

Syria Community Profile Update: Hajar Aswad, Tadamon & Yarmuk

Damascus/Rural Damascus - December 2017



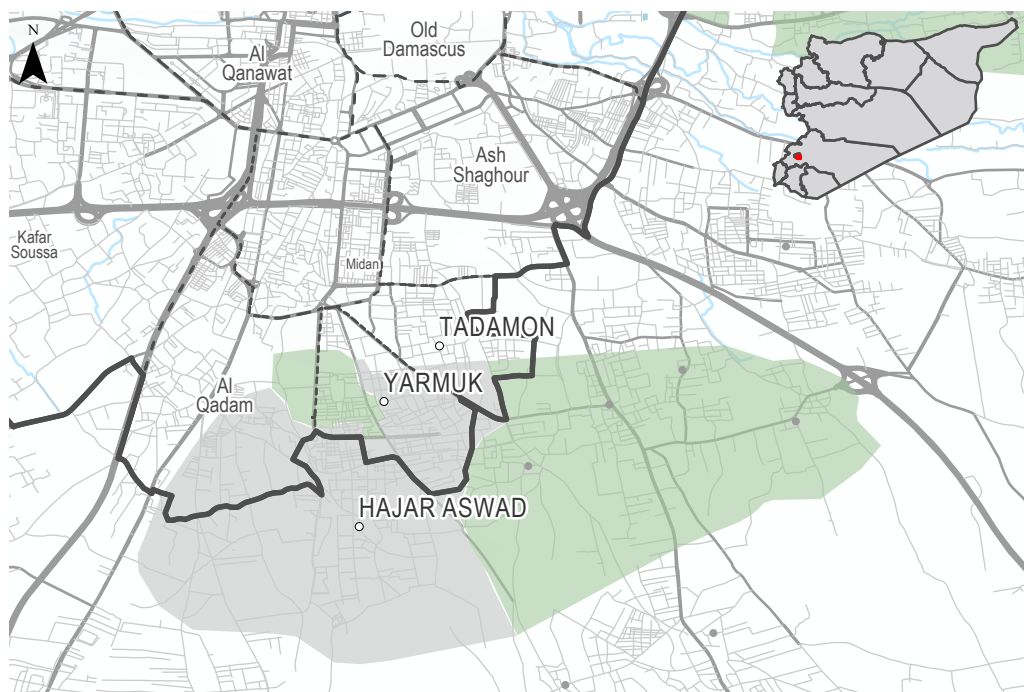
REACH Informing more effective humanitarian action

CONTEXT

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

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

Hajar Aswad, Tadamon, and Yarmuk*



*Sourced from Live UA Map: 31 December, 2017

- Community Covered in Profile
- Damascus City Boundary
- Community Not Covered in Profile
- Areas of Damascus
- Opposition Area of Influence
- ISIL-affiliated groups



DEMOGRAPHICS

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

SUMMARY

The humanitarian situation in all three communities improved in December. This was largely due to the re-opening of informal access routes leading to the nearby communities of Yalda, Babilla, and Beit Sahl. The flow of goods and functionality of services in Hajar Aswad, Tadamon, and Yarmuk have been highly dependent on access to these communities. As such, any interruption in access has serious negative humanitarian implications.

Movement of civilians via formal routes remained prohibited in all three communities in December for the second consecutive month and in Yarmuk for the third. However, movement to the nearby communities mentioned above was possible again through informal routes.

Access to services also improved, most notably electricity and medical care. The number of hours that residents of Tadamon and Yarmuk could access electricity from generators increased, while a similar increase in electricity availability was reported in Hajar Aswad. Meanwhile, women from all three communities were able to seek improved medical care in nearby areas, although men reportedly refrained from doing so due to the risks of detention and conscription.

The availability of food, fuel, medical items, and hygiene items in all three communities also increased while prices decreased. Previously, in November, none of these items had entered any of the three communities, leading to shortages and price increases.

Despite the overall improvements, increased levels of fighting were reported in Yarmuk, and even more so in Tadamon, although this did not immediately affect the humanitarian situation. Additionally, a severe lack of livelihoods opportunities persisted, and findings have indicated people, including children under 18, have joined armed groups as a way to meet essential needs.

1. ACCESS & MOVEMENT

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



MOVEMENT OF CIVILIANS

In all three communities, the number of people able to enter and exit increased in December.

