | 194 |
| | Cucumber (1kg) | 275 ¹⁰ | ▼ -8% | 175 ¹¹ | ▼ -13% | 175 ¹⁰ | Not available | 156 |
| | Milk (litre) | 250 ¹¹⁰ | ▼ -9% | 250 ¹¹ | ◆ | 250 ¹¹ | Not available | 244 |
| | Flour (1kg) | 325 ¹⁰ | ▼ -7% | 350 ¹¹ | ◆ | 250 ¹⁰ | ▼ -29% | 300 |
| | Eggs (1) | 60 ¹⁰ | ◆ | 55 ¹¹ | ▼ -15% | 55 ¹¹ | ◆ | 35 |
| | Iodised salt (500g) | 200 ¹⁰ | ◆ | 200 ¹¹ | ▼ -33% | 200 ¹⁰ | ◆ | 125 |
| | Sugar (1 kg) | 500 ¹⁰ | ▼ -9% | 550 ¹¹ | ◆ | 425 ¹⁰ | ▲ +6% | 369 |
| | Cooking oil (litre) | 850 ¹⁰ | ◆ | 1000 ¹¹ | ▲ +11% | 750 ¹⁰ | ◆ | 625 |
|  | Soap (1 bar) | 100 ¹⁰ | ▼ -20% | 150 ¹⁰ | ◆ | 150 ¹⁰ | ◆ | 76 |
| | Laundry powder (1kg) | 850 ¹⁰ | ▲ +6% | 700 ¹⁰ | ◆ | 750 ¹⁰ | ◆ | 613 |
| | Sanitary pads (9) | 450 ¹⁰ | ▼ -10% | 350 ¹⁰ | ◆ | 300 ¹⁰ | ◆ | 362 |
| | Disposable diapers (24 pack) | 2200 ¹⁰ | ▼ -20% | 2400 ¹⁰ | ◆ | 1600 ¹⁰ | ◆ | 1675 |
| | Toothpaste (125ml) | 200 ¹⁰ | ▼ -12% | 400 ¹⁰ | ◆ | 400 | Not available | 213 |
|  | Butane (cannister) | 13000 ¹¹ | ▼ -7% | 16000 ¹¹ | ▲ +7% | 3600 ¹¹ | ▼ -10% | 2375 |
| | Diesel (litre) | 425 ¹⁰ | ▲ +6% | 550 ¹¹ | ▲ +5% | 500 ¹¹ | ◆ | 181 |
| | Propane (cannister) | 3500 ¹⁰ | ▼ -42% | Not available | ◆ | Not available | ◆ | 2625 |
| | Kerosene (litre) | Not available | ◆ | Not available | ◆ | Not available | ◆ | 294 |
| | Coal (kg) | 350 ¹⁰ | ▼ -13% | Not available | ◆ | Not available | ◆ | 300 |
| | Firewood (tonne) | 1500000 ¹¹ | Not available | 85000 ¹⁰ | ◆ | 75000 ¹¹ | ▼ -21% | 75000 |

Endnotes

¹ Figures based on estimates by local actors within communities assessed. The last HNO 2017 population data (September 2016) estimates that population figures within Damascus City are up to 1,750,000 individuals, including 645,000 IDPS.

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

³ 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.

⁴ 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.

⁵ 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.

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

⁷ 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).

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

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 Nov. 2016).

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

¹¹ Sometimes available in markets (7-20 days this month).

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

October 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

| | Ar Rastan | Talbiseh | Taldu |
|---|---------------|---------------|---------------|
| UN classification: | Hard to reach | Hard to reach | Hard to reach |
| Estimated population¹: | 47000 | 41000 | 18000 |
| Of which estimated IDPs¹: | 9000 | 11000 | 640 |
| % pre-conflict population remaining: | 26-50% | 26-50% | 26-50% |
| % of population that are female: | 26-50% | 26-50% | 26-50% |

SUMMARY

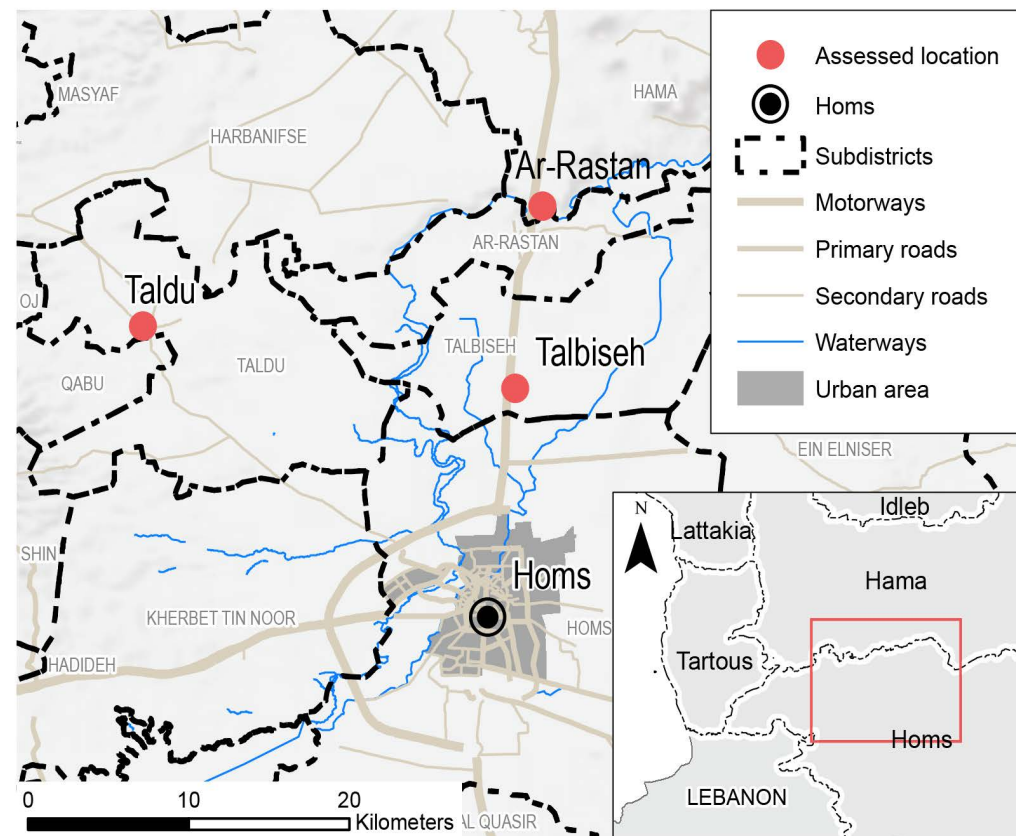
The communities of Ar Rastan, Talbiseh and Taldu, situated in the Al Houleh region between the cities of Homs and Hama, have faced access restrictions since 2012. In early 2016, conditions deteriorated following intensification of conflict, resulting in severe barriers to movement of civilians and goods. Although the communities sit within one contiguous area, the humanitarian and security situation in Ar Rastan is worse in comparison to Talbiseh and Taldu due to increased levels of shelling and less frequent aid deliveries.

Movement of individuals decreased this month as informal routes previously relied upon were considered too dangerous for people to use. As was the case in September, populations remained able to move between Ar Rastan, Talbiseh and Taldu in October, but unable to leave the wider contested

area unless obtaining official permission. However, movement of vehicles and civilians from Ar Rastan is more restricted due to higher levels of shelling, affecting quantity of goods entering this community.

As has been the case since June when assessments began, commercial vehicles remained unable to enter any of the communities. However, goods continued to enter the area informally following the payment of required fees. **Vehicles carrying aid, including food, NFIs and medicine, were permitted to enter Talbiseh and Taldu without any reported restrictions in both September and October. Conversely, no humanitarian aid has been delivered to Ar Rastan since August 2016.**

The absence of assistance in Ar Rastan and the increased restrictions of movement negatively affected availability of food and medical items during October, corresponding with a deterioration



CHANGES SINCE SEPTEMBER

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

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of October and beginning of November 2016, these updates refer to the situation in October 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.

| | Ar Rastan | Talbiseh | Taldu |
|--------------------|---|--|---|
| WATER | Main source of drinking water (Status) Available water to meet household needs Access to water network per week | Water trucking (Safe to drink) Sufficient 1-2 days | Water trucking (Safe to drink) Sufficient 1-2 days |
| ELECTRICITY | Access to electricity network per day Access to electricity (Main source) per day | 2-4 hours 4-8 hours (Generator) | 2-4 hours 2-4 hours (Main network) |
| EDUCATION | Available education facilities Barriers to education Change in number of children attending schools | Pre-conflict primary and secondary facilities; informal schools set up since conflict began Facilities destroyed, lack of teaching staff, route to services unsafe Stayed the same | Pre-conflict primary facilities; informal schools set up since conflict began Route to services unsafe, facilities destroyed, children need to work Stayed the same |

of medical services and price increases across a majority of core food items assessed.

No significant changes in availability or price were reported for hygiene and sanitation items, and fuel across the three communities. However, overall, prices for all items remained higher than in nearby communities not considered besieged or hard to reach.

Availability and access to electricity, education and water services remained largely unchanged across Ar Rastan and Talbiseh. In Taldu, more residents were able to make use of the water network following new installations of pumps. However, access remains dependent on availability of electricity and a number of power failures affected Taldu's main network in October. Consequently, the population's access to water and electricity slightly decreased this month in comparison to September.

Overall, no significant changes in the humanitarian situation in Talbiseh and Taldu were reported during October. While insecurity prevented people using informal routes, goods remained able to enter following the payment of fees. A deterioration of the overall humanitarian situation was observed in Ar Rastan, where lack of aid deliveries since August 2016 determined lower availabilities of food and medical items and a worsening of the health and food situation.

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to September in all three communities:

People able to leave²

In October fewer people were able to leave or enter the region as insecurity prevented the use of informal routes this month.

As was the case in September, civilians could travel between the three communities at any time of the week through both formal and informal routes. However, despite the absence of travel restrictions within the three communities, only employees and students were allowed to leave the wider contested area upon providing the appropriate documentation. Additionally, even the movement between communities, specifically to and from Ar Rastan, is reportedly very dangerous due to the prevalence of shelling and gunfire.

Reportedly, apart from individuals with official permission, no one tried to leave the wider contested area through either formal or informal entry/exit points during October.

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

Ar Rastan: Gunfire, shelling;

Talbiseh: Gunfire, shelling;

Taldu: Gunfire, shelling.

