

Syria Community Profile Update: Qaboun

January 2018

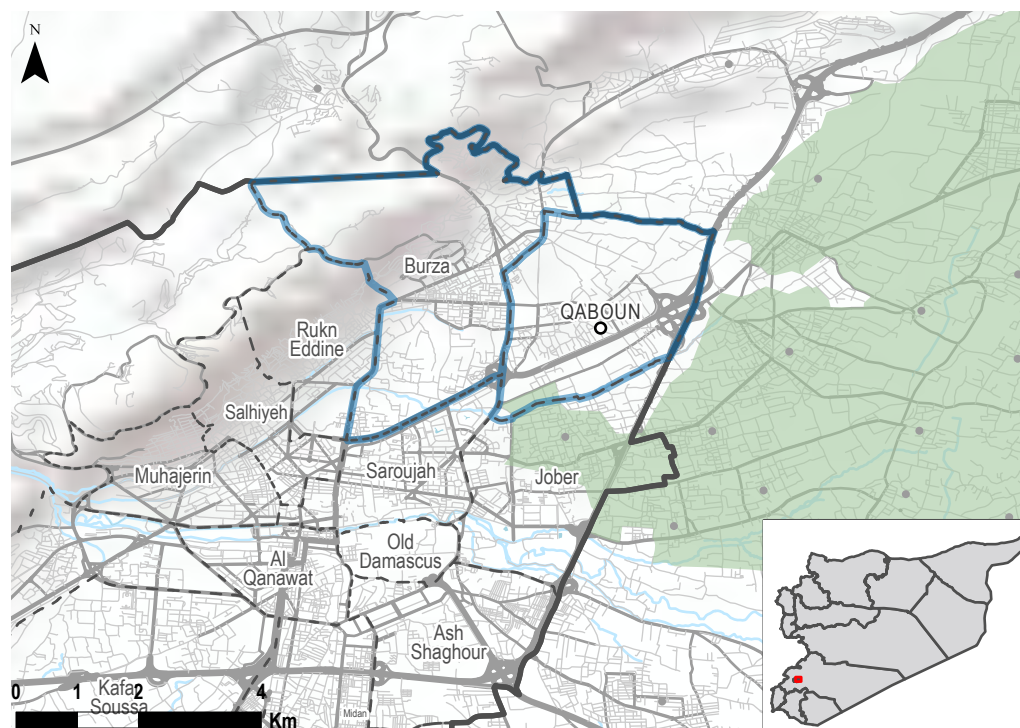


REACH Informing more effective humanitarian action

CONTEXT

Qaboun is a neighbourhood in eastern Damascus city that has, along with the adjacent neighbourhoods of Barza Al Balad and Tishreen, faced access restrictions since 2013. In early 2014, local ceasefires were reported in all three neighbourhoods, after which informal trade routes to nearby Eastern Ghouta were established. However, the ceasefires ended in February 2017, leading to the closure of the only formal access point into Qaboun, Barza and Tishreen, a notable escalation in conflict, and rapid deterioration of the humanitarian situation in the area. As such, Barza and Qaboun were re-classified as besieged by the United Nations (UN) in April 2017. By mid-May, the government controlled the entirety of Qaboun, and mass evacuations of residents to Idleb governorate were reported. In December 2017, Qaboun was once again re-classified from besieged to hard-to-reach (HTR). This profile details the humanitarian situation in Qaboun.

Qaboun, Damascus*



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

*Sourced from Live UA Map: 31 January 2018



DEMOGRAPHICS

	QABOUN
UN classification:	HTR
Estimated Population ¹	300-400
Of which estimated IDPs ¹	150-200
% of pre-conflict population remaining	1-25%
% of remaining population that are female	51-75%
% of female-headed households	1-25%

SUMMARY

In January, the humanitarian situation remained stable in Qaboun. Despite the loosened access restrictions on civilian movement, the amount of goods entering Qaboun remained the same. **However, core food item prices increased by 13% in comparison to last month due to compounding factors such as normal market price fluctuations, seasonal change and volatility in the USD/SYP exchange rate.** Additionally, Community Representatives (CRs) continued to report the use of negative coping strategies associated with a lack of access to food.

