

## 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 146 community representatives inside Syria in September and beginning of October 2016, these updates refer to the situation in September 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 community assessments (if any). 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.

### Executive Summary

In September and early October 2016, REACH supported SIRF members to assess the humanitarian situation in 38 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 146 community representatives (CRs). **Across indicators assessed, there was an overall worsening in the humanitarian situation across communities assessed in comparison to the situation in August.**

- In September, Yarmouk, Khan El Shih, Hama and Qudsiya communities experienced escalations of conflict in comparison to August. In Hama and Qudsiya, communities were faced with a tightening of access restrictions and overall worsening in the humanitarian situation.
- The besieged areas of Az Zabdani, Madaya and Bqine received humanitarian aid for the first time since April 2016, and the besieged community of Madamiyet Elsham in Rural Damascus received humanitarian aid for the first time since July 2016. No aid was reported to have entered the communities of Ash Shajara, Hajar Aswad, Hama, Qudsiya, Eastern Ghouta (Arbin, Duma, Ein Terma, Hammura, Harasta, Jisrein, Kafr Batna, Saqna and Zamalka) nor the Damascus suburbs of Jober, Burza and Tadamon, which are considered hard to reach.
- Information collected in the communities of Hama, Qudsiya, Eastern Ghouta, Madaya, Az Zabdani and Al Waer, indicated critical levels of food insecurity; populations have adopted emergency coping strategies such as skipping meals, while in Madaya and Al Waer populations also reported spending days without eating and eating weeds or non-food plants in order to cope with the lack of food or resources.
- Across the communities assessed in September, health services suffered due to ongoing inadequate supplies of key medication and medical items. Escalation in conflict in some communities, in addition to damage to hospitals and health facilities, resulted in populations not being able to access required medical treatment.

### List of Assessed Profiles September 2016

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

- **Madaya, Az Zabdani and Bqine**
- **Eastern Ghouta**
- **Madamiyet Elsham**
- **Yarmouk**
- **Ash Shajara**
- **Homs (al Waer)**
- **Wadi Burda**
- **Damascus (Jober, 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

## September 2016



**REACH** Informing more effective humanitarian action

### FOR HUMANITARIAN PURPOSES ONLY

	Az Zabdani	Madaya and Bqine*
<b>UN classification</b>	Besieged	Besieged
<b>Estimated population<sup>1</sup>:</b>	750	7700
<b>Of which estimated IDPs<sup>1</sup>:</b>	None	9200
<b>% pre-conflict population remaining</b>	1-25%	51 - 75%
<b>% of population that are female</b>	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 and Bqine\*, which sit within a contiguous area, since January 2016.

Restrictions on civilian movement remained tight in both Az Zabdani and Madaya throughout September, with no formal entry points reportedly available in either community. However, following a local agreement, **some patients suffering from meningitis were evacuated from Madaya through informal routes.**

**For the first time since April 2016, humanitarian aid, including 8000 food baskets, NFIs and medical items, was allowed into both communities during September.** Restrictions on commercial vehicles remained unchanged compared to August.

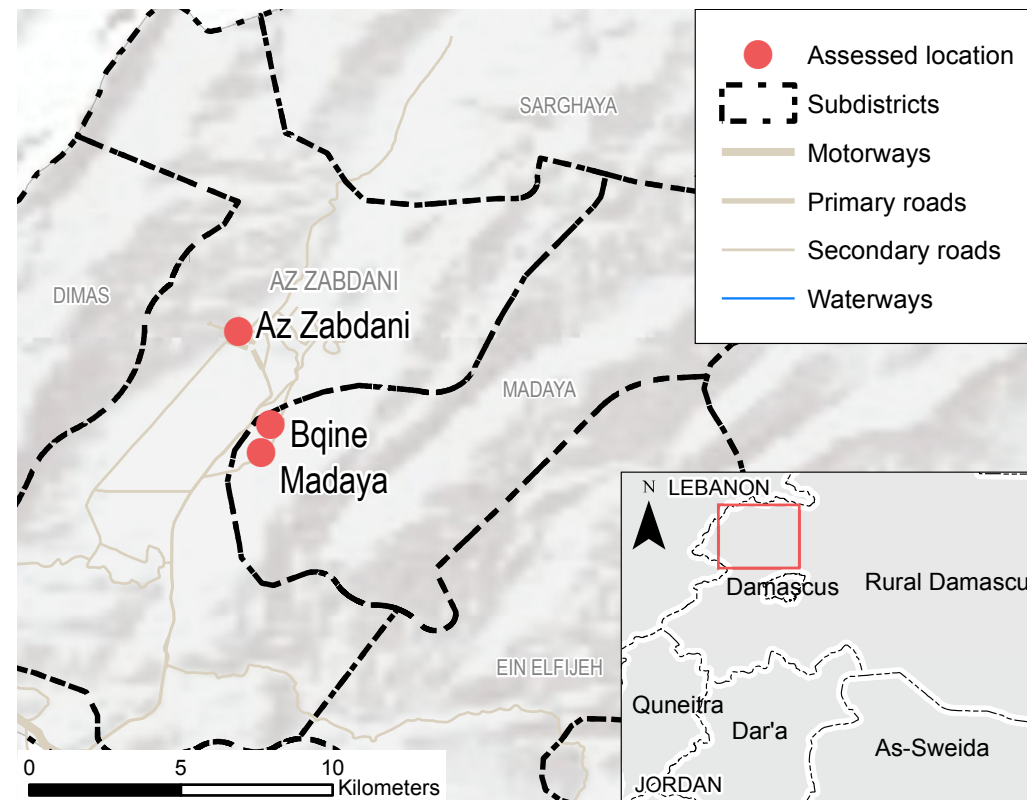
Following the delivery of aid, availability of food at

the household level improved during September. However, overcrowding at distribution points was reportedly a barrier to receiving aid, which was also reportedly insufficient to meet populations' needs. Most food items remained unavailable in markets.

As was the case in August, no fuel entered Madaya in September, while in Az Zabdani people were able to buy fuel from checkpoints.

While the functionality of the mobile clinic in Madaya increased following the delivery of medical items and medicine, it remained limited due to fuel shortages. In addition to this, **in late September an outbreak of meningitis pushed the local council to order the closure of schools and the evacuation of patients, due to the inability to treat them within the community.**

**Overall, the humanitarian situation in Madaya and Az Zabdani marginally improved last month as a result of aid distributions; however, populations in both communities still faced shortages of food, NFIs, and fuel, and struggled to access medical services.**



### METHODOLOGY

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

### CHANGES SINCE AUGUST

	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	◆	◆

## ACCESS TO SERVICES

		Az Zabdani	Madaya
💧 <b>WATER</b>	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
💡 <b>ELECTRICITY</b>	Access to electricity network per day	Network unavailable	Network unavailable
	Access to electricity (main source) per day	2-4 hours (Generator)	2-4 hours (Generator)
🏫 <b>EDUCATION</b>	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, services too far away
	Change in number of children attending school	About the same	About the same

## MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to August in Az Zabdani:	◆
Change in # people able to leave compared to August in Madaya:	↑

### 🚶 People able to leave<sup>2</sup>

**Az Zabdani:** None reported

**Madaya:** None through formal points. A few individuals suffering from severe health conditions were evacuated through informal points.

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

**Az Zabdani:** No one tried to enter or exit the community through formal or informal points;

**Madaya:** Gunfire, landmines.

## MOVEMENT OF GOODS AND ASSISTANCE

### 🚚 Vehicles carrying commercial goods

Change since August in Az Zabdani:	◆
Change since August in Madaya:	◆

Able to enter **Az Zabdani:** None reported.

Able to enter **Madaya:** None reported.

### 🚚 Humanitarian vehicles

Change since August in Az Zabdani:	↑
Change since August in Madaya:	↑

As part of a local agreement, humanitarian vehicles delivering food and medical aid were able to enter both communities without restrictions for the first time since April 2016.

### 📦 Goods entered

**Both communities:** As humanitarian deliveries were able to enter in September, the amount of food and medical items available increased compared to previous months.

Each family reportedly received a food basket in Madaya; however, people reported that aid was insufficient to meet existing needs, and that overcrowding at distribution points posed a barrier to receiving aid. Fewer medical items were reportedly distributed in Az Zabdani, compared to Madaya.

No significant change was reported in the amount of fuel and NFIs entering the community.

## HEALTH SERVICES

Change in health situation in Az Zabdani compared to August:	◆
Change in health situation in Madaya compared to August:	◆

## Reported deaths this month<sup>3</sup>

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

An outbreak of meningitis was reported in Madaya and attributed to the prior shortage in aid. Diarrhea due to limited access to food was also observed in Az Zabdani at the beginning of September.

### 🏠 Permanent medical facilities available

	AZ	M
Mobile clinics / field hospitals	✓	✓
Informal emergency care points	✗	✗
Pre-conflict hospitals	✗	✗
Pre-conflict clinics / surgeries	✗	✗
Change since August	◆	◆

The functionality of the mobile clinic shared between the two communities was limited by fuel shortages.

### Unavailable medical items<sup>4</sup>

**Az Zabdani:** Anaesthetics.

Change since August



**Madaya:** Anaesthetics;

Antibiotics and burn treatment were sometimes available.

Change since August



### Most needed medical items<sup>5</sup>

	Az Zabdani	Madaya
1.	Antibiotics	Antibiotics
2.	Diabetes medicine	Diabetes medicine
3.	Clean bandages	Heart medicine

### Strategies used to cope with a lack of medical services

**Az Zabdani:** Recycling medical items (e.g. bandages, syringes and needles);

**Madaya:** None reported.

### 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 since August in Az Zabdani



Change since August in Madaya



### Medical services available

	AZ	M
Child immunization	✗	✓
Diarrhea management	✓	✓
Emergency care	✓	✓
Skilled childbirth care	✗	✗
Surgery <sup>6</sup>	✗	✗
Diabetes care	✓	✓
Change since August	◊	↑

As aid deliveries carrying medical supplies were allowed to enter in September, access to some medical services improved. Notably, compared to August, diabetes care became available in Madaya. Comparatively less medical aid reached Az Zabdani and no changes to the availability of services were reported in this community.

### FOOD

Change in food situation compared to August in both:



### Most common methods of obtaining food at the household level

**Both:** Receiving through food distributions.

### 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.

Overall access to bread increased across the locations assessed during September, as flour entered both communities through aid deliveries.

Change in availability since August



### 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 basket<sup>7</sup>

	AZ	M	Nearby areas <sup>8</sup>
Average cost (SYP) <sup>9</sup>	424530	197040	29104
Price change since August	No info	↓	No info

Based on prices reported, the average price of a standard core food basket in Az Zabdani, excluding bread due to unavailability, was 1359% higher than in nearby communities not considered besieged or hard to reach. Prices

could not be compared to the last month as none of the food basket items were available in markets in Az Zabdani during August.

The price of a standard core food basket in Madaya, excluding bread and sugar due to inavailability of both these items in markets, was 577% higher than in nearby communities not considered besieged or hard to reach.

### Core food item availability

Whereas food distributions following the humanitarian aid delivery in September increased access to food at the household level, many core food items remained unavailable in markets. Available items remained prohibitively expensive in markets, as was the case in August, and were instead reportedly being sold between private persons. As more items were delivered to Madaya, people from Az Zabdani reported being able to procure some items from that community.

### WASH item availability / prices

**Madaya:** Similarly to food items, NFIs were distributed at the household level as part of the September aid delivery. All NFIs were also available in shops between 7 and 20 days this month, however on average prices were nearly 230% higher than in nearby communities not considered hard to reach.




**Az Zabdani:** NFIs were distributed as part of the humanitarian aid delivery, but were not available in shops.

### Fuel availability / prices

**Both communities:** Diesel and kerosene were the only fuel sources available in both communities. Whereas some fuel was available for purchase at check points in Az Zabdani, no fuel entered Madaya and the price for diesel was reportedly 35 times higher than in nearby communities.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>10</sup>

The food situation in Az Zabdani and Madaya changed in September following the entry of humanitarian aid, with both communities reporting an increase in food availability. Whereas food baskets and NFIs were distributed at the household level, many items remained unavailable in shops. For all food items and NFIs that could be found in markets, availability was reportedly limited<sup>10</sup> and prices remained considerably higher than in nearby communities not considered besieged or hard to reach.

	Item	Az Zabdani	Price changes since August	Madaya	Price changes since August	Nearby non-hard to reach communities <sup>8</sup>
	Bread private bakery (pack)	Not available	◆	Not available	◆	65
	Bread public bakery (pack)	Not available	◆	Not available	◆	50
	Rice (1kg)	10000 <sup>10</sup>	Not available	4500 <sup>10</sup>	↓ -25%	525
	Bulgur (1kg)	10000 <sup>10</sup>	Not available	4500 <sup>10</sup>	↓ -25%	275
	Lentils (1kg)	4500 <sup>10</sup>	Not available	4500 <sup>10</sup>	↓ -25%	538
	Chicken (1kg)	Not available	◆	Not available	◆	950
	Mutton (1kg)	Not available	◆	Not available	◆	4150
	Tomato (1kg)	Not available	◆	7000 <sup>10</sup>	◆	175
	Cucumber (1kg)	Not available	◆	7000 <sup>10</sup>	↑ +40%	213
	Milk (litre)	Not available	◆	Not available	◆	188
	Flour (1kg)	Not available	◆	Not available	◆	300
	Eggs (1)	Not available	◆	Not available	◆	50
	Iodised salt (500g)	500 <sup>10</sup>	Not available	500 <sup>10</sup>	↓ -93%	94
	Sugar (1 kg)	5000 <sup>10</sup>	Not available	Not available	Available	400
Cooking oil (litre)	3000 <sup>10</sup>	Not available	4000	↓ -50%	1063	
	Soap (1 bar)	Not available	◆	150 <sup>10</sup>	↓ -94%	84
	Laundry powder (1kg)	Not available	◆	3500 <sup>10</sup>	↓ -30%	425
	Sanitary pads (9)	Not available	◆	500 <sup>10</sup>	◆	406
	Toothpaste (125ml)	400 <sup>10</sup>	Not available	500 <sup>10</sup>	◆	425
	Disposable diapers (24 pack)	Not available	◆	4500 <sup>10</sup>	◆	1450
	Butane (cannister)	Not available	◆	Not available	◆	2900
	Diesel (litre)	3500 <sup>10</sup>	↓ -13%	10000 <sup>11</sup>	◆	293
	Propane (cannister)	Not available	◆	Not available	◆	3500
	Kerosene (litre)	3500 <sup>10</sup>	↓ -13%	10000 <sup>11</sup>	◆	575
	Coal (kg)	Not available	◆	Not available	◆	1500
	Firewood (tonne)	Not available	◆	Not available	◆	45000

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

<sup>1</sup> Figures based on HNO 2017 population data (September 2016).

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> '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.

<sup>6</sup> 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.

<sup>7</sup> 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).

<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Zakyeh, Deir Ali, Aqraba and Sa'Sa'.

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Oct. 2016).

<sup>10</sup> Sometimes available in markets (7 – 20 days this month).

<sup>11</sup> Generally available in markets (21+ days this month).

# Syria Community Profile Update: Eastern Ghouta, Rural Damascus

## September 2016



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

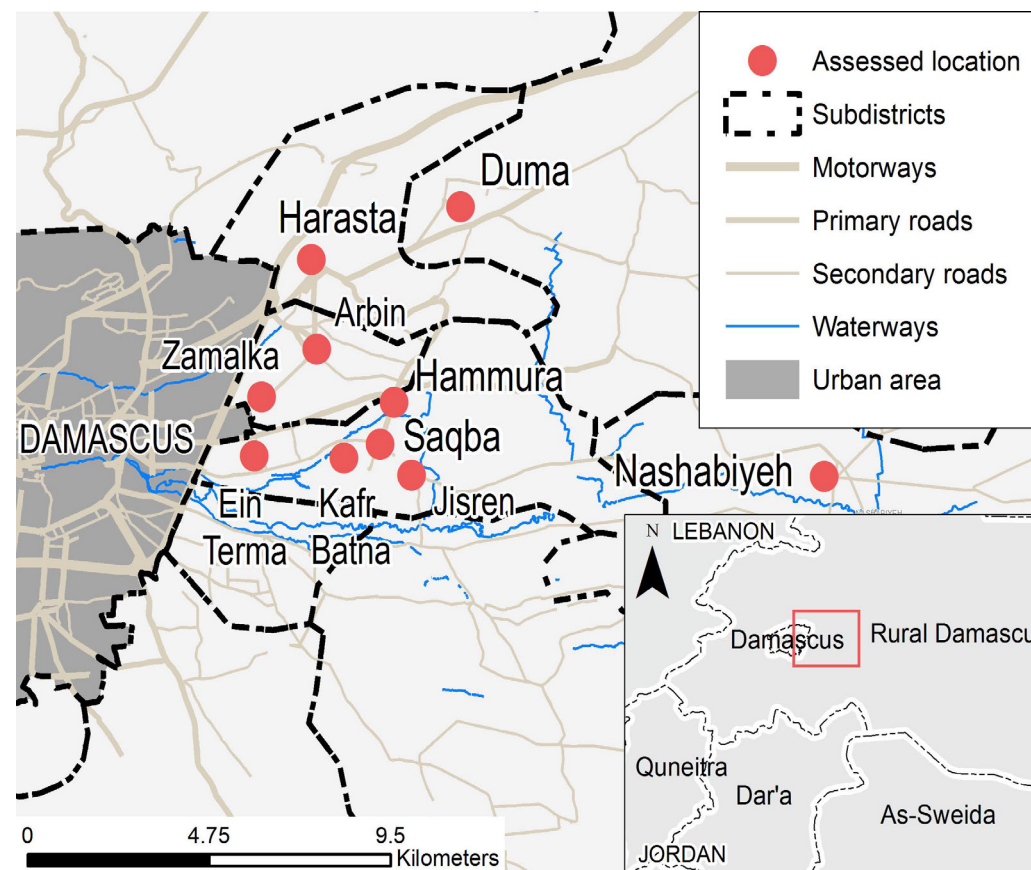
Military control of Eastern Ghouta, an agricultural region east of Damascus, has been contested since 2012, with restrictions on access tightening in mid-2013. With the exception of Nashabiyeh, classified as 'hard to reach', all assessed communities have been classified by the UN as besieged since 2014.

Despite a local ceasefire agreement in May, fighting

resumed in June 2016 and has continued to affect civilians throughout August. Internal clashes between parties to conflict in the Eastern Ghouta area reduced in September. **This resulted in an increase in mobility of civilians within the communities of Eastern Ghouta region in September in contrast to August.**

Typically, residents were able to move between communities; however, movement outside the wider contiguous area via formal routes remained limited to few public sector employees. Civilians also reportedly used informal routes, typically only for those requiring urgent medical assistance. Since August, access to these informal routes increased

Since June, no humanitarian vehicles have been



### METHODOLOGY

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

permitted to enter Eastern Ghouta through either formal or informal routes. While a humanitarian convoy attempted to deliver aid to Duma in September, it was refused entry into the community. Similar to August, some local actors distributed food assistance in the communities of Zamalka, Nashabiyeh, Hammura and Jisrein; this was reportedly only to the poorest families and caused tension among residents.

Distribution points were reportedly overcrowded, and aid was insufficient to meet population needs. Those receiving assistance faced verbal and physical harassment, primarily from others collecting aid.

The number of commercial vehicles entering the region remained relatively similar to prior months, with commercial access to Eastern Ghouta remaining limited to trucks entering only one day a week in September. **Due to decreased availability in nearby communities, less fuel entered from neighboring communities via commercial vehicles and civilians via informal routes in September.** Correspondingly, prices of butane and diesel increased 27% and 7%, respectively, from the previous month.

While the number of functioning health services remained the same from prior months to September, **two sections of the Rif Damascus hospital in Duma were subjected to airstrikes on 3 October, leaving several sections damaged or destroyed.** This has since placed additional burden on the already limited functioning health facilities in Eastern Ghouta.

While food item availability remained the same from previous months, prices of some food items increased slightly when compared to August, mostly due to decreased crop yields in the region. Access to bread remained largely the same, with populations accessing bread primarily through shops and private bakeries.

**Overall, the situation in Eastern Ghouta remained the same from August to September 2016. While internal movement increased due to a reduction in local clashes, outward movement remained heavily restricted. However, a continued inability of humanitarian aid to enter, limited functioning health facilities, and minimal access to fuel continued to contribute to ongoing vulnerabilities in Eastern Ghouta.**

## CHANGES SINCE AUGUST

Access Restrictions on Civilians	↓	Health Situation <sup>13</sup>	↓
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 leave<sup>2</sup>

Change in # people able to leave compared to August: ↑

While populations could generally move between communities within the Eastern Ghouta region most days, very few people, (some public sector employees) were permitted to leave the wider contiguous areas in September. **Since August, soil roadblocks between Harasta and Duma and Harasta and Misraba were removed after an agreement between parties to the conflict in September.** While the number of individuals traveling between these communities remained the same, access to formal routes between the three communities increased.

Localised conflict within Eastern Ghouta in the areas of Arbin, Duma, Kafr Batna, and Nashabiyeh impeded populations moving outside their specific communities in August. In September, hostilities decreased, allowing populations to move more freely within Eastern Ghouta in contrast to August.

Use of informal routes decreased from July to August in Eastern Ghouta, due to conflict related insecurity. **Informal routes that were reportedly frequently closed in August were opened in September. There was a corresponding slight increase in access**

**to informal routes outside of the Eastern Ghouta region.** However, as in August, these routes remained extremely risky and were only used to transport those needing critical medical assistance.

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

High risk of loss of life; gunfire, landmines, shelling, detention, sexual harassment/violence towards women, other types of harassment, confiscation of documents, conscription.

## MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since August: ◊

Similar to August, commercial vehicles could travel within Eastern Ghouta. In August, travel within Eastern Ghouta in the communities of Duma, Arbin and Nashabiyeh was limited due to conflict. Internal conflict subsided in September, allowing vehicles to move more freely within the Eastern Ghouta region.

