

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 support of 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 aid 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 175 community representatives inside Syria at the end of March and beginning of April 2017, these updates refer to the situation in March 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous months (if any). An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. During analysis, data is triangulated through secondary information, including humanitarian reports, news and social media monitoring, and partner verification, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

Executive Summary

In March and early April 2017, REACH assessed the humanitarian situation in 40* communities in Syria currently facing restrictions on movement and access, 18 of which are currently classified as besieged. The profiled communities were located in Damascus, Deir ez Zor, Homs and Rural Damascus governorates, and information was gathered through a total of 175 community representatives (CRs). **Across assessed indicators, the humanitarian situation improved in locations which had recently implemented truce agreements, while it declined in communities experiencing ongoing conflict and the tightest restrictions on movement and access.**

- **The humanitarian situation continued to deteriorate in Burza, Deir ez Zor, Jober and the Eastern Ghouta communities in March.** This was due to ongoing hostilities and particularly tight restrictions on movement and access experienced by those communities.
- **Humanitarian deliveries reached Ar Rastan, Az Zabdani, Hama, Madaya, Talbiseh, Qudsiya and all seven Wadi Burda communities in March. Limited amounts of food and NFIs were also delivered via airdrops to Joura and Qosour (Deir ez Zor).** No aid reached the remaining 25 communities.
- **Ongoing hostilities had a negative impact on access to education in several communities in March,** with schools forced to close in Burza and across all Eastern Ghouta communities due to security concerns.
- **A truce agreement was reached in Al Waer on 14 March.** The agreement followed a period of hostilities which had started in November 2016, and allowed for the partial lifting of access restrictions previously imposed on the community. Increased civilian movement and the entry of commercial vehicles improved food security, while some medical services were restored and schools re-opened. While the overall humanitarian situation improved in Al Waer following the truce, the community continued to face challenges, including reduced access to water and electricity.

List of Assessed Profiles March 2017

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

- **Ar Rastan, Talbiseh and Taldu**
- **At Tall**
- **Az Zabdani, Madaya and Bqine**
- **Bait Jan**
- **Damascus (Burza, Jober and Tadamon)**
- **Deir ez Zor (Joura, Qosour)**
- **Eastern Ghouta**
- **Hajar Aswad**
- **Homs (Al Waer)**
- **Khan Elshih**
- **Wadi Burda**
- **Yarmuk**

* While data was collected for the communities of Hama, Qudsiya and Madamiyet Elsham, no profiles were created for these communities.

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

March 2017



REACH Informing more effective humanitarian action

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	Ar Rastan	Talbiseh	Taldu
UN classification:	Hard-to-reach	Hard-to-reach	Hard-to-reach
Estimated population¹:	47000	41000	18000
Of which estimated IDPs¹:	9000	11000	640
% pre-conflict population remaining:	26-50%	26-50%	26-50%
% of population that are female:	26-50%	26-50%	26-50%
% of female-headed households	1-25%	1-25%	26-50%

SUMMARY

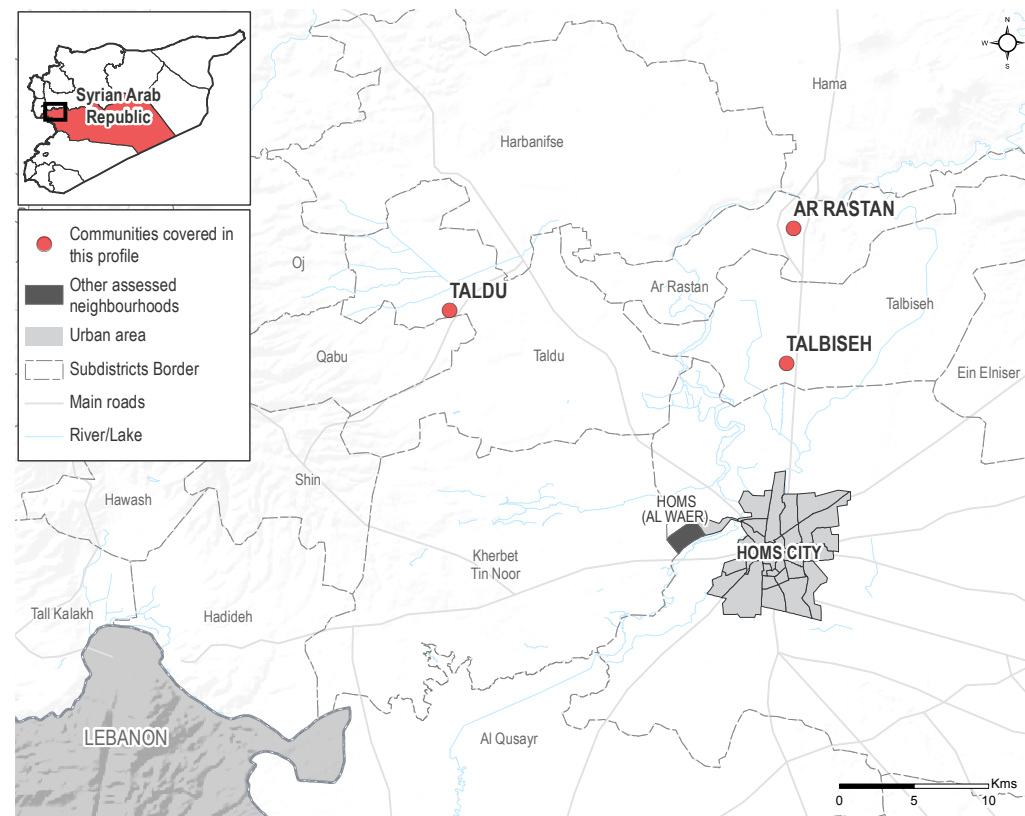
The communities of Ar Rastan, Talbiseh and Taldu, situated in the Al Houleh region between the cities of Homs and Hama, have faced access restrictions since 2012. In early 2016, an escalation of the conflict led to a deterioration in the humanitarian situation in the three communities, but conditions remained relatively stable until another escalation of the conflict in Ar Rastan occurred in October 2016. Between October and February, the humanitarian situation did not significantly change.

In March, all three communities faced a sudden tightening of access restrictions, leading to a worsening of the humanitarian situation and increased pressure on civilian populations. Media reports from 1 April noted that meetings occurred between representatives of the

communities and the government involving discussions about truce agreements.

The closure of the formal access point near Taldu and tightening on informal traffic limited the amount of all goods entering the three communities. Consequently, a notable increase in food prices occurred in March despite the distribution of humanitarian aid in Talbiseh. Additionally, water insufficiency was reported in all three communities due to a lack of fuel to operate pumps and an increase in water needs for bathing and cleaning as weather improved.

As has been the case since the first assessment in June 2016, movement between the three communities was possible, though people faced the risk of shelling when doing so. However, access to outside was more limited, with only employees



CHANGES SINCE FEBRUARY

	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 March and beginning of April 2017, these updates refer to the situation in March 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in neighbourhoods 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.

and students able to leave the area through the single formal point in the region in March 2017.

Since at least June 2016, civilians bringing goods from nearby communities remained the main source of supplies entering the communities, with humanitarian aid supplementing when delivered.

As was the case in February, humanitarian aid was received in Ar Rastan and Talbiseh, but not Taldu. However, aid was not distributed in Ar Rastan until 1 April, so its effect on the community was not assessed during this round.

The medical situation has not changed since February, when humanitarian deliveries to Ar Rastan and Talbisan coincided with increased medical item availability in all communities. Access to electricity in the communities has not changed since February 2017, when network reliability issues decreased access in Taldu.

ACCESS TO SERVICES*

In March, water availability was reported insufficient to meet the needs of residents in all communities for the first time since assessments began in June 2016. This was attributed to increased water needs for cleaning and bathing as the weather improved. Furthermore, lack of fuel to power water pumps also affected water access in Talbiseh and Taldu; this was attributed by community representatives to a general fuel scarcity in Syria, and was previously noted as an issue in Ar Rastan in November 2016. Electrical access did not change in March, last decreasing in Taldu in February due to network reliability issues, and in Talbiseh in January due to the dismantling of electrical network cables for scrap. Prior to January, electrical access had remained largely stable since assessments began in June 2016. No changes to the educational situation or impediments to education access have been reported since at least September 2016. No issues of educational barriers by gender were reported in March 2017.

All three communities reported significant security-related challenges for children in accessing educational facilities, but the situation has not changed since at least September 2016.

MOVEMENT OF CIVILIANS

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



People able to leave²

Access restrictions were tightened significantly in March, with the closure of both formal and informal access points in the region. Consequently, 1-10% of residents across all three communities were able to use the single remaining formal access point this month, despite its closure for seven days in March. The second formal access point, which had opened in February near Taldu, shut down after only operating for one month.

Prior to March, 1-10% of the population in Ar Rastan and 11-25% of the populations in Talbiseh and Taldu had been able to use formal access points since October 2016, when escalation in conflict limited movement in Ar Rastan. Use of informal routes increased in tandem with the opening of a second formal access point near Taldu in February, but the increased access restrictions imposed this month led to no informal routes reported in use in any community in March.

As has been the case since assessments began in June 2016, employees and students continued to be able to exit the communities through formal access points upon presenting identification. In Taldu, people with injuries were also reportedly able to exit the community unless they perceived a risk of detainment.

Since June 2016, residents could move freely

between the three communities. However, considerable risks remained associated with such movement, including shelling.

Risks faced when trying to enter or exit

Formal: Risks of detention, conscription and confiscation of documents.

Informal: Gunfire, shelling and landmines.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since February in all three:



No commercial vehicles entered any community, as has been the case since assessments began in June 2016.

	Ar Rastan	Talbiseh	Taldu
WATER			
Main source of drinking water (Status)	Water network (Safe to drink)**	Water network (Safe to drink)**	Water network (Safe to drink)**
Available water to meet household needs (Coping strategies)	Insufficient	Insufficient	Insufficient
Access to water network per week	1-2 days	1-2 days	1-2 days
Change since February*			
ELECTRICITY			
Access to electricity network per day	2-4 hours	Network unavailable	1-2 hours
Access to electricity (Main source) per day	4-8 hours (Generator)	4-8 hours (Generator)	1-2 hours (Network)
Change since February*			
EDUCATION			
Available education facilities	Pre-conflict primary, secondary, high schools; informal schools set up since conflict began	Pre-conflict primary, secondary, high schools; informal schools set up since conflict began	Pre-conflict primary, secondary, high schools; informal schools set up since conflict began
Barriers to education	Route to services unsafe, children required to work, facilities destroyed	Route to services unsafe, facilities destroyed, children required to work	Facilities destroyed, route to services unsafe, children required to work
Change since February*			

*Arrows indicate change in access since February

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

Humanitarian vehicles

Change since February in all three:



Humanitarian deliveries reached Ar Rastan and Talbiseh in March, as they had in February, while no humanitarian deliveries have reached Taldu since October 2016.

However, while aid entered the two communities in March, it was not distributed in Ar Rastan until April 1, and thus the impact was not covered in this assessment.

Goods entered

Food, NFIs, medicine and fuel continued to enter all three communities via civilians from nearby communities, as has been the case since assessments began in June 2016. Humanitarian aid has supplemented the amount of food, NFIs and medicine in months where it has been delivered and home production also supplemented food availability in March.

The amount of food, NFIs, fuel and medicine entering all communities decreased from February, due to the increased access restrictions and despite the distribution of humanitarian aid in Talbiseh. Community representatives attributed the rise in prices and decreased availability observed in some food and fuel items due to these developments.

The amount of food, NFIs and medicine entering the communities had previously increased in February due to the arrival of humanitarian and the opening of the new formal access point in Taldu. The amount of fuel entering the communities had previously remained constant since October 2016.

Change since February in all three:



The health situation in all three communities remained largely the same in March, after improving in February following increased availability of medical supplies due to humanitarian aid. Minor fluctuations occurred in the availabilities of some medical items across communities as compared to February due to a decrease in access restrictions, but no medical items were reported unavailable.

No changes to the number of medical services, permanent medical facilities, or medical staff were reported in March. Beyond the increase in medical item availability, the last significant changes to the overall medical situation occurred in December 2016, when diabetes care became unavailable throughout all three communities.

Unusual outbreaks of disease³

None reported in all communities since at least October 2016.

Availability of medical personnel

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

Taldu: Professionally trained doctors, nurses and midwives.

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

Change since February



Strategies used to cope with a lack of medical services

No coping strategies were reported in any community since October 2016, when Ar Rastan reported using surgery without

anaesthetics.

Medical services available

No change to medical service availability has been reported since December 2016, when diabetes treatment became unavailable throughout all three communities.

	Ar Rastan	Talb.	Taldu
Child immunization	✓	✓	✓
Diarrhea management	✓	✓	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✓	✓	✓
Surgery ⁴	✓	✓	✓
Diabetes care	✗	✗	✗
Change since February	◆	◆	◆

Most needed medical items⁵

	Ar Rastan	Talbiseh	Taldu
1. Surgical equipment	Diabetes medicine	Antibiotics	
2. Assistive devices	Surgical equipment	Assistive devices	
3. Artificial limbs	Assistive devices	Surgical equipment	

Unavailable medical items⁶

Available (All communities): Contraception, burn treatment, clean bandages, blood transfusion bags, anti-anxiety medication, anaesthetics, medical scissors;

Sometimes available (All communities):

Heart, blood pressure and diabetes medicine; **Other:** Antibiotics was reported as sometimes available in Taldu, and available in Ar Rastan and Talbiseh.

Change since February



Permanent medical facilities available

	Ar Rastan	Talb.	Taldu
Mobile clinics / field hospitals	✓	✓	✓
Informal emergency care points	✗	✗	✗
Pre-conflict hospitals	✗	✗	✗
Primary healthcare facilities	✗	✗	✗
Change since February	◆	◆	◆

FOOD

Change in food situation since February in all three:



Most common methods of obtaining food at the household level

Since June 2016, purchasing from shops and farmers has been the most common method of obtaining food in all communities, supplemented by humanitarian distributions when available. In March 2017, humanitarian distributions supplemented food acquisition in Talbiseh.

HEALTH SERVICES

Most common methods of obtaining bread at the household level

Private bakeries have been the most common source of bread in all communities in March 2017, as has generally been the case since August 2016. When the formal point near Taldu opened in February, shops became the most popular source of bread in that community due to imports through the access point.

Difficulties in bread access increased in Taldu in March, due to the closure of the formal point near the community. Since February, Ar Rastan and Talbiseh reported no difficulties in accessing bread, while Taldu has noted difficulties in accessing wheat or flour since November.

Change in availability in Ar Rastan and Talbiseh since February	↕
Change in availability in Taldu since February	↓

Strategies used to cope with a lack of food

	Ar Rastan	Talb.	Taldu
Reducing meal size	✓	✓	✓
Skipping meals	✓	✓	✓
Days without eating	✗	✗	✗
Eating non-food plants	✗	✗	✗
Eating food waste	✗	✗	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Resorting to reducing meal sizes and skipping meals has been reported in parts of the population across all three communities since assessments began in June 2016, with the exception of October 2016 when fewer strategies were reported in Talbiseh and Taldu following humanitarian deliveries. These coping strategies were reportedly still in place in March, as not all people were able to receive aid or pay the market price for food. In these cases, it was stated some men and women ate less so children could eat more.