Residents of Qaboun also faced a decline in access to the main electricity network in January. Access reduced from more than 12 hours per day to 8-12 hours per day. This was attributed to government rationing of electricity across an area of Damascus in which Qaboun is situated and was likely related to increased strain on the network caused by rising demand for electricity during winter months.

Access to services in Qaboun remained stable, yet still limited. Despite the presence of the Syrian Arab Red Crescent (SARC) in Qaboun, advanced surgery and skilled childbirth care remained unavailable, as did access to most types of medical facilities, leading residents to travel outside the area to seek more advanced care. However, movement to other communities for medical care was made easier in January as restrictions on resident movement were relaxed further since improving in December. Regarding access to education, schools remained unavailable inside the community, resulting in children going to nearby areas to be educated.

Despite these challenges, access to drinking water remained sufficient to meet household needs and livelihood opportunities remained available to residents.

1. ACCESS & MOVEMENT

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



MOVEMENT OF CIVILIANS

The movement of civilians via formal routes increased this month, although the percentage of the population who could leave the area remained between 76-100%. Men, women, children and the elderly were all permitted to leave. However, their identification cards reportedly continued to be confiscated at access points to ensure that they returned. Due to the continued relaxation of access restrictions this month, Community Representatives (CRs) did not report specific risks for civilians or time restrictions on when access points could be used. Informal access routes² remained unavailable in the area.



MOVEMENT OF GOODS AND ASSISTANCE

In January, commercial vehicle access remained stable after an increase in December. Certain restrictions reportedly remained in place, including showing and handing over documents in order to gain access to the area. However, no humanitarian access was reported this month, as has been the case since November 2017, when food, fuel and hygiene items were reportedly delivered.

Civilians continued to supplement commercial deliveries by bringing back food, fuel, hygiene items and medical equipment from nearby areas through formal access points. After having increased in December, the levels of every type of good brought into the community or transported by commercial vehicles remained stable in January.

2. FOOD & MARKETS



ACCESS TO FOOD

Due to the stabilisation of commercial vehicle access to Qaboun, food entries via commercial vehicles remained the same as last month. **Although residents continued to also leave and bring food through access points, access to food was reportedly insufficient in January.** As such, CRs reported reducing the sizes of their meals as a coping strategy as has been the case since April 2017. However, no deaths due to a lack of food were reported.

All assessed food items remained generally available (+21 days per month) this month, apart from bread from private and public bakeries, which has remained unavailable since assessments began.

An average increase of 13% was reported in the price of food items this month. These increases were attributed to normal market behaviour, variations in the USD / SYP exchange rate, seasonal agricultural trends and an increase in the price of lentils due to the availability of a higher quality type.

COMMONLY³ REPORTED STRATEGIES

TO COPE WITH A LACK OF FOOD

QABOUN

Reducing meal size



Skipping meals



Days without eating



Eating non-edible plants



Eating food waste



CHANGE SINCE DECEMBER





ACCESS TO MARKETS

The price of a standard basket of goods⁴ was 33% higher in January than it was in December and was similar to the price seen in nearby communities not considered besieged or HTR.

AVERAGE PRICE OF STANDARD FOOD BASKET

BASKET	QABOUN	NEARBY AREAS ⁷
Average price (SYP) ⁵	25,247	24,487

CHANGE SINCE DECEMBER⁶



FOOD ITEM AVAILABILITY & PRICES

The average price of all assessed food items increased by 13%. This rise was due to increases in the price of lentils (+100%), rice (+35%), tomatoes (+33%), cucumbers (+14%) and cooking oil (+8%). The large increase in the price of lentils was attributed to an increase in the quality of this item. **All assessed food items were generally available apart from bread from either public or private bakeries, as was the case in December.**



WASH ITEM AVAILABILITY & PRICES

The average price of assessed hygiene items did not change from December to January. The only notable price fluctuation was for laundry powder, which increased by 8%. However, this change was attributed to normal market fluctuations. All hygiene items were generally available in January (+21 days per month) as was the case in December.