Humanitarian vehicles

| | |
|---|--|
| Change since September in Ar Rastan: | |
| Change since September in Talbiseh: | |
| Change since September in Taldu: | |

As in September, humanitarian vehicles were reportedly allowed to enter the communities of Talbiseh and Taldu without any form of restriction; food, non-food and medical items were reportedly included in the deliveries. There were no reported barriers to receiving aid in either community.

No humanitarian vehicles entered Ar Rastan this month, which has been the case since August.

Goods entered

During October, food, NFIs, fuel and medical items continued to enter all three communities through those civilians permitted to leave, bringing goods back from neighbouring communities. Food and NFIs could enter at informal points, as in September. More goods entered Talbiseh and Taldu than Ar Rastan, as food, non-food and medical items were also obtained through aid deliveries in these communities.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

| | |
|---|--|
| Change since September in Ar Rastan: | |
| Change since September in Talbiseh: | |
| Change since September in Taldu: | |

As has been the case since assessments began in June, no commercial vehicles were reportedly allowed to enter any of the three communities this month. Commercial goods however could still enter the region informally after fees were paid at some access points.

HEALTH SERVICES

| | |
|---|---|
| Change in health situation in Ar Rastan compared to September: | ↓ |
| Change in health situation in Talbiseh compared to September: | ◊ |
| Change in health situation in Taldu compared to September: | ◊ |

The health situation remained largely unchanged in both Talbiseh and Taldu. As Ar Rastan has not received aid deliveries since the month of August, depleting stocks of medical items negatively affected the amount of medical services available in the community during October. Strategies used to cope with lack of medical items were also reported in Ar Rastan this month, while none had been reported in September.

Permanent medical facilities available

| | A | Talb. | T |
|----------------------------------|---|-------|---|
| Mobile clinics / field hospitals | ✓ | ✓ | ✓ |
| Informal emergency care points | ✓ | ✓ | ✓ |
| Pre-conflict hospitals | ✗ | ✗ | ✗ |
| Pre-conflict clinics / surgeries | ✗ | ✗ | ✓ |
| Change since September | ◊ | ◊ | ◊ |

Strategies used to cope with a lack of medical services

Ar Rastan: Surgery without anesthesia;

Talbiseh and Taldu: None reported.

Availability of medical personnel

Ar Rastan and Talbiseh: Professionally trained surgeons, doctors, nurses and midwives.

Taldu: Professionally trained doctors, nurses and midwives.

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

Change since September ◊

Most needed medical items³

| | Ar Rastan | Talbiseh | Taldu |
|----------------------|-------------------|-------------------|--------------------|
| 1. Antibiotics | Antibiotics | Antibiotics | Antibiotics |
| 2. Anaesthetics | Anaesthetics | Anaesthetics | Anaesthetics |
| 3. Assistive devices | Diabetes medicine | Diabetes medicine | Surgical equipment |

Unavailable medical items⁴

Ar Rastan: Clean bandages, blood transfusion bags, medical scissors;

Sometimes available: Contraception;

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

Taldu: Contraception, clean bandages, burn treatment, anaesthetics, medical scissors;

Sometimes available: Heart, diabetes and blood pressure medicine, blood transfusion bags.

Change in Ar Rastan since September ↓

Change in Talbiseh and Taldu since September ◊

Medical services available

| | A | Talb. | Taldu |
|-------------------------------|---|-------|-------|
| Child immunization | ✗ | ✓ | ✓ |
| Diarrhea management | ✓ | ✓ | ✓ |
| Emergency care | ✓ | ✓ | ✓ |
| Skilled childbirth care | ✓ | ✓ | ✓ |
| Surgery ⁵ | ✓ | ✓ | ✓ |
| Diabetes care | ✓ | ✓ | ✗ |
| Change since September | ↓ | ◊ | ◊ |

Due to lower availability of medical items in Ar Rastan, child immunization, available in September, was no longer available in October.

Reported deaths this month⁶

| | A | Talb. | Taldu |
|--|----------------|----------------|----------------|
| Deaths reportedly attributable to causes related to a lack of food | No known cases | No known cases | No known cases |
| Change since September | ◊ | ◊ | ◊ |
| Deaths attributable to sickness / disease | Yes | Yes | Yes |
| Change since September | ◊ | ◊ | ◊ |
| Unusual illness breakouts | No known cases | No known cases | No known cases |

FOOD

| | |
|--|---|
| Change in food situation compared to September in Ar Rastan: | ↓ |
| Change in food situation compared to September in Talbiseh and Taldu: | ◊ |

Most common methods of obtaining food at the household level

All three communities: Purchasing from shops, purchasing from local farmers, bartering.

Most common methods of obtaining bread at the household level

All three communities: Private bakeries.

No challenges to obtaining bread were reported in the communities of Talbiseh and Taldu, as was the case in September. However, access to bread reportedly worsened in Ar Rastan due to the high prices of flour and fuel.

Change in availability since September ◊

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

Average cost of standard food basket⁷

| | A | Talb. | Taldu | Nearby areas ⁸ |
|--------------------------------------|-------|-------|-------|---------------------------|
| Average cost (SYP) ⁹ | 37423 | 34741 | 36823 | 33317 |
| Change since September ¹² | ◆ | ◆ | ◆ | ◆ |

During October, the price of a standard food basket in the three communities remained largely the same as in September, and was on average 9% higher than in nearby communities which are not considered besieged or hard to reach. The price of standard food baskets in all three communities have remained relatively unchanged, with only minor fluctuations reported between June, August, September and October.

Core food item availability

Items unavailable in all communities: Bread (public bakeries).

In all three communities bread (public bakeries) remained unavailable; cucumber became unavailable in October. All other core food items remained generally available¹⁰ in Talbiseh and Taldu. In Ar Rastan items such as bread (private bakeries), rice and tomatoes were only sometimes available¹¹.

| | |
|--|---|
| Change in Ar Rastan since September | ◆ |
| Change in Talbiseh and Taldu since September | ◆ |

WASH item availability / prices

All assessed sanitary and hygiene items (soap, toothpaste, laundry powder, and diapers) remained available in October in all three communities. Additionally, sanitary pads became available last month. The price of laundry powder decreased across all three communities, while no significant changes were reported in the price of other items.

Fuel availability / prices

In October, diesel, butane and firewood were the only available fuel sources across the three communities, with prices remaining similar to September. There was no change reported in the availability of diesel and prices remained similar to those in nearby communities not considered hard to reach.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX

In October, prices of available food items in Ar Rastan increased on average by 7% in comparison to September, while in Talbiseh they decreased by an average 12%. There was no significant change in the average prices reported in Taldu. Food item prices in Ar Rastan were on average 33% higher than in nearby communities, whereas in Talbiseh and Taldu prices were 3% and 6% higher, respectively. Prices of sanitary and hygiene products and fuel remained similar to those in nearby communities.

| | Item | Ar Rastan | Price change since September ¹² | Talbiseh | Price change since September ¹² | Taldu | Price change since September ¹² | Nearby non-hard to reach communities ⁸ |
|---------------------|------------------------------|---------------------|--|---------------------|--|---------------------|--|---|
| Food Items | Bread private bakery (pack) | 250 ¹¹ | ◆ | 225 ¹⁰ | ◆ -10% | 250 ¹⁰ | ◆ | 233 |
| | Bread public bakery (pack) | Not available | ◆ | Not available | ◆ | Not available | ◆ | Not available |
| | Rice (1kg) | 300 ¹¹ | ◆ | 250 ¹⁰ | ◆ -17% | 275 ¹⁰ | ◆ -8% | 250 |
| | Bulgur (1kg) | 250 ¹⁰ | ◆ -9% | 225 ¹⁰ | ◆ -10% | 225 ¹⁰ | ◆ -10% | 217 |
| | Lentils (1kg) | 600 ¹⁰ | ◆ -8% | 600 ¹⁰ | ◆ | 600 ¹⁰ | ◆ | 533 |
| | Chicken (1kg) | 750 ¹⁰ | ◆ | 700 ¹⁰ | ◆ -18% | 750 ¹⁰ | ◆ -6% | 683 |
| | Mutton (1kg) | 3100 ¹⁰ | ◆ +7% | 2850 ¹⁰ | ◆ -5% | 3000 ¹⁰ | ◆ | 2850 |
| | Tomato (1kg) | 300 ¹¹ | ◆ -14% | 325 ¹⁰ | ◆ -13% | 350 ¹⁰ | ◆ +75% | 338 |
| | Cucumber (1kg) | Not available | Available | Not available | Available | Not available | Available | 350 |
| | Milk (litre) | 125 ¹⁰ | ◆ | 125 ¹⁰ | ◆ | 125 ¹⁰ | ◆ -11% | 120 |
| | Flour (1kg) | 300 ¹⁰ | ◆ +9% | 250 ¹⁰ | ◆ -9% | 250 ¹⁰ | ◆ +11% | 242 |
| | Eggs (1) | 55 ¹⁰ | ◆ +10% | 55 ¹⁰ | ◆ | 55 ¹⁰ | ◆ +10% | 53 |
| | Iodised salt (500g) | 135 ¹⁰ | ◆ +8% | 35 ¹⁰ | ◆ -72% | 35 ¹⁰ | ◆ -72% | 35 |
| | Sugar (1 kg) | 450 ¹⁰ | ◆ +13% | 400 ¹⁰ | ◆ | 425 ¹⁰ | ◆ +6% | 400 |
| WASH Items | Cooking oil (litre) | 1000 ¹⁰ | ◆ | 950 ¹⁰ | ◆ | 1000 ¹⁰ | ◆ | 867 |
| | Soap (1 bar) | 90 ¹⁰ | ◆ +13% | 90 ¹⁰ | ◆ +13% | 90 ¹⁰ | ◆ +13% | 90 |
| | Laundry powder (1kg) | 600 ¹⁰ | ◆ -14% | 600 ¹⁰ | ◆ -11% | 600 ¹⁰ | ◆ -14% | 650 |
| | Sanitary pads (9) | 600 ¹¹ | Not available | 650 ¹⁰ | Not available | 600 ¹⁰ | Not available | 600 |
| | Toothpaste (125ml) | 250 ¹⁰ | ◆ | 250 ¹⁰ | ◆ | 250 ¹⁰ | ◆ | 242 |
| | Disposable diapers (24 pack) | 2000 ¹⁰ | ◆ | 1900 ¹⁰ | ◆ | 2000 ¹⁰ | ◆ | 1950 |
| | Fuel | Butane (cannister) | 7000 ¹⁰ | ◆ | 6500 ¹⁰ | ◆ -7% | 6200 ¹⁰ | ◆ -7% |
| Diesel (litre) | | 375 ¹⁰ | ◆ | 375 ¹⁰ | ◆ -6% | 370 ¹⁰ | ◆ | 373 |
| Propane (cannister) | | Not available | ◆ | Not available | ◆ | Not available | ◆ | Not available |
| Kerosene (litre) | | Not available | ◆ | Not available | ◆ | Not available | ◆ | Not available |
| Coal (kg) | | 600 ¹⁰ | Not available | Not available | ◆ | Not available | Available | Not available |
| Firewood (tonne) | | 75000 ¹⁰ | ◆ | 75000 ¹⁰ | ◆ | 80000 ¹⁰ | ◆ +7% | 85000 |

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

Endnotes:

¹ Figures based on HNO 2017 population data (September 2016).