However, movement into/out of the Eastern Ghouta region through formal entry and exit points remained limited. As in August, some vehicles were able to enter one day a 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.

Humanitarian vehicles

Change since August: ◊

No vehicles delivering humanitarian assistance have entered the communities of Eastern Ghouta since June, when food, NFI, and medical items were delivered via inter-agency convoy into Duma. **While a humanitarian convoy attempted to enter Duma in September, it was refused access and no aid was delivered.**

Goods entered

Food, fuel, NFIs and medical supplies typically enter the Eastern Ghouta region in commercial vehicles or by populations leaving and entering via informal routes. In September, this remained the case.

**Availability of fuel reduced in neighboring communities in September, and there was a corresponding decrease in fuel that entered into the Eastern Ghouta region from nearby communities via informal routes.**

As in 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 the lack of availability of water, seeds and other inputs.

## 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 July
<b>Duma</b>	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	About the same
<b>Saqba</b>	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	About the same
<b>Arbin</b>	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	About the same
<b>Ein Terma</b>	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	About the same
<b>Hammura</b>	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	About the same
<b>Jisrien</b>	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	About the same
<b>Kafr Batna</b>	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	About the same
<b>Harasta</b>	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	About the same
<b>Zamalka</b>	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	About the same
<b>Nashabiyeh</b>	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

## 🏠 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

In September, very few medicines or medical items were able to enter Eastern Ghouta. Items typically only enter through aid deliveries or through informal routes. **No aid was received this month, and as the case in August, medical items entering through informal routes remained limited.**

The number of functioning health services remained the same from previous months to September, with the number of available medical personnel and facilities remaining the same.

**However, at the time of writing (October 3), two sections of the Rif Damascus hospital in Duma were subjected to airstrikes, which left several sections significantly damaged or destroyed, severely weakening the capacity of the hospital to function.** This has since placed additional burden on the already limited functioning health facilities in Eastern Ghouta.

Change in health situation compared to August<sup>13</sup>:



## 🏠 Medical facilities and services

As reported in previous months, some medical facilities are functioning across the Eastern Ghouta region, primarily in the form of mobile clinics/ field hospitals and informal emergency care points (see table above). The number of available facilities remained the same from the previous month.

Communities reported that there was no significant change in medical services available from August to September. However, at the time of writing, due to increased shelling in Duma, it was reported that the functionality of facilities significantly decreased, primarily due to structural damage to the laboratory and neonatal incubators.

While some populations, including the elderly and those living in certain locations, reported greater challenges to accessing facilities in August, all populations could access services equally in September. Due to the cessation of internal conflicts within Eastern Ghouta, populations could travel between communities to access medical services more easily.

Change since August<sup>13</sup>



## 👤 Availability of medical personnel

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

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

Change since August



## 🩹 Unavailable medical items<sup>3</sup>

In comparison to the prior month of August, the quantity of available medical goods entering the community remained the same. The reported unavailability of specific medicines and medical items during September was generally consistent across the majority of communities.

**Unavailable across a majority of communities:** Medical scissors, clean bandages, burn treatment

**Sometimes available across a majority of communities:** Blood transfusion bags, antibiotics, anesthetics

Change since August



## 🩹 Most needed medical items<sup>4</sup>

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. Anesthetics

 **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 <sup>5</sup>	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗
Diabetes care	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗

 **Reported casualties this month**


Overall, most communities assessed reported that the number of deaths which occurred in September was about the same as in August, except in Harasta where the number of deaths reported attributable to sickness or disease decreased and in Saqba, where the number of deaths due to lack of food decreased.

All communities reported that some people had died from sickness and disease during August.

Change since August 

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

As in August, in the communities of Duma, Saqba, Ein Terma, Hammura, Jisrein, and Harasta, it was reported that people commonly **recycled 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 medicines and medical equipment. These communities represent those with comparably fewer available medical services and facilities.

 **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 September **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.

As no humanitarian aid has entered since June, food distributions through local actors continued to be a common method of obtaining food in the communities of **Hammura and Jisrein** in September. In contrast to August, food distributions also

occurred in **Zamalka and Nashabiyeh**. Changes can be attributed to the local organizations' capacity and access to food items.


 **Most common methods of obtaining bread at the household level**

**Duma, Saqba, Ein Terma, and Jisrein:** Private bakeries

**Arbin, Kafr Batna, Zamalka, Hammura, and Nashabiyeh:** Shops

Across assessed communities in Eastern Ghouta, there were no commonly reported challenges to accessing bread in September, and populations' access to bread remained largely the same since August.

**FOOD**

Change in food situation compared to August: 

**Reported deaths this month<sup>6</sup>**

	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

In August, bread from public bakeries was unavailable, however all other assessed food items were generally available<sup>12</sup> across Eastern Ghouta. Prices of many food items increased slightly when compared to August, mostly due to decreased crop yields in the region.

**On average, prices of available food items across the Eastern Ghouta region were 129% higher than prices in nearby communities which are not besieged or hard to reach.**



## WASH Items

In comparison to August, prices of assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) in Eastern Ghouta did not change markedly. However, they were on average 140% 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 August. **In comparison to August, prices increased by an average of 13%. The average prices of butane and diesel across Eastern Ghouta were more than 697% and 194% higher than the respective prices in nearby communities.**

Due to a reduction of fuel sources entering this month, availability in markets decreased and prices rose accordingly.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES<sup>9</sup>

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	Change since August <sup>10</sup>	Nearby non-hard to reach communities <sup>9</sup>
	Bread private bakery (pack)	328 <sup>12</sup>	↓ -14%	65
	Bread public bakery (pack)	Not Available	◊	50
	Rice (1kg)	675 <sup>12</sup>	↑ +2%	525
	Bulgur (1kg)	530 <sup>12</sup>	↓ -5%	275
	Lentils (1kg)	840 <sup>12</sup>	↑ +5%	537
	Chicken (1kg)	2100 <sup>12</sup>	↑ +3%	950
	Mutton (1kg)	4333 <sup>12</sup>	↓ -7%	4150
	Tomato (1kg)	187 <sup>12</sup>	↑ +34%	175
	Cucumber (1kg)	247 <sup>12</sup>	↑ +76%	212
	Milk (litre)	224 <sup>12</sup>	↑ +2%	187
	Flour (1kg)	358 <sup>12</sup>	↑ +19%	300
	Eggs (1)	63 <sup>12</sup>	↑ +9%	50
	Iodised salt (500g)	137 <sup>12</sup>	↑ +7%	94
	Sugar (1 kg)	570 <sup>12</sup>	↑ +4%	400
	Cooking oil (litre)	980 <sup>12</sup>	↑ +17%	1062
	Soap (1 bar)	150 <sup>12</sup>	◊	84
	Laundry powder (1kg)	775 <sup>12</sup>	↓ -5%	425
	Sanitary pads (9)	610 <sup>12</sup>	↓ -5%	406
	Toothpaste (125ml)	540 <sup>12</sup>	↑ +3%	425
	Disposable diapers (24 pack)	1820 <sup>12</sup>	↑ +3%	1450
	Butane (cannister)	20220 <sup>12</sup>	↑ +23%	2900
	Diesel (litre)	567 <sup>12</sup>	↑ +7%	293
	Propane (cannister)	Not available	◊	3500
	Kerosene (litre)	Not available	◊	575
	Coal (kg)	Not available	◊	1500
	Firewood (tonne)	84444 <sup>12</sup>	↑ +10%	45000

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES



### Average cost of standard food basket

	EG	Nearby areas <sup>8</sup>
Average cost September (SYP) <sup>9</sup>	53185	30794
Change since August <sup>10</sup>	◊	No info

The cost of a standard food basket in Eastern Ghouta was on average **173% more expensive than in a nearby community** not considered besieged/hard to reach. While some food item prices increased from September to August, there was no significant change in the overall food basket price due to the decrease in price of bread since August.

## Endnotes

<sup>1</sup> Figures based on HNO 2017 population and IDP data (September 2016).

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> '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.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>8</sup> 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](#)).

<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Zakyeh, Deir Ali, Aqraba, and Sa'Sa'

<sup>10</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Sept. 2016)

<sup>10</sup> Prices were compared to when the community was last assessed

<sup>11</sup> Sometimes available in markets (7-20 days this month )

<sup>12</sup> Generally available in markets (21+ days this month)

<sup>13</sup> Comparisons in the health situation were made taking into recent events in October, specifically the airstrikes in Duma.

**FOR HUMANITARIAN PURPOSES ONLY**

**SUMMARY**

Madamiyet Elsham is a small urban area in the Western Ghouta regions, 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.

The community was last assessed in August, and as such, reported changes with regard to the situation in September are based on data collected the previous month.

Throughout September some 470 people, originally from the nearby community of Darayya, were evacuated from Madamiyet Elsham to IDP shelters in Idlib and Kisweh.<sup>2</sup> Darayaa, previously assessed in conjunction with Madamiyet Elsham, was completely evacuated in August.

Access on movement to and from the community remained restricted, with some civilians being allowed to leave during weekdays though formal exit points.

**For the first time since July 2016, aid was allowed to enter Madamiyet Elsham in September. The interagency delivery brought in food, NFIs and medical items.**

Access for commercial vehicles attempting to enter remains limited, with restrictions now additionally including the payment of fees or confiscation of shipments.

Whereas access to food increased in the community

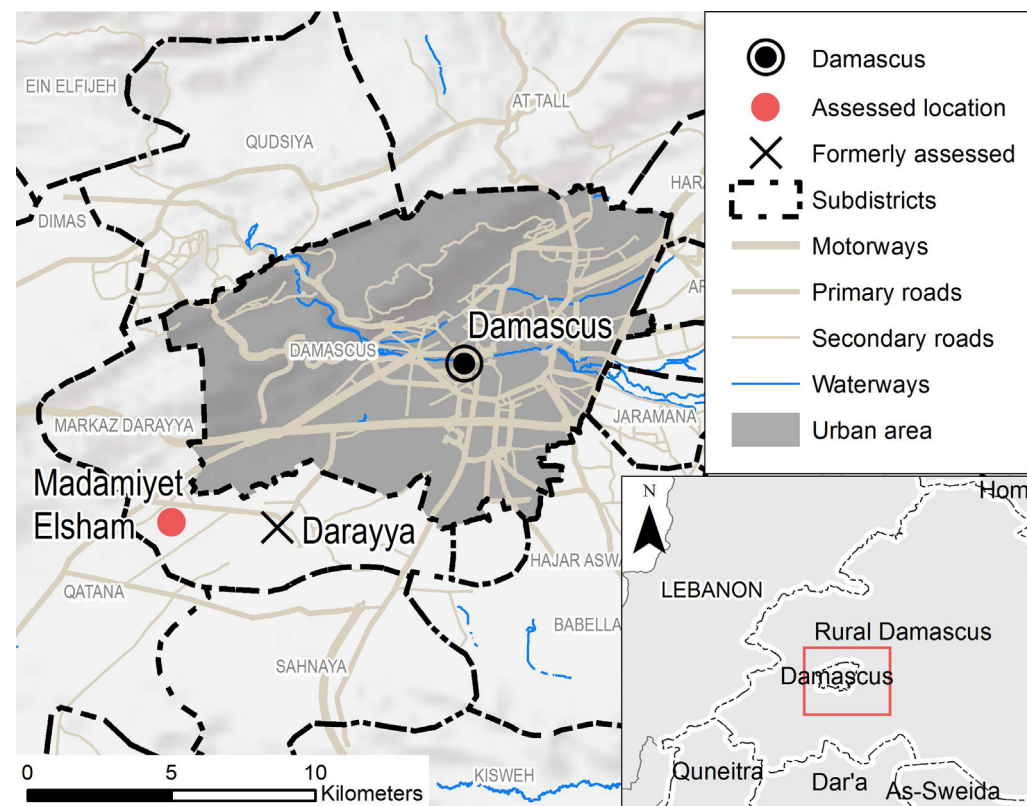
**UN classification:** Besieged  
**Estimated population<sup>1</sup>:** 38,000 individuals  
**Of which IDPs:** 7,500 - 8,000  
**% pre-conflict population remaining:** 1 - 25%  
**% population female:** 26 - 50%

following aid deliveries, it was reported that the amount remained insufficient and that distribution points were overcrowded. Most core food items remained unavailable in shops, including bread.

As in August, no fuel was allowed to enter Madamiyet Elsham this month. Diesel remains the only source of fuel available.

The humanitarian delivery included medicines and medical items, slightly improving the health situation in the community. However, residents reported unequal access to health services, reflecting conflicts within the community. The number and type of health facilities and professionals remain the same as previously.

**Overall, the humanitarian situation in Madamiyet Elsham improved slightly in September, following long over-due aid deliveries. Nonetheless, due to continued food needs and no access to fuel, the community remains vulnerable.**



**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 September and beginning of October 2016, these updates refer to the situation in September 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 August:** 

### People able to leave<sup>3</sup>

An estimated 11-25% of the population are able to leave the community through formal entry points on weekdays. These are students and workers who are able to present required identification.

Around 470 people, originally from Darayya but living in Madamiyet Elsham, were evacuated throughout September to IDP shelters elsewhere as part of a local agreement.<sup>2</sup>

**Informal points used:** None reported

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

Gunfire, verbal harassment, detention

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since August:** 

As in August, some vehicles were able to enter, but were subject to restrictions including fee payments, search of vehicles, access restricted on certain days, documentation requirements and risk of having parts of the shipments seized.

### Humanitarian vehicles

**Change since August:** 

On 22 September, an interagency convoy entered the community for the first time since July, carrying inter-sectoral assistance.

## ACCESS TO SERVICES

### WATER

Main source of drinking water (status)

Sufficiency of available water to meet household needs (coping strategies used)

Water network (safe to drink)

Insufficient (Reducing drinking water consumption, modifying hygiene practices i.e. bathing less)

Access to water network per week

1 - 2 days

### ELECTRICITY

Access to electricity network per day

Network unavailable

Access to electricity (main source) per day

Less than 2 hours (Generator)

### EDUCATION

Available education facilities

Pre conflict primary, secondary and high schools

Barriers to education

Facilities destroyed, lack of teaching staff, lack of school supplies<sup>4</sup>

Change in number of children attending school

More children (due to end of holidays)


### Goods entered

Following the aid delivery, there was an increase in the quantity of food, NFIs and medicine compared to August. Fuel remained unable to enter the community.

### 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.


**Change since August:** 


## HEALTH SERVICES


**Change in health situation compared to August:** 

### Permanent medical facilities available

Mobile clinics / field hospitals 

Informal emergency care points 

Pre-conflict hospitals 


Pre-conflict clinics / surgeries 

**Change since August:** 

### Unavailable medical items<sup>4</sup>

**Unavailable:** anti-anxiety medication, contraception, clean bandages, blood transfusion bags;







**Sometimes available:** Antibiotics, burn treatment, anesthetics, and heart, diabetes and blood pressure medication, were sometimes available.

**Change since August:** 



### Most needed medical items<sup>5</sup>

1. Diabetes medicine
2. Clean bandages
3. Heart medicine

### Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery <sup>6</sup>	
Diabetes care	
<b>Change since August</b>	

### Reported deaths this month<sup>7</sup>

Deaths reportedly attributable to causes related to a lack of food	No known cases
<b>Change since August</b>	
Deaths attributable to sickness / disease	Yes
<b>Change since August</b>	
Unusual illness breakouts	No

### Strategies used to cope with a lack of medical services

None reported

## FOOD

Change in food situation compared to August: 

### Most common methods of obtaining food at the household level

Receiving through food distributions


### Most common methods of obtaining bread at the household level


**Most common source:** Local authority distributions

**Challenges to obtaining bread:** None reported


Change since August 


### 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<sup>8</sup>


	Madamiyet Elsham	Nearby areas <sup>9</sup>
Average cost Sept. (SYP) <sup>10</sup>	No info	No info
Change since August		

Similar to August, the average price of a standard food basket could not be calculated as almost none of the core food items were reported accessible for the population to purchase.

### Core food item availability

Whereas there was a reported increase in food on the household level following the aid deliveries, many core food items remained unavailable for purchase.

**Items unavailable:** Bread (private and public bakeries), rice, bulgur, lentils, flour, sugar, oil.

Change since August 

### WASH item availability / prices

All hygiene items were reported sometimes available in markets, but prices were on average 179% higher than in nearby areas.
























### Fuel availability / prices

As in previous months, diesel remained the only available source of fuel in September. It was almost 5 times more expensive than in nearby non-hard to reach areas.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

Although an increase in food available in the community was reported in September following aid deliveries, most core food items remained unavailable in shops. Hygiene items became sometimes available, but were sold at prohibitively high prices. Similar to August, diesel remained the only source of fuel available for purchase.

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 August	Nearby non-hard to reach areas <sup>8</sup>
	Bread private bakery (pack)	Not Available		65
	Bread public bakery (pack)	Not Available		50
	Rice (1kg)	Not Available		525
	Bulgur (1kg)	Not Available		275
	Lentils (1kg)	Not Available		538
	Chicken (1kg)	2000 <sup>11</sup>	 +43%	950
	Mutton (1kg)	15000 <sup>11</sup>		4150
	Tomato (1kg)	600 <sup>11</sup>	 +20%	175
	Cucumber (1kg)	600 <sup>12</sup>	 +20%	213
	Milk (litre)	350 <sup>11</sup>	 +17%	188
	Flour (1kg)	Not Available		300
	Eggs (1)	66 <sup>11</sup>	 +10%	50
	Iodised salt (500g)	250 <sup>11</sup>	Not available	94
	Sugar (1 kg)	Not Available		400
	Cooking oil (litre)	Not Available		1063
	Soap (1 bar)	200 <sup>12</sup>	Not available	84
	Laundry powder (1kg)	2500 <sup>12</sup>	Not available	425
	Sanitary pads (9)	1000 <sup>12</sup>	Not available	406
	Toothpaste (125ml)	500 <sup>12</sup>	Not available	425
	Disposable diapers (24 pack)	3000 <sup>12</sup>		1450
	Butane (cannister)	Not Available		2900
	Diesel (litre)	1500 <sup>11</sup>		293
	Propane (cannister)	Not Available		3500
	Kerosene (litre)	Not Available		575
	Coal (kg)	Not Available		1500
Firewood (tonne)	Not Available	Available	45000	



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

## Footnotes

<sup>1</sup> Figures based on HNO 2017 population data (September 2016).

<sup>2</sup> UN OCHA, Syria Crisis Bi-Weekly Situation Report No. 13. 19 September, 2016.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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

<sup>6</sup> 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.

<sup>7</sup> '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.

<sup>8</sup> 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](#)).

<sup>9</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Zakyeh, Deir Ali, Aqraba and Sa'Sa'

<sup>10</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Oct. 2016)

<sup>11</sup> Generally not available in markets this month (fewer than 7 days)

<sup>12</sup> 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 situations in the area have deteriorated.

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

In April 2016, direct fighting between parties to the conflict escalated significantly within the community and inhabitants continued to be affected throughout August when restrictions of civilian movement tightened in comparison to previous months. **However, the opening of checkpoints for four days during the Eid holiday in September provided some relief to the community.**

Due to the proximity of clashes, movement within the community remained limited during September; populations living in certain areas were unable to travel to health facilities to seek treatment and many children were prevented from going to school.

While no vehicles carrying either commercial items or humanitarian assistance entered Yarmouk in September, **there was an increase in the amount of food entering the community due to the temporary opening of checkpoints.**

However, while most assessed fuel, hygiene and sanitation items remained available in markets,

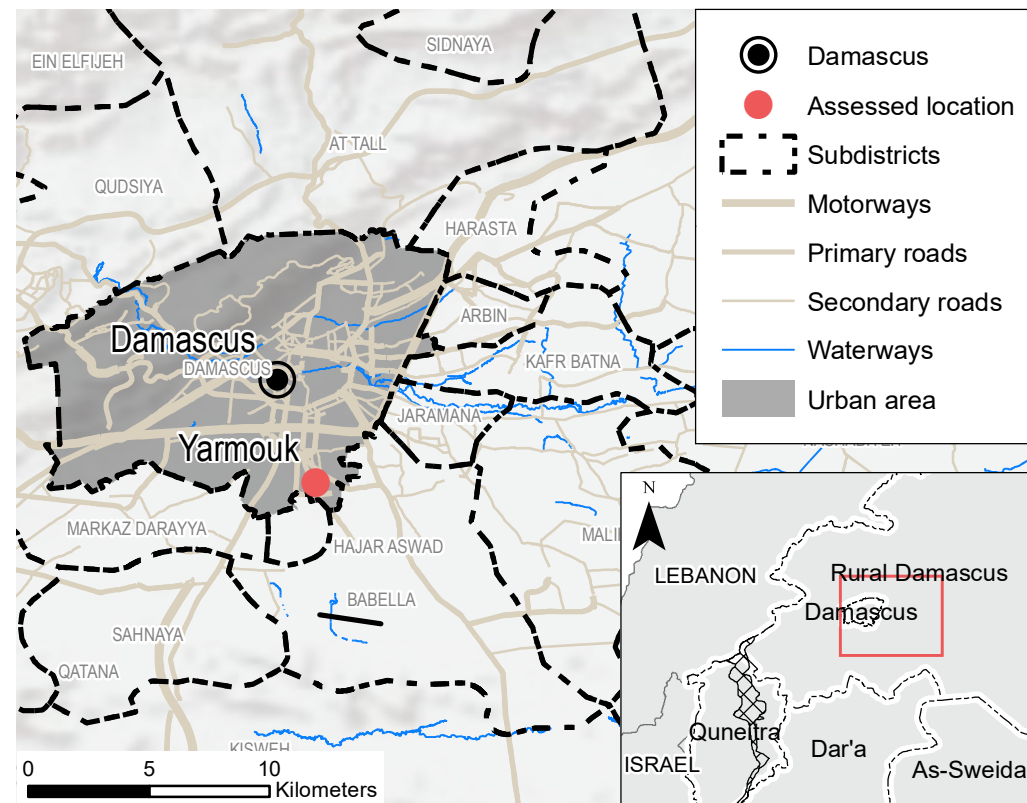


<b>UN classification:</b>	Besieged
<b>Estimated population<sup>1</sup>:</b>	9800 indiv.
<b>Of which IDPs:</b>	6000
<b>% pre-conflict population remaining:</b>	1 - 25%
<b>% population female:</b>	1 - 25%

they experienced significant price increases. **In particular, the price of sanitary pads increased by 50% since August, while the prices of disposable diapers and laundry powder increased by 7% each, and were on average 188% higher than in nearby neighbourhoods of Damascus not considered besieged or hard to reach.**

The capacity of health facilities to provide services increased following the release of the only doctor in Yarmouk, who had been detained for most of August. A lack of fuel to run generators still rendered some health services unavailable, as was the case with surgeries.