Deaths attributable to a lack of food³

None reported across all three communities since at least September 2016.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Ar Rastan	Talb.	Taldu	Nearby areas ⁸
Average cost (SYP) ⁹	35398	35822	33085	24699
Change since February	↕	↕	↑	N/A

The cost of a standard food basket has remained largely unchanged in Ar Rastan and Talbiseh since January. The 19% increase in Taldu was due to the increasing price of bread, attributed to the closure of the formal access point near that community.

A standard food basket price was able to be calculated for nearby areas for the first time since December 2016, and food baskets from all three communities were approximately 40% more expensive than in nearby non-hard-to-reach communities.

Core food item availability

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

Change in all three since February	↓
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While most food items remained generally available¹⁰ in markets, a general decrease in availability and increase in prices were observed across all communities, despite the arrival of some humanitarian aid. This was attributed to the tightening access restrictions in the region. In Talbiseh, community representatives noted availability issues for vegetables in particular, reporting only cucumbers produced within the community were available in the market.

The price of chicken, tomatoes and cucumbers increased by over 40% in Ar Rastan, with notable increases in remaining communities. Price increases in sugar, oil, milk and bulgur were also observed in most communities, and eggs were the only assessed food item to see a price decrease across all communities.

Food availability had previously increased due to humanitarian aid in February, and was distributed in Talbiseh in March. However, humanitarian aid entered Ar Rastan but was not distributed until 1 April, and thus was not covered in this update.

WASH item availability / prices

Almost all assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, diapers and toothpaste) remained generally available¹⁰ in all communities, with no significant change in price in March. These items have been continuously reported as available in all communities since October 2016.

Fuel availability / prices


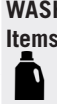

Butane, diesel and firewood were reported generally available in all three communities since September 2016, with coal also reported

generally available in Talbiseh since it became available in February. Propane and kerosene have not been reported available in the communities since at least June 2016.

The price of butane and diesel increased between 20-60% in all communities in March, due to the closure of informal routes and restrictions at formal points, as well as generalized fuel availability issues reported throughout Syria. The price of butane had last increased by 50% in December 2016.

Strategies used to cope with a lack of fuel: All three communities continued to report burning plastic and clothes to address fuel shortages, as they have since at least November 2016.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

	Item	Ar Rastan	Price change since February ¹²	Talbiseh	Price change since February ¹²	Taldu	Price change since February ¹²	Nearby areas ⁸
	Bread private bakery (pack)	250 ¹⁰	⬇️	250 ¹⁰	⬇️	250 ¹⁰	⬇️	172
	Bread public bakery (pack)	Not Available	⬇️	Not Available	⬇️	Not Available	⬇️	80
	Rice (1kg)	200 ¹⁰	⬇️ -20%	250 ¹⁰	⬆️ +25%	200 ¹⁰	⬇️ -11%	183
	Bulgur (1kg)	250 ¹⁰	⬆️ +11%	250 ¹⁰	⬇️	225 ¹⁰	⬆️ +13%	217
	Lentils (1kg)	600 ¹⁰	⬇️ -8%	600 ¹⁰	⬇️	600 ¹⁰	⬇️	547
	Chicken (1kg)	1250 ¹⁰	⬆️ +43%	1100 ¹⁰	⬆️ +29%	1200 ¹⁰	⬆️ +41%	1142
	Mutton (1kg)	3100 ¹⁰	⬇️	3000 ¹⁰	⬇️	3100 ¹⁰	⬇️	2667
	Tomato (1kg)	400 ¹⁰	⬆️ +46%	350 ¹⁰	⬆️ +17%	400 ¹⁰	⬆️ +33%	275
	Cucumber (1kg)	425 ¹⁰	⬆️ +46%	425 ¹⁰	⬆️ +15%	375 ¹⁰	Not Available	242
	Milk (litre)	170 ¹⁰	⬆️ +13%	175 ¹⁰	⬆️ +17%	150 ¹⁰	⬇️	242
	Flour (1kg)	300 ¹⁰	⬇️	300 ¹⁰	⬇️	300 ¹⁰	⬇️	175
	Eggs (1)	55 ¹⁰	⬇️ -15%	55 ¹⁰	⬇️ -8%	65 ¹⁰	⬇️ -13%	53
	Iodised salt (500g)	35 ¹⁰	⬇️	35 ¹⁰	⬇️	35 ¹⁰	⬇️	68
	Sugar (1 kg)	425 ¹⁰	⬆️ +6%	450 ¹⁰	⬆️ +12%	425 ¹⁰	⬆️ +13%	417
	Cooking oil (litre)	1000 ¹⁰	⬆️ +11%	900 ¹⁰	⬇️	1000 ¹⁰	⬆️ +18%	775
	Soap (1 bar)	100 ¹⁰	⬇️	100 ¹⁰	⬇️	100 ¹⁰	⬇️	72
	Laundry powder (1kg)	650 ¹⁰	⬇️ -7%	650 ¹⁰	⬇️ -7%	700 ¹⁰	⬇️	375
	Sanitary pads (9)	650 ¹⁰	⬇️	650 ¹⁰	⬇️	750 ¹⁰	⬆️ +25%	500
	Disposable diapers (24 pack)	1250 ¹⁰	⬇️	1200 ¹⁰	⬇️	1250 ¹⁰	⬇️	500
	Toothpaste (125ml)	250 ¹⁰	⬇️ -9%	250 ¹⁰	⬇️	250 ¹⁰	⬇️	150
	Butane (cannister)	12500 ¹¹	⬆️ +47%	12500 ¹¹	⬆️ +39%	8500 ¹⁰	⬆️ +24%	9167
	Diesel (litre)	600 ¹¹	⬆️ +60%	600 ¹⁰	⬆️ +58%	375 ¹⁰	⬆️ +33%	763
	Propane (cannister)	Not Available	⬇️	Not Available	⬇️	Not Available	⬇️	Not Available
	Kerosene (litre)	Not Available	⬇️	Not Available	⬇️	Not Available	⬇️	400
Coal (kg)	Not Available	⬇️	500 ¹⁰	⬇️ -17%	Not Available	⬇️	500	
Firewood (tonne)	85000 ¹¹	⬇️	85000 ¹⁰	⬇️	85000 ¹⁰	⬇️	75000	

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). Figures based on estimates by local actors within communities assessed were reportedly 77,000-80,000 including 7,000-8,000 IDPs (Ar Rastan), 50,000-52,000 including 3,000-4,000 IDPs (Talbiseh), and 13,000-14,000 including 500-700 IDPs (Taldu).

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

³ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain neighbourhoods, 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 neighbourhoods.

⁴ 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.

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

⁶ 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.

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: Feb 2016' (link here).

⁸ Nearby communities in Homs governorate which are not considered besieged/hard-to-reach: Farqalas, Kisein and Qazhal.

⁹\$1 = 515 SYP (UN operational rates of exchange as of 1 April 2017).

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

¹¹ Sometimes available in markets (7-21 days this month).

¹² Price fluctuations less than 5% were not reported.

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.

Syria Community Profile Update: At Tall, Rural Damascus

March 2017



REACH Informing more effective humanitarian action

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SUMMARY

At Tall is located in the Qalamoun mountains, 11km north of Damascus. It has faced military encirclement, escalations in conflict due to several shifts in control, and severe access restrictions from the end of 2013 until 2 December 2016, when a truce agreement was reached. The truce resulted in the evacuation of 2,300 people and comparative improvements to the security and humanitarian situation. However, despite the truce, movement remained restricted, humanitarian deliveries minimal (only one delivery in January 2017 has been reported since the community was first assessed in June 2016) and access to basic services limited, as of March 2017.

The humanitarian situation in At Tall, after improving in January and February, remained largely unchanged in March. Some residents were able to enter and exit the community, and commercial vehicles were granted conditional entry. However, no humanitarian deliveries were reported, while reportedly conscription, detention and perceived risks to accessing formal routes preventing men from obtaining medical care in nearby communities. Basic services remained unchanged, as did the availability and price of most food and NFIs.

There were no reported changes in access restrictions to formal routes, with a quarter to half of the estimated population able to enter and exit At Tall. However, some women and men still feared crossing checkpoints due to the reported risks of detention, conscription and other perceived threats.

CHANGES SINCE FEBRUARY

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	◆

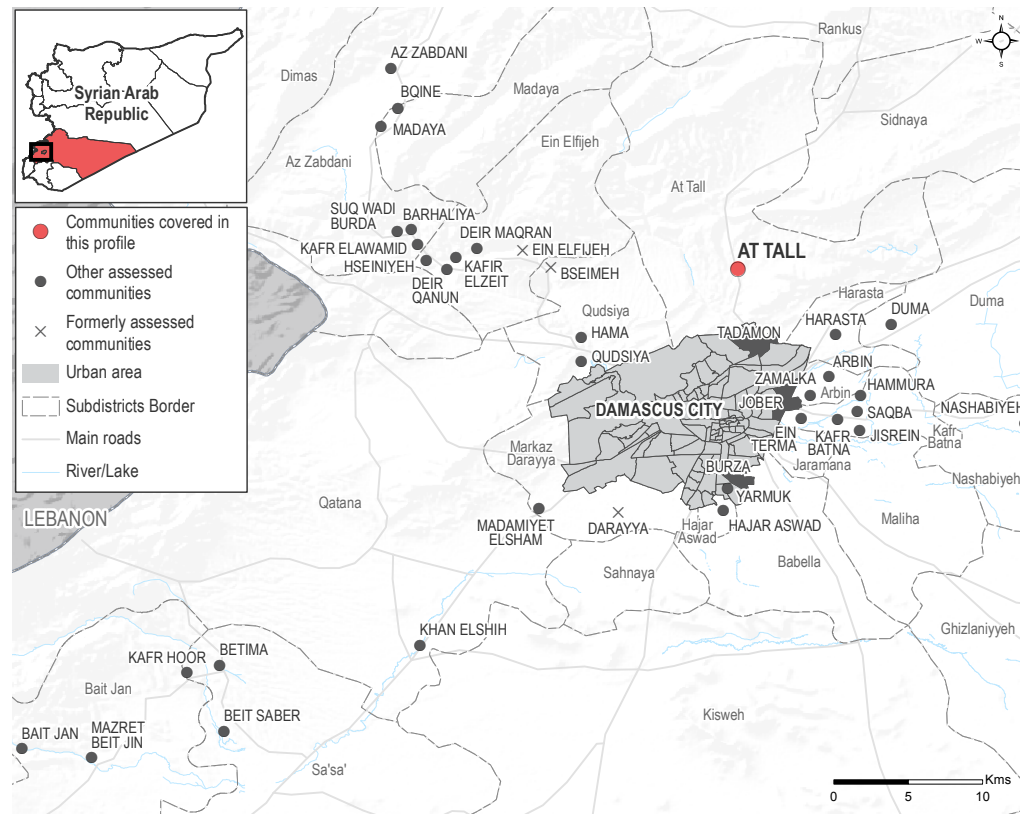
UN classification:	Hard-to-reach
Estimated population¹:	238650
Of which IDPs²:	196260
% pre-conflict population remaining:	1-25%
% population female:	26-50%
% of female-headed households	1-25%

Commercial vehicles meeting certain requirements, such as forfeiting portions of loads or paying fees, could access At Tall. Meanwhile, the only reported entry of humanitarian vehicles in since the community was first assessed was on 11 January 2017.

After surgeries became available in February, there was no significant change in access to medical care in March. Threat of detention and conscription continued to be a barrier for men seeking medical treatment in nearby, better-equipped communities.

Repairs to the water and electrical networks began in February, but no change in access to either was reported in March. School attendance has remained stable since November.

The overall average price of fuels dropped, and NFIs remained significantly more expensive in At Tall than in nearby communities.



METHODOLOGY

Based on data collected from community representatives inside Syria at the end of March and beginning of April 2017, these updates refer to the situation in March 2017. 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 February:



🚶 People able to leave³

Overall, access to formal routes has remained the same since the truce agreement in December 2016. Around 26-50% of people have reportedly been able to enter and exit the community through formal routes since December, whereas from August until December 2016, only 11-15% of the population were reportedly able to enter and exit the community.

Travel restrictions in March remained unchanged since the truce. Students and employees could access formal routes on workdays, women and children were unrestricted upon presentation of documents, while men not deemed security threats with identification could reportedly access some routes.

However, since the truce, detention and conscription when entering or exiting the community have persisted as potential risks. Some female heads of households were felt unsafe crossing checkpoints due to a perceived risk.

Informal points used: None reported.

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

Detention, conscription

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since February:



After increasing in January, no notable change in the traffic of commercial vehicles was reported in February or March.

In March, vehicles entering At Tall remained subject to searches and fees, a portion of goods was taken by authorities, and drivers were required to provide documentation.

🚚 Humanitarian vehicles

Change since February:



No humanitarian vehicles entered At Tall in March. The reported delivery on 11 January was the first and only humanitarian delivery since assessments began.

📦 Goods entered

In March, similar amounts of food, NFIs, fuel and medicine entered At Tall as in February via commercial trade and individuals transporting items from nearby communities. In January, reduced restrictions on vehicles, the opening of a road to the nearby Al Assad suburb, and a humanitarian delivery all contributed to an increase in the availability of most goods.

HEALTH SERVICES

Change in health situation compared to February:



In February, some hospitals reached an agreement with authorities and were able to procure supplies and equipment necessary for surgeries in At Tall, previously unavailable since December when some medical personnel evacuated. However, March saw no significant changes to the medical situation.

Low income households continued to have limited access to facilities, while threat of detention and conscription was a barrier for men seeking treatment in nearby, better-equipped communities.

ACCESS TO SERVICES*

Previously, repairs to the water network in At Tall and to the Ein Elfijeh source, which was damaged in December, led to an increased availability of drinking water in At Tall in February, while repairs to the electricity network led to an increase in access for residents. However, improvements appeared to plateau in March, with no reported change in availability of either service. Educational access has not changed since December, when some students reportedly left school because of a lack of school supplies or to work.

💧	WATER	◆ Main source of drinking water (Status)	Water trucking (Safe to drink)**
		◆ Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient (Spend money usually spent on other things to buy water)
		◆ Access to water network per week	1 - 2 days per week
💡	ELECTRICITY	◆ Access to electricity network per day	Less than 1 hour
		◆ Access to electricity (Main source) per day	2 - 4 hours (Generator)
🎓	EDUCATION	◆ Available education facilities	Pre-conflict primary, secondary, high schools
		◆ Barriers to education	Children drop out to work (previously reported); lack of school supplies.

*Arrows indicate change in access since February
** Data collected is based on perceptions of local actors and therefore reported water safety requires verification through water testing.

👜 Availability of medical items⁴

Available: Anti-anxiety, clean bandages, blood transfusion bags, burn treatment, heart, blood pressure and diabetes medicine, anesthetics, antibiotics, contraception and medical scissors.

Change since February:



There have been no reported changes in medical staff since December, when some medical personnel evacuated due to the truce.