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

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

⁴ Some availability does not necessarily imply sufficiency. 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.

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

⁶ 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.

⁷ Calculation of the average cost of a food basket is based on the 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 Syria Market Price Watch Bulletin: July 2016' ([link here](#)).

⁸ Nearby community in Homs governorate which is not considered besieged/hard to reach: Makrumiyeh, Zmeimer, and Deir Fool.

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 November 2016). Prices were compared to when the community was last assessed.

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

¹¹ Sometimes available in markets (7-20 days this month).

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

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Located in eastern Syria on the southern banks of the Euphrates River and surrounded largely by desert, the city of Deir ez Zor has experienced heavy conflict since June 2012. Joura and Qosour neighbourhoods have faced access restrictions since January 2015, with security and access to services having progressively worsened since then.

In October 2016, **populations remained unable to enter or leave the area through formal or informal routes, and no vehicles carrying humanitarian or commercial goods were able to enter.** This was also reportedly the case in September.

The number of humanitarian airdrops occurring in October remained similar to September; however, this was a decrease in comparison to previous months. Consequently, the quantity of all goods available in markets decreased and prices increased.

Despite airdrops, civilians continued to face barriers to accessing assistance, including the unequal distribution of items between members of the community. Further, while some people were previously able to produce food on small farms, this is no longer possible due to the end of the summer growing season. **Populations continue to resort to spending days without eating and consuming weeds in order to cope.**

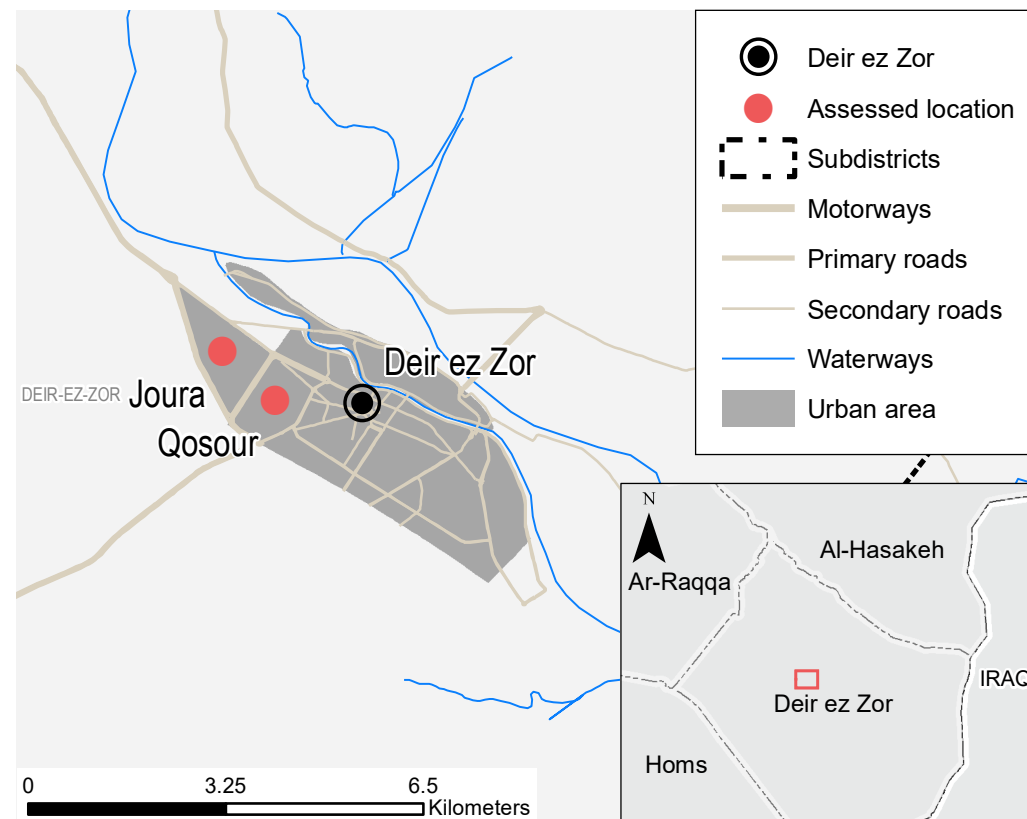


| | |
|---|----------|
| UN classification: | Besieged |
| Estimated population¹: | 110000 |
| Of which IDPs¹: | 52200 |
| % pre-conflict population remaining: | 51-75% |
| % population female: | 26-50% |

Due to security concerns, the only doctor in the community left during October and the only health facilities available remained inaccessible to civilians. As such, most people were treating themselves at home without access to basic medicine or medical supplies.

The number of children attending school decreased this month as children reportedly needed to work chopping wood and collecting water. Further, due to a lack of fuel, access to water decreased in October as populations were unable to pump water from the network or power trucks.

Overall, the situation in the neighbourhoods of Joura and Qosour continued to deteriorate during October with populations facing increased food insecurity and reduced access to basic services such as water, health services and education.






METHODOLOGY

Based on data collected from community representatives inside Syria at the end of October and beginning of November 2016, these updates refer to the situation in October 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.


CHANGES SINCE SEPTEMBER

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

ACCESS TO SERVICES

| | | |
|--|---|---|
|  WATER | Main source of drinking water (Status) | Surface water / unprotected spring (People get sick after drinking) |
| | Sufficiency of available water to meet household needs (Coping strategies used) | Insufficient (Reduce drinking water consumption, modify hygiene practices, bathe less, drink water used for cleaning or other purposes than drinking) |
| | Access to water network per week | 1 - 2 days |
|  ELECTRICITY | Access to electricity network per day | < 1 hour |
| | Access to electricity (Main source) per day | < 1 hour (Main network) |
|  EDUCATION | Available education facilities | Pre-conflict primary schools |
| | Barriers to education | Route to services unsafe, lack of teaching staff and school supplies |
| | Change in number of children attending school | Fewer children attending schools as they are working (cutting wood and collecting water) |

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to September: 

People able to leave²

No formal or informal entry points were reportedly available in October, and no one attempted to leave the community. This has been the case since the community was first assessed in June 2016.

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

No risks were reported as no one attempted to enter or leave the community through either formal or informal routes during October. This was also the case in previous months.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since September: 

Able to enter: None reported

Humanitarian airdrops

Change since September: 

In October, WFP airdrops continued into Deir ez Zor City. However, it was previously reported that the amount of assistance delivered in September was significantly less than in earlier months, and this was also the case in October. It was also reported that civilians were not able to access most of the assistance being delivered as it was distributed unequally or sold on markets.

Goods entered


No NFIs or medical items entered the community in October. While food was able to enter via airdrops, fuel continued being produced within the community by processing crude oil, which was also the case in September.

In comparison to last month, there was no change in the quantity of food, fuel or medical items entering Joura and Qosour. However, the quantity of NFIs delivered in airdrops decreased.

HEALTH SERVICES

Change in health situation compared to September: 

Reported deaths this month³

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

Permanent medical facilities available

| | |
|----------------------------------|---|
| Mobile clinics / field hospitals | No info |
| Informal emergency care points | No info |
| Pre-conflict hospitals |  |
| Pre-conflict clinics / surgeries | No info |
| Change since September | No info |

There is reportedly one military facility in the community, which civilians are only able to access if they have sufficient financial resources. Civilians were reportedly unable to access any other medical facilities.

Medical items unavailable⁵

As very few civilians could access the military hospital, the availability of medical items is not known.

Change since September: No info


Most needed medical items⁴

- Heart medicine
- Diabetes medicine
- Antibiotics

Availability of medical personnel







Personnel available: Professionally trained midwives

Others providing medical services: Volunteers with informal or no medical training

Change since September: 

The one doctor who serviced the community last month reportedly left due to security concerns.

Medical services available

| | |
|-------------------------------|---|
| Child immunization |  |
| Diarrhea management | No info |
| Emergency care |  |
| Skilled childbirth care |  |
| Surgery ⁶ |  |
| Diabetes care |  |
| Change since September |  |

Surgery is only available to those civilians able to pay for treatment at the hospital.

FOOD

Change in food situation compared to September: 

Most common methods of obtaining food at the household level

Purchasing from shops/markets, bartering.

Most common methods of obtaining bread at the household level

Most common source: Shops;

Challenges to obtaining bread: Yeast expensive / unavailable, insufficient fuel and electricity.

Availability decreased since September largely due to depleting stocks and fewer food items available on the market.

Change in availability since September



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 in October⁷

| | Joura/ Qosour | Nearby areas ⁸ |
|---|------------------|------------------------------|
| Average cost October (SYP) ⁹ | 148775 | 32123 |
| Change since September | ↑ | No info |

The average cost of a standard food basket, excluding sugar and lentils due to unavailability in Joura and Qosour, was 27% higher than in September. Further, in comparison to nearby communities not considered besieged or hard to reach, the price of a standard food basket was 363% higher.

Core food item availability in markets

Items unavailable: Bulgur, lentils, chicken, milk, flour, sugar.

Change since September



WASH item availability / prices

In October, soap and laundry powder were the only available hygiene and sanitation items in markets. The price of laundry powder (1kg) increased by 6% between September and October, and in comparison to nearby communities, prices remained 465% more expensive. Bars of soap were reportedly available although the price could not be verified.

Fuel availability / prices

Low quality diesel produced from crude oil within Joura and Qosour was available in markets during October, as was the case in previous months. Despite this development, diesel prices were prohibitively high for most of the population and more than 3070% higher than in nearby communities not considered besieged or hard to reach.