In Hajar Aswad, formal routes leading to government areas reportedly remained closed, having been shut down in November. In a positive development, informal routes² leading to opposition areas of Yalda, Babilla, and Beit Sahn were re-opened after being closed for the entirety of November and part of October. **However, the risks to civilians utilising these informal routes to travel remained, in some cases, life-threatening. They reportedly included sniper fire and gunfire as well as shelling.** Additionally, inside Hajar Aswad, women and girls reportedly did not feel safe in public spaces and were required to cover themselves completely when moving around the community.

Meanwhile, formal routes have also remained closed in Tadamon since November and Yarmuk since October, and movement in previous months to these areas was severely restricted. However, similar to Hajar Aswad, informal access to Yalda, Babilla, and Beit Sahn was restored in December. An escalation in conflict between the Government of Syria and ISIL was reported in Yarmuk and especially in Tadamon; however, this did not reportedly affect access routes connecting the two areas with Yalda, Babilla, and Beit Sahn, which were considered relatively safe to use.



MOVEMENT OF GOODS AND ASSISTANCE

No commercial vehicle access has been reported in any of the three communities. Meanwhile, the only humanitarian assistance that has reached the area was in Yarmuk during April and September 2017; the aid delivered was reportedly not accessible to the vast majority of the population and only reached a small geographical area of the community.

With no commercial vehicle access, and limited or no humanitarian access, residents of all communities have remained heavily reliant on travelling to nearby areas to obtain food, fuel, hygiene items, and medicine and medical supplies. **In November, following the closure of**

informal access routes to Yalda, Babilla, and Beit Sahn, as well as all formal routes, no goods of any kind had reportedly entered Hajar Aswad, Tadamon, or Yarmuk. As such, after access routes re-opened in December, the amount of goods entering each community reportedly increased.

2. FOOD & MARKETS



ACCESS TO FOOD

Access to food in Hajar Aswad, Tadamon, and Yarmuk increased in December, compared to November. Residents continued to purchase food from markets, while bread was most commonly sourced from shops. Previously, supplies of bread had all but disappeared in November, and residents had reportedly made it at home instead.

Despite a comparative increase in quantities of food and bread, access to both remained limited; **in all three communities, men and women reportedly continued to consume less so that their children could have more to eat. Meanwhile, residents of Tadamon continued to skip meals altogether to cope with a lack of food for the fourth consecutive month, while residents of Yarmuk did so for the second consecutive month,** indicating a continued lack of access to food in both. Prior to the closure of access routes in November and the cut-off of supplies to the community, Community Representatives (CRs) from Yarmuk had not reported the need to skip meals since a year before, in November 2016. The reasons cited in Tadamon and Yarmuk for the insufficient access to food were its prohibitive price, a lack of availability in markets of some items or on some days of the month, and a lack of sufficient income to purchase it.




In Hajar Aswad, the strategy of skipping meals was not reported in December. However, access reportedly remained insufficient. Similar to Yarmuk and Tadamon, food was unaffordable for residents of Hajar Aswad, not always available in markets, and the quantities of food that were available in market were not enough to cover population needs.

No communities reported deaths due to a lack of food in December.

COMMONLY³ REPORTED STRATEGIES

TO COPE WITH A LACK OF FOOD	HAJAR ASWAD	TADAMON	YARMUK
Reducing meal size	✓	✓	✓
Skipping meals	✗	✓	✓
Days without eating	✗	✗	✗
Eating non-edible plants	✗	✗	✗
Eating food waste	✗	✗	✗
CHANGE SINCE NOVEMBER	↓	◆	◆

