

Syria Community Profile Update: Qaboun

October 2017

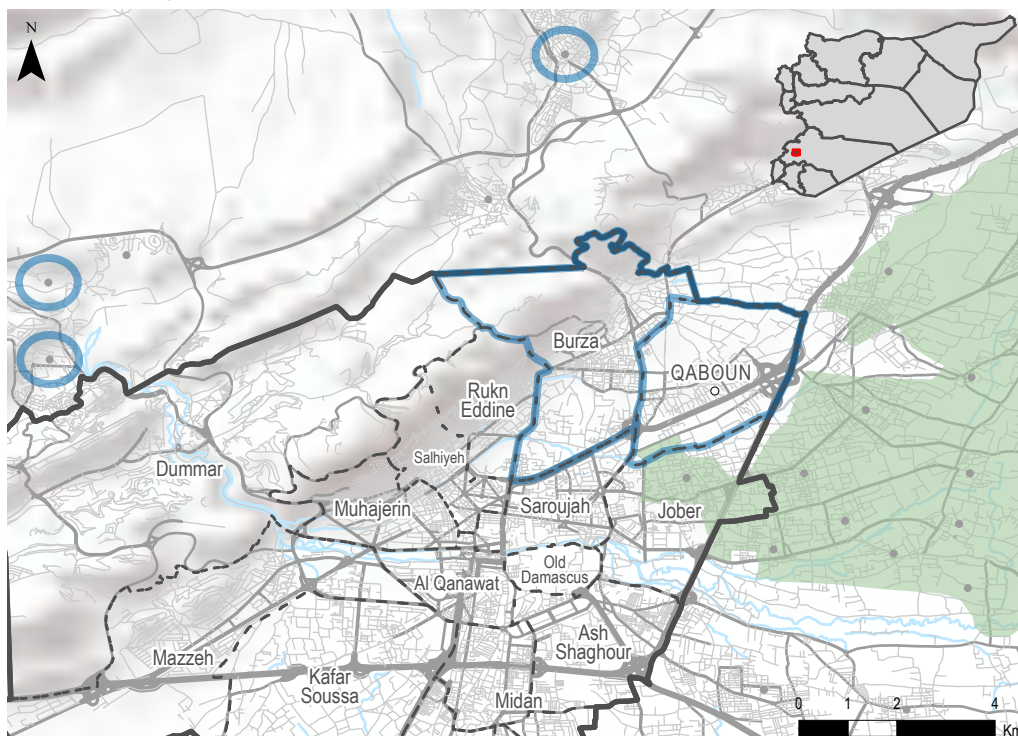


REACH Informing more effective humanitarian action

CONTEXT

Qaboun is a neighbourhood in eastern Damascus city that has, along with the adjacent neighbourhoods of Burza and Tishreen, faced access restrictions since 2013. In early 2014, local ceasefires were reported in all three neighbourhoods, after which informal trade routes to nearby Eastern Ghouta were established. However, the ceasefires ended in February 2017, leading to the closure of the only formal access point into Qaboun, Burza and Tishreen, a notable escalation in conflict, and rapid deterioration of the humanitarian situation in the area. As such, Burza and Qaboun were re-classified as besieged by the United Nations (UN) in April 2017. By mid-May, official authorities controlled the entirety of Qaboun, resulting in mass evacuations of residents to Idlib governorate. This profile details the humanitarian situation only in Qaboun, as Burza is featured in another profile and Tishreen is not assessed.