Firewood remained available in markets during October, however increased by 14% in price since September.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

In October, market prices of available core food items in Joura and Qosour increased by an average of 36% in comparison to the previous month. This was reportedly due to the reduced number of airdrops occurring over the past two months. Notably, the price of bread in private bakeries increased by 140% since September and was more than twice the price of bread from private bakeries in nearby communities. On average, the prices of available food items were 551% more expensive than in the nearby non-hard to reach communities of Hatla, Sawa, Sbeikhan and Tiba.

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

| | Item | Joura/Qosour | Price change since September | Neighbouring non-hard to reach areas ⁸ |
|------------|------------------------------|-----------------------|------------------------------|---|
| Food Items | Bread private bakery (pack) | 600 ¹¹ | ↑ +140% | 290 |
| | Bread public bakery (pack) | 350 ¹² | ↑ +75% | Not available |
| | Rice (1kg) | 3800 ¹¹ | ↑ +27% | 685 |
| | Bulgur (1kg) | Not available | ◇ | 537 |
| | Lentils (1kg) | Not available | ◇ | 825 |
| | Chicken (1kg) | Not available | ◇ | 1100 |
| | Mutton (1kg) | 10000 ¹³ | ↑ +18% | 3300 |
| | Tomatoes (1kg) | 1600 ¹² | ↑ +7% | 225 |
| | Cucumber (1kg) | 1600 ¹² | ↑ +7% | 200 |
| | Milk (litre) | Not available | ◇ | 167 |
| | Flour (1kg) | Not available | ◇ | 250 |
| | Eggs (1) | 450 ¹¹ | ↑ +13% | 40 |
| | Iodised salt (500g) | 900 ¹¹ | Not available | 150 |
| WASH Items | Sugar (1 kg) | Not available | Available | 575 |
| | Cooking oil (litre) | 7500 ¹² | ◇ | 875 |
| | Soap (1 bar) | No info ¹³ | Available | 268 |
| | Laundry powder (1kg) | 8500 ¹² | ↑ +6% | 1500 |
| | Sanitary pads (9) | Not available | ◇ | 650 |
| | Toothpaste (125ml) | Not available | ◇ | 625 |
| | Disposable diapers (24 pack) | Not available | Available | 1925 |
| Fuel | Butane (cannister) | Not available | ◇ | 7000 |
| | Diesel (litre) | 4500 ¹¹ | Not available | 142 |
| | Propane (cannister) | Not available | ◇ | 7000 |
| | Kerosene (litre) | Not available | ◇ | 135 |
| | Coal (kg) | Not available | ◇ | Not available |
| | Firewood (tonne) | 350000 ¹¹ | ↑ +14% | 45000 |

Endnotes

¹ Figures based on HNO 2017 population data (September 2016), for the entire city of Deir ez Zor. Figures based on estimates by local actors within communities assessed were reportedly 11,000-12,000 individuals.

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

³ 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.

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

⁵ 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.

⁶ 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.

⁷ Calculation of the average cost of a food basket is based on the 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](#)).

⁸ Nearby communities in Deir ez Zor governorate which are not considered besieged/hard to reach: Hatla, Sawa, Sbeikhan and Tiba

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 Nov. 2016)

¹⁰ Prices were compared to when the community was last assessed.

¹¹ Generally not available in markets (less than 7 days this month).

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

¹³ Generally available in markets (21+ days this 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 October 2016, comparisons were made by community representatives to changes observed since September, when the community was last assessed.

In October, the situation in Hajar Aswad remained the same with no major developments reported. Populations were largely unable to leave the community, with the exception of women, students and elderly people who were permitted to leave once or twice a week upon presentation of documents.

Residents were still able to use informal points, as was the case in September, despite the fact that individuals trying to leave or enter the community still risked facing gunfire, shelling, harassment and detention.

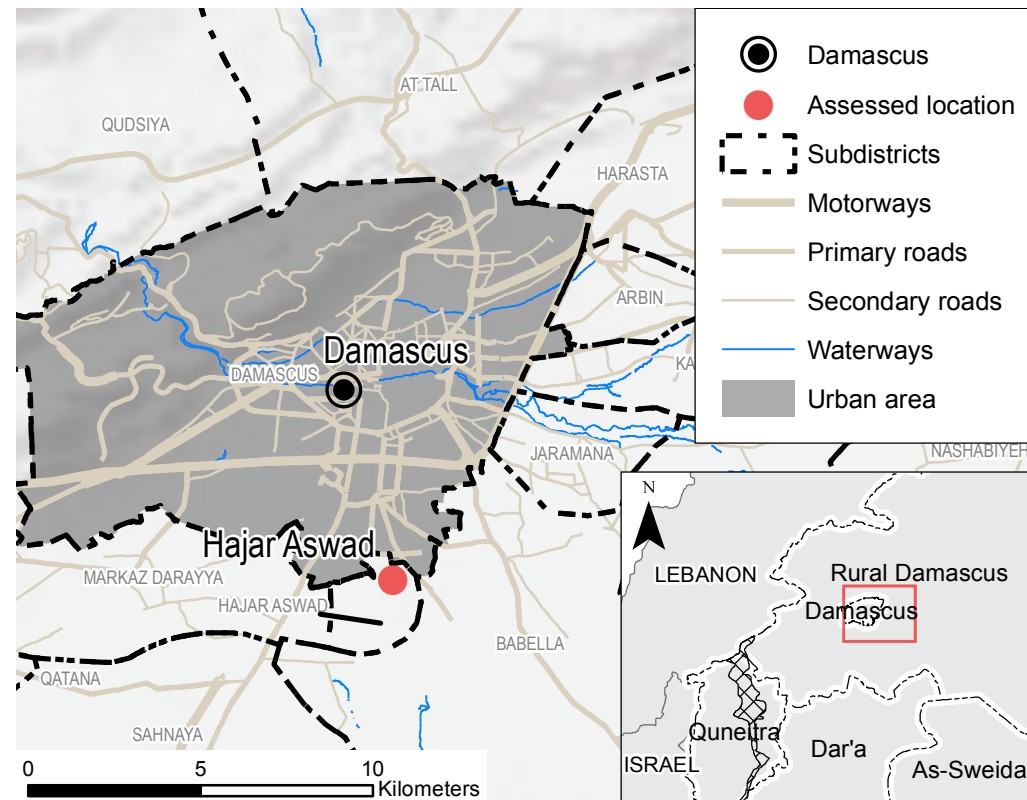
No vehicles carrying either humanitarian or commercial goods were permitted to enter the community in October, as was the case in September and August. The limited amounts of goods (food, NFIs and medical items) that entered were brought to Hajar Aswad by civilians leaving the community and purchasing items in the nearby neighbourhoods of Yalda and Babella.

| | |
|---|---------------|
| | |
| UN classification: | Hard to reach |
| Estimated population¹: | 4900-5000 |
| Of which IDPs¹: | 700-1000 |
| % pre-conflict population remaining: | 1-25% |
| % population female: | 1-25% |

There was no notable change in the population's access to basic services (water, electricity or education) in October; residents continued to rely on water from wells, and access to electricity remained limited. **The amount of water available was reportedly still insufficient to meet population needs, as was the case in September.**

Food items were sometimes available in markets in October, with the exception of bread (private and public bakeries), which remained unavailable. Similarly, prices did not experience any notable change across all items assessed, and were on average 20% higher than in nearby communities not considered besieged or hard to reach.

Overall, the humanitarian situation appears to have remained unchanged in Hajar Aswad between September and October, with severe restrictions on movement of people and goods, lack of humanitarian aid and poor basic services still affecting residents.




CHANGES SINCE SEPTEMBER

| | | | |
|----------------------------------|---|--------------------------------|---|
| 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 October and beginning of November 2016, these updates refer to the situation in October 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 September: 

People able to leave²

As was the case in August and September, approximately 11-25% of people were able to leave and re-enter Hajar Aswad through formal routes in October. These were mostly women, children and elderly people, who were permitted to leave once or twice a week, upon presenting documents at checkpoints.

Informal points used: Yes

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

Shelling, gunfire, detention, verbal and sexual harassment.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since September: 

Able to enter: None reported.

Humanitarian vehicles




Change since September: 

Able to enter: None reported.

Goods entered

As was the case in July, August and September, there was **no movement of either commercial or humanitarian vehicles into or out of Hajar Aswad this month.** However, civilians permitted to enter and

ACCESS TO SERVICES

| | | | |
|---|--------------------|---|---|
|  | WATER | Main source of drinking water (Status) | Closed wells (Safe to drink) |
| | | Sufficiency of available water to meet household needs (Coping strategies used) | Insufficient (Modifying hygiene practices) |
| | | Access to water network per week | Network unavailable |
|  | ELECTRICITY | Access to electricity network per day | Network unavailable |
| | | Access to electricity (Main source) per day | 2 - 4 hours (Generator) |
|  | EDUCATION | Available education facilities | Pre-conflict primary, secondary, high schools |
| | | Barriers to education | Facilities destroyed, lack of teaching staff, lack of school supplies |
| | | Change in number of children attending school | About the same |

exit the community using formal and informal routes were able to bring back limited amounts of food, NFIs and medical items. Compared to September, a slight increase in the amounts of available hygiene and sanitation items was reported; this was due to a greater availability of these items in neighbouring Yalda and Babella.

Availability of medical personnel

Personnel available: Professionally trained nurses and midwives;

Others providing medical services: Pharmacists and volunteers with informal medical training.

Change since September 

HEALTH SERVICES

Change in health situation compared to September: 

Permanent medical facilities available

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

Unavailable medical items³

Items unavailable: Clean bandages, blood transfusion bags and anaesthetics;

Sometimes available: Contraception, antibiotics, burn treatment, anti-anxiety, heart, diabetes, and blood pressure medicine.

Change since September 



Most needed medical items⁴

1. Diabetes medicine
2. Antibiotics
3. Heart medicine

Medical services available

| | |
|-------------------------|---|
| Child immunization |  |
| Diarrhea management |  |
| Emergency care |  |
| Skilled childbirth care |  |
| Surgery ⁵ |  |
| Diabetes care |  |
| Change since September |  |

Reported deaths this month⁶

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

Strategies used to cope with a lack of medical services

None reported; this was also the case in September.

FOOD

Change in food situation compared to September:



Most common methods of obtaining food at the household level

Purchasing from shops and markets, and food distributions in nearby neighbourhoods.