FUEL ITEM AVAILABILITY & PRICES

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

The average price of assessed fuel items did not change from December to January. The only notable price fluctuation was the reduction in the price of kerosene (-13%). However, this change was attributed to normal market fluctuations. All fuel items were generally available in January, as was the case in December, and no coping strategies related to lack of access to fuels were reported.

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

	Item	Qaboun	Price change since December	Nearby areas not considered HTR	Price difference: Qaboun Vs. Nearby Areas
Food Items	Bread private bakery (pack)	Not available	◆	94	
	Bread public bakery (pack)	Not available	◆	69	
	Bread shops (pack)	75	◆	250	-70%
	Rice (1kg)	385	▲ +35%	525	-27%
	Bulgur (1kg)	275	▲ +6%	288	
	Lentils (1kg)	500	▲ +100%	288	+74%
	Chicken (1kg)	750	◆	1125	-33%
	Mutton (1kg)	4000	◆	4700	-15%
	Tomatoes (1kg)	200	▲ +33%	209	
	Cucumbers (1kg)	200	▲ +14%	228	-12%
	Milk (1L)	225	◆	275	-18%
	Flour (1kg)	290	◆	133	+119%
	Eggs (1 unit)	40	▼ -11%	48	-16%
	Iodised salt (500g)	100	◆	60	+67%
	Sugar (1kg)	285	◆	309	-8%
Cooking oil (1L)	650	▲ +8%	663		
WASH Items	Soap (1 bar)	100	◆	110	-9%
	Laundry powder (1kg)	650	▲ +8%	1313	-50%
	Sanitary pads (9 pack)	450	◆	444	
	Toothpaste (125ml)	250	◆	332	-25%
	Disposable diapers (24 pack)	1350	◆	1825	-26%
Fuel Items	Butane (cannister)	2800	◆	2825	
	Diesel (1L)	280	◆	235	+19%
	Propane (cannister)	450	◆	2000	-78%
	Kerosene (1L)	350	▼ -13%	225	+56%
	Coal (1kg)	350	◆	425	-18%
	Firewood (1T)	50000	◆	92500	-46%

3. LIVELIHOODS



ACCESS TO LIVELIHOODS

The most common source of livelihoods opportunities this month remained unchanged. These were business or trading activities, stable employment and unstable employment.

4. ACCESS TO SERVICES

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



HEALTHCARE

AVAILABLE MEDICAL SERVICES

QABOUN

Child immunisation ⁸	✓
Diarrhoea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery ⁹	✗
Diabetes care	✓

CHANGE SINCE DECEMBER



Access to medical services remained stable this month. Medical supplies and equipment entered the community through both commercial vehicles and residents leaving Qaboun and bringing back goods from nearby areas. **All medical items remained available, as supplies increased last month when more traders were permitted to enter the area.**

Trained medical staff from SARC served the community of Qaboun in January as has been the case since July 2017. **Although there continued to be a mobile clinic¹⁰ operating inside the community, more complex care, such as advanced surgical procedures or skilled childbirth services, still required travel to nearby communities.** However, SARC was no longer required to facilitate movement of civilians to other areas for medical care due to relaxed access restrictions.

No coping strategies to deal with a lack of medicine and medical supplies have been reported since May 2017, when a truce agreement was reached in Qaboun. Despite this, the most needed medical supplies were surgical equipment, antibiotics, and assistive devices¹¹, as has been the case since September. Previously, access to healthcare had remained severely limited until July 2017, when medical personnel entered the community to provide care.

AVAILABLE MEDICAL FACILITIES

QABOUN

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

CHANGE SINCE DECEMBER



AVAILABILITY OF MEDICAL PERSONNEL

Trained doctors and a team of nurses from SARC served the community of Qaboun in January, as has been the case since nurses arrived in July and doctors arrived in September. However, trained surgeons and midwives remained unavailable. The former has been unavailable since May 2017, and the latter since assessments began.