Overall, because of the loosened restrictions on movement of civilians for 4 days, September provided some respite to residents resulting in a relative improvement of the humanitarian situation in comparison to August. Nevertheless, most of the population was still unable to leave the community and the protection of civilians from direct fighting remained an ongoing concern.



**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 September and beginning of October 2016, these updates refer to the situation in September 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 August:** 

### People able to leave<sup>2</sup>

11-25% of people were able to leave, mostly women, children and elders upon showing documentation. This represented a slight increase compared to August and is due to the temporary opening of checkpoints during the Eid holidays.

Informal points used: Yes

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

Sexual harassment, violence towards women, verbal harassment, snipers, gunfire, detention

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since August:** 




Able to enter: None reported

### Humanitarian vehicles

**Change since August:** 

Able to enter: None reported

## ACCESS TO SERVICES

 <b>WATER</b>	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
 <b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	Network unavailable 2 - 4 hours (Generator)
 <b>EDUCATION</b>	Available education facilities Barriers to education Change in number of children attending school	Informal schools set up since conflict began Parents don't approve of curriculum, services too far, lack of teaching staff About the same


### 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 limited opening of checkpoints and slight decrease in restrictions on civilian movement, the quantity of all goods increased in comparison to August.

### 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 August 

## HEALTH SERVICES

**Change in health situation compared to August:** 


### Permanent medical facilities available

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

### Unavailable medical items<sup>4</sup>

**Items available:** contraception, heart medication, diabetes medication, blood pressure medication, antibiotics, medical scissors;


**Sometimes available:** Burn treatment, anesthetics.

Change since August 



### Most needed medical items<sup>5</sup>

- Clean bandages
- Antibiotics
- Burn treatment

### Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery <sup>6</sup>	
Diabetes care	
Change since August	

### Reported deaths this month<sup>3</sup>

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

### 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

Change since August 

### 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<sup>7</sup>

	Yarmouk	Nearby areas <sup>8</sup>
Average cost September (SYP) <sup>9</sup>	15582	21113
Change since August		

The average cost of a standard food basket, excluding bread due to unavailability in bakeries, decreased by 57% from August to September. The price of a standard food basket in Yarmouk 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

All assessed hygiene and sanitation items were generally available in August. Between August and September prices increased on average by 21%. The most significant increase was seen in sanitary pads (9) which increased by 50% over this period.

























### Fuel availability / prices

Only butane, diesel and firewood were available this month. Due to the opening of checkpoints, the price of diesel decreased by 17%.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In September, prices of available food items were on average 21% lower than in August and only 6% higher than in nearby communities not considered besieged or hard to reach (Ayoubiya, Jalaa, Zahreh, Midan Wastani). The prices of fuel and of hygiene and sanitation items were instead significantly higher than in nearby communities, by 90% and 188% respectively.

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 August	Nearby non-hard to reach areas	
	Bread private bakery (pack)	Not Available	Available	169	
	Bread public bakery (pack)	Not Available	Available	50	
	Rice (1kg)	225 <sup>12</sup>	 -36%	450	
	Bulgur (1kg)	200 <sup>12</sup>	 -20%	269	
	Lentils (1kg)	250 <sup>12</sup>	 -50%	350	
	Chicken (1kg)	1200 <sup>11</sup>		950	
	Mutton (1kg)	3500 <sup>11</sup>	 -22%	3500	
	Tomato (1kg)	150	 -25%	194	
	Cucumber (1kg)	150	 -40%	156	
	Milk (litre)	250		244	
	Flour (1kg)	350	 +17%	300	
	Eggs (1)	55	 +10%	35	
	Iodised salt (500g)	200		125	
	Sugar (1 kg)	400		369	
	Cooking oil (litre)	700		625	
	Soap (1 bar)	150		76	
	Laundry powder (1kg)	750	 +7%	613	
	Sanitary pads (9)	300	 +50%	362	
	Toothpaste (125ml)	350		1675	
	Disposable diapers (24 pack)	1600	 +7%	213	
		Butane (cannister)	4000	 +5%	2375
		Diesel (litre)	500	 -17%	181
		Propane (cannister)	Not Available	Not Available	2625
		Kerosene (litre)	Not Available	Not Available	294
Coal (kg)		Not Available	Not Available	300	
Firewood (tonne)		95000		75000	

## Endnotes

<sup>1</sup>Figures based on HNO 2017 population data (September 2017).

<sup>2</sup>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.

<sup>3</sup>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

<sup>4</sup>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.

<sup>5</sup>'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.

<sup>6</sup>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.

<sup>7</sup>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).

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

<sup>9</sup>\$1 = 515 SYP (UN operational rates of exchange as of 1 Oct. 2016)

<sup>10</sup>Generally not available in markets (less than 7 days this month)

<sup>11</sup>Sometimes available in markets (7 – 20 days this month)

<sup>12</sup>Generally available in markets (21+ days this month)

**FOR HUMANITARIAN PURPOSES ONLY**

**SUMMARY**

The southern Syrian community of Ash Shajara is situated in Dar'a governorate, approximately 5km from the Jordanian border. Populations have faced limitations on access since late 2014, however these have been increasing in recent months. This profile presents the situation in September 2016, with community representatives (CRs) making comparisons to August, in order to present relative changes. This is the first month Ash Shajara has been assessed.

In September, residents of Ash Shajara were generally able to leave the community most days upon showing documentation, with the exception of Fridays when no one could leave. While restrictions on civilian movement reportedly did not increase between August and September, limitations on vehicles carrying commercial goods increased over this time period. **In September, it was reported that new restrictions on commercial vehicles were introduced in Ash Shajara. Vehicles were required to pay entry fees and loads were all searched prior to entering the community.** Due to these restrictions, the number of commercial vehicles servicing the Ash Shajara decreased, there was a subsequent reduction in the quantity of food entering the community and market prices reportedly rose as a result.

No humanitarian vehicles were known to have entered the community in September, which was reportedly also the case in August.

<b>UN classification:</b>	Hard to reach
<b>Estimated population<sup>1</sup>:</b>	4200 indiv.
<b>Of which IDPs<sup>1</sup>:</b>	1140
<b>% pre-conflict population remaining:</b>	76 - 100%
<b>% population female:</b>	76 - 100%

Populations continued to commonly access water through private water trucking in September, and the quantity of water available reportedly remained sufficient to meet household needs. Residents continued to make use of alternative sources of solar energy this month, as in August. Pre-conflict schools remained functioning and all children were reportedly able to access school.

CRs indicated that market prices of foods increased in comparison to August following a decrease in the quantity of items entering the community, while overall prices of NFIs and fuel sources did not notably change between months. **However, the price of butane was still 48% more expensive in Ash Shajara than in nearby communities not considered hard to reach.**

Overall, the situation in Ash Shajara remained largely stable in September, however the introduction of restrictions on commercial vehicles resulted in rising market prices for populations.



**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 September and beginning of October 2016, these updates refer to the situation in September 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 August:** 

### People able to leave<sup>2</sup>

Residents of Ash Shajara were generally able to leave and return to the community most days of the week, with the exception of Fridays, however only upon showing the required documentation.

Informal points used: No

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

No risks reportedly faced

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since August:** 




Some vehicles were able to enter Ash Shajara in September, however they were usually required to pay fees and were commonly searched prior to entering. There was a reduction in the number of vehicles arriving this month due to greater access restrictions placed on traders attempting to enter.

### Humanitarian vehicles

**Change since August:** 

None reportedly entered

## ACCESS TO SERVICES

 <b>WATER</b>	Main source of drinking water (status) Sufficiency of available water to meet household needs (coping strategies used) Access to water network per week	Water trucking private (safe to drink) Sufficient 1 - 2 days
 <b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	Network unavailable 4 - 8 hours (Solar alternative sources)
 <b>EDUCATION</b>	Available education facilities Barriers to education Change in number of children attending school	Pre-conflict primary, secondary and high schools All children accessed schools About the same

### Goods entered

All goods (food, NFIs, fuel and medical items) generally entered Ash Shajara via commercial vehicles or carried by civilians returning to the community. Additionally, food was able to be produced within Ash Shajara. In comparison to August, there was a reduction in the quantity of goods entering due to the increased limitations placed on traders this month.

## HEALTH SERVICES

**Change in health situation compared to August:** 

### Availability of medical personnel

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

**Others providing medical services:** Dentists, veterinarians and pharmacists

**Change since August** 

### Permanent medical facilities available

Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
<b>Change since August</b>	

### Unavailable medical items<sup>4</sup>

**Items available:** contraception, clean bandages, blood transfusion bags, antibiotics, anesthetics, medical scissors, and heart and blood pressure medication


Diabetes medication was sometimes available

**Change since August** 



### Most needed medical items<sup>5</sup>

1. Diabetes medicine
2. Heart medicine
3. Antibiotics

### Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery <sup>6</sup>	
Diabetes care	
<b>Change since August</b>	

### Reported deaths this month<sup>3</sup>

Deaths reportedly attributable to causes related to a lack of food	No known cases
<b>Change since August</b>	
Deaths attributable to sickness / disease	Yes
<b>Change since August</b>	
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 August:



### Most common methods of obtaining food at the household level

Purchasing from local farmers, shops and markets, and backyard production.

### Most common methods of obtaining bread at the household level

**Most common source:** Shops

**Challenges to obtaining bread:** No issues bread accessed every day.

Change since August



### 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<sup>7</sup>

	Ash Shajara	Nearby areas <sup>8</sup>
Average cost September (SYP) <sup>9</sup>	22047	19560
Change since August	No info	No info

The average cost of a standard food basket in Ash Shajara was 22047 SYP in September but could not be compared to August as the community was not assessed. **In comparison to nearby communities not considered besieged/hard to reach, a standard food basket was 13% more expensive.**

### WASH item availability / prices

All assessed hygiene and sanitation items were available in markets during September. Comparisons to August cannot be made, however local actors indicated that there were no notable changes in prices between the two months.

### Fuel availability / prices

Butane, diesel and firewood were the only available fuel sources in Ash Shajara during September. Prices of diesel and firewood were similar to the average prices in nearby communities not considered hard to reach, however the price of butane was 48% more expensive in Ash Shajara.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

With the exception of bread, assessed food items were available in markets this month. While changes between August and September were unable to be calculated, CRs reported that prices had increased due to the restricted entry on commercial vehicles this month. In comparison to nearby communities not besieged or considered hard to reach, prices of food items were relatively similar (on average 4% more expensive).

**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	Ash Shajara	Price change since August	Nearby non-hard to reach areas
<b>Food Items</b>	Bread private bakery (pack)	Not Available	No info	241
	Bread public bakery (pack)	Not Available	No info	112
	Rice (1kg)	450	No info	383
	Bulgur (1kg)	265	No info	230
	Lentils (1kg)	275	No info	330
	Chicken (1kg)	800	No info	866
	Mutton (1kg)	2900	No info	2966
	Tomato (1kg)	125	No info	131
	Cucumber (1kg)	300	No info	200
	Milk (litre)	125	No info	250
	Flour (1kg)	250	No info	225
	Eggs (1)	55	No info	43
	Iodised salt (500g)	100	No info	105
<b>WASH Items</b>	Sugar (1 kg)	450	No info	390
	Cooking oil (litre)	925	No info	916
	Soap (1 bar)	60 <sup>10</sup>	No info	75
	Laundry powder (1kg)	1300 <sup>10</sup>	No info	960
	Sanitary pads (9)	450 <sup>10</sup>	No info	360
<b>Fuel</b>	Toothpaste (125ml)	350 <sup>10</sup>	No info	250
	Disposable diapers (24 pack)	1400 <sup>10</sup>	No info	1315
	Butane (cannister)	6500 <sup>11</sup>	No info	4367
	Diesel (litre)	300 <sup>11</sup>	No info	300
	Propane (cannister)	Not Available	No info	Not Available
	Kerosene (litre)	Not Available	No info	Not Available
	Coal (kg)	Not Available	No info	633
Firewood (tonne)	45000 <sup>10</sup>	No info	47600	



Available



Positive increase



Negative increase



Sometimes available



No change



Positive decrease



Not available



Negative decrease

## Endnotes

<sup>1</sup> Figures based on HNO 2017 population data (September 2016)

<sup>2</sup> 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.

<sup>3</sup> 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

<sup>4</sup> 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.

<sup>5</sup> '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.

<sup>6</sup> 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.

<sup>7</sup> 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](#)).

<sup>8</sup> Nearby communities in Dar'a governorate which are not considered besieged/hard to reach: Nimer, Khebab and Sahm El Golan

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Oct. 2016)

<sup>10</sup> Generally not available in markets this month (fewer than 7 days)

<sup>11</sup> Sometimes available in markets this month (7 – 20 days)

<sup>12</sup> Generally available in markets this month (more than 21 days)

**FOR HUMANITARIAN PURPOSES ONLY**

**SUMMARY**

Al Waer, located to the west of the city of Homs, has faced access restrictions since October 2013, which tightened in mid-2014. Classified by the UN as besieged on 23rd of May 2016, Al Waer became part of a truce agreement as of mid-September 2016. The agreement included provisions for the evacuation of parts of the population as well as fewer restrictions on commercial and humanitarian vehicles entering the community.

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

The security and humanitarian situation markedly improved in September compared to previous months. **The airstrikes and extensive shelling of civilian infrastructure which targeted the community during August ended with the negotiation of a truce agreement in mid-September.**

The agreement positively affected all assessed indicators and greater security resulted in increased access to basic services, including electricity, education and health services.

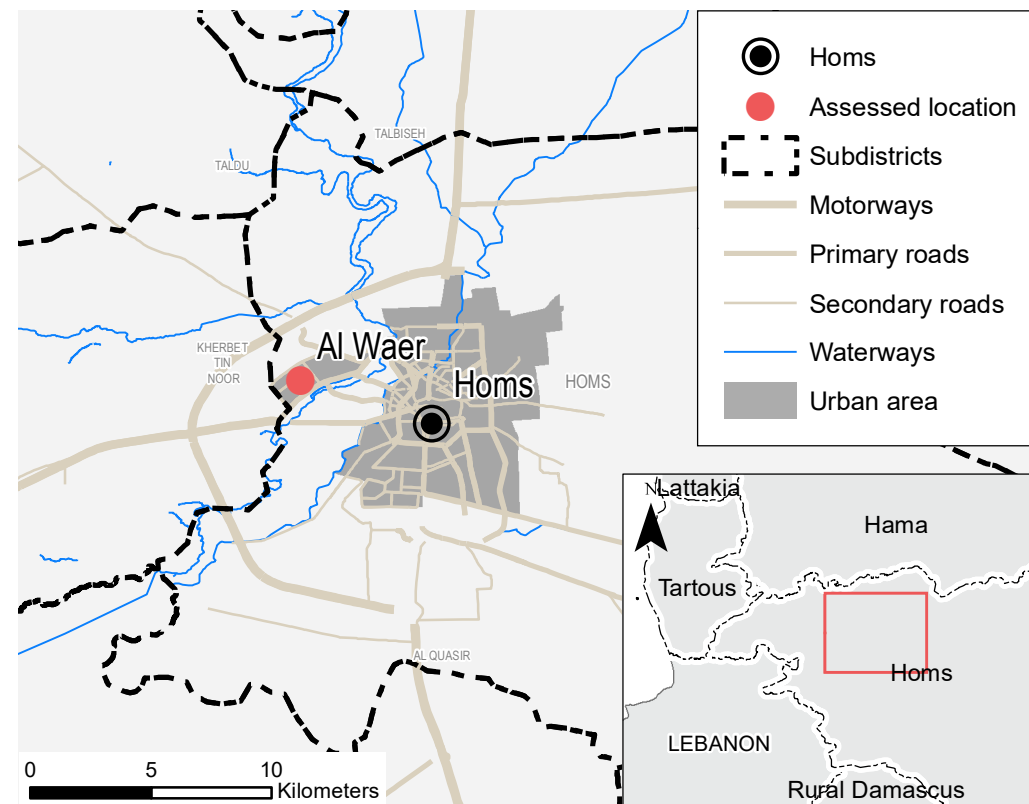
Restrictions on movement of civilians remained tight, however, as part of the above-mentioned agreement, around one thousand individuals including fighters and people suffering from severe health conditions were evacuated from the community.

<b>UN classification:</b>	Besieged
<b>Estimated population<sup>1</sup>:</b>	50000 - 55000 indiv.
<b>Of which IDPs<sup>1</sup>:</b>	40000 - 45000
<b>% pre-conflict population remaining:</b>	1 - 25%
<b>% population female:</b>	26 - 50%

As part of the agreement, commercial vehicles were sometimes allowed to enter Al Waer despite restrictions, while humanitarian vehicles were reportedly granted full access. **As a result, availability of food, medicine, hygiene and sanitation items increased, and prices in markets dropped for almost all core items assessed.** Reportedly, while bread was unavailable in shops during the month of August, in September it became sometimes available. The only items reportedly not entering the community were fuel items, which were produced locally.

While the number of medical personnel remained the same, the increase in medical supplies and the evacuation of people in critical health conditions also determined an improvement of the overall health situation within the community.

**Overall, the humanitarian situation in Al Waer markedly improved compared to the month of August.**



**METHODOLOGY**

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

## MOVEMENT OF CIVILIANS

**Change in # people able to leave compared to August:** 

### People able to leave<sup>2</sup>

Informal points used: No

As was the case in August, 1-10% of people were able to leave and return to the community on a daily basis, mostly public/private sector employees on weekdays, upon showing documents and pre-registering with officials.

In contrast to August, around 1000 individuals were reportedly evacuated as part of a new truce agreement; these included fighters and people suffering from severe health conditions.

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

None reported for formal entry/exit points; no one tried to leave the community through informal ones.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods




**Change since August:** 

In contrast to August and as part of the truce agreement reached in September, some commercial vehicles were allowed to enter the community. Restrictions to the entering of commercial vehicles included the payment of fees, presentation of documents, searching of loads and entry allowed only on certain days.

### Humanitarian vehicles:

**Change since August:** 

## ACCESS TO SERVICES

 <b>WATER</b>	Main source of drinking water (status)	Water network (safe to drink)
	Sufficiency of available water to meet household needs (coping strategies used)	Sufficient
	Access to water network per week	7 days
 <b>ELECTRICITY</b>	Access to electricity network per day	4 - 8 hours
	Access to electricity (main source) per day	4 - 8 hours (Main network)
 <b>EDUCATION</b>	Available education facilities	Pre-conflict primary schools, pre-conflict secondary schools, pre-conflict high schools
	Barriers to education	All children accessed schools
	Change in number of children attending school	More children due to reopening of schools

As part of the truce agreement, in September humanitarian vehicles could enter the community without restrictions. On 23 September at least thirty-five trucks reportedly entered the community carrying winter clothing, seven thousand food baskets, 14000 bags of flour and medicine.

### Goods entered

No fuel items reportedly entered Al Waer during September, while there was an increase in the amount of all other types of goods entering the community. This was mainly due to the truce agreement which allowed entry to some commercial vehicles and to humanitarian deliveries.

## HEALTH SERVICES

**Change in health situation compared to August:** 


### Most needed medical items<sup>3</sup>

1. Heart medicine
2. Diabetes medicine
3. Artificial limbs

### Unavailable medical items<sup>4</sup>

**Items available:** anti-anxiety medication, contraception, clean bandages, blood transfusion bags, antibiotics, burn treatment, anesthetics, medical scissors


Heart medication, diabetes medication, and blood pressure medication were sometimes available.

**Change since August** 

### Availability of medical personnel

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

**Others providing medical services:** Dentists, pharmacists.

**Change since August** 







### Strategies used to cope with a lack of medical services

Recycling medical items (eg. bandages, syringes, needles).

### Permanent medical facilities available


Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
<b>Change since August</b>	

### Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery <sup>5</sup>	
Diabetes care	
<b>Change since August</b>	

Though the number of medical facilities remained the same since August, the decrease in shelling following the truce agreement reportedly allowed to restore access to previously suspended services.

### Reported deaths this month<sup>6</sup>

Deaths reportedly attributable to causes related to a lack of food	No known cases
<b>Change since August</b>	
Deaths attributable to sickness / disease	No info
<b>Change since August</b>	No info
Unusual illness breakouts	No known cases

## FOOD

Change in food situation compared to August: 

### Most common methods of obtaining food at the household level

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






### Most common methods of obtaining bread at the household level

**Most common source:** Shops;

**Challenges to obtaining bread:** Bread only sometimes available in shops.

Change since August 

### 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

### Core food item availability

**Items unavailable:** bread (private bakery);

**Items that became available in September:** bread (public bakery), chicken, tomato, cucumber.

Change since August 

### Average cost of standard food basket<sup>7</sup>

	Al Waer	Nearby areas <sup>8</sup>
Average cost September (SYP) <sup>9</sup>	36784	35021
Change since August		

### WASH item availability / prices

All assessed hygiene items (soap, laundry powder, sanitary pads, toothpaste, and disposable diapers) were generally available in September<sup>11</sup>. The prices of almost all items decreased due to a greater amount of goods entering the community through commercial vehicles.

