Most common methods of obtaining bread at the household level

Most common source: Shops in nearby neighbourhoods.

Challenges to obtaining bread: As was the case in September, no challenges were reported. Bread could be purchased in the nearby neighbourhoods of Babella and Yalda by those travelling outside the community.

Change since September



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 basket⁷

| | Hajar Aswad | Nearby areas ⁸ |
|---|-------------|---------------------------|
| Average cost October (SYP) ⁹ | 17957 | 31940 |
| Change since September | ◆ | No info |

The average cost of a standard food basket, excluding bread due to lack of information on prices, did not change between September and October, after having experienced a 10% decrease in September. The price of a standard food basket in Hajar Aswad was cheaper than in nearby communities; however, this is most likely due to the exclusion of bread in the calculation, which represents a heavily weighted portion of the food basket.

WASH item availability / prices

Compared to September, a slight increase in availability was reported, with assessed hygiene and sanitation items generally available¹⁰, as opposed to only sometimes available¹¹; this was due to higher availabilities in the nearby communities of Yalda and Babella, where civilians from Hajar Aswad could purchase these items. Prices remained unchanged with the exception of diapers, which decreased by 12%, after having increased by 13% in September.

Fuel availability / prices

Availability of fuel sources was unchanged compared to September, with only butane and diesel available in markets. Prices remained the same since September, and were on average 87% higher than in nearby communities.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

Availability of assessed core food items remained unchanged compared to September, with items only sometimes available¹¹. Market prices also stayed the same and were on average 20% higher than in nearby communities. Bread from both private and public bakeries remained unavailable in October.

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

| | Item | Hajar Aswad | Price change since September | Nearby non-hard to reach areas ⁹ |
|------------------|------------------------------|--------------------|------------------------------|---|
| Food Items | Bread private bakery (pack) | Not Available | ◆ | Not Available |
| | Bread public bakery (pack) | Not Available | ◆ | 50 |
| | Rice (1kg) | 350 ¹¹ | ◆ | 538 |
| | Bulgur (1kg) | 250 ¹¹ | ◆ | 250 |
| | Lentils (1kg) | 250 ¹¹ | ◆ | 550 |
| | Chicken (1kg) | 1150 ¹¹ | ◆ | 950 |
| | Mutton (1kg) | 5000 ¹¹ | ◆ | 3550 |
| | Tomato (1kg) | 200 ¹¹ | ◆ | 138 |
| | Cucumber (1kg) | 200 ¹¹ | ◆ | 205 |
| | Milk (litre) | 250 ¹¹ | ◆ | 170 |
| WASH Items | Flour (1kg) | 300 ¹¹ | ◆ | 238 |
| | Eggs (1) | 60 ¹¹ | ◆ | 50 |
| | Iodised salt (500g) | 200 ¹¹ | ◆ | 88 |
| | Sugar (1 kg) | 400 ¹¹ | ◆ | 463 |
| | Cooking oil (litre) | 700 ¹¹ | ◆ | 1375 |
| | Soap (1 bar) | 150 ¹⁰ | ◆ | 88 |
| | Laundry powder (1kg) | 1000 ¹⁰ | ◆ | 388 |
| | Sanitary pads (9) | 250 ¹⁰ | ◆ | 395 |
| | Toothpaste (125ml) | 350 ¹⁰ | ◆ | 350 |
| | Disposable diapers (24 pack) | 1500 ¹⁰ | ▼ -12% | 1075 |
| Fuel | Butane (cannister) | 4000 ¹¹ | ◆ | 3100 |
| | Diesel (litre) | 550 ¹¹ | ◆ | 225 |
| | Propane (cannister) | Not Available | ◆ | Not Available |
| | Kerosene (litre) | Not Available | ◆ | 550 |
| | Coal (kg) | Not Available | ◆ | 1500 |
| Firewood (tonne) | Not Available | ◆ | 50000 | |



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

¹ Figures based on HNO 2017 population data (October 2016).

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

³ Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be 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.

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

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

⁶ 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

⁷ 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](#)).

⁸ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Deir Ali and Aqraba.

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 November 2016).

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

¹¹ Sometimes available in markets (7 – 20 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. While the community has been subject to intermittent shelling since then, conflict escalated dramatically in October 2016, with the volume of shelling in the community increasing substantially.

Restrictions on civilian movement were markedly tightened in October. Access to the only formal route in or out of the community, which had been accessible in previous months, as well as to all informal routes, was cut. As a result, **no one in Khan Elshih could reportedly enter or leave the community.**

As in previous months, no commercial or humanitarian vehicles entered the community. **While civilians were previously able to purchase basic food items in nearby communities, the new restrictions on movement prevented any food, fuel, medical, hygiene and sanitation items from entering the community in October.** As a result, availability of food items, NFIs, and fuel dropped substantially during this month.

All types of fuel became unavailable in markets, forcing residents to rely on depleting personal and local council reserves, and on burning furniture. The lack of fuel was especially problematic as the reliability of the main electricity network worsened during October; as such, many residents had to resort to using generators instead.

Some food items became unavailable in October,

| | |
|---|---------------|
|  | |
| UN classification: | Hard to reach |
| Estimated population¹: | 11500-12000 |
| Of which IDPs¹: | 1000-1500 |
| % pre-conflict population remaining: | 26-50% |
| % population female: | 26-50% |

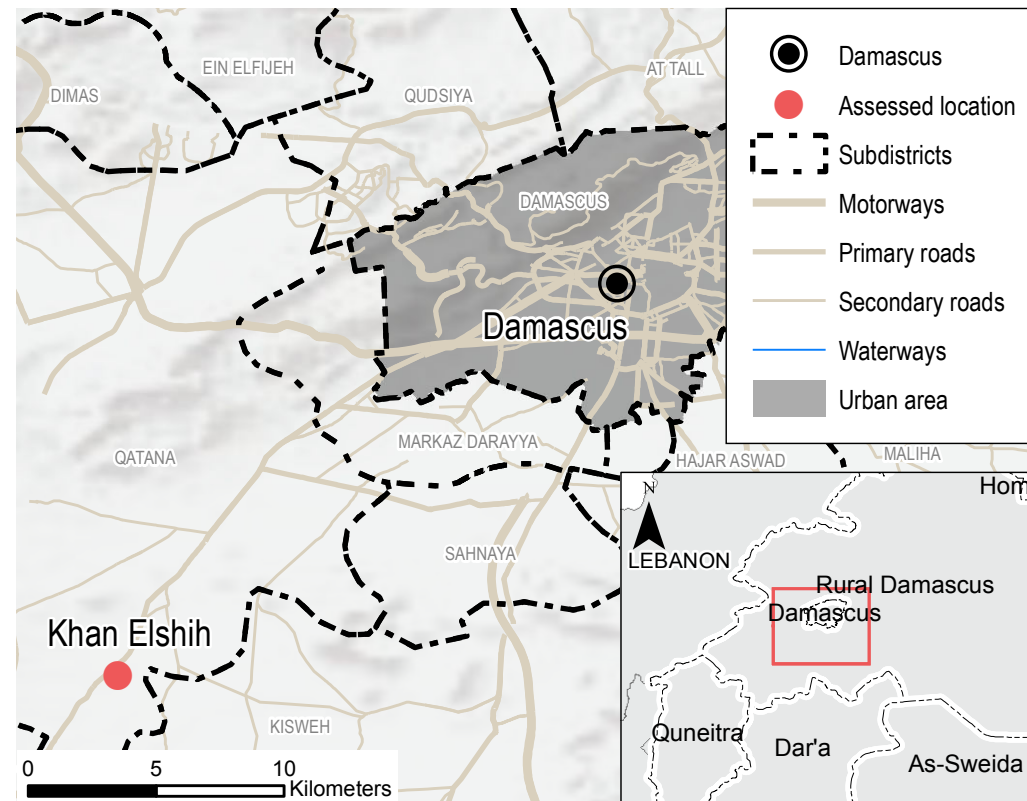
and no food items were reportedly available in markets for more than six days per month. Prices for available food items rose by 45% on average since September.

Due to conflict escalation, fewer people were able to access available health facilities or education services, in comparison to September. Despite this, a damaged clinic was reportedly still functioning, and the availability of medical personnel and medical items remained unchanged. Reportedly, UNRWA representatives were briefly able to enter the community to provide some previously unavailable medical services.

Overall, the humanitarian situation in Khan Elshih markedly worsened since September. Residents were not permitted to leave, and core food items, NFIs, and fuel were not able to enter. This resulted in lower availability of goods and increases across already inflated market prices. As fuel reserves were depleting during October, access to electricity for essential services has also become a growing concern.

CHANGES SINCE SEPTEMBER

| | | | |
|----------------------------------|---|--------------------------------|---|
| 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 October and beginning of November 2016, these updates refer to the situation in October 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 September:



People able to leave²

Both formal and informal routes in and out of Khan Elshih were closed during the month of October; this was due both to increased shelling in the area and to tighter access restrictions. Consequently, compared to previous months when formal and informal routes were accessible despite being reportedly dangerous, no one was able to leave Khan Elshih during October.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since September:



Able to enter: None reported.

This was due to the closing of all formal and informal routes during October.

Humanitarian vehicles

Change since September:



Able to enter: None reported.

This was due to the cutting of all formal and informal routes during October. Despite no official international humanitarian convoys entering the community, a small delegation of UNRWA representatives was allowed to enter into Khan Elshih with permission from the authorities and provided some medical items.

Goods entered

Due to increased shelling and the total restriction of civilian movement into and out of the community, no food, fuel, medical, or

ACCESS TO SERVICES

| | | |
|--------------------|---|---|
| WATER | Main source of drinking water (Status) Sufficiency of available water to meet household needs (Coping strategies used) Access to water network per week | Closed wells (Safe to drink) Insufficient (Modify hygiene practices i.e. bathing less) Network unavailable |
| ELECTRICITY | Access to electricity network per day Access to electricity (Main source) per day | 2 - 4 hours 2 - 4 hours (Generators) |
| EDUCATION | Available education facilities Barriers to education Change in number of children attending school | Pre-conflict primary, secondary, high schools Routes to schools unsafe due to clashes, lack of teaching staff, lack of school supplies Fewer children attending schools |

hygiene and sanitation items could enter in October. This represented a marked change from the past few months, when civilians were still able to bring goods into the community through formal and informal routes. As a result, stocks of all types of goods depleted in October.

reportedly been used since the community was first assessed in June.