Change since February:



🩹 Most needed medical items⁵

- Clean Bandages
- Antibiotics
- Anaesthetics

👤 Availability of medical personnel

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






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

🏥 Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✓
Surgery ⁶	✓
Diabetes care	✓
Change since February:	◆

There were no significant changes to available medical services reported in March. Child immunization has remained unavailable since at least June 2016, with the one-month exception of a temporary provision by local NGOs in November 2016.

Permanent medical facilities available

Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Primary healthcare facilities	
Change since February	


Increased commercial vehicle traffic due to the truce led to substantial decreases in the price of flour, which, combined with the opening of two private bakeries, improved access to bread in January. No changes to access were reported in either February or March.


Change since February	
-----------------------	--

Deaths attributable to a lack of food⁷

None reported.

Strategies used to cope with a lack of food

Reducing meal size	
Skipping meals	
Days without eating	
Eating non-food plants	
Eating food waste	



 Reportedly used as a coping strategy

 Not reportedly used as a coping strategy

No negative coping strategies among residents of At Tall were reported in March. Reducing meal size has not been documented since January, and skipping meals was last reported in December.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁸

	At Tall	Nearby areas ⁹
Average cost March (SYP) ¹⁰	31984	32191
Change since February ^{11,14}		

The average cost of a standard food basket in At Tall was comparable to that in nearby non-hard-to-reach areas in March, as was the case in February.¹¹

Average prices of all assessed food items were generally similar to those of last month, as well as to prices in nearby non-hard-to-reach communities in March. However, bread from private bakeries was significantly cheaper in At Tall than in neighbouring communities, due to a 70% decrease in the price of flour between January and March.

Tomatoes experienced a 25% increase in price, but this appeared to be part of normal market fluctuations, as the reported price has stayed between 200 and 250 SYP since January.

WASH item availability / prices

Prices of assessed hygiene and sanitation items remained the same in March as in February. The average price of non-fuel NFIs, which dropped by 7% in December due to increased commercial vehicle access, has remained 126% higher than those of nearby non-hard-to-reach communities for the past three months. Laundry detergent, sanitary pads and diapers were 376%, 107% and 104% more expensive in At Tall than in neighbouring areas, respectively.

Fuel availability / prices

Reported fuel prices in March were 93% more expensive than those nearby non-hard-to-reach areas.

Coal and butane saw 33% and 30% respective decreases in price in March. Previously, fuel prices had remained constant after decreasing by 39% in December, due to increased availability with the onset of the truce. Firewood was reported unavailable in At Tall in March.

Strategies used to cope with a lack of fuel:

Burning plastics and waste.

As opposed to February, there were no reports of burning furniture without use, while residents continued to burn plastics and waste as fuel substitutes.

Unusual outbreaks of disease:

None reported.

FOOD

Change in food situation compared to February:



Food availability and access remained similar in March, compared to February. Increased commercial vehicle access and humanitarian aid deliveries in January led to an improvement in the food situation, but availability and access has not experienced any notable changes since then.

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: Private bakeries

Challenges to obtaining bread: No issues reported.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

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 February ¹⁴	Nearby non-hard-to-reach areas ⁹
Food Items 	Bread private bakery (pack)	100 ¹²	◆	350
	Bread public bakery (pack)	Not available	◆	63
	Rice (1kg)	600 ¹²	◆	525
	Bulgur (1kg)	450 ¹²	◆	250
	Lentils (1kg)	400 ¹²	◆	475
	Chicken (1kg)	1400 ¹²	◆	1075
	Mutton (1kg)	5000 ¹²	◆	3875
	Tomato (1kg)	250 ¹³	▲ +25%	250
	Cucumber (1kg)	250 ¹²	◆	388
	Milk (litre)	250 ¹²	◆	200
	Flour (1kg)	150 ¹²	▼ -21%	238
	Eggs (1)	60 ¹²	◆	50
	Iodised salt (500g)	100 ¹²	◆	75
	Sugar (1 kg)	500 ¹²	◆	413
Cooking oil (litre)	900 ¹²	◆	1275	
WASH Items 	Soap (1 bar)	150 ¹²	◆	93
	Laundry powder (1kg)	2500 ¹²	◆	525
	Sanitary pads (9)	750 ¹²	◆	363
	Toothpaste (125ml)	350 ¹²	◆	425
	Disposable diapers (24 pack)	2500 ¹²	◆	1225
Fuel 	Butane (cannister)	3500 ¹³	▼ -30%	3250
	Diesel (litre)	500 ¹³	◆	225
	Propane (cannister)	Not available	◆	500
	Kerosene (litre)	500 ¹³	◆	Not available
	Coal (kg)	1000 ¹³	▼ -33%	400
	Firewood (tonne)	Not available	◆ 80000 ¹³	60500

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). Figures based on estimate by local actors withing communities assessed were reportedly 900,000-915,000 individuals, including 600,000-650,000 IDPs.

² OCHA Eastern Gouta Flash Update, 26 March 2017 (link here)

³ 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.

⁴ 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.

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

⁶ The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

⁷ 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.

⁸ 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: February 2017' (link here).

⁹ Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Sayyeda Zeinab.

¹⁰ \$1 = 515 SYP (UN operational rates of exchange as of 1 April 2017).

¹¹ The apparent decrease in price of food baskets from February to March is due to a change in calculation methodology and is not indicative of a shift in price. Direct comparisons to previous months are not advised.

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

¹³ Sometimes available in markets (7 – 20 days this month).

¹⁴ Price fluctuations of 5% or less were not reported.

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

March 2017



FOR HUMANITARIAN PURPOSES ONLY

	Az Zabdani	Madaya and Bqine*
UN classification	Besieged	Besieged
Estimated population¹:	160-163	44500-45500
Of which estimated IDPs¹:	None	9400-10100
% pre-conflict population remaining	1-25%	51-75%
% of population that are female	None	26-50%
% of female-headed households	None	1-25%

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. The civilian population was evacuated from Az Zabdani in the beginning of 2016.

On 14 March 2017, an inter-agency convoy reached Az Zabdani and Madaya, delivering aid to the communities for the first time since November 2016. Following the delivery of food and medical items, there was a relative improvement in the humanitarian situation in the communities. However, due to hostilities which have been ongoing since December 2016, both locations remained extremely vulnerable.

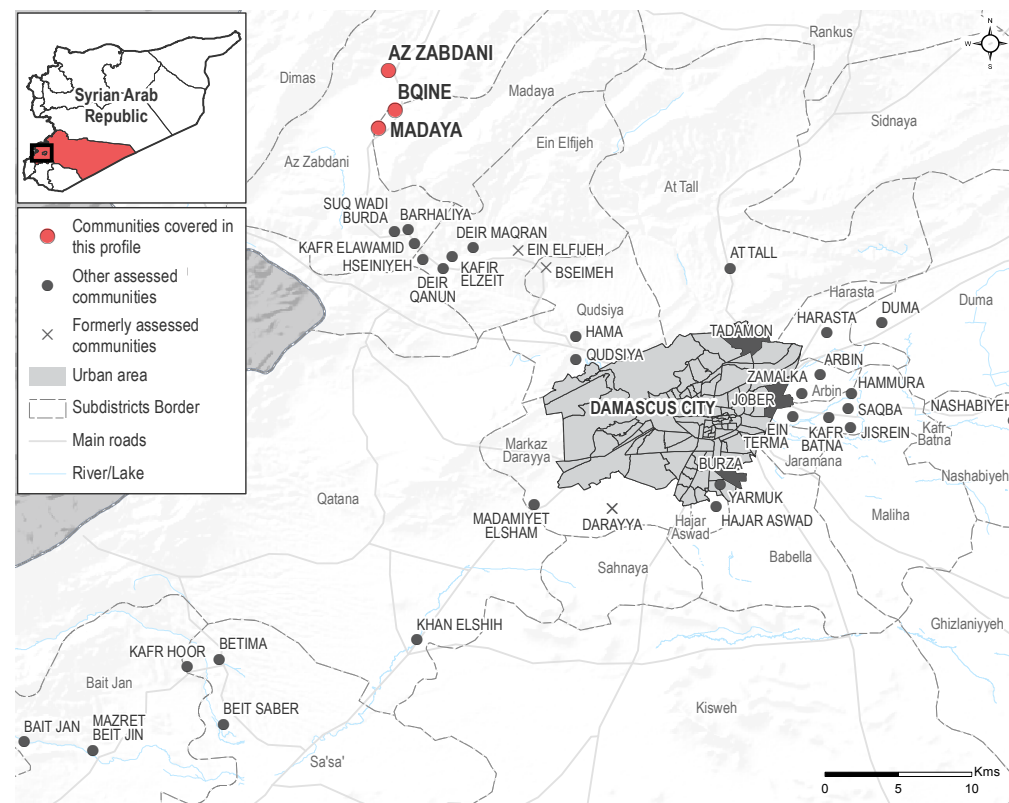
With the exception of the humanitarian delivery in mid-March, access restrictions in both Az Zabdani and Madaya remained unchanged in March, with no

civilian movement or commercial access permitted. Intense hostilities also limited movement inside the communities.

The humanitarian delivery included food and medical items, somewhat alleviating the critical food security situation faced by both communities. **However, due to ongoing security concerns, shops and markets remained closed in March for the fourth consecutive month.**

No fuel entered either Az Zabdani or Madaya last month, and populations accordingly retained minimal access to electricity. Similarly, access to water remained insufficient. As was the case with markets, all schools remained closed in March.

The delivery of medical supplies marginally improved the health situation in both communities, as some medical services were restored. **However, ongoing hostilities continued to prevent large parts of the populations from accessing the available health facilities.**



CHANGES SINCE FEBRUARY

	AZ	Madaya		AZ	Madaya
Access Restrictions on Civilians	◆	◆	Health Situation	▲	▲
Commercial Vehicle Access	◆	◆	Core Food Item Availability	▲	▲
Humanitarian Vehicle Access	▲	▲	Core Food Item Prices	◆	◆
Access to Basic Services	◆	◆	Overall Humanitarian Situation	▲	▲

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of March and beginning of April 2017, these updates refer to the situation in March 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

*For the purpose of this profile, the contiguous area of Madaya and Bqine will further be referred to as Madaya.

ACCESS TO SERVICES

Access to basic services remained minimal in Az Zabdani and Madaya in March. Both the water and electricity networks have been unavailable since at least November 2016, with populations relying on closed wells and generators instead. Access to water was insufficient to meet household needs, with related negative coping strategies reported. The use of generators was highly restricted due to the shortages in fuel, which was not included in the aid delivered in March. **Additionally, all educational facilities in Madaya remained closed for the fourth consecutive month in March due to ongoing hostilities and related security concerns.**

		Az Zabdani	Madaya
WATER	Main source of drinking water (Status)	Closed wells (Safe to drink*)	Closed wells (Safe to drink*)
	Available water to meet household needs (Coping strategies)	Insufficient (Modify hygiene practices i.e. bathe less)	Insufficient (Modify hygiene practices i.e. bathe less)
	Access to water network per week	Network unavailable	Network unavailable
	Change since February		
ELECTRICITY	Access to electricity network per day	Network unavailable	Network unavailable
	Access to electricity (Main source) per day	1-2 hours (Generator)	1-2 hours (Generator)
	Change since February		
EDUCATION	Available education facilities	None	None
	Barriers to education	No primary school aged children left in the community	All educational facilities stopped working following escalation in conflict
	Change since February		

* Data collected is based on perceptions of local actors and therefore reported water safety requires verification through water testing.

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to February in Az Zabdani:	
Change in # people able to leave compared to February in Madaya:	

People able to leave²

Both communities: None permitted.

Violent hostilities, which have affected both communities since December 2016, continued to limit movement inside both Az Zabdani and Madaya in March. No one has been permitted to leave the communities since August 2016.

Women in Bqine continued to report heightened risks of detention and harassment near the borders of the community and in proximity to checkpoints.

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

Both communities: No one tried to enter or exit the communities.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since February in Az Zabdani:	
Change since February in Madaya:	

Both communities: No commercial vehicles have been permitted to enter since assessments began in June 2016.

Humanitarian vehicles

Change since February in Az Zabdani:	
Change since February in Madaya:	

Both communities: An inter-agency convoy consisting of 56 trucks entered Az Zabdani and Madaya on 14 March, carrying food and medical supplies. This was the first aid delivery to reach the communities since November 2016.

Goods entered

Both communities: The humanitarian convoy reportedly carried aid for 40,000 recipients, including food, some NFIs and medical supplies. However, no fuel or cooking gas entered the communities in March.

HEALTH SERVICES

Change in health situation in Az Zabdani compared to February:	
Change in health situation in Madaya compared to February:	

The health situation in Az Zabdani and Madaya, which had been critical since December 2016, marginally improved in March following the entry of medical aid. The aid convoy reportedly delivered child care items, mineral salts, vitamins, anti-inflammation medication and some surgical supplies. All assessed medical items became sometimes available in Madaya, and certain medical services which had been unavailable were restored.

Unavailable medical items³

Az Zabdani: Contraception, clean bandages, blood transfusion bags.

Sometimes available in Az Zabdani: Anti-anxiety medication, anaesthetics, antibiotics, burn treatment, diabetes, blood pressure and heart medicine, medical scissors.

Sometimes available in Madaya: Clean bandages, blood transfusion bags, anaesthetics, anti-anxiety medication, contraception, antibiotics, burn treatment, medical scissors, and diabetes, blood pressure and heart medicine.

Change in Az Zabdani since February	
Change in Madaya since February	

Most needed medical items⁴

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

🏠 Permanent medical facilities available

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

Available medical facilities in March remained the same as in previous months, with one mobile clinic operating in Az Zabdani and one informal emergency care point in Madaya. **Although the entry of medical items somewhat improved their capacity in March, re-introducing diabetes care and diarrhea management in Madaya, access to medical services in both communities remained limited, as ongoing hostilities and related security concerns prevented residents from accessing the facilities.** As was reported in February, this affected children in particular, as parents were unwilling to leave shelters due to the risks associated with travel inside Madaya.

🩺 Medical services available

	AZ	M
Child immunization	✗	✗
Diarrhea management	✓	✓
Emergency care	✓	✓
Skilled childbirth care	✗	✗
Surgery ⁵	✗	✗
Diabetes care	✓	✓



Change since February ◊ ↑

Availability of medical personnel

Az Zabdani: Professionally trained doctors and nurses;

Madaya: Professionally trained doctors, nurses and midwives;

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

Change in Az Zabdani since February ◊

Change in Madaya since February ◊

⊕ Unusual outbreaks of disease⁶

Meningitis and kidney failure, first reported in Madaya in October and November 2016 respectively and observed since, continued to be reported in March; however, these were reportedly old cases rather than new ones.

🩹 Strategies used to cope with a lack of medical services

Both communities: Sharing resources between medical facilities.

Residents in Bqine who were not able to access the emergency care point in Madaya also reported being treated by civilians without professional training, as has been reported since November 2016.

🍲 FOOD

Change in food situation compared to February in both: ↑

For the first time since November 2016, food entered Az Zabdani and Madaya via humanitarian deliveries. Aid reportedly contained

8,000 packages including canned beans and hummus, lunch meat, peas, cooking oil, olive oil, thyme, beans, sugar, rice lentils, bulgur and flour.

🌾 Most common methods of obtaining food at the household level

Both communities: Receiving through food distribution.

Most common methods of obtaining bread at the household level

Az Zabdani: Homemade.