### Fuel availability / prices

Prices of available fuel items decreased compared to August while their availability increased; all items except diesel became in fact generally available<sup>11</sup> as opposed to generally unavailable<sup>13</sup> or sometimes available<sup>12</sup> as was the case in August. All fuel items were reportedly produced within the community.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In September, prices of available food items were on average 48% lower than in August and 132% higher than in nearby communities not considered hard to reach (Makrumiyeh, Zmeimer, and Deir Fool).

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 change since August <sup>10</sup>	Nearby non-hard to reach areas <sup>8</sup>
	<b>Food Items</b>			
	Bread private bakery (pack)	Not available		250
	Bread public bakery (pack)	100 <sup>12</sup>	Not available	Not available
	Rice (1kg)	500 <sup>11</sup>	 -58%	300
	Bulgur (1kg)	900 <sup>11</sup>	 -47%	217
	Lentils (1kg)	700 <sup>11</sup>	 -53%	533
	Chicken (1kg)	1200 <sup>12</sup>		850
	Mutton (1kg)	2500 <sup>11</sup>	 -90%	2917
	Tomato (1kg)	225 <sup>12</sup>	Not available	500
	Cucumber (1kg)	350 <sup>12</sup>	Not available	167
	Milk (litre)	500 <sup>12</sup>	 -50%	120
	Flour (1kg)	800 <sup>11</sup>	 -68%	267
	Eggs (1)	50 <sup>11</sup>	 -95%	47
	Iodised salt (500g)	300 <sup>11</sup>	 -60%	125
	<b>WASH Items</b>			
	Soap (1 bar)	200 <sup>11</sup>	 -33%	50
	Laundry powder (1kg)	1000 <sup>11</sup>	 -33%	633
	Sanitary pads (9)	400 <sup>11</sup>	 -20%	533
	Toothpaste (125ml)	200 <sup>11</sup>		258
	Disposable dippers (24 pack)	2500 <sup>11</sup>	 -38%	2033
		<b>Fuel</b>		
Butane (cannister)		60000 <sup>11</sup>	 -14%	7200
Diesel (litre)		3000 <sup>12</sup>	 -14%	450
Propane (cannister)		Not available		No info
Kerosene (litre)		Not available		No info
Coal (kg)		5000 <sup>11</sup>	 -50%	No info
Firewood (tonne)	200000 <sup>11</sup>	 -20%	No info	

## Endnotes

<sup>1</sup> Figures based on estimates by local actors within communities assessed. The last HNO 2017 population data (September 2016) estimates that population figures within Homs City are up to 600,000 individuals, including 300,000 IDPS.

<sup>2</sup> 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.

<sup>3</sup> '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.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> 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](#)).

<sup>8</sup> Nearby communities in Homs governorate which are not considered besieged/hard to reach: Makrumiyeh, Zmeimer, and Deir Fool.

<sup>9</sup> \$1 = 514.85 SYP (UN operational rates of exchange as of 1 October 2016).


<sup>10</sup> Prices were compared to when the community was last assessed.

<sup>11</sup> Generally available in markets (21+ days this month).

<sup>12</sup> Sometimes available in markets (7-20 days a month).

<sup>13</sup> Generally unavailable in markets (less than 7 days this month).

**FOR HUMANITARIAN PURPOSES ONLY**

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafr Elawamid
 <b>Estimated population (individuals)<sup>1</sup></b>	3000-3500	4800	8000	9000	7300	6900	7300	3600	3100
<b>Of which estimated IDPs</b>	800-1000	820	760	3100	2500	810	840	2810	560
<b>% pre-conflict population remaining</b>	76-100%	76-100%	76-100%	51-75%	51-75%	51-75%	51-75%	76-100%	76-100%
<b>% of population that are female</b>	26-50%	51-75%	26-50%	26-50%	26-50%	51-75%	26-50%	51-75%	51-75%

All assessed communities except Bseimeh classified as hard to reach by the UN

**SUMMARY**

Information in this profile was gathered from nine communities within the Wadi Burda region, northwest of Damascus city: Barhaliya, Hseiniyeh, Kafir Elzeit, Deir Maqran, Ein Elfijeh, Suq Wadi Burda, Deir Qanun, Bseimeh, and Kafr Elawamid. These nine communities, all UN classified hard to reach except Bseimeh, were profiled for the first time in August 2016.

The cluster of communities sits within an area of contested control and faces ongoing restrictions on movement and access, felt to varying degrees across communities. **Ein Elfijeh is considered the principal community in the valley, as the Elfijeh spring is the primary source of water to the Wadi Burda region and Damascus.**

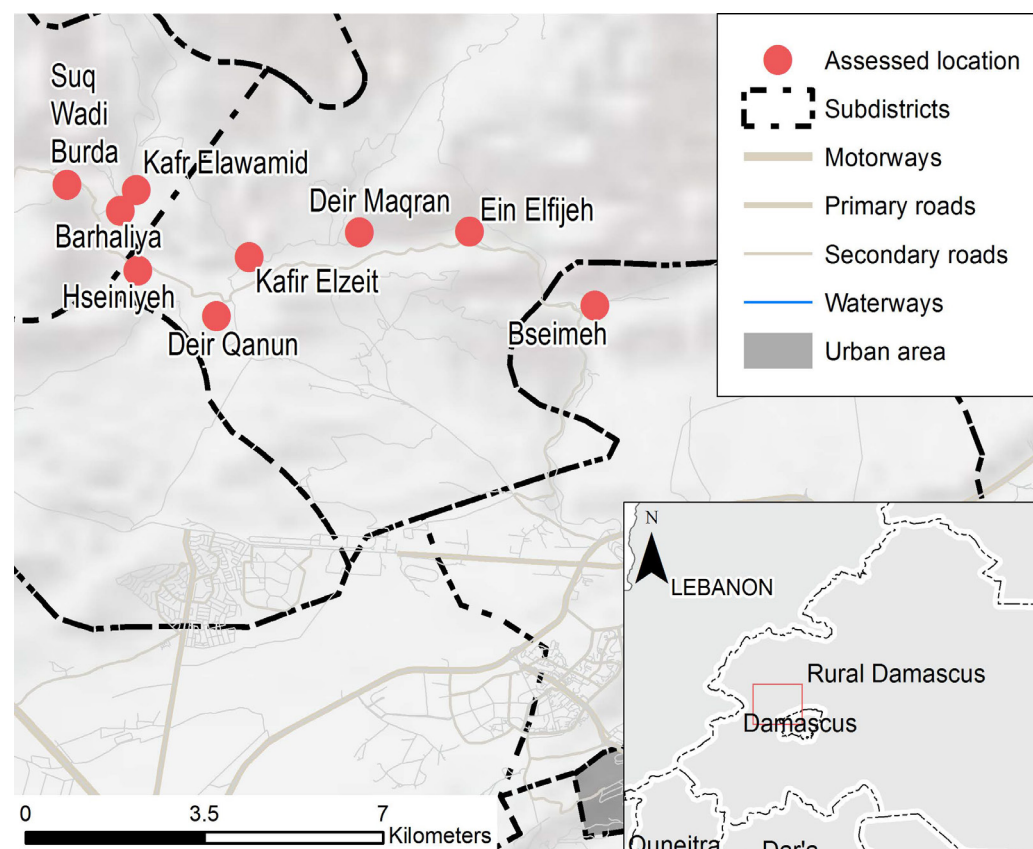
In August 2016, an agreement, referred to as

“food for water” between parties to the conflict was made. Access to some commercial goods and medical items was permitted into the Wadi Burda region, providing that the water supply to Damascus is maintained. As a result of this agreement, which remained in effect in September, civilians had access to some food, NFI, and medical items; however, restrictions on both civilian movement and the quantity of any type of goods entering remained.

Despite the continued adherence to the agreement, due to periods of increased conflict and violence in the communities of Barhaliya, Deir Qanun, Bseimeh, Hseiniyeh, and Suq Wadi Burda in the month of September, freedom of movement and access to food, NFI, and medical items fluctuated throughout the month. As such, individuals in these communities faced greater

**METHODOLOGY**

Based on data collected directly from community representatives inside Syria at the end of September and beginning of 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. 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.



vulnerability in comparison to other communities in the region during periods of increased violence.

Per the “food for water” agreement, some women, children, and some men were able to enter and exit the community through formal points upon showing identification. **In contrast to August, in September external movement was only permitted sporadically, varying based on escalations in conflict.** Additionally, civilians traveling outside Wadi Burda continued to face harassment, violence, and detention, with the communities of Deir Qanun, Besseima, Hseiniyeh, Suq Wadi Burda, Barhaliya, and Ein Elfijeh reporting increased risks in September due to exposure to gunfire.

**As in August, no humanitarian aid vehicles reportedly entered the Wadi Burda region in September.** Commercial vehicle entry remained the same as in August, with some commercial vehicles able to enter through formal points, though facing restrictions including vehicle searches and removal of items from loads prior to entry. Reportedly, vehicles were only allowed to bring 300kg of items into the communities and \$100 worth of medical items/medicine every 10 days. No fuel entered the Wadi Burda region in September, with informal routes previously used in August deemed inaccessible in September due to escalations in conflict and insecurity.

**In September, there was a reported outbreak of Guillain-Barre syndrome in Bseimeh, Suq Wadi Burda, and Deir Qanun, resulting in one death in Deir Qanun and five cases of paralysis across the three communities.** Medicine and medical staff necessary to treat the Guillain-Barre outbreak were not permitted to enter, resulting in a worsening in the overall health situation. At the time of writing (October), the “food for water” agreement was amended to include the “wadi safety for water safety” agreement, whereby parties to the conflict agreed to halt shelling in the communities in Wadi Burda and allow access to some medicine and baby formula into the communities, contingent on the maintenance of the

### 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	↓

water supply to Damascus. Community members reported that they hoped this agreement would address both the increased insecurity experienced in September and the outbreak of Guillain-Barre syndrome.

**Overall, despite the maintenance of the “food for water” agreement in Wadi Burda, due to the increased violence and conflict during periods in September, there was only intermittent access to essential NFI, food, and medical items. This along with the outbreak of Guillain-Barre disease and prevention of essential medical items and personnel to enter resulted in an overall deterioration in the humanitarian situation in September.**

### MOVEMENT OF CIVILIANS

People able to leave<sup>2</sup>

**Change in # people able to leave compared to August:** ◆

In September civilians were able to travel between the communities within Wadi Burda. However, access outside the contiguous area was limited to women, children, selected men (in all communities except Barhaliya and Kafir Elzeit), students, and employees, who were permitted to travel through formal points upon showing identification. Unlike August, where external movement was permitted on all days except Fridays and holidays, permission to enter/exit varied day to day in September.

**While the number of individuals changed daily depending on access restrictions, the overall number of individuals leaving Wadi Burda remained the same from August to September.**

Informal points used: None reported, same as August

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

All communities in Wadi Burda: Sexual, verbal, and physical harassment; violence towards women; detention; confiscation of documents; conscription

Deir Qanun, Besseima, Hseiniyeh, Suq Wadi Burda, Barhaliya, and Ein Elfijeh: Gunfire

Individuals in a greater number of communities faced risks of gunfire due to an escalation of violence between parties to the conflict in September in comparison to August.

### MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

**Change since August:** ◆

As was the case in August, vehicles carrying commercial goods were allowed to move freely within the communities; though access outside this area was limited to only some vehicles through formal entry and exit points upon showing documentation.

**Vehicles faced restrictions and were limited to carrying only 300 kg loads with less than \$100 worth of medical items every ten days.** Vehicles were required to pay of fees and were subject to vehicle searches. It was reportedly common for portions of loads to be removed prior to entry.

Humanitarian vehicles

**Change since August:** ◆

Able to enter Wadi Burda: No vehicles allowed to enter during September.

Goods entered

Food, NFIs and medicine all generally entered the Wadi Burda region through civilians and commercial vehicles. **Fuel did not enter the Wadi Burda region; informal routes used in August allowing fuel to enter Barhaliya were deemed inaccessible in September due to increased conflict and safety concerns.**

In comparison to the previous month, the quantity of food, NFIs, and medical items remained the same, per the continuation of the “food for water” agreement. **However, access restrictions continue to remain the tightest in Bseimeh, with the quantity of goods entering Bseimeh reportedly lower than other communities in the Wadi Burda area.**

In addition, in the communities of Bseimeh, Deir Qanun, and Hseiniyeh, where there have been periods of increased conflict, goods entered intermittently. While the number of goods entering remained the same, access varied due to fluctuations in conflict-induced insecurity, though the “wadi safety for water safety” agreement agreed upon at the time of writing may result in a lessening in access restrictions for some medical and food items.

## ACCESS TO SERVICES

		Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafr Elawamid
<b>WATER</b>	Main source of drinking water (status)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)	Network (safe to drink)
	Access to water network per week	7 days per week	7 days per week	7 days per week	7 days per week	7 days per week	7 days per week	7 days per week	7 days per week	7 days per week
	Available water to meet household needs (coping strategies)	Sufficient	Sufficient	Sufficient	Sufficient	Sufficient	Sufficient	Sufficient	Sufficient	Sufficient
<b>ELECTRICITY</b>	Access to electricity network per day	4-8 hours	4-8 hours	4-8 hours	4-8 hours	4-8 hours	4-8 hours	4-8 hours	4-8 hours	4-8 hours
	Access to electricity (main source) per day	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)	4-8 hours (network)
<b>EDUCATION</b>	Available education facilities	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools	Preconflict primary, secondary and high schools
	Barriers to education	Children dropped out to join armed forces or to work	Children dropped out to join armed forces or to work	Children dropped out to join armed forces or to work	Children dropped out to join armed forces or to work	Routes unsafe, children dropped out to join armed forces	Routes unsafe, lack of teaching staff	Routes unsafe, lack of school supplies	Routes unsafe, children having to work	Routes unsafe, Children dropped out to join armed forces or work
	Change in number of children attending school	About the same	About the same	About the same	About the same	About the same	About the same	About the same	About the same	About the same

### HEALTH SERVICES

In September, there was a reported outbreak of Guillain-Barre syndrome in Bseimeh, Suq Wadi Burda, and Deir Qanun, resulting in one death in Deir Qanun and five cases of paralysis across the three communities. **While medical items entered through civilians and commercial vehicles, per the food for water agreement, medicine and medical staff necessary to treat the Guillain-Barre outbreak were not permitted to enter, resulting in a worsening in the overall health situation.**

#### Availability of medical personnel

**As was the case in August, at least one professionally trained doctor, nurse, and pharmacist were reportedly present in all communities assessed in September, in addition to volunteers with informal training.** In all assessed communities, the numbers of medical personnel available remained the same in September in comparison to August. **While specialist medical personnel attempted to enter to treat the outbreak of Guillain-Barre syndrome, they were not allowed entry into the Wadi Burda region.**

#### Unavailable medical items<sup>3</sup>

Medical items continued to enter into Wadi Burda in September, per the “food for water” deal reached in August. While the same number of items entered into the community as in August, access to medical items fluctuated during the month of September, as the entry of medical supplies oscillated in response to escalations in conflict-induced violence. This was especially the case in the communities of Barhaliya, Deir Qanun, Bseimeh, Hseiniyeh, and Suq Wadi Burda, which faced comparatively high levels of violence and volatility in their security situation.

**were not permitted into the affected communities.**

Similar to August, the reported unavailability of specific medicine and medical items during September was generally consistent across the majority of communities.

**Unavailable across a majority of communities:** Clean bandages; blood transfusion bags

**Sometimes available across a majority of communities:** Contraception; anti-anxiety, heart, diabetes, and blood pressure medicine; antibiotics; burn treatment

Change in health situation compared to August:



Change since August



Moreover, critical medicine and medical items essential to treating Guillain-Barre

Change since August



## 🏠 Permanent medical facilities available

	Barhaliya	Hseiniyeh	Kafir Elzeit	Der Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafr Elawamid
Mobile clinics / field hospitals	✗	✗	✗	✗	✓	✗	✗	✗	✗
Informal emergency care points	✗	✗	✗	✗	✓	✓	✓	✓	✗
Pre-conflict hospitals	✗	✗	✗	✗	✗	✗	✗	✗	✗
Pre-conflict clinics / surgeries	✓	✗	✓	✓	✓	✓	✓	✓	✓

## 🩹 Most needed medical items<sup>4</sup>

Across communities assessed in Wadi Burda, the most needed medical items were reported to be:

1. Antibiotics
2. Clean bandages
3. Heart medicine
4. Diabetes medicine
5. Blood transfusion bags
6. Artificial limbs

In contrast to August, artificial limbs were reported as a priority medical item Suq Wadi Burda, due to a greater number of conflict-related injuries.

## 🏠 Medical facilities and services

As was the case in August, some medical facilities were functioning across the Wadi Burda region, primarily in the form of pre-conflict clinics/surgeries (see table above). All communities in the region reported that there was no significant change in medical facilities available in comparison to August. In the communities of Barhaliya, Hseiniyeh, Kafir Elzeit, Kafr Elawamid, and Deir Maqran, individuals with less income were reportedly unable to access these medical facilities.

Available medical services varied between communities in Wadi Burda (see table below). **Due to an outbreak of Guillain-Barre syndrome in the communities of Deir Maqran,**

**Suq Wadi Burda, and Bseimeh, specialized treatment and services were required. However, medical staff and items were not permitted to enter the Wadi Burda region, so despite available medical facilities and services remaining the same since August, populations still required specialized medical services and faced significant vulnerabilities.**

Change since August



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

**Bseimeh:** Recycling of medical items, e.g., bandages, syringes, needles, etc.; same as August

## 🏠 Reported casualties this month

**All reported deaths for the month of August in all communities were attributed to sickness and disease.**

All communities except Deir Qanun reported the same number of casualties as the previous month. **In Deir Qanun, the increase was due to one death, reportedly due to Guillain-Barre syndrome.**

Change since August



## 🩹 Medical services available

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafr Elawamid
Child immunization	✗	✗	✗	✗	✗	✗	✗	✗	✗
Diarrhea management	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency care	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled childbirth care	✓	✓	✓	✗	✓	✓	✓	✗	✓
Surgery <sup>5</sup>	✗	✗	✗	✗	✓	✗	✓	✗	✗
Diabetes care	✓	✓	✓	✓	✓	✓	✓	✗	✓

## Reported deaths this month<sup>6</sup>

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafr Elawamid
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
Deaths attributable to sickness / disease	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	Yes; Guillain-Barre syndrome	Yes; Guillain-Barre syndrome	Yes; Guillain-Barre syndrome	No known cases

## FOOD

Change in food situation compared to July:



### Most common methods of obtaining food at the household level

**All communities:** Purchasing from shops or markets

### Most common methods of obtaining bread at the household level

**Barhaliya, Hseiniyeh, Kafir Elzeit, Ein Elfijeh, Suq Wadi Burda, Deir Maqran, Kafr Elawamid:** Shops

**Bseimeh, Deir Qanun:** Private bakeries

### Most commonly reported challenges to obtaining bread across Wadi Burda:

While Bseimeh was the only community to report difficulties accessing bread in August, in September, Barhaliya, Ein Elfijeh, and Suq Wadi Burda, also reported periodic difficulties in accessing bread due

to flour, yeast, fuel, and wheat all being too expensive, unavailable and/or hard to access. Intermittent challenges in access during September were due to fluctuations in availability of flour, as a result of conflict-induced violence and changes in access restrictions for food items. Additionally, during these periods of increased violence, individuals were reportedly unable to access shops and markets due to perceived insecurity.



### 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

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES



### Average cost of standard food basket

	Wadi Burda	Nearby areas <sup>8</sup>
Average cost September (SYP) <sup>9</sup>	31198 <sup>10</sup>	30806
Change since August	↓	No info

The average cost of a standard food basket in the communities of Wadi Burda was **94% more expensive than in the nearby communities** not considered besieged/hard to reach.



### Food items

During September, bread from private bakeries was unavailable in all communities except Bseimeh and Deir Qanun, where it was available in private bakeries. The remaining core items in a majority of communities were either generally available (21+ days per month) or sometimes

available (7-20 days per month).

In comparison to August, food prices remained relatively the same across all communities in Wadi Burda in September, though Bseimeh and Deir Qanun faced comparatively tighter access restrictions, with the quantity of goods entering reportedly lower than other communities in the Wadi Burda area.



### WASH Items

With the exception of Deir Qanun, Suq Wadi Burda, and Bseimeh where assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) were only sometimes available in markets, in all other assessed communities in Wadi Burda, they were available at least 21 days per month. Availability of hygiene items reduced in Suq Wadi Burda and Deir Qanun from August to September due to increased conflict and a corresponding reduction in access.




The prices of the aforementioned hygiene and sanitation items remained the same across communities in Wadi Burda from August to September.

## Fuel

No fuel entered the Wadi Burda region in September, and in contrast to August where some fuel entered through informal routes in Barhalia, **these routes were inaccessible in September, resulting in a decrease in fuel availability. Unlike August, where butane was reportedly sometimes available in markets (7-20 days per month), in September, a majority of communities reported that it was generally unavailable (fewer than 7 days per month).** As was the case in August, diesel was reportedly generally unavailable.