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

	Item	Hajar Aswad	Price change since November ⁵	Tadamon	Price change since November	Yarmuk	Price change since November	Nearby non-hard-to-reach areas ⁶
 Food Items	Bread private bakery (pack)	Not available	No info	Not available	No info	Not available	◆ No info	148
	Bread public bakery (pack)	Not available	No info	Not available	No info	Not available	◆ No info	63
	Bread shops (pack)	300	◆	300	↓ -25%	300	↓ -25%	76
	Rice (1kg)	500	↓ -29%	600	↓ -25%	600	↓ -25%	405
	Bulgur (1kg)	400	◆ -33%	400	↓ -20%	400	↓ -20%	322
	Lentils (1kg)	400	◆ -33%	400	↓ -20%	400	↓ -20%	506
	Chicken (1kg)	1,200	No info	1,350	No info	1,350	No info	781
	Mutton (1kg)	5,000	◆	5,000	No info	5,000	No info	4,063
	Tomatoes (1kg)	125	↓ -64%	300	↓	300	◆	119
	Cucumbers (1kg)	200	↓ -56%	300	No info	300	No info	141
	Milk (1L)	250	↓ -29%	350	↓ -30%	350	↓ -30%	219
	Flour (1kg)	150	↓ -83%	400	↓ -33%	400	↓ -33%	278
	Eggs (1 unit)	60	↓ -40%	55	No info	55	No info	45
	Iodised salt (500g)	100	↓ -60%	250	◆	150	↓ -40%	125
	Sugar (1kg)	325	↓ -54%	400	↓ -33%	400	↓ -33%	400
Cooking oil (1L)	650	No info	900	No info	900	No info	631	
 WASH Items	Soap (1 bar)	100	↓ -50%	200	◆	125	↓ -38%	131
	Laundry powder (1kg)	1,300	↓ -13%	900	↓ -10%	900	↓ -10%	650
	Sanitary pads (9 pack)	500	↓ -38%	600	◆	600	◆	425
	Toothpaste (125ml)	400	↓ -20%	500	↓ -17%	500	↓ -17%	245
	Disposable diapers (24 pack)	2,100	↓ -16%	2,500	◆	2,500	◆	1,362
 Fuel Items	Butane (cannister)	3,200	No info	4,500	↓ -10%	4,000	↓ -20%	2,763
	Diesel (1L)	325	No info	600	↓ -25%	500	↓ -38%	270
	Propane (cannister)	2,100	No info	Not available	No info	2,300	No info	450
	Kerosene (1L)	Not available	No info	Not available	No info	Not available	No info	363
	Coal (1kg)	500	↓ -17%	500	↓ -29%	500	↓ -29%	369
	Firewood (1T)	75,000	↓ -38%	Not available	No info	130,000	No info	50,000



ACCESS TO MARKETS

The average price of a standard food basket⁷ decreased across communities in December. In November, cooking oil was not available and could therefore not be included in the food basket calculation; however, prices of other goods were so elevated from shortages that the price of a basket still decreased in December by 11% in Hajar Aswad and 12% in Tadamon and Yarmuk. Meanwhile, food baskets were 40% more expensive in Hajar Aswad than in nearby areas of Damascus not considered besieged or HTR. In Tadamon and Yarmuk, they were 55% more expensive.

AVERAGE PRICE OF A STANDARD FOOD BASKET ⁷	HAJAR ASWAD	TADAMON	YARMUK	NEARBY AREAS
Average price (SYP)	36,832	40,734	40,734	26,311
CHANGE SINCE NOVEMBER	↓	↓	↓	↑



FOOD ITEM AVAILABILITY & PRICES

In all three communities, the availability of assessed items increased substantially in December. In Hajar Aswad, all items went from being unavailable or generally unavailable (six or fewer days per month) in November to sometimes available (7-20 days per month) in December. The exception to this was bread from bakeries, which has remained unavailable since assessments began.

In Tadamon and Yarmuk, which also suffered from low availability of food during November, assessed food items other than bread from bakeries returned to being generally available in markets (21 days or more per month) in December.

Meanwhile, prices decreased or remained stable for all assessed available food items across communities. The average price of food in Hajar Aswad, Tadamon, and Yarmuk decreased by 40%, 21%, and 25%, respectively.



WASH ITEM AVAILABILITY & PRICES

Similar to food, the availability of assessed hygiene items increased, while prices decreased, after the flow of goods to Hajar Aswad, Tadamon, and Yarmuk resumed. All assessed items in all communities were generally available in December. Previously, the majority of items in Hajar Aswad were generally unavailable in markets in November, while they were only sometimes available in Tadamon and Yarmuk.

The average price of assessed hygiene items decreased the most in Hajar Aswad, by 21%, followed by Yarmuk, where they decreased by 13%. Meanwhile, the prices of the majority of assessed hygiene items (three out of five) in Tadamon remained unchanged.



FUEL ITEM AVAILABILITY & PRICES

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

The availability of assessed fuel items increased, and prices decreased, in all communities. In Hajar Aswad and Yarmuk, all fuels other than propane increased in availability after markets were replenished. In November, these fuels were either generally unavailable or not present in markets at all, while in December, they became sometimes available in Hajar Aswad and generally available in Yarmuk.

Meanwhile, in Tadamon, propane and kerosene remained unavailable in markets, while butane, diesel, and firewood increased from being generally unavailable to generally available in markets.