Permanent medical facilities available

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

HEALTH SERVICES

Change in health situation compared to September:



In October, the number of civilians unable to access health facilities for security reasons increased as shelling intensified. Some mobile clinics were damaged during October, but were reportedly relocated and were still functioning.

Although no medical items were brought into Khan Elshih, a UNRWA delegation was briefly able to enter the community late October, providing some previously unavailable services such as child immunization.

Strategies used to cope with a lack of medical services

Recycling medical items (e.g. bandages, syringes and needles); this strategy has

Availability of medical personnel

Personnel available: Professionally trained surgeons, doctors, nurses and midwives;

Others providing medical services: Veterinarians, pharmacists, anesthesiologists medical or pharmacy students and volunteers with little or informal medical training.

Change since September



Unavailable medical items³

Items unavailable: Clean bandages and blood transfusion bags;

Sometimes available: Heart, diabetes, and blood pressure medicine.

Change since September



Most needed medical items⁴

- Clean bandages
- Blood transfusion bags
- Antibiotics

Medical services available

| | |
|-------------------------------|---|
| Child immunization | ✓ |
| Diarrhea management | ✓ |
| Emergency care | ✓ |
| Skilled childbirth care | ✓ |
| Surgery ⁵ | ✓ |
| Diabetes care | ✓ |
| Change since September | |

Reported deaths this month⁶

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

FOOD

Change in food situation compared to September:

The heightened access restrictions and increased shelling in the community significantly affected the availability of almost all food items. Many assessed food items in October were reportedly either unavailable or generally unavailable.

Most common methods of obtaining food at the household level





Purchasing from shops.


Most common methods of obtaining bread at the household level

Households in Khan Elshih could no longer access bread, as it remained unavailable within the community, and could no longer be purchased in neighbouring communities due to restrictions on civilian movement.

Change since September 

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 basket⁷

| | Khan Elshih | Nearby areas ⁸ |
|--|---|---------------------------|
| Average cost in October (SYP) ⁹ | 33462 | 29625 |
| Change since September |  | No info |

The average cost of a standard food basket, excluding bread and sugar due to unavailability in Khan Elshih, increased by 19% from September to October and was 13% more expensive than in neighbouring areas.

WASH item availability / prices

On average, prices of hygiene and sanitation items increased by 28% from September, and averaged 224% higher than in neighbouring communities not considered besieged or hard to reach. This was due to the tighter access restrictions in the community during October.























Fuel availability / prices

While butane, diesel, and kerosene were available in markets in September, no fuel was available in October. Residents were reportedly coping with fuel shortages by burning furniture and relying on local council and personal fuel reserves.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

Due to access restrictions and escalating violence in Khan Elshih, availability of all assessed food items and NFIs markedly decreased in October, with milk, flour, eggs, sugar, butane, diesel, and kerosene becoming unavailable. Prices of available food items rose by 45% from September, and were on average 79% more expensive than in nearby non-hard to reach areas.

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 | Price change since September | Nearby non-hard to reach areas ⁸ |
|---|---|---|--|---|
|  | Food Items | | | |
| | Bread private bakery (pack) | Not Available |  | Not Available |
| | Bread public bakery (pack) | Not Available |  | 50 |
| | Rice (1kg) | 700 ¹⁰ |  +17% | 538 |
| | Bulgur (1kg) | 650 ¹⁰ |  +44% | 250 |
| | Lentils (1kg) | 650 ¹⁰ |  +44% | 550 |
| | Chicken (1kg) | 1500 ¹⁰ |  +15% | 950 |
| | Mutton (1kg) | 4500 ¹⁰ |  | 3550 |
| | Tomato (1kg) | 350 ¹⁰ |  +40% | 138 |
| | Cucumber (1kg) | 400 ¹⁰ |  +60% | 205 |
| | Milk (litre) | Not Available | Available | 170 |
| | Flour (1kg) | Not Available | Available | 238 |
| Eggs (1) | Not Available | Available | 50 | |
| Iodised salt (500g) | 250 ¹⁰ |  +150% | 88 | |
| Sugar (1 kg) | Not Available | Available | 463 | |
| Cooking oil (litre) | 1200 ¹⁰ |  +33% | 1375 | |
|  | WASH Items | | | |
| | Soap (1 bar) | 150 ¹¹ |  +50% | 88 |
| | Laundry powder (1kg) | 3000 ¹¹ |  | 388 |
| | Sanitary pads (9) | 650 ¹¹ |  +30% | 395 |
| | Toothpaste (125ml) | 500 ¹¹ |  +25% | 350 |
| | Disposable diapers (24 pack) | 4000 ¹¹ |  +33% | 1075 |
| |  | Fuel | | |
| Butane (cannister) | | Not Available | Available | 3100 |
| Diesel (litre) | | Not Available | Available | 225 |
| Propane (cannister) | | Not Available |  | Not Available |
| Kerosene (litre) | | Not Available | Available | 550 |
| Coal (kg) | Not Available |  | 1500 | |
| Firewood (tonne) | Not Available |  | 50000 | |

Endnotes

¹ Figures based on the last UN update of People in Need (PiN) across all besieged areas (June 2016). Local actors however estimate populations to be 11500-12000 in Khan Elshih.

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

³ Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be 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.

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

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

⁶ 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

⁷ 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](#)).

⁸ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Deir Ali and Aqraba

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 Nov. 2016)

¹⁰ Generally not available in markets (less than 7 days this month).

¹¹ Sometimes available in markets (7 – 20 days this month).

Syria Community Profile Update: Hama and Qudsiya, Rural Damascus

October 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

| | Hama | Qudsiya |
|---|---------------|---------------|
| UN classification: | Hard to reach | Hard to reach |
| Estimated population¹: | 647940 | 338600 |
| Of which estimated IDPs¹: | 130515 | 125940 |
| % pre-conflict population remaining: | 51-75% | 51-75% |
| % of population that are female: | 51-75% | 51-75% |

SUMMARY

Hama and Qudsiya, two communities located north-west of Damascus, have faced access restrictions since June 2015. This profile presents the situation in October 2016, with comparisons made to September.

Heavy clashes affected both communities at the beginning of October, but culminated in a truce agreement similar to those implemented in other Rural Damascus communities. **Following the agreement, access restrictions were removed for civilians as well as vehicles travelling to and from the communities.** An estimated 1,287 fighters and family members were evacuated to Idleb governorate. Further, a number of civilian residents who had previously fled the communities returned, increasing the number of children now accessing schools in Hama and Qudsiya.

In accordance with the truce, **humanitarian convoys entered Qudsiya on 17 October, for the first time since June 2016, delivering food and NFIs to an**

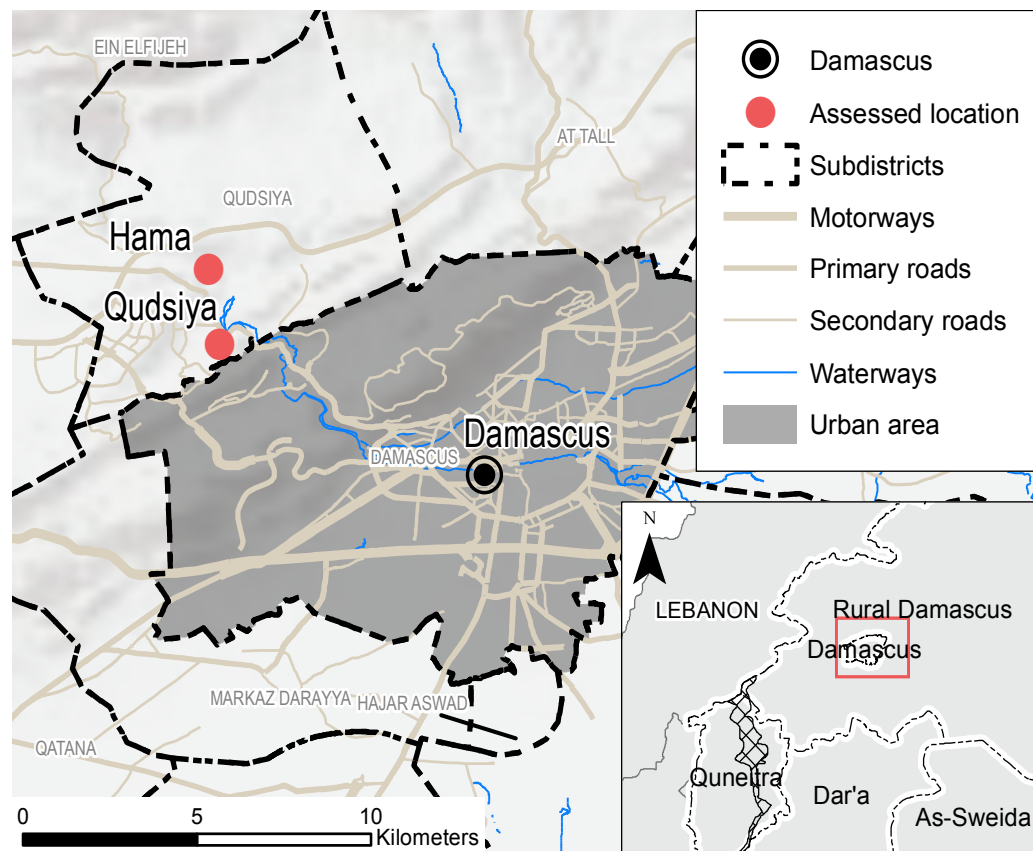
estimated 50,000 residents. Commercial vehicles and civilians travelling to nearby communities could bring in medical supplies and fuel without restrictions in October. As a result, food, NFIs and fuel became freely available in both communities last month.

Prior to the truce agreement in mid-October, hostilities at the beginning of the month rendered the Al-Salam Hospital and the Sham Al-Amal Hospital in Qudsiya out of service. Following the truce, clinics have opened up in private apartments in both Hama and Qudsiya, while severe medical cases were transferred to nearby communities. Despite damage to medical facilities, the health situation at the end of October had improved in both communities, with no coping strategies reported this month.

Notwithstanding heavy clashes at the beginning of October, the overall humanitarian situation in Hama and Qudsiya has significantly improved since the truce came into force. Access to food, other goods and basic services has increased, and the communities are experiencing an influx of residents who had previously left.