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.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES<sup>9</sup>

	Item	Wadi Burda Average	Price change since August <sup>10</sup>	Neighbouring non-hard to reach communities
	Bread private bakery (pack)	130 <sup>11</sup>	↓ -13%	65
	Bread public bakery (pack)	Not available	◆	50
	Rice (1kg)	500 <sup>12</sup>	◆	500
	Bulgur (1kg)	350 <sup>12</sup>	◆	275
	Lentils (1kg)	350 <sup>12</sup>	◆	538
	Chicken (1kg)	1250 <sup>12</sup>	◆	950
	Mutton (1kg)	5000 <sup>12</sup>	◆	4150
	Tomato (1kg)	150 <sup>12</sup>	◆	175 <sup>15</sup>
	Cucumber (1kg)	250 <sup>12</sup>	◆	213
	Milk (litre)	220 <sup>12</sup>	◆	188
	Flour (1kg)	450 <sup>12</sup>	◆	300
	Eggs (1)	61 <sup>12</sup>	◆	50
	Iodised salt (500g)	100 <sup>12</sup>	◆	94
	Sugar (1 kg)	500 <sup>12</sup>	◆	400
Cooking oil (litre)	1200 <sup>12</sup>	◆	1063	
	Soap (1 bar)	125 <sup>13</sup>	◆	84
	Laundry powder (1kg)	500 <sup>13</sup>	◆	425
	Sanitary pads (9)	378 <sup>13</sup>	◆	406 <sup>15</sup>
	Toothpaste (125ml)	300 <sup>13</sup>	◆	425 <sup>15</sup>
	Disposable diapers (24 pack)	3000 <sup>13</sup>	◆	1450
	Butane (cannister)	3000 <sup>14</sup>	◆	2900
	Diesel (litre)	456 <sup>14</sup>	↑ +22%	293
	Propane (cannister)	Not available	◆	3500
	Kerosene (litre)	Not available	◆	575
	Coal (kg)	Not available	◆	1500
Firewood (tonne)	Not available	◆	45000	

## Endnotes

<sup>1</sup> Figures based on HNO 2017 population data (September 2016); when unavailable, figures based on data collected from local councils in the Wadi Burda region.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> '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.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> 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: April 2016' (link here).

<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Zakyeh, Deir Ali, Aqraba, and Sa'Sa'

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 September 2016).

<sup>10</sup> Calculation is based on updated data from August round where the standard food basket price was 30902 SYP.

<sup>11</sup> Bread from private bakeries was only available in Bseimeh and Deir Qanun, so this value represents data from just these communities

<sup>12</sup> Sometimes available in markets this month (7 – 20 days)

<sup>13</sup> Generally available in markets (more than 20 days this month)

<sup>14</sup> Generally not available in markets this month (fewer than 7 days)

<sup>15</sup> Prices for some items might be lower in Wadi Burda compared to non-besieged or hard to reach communities due to the agreement made in August that allowed more goods into the communities. This may have caused a corresponding decrease in prices of some goods.

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

September 2016



**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

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

### SUMMARY

The neighbourhoods of Burza, Tadamon and Jober in Damascus governorate remain vulnerable due to conflict-related insecurity, restrictions preventing citizens from exiting the area as well as limited humanitarian access.

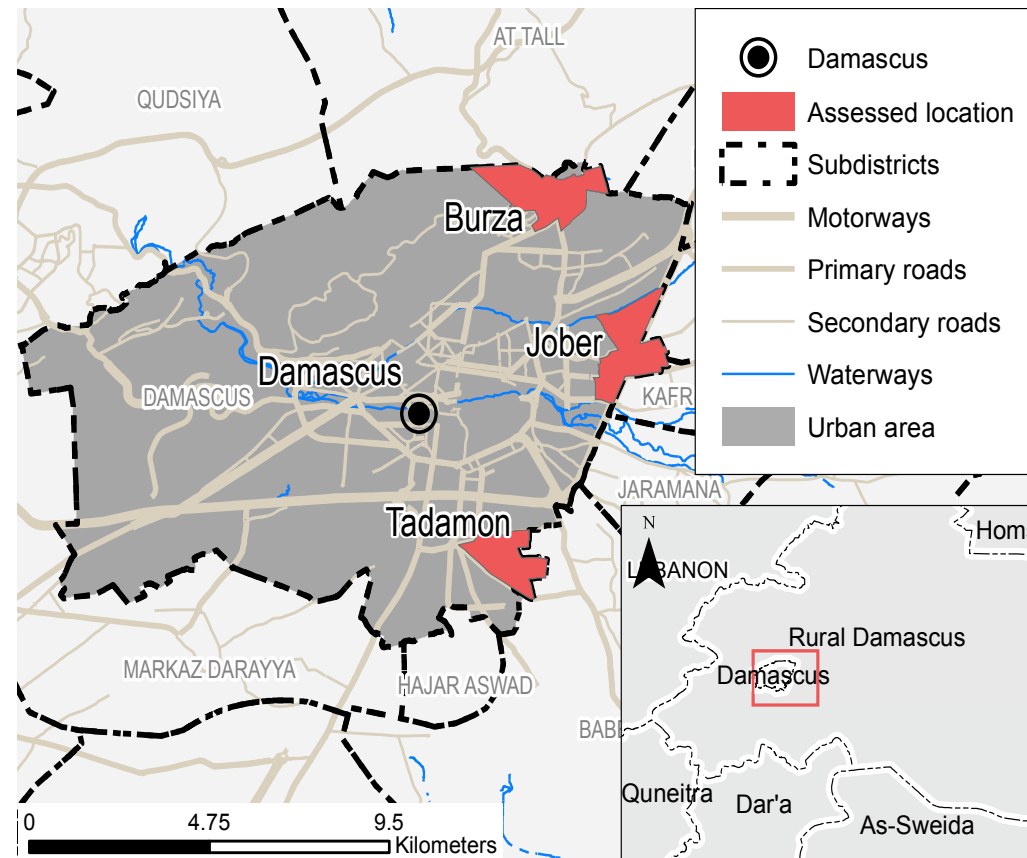
As was the case in August, access to all three communities remained restricted in September, with civilians able to leave the neighbourhoods during weekdays in Burza and twice a week, in Tadamon. No formal entry/exit points were reported in Jober, and the use of the informal points involved the risk of gunfire and shelling as was the case in previous months.

No commercial or humanitarian vehicles were allowed to enter any of the communities in September, as was the case in previous months.

Populations continued to rely primarily on individuals leaving and returning to the neighbourhoods in order to access food. **However, due to the continued restrictions on access and depleting stocks, many food items became completely unavailable in Tadamon during September.** Most food items remained available in Burza and Jober, but prices continued to increase, as was the case in August.

Whereas residents in Burza had access to the water network, availability was reportedly insufficient in September due to hotter weather and increased needs. Schools were still not operating in Tadamon, as was the case in August.

**Overall, the humanitarian situation in September remained similar in Burza and Jober compared to August. Conversely, the decrease in food availability had a negative impact on the situation within Tadamon neighbourhood.**



### CHANGES SINCE AUGUST

	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 September and beginning of October 2016, these updates refer to the situation in September 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	
<b>WATER</b>	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) 7 days	Water network (safe to drink) Sufficient 5-6 days	Closed well (safe to drink) Sufficient Network unavailable
<b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	8-12 hours 8-12 hours (network)	Network unavailable 2-4 hours (generator)	Network unavailable 2-4 hours (generator)
<b>EDUCATION</b>	Available education facilities Barriers to education	Pre-conflict primary schools, informal schools set up since conflict began All children had access to education	Informal schools set up since conflict began Route to services unsafe, facilities destroyed, services too far away	None Services are too far, route to services unsafe, parents do not approve of curriculum

## MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to August in Burza:	◆
Change in # people able to leave compared to August in Jober:	◆
Change in # people able to leave compared to August in Tadamon:	◆

### People able to leave<sup>2</sup>

Restrictions on movement in all three communities remained unchanged compared to August.

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

**Jober:** No formal entry points were available; it was reported that around 26-50% of the population could leave the community through informal entry points.

**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 in August.

### 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 August in Burza:	◆
Change since August in Jober:	◆
Change since August in Tadamon:	◆

All communities: None reported.

### Humanitarian vehicles

Change since August in Burza:	◆
Change since August in Jober:	◆
Change since August in Tadamon:	◆

All communities: 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, as was the case during previous months.

About the same amount of goods was able to enter all three communities in September compared to August.

## HEALTH SERVICES

Change in health situation in Burza compared to August	◆
Change in health situation in Jober compared to August:	◆
Change in health situation in Tadamon compared to August:	◆

### Strategies used to cope with a lack of medical services

**Burza:** None reported;  
**Jober:** Recycling medical items (e.g. bandages syringes and needles);  
**Tadamon:** None reported.

### Availability of medical personnel

**Burza:** Professionally trained surgeons, nurses and midwives; Others: dentists, pharmacists, volunteers with informal medical training.

**Jober:** Professionally trained nurses; Others: volunteers with informal medical training.

**Tadamon:** None.

Change since August ◆

### Medical services available

	Burza	Jober	Tadamon
Child immunization	✓	✗	✗
Diarrhea management	✓	✗	✗
Emergency care	✓	✓	✗
Skilled childbirth care	✓	✗	✗
Surgery <sup>6</sup>	✓	✗	✗
Diabetes care	✗	✗	✗
Change since August	↓	◆	◆

## 🏠 Permanent medical facilities available

	B	J	T
Mobile clinics / field hospitals	✓	✗	✗
Informal emergency care points	✗	✓	✗
Pre-conflict hospitals	✗	✗	✗
Pre-conflict clinics / surgeries	✓	✗	✗
Change since August	◊	◊	◊

## 🚑 Unavailable medical items<sup>4</sup>

**Burza:** Contraception, clean bandages, blood transfusion bags, burn treatment, antibiotics, anaesthetics, medical scissors, heart medicine, blood pressure medicine

**Sometimes available:** Diabetes medicine.

Change since August



**Jobber:** Anti-anxiety medicine, clean bandages, blood transfusion bags, burn treatment, anaesthetics, diabetes medicine.

Change since August



**Tadamon:** Anti-anxiety medicine, contraception, clean bandages, blood transfusion bags, burn treatment, antibiotics, anaesthetics, heart medicine, medical scissors, diabetes medicine, blood pressure medicine.

Change since August



## Reported deaths this month<sup>3</sup>

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

## 🩹 Most needed medical items<sup>5</sup>

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

## FOOD

Change in food situation compared to August in Burza:



Change in food situation compared to August in Jobber:



Change in food situation compared to August in Tadamon:



## 🍲 Most common methods of obtaining food at the household level

**Burza:** Purchasing from shops and markets, home production on personal farms;

**Jobber:** Purchasing from shops and markets;

## 👛 Strategies used to cope with a lack of food

	Burza	Jobber	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

## 🍞 Most common methods of obtaining bread at the household level

**All three communities:** Shops;

**Challenges to obtaining bread (Jobber and Tadamon):** Flour and wheat too expensive/hard to access, electricity/fuel insufficient or too expensive/hard to access, bread unavailable in bakeries (only in Tadamon);

No challenges were reported in Burza.

Change in availability since August



## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### 💰 Average cost of standard food basket<sup>7</sup>

	Burza	Jobber	Tad.	Nearby areas <sup>8</sup>
Average cost September (SYP) <sup>9</sup>	36537	46906	16383	21112
Change since August	↑	↑	↓	No info

In Jobber and Burza the cost of a standard food basket was respectively 40% and 9% more expensive than in nearby communities in Damascus not considered besieged or hard to reach. The average price of a food basket in Tadamon was 24% lower than in nearby communities, though various core items were unavailable, such as bread.

In Jobber and Burza the prices of core food items increased on average by 30% and 9% respectively. In Tadamon, the price of food items available decreased by 2%.

### 🍲 Core food item availability

**Items unavailable in Burza:** Bread (private)

**Items that became available in September in Burza:** Mutton

**Items unavailable in Jobber:** Chicken

**Items that became available in September in Jobber:** Bread (public)

**Items unavailable in Tadamon:** Bread (public/private), chicken, mutton, tomato, cucumber, milk

**Items that became available in September in Tadamon:** None

Change since August



## WASH item availability / prices

While key hygiene and sanitation items were generally available<sup>10</sup> in Burza in September, their prices increased by on average 21%; in Jobber and Tadamon items were mostly only sometimes available<sup>11</sup>.

## Fuel availability / prices

Diesel and butane were the only available fuel sources across all three neighbourhoods in September, as was the case in August.

**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.**

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In September, prices of available food items in Burza and Jobber were on average 58% and 81% higher, respectively, than in nearby communities in Damascus governorate which are not considered hard to reach.<sup>8</sup> In Tadamon, while food prices remained, on average, the same, a number of items became unavailable in September compared to August. This was reportedly due to depleting stocks.

	Item	Burza	Price change since August	Jobber	Price change since August	Tadamon	Price change since August	Nearby non-hard to reach communities <sup>8</sup>
Food Items	Bread private bakery (pack)	Not available	◆	350 <sup>10</sup>	◆	Not available	Available	169
	Bread public bakery (pack)	200 <sup>10</sup>	▲ +14%	300 <sup>10</sup>	Not available	Not available	Available	50
	Rice (1kg)	600 <sup>11</sup>	▲ +20%	675 <sup>10</sup>	▲ +13%	250 <sup>10</sup>	◆	450
	Bulgur (1kg)	350 <sup>11</sup>	▲ +17%	450 <sup>10</sup>	◆	200 <sup>10</sup>	◆	269
	Lentils (1kg)	400 <sup>11</sup>	▲ +14%	550 <sup>10</sup>	▼ -15%	250 <sup>10</sup>	▼ -50%	350
	Chicken (1kg)	1400 <sup>11</sup>	▲ +27%	Not available	Available	Not available	Available	950
	Mutton (1kg)	5000 <sup>11</sup>	Not available	4900 <sup>10</sup>	▲ +2%	Not available	Available	3500
	Tomato (1kg)	200 <sup>11</sup>	◆	150 <sup>10</sup>	▲ +20%	Not available	Available	194
	Cucumber (1kg)	300 <sup>11</sup>	▲ +100%	200 <sup>10</sup>	▲ +33%	Not available	Available	156
	Milk (litre)	275 <sup>11</sup>	◆	250 <sup>10</sup>	◆	Not available	Available	244
	Flour (1kg)	350 <sup>11</sup>	◆	350 <sup>10</sup>	◆	350 <sup>10</sup>	▲ +17%	300
	Eggs (1)	60 <sup>11</sup>	▲ +71%	65 <sup>10</sup>	▲ +8%	55 <sup>10</sup>	▲ +10%	35
	Iodised salt (500g)	200 <sup>10</sup>	▲ +100%	300 <sup>10</sup>	▲ +50%	200 <sup>10</sup>	◆	125
	Sugar (1 kg)	550 <sup>11</sup>	▲ +10%	550 <sup>10</sup>	◆	400 <sup>10</sup>	◆	369
Cooking oil (litre)	850 <sup>11</sup>	▲ +21%	900 <sup>10</sup>	▲ +6%	750 <sup>10</sup>	▲ +7%	625	
WASH Items	Soap (1 bar)	125 <sup>11</sup>	▲ +25%	150 <sup>10</sup>	▼ -25%	150 <sup>10</sup>	◆	76
	Laundry powder (1kg)	800 <sup>11</sup>	▲ +7%	700 <sup>10</sup>	▲ +17%	750 <sup>10</sup>	▲ +7%	613
	Sanitary pads (9)	500 <sup>11</sup>	▲ +25%	350 <sup>10</sup>	◆	300 <sup>10</sup>	▲ +20	362
	Disposable diapers (24 pack)	2500 <sup>11</sup>	▲ +25%	2400 <sup>10</sup>	▲ +14%	1600 <sup>11</sup>	▲ +7%	1675
	Toothpaste (125ml)	250 <sup>11</sup>	▲ +25%	400 <sup>10</sup>	▲ +4%	Not available	Available	213
Fuel	Butane (cannister)	14000 <sup>10</sup>	▲ +17%	15000 <sup>10</sup>	▼ -6%	4000 <sup>10</sup>	◆	2375
	Diesel (litre)	400 <sup>11</sup>	▲ +7%	525 <sup>10</sup>	◆	500 <sup>10</sup>	▼ -9%	181
	Propane (cannister)	6000 <sup>11</sup>	Not available	Not available	◆	Not available	◆	2625
	Kerosene (litre)	Not available	Available	Not available	◆	Not available	◆	294
	Coal (kg)	400 <sup>11</sup>	◆	Not available	◆	Not available	◆	300
	Firewood (tonne)	Not available	Available	85000 <sup>10</sup>	◆	95000 <sup>11</sup>	◆	75000

## Endnotes

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> '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.

<sup>7</sup> 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).

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

<sup>9</sup> \$1 = 514.85 SYP (UN operational rates of exchange as of 1 October 2016).

<sup>10</sup> Generally available in markets (21+ days this month).

<sup>11</sup> Sometimes available in markets (7-20 days this month).

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

September 2016



**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

	Ar Rastan	Talbiseh	Taldu
<b>UN classification:</b>	Hard to reach	Hard to reach	Hard to reach
<b>Estimated population<sup>1</sup>:</b>	47000 indiv.	41000 indiv.	18000 indiv.
<b>Of which estimated IDPs<sup>1</sup>:</b>	9000	11000	640
<b>% pre-conflict population remaining:</b>	26-50%	26-50%	26-50%
<b>% of population that are female:</b>	26-50%	26-50%	26-50%

### SUMMARY

The communities of Ar Rastan, Talbiseh and Taldu are located within the northwestern region of Homs governorate between Homs and Hama cities. Since 2012, access restrictions have been placed on the city of Ar Rastan and the town of Talbiseh, as well as on communities such as Taldu in the surrounding Al Houleh region. During the first half of 2016, conditions in the Al Houleh region deteriorated: the intensification of conflict resulted in increased restrictions on civilian movement and on the entrance of goods such as food and medical items.

This profile presents the situation in Ar-Rastan, Talbiseh and Taldu in September 2016, with comparisons made to August, when the community was last assessed.

In September, restrictions on civilian movement were similar across all communities, with populations

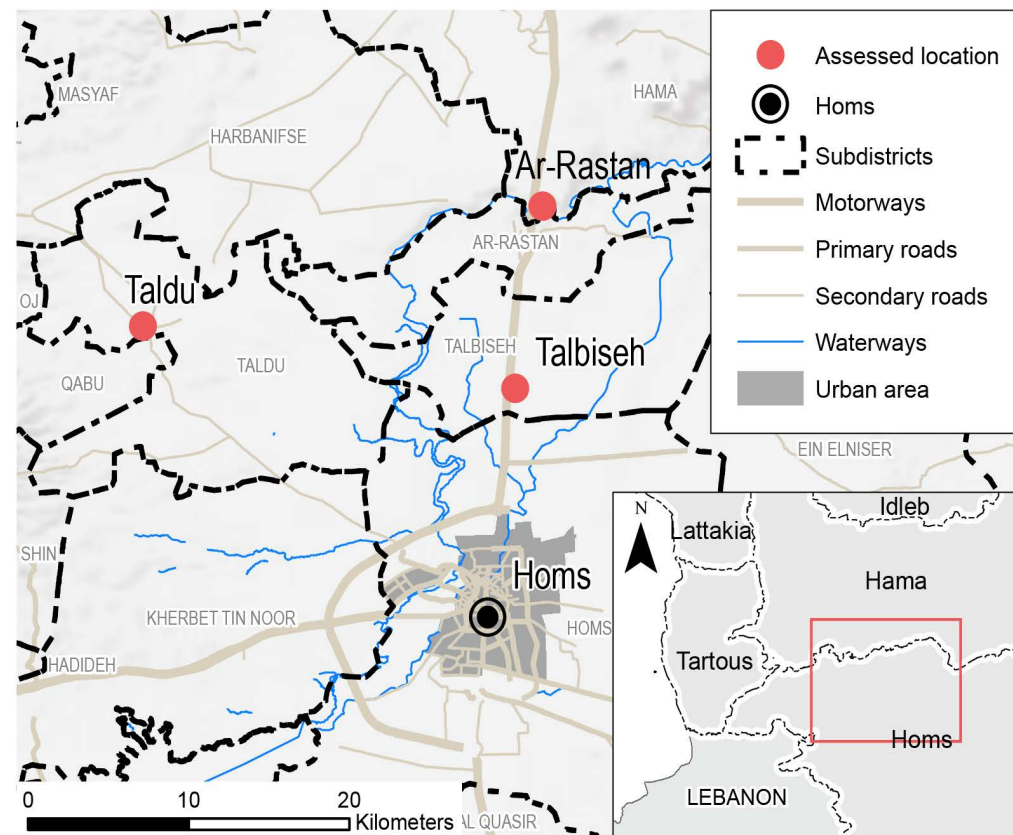
allowed to move between locations but generally not able to leave the wider contested area.

**No commercial vehicles were reportedly able to enter, and prices of most food, hygiene and sanitation items increased compared to August.**

**Vehicles carrying humanitarian aid, including food, NFIs and medicine, were able to enter only Talbiseh and Taldu, without reported restrictions.**

Availability of water and access to electricity improved compared to previous months; this was reportedly due to the building of additional water wells within the contested area and to increased operating hours of the main power network.

**Overall, no significant change in the humanitarian situation was reported in the three communities since August 2016.**



### CHANGES SINCE JULY

	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 September and beginning of October 2016, these updates refer to the situation in September 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

	Ar Rastan	Talbiseh	Taldu
<b>WATER</b>	Main source of drinking water (status) Available water to meet household needs (coping strategies) Access to water network per week	Water trucking (safe to drink) Sufficient 1-2 days	Water trucking (safe to drink) Sufficient 1-2 days
<b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	2-4 hours 2-4 hours (generator)	4-8 hours 4-8 hours (main network)
<b>EDUCATION</b>	Available education facilities  Barriers to education	Pre-conflict primary and secondary facilities; informal schools set up since conflict began  Lack of teaching staff, route to services unsafe, facilities destroyed	Pre-conflict primary facilities; informal schools set up since conflict began  Facilities destroyed, route to services unsafe, lack of school supplies

## MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to August in all three:

### People able to leave<sup>2</sup>

In September no significant change in the number of people able to leave was reported in any of the three communities.

It was reported that everyone could travel between the three communities at any time of the week through formal entry/exit points, without any restrictions.

Despite the absence of travel restrictions within the three communities, only employees and students were reportedly allowed to leave the wider contested area upon providing the appropriate documentation. Informal entry/exit points were also reportedly used to leave the wider contested area.

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

**Ar Rastan:** Gunfire, shelling

**Talbiseh:** Gunfire, shelling, detention

**Taldu:** Gunfire, shelling, detention

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

Change since August in Ar Rastan:

Change since August in Talbiseh:

Change since August in Taldu:

No commercial vehicles reportedly entered the communities during September; goods were only able to enter through informal points.