EDUCATION

ACCESS TO EDUCATION

QABOUN

Available education facilities	✓
Barriers to education	✗

CHANGE SINCE DECEMBER



No schools were reportedly functioning in the community in January as has been the case since assessments began. **However, all school-aged children have reportedly attended school in neighbouring communities since September 2017.**

ELECTRICITY

Although access to electricity had been improving since the truce agreement, in January, access began to decline again from being available more than 12 hours per day to 8-12 hours per day. This was reportedly due to authorities attempting to reduce the strain on the main electricity network.

ACCESS TO ELECTRICITY	QABOUN
Access to electricity network	✓
Main source of electricity	Network
Access to main source of electricity	8-12 hours
CHANGE SINCE DECEMBER	↓

WATER

Residents continued to be able to utilise the water network seven days per week, while access to drinking water remained sufficient to meet household needs and was reported as **safe to drink**. This has been the case since June 2017, when water was last reported as insufficient due to theft of water equipment in the area.

ACCESS TO WATER	QABOUN
Access to water network	✓
Main source of drinking water	Network
Water safe to drink ¹²	✓
Access to water network/week	7 days
Water sufficient to meet HH needs	Sufficient
Coping strategies used	✗
CHANGE SINCE DECEMBER	◊

5. SUMMARY OF CHANGES SINCE PREVIOUS MONTH

QABOUN			
Access Restrictions on Civilians	↓	Access to Healthcare	◊
Commercial Vehicle Access	◊	Access to Education	◊
Humanitarian Vehicle Access	◊	Access to Electricity	↓
Core Food Item Availability	◊	Access to Water	◊
Core Food Item Prices	↑	Overall Humanitarian Situation	◊

ENDNOTES

1. Population estimates provided by Community Representatives. Population estimates from the HNO 2018 population data (September 2017) were reportedly 2,500, with no IDPs.
2. The fact that some informal routes may exist does not mean that they are safe or free to use.
3. Only strategies that are used by the majority of the population in a given community are reported, meaning that additional strategies may also be in use.
4. Calculation of the average price of a food basket is based on the World Food Programme's standard basket of dry goods ([link here](#)). The food basket includes 37 kg of bread, 19 kg of rice, 19 kg of lentils, 5 kg of sugar, and 7 kg of vegetable oil, and provides 1,930 kcal a day for a family of five for a month. In communities where bread from bakeries is not available, the price of bread from shops is used to calculate the food basket price.
5. 1 USD = 434 SYP (UN operational rate of exchange as of 1 January 2018).
6. Price fluctuations of 5% or less were not reported.
7. Nearby communities in Damascus which are not considered besieged/hard-to-reach: Jalaa, Midan Wastani, Ayoubiyah and Zahreh. Due to different data collection cycles in these areas, price data from nearby communities is from the month prior to the month featured in this profile and is only meant to serve as a reference point.
8. The absence of child immunisations in a given month does not necessarily indicate a decline in access to medical services, as vaccinations in Syria are commonly administered in rounds and therefore may not be available on a monthly basis.
9. The availability of surgery does not mean that procedures were carried out by formally trained medical personnel or that anaesthetics and appropriate surgical equipment were used.
10. The informal emergency care point reported in previous months was re-categorised as a mobile clinic in December after additional information was acquired from CRs on the nature of the facility.
11. An item being listed as among the 'most needed' does not necessarily indicate that it is unavailable in the community.
12. As reported by CRs.

BACKGROUND

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

METHODOLOGY

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

During analysis, data is triangulated through secondary information, including humanitarian reports, news and social media monitoring, and partner verification. Comparisons are made to findings from previous assessments (where possible) and follow up is conducted with CRs to build a thorough understanding of situational developments within communities. In the case of some profiles, multiple communities are presented together; decisions to do so are based on geographical proximity, or on similarities in the access restrictions faced by populations.

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

About REACH

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