CHANGES SINCE SEPTEMBER

| | 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 at the end of October and beginning of November 2016, these updates refer to the situation in October 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 |
|--------------------|---|---|
| WATER | 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 5-6 days |
| ELECTRICITY | Access to electricity network per day Access to electricity (Main source) per day | 8-12 hours 8-12 hours (Main network) |
| EDUCATION | Available education facilities Barriers to education Change in number of children attending school | Pre-conflict primary, secondary, and high schools None reported More children attended school |

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to September:

People able to leave²

Following a truce agreement in mid-October, restrictions on movement were lifted in both communities. Residents were able to move freely into and out of Hama and Qudsiya upon presentation of identification and in some cases documentation representing acquiescence with the truce agreement. As such, no informal entry points were in use. As part of the agreement, 1,287 fighters and family members were evacuated from Qudsiya to Idleb governorate. Additionally, civilians who had formerly left Hama and Qudsiya were reportedly returning to the communities after the truce.

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

Both communities: None reported.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change in both since September:

Both communities: As restrictions on access were lifted in October, all commercial vehicles were allowed to enter Hama and Qudsiya freely and move between both communities.

Humanitarian vehicles

Change in both since September:

In accordance with the truce agreement, **trucks carrying aid deliveries for 50,000 residents of both communities entered Qudsiya on 17 October for the first time since June.** Additionally, it was reported that another aid delivery had reached Qudsiya on October 31.

Goods entered

The availability of all goods increased significantly in October. Aid deliveries included food and non-food items, which also entered through commercial vehicles and could be obtained in nearby communities. Medicine

and fuel were brought into the community by commercial vehicles as well as civilians accessing supplies from nearby communities.

HEALTH SERVICES

Change in health situation in Hama compared to September:

Change in health situation in Qudsiya compared to September:

Despite an initial deterioration in the health situation in both communities related to heavy clashes at the beginning of the month, the overall health situation reportedly improved in October following the truce agreement. Whereas all permanent medical facilities operating in the communities were destroyed during the hostilities prior to the truce, **all medical services have become available since, as private clinics started operating and medical items could enter both communities.**

Reported deaths this month³

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

Permanent medical facilities available

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

Medical facilities reported as functioning in September were destroyed by shelling at the beginning of October. Following the truce agreement, privately operated clinics have opened, many in private homes, and the government has agreed to repair destroyed facilities. In the meantime, severe medical cases were being transferred to nearby communities.

Medical services available

| | Hama | Qudsiya |
|-------------------------|------|---------|
| Child immunization | ✓ | ✓ |
| Diarrhea management | ✓ | ✓ |
| Emergency care | ✓ | ✓ |
| Skilled childbirth care | ✓ | ✓ |
| Surgery ⁶ | ✓ | ✓ |
| Diabetes care | ✓ | ✓ |
| Change since September | ↑ | ↑ |

Despite the destruction of medical facilities in the beginning of October, **all medical services became available as private clinics started operating following the truce agreement. Medical items were able to enter both communities.**

Unavailable medical items⁴

Both communities: None reported.

| | |
|------------------------|---|
| Change since September | ↑ |
|------------------------|---|

Medicine and medical items were reportedly not part of the humanitarian delivery that reached the communities in mid-October. However, as restrictions on access were lifted, commercial vehicles carrying medical items could enter freely, in addition to people bringing medicine from outside communities.

Strategies used to cope with a lack of medical services

Both communities: None reported.

Most needed medical items⁵

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

Availability of medical personnel

Hama: Professionally trained doctors, nurses, and midwives;

Others providing medical services: Dentists, pharmacists, anesthesiologists, medical or pharmacy students.

Qudsiya: Professionally trained doctors, nurses, and midwives;

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

More doctors were able to practice as the medical situation improved, and medical or pharmacy students became available.

| | |
|------------------------|---|
| Change since September | ↑ |
|------------------------|---|

FOOD

Change in food situation compared to September in both: ↑

Most common methods of obtaining food at the household level

Both communities: Purchasing from shops and markets, receiving through food distributions.

Most common methods of obtaining bread at the household level

Both communities: Shops.

Access to bread increased in both communities since September, with bread reportedly available every day in October.

| | |
|------------------------|---|
| Change since September | ↑ |
|------------------------|---|

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 basket⁷

| | Hama | Qudsiya | Nearby areas ⁸ |
|---|-------|---------|---------------------------|
| Average cost October (SYP) ⁹ | 23950 | 23950 | 29625 |
| Change since September ¹⁰ | ↓ | ↓ | No info |

Following the lifting of access restrictions, the average cost of a standard food basket¹¹ in Hama and Qudsiya decreased by 53% from September to October. The standard food basket also became cheaper than in nearby communities not considered hard to reach by 5675 SYP.

Core food item availability

Items unavailable in both: Bread remained unavailable in both public and private bakeries, as aid was distributed on a household level. Following changes in the community after the truce agreement, bakeries were however expected to resume operations shortly. Following the opening of access routes, **all other core food items became generally available for purchase in both communities in October.**

WASH item availability / prices




Hama and Qudsiya: Similar to food, sanitation and hygiene items were generally available¹⁰ for purchase during October. Prices decreased significantly, and the prices of soap, sanitary pads and toothpaste were lower than in nearby communities not considered hard to reach.

Fuel availability / prices

Both communities: Whereas propane, kerosene and coal remained unavailable in October, the prices of diesel and butane decreased significantly as fuel was able to enter the community without restrictions. As other preferred sources of fuel became available in October, firewood became no longer available for purchase.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX¹⁰

As access restrictions were lifted in October, all core food items except for bread from bakeries became generally available¹⁰ in both Hama and Qudsiya. The delivery of aid, the opening of commercial routes and the increased ability for people to bring goods from outside, was reflected in an average decrease in prices of 43% across food items. Similarly, all hygiene and sanitation items were generally available¹⁰ in shops and markets in October, and saw an average decrease of 48% in prices in comparison to September. The most significant decrease in price was in relation to diesel, which became 79% cheaper. Diesel was available for purchase 21 days or more during October, as opposed to only 7-20 days in September. Many of the assessed food and non-food items were reportedly cheaper in Hama and Qudsiya than in nearby communities not considered hard to reach.

| | Item | Hama | Price change since Sept | Qudsiya | Price change since Sept | Nearby non-hard to reach communities |
|--|------------------------------|--------------------|-------------------------|--------------------|-------------------------|--------------------------------------|
|  | Bread private bakery (pack) | Not available | ◆ | Not available | ◆ | Not available |
| | Bread public bakery (pack) | Not available | ◆ | Not available | ◆ | 50 |
| | Rice (1kg) | 400 ¹⁰ | ↓ -50% | 400 ¹⁰ | ↓ -50% | 538 |
| | Bulgur (1kg) | 250 ¹⁰ | ↓ -62% | 250 ¹⁰ | ↓ -62% | 250 |
| | Lentils (1kg) | 350 ¹⁰ | ↓ -61% | 350 ¹⁰ | ↓ -61% | 550 |
| | Chicken (1kg) | 1900 ¹⁰ | Not available | 1900 ¹⁰ | Not available | 950 |
| | Mutton (1kg) | 3500 ¹⁰ | Not available | 3500 ¹⁰ | Not available | 3550 |
| | Tomatoes (1kg) | 150 ¹⁰ | ↓ -40% | 150 ¹⁰ | ↓ -40% | 138 |
| | Cucumber (1kg) | 350 ¹⁰ | ↓ -13% | 400 ¹⁰ | ↓ -13% | 205 |
| | Milk (litre) | 350 ¹⁰ | ◆ | 350 ¹⁰ | ◆ | 170 |
| | Flour (1kg) | 400 ¹⁰ | Not available | 400 ¹⁰ | Not available | 238 |
| | Eggs (1) | 35 ¹⁰ | ↓ -46% | 35 ¹⁰ | ↓ -46% | 50 |
| | Iodised salt (500g) | 60 ¹⁰ | ↓ -60% | 60 ¹⁰ | ↓ -60% | 88 |
| | Sugar (1 kg) | 400 ¹⁰ | ↓ -27% | 400 ¹⁰ | ↓ -27% | 463 |
| Cooking oil (litre) | 650 ¹⁰ | ↓ -32% | 650 ¹⁰ | ↓ -32% | 1375 | |
|  | Soap (1 bar) | 35 ¹⁰ | ↓ -77% | 35 ¹⁰ | ↓ -77% | 88 |
| | Laundry powder (1kg) | 500 ¹⁰ | ↓ -29% | 500 ¹⁰ | ↓ -29% | 388 |
| | Sanitary pads (9) | 300 ¹⁰ | ↓ -57% | 300 ¹⁰ | ↓ -57% | 395 |
| | Toothpaste (125ml) | 300 ¹⁰ | ↓ -54% | 250 ¹⁰ | ↓ -62% | 350 |
| | Disposable diapers (24 pack) | 1500 ¹⁰ | ↓ -25% | 1500 ¹⁰ | ↓ -25% | 1075 |
|  | Butane (cannister) | 2500 ¹⁰ | ↓ -79% | 2500 ¹⁰ | ↓ -79% | 3100 |
| | Diesel (litre) | 250 ¹⁰ | ↓ -75% | 250 ¹⁰ | ↓ -75% | 225 |
| | Propane (cannister) | Not available | ◆ | Not available | ◆ | Not available |
| | Kerosene (litre) | Not available | ◆ | Not available | ◆ | 550 |
| | Coal (kg) | Not available | ◆ | Not available | ◆ | Not available |
| Firewood (tonne) | Not available | Available | Not available | Available | Not available | |

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

Endnotes

¹ Figures based on HNO 2017 population data (September 2016). Figures based on estimates by local actors within communities assessed were reportedly 100,000 (Hama) and 800,000 (Qudsiya) individuals, including 20,000 (Hama) and 400,000 (Qudsiya) IDPs respectively.

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

³ 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.

⁴ 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.

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

⁶ 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.

⁷ 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).

⁸ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Aqraba and Deir Ali.

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 Nov. 2016)

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

¹¹ 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 (75 SYP).

Syria Community Profile Update: At Tall, Rural Damascus

October 2016



REACH Informing more effective humanitarian action

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, creating significant challenges for the community.

This profile presents the situation in October 2016, with comparisons made to September, when the community was last assessed.

As was the case in September, **restrictions on freedom of movement only allowed 1-10% of the population to move outside the community in October.** While women, children, public and private sector employees and students were allowed to leave At Tall upon presenting documentation, **there was a reported increase in the types of risks faced when moving across access points in October.**

No humanitarian vehicles were allowed to enter the community in October, as was the case in previous months. Some commercial vehicles remained able to enter, but faced restrictions including only being able to enter on certain days, documentation requirements, payment of fees, searches and confiscation of goods.