### Humanitarian vehicles

Change since August in Ar Rastan:

Change since August in Talbiseh:

Change since August in Taldu:

Humanitarian vehicles were reportedly allowed to enter the communities of Talbiseh and Taldu without any form of restriction; there were no reported barriers to receiving aid in Talbiseh, while distribution points were overcrowded in Taldu.

No humanitarian vehicles were allowed to enter Ar Rastan.

### Goods entered

During September, food, NFIs, fuel and medical items reportedly entered all three communities through civilians leaving and bringing goods back through formal or informal points.

In Talbiseh and Taldu, food, NFIs and medical items were also obtained through aid deliveries.

## HEALTH SERVICES

Change in health situation in Ar Rastan compared to August:

Change in health situation in Talbiseh compared to August:

Change in health situation in Taldu compared to August:

### Strategies used to cope with a lack of medical services

**All communities:** None reported

### Permanent medical facilities available

	Ar R.	Talb.	T
Mobile clinics / field hospitals			
Informal emergency care points			
Pre-conflict hospitals			
Pre-conflict clinics / surgeries			
Change since August			

### Availability of medical personnel

**Ar Rastan:** Professionally trained surgeons, doctors, nurses and midwives. Others: dentists, pharmacists, volunteers with informal or without medical training.

**Talbiseh:** Professionally trained surgeons, doctors, nurses and midwives. Others: pharmacists, volunteers with informal medical training

**Taldu:** Professionally trained doctors, nurses and midwives. Others: volunteers with informal medical training

Change since August

### Reported deaths this month<sup>3</sup>

	Ar R.	Talb.	Taldu
Deaths reportedly attributable to causes related to a lack of food	No known cases	No known cases	No known cases
Change since August	↔	↔	↑
Deaths attributable to sickness / disease	No info	Yes	Yes
Change since August	No info	↔	↑
Unusual illness breakouts	Yes	No known cases	No known cases

During the month of September, a breakout of rabies was reported in Ar Rastan, with five individuals reportedly affected by the disease.

### Most needed medical items<sup>4</sup>

	Ar Rastan	Talbiseh	Taldu
1. Blood transfusion bags	Antibiotics	Antibiotics	Antibiotics
2. Surgical equipment	Blood transfusion bags	Blood transfusion bags	Blood transfusion bags
3. Antibiotics	Surgical equipment	Surgical equipment	Surgical equipment

### Unavailable medical items<sup>5</sup>

**Ar Rastan:** Contraception, clean bandages, heart medicine, burn treatment, anaesthetics, medical scissors.

Diabetes and blood pressure medicine sometimes available.

Change since August ↔

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

Change since August ↔

**Taldu:** Contraception, clean bandages, blood transfusion bags, burn treatment, anaesthetics, medical scissors.

Heart, diabetes and blood pressure medicine sometimes available.

Change since August ↔

### Medical services available

	Ar R.	Talb.	Taldu
Child immunization	✓	✓	✓
Diarrhea management	✓	✓	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✓	✓	✓
Surgery <sup>6</sup>	✓	✓	✓
Diabetes care	✗	✓	✗
Change since August	↔	↔	↔

### FOOD

**Change in food situation compared to August in all three:** ↔

#### Most common methods of obtaining food at the household level

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

#### 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

#### Most common methods of obtaining bread at the household level

**All three communities:** Private bakeries

**No challenges to obtaining bread were reported in any of the three communities.** This represented an improvement since August, when challenges were experienced in Ar Rastan and Talbiseh, and was attributed to increased distributions by local charities.

Change in availability since August ↑

### CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

#### Average cost of standard food basket<sup>7</sup>

	Ar R.	Talb.	Taldu	Nearby areas <sup>8</sup>
Average cost (SYP) <sup>9</sup>	38123	37173	37173	35021
Change since August <sup>10</sup>	↔	↔	↔	↔

In September, the average cost of standard food baskets in Ar Rastan, Talbiseh and Taldu was approximately 7% higher than in nearby communities in Homs governorate which are not considered hard to reach.

There were no significant changes between the food basket prices reported in June, August and September, as average monthly price changes were of approximately plus or minus 1%.

#### Core food item availability

**Items unavailable:** Bread (public bakeries)

**Items that became available in September:** None

#### WASH item availability / prices




**All three communities:** With the exception of sanitary pads, all key sanitary and hygiene items (soap, toothpaste, laundry powder, and diapers) remained available in September. Prices of nearly all items increased in all three communities between August and September.

## Fuel availability / prices

In September, diesel, butane and firewood were the only available fuel sources across the three communities. Market availability has continued to improve since communities were assessed in June, with firewood becoming available in August and prices of butane and diesel having generally decreased in both August and September.

### CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In September, prices of available food items in the three communities assessed were on average 12% higher than in nearby communities in Homs governorate which are not considered hard to reach (Makrumiyeh, Zmeimer, and Deir Fool).

	Item	Ar Rastan	Price change since August <sup>10</sup>	Talbiseh	Price change since August <sup>10</sup>	Taldu	Price change since August <sup>10</sup>	Nearby non-hard to reach communities <sup>8</sup>
	Bread private bakery (pack)	250 <sup>11</sup>	↓ -11%	250 <sup>11</sup>	◆	250 <sup>11</sup>	◆	250
	Bread public bakery (pack)	Not available	◆	Not available	◆	Not available	◆	Not available
	Rice (1kg)	300 <sup>11</sup>	↑ +3%	300 <sup>11</sup>	◆	300 <sup>11</sup>	◆	300
	Bulgur (1kg)	275 <sup>11</sup>	↑ +38%	250 <sup>11</sup>	↑ +25%	250 <sup>11</sup>	◆	217
	Lentils (1kg)	650 <sup>11</sup>	↑ +4%	600 <sup>11</sup>	◆	600 <sup>11</sup>	◆	533
	Chicken (1kg)	725 <sup>11</sup>	◆	850 <sup>11</sup>	↑ +21%	800 <sup>11</sup>	↑ +7%	850
	Mutton (1kg)	2900 <sup>11</sup>	↓ -2%	3000 <sup>11</sup>	◆	3000 <sup>11</sup>	◆	2917
	Tomato (1kg)	350 <sup>11</sup>	↑ +56%	375 <sup>11</sup>	↑ +50%	200 <sup>11</sup>	↓ -20%	500
	Cucumber (1kg)	400 <sup>11</sup>	↑ +100%	400 <sup>11</sup>	↑ +100%	350 <sup>11</sup>	↑ +75%	167
	Milk (litre)	120 <sup>11</sup>	↑ +4%	125 <sup>11</sup>	↑ +733%	140 <sup>11</sup>	↑ +17%	120
	Flour (1kg)	275 <sup>12</sup>	◆	275 <sup>11</sup>	◆	225 <sup>11</sup>	↓ -18%	267
	Eggs (1)	50 <sup>11</sup>	↑ +25%	55 <sup>11</sup>	↑ +38%	50 <sup>11</sup>	↑ +25%	47
	Iodised salt (500g)	125 <sup>11</sup>	◆	125 <sup>11</sup>	◆	125 <sup>11</sup>	◆	125
	Sugar (1 kg)	400 <sup>11</sup>	↑ +7%	400 <sup>11</sup>	↑ +7%	400 <sup>11</sup>	↑ +7%	375
	Cooking oil (litre)	1000 <sup>11</sup>	↑ +14%	1000 <sup>11</sup>	↑ +5%	1000 <sup>11</sup>	◆	883
	Soap (1 bar)	80 <sup>11</sup>	↑ +33%	80 <sup>11</sup>	↑ +33%	80 <sup>11</sup>	↑ +78%	50
	Laundry powder (1kg)	700 <sup>11</sup>	↑ +17%	675 <sup>11</sup>	↑ +4%	700 <sup>11</sup>	↑ +8%	633
	Sanitary pads (9)	No info	No info	No info	No info	500 <sup>11</sup>	No info	533
	Toothpaste (125ml)	250 <sup>11</sup>	↓ -9%	250 <sup>11</sup>	◆	250 <sup>11</sup>	◆	258
	Disposable diapers (24 pack)	2100 <sup>11</sup>	↑ +14%	2000 <sup>11</sup>	↑ +8%	2000 <sup>11</sup>	◆	2033
	Butane (cannister)	7000 <sup>11</sup>	↓ -7%	7000 <sup>11</sup>	◆	6700 <sup>11</sup>	↓ -11%	7200
	Diesel (litre)	375 <sup>11</sup>	↓ -6%	400 <sup>11</sup>	↑ +3%	375 <sup>11</sup>	↓ -6%	450
	Propane (cannister)	Not available	◆	Not available	◆	Not available	◆	No info
	Kerosene (litre)	Not available	◆	Not available	◆	Not available	◆	No info
	Coal (kg)	Not available	◆	Not available	◆	450 <sup>11</sup>	Not available	No info
	Firewood (tonne)	75000 <sup>11</sup>	◆	75000 <sup>11</sup>	◆	75000 <sup>11</sup>	◆	No info

**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

<sup>1</sup> Figures based on HNO 2017 population data (September 2016).

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> '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.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> 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).

<sup>8</sup> Nearby communities in Homs governorate which are not considered besieged/hard to reach: Makrumiyeh, Zmeimer, and Deir Fool.

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Oct. 2016).

<sup>10</sup> Prices were compared to when the community was last assessed.

<sup>11</sup> Generally available in markets (21+ days this month).

<sup>12</sup> Sometimes available in markets (7-20 days this month).

# Syria Community Profile Update: Deir ez Zor City (Joura, Qosour), Deir ez Zor

## September 2016



**REACH** Informing more effective humanitarian action

### 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<sup>1</sup>, located in the city centre, have faced access restrictions since January 2015, with security and access to services having progressively worsened since then.

While this profile presents the situation in Joura and Qosour during September 2016, comparisons were made by community representatives to the situation observed in August; where possible, comparisons were also drawn with June, when the community was last assessed.

In September, as was the case in previous months, **restrictions on movement of civilians and goods remained tight, with populations generally unable to leave the two neighbourhoods and no commercial or humanitarian vehicles allowed to enter.**

Following a decrease in humanitarian airdrops during the month of September, the amount of food and medicine entering the community reportedly decreased in comparison to August.

As a result, **many core food items remained**

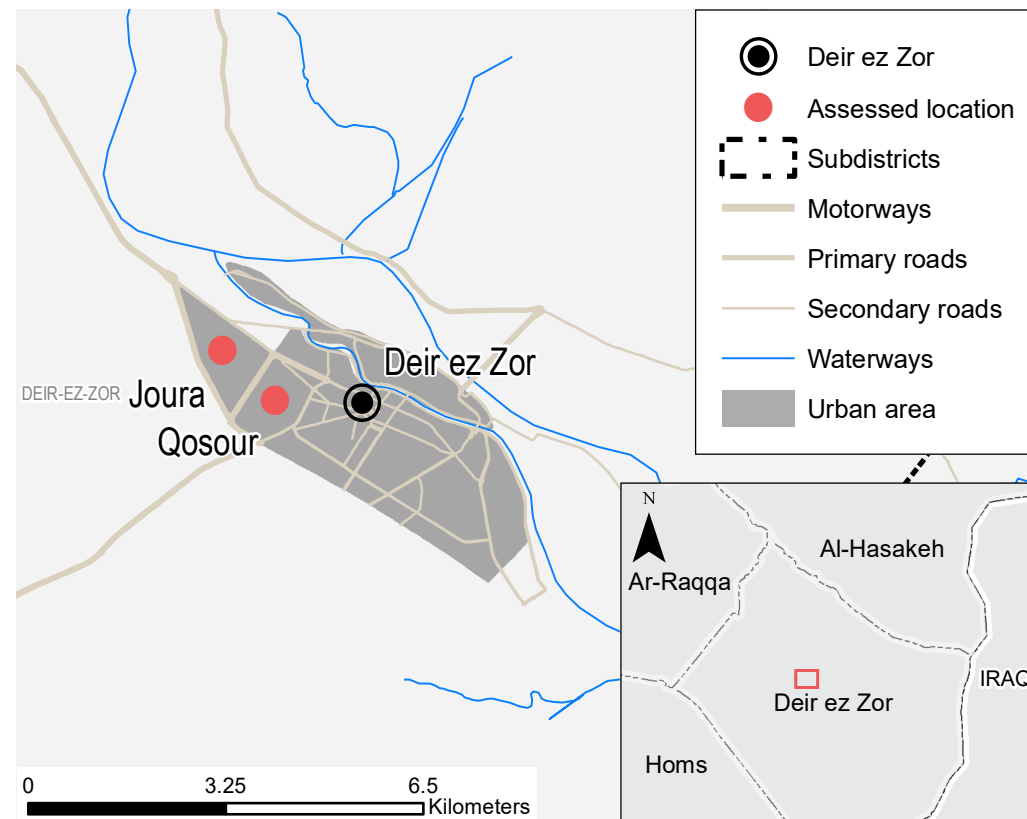


<b>UN classification:</b>	Besieged
<b>Estimated population<sup>1</sup>:</b>	11000 indiv.
<b>Of which IDPs<sup>1</sup>:</b>	52200
<b>% pre-conflict population remaining:</b>	51-75%
<b>% population female:</b>	26-50%

**unavailable in markets, bread availability decreased, and extreme strategies to cope with a lack of food were observed, such as spending days without eating and eating weeds.** Compared to August, the number of deaths attributed to a lack of food also increased.

Due to lower availability of medical items and medicine, doctors still remaining in the area were unable to practise. Most people were reportedly trying to treat themselves at home, as healthcare facilities were inaccessible or medicine too expensive.

Overall, the humanitarian situation worsened in Joura and Qosour due to a decrease in food, medical items and medicine entering the communities in September.






#### METHODOLOGY

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

	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

 <b>WATER</b>	Main source of drinking water (status)	Bottled water (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
 <b>ELECTRICITY</b>	Access to electricity network per day	< 1 hour
	Access to electricity (main source) per day	< 1 hour (Main network)
 <b>EDUCATION</b>	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 due to school holidays

## MOVEMENT OF CIVILIANS

**Change in # people able to leave compared to August:** 

### People able to leave<sup>2</sup>

As was the case in June and August, movement of civilians was severely restricted. No formal or informal entry points were reportedly available, and no one tried to exit the community.

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

No change in risks was reported as, in general, populations did not attempt to either enter or exit their neighbourhoods during September. This was also the case in previous months.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since August:** 

Able to enter: None reported

### Humanitarian airdrops

**Change since August:** 

Between April and September, 94 m<sup>2</sup> of cargo belonging to UNICEF, ICRC and WHO including medical kits, batteries, tomato paste and water purification tablets was delivered to Deir ez Zor as part of WFP's airdrop operations. However, residents reported fewer airdrops during September compared to August. In addition to this, it was reported that most of the aid was not received by the civilian population and was rather distributed unequally or sold on markets.


### Goods entered

The amount of food and medicine entering the neighbourhoods reportedly decreased due to the above mentioned decrease in airdrops during September. No information was available regarding changes in the amount of NFIs and fuel entering Joura and Qosur.

## HEALTH SERVICES

**Change in health situation compared to August:** 

### Reported deaths this month<sup>3</sup>

Deaths reportedly attributable to causes related to a lack of food	Yes
<b>Change since August</b>	
Deaths attributable to sickness / disease	Yes
<b>Change since August</b>	No info
Unusual illness breakouts	No known cases

### Permanent medical facilities available


Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
<b>Change since August</b>	No info

It was reported that one hospital was available in Joura/Qosur; however, no civilians were allowed to access the facility.

### Availability of medical personnel

**Personnel available:** Trained doctors and midwives

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


**Change since August:** 

### Most needed medical items<sup>4</sup>








- Heart medicine
- Diabetes medicine
- Antibiotics

### Medical items available<sup>5</sup>

**Sometimes available:** Heart medicine, diabetes medicine, blood pressure medicine, antibiotics, anesthetics.

**Change since August:** 

### Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery <sup>6</sup>	
Diabetes care	
<b>Change since August</b>	

## FOOD

**Change in food situation compared to August:** 

### Most common methods of obtaining food at the household level

Purchasing from shops/markets, bartering, home production, personal farms.

### Most common methods of obtaining bread at the household level

**Most common source:** Public bakeries;

**Challenges to obtaining bread:** Flour and yeast unavailable, insufficient electricity and fuel.

**Change in availability since August:** 

### 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 availability in markets

**Items unavailable:** Bulgur, lentils, chicken, milk, flour, iodised salt;

**Items that became available in September:** Mutton, tomatoes, eggs.

Change since June

### WASH item availability / prices

During September, toothpaste and sanitary pads were not available in either neighbourhood. The price of soap and diapers decreased by 11% and 31% respectively between June and September, but remained significantly more expensive than in nearby areas not considered besieged/hard to reach (+838% and +186% respectively). Overall, prices of available hygiene and sanitation items were on average 503% higher than these comparative communities.

### Fuel availability / prices

Firewood was the only available fuel source in markets in September and experienced a slight decrease in price since the community was assessed in June. In order to cope with a lack of fuel, people reportedly produced their own gasoline by processing crude oil, or resorted to burning furniture, garbage and plastics.

### CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In September, prices of available food items in Joura/Qosour were on average 490% higher than in nearby communities in Deir ez Zor governorate which are not considered besieged/hard to reach (Al Mayadin, Hatla, Tiba), and 11% lower than in June, when the community was last assessed.

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.

### CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

#### Average cost of standard food basket in September<sup>7</sup>

	Joura/Qosour	Nearby areas <sup>8</sup>
Average cost September (SYP) <sup>9</sup>	146231	36915
Change since June		No info

The average cost of a standard food basket, excluding lentils due to unavailability in Joura/Qosour, was 46% higher than in June, when the community was last assessed. The price remained also considerably higher than in nearby areas in Deir ez Zor governorate not considered besieged or hard to reach (396%).

	Item	Joura/Qosour	Price change since June <sup>10</sup>	Neighbouring non-hard to reach areas <sup>8</sup>
<b>Food Items</b> 	Bread private bakery (pack)	250 <sup>11</sup>	-71%	300
	Bread public bakery (pack)	200 <sup>11</sup>	-20%	Not available
	Rice (1kg)	3000 <sup>11</sup>	+100%	700
	Bulgur (1kg)	Not available		500
	Lentils (1kg)	Not available	Available	875
	Chicken (1kg)	Not available		1350
	Mutton (1kg)	8500 <sup>11</sup>	Not available	3000
	Tomatoes (1kg)	1500 <sup>12</sup>	Not available	750
	Cucumber (1kg)	1500 <sup>12</sup>	+25%	150
	Milk (litre)	Not available		150
	Flour (1kg)	Not available		250
	Eggs (1)	400	Not available	50
	Iodised salt (500g)	Not available	Available	100
	Sugar (1 kg)	6000	+50%	567
	Cooking oil (litre)	7500	+25%	867
<b>WASH Items</b> 	Soap (1 bar)	2500	-11%	267
	Laundry powder (1kg)	8000	Not available	1367
	Sanitary pads (9)	Not available		650
	Toothpaste (125ml)	Not available		575
	Disposable diapers (24 pack)	5500	-31%	1925
<b>Fuel</b> 	Butane (cannister)	Not available		15833
	Diesel (litre)	Not available		140
	Propane (cannister)	Not available		15833
	Kerosene (litre)	Not available		125
	Coal (kg)	Not available		Not available
	Firewood (tonne)	300000	-14%	46667

## Endnotes

<sup>1</sup> Figures based on HNO 2017 population data (September 2016), for the entire city of Deir ez Zor.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> '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.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> 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](#)).

<sup>8</sup> Nearby communities in Deir ez Zor governorate which are not considered besieged/hard to reach: Al Mayadin, Hatla, Tiba.

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Oct. 2016)

<sup>10</sup> Prices were compared to when the community was last assessed.

<sup>11</sup> Generally available in markets (21+ days this month).

<sup>12</sup> Sometimes available in markets (7-20 days this month).

Calculation is based on updated data from June round where the average cost of the standard food basket was 99978 SYP.

### FOR HUMANITARIAN PURPOSES ONLY

#### SUMMARY

The community of Hajar Aswad, situated just south of Damascus City, has experienced 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 between parties to the conflict. Under the agreement, limited civilian movement from Hajar Aswad and into surrounding neighbourhoods of Yalda, Babella, and Beit Saham (YBB) has been permitted. This profile presents the situation in September 2016, with comparisons made to August, when the community was last assessed.

In September, the situation in Hajar Aswad remained relatively stable with no major developments reported. Populations remain 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 the presentation of required documents.

Residents remained able to use informal points, as was the case in August, and medical personnel were occasionally permitted to travel to and from YBB.

**No vehicles carrying either humanitarian or commercial goods were permitted to enter the community in September, as was also the case in August.** Consequently, those populations able to leave the community through either formal or informal points had to travel to YBB to procure small amounts of goods (food, NFIs and medical items). However, the quantity of food entering in September decreased due to a reduction in the size of food baskets being distributed in YBB.