Despite an increase in access to fuel, the use of coping strategies to deal with a lack of fuel also prevailed. All communities resorted to burning furniture not in use, plastics, and waste in place of fuel. In particular, CRs in Yarmuk reported that residents were burning anything that they could find that would provide a source of heat, including clothes, as many households could not afford to buy sufficient amounts of fuel to stay warm.

3. LIVELIHOODS



ACCESS TO LIVELIHOODS

Access to livelihoods⁸ remained limited in December. In Hajar Aswad, residents relied on unstable employment and savings, while remittances and humanitarian cash assistance were commonly reported in Yarmuk.

Residents of Tadamon were comparatively worse off than those in the other two communities in terms of access, as they were reportedly dependent on charities established by ISIL as one of the main ways to meet needs in December.

Notably, in all three communities, the coping strategy of joining armed factions was reported in December. This included children aged 15-17 years, indicating a severe lack of sustainable livelihood opportunities.

4. ACCESS TO SERVICES

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

HEALTHCARE

AVAILABLE MEDICAL SERVICES	HAJAR ASWAD	TADAMON	YARMUK
Child immunisation ⁹	✗	✗	✗
Diarrhoea management	✓	✗	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✗	✗	✓
Surgery ¹⁰	✗	✗	✓
Diabetes care	✓	✗	✗
CHANGE SINCE NOVEMBER	◇	◇	◇

In December, the health situation improved in Hajar Aswad, Tadamon, and Yarmuk, as more medical items entered all three communities. This, as well as the opening of access routes, reportedly improved overall access to medical care, although the types of services or facilities available did not change from November to December. **No community has reported having access to child immunisations since June 2016.**

A mobile clinic that provided diarrhoea management, emergency care, and diabetes care was reportedly available in Hajar Aswad as was the case in previous months. Yarmuk continued to have the most facilities and services available and was the only one of the three communities to have skilled childbirth care. However, the coping strategy of sharing resources between medical facilities was reported; it was not present in the other communities likely because there were not multiple facilities between which medical supplies and equipment could be shared.

Tadamon continued to have a severe lack of access to local services and facilities in December. As such, residents of Tadamon have reportedly resorted to going to nearby communities to access medical facilities and services. However, in November, no one could leave the community due to the closure of access routes; during that month, residents instead depended on an emergency care point with informally trained nurses¹¹ who could provide basic first aid.

People with certain religious or political affiliations were reportedly less able to access medical facilities inside each community, while people who lived in certain locations of Tadamon and Yarmuk also faced barriers to accessing facilities. However, women, children, and the elderly of all three communities regained the authorisation to travel to Yalda, Babilla, and Beit Sahm to access more advanced medical care if needed.

In contrast, fighting-aged men were averse to seeking care outside of their communities. CRs reported that these men, if perceived to have political affiliations different from those manning checkpoints, might be detained or conscripted. Additionally, women in Hajar Aswad and Tadamon who did not want to give birth at home with a midwife had to go to nearby areas to receive skilled care during childbirth due to a lack of trained medical personnel and necessary facilities in their own communities.

The availability of medical items increased across communities, with all items reported as sometimes or generally available in all three locations. However, despite the increases, blood transfusion bags and antibiotics were reported in all three communities as some of the most needed¹² in December. In Hajar Aswad and Yarmuk, clean bandages were also identified as a priority need as was anti-anxiety medication in Tadamon.

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

AVAILABILITY OF MEDICAL PERSONNEL

Professionally trained nurses, midwives, pharmacists, and volunteers with informal medical training continued to provide medical care in Hajar Aswad and Yarmuk in December. Yarmuk also had trained doctors and dentists. **In contrast, CRs from Tadamon have not reported any professionally trained medical professionals being present since assessments began,** although there were informally trained nurses in the community who could administer basic first aid.

EDUCATION

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

In December, more children from Hajar Aswad, Tadamon, and Yarmuk were able to attend school than the previous month, when children were not able to access schooling in Yalda, Babilla, and Beit Sahm after the closure of all access routes to these areas.

CRs from Tadamon have not reported any functioning educational facilities in the community since assessments began. In all communities, one of the top barriers to education was destroyed facilities. Meanwhile, other barriers cited were a lack of teaching staff and school supplies, as well as insecure routes to services.