Qaboun, Damascus*



- Community Covered in Profile
- Community Not Covered in Profile
- ▭ Truce Community
- ▭ Areas of Damascus
- ▭ Damascus City Boundary
- ▭ Opposition Area of Influence

*Sourced from Live UA Map: 31 October, 2017



DEMOGRAPHICS

	QABOUN
UN classification:	Besieged
Estimated Population ¹	300-400
Of which estimated IDPs ¹	150-22
% of pre-conflict population	51-75%
% of female-headed households	1-25%

SUMMARY

In October, the humanitarian situation in Qaboun improved compared to September. Although restrictions on the movement of civilians and entry of commercial and humanitarian vehicles persisted, more food, fuel, and other non-food items entered the neighbourhood than in previous months. The Syrian Arab Red Crescent (SARC) made a humanitarian delivery carrying food baskets and non-food items, such as blankets and kitchen supplies, in addition to the regular monthly SARC provisions of medical supplies and services. Additionally, REACH began assessing livelihoods in October, and findings demonstrate that residents were reliant on remittances from outside of Syria, savings, and unstable daily wage labour, indicating economic vulnerability and a lack of livelihood opportunities.

A formal route reportedly opened in October leading to the nearby community of Abu Jerash, but only a negligible number of people from Qaboun were able to utilise it due to access restrictions. The health situation in Qaboun did not change significantly, while the availability of other basic services remained largely unchanged compared to September, with slight improvements in access to the electricity network. Residents in need of specialised medical services unavailable in Qaboun were able to leave the neighbourhood to receive treatment in adjacent areas with the support of SARC¹. Access to food, fuel and hygiene items remained stable, and the prices of several core food items decreased in October. Nonetheless, residents continued to report reducing meal sizes as a coping strategy to deal with a lack of access to food.

1. Population estimates provided by Community Representatives. Population estimates from the HNO 2018 population data (September 2017) were reportedly 2,500, with no IDPs.

1. ACCESS & MOVEMENT

Communities that are classified as besieged or hard-to-reach are characterised by unique access restrictions that impact civilian movement in and out of the community, commercial and humanitarian vehicle access, entry of goods, supply chains, power and control dynamics, and protection issues. The economy is unable to function normally due to the inability to use usual trade routes or foster competition. Prices soar and supplies dwindle, leading to an unsustainable and ultimately precarious situation that hits the most vulnerable the hardest. 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

The movement of civilians has remained severely restricted since assessments of Qaboun began in April 2017. In October, a new formal route was reported to be in use that led to a nearby community under the administration of Qaboun. However, only 1-10% of civilians could enter and exit via this route, and the instances of residents being permitted to leave were reportedly rare due to access restrictions. Residents were required to obtain official permission from authorities at the checkpoint to enter and exit and could reportedly only leave Qaboun for two hours at a time, which some individuals were able to do in order to bring back goods into the community or to obtain medical services from facilities in nearby areas. Additionally, although all groups were permitted to cross, movement through this route was largely dependent on which officials were manning the checkpoints, resulting in arbitrary and rare access.

In previous months since the truce in May 2017, only those requiring medical evacuations were able to leave² and most often obtained care in nearby neighbourhoods, although they reportedly had to return to Qaboun immediately upon receiving care. As such, IDPs who had arrived in Qaboun in July after fleeing conflict in Eastern Ghouta remained unable to depart to Idlib governorate. The option of using informal access points has also remained unavailable to anyone other than students; as such, no residents reportedly tried to enter or exit the community informally in October.



MOVEMENT OF GOODS AND ASSISTANCE

In October, no commercial vehicles were permitted entry to Qaboun, as has been the case since the closure of the formal access point in nearby Burza neighbourhood in February 2017. The number of humanitarian vehicles entering Qaboun increased in October. While SARC continued

to provide medical services and supplies to residents as needed, an additional delivery of 300 food baskets, 300 NFI baskets, 300 sets of kitchen equipment, 300 bags of flour, 300 packages of winter clothes, and 1500 blankets was also reported – the first inter-agency delivery since the truce agreement was reached in mid-May 2017.

As a result of the humanitarian delivery, the amount of food and non-food items that entered the community increased in October, despite no commercial vehicles entering Qaboun. Meanwhile, the amount of fuel and medical supplies entering the community remained similar to September, with the latter being provided by SARC. As of October, civilians could also transport goods from one nearby area, although the amount of goods that entered through these means was unconfirmed, but likely low, due to stringent access restrictions on civilian movement. Items also entered informally as has been the case since June.