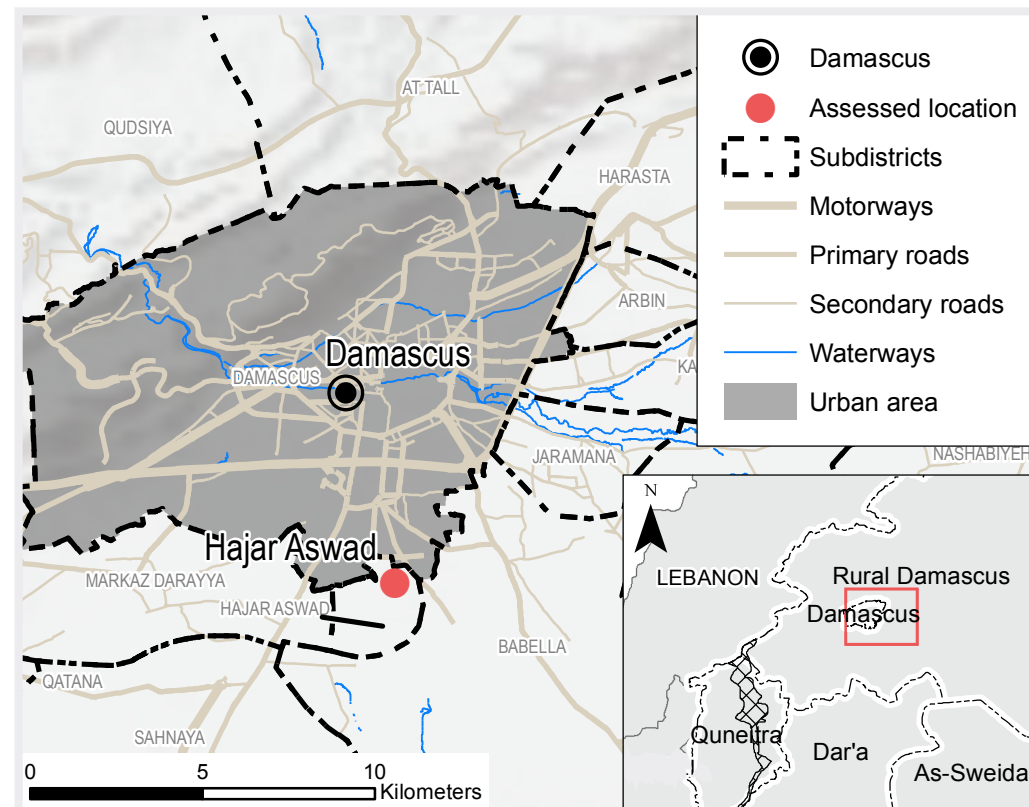


<b>UN classification:</b>	Hard to reach
<b>Estimated population<sup>1</sup>:</b>	4500 indiv.
<b>Of which IDPs<sup>1</sup>:</b>	320
<b>% pre-conflict population remaining:</b>	1 - 25%
<b>% population female:</b>	1 - 25%

There was no notable change in populations' access to basic services (water, electricity or education) in September; populations continue to rely on water from wells and access remained limited. **There is still insufficient water to meet population needs, and residents have been modifying their hygiene practices in order to cope.**

Core food items were sometimes available in markets in September, with the exception of bread (private and public bakeries) which remained unavailable. **However, due to the reduction in goods entering, availability of items decreased in comparison to August and subsequently increases in price were experienced.**

**Overall, the humanitarian situation appears to have remained largely the same in Hajar Aswad between August and September and populations continue to face restrictions on the movement of people and vehicles, limiting access to food, NFI and medical items.**



#### METHODOLOGY

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

## MOVEMENT OF CIVILIANS

**Change in # people able to leave compared to August:** 

### People able to leave<sup>2</sup>

Approximately 11-25% of people were able to leave Hajar Aswad in September through formal entry and exit points. However, as was the case in August, only women, children and the elderly were permitted to leave once or twice a week, upon showing documentation.

Informal points used: Yes

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

Gunfire, detention, verbal and physical harassment, and sexual harassment towards women

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since August:** 




Able to enter: No

### Humanitarian vehicles

**Change since August:** 

Able to enter: None reported

## ACCESS TO SERVICES

 <b>WATER</b>	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 (modifying hygiene practices i.e. bathing less) Network unavailable
 <b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	Network unavailable 2 - 4 hours (Generator)
 <b>EDUCATION</b>	Available education facilities Barriers to education Change in number of children attending school	Pre-conflict primary, secondary, high schools Facilities destroyed, lack of teaching staff, lack of school supplies About the same


### Goods entered

As was the case in previous months, there was **no movement of either commercial or humanitarian vehicles into or out of Hajar Aswad this month**. However, civilians permitted to enter and exit the community, using formal and informal routes, were able to bring back limited amounts of food, NFIs and medical items. Residents have been burning plastic in order to cope with a lack of fuel.

### Availability of medical personnel

**Personnel available:** Professionally trained nurses and midwives

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

**Change since August:** 

## HEALTH SERVICES

**Change in health situation compared to August:** 


### Permanent medical facilities available

Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
<b>Change since August</b>	

### Unavailable medical items<sup>3</sup>

**Items unavailable:** clean bandages, blood transfusion bags and anesthetics

Anti-anxiety medication, contraception, heart medication, diabetes medication, blood pressure medication, antibiotics, burn treatment, were sometimes available.

**Change since August:** 



### Most needed medical items<sup>4</sup>

1. Antibiotics
2. Diabetes medicine
3. Heart medicine

### Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery <sup>6</sup>	
Diabetes care	
<b>Change since August</b>	

### Reported deaths this month<sup>5</sup>

Deaths reportedly attributable to causes related to a lack of food	No known cases
<b>Change since August</b>	
Deaths attributable to sickness / disease	Yes
<b>Change since August</b>	
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 August:

Those individuals permitted to leave Hajar Aswad travel to YBB and return with food items and bread distributed by local organisations in those areas. However, the quantity of food in each basket decreased this month, resulting in a reduction in the amount of food entering the community.

### Most common methods of obtaining food at the household level






Purchasing from shops and markets, through local distributions


### Most common methods of obtaining bread at the household level

**Most common source:** Shops in nearby communities, through local distributions

Change since August 

### 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<sup>7</sup>

	Hajar Aswad	Nearby areas <sup>8</sup>
Average cost September (SYP) <sup>9</sup>	17957	28707
Change since August		No info

The average cost of a standard food basket, excluding bread due to unavailability in markets, decreased by 10% between August and September. The price of a standard food basket in Hajar Aswad was less 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

Soap, laundry power and toothpaste were only sometimes available<sup>11</sup> in markets this month, a reduction in comparison to August when they were all generally available<sup>12</sup>. In addition, since last month, prices of laundry powder and diapers rose by 43% and 13%, respectively.





























### Fuel availability / prices

Availability of fuel sources decreased since August, with only butane and diesel being available in markets. Prices remained similar over this time frame but were on average 84% more expensive than in nearby communities.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

Availability of assessed food items decreased this month in comparison to August. Items were only sometimes available<sup>11</sup>, and overall, market prices increased by an average of 11% in the same time period. The price of lentils reduced in September due to their inclusion in the food baskets being distributed in YBB. Bread from both private and public bakeries remained unavailable in September, unchanged since August.

**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 August	Nearby non-hard to reach areas
	Bread private bakery (pack)	Not Available		65
	Bread public bakery (pack)	Not Available		50
	Rice (1kg)	350 <sup>11</sup>	 +56%	525
	Bulgur (1kg)	250 <sup>11</sup>	 +25%	275
	Lentils (1kg)	250 <sup>11</sup>	 -50%	537
	Chicken (1kg)	1150 <sup>11</sup>	 +5%	950
	Mutton (1kg)	5000 <sup>11</sup>	 +11%	4150
	Tomato (1kg)	200 <sup>11</sup>		175
	Cucumber (1kg)	225 <sup>11</sup>		212
	Milk (litre)	250 <sup>11</sup>		187
	Flour (1kg)	300 <sup>11</sup>		300
	Eggs (1)	60 <sup>11</sup>	 +20%	50
	Iodised salt (500g)	200 <sup>11</sup>		94
	Sugar (1 kg)	400 <sup>11</sup>		400
	Cooking oil (litre)	700 <sup>11</sup>	 +8%	1062
	Soap (1 bar)	150 <sup>11</sup>		84
	Laundry powder (1kg)	1000 <sup>11</sup>	 +43%	425
	Sanitary pads (9)	250 <sup>12</sup>		406
	Toothpaste (125ml)	350 <sup>11</sup>		425
	Disposable diapers (24 pack)	1700 <sup>12</sup>	 +13%	1450
	Butane (cannister)	4000 <sup>11</sup>		2900
	Diesel (litre)	550 <sup>11</sup>		293
	Propane (cannister)	Not Available		3500
	Kerosene (litre)	Not Available		575
	Coal (kg)	Not Available		1500
	Firewood (tonne)	Not Available	Available	4500

## Endnotes

<sup>1</sup> Figures based on HNO 2017 population data (September 2016).

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> '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.

<sup>5</sup> 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

<sup>6</sup> 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.

<sup>7</sup> 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](#)).

<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Zakyeh, Deir Ali, Aqraba, and Sa'Sa'

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Oct. 2016).

<sup>10</sup> Generally not available in markets this month (fewer than 7 days)

<sup>11</sup> Sometimes available in markets (7 – 20 days this month).

<sup>12</sup> Generally available in markets (21+ 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 random shelling since then, conflict escalated in September 2016 and has been progressively worsening. There exists only one road into and out of Khan Elshih; however few civilians are able to make use of this road due to the insecurity. This profile presents the situation in September 2016, with comparisons made to August, when the community was last assessed.

Restrictions on civilian movement remained tight during September, with few civilians able to make use of the one formal access route into and out of Khan Elshih. This was also the case when the community was previously assessed in both August and June. However, an escalation of shelling in the community reduced the ability of civilians to make use of informal routes in September, further limiting population movement. **At the time of writing, (October 11th) it was reported that the road from Khan Elshih had been closed and no civilians are able to use it.**

**No commercial or humanitarian vehicles were able to enter the community in September, which was also the case in August.** The ability of goods to enter remained reliant on those civilians able to travel to nearby communities to access bread and other basic food items. **Due to escalating conflict and greater insecurity on routes to**

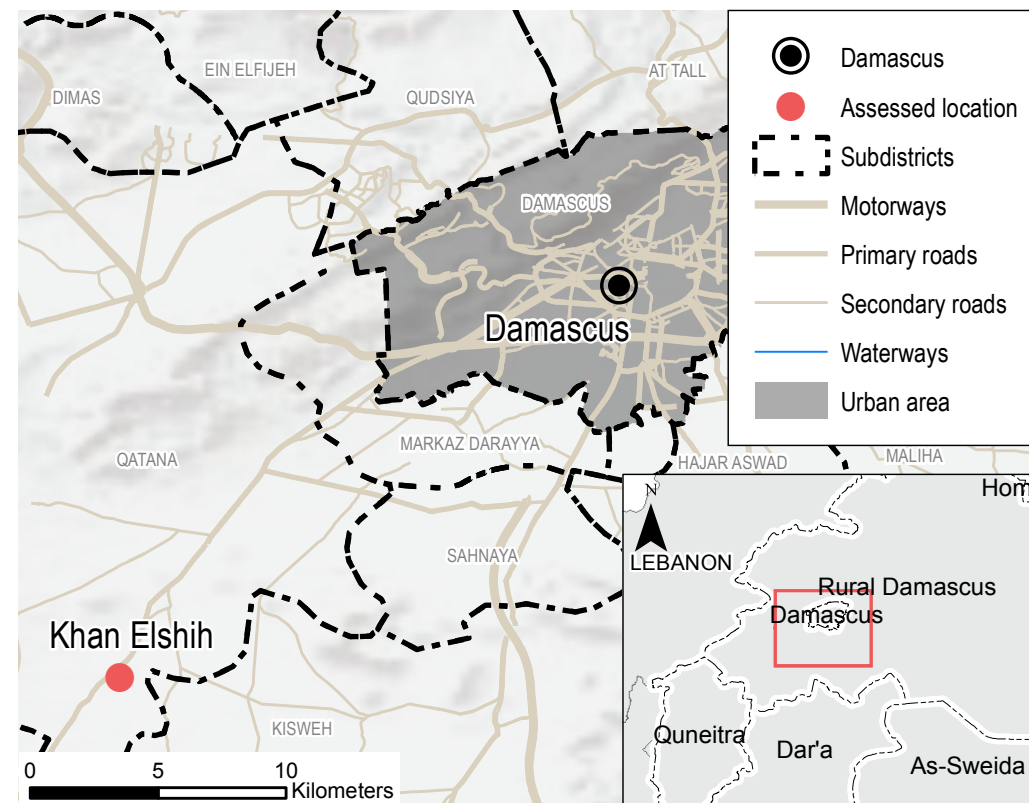


<b>UN classification:</b>	Hard to reach
<b>Estimated population<sup>1</sup>:</b>	12000 indiv.
<b>Of which IDPs<sup>1</sup>:</b>	3000
<b>% pre-conflict population remaining:</b>	26 - 50%
<b>% population female:</b>	26 - 50%

**nearby communities, fewer items entered the community this month and consequently food and fuel prices increased and their availabilities decreased; in particular diesel prices increased by 35% since the previous month.**

**Due to the increased conflict, fewer people were able to access available health facilities in comparison to August.** Commonly held security concerns prevented civilians from traveling to seek treatment, while residents of particular areas were physically restricted from accessing facilities due to direct shelling. **At the time of writing, it was reported that the hospital had been destroyed by shelling.**

**Overall, the humanitarian situation has deteriorated since August; increased shelling within the community tightened movement restrictions, prevented populations from seeking medical treatment, decreased the availability of food and fuel, and in turn increased already inflated market prices.**



**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 September and beginning of October 2016, these updates refer to the situation in September 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 August:** ↓

### 🚶 People able to leave<sup>2</sup>

Only some women, children, employees and students were able to leave Khan Elshih through formal routes during September. However this was only the case on certain days and upon showing required documentation.

At the time of writing (October) it was reported that access to this road had completely closed and no one was able to enter or leave Khan Elshih through the formal route.

While informal routes exist within the community, the ability of people to use them decreased in September due to increased shelling and the associated risk to life.

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

Gunfire, shelling, landmines, detention

## MOVEMENT OF GOODS AND ASSISTANCE

### 🚚 Vehicles carrying commercial goods

**Change since August:** ⬆️

Able to enter: No

### 🚚 Humanitarian vehicles

**Change since August:** ⬆️

None reported

## ACCESS TO SERVICES

💧 <b>WATER</b>	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
💡 <b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	2 - 4 hours 2 - 4 hours (Main network)
🎓 <b>EDUCATION</b>	Available education facilities Barriers to education Change in number of children attending school	Pre-conflict primary, secondary, high schools Facilities destroyed, lack of teaching staff, lack of school supplies About the same

### 📦 Goods entered

Food, NFIs and medical items entered Khan Elshih carried by civilians leaving and returning via either formal or informal routes. Due to increased shelling and restrictions on civilian movement, the quantity of these items entering the community decreased this month. Fuel was unable to enter in this manner and as such, no fuel entered the community in September, which was also the case in August. Residents are reportedly burning their furniture in order to cope with a lack of cooking fuel.

### 🏠 Permanent medical facilities available

Mobile clinics / field hospitals	✓
Informal emergency care points	✓
Pre-conflict hospitals	✗
Pre-conflict clinics / surgeries	✓
<b>Change since August</b>	⬆️

### 👤 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 August** ⬆️

## HEALTH SERVICES

**Change in health situation compared to August:** ↓

During September, populations could not access available health facilities due to security fears amid the increased shelling. Further, at the time of writing (October) the Khan Elshih Hospital was completely destroyed by shelling on October 5th<sup>3</sup>.

### 🏥 Strategies used to cope with a lack of medical services

None reported.

### 📦 Unavailable medical items<sup>4</sup>

**Items unavailable:** clean bandages and blood transfusion bags

Heart, diabetes, and blood pressure medication, were sometimes available

**Change since August** ⬆️

### 📋 Most needed medical items<sup>5</sup>

1. Clean bandages
2. Blood transfusion bags
3. Antibiotics

### 🏥 Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✓
Surgery <sup>6</sup>	✓
Diabetes care	✓
<b>Change since August</b>	⬆️

### 👤 Reported deaths this month<sup>7</sup>

Deaths reportedly attributable to causes related to a lack of food	No known cases
<b>Change since August</b>	⬆️
Deaths attributable to sickness / disease	Yes
<b>Change since August</b>	⬆️
Unusual illness breakouts	No known cases

## FOOD

### Change in food situation compared to August:



Due to the reduced quantity of goods entering since August, market availability of assessed items (core food items, hygiene and sanitation items and fuel sources) has decreased and the already inflated prices have risen further.

### Most common methods of obtaining food at the household level

Purchasing from shops in nearby communities

### Most common methods of obtaining bread at the household level

Bread unavailable in bakeries in Khan Elshih; in order to access bread civilians need to travel to nearby Kisweh and purchase bread.

Change since August



### 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<sup>8</sup>

	Khan Elshih	Nearby areas <sup>9</sup>
Average cost September (SYP) <sup>10</sup>	28059	29124
Change since August	↑	No info

The average cost of a standard food basket, excluding bread due to unavailability in bakeries in Khan Elshih, increased by 8% from August to September. It was slightly less expensive than in nearby communities not considered besieged/hard to reach, however this is likely due to the exclusion of bread, which constitutes a large portion of the food basket calculation.

### WASH item availability / prices

On average, prices of laundry powder, toothpaste and diapers increased by **71% between August and September; notably, the price of laundry powder increased by 150%.**

### Fuel availability / prices

Butane, diesel and kerosene were the only fuel sources available in markets during September. However they were only in available 1-6 days this month. **The price of diesel in particular increased by 35% between August and September; reportedly no diesel entered the community in the past two months.**

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

Core food items, with the exception of bread, remained in markets during September, however availability decreased from generally available in August (more than 21 days) to only sometimes available (7-20 days). **On average prices increased by 20% over this same period; most notably flour, milk and bulgur which increased by 50%, 67% and 50%, respectively.**

**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 August	Nearby non-hard to reach areas	
Food Items	Bread private bakery (pack)	Not Available	◆	65	
	Bread public bakery (pack)	Not Available	◆	50	
	Rice (1kg)	600 <sup>11</sup>	◆	525	
	Bulgur (1kg)	450 <sup>11</sup>	↑ +50%	275	
	Lentils (1kg)	450 <sup>11</sup>	↑ +13%	537	
	Chicken (1kg)	1300 <sup>11</sup>	↑ +8%	950	
	Mutton (1kg)	4500 <sup>11</sup>	↑ +29%	4150	
	Tomato (1kg)	250 <sup>12</sup>	◆	175	
	Cucumber (1kg)	250 <sup>11</sup>	◆	212	
	Milk (litre)	250 <sup>11</sup>	↑ +67%	187	
	Flour (1kg)	450 <sup>11</sup>	↑ +50%	300	
	Eggs (1)	60 <sup>11</sup>	↑ +20%	50	
WASH Items	Iodised salt (500g)	100 <sup>11</sup>	◆	94	
	Sugar (1 kg)	450 <sup>11</sup>	◆	400	
	Cooking oil (litre)	900 <sup>11</sup>	↑ +29%	1062	
	Soap (1 bar)	100 <sup>11</sup>	◆	84	
	Laundry powder (1kg)	3000 <sup>11</sup>	↑ +150%	425	
	Sanitary pads (9)	500 <sup>11</sup>	◆	406	
	Toothpaste (125ml)	400 <sup>12</sup>	↑ +14%	425	
	Disposable diapers (24 pack)	3000 <sup>11</sup>	↑ +50%	1450	
	Fuel	Butane (cannister)	3200 <sup>10</sup>	↑ +7%	2900
		Diesel (litre)	500 <sup>10</sup>	↑ +35%	293
Propane (cannister)		Not Available	◆	3500	
Kerosene (litre)		500 <sup>10</sup>	Not Available	575	
Coal (kg)		Not Available	◆	1500	
	Firewood (tonne)	Not Available	Available	45000	

## Endnotes

<sup>1</sup> Figures based on HNO 2017 population data (September 2016).

<sup>2</sup> 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.

<sup>3</sup> MSF reported on October 7th that Khan Elshih Hospital had been completely destroyed by bombing and shelling in the evening and through the night of 5th October

<sup>4</sup> 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.

<sup>5</sup> '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.

<sup>6</sup> 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.

<sup>7</sup> 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

<sup>8</sup> 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).

<sup>9</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Zakyeh, Deir Ali, Aqraba, and Sa'Sa

<sup>10</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Oct. 2016)

<sup>11</sup> Generally not available in markets (less than 7 days this month).

<sup>12</sup> Sometimes available in markets this month (7 – 20 days).

# Syria Community Profile Update: Hama and Qudsiya, Rural Damascus

September 2016



**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

	Hama	Qudsiya
<b>UN classification:</b>	Hard to reach	Hard to reach
<b>Estimated population<sup>1</sup>:</b>	527000 indiv.	100000 indiv.
<b>Of which estimated IDPs<sup>1</sup>:</b>	110000	73000
<b>% pre-conflict population remaining:</b>	1-25%	76-100%
<b>% of population that are female:</b>	1-25%	1-25%

### SUMMARY

Hama and Qudsiya, located north-west of Damascus, continue to face access restrictions despite a reported truce agreement in November 2015. This profile presents the situation in September 2016, with comparisons made to August when the community was last assessed.