ELECTRICITY

In December, the availability of electricity increased to match levels reported in October. The average number of hours that electricity was available had declined considerably in November, when no fuel entered any of the three communities. As Hajar Aswad, Tadamon, and Yarmuk have been reliant on diesel-powered generators since assessments began, the shortage in fuel had a negative effect on access; in Tadamon and Yarmuk, electricity availability dropped to only 1-2 hours per day, while access decreased but remained within the 2-4 hour range in Hajar Aswad. Following the increase in availability of diesel in December, access increased across all communities but stayed limited.

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

WATER

Similar to that of electricity, the water network has remained unavailable in Hajar Aswad, Tadamon, and Yarmuk since assessments began. Residents of Hajar Aswad have relied on closed wells during the assessment period, while those in Yarmuk have sourced their water from private trucking services. In Tadamon, closed wells were used until May 2017, after which private water trucking became the main source. **Water was considered safe to drink¹³, but access to enough water to meet household needs has been insufficient in Tadamon and Yarmuk since June 2017 and since assessments began in Hajar Aswad.** As such, the coping strategy of bathing less has been employed across communities. Residents of Hajar Aswad have also used money intended for other things to purchase water.

ACCESS TO WATER	HAJAR ASWAD	TADAMON	YARMUK
Access to water network	✗	✗	✗
Main source of water	Closed wells	Water trucking	Water trucking
Water safe to drink ¹³	✓	✓	✓
Access to water network/week	Unavailable	Unavailable	Unavailable
Sufficiency of water for HH needs	Insufficient	Insufficient	Insufficient
Coping strategies used	✓	✓	✓
CHANGE SINCE NOVEMBER	◊	◊	◊

5. SUMMARY OF CHANGES SINCE PREVIOUS MONTH

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

BACKGROUND

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

METHODOLOGY

Data presented in the Community Profiles is collected through contact with community representatives (CRs) residing within assessed communities, who are responsible for gathering sector-specific data on their areas of expertise (e.g. health, education and so forth). Data for this round was gathered during the end of December 2017 and early January 2018 and refers to the situation in December 2017. Each community has a minimum of three and up to six CRs. The network continues to expand with ongoing collaboration with SIRF and other partners.

During analysis, data is triangulated through secondary information, including humanitarian reports, news and social media monitoring, and partner verification. Comparisons are made to findings from previous assessments (where possible) and follow up conducted with CRs to build a thorough understanding of situational developments within communities. In the case of

some profiles, multiple communities are presented together; decisions to do so are based on geographical proximity, or on similarities in the access restrictions faced by populations.

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

About REACH

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

ENDNOTES

1. Figures based on HNO 2018 population data (September 2017). Figures based on population estimates by local actors within the community assessed were reportedly as follows: 4,900-5,000 individuals, including 700-1,000 IDPs (Hajar Aswad); 1200-1500, with 250-300 IDPs (Tadamon) and 6500-7500, with 500-700 IDPs (Yarmuk).
2. The fact that some informal routes may exist does not mean that they are safe or free to use.
3. Only strategies that are used by the majority of the population in a given community are reported, meaning that additional strategies may also be in use.
4. The UN operational rate of exchange as of 1 December 2017 was 1 USD = 434 SYP.
5. Price fluctuations of 5% or less were not reported.
6. Nearby communities in Damascus which are not considered besieged/hard-to-reach: Jalaa, Midan Wastani, Ayoubiyah and Zahreh. Due to different data collection cycles in these areas, price data from nearby communities is from the month prior to the month featured in this profile and is only meant to serve as a reference point.
7. Calculation of the average price of a food basket is based on the World Food Programme's standard basket of dry goods ([link here](#)). The food basket includes 37 kg of bread, 19 kg of rice, 19 kg of lentils, 5 kg of sugar, and 7 kg of vegetable oil, and provides 1,930 kcal a day for a family of five for a month. In communities where bread from bakeries is not available, the price of bread from shops is used to calculate the food basket price.
8. Indicator is assessed with a "select multiple" question.
9. The absence of child immunisations in a given month does not necessarily indicate a decline in access to medical services, as vaccinations in Syria are commonly administered in rounds and therefore may not be available on a monthly basis.
10. The availability of surgery does not mean that procedures were carried out by formally trained medical personnel or that anaesthetics and appropriate surgical equipment were used.
11. In all assessed months prior to November 2017, residents of Tadamon had previously not relied on the care of informally trained medical personnel at the informal care point mentioned, preferring to travel to other areas for a more advanced level of care. As such, CRs did not mention the presence of the facility or any personnel until November.
12. An item being listed as among the 'most needed' does not necessarily indicate that it is unavailable in the community.
13. As reported by CRs.