2. FOOD & MARKETS



ACCESS TO FOOD

Although more food entered in October due to the humanitarian delivery, resulting in food prices decreasing for the second consecutive month, both men and women reportedly continued to eat less so that children could eat more. Most assessed commodities were generally available³ in markets. Generally, food was purchased at shops and markets. While bread was not available in bakeries, residents were able to buy bread at shops. No deaths due to a lack of food were reported.

COMMONLY REPORTED STRATEGIES

TO COPE WITH A LACK OF FOOD

	QABOUN
Reducing meal size	✓
Skipping meals	✗
Days without eating	✗
Eating non-edible plants	✗
Eating food waste	✗

CHANGE SINCE SEPTEMBER





ACCESS TO MARKETS

The price of a standard food basket in October decreased by 15% compared to September, following a decrease in the prices of a majority of assessed food items, particularly rice and bulgur. A standard food basket was, on average, 23% less expensive than in nearby areas not considered besieged or hard-to-reach⁴.

AVERAGE PRICE OF STANDARD FOOD BASKET⁵

	QABOUN	NEARBY AREAS
Average price (SYP) ⁶	24607	31951

CHANGE SINCE SEPTEMBER



FOOD ITEM AVAILABILITY & PRICES

All assessed food items other than bread from bakeries continued to be generally available. The prices of several core items decreased, the most significant being a 45% decrease in the price of rice, although a 20% increase in the price of tomatoes was reported, the latter likely due to a decrease in seasonal availability.



WASH ITEM AVAILABILITY & PRICES

All assessed hygiene items remained generally available, while prices decreased across a majority of items. The most notable changes in prices were a 27% and 20% decrease in the prices of toothpaste and soap, respectively.



FUEL ITEM AVAILABILITY & PRICES

Access to fuel is critical for the transport of goods via commercial vehicles, the provision of medical services such as ambulances, the functionality of bakeries, and to power well pumps and electric generators in the absence of functioning water and electricity networks.

The availability of fuel remained largely unchanged in October, having increased the previous month, in part due to the availability of diesel, propane, and coal. Meanwhile, kerosene and firewood continued to be reported as unavailable. Other than a 14% increase in the price of coal, all other reported fuel prices remained similar to those reported in September. No strategies to cope with a lack of fuel were reported in October.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

	Item	Qaboun	Price change since September ⁷	Nearby non-hard-to-reach areas ⁴
Food Items	Bread private bakery (pack)	Not available	◆ No info	187
	Bread public bakery (pack)	Not available	◆ No info	50
	Rice (1kg)	300 ³	↓ -45%	563
	Bulgur (1kg)	200 ³	↓ -38%	372
	Lentils (1kg)	450 ³	↑ +13%	656
	Chicken (1kg)	500 ³	↓ -9%	719
	Mutton (1kg)	3600 ³	◆	3813
	Tomatoes (1kg)	150 ³	↑ +20%	150
	Cucumbers (1kg)	150 ³	◆	160
	Milk (1L)	225 ³	↓ -10%	225
	Flour (1kg)	300 ³	↓ -14%	305
	Eggs (1 unit)	50 ³	◆	51
	Iodised salt (500g)	125 ³	↓ -17%	143
	Sugar (1kg)	300 ³	↓ -14%	369
Cooking oil (1L)	650 ³	↓ -7%	713	
WASH Items	Soap (1 bar)	100 ³	↓ -20%	143
	Laundry powder (1kg)	650 ³	↓ -13%	673
	Sanitary pads (9 pack)	450 ³	◆	428
	Toothpaste (125ml)	200 ³	↓ -27%	260
	Disposable diapers (24 pack)	1350 ³	◆	1625
Fuel Items	Butane (cannister)	2900 ³	◆	2810
	Diesel (1L)	300 ³	◆	283
	Propane (cannister)	450 ³	◆	1300
	Kerosene (1L)	Not available	No info	350
	Coal (1kg)	400 ³	↑ +14%	381
Firewood (1T)	Not available	No info	50000	

4. 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.