Madaya: Food distributions (humanitarian delivery).

Challenges to obtaining bread: Bread unavailable in private/public bakeries and shops; flour, yeast and wheat unavailable or expensive; not enough electricity/fuel.

Change in Az Zabdani since February ↑

Change in Madaya since February ↑

👛 Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Despite the aid delivery, residents in both

communities continued to resort to negative coping strategies related to a lack of food, including reducing meal size and skipping meals. Both strategies have been reported in the communities since at least September 2016. In Madaya, it was reportedly men who ate less, so that women and children could eat.

⊕ Deaths attributable to a lack of food⁶

Both communities: None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket⁷

All markets and shops closed in Madaya in December 2016 due to conflict-related security concerns. **Although food security improved in March following the humanitarian delivery, markets remained closed due to ongoing hostilities.** Accordingly, no food basket price could be calculated for Madaya for the fourth consecutive month.

Similarly, markets and shops remained closed in Az Zabdani. It has not been possible to calculate a standard food basket price for the community since October 2016, when all core food items became unavailable in shops and markets.

🍲 Food item availability / prices

Some food items became available in both Az Zabdani and Madaya following the delivery of humanitarian aid. However, as markets remained closed because of the volatile security situation, it was not possible to collect any prices in March.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁸

	Item	Az Zabdani	Price changes since February	Madaya	Price changes since February	Nearby non-hard-to-reach communities ⁹
 Food Items	Bread private bakery (pack)	Not available	◆	Not available	◆	350
	Bread public bakery (pack)	Not available	◆	Not available	◆	63
	Rice (1kg)	Not available	◆	Not available	◆	525
	Bulgur (1kg)	Not available	◆	Not available	◆	250
	Lentils (1kg)	Not available	◆	Not available	◆	475
	Chicken (1kg)	Not available	◆	Not available	◆	1075
	Mutton (1kg)	Not available	◆	Not available	◆	3875
	Tomato (1kg)	Not available	◆	Not available	◆	250
	Cucumber (1kg)	Not available	◆	Not available	◆	388
	Milk (litre)	Not available	◆	Not available	◆	200
	Flour (1kg)	Not available	◆	Not available	◆	238
	Eggs (1)	Not available	◆	Not available	◆	50
	Iodised salt (500g)	Not available	◆	Not available	◆	75
	Sugar (1 kg)	Not available	◆	Not available	◆	413
	Cooking oil (litre)	Not available	◆	Not available	◆	1275
 WASH Items	Soap (1 bar)	Not available	◆	Not available	◆	93
	Laundry powder (1kg)	Not available	◆	Not available	◆	525
	Sanitary pads (9)	Not available	◆	Not available	◆	363
	Toothpaste (125ml)	Not available	◆	Not available	◆	425
	Disposable diapers (24 pack)	Not available	◆	Not available	◆	1225
 Fuel	Butane (cannister)	Not available	◆	Not available	◆	3250
	Diesel (litre)	Not available	◆	Not available	◆	225
	Propane (cannister)	Not available	◆	Not available	◆	500
	Kerosene (litre)	Not available	◆	Not available	◆	Not available
	Coal (kg)	Not available	◆	Not available	◆	400
	Firewood (tonne)	Not available	◆	Not available	◆	60500

WASH item availability / prices

Both communities: Some hygiene and sanitation products were delivered as part of the humanitarian aid which reached the communities in mid-March, including sanitary pads for women. Prior to that, all such items had been unavailable in the communities since the closure of all markets in December 2016.

No hygiene and sanitation products have been available for purchase in Az Zabdani since October 2016.

Fuel availability / prices

Both communities: Since the closure of markets in December 2016, all types of fuel have been unavailable for purchase in both Az Zabdani and Madaya. **No fuel was included in the humanitarian delivery which reached the communities in March.**

Strategies used to cope with a lack of fuel: Burning furniture without use, burning furniture with use, burning plastics, burning waste, burning clothes, burning agriculture apparels and other productive assets.

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

Endnotes

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

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

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

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

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

⁶ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: February 2017' ([link here](#)).

⁸ \$1 = 515 SYP (UN operational rates of exchange as of 1 April 2017).

⁹ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Sayyeda Zeinab and Deir Ali.


Syria Community Profile Update: Bait Jan, Rural Damascus

March 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Bait Jan	Beit Saber	Betima	Kafr Hoor	Mazraet Beit Jin
					
UN classification	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach
Estimated population (individuals)¹	1400	7200	7000	6500	2000
Of which estimated IDPs²	180-200	150-200	50-55	25-30	100-150
% pre-conflict population remaining	26 - 50%	76 - 100%	76 - 100%	76 - 100%	51 - 75%
% of population that are female	26 - 50%	51 - 75%	51 - 75%	51 - 75%	26 - 50%
% of female-headed households	1 - 25%	1 - 25%	1 - 25%	1 - 25%	1 - 25%

SUMMARY

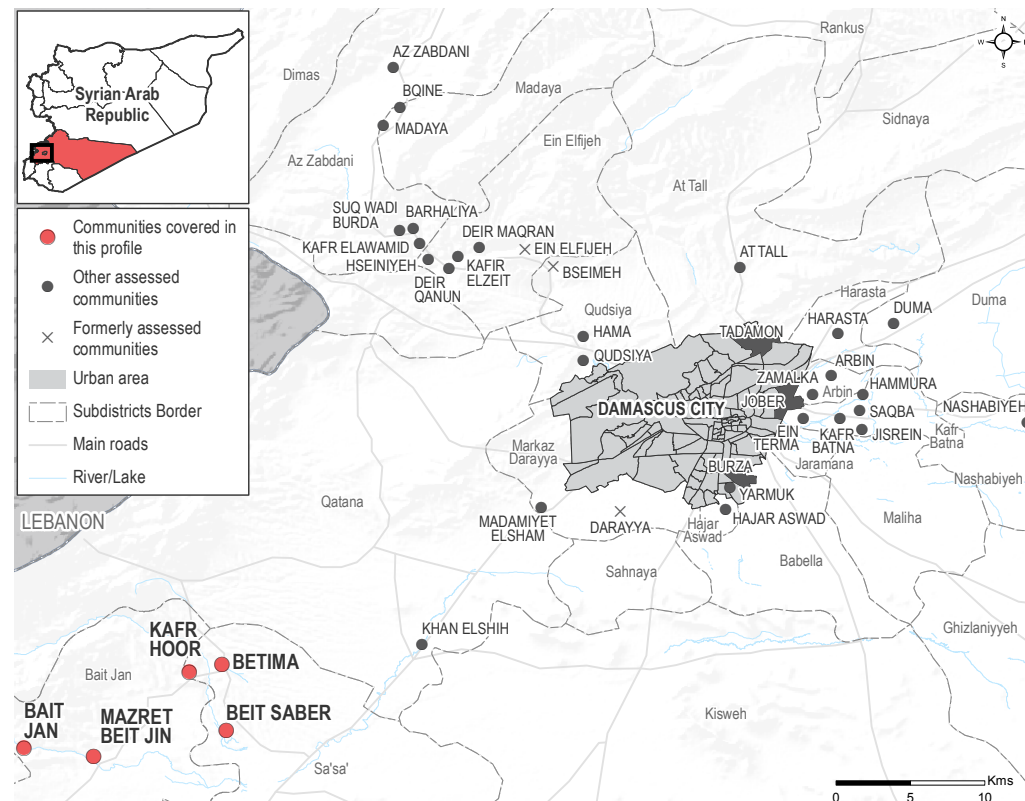
The area of Bait Jan is located in the southwest of Rural Damascus governorate, close to the Lebanese border, and has faced access restrictions since early 2013. Information in this profile was gathered from five communities: Bait Jan, Beit Saber, Betima, Kafr Hoor and Mazraet Beit Jin. These communities, all classified as hard-to-reach, were profiled for the first time in November 2016, when shelling was reported and which continued through December. A truce agreement with Beit Saber, Betima, and Kafr Hoor was signed in January, which resulted in the lifting of access

restrictions on people and vehicles, ushering in notable improvements to the humanitarian situation in all Bait Jan communities in January and February 2017. This profile presents the situation in Bait Jan during March 2017, with comparisons made to the previous months when appropriate.

The humanitarian situation in the Bait Jan communities did not significantly change in March 2017. The most notable changes were an over 50% increase in the price of butane, attributed to fuel increases seen elsewhere in Syria, and a 15% decrease in the price of bread in Bait Jan

CHANGES SINCE FEBRUARY

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 March and beginning of April 2017, these updates refer to the situation in March 2017. 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.

and Mazraet Beit Jin, likely due to the increased availability of flour and fuel since the January truce. Prices of remaining food, fuel, and hygiene and sanitation items did not significantly change in March and availability has not substantively changed since after the truce agreement in January.

No other significant changes to the humanitarian situation in the Bait Jan communities were reported. As had been the case since January, all residents who were not known combatants were able to enter or exit the wider contiguous area any day of the week without restrictions. Furthermore, commercial vehicle traffic was similarly allowed free access to the communities, significantly improving provision of food, non-food items, fuel and medicine in all communities since January.

The health situation also did not change in March, after improvements in January and February due to increasing quantities of medical items entering the area. While medical facilities, personnel and items were still reportedly unavailable in Mazraet Beit Jin, as had been the case since assessments began, residents could easily access medical care in nearby communities.

Similarly, no change in access to basic services was reported in any of the communities assessed, with Bait Jan and Mazraet Beit Jin faring comparatively worse due to a lack of access to the water and electricity networks.

MOVEMENT OF CIVILIANS

People able to leave³

Change in # people able to leave compared to February:



Populations have been able to move freely within the wider contiguous area since assessment of the five communities began in November 2016. Prior to the truce agreement in January, restrictions on movement only allowed 1-10% of the population to leave through formal access points, mostly: students, government

employees, women and children. Following the truce agreement in January, existing restrictions on movement outside the Bait Jan area were entirely lifted. For the third consecutive month, between 76-100% of residents could enter or exit the wider contiguous area. Reportedly, all could enter or exit without restriction as long as one was not a known fighter; only identification checks were occasionally reported. Informal entry points: None reported.

Risks faced when trying to enter or exit

Bait Jan and Mazraet Beit Jin: Conscription, known fighters cannot move towards wider area.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since February:



While in November and December only some vehicles were allowed to enter the wider Bait Jan area and faced restrictions, all restrictions were reportedly lifted after the truce agreement. As a result, all commercial vehicles have been able to enter the Bait Jan communities freely since January.

Humanitarian vehicles

Change since February:



No humanitarian vehicles have entered the Bait Jan communities since at least November 2016, with some community representatives having previously stated no aid entered the area since the conflict began.*

Goods entered

While food, non-food and medical items were able to enter via commercial vehicles since assessments began in November, a

greater amount of goods, including fuel, was allowed into the region through formal routes following the truce agreement. As there were no movement restrictions between the five communities, this extended to even Bait Jan and Mazraet Beit Jin, despite that no truce agreement with those two communities was signed. No change in the amount of goods entering the community has been reported since the increase reported following the truce agreement in January.

HEALTH SERVICES

Change in health situation compared to February:



The health situation across the Bait Jan communities has not changed significantly since February. In both January and February, increasing amounts of medical items entered the community through commercial traffic following the truce agreement. However, no change in the amount of items entering the area since February was reported.

As has been the case since the communities were first assessed in November 2016, while residents in Mazraet Beit Jin stated no medical items or facilities were available in the community, no issues in accessing medical care were reported since multiple community respondents stated residents in all Bait Jan communities access healthcare in neighbouring communities when necessary.

Unusual outbreaks of disease⁶

No known cases across all communities, which has been typical since November 2016.

Availability of medical personnel

All communities: Professionally trained doctors, nurses and midwives;

Others providing medical services (all communities except Mazraet Beit Jin):

Dentists, veterinarians, pharmacists, medical or pharmacy students, volunteers with informal or no medical training.

Change since February:



Unavailable medical items⁴

Unavailable (in most communities): Anaesthetics and medical scissors.

Bait Jan was the only community to report access to both anaesthetics and medical scissors in March, an improvement from previous months. However, overall availability of medical items has not changed since the onset of the truce in January.

Change since February:



Most needed medical items⁵

Across communities assessed in the Bait Jan area, the most needed medical items in March have not changed since November:

1. Diabetes medicine
2. Heart medicine
3. Antibiotics

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

None reported across all communities; residents in Mazraet Beit Jin continued to seek medical services in other communities as necessary, as has been the case since November 2016.

*Information presented is based on reporting from community representatives due to a lack of formal documentation regarding deliveries to this community.

 **Medical services available**




	Bait Jan	Beit Saber	Betima	Kafr Hour	Mazraet Beit Jin
Child immunization	✓	✓	✓	✓	✗
Diarrhea management	✓	✓	✓	✓	✗
Emergency care	✓	✓	✓	✓	✗
Skilled childbirth care	✓	✓	✗	✗	✗
Surgery ⁷	✓	✗	✗	✗	✗
Diabetes care	✓	✓	✓	✓	✗
Change since February	↕	↕	↕	↕	↕

 **Permanent medical facilities available**

	Bait Jan	Beit Saber	Betima	Kafr Hour	Mazraet Beit Jin
Mobile clinics / field hospitals	✓	✗	✗	✗	✗
Informal emergency care points	✗	✓	✓	✓	✗
Pre-conflict hospitals	✗	✗	✗	✗	✗
Primary healthcare facilities	✗	✓	✓	✓	✗
Change since February	↕	↕	↕	↕	↕

ACCESS TO SERVICES*

Access to services has reportedly remained unchanged since assessments began in November 2016. Communities across Bait Jan continued to report sufficient access to water in March. As has been the case since November, all communities were able to access the main water network, with residents of Bait Jan and Mazraet Beit Jin also relying on closed wells. Access to electricity also remained the same in March, with most communities connected to the electricity network, while Bait Jan and Mazraet Beit Jin relied on generators and solar panels. As was reported in November when the communities were first assessed, all children could access education with no specific barriers by gender reported in March 2017.

	 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
Bait Jan	↕ Closed wells and main network (Safe to drink)	Sufficient	2-3 days	↕ Network unavailable	1-2 hours (Generators; Solar panels)	↕ Pre-conflict primary, secondary, and high schools	None reported
Beit Saber	↕ Main water network (Safe to drink)	Sufficient	2-3 days	↕ 1-2 hours	1-2 hours (Main network)	↕ Pre-conflict primary, secondary, and high schools	None reported
Betima	↕ Main water network (Safe to drink)	Sufficient	2-3 days	↕ 1-2 hours	1-2 hours (Main network)	↕ Pre-conflict primary, secondary, and high schools	None reported
Kafr Hour	↕ Main water network (Safe to drink)	Sufficient	2-3 days	↕ 1-2 hours	1-2 hours (Main network)	↕ Pre-conflict primary, secondary, and high schools	None reported
Mazraet Beit Jin	↕ Closed wells and main network (Safe to drink)	Sufficient	2-3 days	↕ Network unavailable	1-2 hours (Generators; Solar panels)	↕ Pre-conflict primary and secondary schools	None reported

*Arrows indicate change in access since February ** Data collected is based on perceptions of local actors and and water safety cannot be guaranteed in the absence of water testing.