Access restrictions on civilians remained tight on formal entry/exit points in August in Hama and Qudsiya, with civilians able to move between the two communities freely, but with limited travel in the wider area. **In addition to the two formal entry/exit points previously used in Qudsiya, the opening of a new informal route in Hama resulted in greater civilian movement compared to the previous month. Additionally, both communities were subject to shelling in September, and the intensification of conflict also prompted more people to leave both communities in comparison to August.**

Since July, no humanitarian vehicles have been

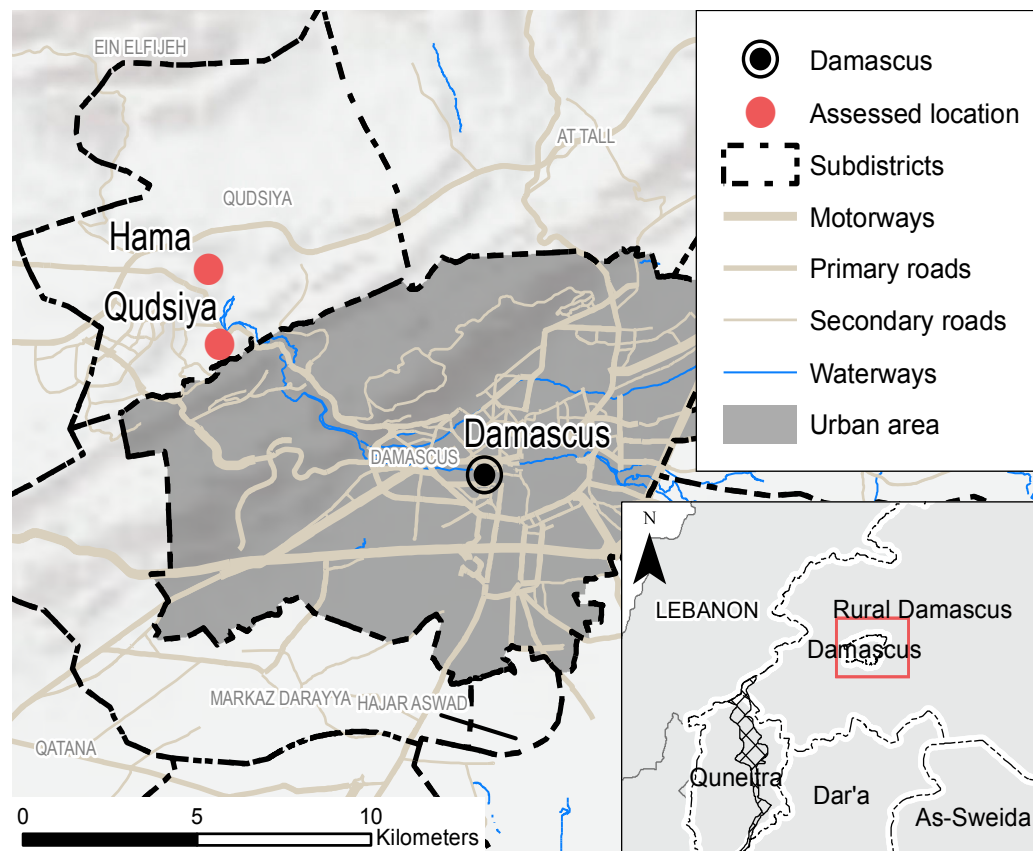
**allowed to enter either community.** Commercial vehicles are able to move freely between and inside the two communities; however, due to the tightening of vehicle access restrictions, through the imposition of fees and confiscation of items, fewer commercial vehicles were allowed to enter/exit the communities, and fewer goods entered.

Availability of NFIs, food, medical items and fuel decreased significantly in September, particularly as fuel and medical items continued to be banned from entering, resulting in a depletion in existing stocks and a deterioration of the health situation. For the first time it was reported that recycling of medical items was used as a coping strategy in Hama. Additionally, in September, bread was no longer allowed to enter, and chicken and mutton became unavailable.

**Overall the humanitarian situation declined in both communities. Tightened access restrictions limited the entry of all goods, resulting in a decrease in availability, increase in prices and a decline of the capacity of the health system.**

### CHANGES SINCE AUGUST

	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 September and beginning of October 2016, these updates refer to the situation in September 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
<b>WATER</b>	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 1-2 days
<b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (main source) per day	4-8 hours 4-8 hours (Main network)
<b>EDUCATION</b>	Available education facilities Barriers to education Change in number of children attending school	Pre-conflict primary, secondary, and high schools None reported About the same

## MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to August:

### People able to leave<sup>2</sup>

In September, civilian populations were able to move freely between Hama and Qudsiya, upon presenting documentation. Movement into the wider area remained restricted with check points frequently closing. **There was a small increase in the number of people leaving Qudsiya due to heavier clashes and rising prices in the community. Additionally, in contrast to August, one informal entry/exit point was reported in Hama in September, resulting in an increase in the number of individuals exiting/entering Hama both to Qudsiya and to the wider area.**

**Hama:** 51-75% of people were able to leave in September. Civilians could leave the community by using two formal points in Qudsiya (Al Haras or Al Dahyeh), but only in the mornings upon showing identification. Civilians also reportedly began using an informal route in September.

**Qudsiya:** 51-75% of people were able to leave in September, upon presentation of

required identification and occasional payment of checkpoint fees.

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

**Hama:** Gunfire; landmines; shelling; verbal and physical harassment; detention; confiscation of documents; conscription

**Qudsiya:** Gunfire; verbal and physical harassment; detention; confiscation of documents; conscription

## MOVEMENT OF GOODS AND ASSISTANCE

**Vehicles carrying commercial goods**

Change in both since August:

**Both communities:** Some commercial vehicles were allowed entry through formal points on select days upon showing documentation; typical restrictions to entering included the payment of transit fees, vehicle searches, and removal of items before entry.

Vehicles are able to move freely between and within the communities, but faced several restrictions upon entering/leaving the greater area. In both Hama and Qudsiya, following escalation of conflict in September, more

## Qudsiya

Water network (Safe to drink)  
Sufficient

1-2 days  
2-4 hours  
2-4 hours (Main network)

Pre-conflict primary, secondary, and high schools  
None reported  
About the same

vehicles were prevented from entering from outside the greater area, shipments were occasionally confiscated, or fees were required.

**Humanitarian vehicles**

Change in both since August:

**Able to enter Hama and Qudsiya:** None reported in September, as was the case in August.

**Goods entered**

**Hama and Qudsiya:** As was the case in August, no fuel or medical items were allowed to enter the communities in September. Instead, individuals relied on fuel remaining in their vehicles to cope with a lack of fuel. Whereas some food and NFIs were brought into the communities via commercial vehicles and civilians moving through entry points, **people were no longer allowed to bring selected food items including bread through checkpoints. Due to increased restrictions on goods, there was an overall decrease in food, NFI, and medical items entering in September since August.**

## HEALTH SERVICES

Change in health situation in Hama compared to August:

Change in health situation in Qudsiya compared to August:

### Reported deaths this month<sup>3</sup>

	Hama	Qudsiya
Deaths reportedly attributable to causes related to a lack of food	No known cases	No known cases
Change since August		
Deaths attributable to sickness / disease	Yes	Yes
Change since August		
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 August		

Fewer medical facilities were reportedly available in Hama, and continued restrictions on medical items entering both communities contributed to an overall worsening of the health situation.

### Unavailable medical items<sup>4</sup>

**Hama and Qudsiya:** Clean bandages, burn treatment

**Sometimes available:** Anaesthetics, medical scissors, antibiotics

Change since August in Hama	
Change since Aug in Qudsiya	

In both Hama and Qudsiya clean bandages became unavailable in September. There was a decrease in available medical items due to the continued prevention of medicine and medical items allowed entry into the community.

### Most needed medical items<sup>5</sup>

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

### Availability of medical personnel

**Hama:** Professionally trained doctors, nurses, and midwives















**Others:** Dentists, pharmacists, and anesthesiologists

**Qudsiya:** Professionally trained doctors, nurses, and midwives

**Others:** Dentists, pharmacists, and anesthesiologists

Change since August	
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### Medical services available

	Hama	Qudsiya
Child immunization		
Diarrhea management		
Emergency care		
Skilled childbirth care		
Surgery <sup>6</sup>		
Diabetes care		
Change since August		

Child immunization, reportedly sometimes available during August, became unavailable in both communities during September. Despite the availability of some medical services, a lack of income and resources and physical constraints were reportedly barriers preventing parts of the population, particularly the elderly, from accessing such services.

### Strategies used to cope with a lack of medical services

**Hama:** Using non-medical items for treatment, as in August; recycling medical items, reported for the first time in September

**Qudsiya:** Recycling medical items; using non-medical items for treatment, same as August

## FOOD

Change in food situation compared to August in both:	
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### Most common methods of obtaining food at the household level


**Hama and Qudsiya :** Purchasing from shops and markets

### Most common methods of obtaining bread at the household level











**Hama and Qudsiya:** Shops


**Challenges to obtaining bread:** Flour, wheat, and yeast expensive or hard to access; insufficient electricity or fuel

Access to bread decreased in both communities during September. While previously brought from nearby villages, bread was not permitted to enter in September.

Change in availability since Aug	
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### 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 basket (excluding bread)<sup>7</sup>

	Hama	Qudsiya	Nearby areas <sup>8</sup>
Average cost Sept (SYP) <sup>9</sup>	50488	50488	30806
Change since August <sup>10</sup>			No info

**In Hama and Qudsiya the average cost of a standard food basket<sup>12</sup> was approximately 19600 SYP higher than in nearby communities which are not considered hard to reach.**

Prices reported for both Hama and Qudsiya indicate an overall food basket price increase of 10% from August to September.

### Core food item availability

**Items unavailable in both:** Bread (private and public bakeries), chicken, mutton, flour

**Bread became effectively unavailable due to restrictions on entry.** Whereas previously bread and flour were brought from nearby villages, in September it was prohibited from entering. Chicken and mutton became unavailable in September due to increased restrictions on food permitted to enter the community.

### WASH item availability / prices



**Hama and Qudsiya:** There were no notable changes in availability of assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste, and disposable diapers) since August.

## Fuel availability / prices

**Both communities:** Propane, kerosene and coal remained unavailable in September. As in the previous month, diesel, butane and firewood were the only available fuel sources. While firewood was generally available<sup>10</sup>, diesel and butane were only sometimes available<sup>11</sup>. Prices of available fuels (butane, diesel and firewood) was on average four times higher than those in nearby communities.

### CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In September, prices of available food items in Hama and Qudsiya were on average 19% higher than in August. Food prices increased due to the continued restrictions in access. Prices below represent the prices reported at the end of the month.

	Item	Hama	Price change since August	Qudsiya	Price change since August	Nearby non-hard to reach communities
	Bread private bakery (pack)	Not available	◆	Not available	◆	65
	Bread public bakery (pack)	Not available	◆	Not available	◆	50
	Rice (1kg)	800 <sup>11</sup>	↑ +14%	800 <sup>11</sup>	↑ +14%	525
	Bulgur (1kg)	650 <sup>11</sup>	◆	650 <sup>11</sup>	◆	275
	Lentils (1kg)	900 <sup>11</sup>	↑ +6%	900 <sup>11</sup>	↑ +6%	538
	Chicken (1kg)	Not available	Available	Not available	Available	950
	Mutton (1kg)	Not available	Available	Not available	Available	4150
	Tomatoes (1kg)	250 <sup>11</sup>	↓ -29%	250 <sup>11</sup>	↓ -29%	175
	Cucumber (1kg)	400 <sup>11</sup>	↑ +14%	400 <sup>11</sup>	↑ +14%	213
	Milk (litre)	350 <sup>11</sup>	◆	350 <sup>11</sup>	◆	189
	Flour (1kg)	Not available	◆	Not available	◆	300
	Eggs (1)	65 <sup>11</sup>	↑ +8%	65 <sup>11</sup>	↑ +8%	50
	Iodised salt (500g)	150 <sup>11</sup>	◆	150 <sup>11</sup>	◆	94
	Sugar (1 kg)	550 <sup>11</sup>	↓ -9%	550 <sup>11</sup>	↓ -9%	400
	Cooking oil (litre)	950 <sup>11</sup>	↑ +6%	950 <sup>11</sup>	↑ +12%	1063
	Soap (1 bar)	150 <sup>10</sup>	◆	150 <sup>10</sup>	◆	84
	Laundry powder (1kg)	750 <sup>10</sup>	↑ +15%	700 <sup>10</sup>	↑ +7%	425
	Sanitary pads (9)	700 <sup>10</sup>	↑ +17%	700 <sup>10</sup>	↑ +17%	407
	Toothpaste (125ml)	650 <sup>10</sup>	↑ +9%	650 <sup>10</sup>	↑ +9%	425
	Disposable diapers (24 pack)	2000 <sup>10</sup>	↑ +11%	2000 <sup>10</sup>	↑ +8%	1450
	Butane (cannister)	12000 <sup>11</sup>	↑ +167%	12000 <sup>11</sup>	↑ +167%	2900
	Diesel (litre)	1000 <sup>11</sup>	↑ +100%	1000 <sup>11</sup>	↑ +100%	293
	Propane (cannister)	Not available	◆	Not available	◆	3500
	Kerosene (litre)	Not available	◆	Not available	◆	575
	Coal (kg)	Not available	◆	Not available	◆	1500
Firewood (tonne)	200000 <sup>10</sup>	◆	200000 <sup>10</sup>	◆	45000	

**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

<sup>1</sup> Figures based on the last comprehensive quarterly UN update of People in Need (PiN) across all besieged and hard to reach areas (June 2016).

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> '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.

<sup>6</sup> 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.

<sup>7</sup> 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).

<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Zakyeh, Deir Ali, Aqraba, Sa'Sa'

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Oct. 2016)

<sup>10</sup> Generally available in markets (21+ days this month)

<sup>11</sup> Sometimes available in markets (7-20 days this month)

<sup>12</sup> 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 (250 SYP).

### 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 September 2016, with comparisons made to August, when the community was last assessed.

As was the case in August, **freedom of movement outside At Tall remained extremely tight**, with only 1-10% of people able to leave the area, predominantly women, children, both public and private sector employees, and university students.

Restrictions on vehicles remained unchanged from the previous month; **no humanitarian vehicles were able to enter the area whilst some vehicles carrying commercial goods were reportedly able to enter**, pending searches and payment of a fee of 100SYP per kilogram of goods entering the community.

**Despite the fact that the number of commercial vehicles allowed into the community remained largely the same, it was reported that greater quantities of food and medical items were allowed into the community in the month of September, compared to August.**

As a result, the prices of some food items decreased in September, and milk became available in markets.

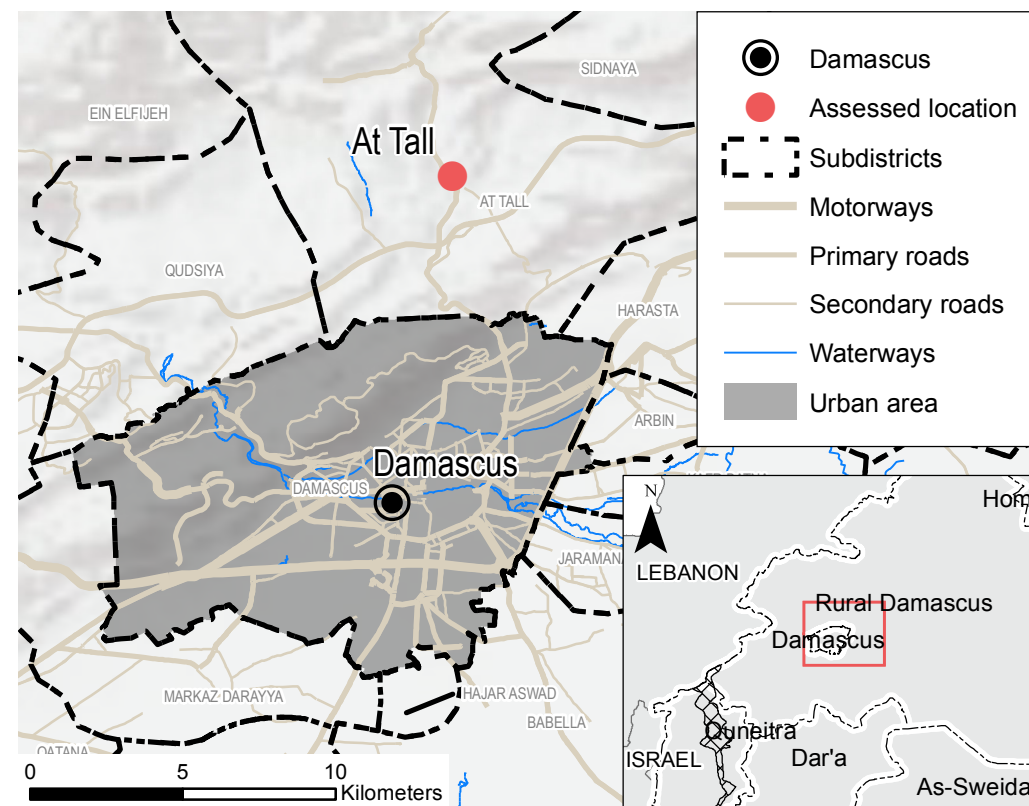


<b>UN classification:</b>	Hard to reach
<b>Estimated population<sup>1</sup>:</b>	194850 indiv.
<b>Of which IDPs<sup>1</sup>:</b>	174260
<b>% pre-conflict population remaining:</b>	1 - 25%
<b>% population female:</b>	26 - 50%

Assessed core food items prices remained on average 181% higher in At Tall than in nearby communities not considered besieged or hard to reach, while bread from private and public bakeries remained unavailable.

Moreover, **as was the case in August no fuel items reportedly entered At Tall, resulting in the depletion of existing stocks, and increasing the population's difficulties in procuring butane and diesel.**

Overall, it appears that the easing of restrictions on the types and quantities of goods allowed to enter the community through commercial vehicles resulted in greater availabilities and lower prices, **and in an improvement of the overall humanitarian situation in At Tall during the month of September.**



#### METHODOLOGY

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

## MOVEMENT OF CIVILIANS

### Change in # people able to leave compared to August:

#### People able to leave<sup>2</sup>

As was the case in August, 1-10% of people were able to leave, mostly women and children, both public and private sector employees and university students on weekdays, upon showing documents and pre-registering with officials.

Informal points used: None reported

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

Sexual, verbal, physical harassment; violence towards women; confiscation of documents

## MOVEMENT OF GOODS AND ASSISTANCE

#### Vehicles carrying commercial goods

### Change since August:




As the case in August, some vehicles carrying commercial goods were reportedly able to enter, yet faced restrictions. Vehicles were allowed to enter only on certain days, loads were searched with some items removed before entry, and traders were required to present both documentation and pay fees.

#### Humanitarian vehicles

### Change since August:

No vehicles allowed to enter

## ACCESS TO SERVICES

 <b>WATER</b>	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
 <b>ELECTRICITY</b>	Access to electricity network per day	2 - 4 hours
	Access to electricity (main source) per day	2 - 4 hours (Main network)
 <b>EDUCATION</b>	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

Food, medicine, and NFIs were reportedly able to enter the community through commercial vehicles and through civilians leaving and bringing back items through formal points. While the quantity of some medical items entering decreased since August, there was an overall increase in medication permitted. As in August, no fuel was able to enter.

#### 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 August 

## HEALTH SERVICES

### Change in health situation compared to August:


#### Permanent medical facilities available

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

#### Unavailable medical items<sup>4</sup>

**Items unavailable:** Clean bandages, blood transfusion bags

**Sometimes available:** Anti-anxiety, heart, diabetes, blood pressure medication; antibiotics; burn treatment; anesthetics

Change since August 

The quantity of a few medical items permitted to enter increased, which resulted in previously unavailable medical items (anti-anxiety, heart, diabetes, blood pressure, and burn medication) becoming available on occasion in September. However, blood transfusion bags

and clean bandages became unavailable due to restrictions on this item.



#### Most needed medical items<sup>5</sup>

1. Antibiotics
2. Diabetes medicine
3. Heart medicine

#### Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery <sup>6</sup>	
Diabetes care	
Change since August	

#### Reported deaths this month<sup>3</sup>

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



### 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

**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 August



### 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

Compared to August, reducing meal size was no longer reported as a coping strategy in September.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>7</sup>

	At Tall	Nearby areas <sup>8</sup>
Average cost September (SYP) <sup>9</sup>	32609	28645
Change since August		No info

The average cost of a standard food basket, excluding bread due to unavailability in public and private bakeries, decreased by 42% from August to September, largely due to more food items permitted to enter At Tall.

### Core food item availability

**Items unavailable:** Bread (private and public bakeries), chicken, cucumber, eggs, salt.

**Items that became available in September:** Milk.

Change since August



### WASH item availability / prices

All assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) continued to be reportedly sometimes available<sup>11</sup> during September.

### Fuel availability / prices

Fuel availability decreased since August, due to depletion of stocks. Though previously sometimes available<sup>11</sup>, butane and diesel were generally unavailable<sup>10</sup> in September, and firewood became unavailable.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>9</sup>

In August, the prices of available food items were on average 5% lower than prices reported in August, due to loosening of restrictions of food items entering At Tall, yet remained 181% higher than prices reported 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 August	Nearby non-hard to reach areas	
	Bread private bakery (pack)	Not Available		65	
	Bread public bakery (pack)	Not Available		50	
	Rice (1kg)	750 <sup>11</sup>	-6%	500	
	Bulgur (1kg)	550 <sup>11</sup>	-8%	275	
	Lentils (1kg)	500 <sup>11</sup>	-17%	538	
	Chicken (1kg)	4000 <sup>11</sup>	-33%	950	
	Mutton (1kg)	6650 <sup>11</sup>	+11%	4150	
	Tomato (1kg)	400 <sup>11</sup>	+14%	175	
	Cucumber (1kg)	400 <sup>11</sup>		213	
	Milk (litre)	250 <sup>11</sup>	Not Available	188	
	Flour (1kg)	900 <sup>11</sup>	+6%	300	
	Eggs (1)	60 <sup>11</sup>		50	
		Iodised salt (500g)	100 <sup>11</sup>		94
Sugar (1 kg)		600 <sup>11</sup>		400	
Cooking oil (litre)		900 <sup>11</sup>	-6%	1063	
		Soap (1 bar)	350 <sup>11</sup>		84
		Laundry powder (1kg)	1950 <sup>11</sup>	+11%	425
		Sanitary pads (9)	950 <sup>11</sup>	+12%	406
		Toothpaste (125ml)	400 <sup>11</sup>		425
		Disposable diapers (24 pack)	2500 <sup>11</sup>	+25%	1450
		Butane (cannister)	13000 <sup>10</sup>	+30%	2900
Diesel (litre)		600 <sup>10</sup>		293	
Propane (cannister)	Not Available		3500		
Kerosene (litre)	Not Available		575		
Coal (kg)	Not Available		1500		
Firewood (tonne)	Not Available	Available	45000		

## Endnotes

<sup>1</sup> Figures based on HNO 2017 population data (September 2016).

<sup>2</sup> 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.

<sup>3</sup> 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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<sup>8</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Zakyeh, Deir Ali, Aqraba, and Sa'Sa'

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 Oct. 2016)

<sup>10</sup> Generally not available in markets (less than 7 days this month).

<sup>11</sup> Sometimes available in markets (7-20 days this month).

<sup>12</sup> Generally available in markets (21+ days this month).