5. 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.

3. LIVELIHOODS



ACCESS TO LIVELIHOODS

The most commonly reported source of income for residents of Qaboun was unstable employment. Additionally, the use of savings and remittances from outside Syria to buy crucial goods was reportedly widespread, which indicates a lack of livelihoods opportunities for residents.

4. ACCESS TO SERVICES

Access to healthcare, education, electricity, and water is critical for residents of besieged and hard-to-reach areas. These services are often affected by access restrictions on civilian movement, limitations on the entry of goods and vehicles, as well as rationing of the main water and electricity networks.



HEALTHCARE

AVAILABLE MEDICAL SERVICES

	QABOUN
Child immunisation ⁷	✓
Diarrhoea Management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery ⁸	✗
Diabetes care	✓

CHANGE SINCE SEPTEMBER



The health situation in Qaboun has not changed significantly since September, when the number of trained SARC doctors and nurses increased. All assessed medical supplies continued to be sometimes available⁹ and entered the neighbourhood via SARC vehicles when needed. Available medical facilities in Qaboun remained limited to one informal emergency care point. Services (excluding surgery and skilled childbirth care) were reportedly available upon request. SARC has reportedly provided transport for those in need of specialised medical care, such as surgery and skilled childbirth care, to facilities in nearby areas in Damascus. However, residents seeking

treatment outside of Qaboun were required to return to the neighbourhood as soon as they had received necessary medical treatments. In October, the most needed medical supplies were surgical equipment, antibiotics, and assistive devices.¹⁰

AVAILABLE MEDICAL FACILITIES

	QABOUN
Mobile clinics/field hospitals	✗
Informal emergency care points	✓
Pre-conflict Hospitals	✗
Primary healthcare facilities	✗

CHANGE SINCE SEPTEMBER



AVAILABILITY OF MEDICAL PERSONNEL

After an increased number of trained doctors and nurses became available in September, the availability of medical personnel remained the same in October. However, trained surgeons and midwives remained unavailable.



EDUCATION

ACCESS TO EDUCATION

	QABOUN
Available education facilities	✓
Barriers to education	✗

CHANGE SINCE SEPTEMBER



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

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

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

9. 'Some availability' does not mean that stocks are sufficient to serve population needs.

Although there were no educational facilities functioning in Qaboun, children could access education services in a nearby area that did not require them to cross checkpoints, as was the case in September. As such, no barriers to education were reported, and all children remained able to access education services in October.

ELECTRICITY

Access to electricity increased in October to more than 12 hours per day, following reduced rationing restrictions on the electricity network. The main network remained the main source of electricity in the community.

WATER

ACCESS TO ELECTRICITY

	QABOUN
Access to electricity network	✓
Main source of electricity	Network
Access to main source of electricity	Over 12 hours

CHANGE SINCE SEPTEMBER



Residents continued to be able to utilise the water network seven days per week, with access to water remaining sufficient.

ACCESS TO WATER

	QABOUN
Access to water network	✓
Main source of water	Network
Water safe to drink ¹¹	✓
Access to water network/week	7 days
Water sufficient to meet HH needs	Sufficient
Coping strategies used	✗

CHANGE SINCE SEPTEMBER



5. SUMMARY OF CHANGES SINCE PREVIOUS MONTH

	QABOUN		QABOUN
Access Restrictions on Civilians	◆	Access to Healthcare	◆
Commercial Vehicle Access	◆	Access to Education	◆
Humanitarian Vehicle Access	◆	Access to Electricity	↑
Core Food Item Availability	↑	Access to Water	◆
Core Food Item Prices	↑	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 September and early October 2017 and refers to the situation in October 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 is 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](https://twitter.com/REACH_info).