FOOD

Change in food situation compared to February:



Most common methods of obtaining food at the household level

1. Purchasing from shops or markets
2. Purchasing from local farmers
3. Home production

As has been the case since assessments began in November 2016, all Bait Jan communities reported that populations could purchase food from shops, markets or local farmers, as well as rely on home production.

Most common methods of obtaining bread at the household level

Bait Jan and Mazraet Beit Jin: Shops.

Beit Saber, Betima and Kafr Hoor: Private bakeries.

Challenges to obtaining bread: Residents in Beit Saber, Betima and Kafr Hoor reported no challenges in accessing bread, as has been the case since assessments of the communities began. In Bait Jan and Mazraet Beit Jin, bread still remained unavailable in public and private bakeries in March. However, residents were able to bring bread from other Bait Jan communities and sell it in shops as in previous months, with average bread pack price decreasing by 17% (15 SYP) compared to February.

Change since February



Deaths attributable to a lack of food⁶

All communities: None reported since assessments began in November 2016.



Strategies used to cope with a lack of food

	All communities
Reducing meal size	✗
Skipping meals	✗
Days without eating	✗
Eating non-food plants	✗
Eating food waste	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

All communities: None reported since at least November 2016.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁸

	Bait Jan	Nearby areas ⁹
Average cost March (SYP) ¹⁰	36302	32253
Change since February ¹¹	◆	◆

The average prices of a standard food basket from the Bait Jan communities and nearby non-hard-to-reach communities has not notably changed since January 2017. The price of a standard food basket in the Bait Jan communities was 13% higher than in nearby communities not considered hard-to-reach in March.



Food item availability / prices

Food availability did not change in March, and all food items were generally available¹² in all

communities, with the exception of bread from private bakeries in Bait Jan and Mazraet Beit Jin, though it remained available in shops.

No major change in the prices of core food items was reported in March. The minor increases in the price of some food items was canceled out by decreases in others.



WASH Item availability / prices

All hygiene and sanitation items (soap, laundry powder, toothpaste, sanitary pads and disposable diapers) were reportedly generally available¹² this month, across all Bait Jan communities. On average, prices of assessed items remained unchanged compared to the previous month, and remained similar to those in nearby communities not considered hard-to-reach, with slight decreases in the price of toothpaste and disposable diapers reported.



Fuel availability / prices

As has been the case since November, butane, diesel and firewood remained the only fuel sources available across Bait Jan communities, with all three items reported generally available since January. The price of butane increased by over 100 SYP (avg. 63%) across all Bait Jan communities, attributed to a fuel shortage that had affected other communities in Rural Damascus. The last significant increase in fuel prices occurred in December due to rising winter demand, with prices subsequently falling in January due to an increase in suppliers responding to this need.

Strategies used to cope with a lack of fuel:




No coping strategies were reported except in Bait Jan and Mazraet Beit Jin in March, a notable change from February. The distinct situation in those two communities could be related to the lack of formal truce agreement with those communities.

Burning plastics was reported in both

communities, with the burning of waste and furniture without use also reported in Bait Jan. The reported decline in coping strategies in March was possibly due to improved weather conditions as well as increased stocks of fuel gathered through the months since the January truce agreement.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES¹⁰

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	Bait Jan average	Price change since February ¹³	Nearby non-hard-to-reach communities ⁹
	Bread private bakery (pack)	60 ¹²	◆	350
	Bread public bakery (pack)	Not Available	◆	63
	Rice (1kg)	55 ¹²	▲ +6%	525
	Bulgur (1kg)	265 ¹²	▼ -9%	250
	Lentils (1kg)	500 ¹²	▼ -5%	475
	Chicken (1kg)	1140 ¹²	◆	1075
	Mutton (1kg)	3500 ¹²	▲ +9%	3875
	Tomato (1kg)	300 ¹²	▲ +9%	250
	Cucumber (1kg)	300 ¹²	◆	388
	Milk (litre)	200 ¹²	◆	200
	Flour (1kg)	250 ¹²	◆	238
	Eggs (1)	50 ¹²	◆	50
	Iodised salt (500g)	50 ¹²	▼ -10%	75
	Sugar (1 kg)	450 ¹²	◆	413
Cooking oil (litre)	1740 ¹²	◆	1275	
	Soap (1 bar)	100 ¹²	◆	93
	Laundry powder (1kg)	455 ¹²	◆	525
	Sanitary pads (9)	445 ¹²	◆	363
	Toothpaste (125ml)	455 ¹²	▼ -7%	425
	Disposable diapers (24 pack)	1160 ¹²	▼ -11%	1225
	Butane (cannister)	3100 ¹²	▲ +63%	3250
	Diesel (litre)	350 ¹²	◆	225
	Propane (cannister)	Not Available	◆	500
	Kerosene (litre)	Not Available	◆	Not Available
	Coal (kg)	Not Available	◆	400
	Firewood (tonne)	60200 ¹²	◆	60500

Endnotes

¹ Figures based on HNO 2017 population data (January 2017). Figures based on estimates by local actors within communities assessed were reportedly 1,800-2,200 (Bait Jan), 5,000-5,200 (Beit Saber), 5,000-5,300 (Betima), 4,000-4,100 (Kafr Hour) and 5,000-5,150 (Mazraet Beit Jin) individuals.

² Figures based on estimates by local actors within communities assessed. Figures based on HNO 2017 population data (January 2016) were reportedly 230 (Beit Saber), 160 (Betima) and 230 (Kafr Hour) IDPs. No data was available for Bait Jan and Mazraet Beit Jin.

³ 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.

⁴ Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but rather indicative of key medical items that speak to the trend in access to medical services in the area.

⁵ 'Most needed' does not necessarily imply unavailability. 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.

⁶ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

⁷ 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.

⁸ 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: Feb 2017' (link here).

⁹ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Deir Ali and Sayyeda Zeinab.

¹⁰ \$1 = 515 SYP (UN operational rates of exchange as of 1 April 2017).

¹¹ The price for one pack of bread in shops in Bait Jan and Mazraet Beit Jin was reportedly 90 SYP. Prior to January 2017, food basket calculations used the average prices of bread from available private and public bakeries, or shops if no bakeries

were available. Hence, direct comparisons to prices in 2016 is not advised.

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

¹³ Price fluctuations of 5% or less were not reported.

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

March 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Burza	Jober	Tadamon
UN classification:	Hard-to-reach	Besieged	Hard-to-reach
Estimated population¹:	35000-40000	150-200	1800-2000
Of which estimated IDPs¹:	12000-15000	None	250-300
% pre-conflict population remaining:	51-75%	1-25%	1-25%
% of population that are female:	26-50%	None	1-25%
% of female-headed households	1-25%	None	1-25%

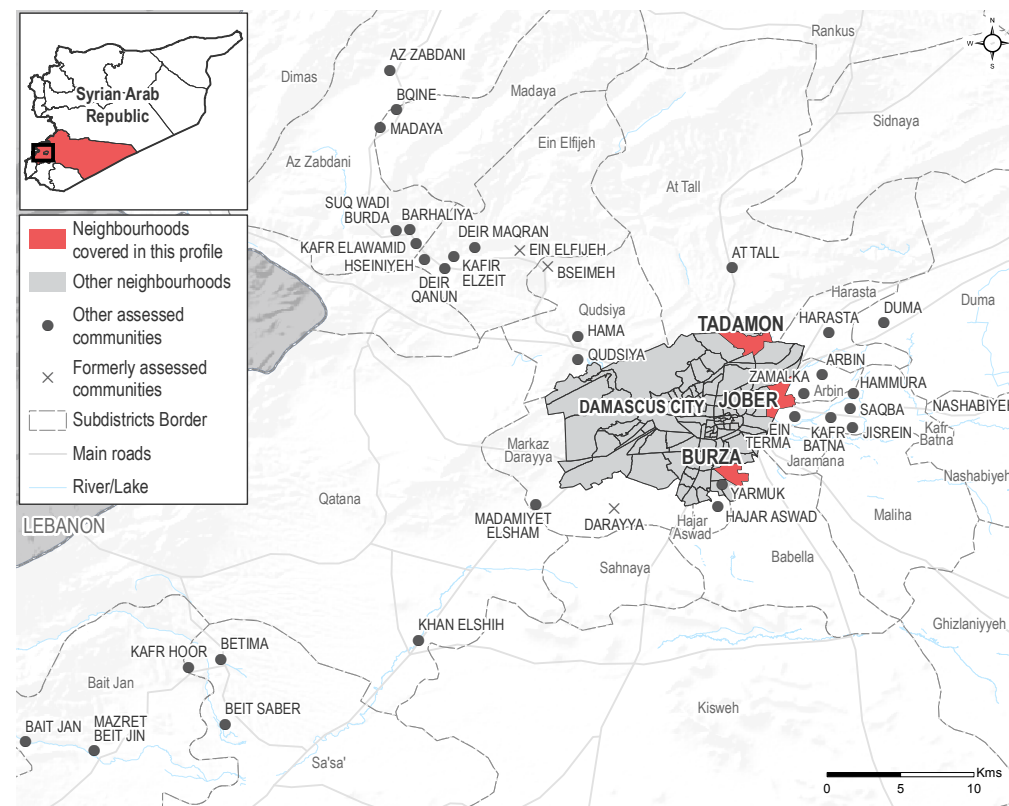
SUMMARY

Located in eastern Damascus governorate, the neighbourhoods of Burza, Jober and Tadamon have faced access restrictions since mid-2013. While the profile refers to the situation in March 2017, comparisons were made to changes observed since February, when the neighbourhoods were last assessed.

Overall, the humanitarian situation in Burza and Jober worsened in March, while it remained stable in Tadamon. In particular, Burza was directly targeted by shelling, and no food, NFIs, fuel or medical items entered in March. While, officially, formal routes remained closed, civilians displaced by conflict were sometimes able to leave the community informally. Similarly, escalating conflict in Jober prompted civilians, and in particular women and children, to leave the neighbourhood.

The situation in the three neighbourhoods remained largely stable between June 2016, when the communities were first assessed, and December. Progressively tighter access restrictions have been enforced in Burza since then. While conflict had escalated in Tishreen and Qaboun neighbourhoods in February, causing several hundreds people to move into Burza, in early March clashes extended to Burza and to the outskirts of Jober. Burza in particular has been further isolated from other neighbourhoods, and affected by extensive material damage. As a result, a high number of people, including pre-conflict populations and IDPs, permanently left the two areas in March. In contrast to Burza and Jober, the situation remained unchanged in Tadamon.

Restrictions on access of people and vehicles remained unchanged compared to February. Consequently, no goods entered Burza in March,



CHANGES SINCE FEBRUARY

	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 March and beginning of April 2017, these updates refer to the situation in March 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in neighbourhoods 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.

and fewer entered Jober. This had negative consequences on item prices and availabilities on markets in both communities.

In particular, none of the assessed fuel items were available on markets in Burza in March and, among assessed food items, only rice, bulgur and lentils remained available. Similarly, in Jober prices increased across nearly all assessed items.

Further, most medical services became unavailable in March in Burza, due to depleting stocks of medical items and a lower number of medical personnel. In contrast, the health situation improved in Jober, where medical assistance was provided from nearby communities this month.

Finally, access to education worsened in both Burza and Jober. In the former, this was due to children being kept at home due to a critical security situation; in the latter, all school children had reportedly left the neighbourhood in March, and available facilities stopped functioning.

ACCESS TO SERVICES

Access to education worsened in both Burza and Jober. In Burza, the number of children attending school decreased for the second consecutive month, as security concerns over movement inside the neighbourhood caused parents to keep children at home. Conversely, in Jober, it was reported that all school-aged children left the neighbourhood in March, and school facilities were no longer functioning as a result. No educational facilities were available in Tadamon, as had been the case since assessments began; however, children could access schools in nearby communities. After access to water improved in February, following reparations to the Ein Elfijeh water station in Wadi Burda, no change in access to water was reported in March in any of the three communities. Similarly, no change in access to electricity was reported.

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to February in Burza and Jober: 

Change in # people able to leave compared to February in Tadamon: 

People able to leave²

Burza: All formal access points remained closed in March, after having been closed off in February. While no one had been able to leave in February, civilians wishing to leave the area permanently were sometimes able to exit informally in March. As a result, it was reported that 26-50% of residents, both pre-conflict populations and IDPs, escaped to communities in the Eastern Ghouta area, perceived as safer. However, no one was allowed to enter the neighbourhood, as had been the case in February.

Jober: No formal entry points were available, as had been the case since the community was first assessed in June 2016, and risks of gunfire and shelling were still associated with using informal routes. While access restrictions did not change, escalating clashes in the outskirts of Jober prompted a high number of people to permanently leave the neighbourhood informally in March. Reportedly, 51-75% of the population, in particular women and children, left Jober this month and moved to the Eastern Ghouta area, which was perceived as safer.

Tadamon: As had been the case since the community was first assessed, women, children and the elderly were allowed to leave the community through formal entry points twice per week, upon presenting documents. The number of people allowed to leave through both formal and informal routes has remained the same (26-50%) since September 2016.

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


Burza: Detention;

Jober: Gunfire, shelling;

Tadamon: Gunfire, verbal harassment, detention.


MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods




Change since February in all three: 

All neighbourhoods: None reported. This had been the case since assessments began.

Humanitarian vehicles

Change since February in all three: 

All neighbourhoods: None reported. This had been the case in Jober and Tadamon since assessments began. Humanitarian vehicles last entered Burza in October 2016.

	Burza	Jober	Tadamon
 WATER	Main source of drinking water (Status) Available water to meet household needs (Coping strategies) Access to water network per week Change since February	Water network (Water was safe to drink)* Sufficient 5-6 days	Closed wells (Water was safe to drink)* Sufficient Network unavailable
 ELECTRICITY	Access to electricity network per day Access to electricity (Main source) per day Change since February	2-4 hours 2-4 hours (Network)	2-4 hours (Generator) 2-4 hours (Generator)
 EDUCATION	Available education facilities Barriers to education Change since February	None Routes to services unsafe, lack of teaching staff, lack of school supplies	None Parents do not approve of curriculum, services are too far, routes to services unsafe

* Data collected is based on perceptions of local actors and therefore reported water safety requires verification through water testing.

Goods entered

Burza: Following the closure of all formal access points in February, no food or non-food items could enter Burza for the second consecutive month. Fuel and medical items, which had been subject to access restrictions since January and December, respectively, did not enter the neighbourhood for the third and fourth consecutive month. As a result, stocks of all items assessed progressively depleted and availabilities reached critically low levels.

Jobe: Fewer goods entered the neighbourhood this month, compared to February, with the exception of medicine. As 51-75% of Jobe's residents left without returning, fewer people were bringing back food, non-food and fuel items this month, resulting in a lower amount of goods entering. Conversely, medical support from nearby areas was received this month, resulting in an increase of available medical items.

Tadamon: No change was reported in the amount of food, fuel, medical items or NFIs entering Tadamon. As had been the case since the neighbourhood was first assessed, goods generally entered through civilians leaving and bringing back items from nearby areas.

medical personnel, this resulted in facilities being unable to meet needs and cope with caseloads.

Jobe: The health situation improved in March, as the neighbourhood received medical assistance from nearby areas, including medical personnel and medical items. Also, as much of the population progressively left the neighbourhood, medical needs partly decreased.