The quantity of goods entering the community, including food, hygiene and sanitation, and medical items, remained largely the same as in September, with goods entering via commercial vehicles and civilians bringing items from nearby communities.

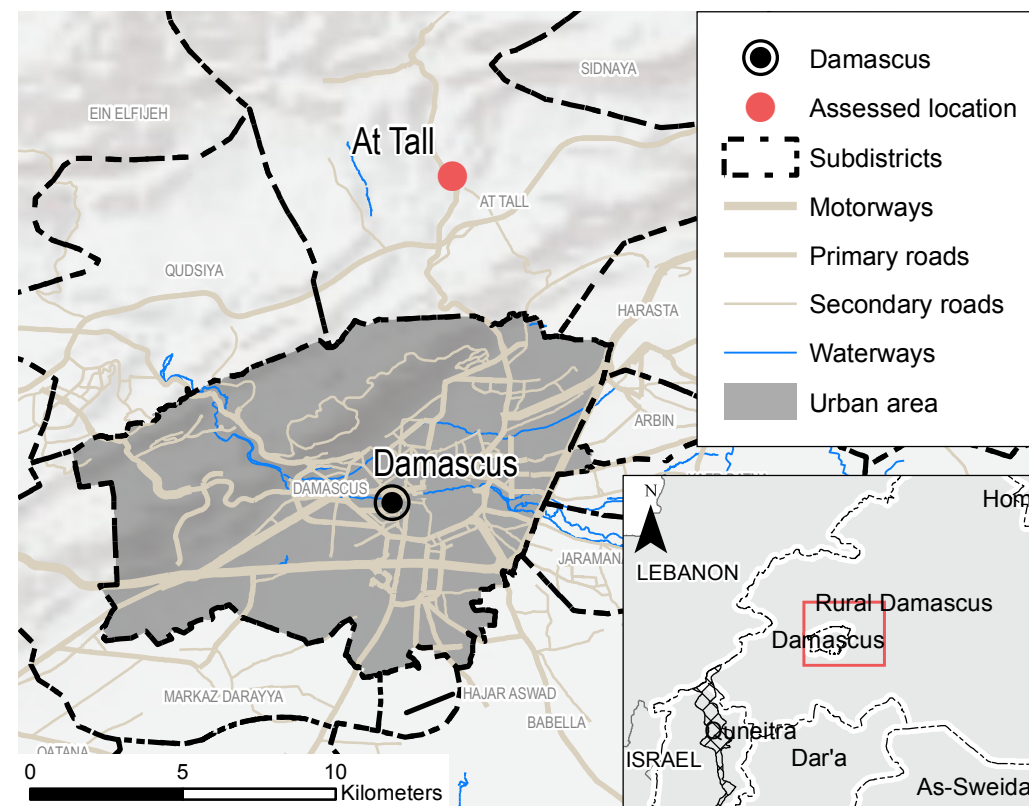


| | |
|---|---------------|
| UN classification: | Hard to reach |
| Estimated population¹: | 238650 |
| Of which IDPs¹: | 196260 |
| % pre-conflict population remaining: | 1-25% |
| % population female: | 26-50% |

No major changes were reported in price and availability of most items in October, however, **prices remained on average 132% higher than in nearby non-hard to reach communities.** As was the case previously, bread remained unavailable in both public and private bakeries in At Tall.

Fuel continued to be prevented from entering through formal points, however small quantities were reportedly able to enter informally and were sold in the community in October.

Overall, the humanitarian situation in At Tall remained largely unchanged in October, with no significant changes across food, basic services and health indicators. However, tight restrictions on civilian movement, lack of humanitarian aid deliveries, and comparatively high food prices point to considerable vulnerabilities faced by the civilian population.



CHANGES SINCE SEPTEMBER

| | | | |
|----------------------------------|---|--------------------------------|---|
| 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 October and beginning of November 2016, these updates refer to the situation in October 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 Sept: 

People able to leave²

As in September, 1-10% of people were able to leave, mostly women and children, public and private sector employees and university students on weekdays. Identification, and in some cases pre-registering with officials, was required.

Informal points used: None reported

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

More risks were reported in October compared to September, including sexual and verbal harassment; violence towards women; confiscation of documents; detention and conscription.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since September: 




As previously reported in September, some vehicles carrying commercial goods were able to enter but faced restrictions. Vehicles were allowed to enter only on certain days, loads were searched with some items confiscated before entry, and traders were required to present both documentation and pay fees.

Humanitarian vehicles

Change since September: 

No vehicles allowed to enter.

ACCESS TO SERVICES

| | | |
|--|---|--|
|  WATER | Main source of drinking water (Status) | Water network (Safe to drink) |
| | Sufficiency of available water to meet household needs (Coping strategies used) | Insufficient (Spending money usually spent on other things to buy water; modify hygiene practices, i.e., bathe less) |
| | Access to water network per week | 1 - 2 days |
|  ELECTRICITY | Access to electricity network per day | 2 - 4 hours |
| | Access to electricity (Main source) per day | 2 - 4 hours (Main network) |
|  EDUCATION | Available education facilities | Preconflict primary, secondary, high schools |
| | Barriers to education | All children accessed schools |
| | Change in number of children attending school | Stayed the same |








Goods entered

Similar to September, food, medicine, and NFIs continued to enter At Tall via commercial vehicles and through civilians leaving and bringing back items through formal points.

HEALTH SERVICES

Change in health situation compared to September: 

Medical services available

| | |
|-------------------------------|---|
| Child immunization |  |
| Diarrhea management |  |
| Emergency care |  |
| Skilled childbirth care |  |
| Surgery ⁶ |  |
| Diabetes care |  |
| Change since September |  |

Permanent medical facilities available

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

Availability of medical personnel

Personnel available: Professionally trained surgeons, doctors, nurses, and midwives;

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

Change since September: 

Unavailable medical items⁴

Items unavailable: Clean bandages, blood transfusion bags;



Sometimes available: Anti-anxiety, heart, diabetes, blood pressure medicine; antibiotics; burn treatment; anesthetics; contraception.

Change since September: 

Most needed medical items⁵

- Clean bandages
- Blood transfusion bags
- Diabetes medicine

Reported deaths this month³

| | |
|--|---|
| Deaths reportedly attributable to causes related to a lack of food | No known cases |
| Change since September |  |
| Deaths attributable to sickness / disease | Yes |
| Change since September |  |
| 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 September:



Most common methods of obtaining food at the household level

Purchasing from shops and markets, civilians leaving community and bringing goods back through formal points.

Most common methods of obtaining bread at the household level

Most common source: Shops, civilians leaving community and bringing goods back through formal points;

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

Change since September



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 basket⁷

| | At Tall | Nearby areas ⁹ |
|---|---------|---------------------------|
| Average cost October (SYP) ⁹ | 32609 | 31940 |
| Change since September | | No info |

The average cost of a standard food basket, excluding bread due to unavailability in public and private bakeries, remained the same in October as it was in September. A standard food basket in At Tall was marginally more expensive than in nearby communities.

Core food item availability

Items unavailable: Bread (private and public bakeries).

All other core food items were available in shops or markets 7-20 days in October.

Change since September



WASH item availability / prices

All assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) continued to be reportedly sometimes available¹⁰ during October.

Fuel availability / prices

Fuel availability and prices remained the same in October, with butane and diesel generally unavailable¹¹. Diesel was more than twice as expensive as in nearby non hard to reach communities, whereas butane was more than four times as expensive.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

As access restrictions remained similar to those reported in September, no significant changes in price or availability were observed across items in At Tall in October. On average, food and non-food items were 132% more expensive than in nearby non-hard to reach communities.

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 | At Tall | Price change since September | Nearby non-hard to reach areas | |
|-------------------|------------------------------|-----------------------|------------------------------|--------------------------------|------|
| Food Items | Bread private bakery (pack) | Not Available | | Not available | |
| | Bread public bakery (pack) | Not Available | | 50 | |
| | Rice (1kg) | 750 ¹⁰ | | 538 | |
| | Bulgur (1kg) | 550 ¹⁰ | | 250 | |
| | Lentils (1kg) | 500 ¹⁰ | | 550 | |
| | Chicken (1kg) | 1150 ^{10,12} | | 950 | |
| | Mutton (1kg) | 6500 ¹⁰ | | -2% | 3550 |
| | Tomato (1kg) | 400 ¹⁰ | | | 138 |
| | Cucumber (1kg) | 400 ¹⁰ | | | 205 |
| | Milk (litre) | 250 ¹⁰ | | | 170 |
| | Flour (1kg) | 900 ¹⁰ | | | 238 |
| | Eggs (1) | 60 ¹⁰ | | | 50 |
| | Iodised salt (500g) | 100 ¹⁰ | | | 88 |
| WASH Items | Sugar (1 kg) | 600 ¹⁰ | | 463 | |
| | Cooking oil (litre) | 900 ¹⁰ | | 1375 | |
| | Soap (1 bar) | 350 ¹⁰ | | 88 | |
| | Laundry powder (1kg) | 2000 ¹⁰ | | +3% | 388 |
| | Sanitary pads (9) | 950 ¹⁰ | | | 395 |
| | Toothpaste (125ml) | 400 ¹⁰ | | | 350 |
| Fuel | Disposable diapers (24 pack) | 2500 ¹⁰ | | 1075 | |
| | Butane (cannister) | 13000 ¹¹ | | 3100 | |
| | Diesel (litre) | 600 ¹¹ | | 225 | |
| | Propane (cannister) | Not Available | | Not available | |
| | Kerosene (litre) | Not Available | | 550 | |
| Coal (kg) | Not Available | | Not available | | |
| Firewood (tonne) | Not Available | | Not available | | |

Endnotes

¹ Figures based on HNO 2017 population data (September 2016). Figures based on estimates by local actors within communities assessed were reportedly 920,000 individuals, including 650,000 IDPs.

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

³ 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

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⁶ 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.

⁷ 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](#)).

⁸ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Aqraba and Deir Ali.

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 Nov. 2016)

¹⁰ Sometimes available in markets (7-20 days this month).

¹¹ Generally not available in markets (less than 7 days this month).

¹² There was no change in price between September and October due to updated price data from the previous month, where the price of chicken in September was reportedly 1150 SYP.