Tadamon: No change was reported in Tadamon. As had been the case since assessments began, residents of Tadamon could easily cope with a lack of services by accessing medical care in nearby communities. However, some barriers to accessing services persisted, as people living in certain areas and people with certain political affiliations reportedly experienced difficulties in accessing care.

Availability of medical personnel

Burza: Professionally trained surgeons, nurses and midwives;

Jobe: Professionally trained doctors and nurses;

Tadamon: None; civilians relied on traveling to nearby neighbourhoods to access medical services.

Others providing medical services (in all three): Dentists, pharmacists, volunteers with informal or no medical training.

Change since February in Burza:	↓
Change since February in Jobe:	↑
Change since February in Tadamon:	◊

Unusual outbreaks of disease³
None reported in all three communities; this had been the case since December 2016.

Strategies used to cope with a lack of medical services

Burza: Civilians seeking medical assistance in nearby areas, such as Qaboun;

Jobe: Using expired medicine, recycling medical items (e.g. bandages, syringes and needles);

Tadamon: Using expired medicine, civilians without professional training treating patients.

Medical services available

	Burza	Jobe	Tadamon
Child immunization	✗	✗	✗
Diarrhea management	✗	✗	✗
Emergency care	✓	✓	✗
Skilled childbirth care	✗	✗	✗
Surgery ⁴	✗	✓	✗
Diabetes care	✗	✗	✗
Change since February	↓	↑	◊

Due to depleting stocks of medical items, diarrhea management, skilled childbirth care and surgery reportedly became unavailable in Burza, in March. Conversely, surgery became available in Jobe for the first time since assessments began.

Unavailable medical items⁵

Burza: Blood transfusion bags, clean bandages, antibiotics, burn treatment, anaesthetics, blood pressure medicine;

Jobe: Anti-anxiety, heart and diabetes medicine, burn treatment;

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

Change since February in Burza:	↓
Change since February in Jobe:	↑
Change since February in Tadamon:	◊

Permanent medical facilities available

	Burza	Jobe	Tad.
Mobile clinics / field hospitals	✓	✗	✗
Informal emergency care points	✗	✓	✗
Pre-conflict hospitals	✗	✗	✗
Primary healthcare facilities	✓	✗	✗
Change since February	◊	◊	◊

Most needed medical items⁶

	Burza	Jobe	Tadamon
1. Surgical equipment		Clean bandages	Antibiotics
2. Assistive devices		Blood transfusion bags	Clean bandages
3. Anaesthetics		Antibiotics	Blood transfusion bags

HEALTH SERVICES

Change in health situation in Burza:	↓
Change in health situation in Jobe:	↑
Change in health situation in Tadamon:	◊

Burza: The health situation worsened for the fourth consecutive month. After a ban on medical items was introduced in December, depletion of stocks resulted in fewer medical facilities being able to provide services. Combined with a worsening security situation and a reduction in the number of available

FOOD

Change in food situation in Burza and Jober compared to February:	↓
Change in food situation in Tadamon compared to February:	↔

Ongoing restrictions on access resulted in a worse food situation in Burza for the second consecutive month. Similarly, in Jober, price increases were noted for the second consecutive month, and attributed to an increase in prices in nearby communities, where civilians usually purchase their food. No change was reported in Tadamon.

Most common methods of obtaining food at the household level

Burza: Home production in backyards and roofs.

Although a higher number of residents were able to leave Burza in March compared to February, none reportedly returned or entered the community. As such, food could not be obtained through civilians leaving and bringing back goods, nor from markets due to depleting stocks. Consequently, home production became the main source of food in March in the community.

Jober and Tadamon: Purchasing from shops and markets in nearby areas.

Most common methods of obtaining bread at the household level

All three neighbourhoods: Shops;

Challenges to obtaining bread (Burza): Bread unavailable in public and private bakeries, electricity/fuel too expensive or hard to access, flour unavailable;

Barriers to accessing bread further increased in Burza in March, after being reported in January for the first time since assessments began. This was the result of the ongoing siege and depleting flour stocks.

Challenges to obtaining bread (Jober and Tadamon): Bread unavailable in private and public bakeries, flour too expensive or hard to access, not enough electricity/fuel available, electricity/fuel too expensive or hard to access.

Change in availability in Burza since February	↓
Change in availability in Jober and Tadamon since February	↔

+ Deaths attributable to a lack of food⁴

No known cases in all three neighbourhoods, as had been the case since the communities were first assessed.

Strategies used to cope with a lack of food

	Burza	Jober	Tadamon
Reducing meal size	✓	✓	✓
Skipping meals	✗	✗	✗
Days without eating	✗	✗	✗
Eating non-food plants	✗	✗	✗
Eating food waste	✗	✗	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Reported strategies used to cope with a lack of food remained unchanged since December 2016.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Burza	Jober	Tad.	Nearby areas ⁸
Average cost March (SYP) ⁹	No info	62162	29433	30043
Change since February	No info	↑	↔	↑

Burza: Similar to February, it was not possible to calculate the price for a standard food basket in March, due to unavailability of most core food items;

Jober: In March, the reported cost of a standard food basket was 32% higher than in February, and was 107% higher than in nearby communities not considered besieged or hard-to-reach;

Tadamon: The average price of a standard food basket remained similar to that reported in February, and was 12% higher than in nearby non-hard-to-reach communities.

Food item availability / prices

Burza: Availability of assessed food items significantly decreased in March for the second consecutive month. Milk and salt became unavailable this month, while rice, bulgur and lentils, the only items still reportedly available on markets, were available less than seven days per month. On average, prices were 25% higher than those reported in nearby non-besieged and non-hard-to-reach communities.

Jober: In March, availability of food items remained largely unchanged in Jober. However, due to increasing prices in nearby areas where residents normally purchase food, price increases were reported for the second consecutive month. On average, prices were 30% higher than in February and 52% higher than in nearby communities not considered besieged.

Tadamon: On average, prices of food items remained unchanged compared to February, and fluctuations observed in March depended on the items that residents were able to procure in nearby communities. On average, reported prices were similar to those in nearby non-hard-to-reach communities.

WASH item availability / prices

The availability of assessed hygiene and sanitation items (soap, laundry powder, toothpaste, sanitary pads, disposable diapers) decreased in Burza and Jober in March. In particular, disposable diapers became unavailable in Burza, and sanitary pads and disposable diapers became only sometimes available¹¹ in Jober.

Prices in Burza remained similar to those reported in February and were on average 21% higher than those reported in nearby communities not considered besieged or hard-to-reach. In Jober, prices increased by an average 26% since February and were 27% higher than those in nearby communities.

No change in item price or availability was reported in Tadamon.

Fuel availability / prices

In Burza, availabilities of fuel items further decreased, and diesel and firewood became unavailable on markets. As a result, no fuel items were reportedly available in Burza in March.

Compared to February, March prices of assessed fuel items increased by 56% in Jober, and decreased by 6% in Tadamon. On average, prices were respectively 621% and 63% higher than those reported in nearby communities not besieged or hard-to-reach.




Strategies used to cope with a lack of fuel:

Burza: Burning agriculture apparel and other productive assets;

Jober and Tadamon: Burning furniture with use or without use, burning plastics.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

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

	Item	Burza	Price change since February ¹³	Jober	Price change since February ¹³	Tadamon	Price change since February ¹³	Nearby non-hard-to-reach areas ⁸	
Food Items 	Bread private bakery (pack)	Not available	◆	Not available	◆	Not available	◆	199	
	Bread public bakery (pack)	Not available	◆	Not available	◆	Not available	◆	50	
	Rice (1kg)	700 ¹²	◆	700 ¹¹	▲ +8%	250 ¹⁰	◆	510	
	Bulgur (1kg)	400 ¹²	◆	650 ¹¹	▲ +30%	250 ¹⁰	▲ +11%	325	
	Lentils (1kg)	600 ¹²	◆	700 ¹¹	▲ +17%	450 ¹⁰	◆	520	
	Chicken (1kg)	Not available	◆	Not available	◆	Not available	◆	1205	
	Mutton (1kg)	Not available	◆	Not available	◆ Available	Not available	◆	4275	
	Tomato (1kg)	Not available	◆	400 ¹¹	▲ +78%	250 ¹¹	▲ +25%	240	
	Cucumber (1kg)	Not available	◆	600 ¹¹	▲ +100%	400 ¹¹	▲ +14%	310	
	Milk (litre)	Not available	◆ Available	350 ¹¹	▲ +40%	250 ¹¹	◆	244	
	Flour (1kg)	Not available	◆	600 ¹¹	▲ +41%	300 ¹⁰	◆	280	
	Eggs (1)	Not available	◆	80 ¹¹	▲ +23%	55 ¹¹	◆	50	
	Iodised salt (500g)	Not available	◆ Available	200 ¹¹	▲ +33%	150 ¹⁰	◆	157	
	Sugar (1 kg)	Not available	◆	925 ¹¹	▲ +54%	400 ¹⁰	◆	452	
	Cooking oil (litre)	Not available	◆	1200 ¹¹	▲ +33%	750 ¹⁰	◆	818	
	WASH Items 	Soap (1 bar)	200 ¹¹	◆	200 ¹⁰	▲ +33%	150 ¹⁰	◆	153
		Laundry powder (1kg)	900 ¹²	◆	750 ¹⁰	▲ +15%	600 ¹⁰	◆	828
Sanitary pads (9)		600 ¹²	◆	350 ¹¹	◆	300 ¹⁰	◆	425	
Toothpaste (125ml)		250 ¹¹	◆	500 ¹⁰	▲ +11%	450 ¹⁰	▼ -10%	245	
Disposable diapers (24 pack)		Not available	◆ Available	2700 ¹¹	▲ +69%	1600 ¹⁰	◆	2170	
Fuel 	Butane (cannister)	Not available	◆	48000 ¹¹	▲ +140%	4200 ¹⁰	◆	2980	
	Diesel (litre)	Not available	◆ Available	1800 ¹¹	▲ +29%	750 ¹⁰	▼ -6%	468	
	Propane (cannister)	Not available	◆	Not available	◆	Not available	◆	4250	
	Kerosene (litre)	Not available	◆	Not available	◆	Not available	◆	344	
	Coal (kg)	Not available	◆	Not available	◆	Not available	◆	338	
	Firewood (tonne)	Not available	◆ Available	125000 ¹⁰	◆	125000 ¹⁰	◆	75000	

Endnotes

¹ Figures based on estimates by local actors within neighbourhoods assessed. The last HNO 2017 population data (December 2016) provides the following population estimates: Burza (88,387), Jober (2,000), Tadamon (691).

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

³ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain neighbourhoods, 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 neighbourhoods.

⁴ 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.

⁵ Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: February 2017' (link here). As bread was unavailable in private and public bakeries in all three neighbourhoods, no prices were available for bread sold in bakeries. However, food basket prices were calculated using the reported price of bread sold in shops (Jober: 500 SYP. Tadamon: 200 SYP).

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

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 April 2017).

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

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

¹² Generally not available in markets (fewer than 7 days this month).

¹³ Price fluctuations of 5% or less were not reported.

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

March 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

The city of Deir ez Zor, located in eastern Syria, has experienced heavy conflict since June 2012. The neighbourhoods of Joura and Qosour were recognized as besieged in January 2015. Since assessments began in June 2016, the communities have experienced a deteriorating humanitarian situation due to extreme access restrictions and ongoing hostilities between the various parties to the conflict present in the area. The only method of reaching affected populations has been through airdrops, but residents have consistently reported such deliveries as insufficient.

The overall humanitarian situation in Joura and Qosour declined further in March 2017. This was due to no medical items entering the communities for the second consecutive month. Additionally, an estimated 80% of populations were reportedly without electricity last month.

No civilian or commercial movement has been permitted to or from Joura and Qosour since assessments began, and this was also the case in March. **Additionally, conflict dynamics limited freedom of movement inside the communities, with men reporting risks of detention and conscription, whereas women were subject to harassment and rape.**

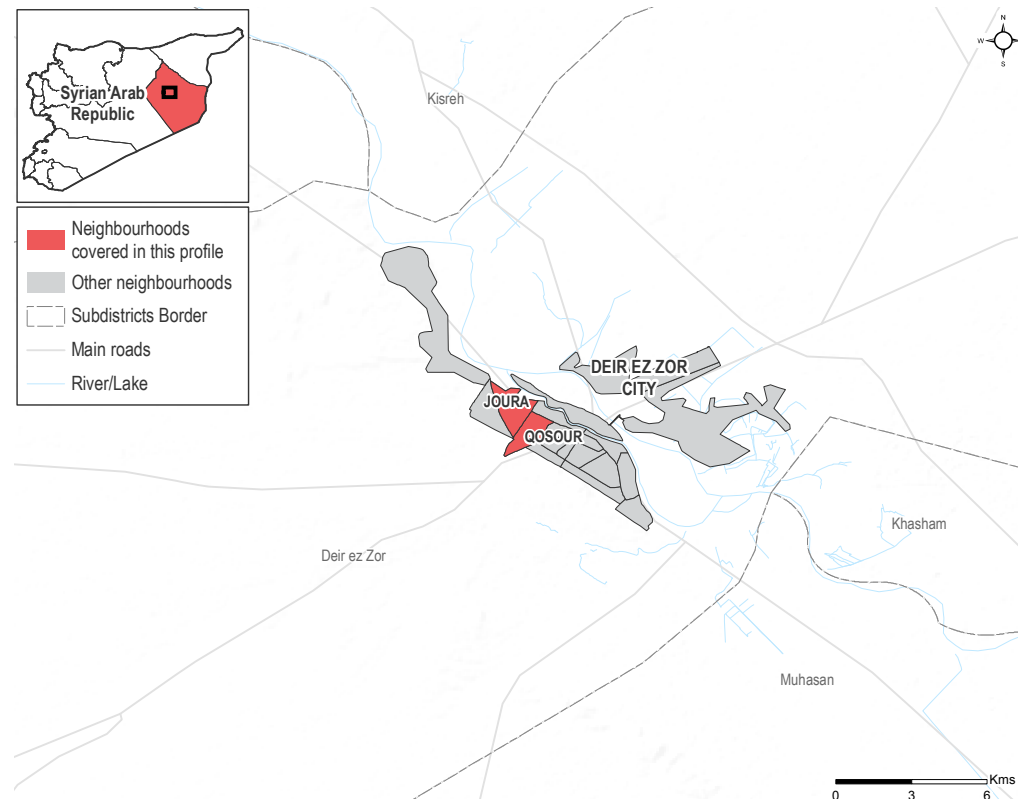
Some food and non-food items entered the communities via humanitarian airdrops in March, but the deliveries were reportedly distributed unevenly, with only a small portion of the civilian



UN classification:	Besieged
Estimated population¹:	100000-120000
Of which IDPs¹:	None
% pre-conflict population remaining:	26-50%
% population female:	26-50%
% female-headed households:	26-50%

population receiving necessary aid. Indeed, food security continued to deteriorate, with only a few core food items remaining available in markets, and a 194% price increase in eggs was reported. Diesel and kerosene continued to be produced locally, but were largely unavailable to the general population. **Accordingly, in March, it was reported that a majority of Deir ez Zor residents (who rely on generators) did not have any access to electricity due to fuel shortages.** Additionally, populations continued to rely on unprocessed surface water which caused sickness. No educational facilities operated in the communities.

The health situation also further deteriorated in March, as no medical items entered via the airdrops, as has been the case since January. Further, it was reported that a higher number of men had been arrested while trying to seek medical services at the only available medical facility.



CHANGES SINCE FEBRUARY

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 March and beginning of April 2017, these updates refer to the situation in March 2017. 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 February: 

People able to leave²


Extreme access restrictions have prevented residents to leave Joura and Qosour since assessments of the areas began in June 2016. Populations could move between the neighbourhoods but faced checkpoints, and especially men were hesitant to do so due to risks of detention and conscription. Additionally, within the assessed locations, women reportedly felt unsafe in proximity to checkpoints and other areas where fighters were present due to the high risks of harassment, detention and rape.

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

No risks were reported as no one attempted to enter or leave the community.


MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since February: 


Able to enter: None reported.

Humanitarian vehicles

Change since February: 

Able to enter: None reported.

Humanitarian airdrops

Change since February: 

In March, airdrops reportedly delivered flour, eggs, cooking oil and laundry powder.


According to community representatives, it was difficult to establish the exact contents and quantities of the aid delivered, as goods were not distributed evenly and only reached a small portion of the civilian population.

Goods entered

In addition to food, some NFIs entered Joura and Qosour via airdrops in March, for the first time since November 2016. No medical items have been delivered since January 2017.

A local petroleum source, first discovered in February, continued to produce limited quantities of diesel and kerosene. No fuel has entered Joura and Qosour since assessments began.

HEALTH SERVICES

Change in health situation compared to February: 

The continued lack of medical deliveries further strained the poor health conditions in Deir ez Zor in March as stocks depleted.

Additionally, it was reported that compared to February, a higher number of men seeking medical services at the military hospital were detained or disappeared in March, deterring others from doing so. Overall, very few residents in the assessed communities were able to access formal medical services.

Contraception continued to be reported among the most needed medical items due to the high prevalence of rape.

Availability of medical personnel







Personnel available: Professionally trained surgeons, nurses and midwives;

Others providing medical services: Anaesthesiologists; volunteers with informal or no medical training.

Change since February: 

ACCESS TO SERVICES*

Access to electricity decreased to minimal levels in March, with only an estimated 20% of the population retaining functioning generators, due to depleting fuel stocks. Additionally, populations continued to rely on unprocessed water from the river, delivered through the water network, which caused sickness. All educational facilities in Joura and Qosour remained closed.

 WATER		Main source of drinking water (Status**)	Surface water / unprotected spring (People got sick after drinking water)
		Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient (Reduce drinking water consumption, modify hygiene practices, bathe less, drink water used for cleaning or other purposes than drinking)
		Access to water network per week	1-2 days
 ELECTRICITY		Access to electricity network per day	Network unavailable
		Access to electricity (Main source) per day	No electricity available
 EDUCATION		Available education facilities	None
		Barriers to education	Facilities destroyed, routes to schools unsafe, lack of teaching staff

*Arrows indicate change in access since February

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

Permanent medical facilities available

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

Unavailable medical items³

Anti-anxiety medication, clean bandages, burn treatment, anaesthetics, heart, diabetes and blood pressure medicine.

Sometimes available: blood transfusion bags.

Change since February: 

Most needed medical items⁴

1. Antibiotics
2. Artificial limbs
3. Contraception

Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery ⁵	
Diabetes care	
Change since February	

🏠 Strategies used to cope with a lack of medical services

Populations continued carrying out operations without anaesthesia and using non-medical items (such as wooden sticks as casts) in the absence of formal health services. The communities have reported various coping strategies since October 2016.

⊕ Unusual outbreaks of disease⁶

Cholera, hepatitis and HPV continued to be observed in Joura and Qosour, but no new cases were reported in March. However, detailed and verifiable medical information remained difficult to obtain.

FOOD

Change in food situation compared to February:



Food stocks continued to deplete in March due to the extreme access restrictions facing the communities. Further, the food rations delivered via airdrops were not evenly distributed among the population, and as such failed to meet needs. Since February, all assessed strategies to cope with a lack of food have been reported in Deir ez Zor.

🍲 Most common methods of obtaining food at the household level

Receiving from food distributions (airdrops), bartering.

🌾 Most common methods of obtaining bread at the household level

Most common source: Public bakeries.

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

Change since February



⊕ Deaths attributable to a lack of food⁶

The number of deaths related to a lack of food in March was reportedly similar to February, which in turn was higher than in January. Deaths related to a lack of food have been reported in the two neighbourhoods since September 2016.

🍲 Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket⁷

A standard food basket price for Deir ez Zor has not been calculated since December 2016, due to the unavailability of most core food items.

🍲 Food item availability / prices

As in February, the only remaining core food items in March were bread from public bakeries, bulgur, eggs, salt and cooking oil. **All items were prohibitively priced, with the price of eggs having increased by 194%.**

🧴 WASH item availability / prices

Following deliveries via airdrops, laundry powder appeared in markets in March, but was prohibitively priced. The only other available hygiene and sanitation item was soap. In the absence of sanitary pads, women resorted to the use of cloth.

🛢️ Fuel availability / prices

Kerosene and diesel have been occasionally available in Deir ez Zor since February, following the discovery of a petroleum spot; however availability remained extremely limited in March.

Strategies used to cope with a lack of fuel: Burning plastics, clothes and waste; burning furniture with and without use; burning agriculture apparels and other productive assets.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁸

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

	Item	Joura/Qosour	Price change since February
🍲 Food Items	Bread private bakery (pack)	Not available	✗
	Bread public bakery (pack)	600 ⁹	✗
	Rice (1kg)	Not available	✗
	Bulgur (1kg)	3500 ⁹	✗
	Lentils (1kg)	Not available	✗
	Chicken (1kg)	Not available	✗
	Mutton (1kg)	Not available	✗
	Tomato (1kg)	Not available	✗
	Cucumber (1kg)	Not available	✗
	Milk (litre)	Not available	✗
	Flour (1kg)	Not available	✗
	Eggs (1)	500 ⁹	↑ +194%
	Iodised salt (500g)	500 ⁹	✗
	Sugar (1 kg)	Not available	✗
Cooking oil (litre)	9000 ⁹	✗	
🧴 WASH Items	Soap (1 bar)	1900 ¹⁰	✗
	Laundry powder (1kg)	12000 ⁹	Not available
	Sanitary pads (9)	Not available	✗
	Toothpaste (125ml)	Not available	✗
	Disposable diapers (24 pack)	Not available	✗
🛢️ Fuel	Butane (cannister)	Not available	✗
	Diesel (litre)	700 ⁹	✗
	Propane (cannister)	Not available	✗
	Kerosene (litre)	1900 ⁹	✗
	Coal (kg)	Not available	✗
Firewood (tonne)	Not available	✗	

Due to limited coverage, it was not possible to collect prices for comparison in March from nearby communities not considered besieged or hard-to-reach.

Endnotes

¹ Figures based on estimates by local actors within communities assessed. The last HNO 2017 population data (December 2016) estimates that population figures within Deir ez Zor City are 110,000 individuals, including 52,200 IDPs.

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

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

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

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

⁶ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: February 2017' ([link here](#)).

⁸ \$1 = 515 SYP (UN operational rates of exchange as of 1 April 2017). Due to limited coverage in March, core food item and NFI prices were unable to be collected from nearby communities not considered besieged or hard-to-reach. As such, no comparisons were able to be calculated for this assessment.

⁹ Generally not available in markets (less than 7 days this month).

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


Syria Community Profile Update: Eastern Ghouta, Rural Damascus

March 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Arbin	Duma	Ein Terma	Hammura	Harasta	Jisrein	Kafr Batna	Nashabiyeh	Saqba	Zamalka
UN classification	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged
Estimated population (individuals)¹	39000	153900	23300	18000	20000	14000	19500	4000	24000	12000
 Of which estimated IDPs¹	1930	29900	14300	5850	5270	6300	5770	1300	8500	2640
% pre-conflict population remaining	51-75%	1-25%	1-25%	26-50%	1-25%	51-75%	51-75%	1-25%	26-50%	1-25%
% of population that are female	1-25%	1-25%	1-25%	26-50%	1-25%	51-75%	26-50%	1-25%	26-50%	1-25%
% of female-headed households	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	None	1-25%	1-25%

SUMMARY

Information in this profile was gathered from ten communities: Arbin, Duma, Ein Terma, Hammura, Harasta, Jisrein, Kafr Batna, Nashabiyeh, Saqba and Zamalka. While the profile refers to the situation in March 2017, comparisons were made to changes observed since February, when the communities were last assessed.

Military control of Eastern Ghouta, an agricultural region east of Damascus, has been contested since 2012, with restrictions on access tightening in mid-2013. In November 2016, Nashabiyeh was re-classified by the UN from hard-to-reach to besieged. All other assessed communities have been classified as besieged since 2014.

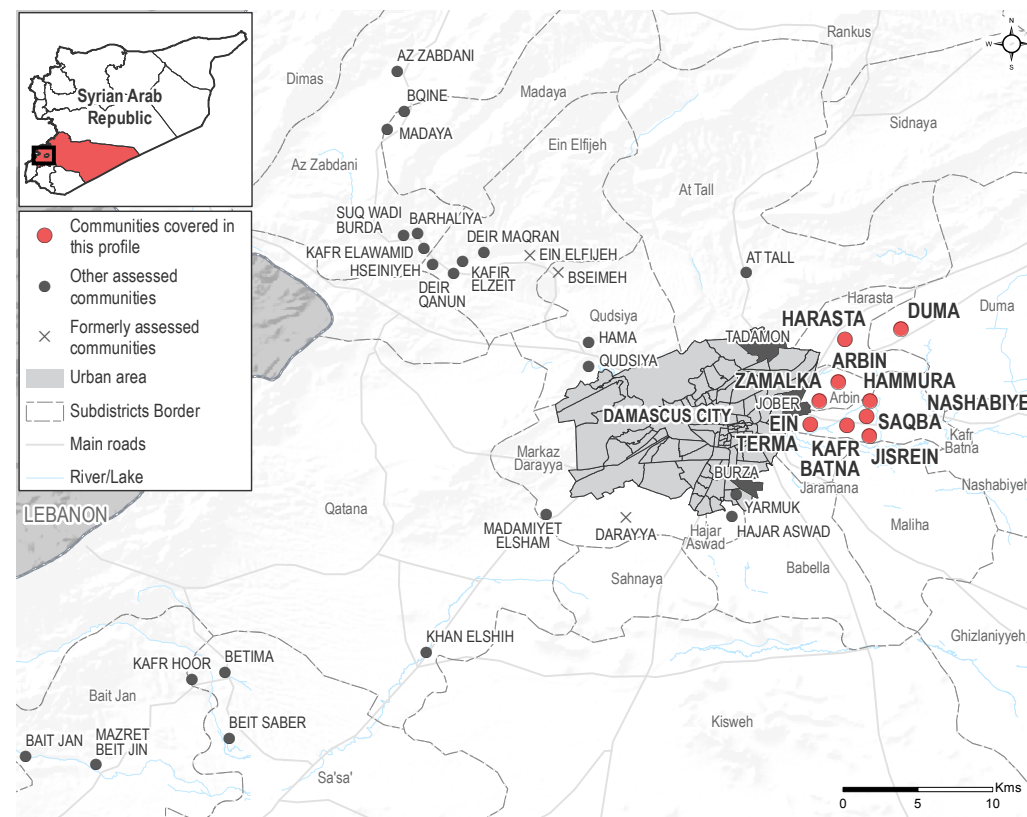
In March, the overall humanitarian situation in Eastern Ghouta worsened, compared to February. Conflict-related insecurity increased, while access restrictions on people and vehicles tightened, resulting in fewer goods entering the area. Consequently, food prices significantly increased, fuel shortages reached critical levels, and all education services were suspended.

Further, several hundreds internally displaced persons (IDPs) reportedly entered Eastern Ghouta after leaving Damascus, following escalation of conflict in the neighbourhoods of Burza and Jober in March, resulting in increasing needs in the area.

Clashes between parties to the conflict in the Eastern Ghouta area remained minimal until November

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of March and beginning of April 2017, these updates refer to the situation in March 2017. 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.



2016, when the security situation worsened. After conflict escalated in Nashabiyeh in late 2016, clashes significantly increased in the western areas of Eastern Ghouta in late February and persisted throughout March. Shelling in Harasta, Duma and the outskirts of Arbin, which had intensified in late February, further escalated in March. Additionally, during March all other assessed communities were also affected by conflict. The deteriorating security resulted in the shutting down of all education services in the communities assessed this month.

As had been the case since the communities were first assessed in June 2016, typically, civilians and commercial vehicles were able to move between communities without restrictions. However, security risks associated to travel increased in March, compared to February. Consequently, the ability of civilians to leave the wider contiguous area decreased this month, and no one reportedly attempted to leave through informal routes. **No commercial vehicles were allowed through the available formal point in March, while the Red Crescent entered the area and was able to provide child immunization across all communities assessed for the first time since November 2016.**

As a result of tighter access restrictions, availabilities and prices of assessed items were negatively affected. Barriers to accessing bread were reported for the first time since assessments began in June 2016 and, in the case of fuel, decreasing availabilities were reported for the fourth consecutive month. This resulted in poorer access to electricity across all communities.

Availability of medicine also reduced across most communities. This, combined with increasing caseloads and growing needs this month, resulted in a worsening of the health situation, compared to February. In particular, significant reductions in available services or notable depletions of medical stocks, were experienced in Duma, Harasta, and Jisrein. A critical health situation was reported in Nashabiyeh for the third consecutive month.

CHANGES SINCE FEBRUARY

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	↓

Overall, higher security risks, lower item availabilities and poorer access to services were experienced in Nashabiyeh, compared to other communities, as had been the case since December 2016, when conflict escalated in the area. Conversely, the towns of Arbin, Kafr Batna and Zamalka could reportedly rely on sufficiently large stocks of medical, food and non-food items. As such, they reported a better overall situation relative to other assessed communities in Eastern Ghouta in March.

MOVEMENT OF CIVILIANS

🚶 People able to leave²

Change in # people able to leave compared to February:



Movement between Eastern Ghouta communities remained relatively unchanged, with people and vehicles being able to move without restrictions. However, security concerns over travel increased in March, compared to February. Access to Nashabiyeh remained comparatively more limited, due to high risk of shelling on roads leading into and out of the community. As had been reported in February, women reportedly felt unsafe moving through certain areas in Arbin, Jisrein, Kafr Batna and Zamalka, due to harassment.

Very few people were permitted to leave the wider contiguous area through the available formal route in Duma in March, with no reported

change since assessments began. These included some public sector employees and some retired individuals, who were allowed to leave upon presenting documents and after being searched. Conversely, no one reportedly left through informal routes this month, due to the higher risks associated and to the poor security situation in Damascus, to which such routes lead.

Indeed, several hundreds IDPs moved into Eastern Ghouta in March by using the above-mentioned informal access points, after fleeing conflict-affected neighbourhoods of Damascus. To such end, informal access points were exceptionally opened for a few hours at a time to allow IDPs into Eastern Ghouta. Mostly, it was reported that IDPs moved to Harasta, Ein Terma, Saqba and Zamalka.

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

Arbin and Harasta: No one attempted to leave;

Duma: Shelling, landmines, detention, confiscation of documents, conscription;

Nashabiyeh: Shelling and gunfire.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since February:



In March, commercial vehicle access worsened for the second consecutive month, as no vehicles were allowed into the wider contiguous area, in contrast to February when some had been allowed.

Commercial vehicles were able to travel between Eastern Ghouta communities without restrictions, as had been the case since assessments began. However, security concerns over travel significantly increased in March.

Fewer vehicles were reportedly able to access Nashabiyeh, compared to other communities, due to higher security risks on roads in this area.

🚚 Humanitarian vehicles

Change since February:



In March, the Red Crescent provided child immunization services across all communities assessed in Eastern Ghouta, for the first time since November 2016. No other aid was provided.

📦 Goods entered

No goods entered the wider contiguous area this month. This represented a decrease in the amount of goods entering for the second consecutive month. Similarly to February, this decrease had a minor impact on food and non-food item availabilities on markets. Prices increased across most assessed items for the second consecutive month. Persisting restrictions on fuel resulted in critically low availabilities in March, after a progressive depletion of stocks during the three previous months.

Restrictions on goods entering had less of a negative impact on Arbin, Kafr Batna and Zamalka, where populations could rely on sufficiently large stocks.



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

ACCESS TO SERVICES*

In March, access to electricity and education significantly worsened across all communities assessed. Restricted access to fuel for the fourth consecutive month resulted in persisting shortages and a reduced ability to operate generators. After local councils in Jisrein, Saqba and Zamalka had reduced the number of hours of access to electricity provided with subscriptions in February, the same strategy was adopted across all assessed communities in March. This was done in order to limit fuel stock depletion. In Jisrein and Saqba, it was reported that hours of access significantly fluctuated on a daily basis this month, depending on the amount of fuel available. As such, while it was difficult to estimate average hours of daily access, the situation is considered to have worsened due to the higher unreliability of the main electricity source this month. Due to increasing security risks in March, all schools reportedly remained closed this month and no children had access to education. No change in access to water was reported in March, and all communities reported that available water was sufficient to meet household needs. Water was considered safe to drink in all communities mainly relying on water trucking. Water reportedly smelled or tasted bad in Arbin, Kafr Batna and Zamalka, where populations relied instead on closed wells. As had been the case in February, access to services was worse in Nashabiyeh, compared to other communities, as the generator-run electrical system was out of use and only few households could rely on solar alternatives.

	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	
Arbin	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬇️ None	Schools closed due to security concerns	
Duma	⬆️ Water trucking (Safe to drink)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬇️ None	Schools closed due to security concerns	
Ein Terma	⬆️ Water trucking (Safe to drink)	Sufficient	1-2 days	⬇️ Network unavailable	4 - 8 hours (Generator)	⬇️ None	Schools closed due to security concerns	
Hammura	⬆️ Water trucking (Safe to drink)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬇️ None	Schools closed due to security concerns	
Harasta	⬆️ Water trucking (Safe to drink)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬇️ None	Schools closed due to security concerns	
Jisrein	⬆️ Water trucking (Safe to drink)	Sufficient	1-2 days	⬇️ Network unavailable	2 - 4 hours (Generator)	⬇️ None	Schools closed due to security concerns	
Kafr Batna	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬇️ None	Schools closed due to security concerns	
Nashabiyeh	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	No usable electricity source	⬇️ None	Schools closed due to security concerns	
Saqba	⬆️ Water trucking (Safe to drink)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬇️ None	Schools closed due to security concerns	
Zamalka	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬇️ None	Schools closed due to security concerns	

*Arrows indicate change in access since February **Data collected is based on perceptions of local actors and water safety cannot be guaranteed in the absence of water testing.

🏠 Permanent medical facilities available

	Arbin	Duma	Ein Terma	Hammura	Harasta	Jisrein	Kafr Batna	Nashabiyeh	Saqba	Zamalka
Mobile clinics / field hospitals	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Informal emergency care points	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pre-conflict hospitals	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Primary healthcare facilities	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗

HEALTH SERVICES

Change in health situation compared to February: ↓

After improving in both January and February, the health situation in Eastern Ghouta worsened in March, as a result of lower medical item availabilities and increasing needs.

Depletion of stocks resulted in a reduction of available services in Harasta and Jisrein. Conversely, child immunization became available for the first time since November 2016 across all communities.

Higher caseloads were associated to intensification of conflict, particularly in Duma and Harasta where shelling was most intense. Further, an outbreak of measles affected all assessed communities and, compared to February, a higher number of deaths due to illnesses were reported in Ein Terma, Harasta and Saqba.

The influx of IDPs from Damascus City, in particular in the communities of Ein Terma, Harasta, Saqba and Zamalka, also resulted in growing needs in the areas assessed.

Reportedly, while populations in Arbin, Kafr Batna and Zamalka could rely on sufficient medical item stocks, other communities were more heavily affected by the above-mentioned factors.

In particular, a significant reduction in available services or a notable depletion of stocks were experienced in Duma, Harasta and Jisrein.

As was the case in February, it was reported that women experienced barriers to accessing healthcare in Nashabiyeh and Jisrein. This was due to the absence of personnel or services treating female-specific conditions.

🏠 Medical facilities and services

As had been the case since assessments began in June 2016, some medical facilities were functioning across all Eastern Ghouta communities in March (see table above).

In March, child immunization was provided by the Red Crescent to all communities assessed, for the first time since November 2016. Conversely, after becoming temporarily available in February, diabetes care became unavailable in Jisrein. Further, surgery became sometimes available in Harasta, as opposed to generally available in February. Only simple surgery could be carried out in Harasta, Ein Terma and Jisrein, and patients were sent to other towns when in need of more advanced surgical interventions.

Barriers to accessing available facilities persisted in Nashabiyeh, where for the third consecutive month, people with physical constraints (e.g. with disabilities, injured) and people who lived in certain locations in the community (e.g. people who lived far from facilities, people who lived in certain neighbourhoods) could not access healthcare.

Change since February



👤 Availability of medical personnel

At least one professionally trained doctor, nurse, midwife, dentist and pharmacist were present in most communities.

After increasing in several communities in January, the number of available trained medical personnel, as well as the number of volunteers with informal or no medical training, reportedly remained unchanged across all communities in February and March, with the exception of Saqba. In the latter, additional personnel was reportedly contracted this month.

Change since February



👜 Unavailable medical items³

All types of medical items assessed were reportedly available in Arbin, Kafr Batna and Zamalka, which could rely on larger stocks, compared to other assessed locations.

Across all remaining communities, availabilities of medical items decreased compared to February. In particular, the availability of blood transfusion bags decreased across most communities. Finally, the most significant decrease in the availability of medical items was reported in Duma.

Unavailable across a majority of communities: Anti-anxiety, heart, diabetes and blood pressure medicine.

Change since February



🩹 Most needed medical items⁴

Across communities assessed in Eastern Ghouta, the most needed medical items were reported to be:

1. Assistive devices
2. Heart medicine
3. Surgical equipment
4. Anaesthetics

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

Compared to February 2017, no changes were reported in March across Eastern Ghouta. Sharing resources between medical facilities was reported in all communities except Nashabiyeh, where only one informal emergency care point was present, and Arbin, Kafr Batna, and Zamalka.


⊕ Unusual outbreaks of disease⁵

In March, the outbreak of measles first reported in February in Ein Terma extended to all assessed communities. Lung infections, including tuberculosis, pneumonia and bronchitis, reportedly remained prevalent across Eastern Ghouta. However, this could not be verified by independent medical reports.

 **Medical services available**

	Arbin	Duma	Ein Terma	Hammura	Harasta	Jisrein	Kafr Batna	Nashabiyeh	Saqba	Zamalka
Child immunization	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Diarrhea management	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Emergency care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled childbirth care	✓	✓	✗	✓	✗	✗	✓	✗	✓	✓
Surgery ⁵	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Diabetes care	✓	✓	✗	✓	✗	✗	✓	✗	✓	✓


FOOD

Change in food situation compared to February: 

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

1. Purchasing from shops or markets
2. Purchasing from local farmers
3. Home production

In March, as had been the case since the communities were first assessed, all communities reported that residents were able to purchase food from shops, markets and local farmers, or produce it at home.

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

All: Shops.

Most commonly reported challenges to obtaining bread: Flour too expensive or hard to access, wheat too expensive or hard to access, yeast too expensive or hard to access.

Barriers to accessing bread were reported for the first time since assessments began in all communities except Jisrein and Saqba, where no challenges were reported.

 **Strategies used to cope with a lack of food**

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

- ✓ Reportedly used as a coping strategy
- ✗ Not reportedly used as a coping strategy



Strategies to cope with a lack of food reportedly remained unchanged in Eastern Ghouta since assessments began. In March, skipping meals or reducing their size were reported across all assessed communities.

+ **Deaths attributable to a lack of food⁶**

No known cases in all communities assessed. This had been the case since June 2016, when the communities were first assessed.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

 **Average cost of standard food basket⁷**

	Eastern Ghouta	Nearby areas ⁸
Average cost March (SYP) ⁹	69283	32254
Change since February ¹⁰		

On average, the cost of a standard food basket increased by 9% in March, compared to February, and was 115% more expensive than in nearby communities not considered besieged or hard-to-reach.

 **Food item availability / prices**

Overall, across Eastern Ghouta, the availability of a majority of food items remained unchanged on markets, compared to February, with most items being generally available.¹¹ However, availabilities of tomato and cucumber reportedly decreased in all locations except Arbin, Kafr Batna and Zamalka, in March. Further, prohibitive prices resulted in greater barriers to purchasing available foods, as was the case for bread.

Prices of assessed food items increased for the second consecutive month; they were 16% higher than those reported in February, and 92% higher than those in nearby non-hard-to-reach communities. Flour (+44%), tomato (+44%), cucumber (+28%) and salt (+32%) experienced the most significant price increases. These were reportedly due to a further tightening of access restrictions on people and vehicles.

 **WASH item availability / prices**

Lower amounts of sanitation and hygiene items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) entered the Eastern Ghouta area in March, for the second consecutive month. This was due to increasing restrictions on civilian and commercial vehicle movement.

Despite this, no significant change in item availability on markets was reported, and assessed items were generally available.¹⁰ This had been the case for all items except disposable diapers since assessments began.

However, prices increased for the second consecutive month and were, in comparison to February, 25% higher. Reported prices were also 91% higher than those in nearby communities not considered besieged or hard-to-reach.



Fuel availability / prices

Due to increasing restrictions on civilian and commercial vehicle movement, amounts of fuel entering the Eastern Ghouta area decreased for the fourth consecutive month.

As stocks progressively decreased after restrictions on entering fuel gradually increased since December 2016, a majority of communities started producing diesel locally through the altering of plastics in March. This had already been the case in Duma in February.

On average, prices of available fuel items increased by 29% and were 674% higher than in nearby communities not considered besieged or hard-to-reach. Unlike other fuel items, the price of diesel decreased by 6%, compared to February, due to the increase in local production.

Strategies used to cope with a lack of fuel:

Arbin, Kafr Batna, Nashabiyeh, Zamalka: Burning furniture with use, burning furniture without use;

Duma, Ein Terma, Hammura, Harasta, Jisrein, Saqba: Burning furniture without use, burning productive assets, burning plastics and waste.

CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX⁹

	Item	Eastern Ghouta average	Price change since February ¹⁰	Nearby non-hard-to-reach communities ⁸	
	Bread private bakery (pack)	528 ¹¹	↑ +20%	350	
	Bread public bakery (pack)	Not available	◇	63	
	Rice (1kg)	794 ¹¹	◇	525	
	Bulgur (1kg)	650 ¹¹	↑ +8%	250	
	Lentils (1kg)	900 ¹¹	◇	475	
	Chicken (1kg)	1867 ¹¹	◇	1075	
	Mutton (1kg)	2967 ¹¹	↓ -15%	3875	
	Tomato (1kg)	650 ¹²	↑ +44%	250	
	Cucumber (1kg)	810 ¹²	↑ +28%	388	
	Milk (litre)	250 ¹¹	↑ +9%	200	
	Flour (1kg)	650 ¹¹	↑ +44%	238	
	Eggs (1)	80 ¹¹	↑ +18%	50	
	Iodised salt (500g)	250 ¹¹	↑ +32%	75	
	Sugar (1 kg)	960 ¹¹	↑ +17%	413	
	Cooking oil (litre)	1210 ¹¹	↑ +16%	1275	
	Soap (1 bar)	185 ¹¹	↑ +19%	93	
	Laundry powder (1kg)	1000 ¹¹	↑ +15%	525	
	Sanitary pads (9)	760 ¹¹	↑ +36%	363	
	Toothpaste (125ml)	440 ¹¹	◇	425	
	Disposable diapers (24 pack)	3060 ¹¹	↑ +53%	1225	
		Butane (cannister)	40900 ¹²	↑ +70%	3250
		Diesel (litre)	1740 ^{11,12}	↓ -6%	225
		Propane (cannister)	Not available	◇	500
		Kerosene (litre)	Not available	◇	Not available
Coal (kg)		Not available	◇	400	
Firewood (tonne)		175000 ¹¹	↑ +24%	60500	

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

Endnotes

¹ Figures based on HNO 2017 population and IDP data (December 2016). Figures based on population estimates by local actors within the community assessed were Arbin: 42,500-43,500; Duma: 120,000-125,000; Ein Terma: 31,000-33,000; Hammura: 30,000-33,000; Harasta: 18,000-19,000; Jisrein: 18,000-20,000; Kafr Batna: 18,000-20,000; Nashabiyeh: 400-500; Saqba: 50,000-53,000; and Zamalka: 11,500-12,500.

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

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

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

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

⁶ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: March 2017' (link here).

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

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 April 2017)

¹⁰ Prices were compared to when the community was last assessed. Price fluctuations of 5% or less were not reported.

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

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

Syria Community Profile Update: Hajar Aswad, Rural Damascus

March 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

The community of Hajar Aswad, situated just south of Damascus City, has experienced conflict, encirclement and access restrictions since 2012. In 2014, local actors in the area reached a truce, which held for a few days before failing. Though the situation initially improved, access restrictions tightened after the truce failed, and the situation reportedly deteriorated further before stabilising in 2015. Hajar Aswad was first assessed in June 2016, and the security situation has not changed since then. The community was briefly classified by the UN as besieged in November 2016, but was reclassified as hard-to-reach in January 2017.

Though the overall situation has changed little in Hajar Aswad since assessments began, movement of people and goods has been severely restricted, no entry of commercial or humanitarian vehicles has been reported in any months assessed, and access to goods has depended on individuals retrieving items from nearby areas. The health situation has been slowly deteriorating since December, and a lack of resources led to the continued use of negative coping strategies. While women had access to medical treatment in nearby areas, men were deterred from seeking care outside of Hajar Aswad. Water supplies remained insufficient, and other services were limited.

Movement restrictions remained unchanged in March, with women, children and elderly allowed to access formal routes roughly twice a week with identification. Women faced verbal and sexual harassment at checkpoints, but physical violence



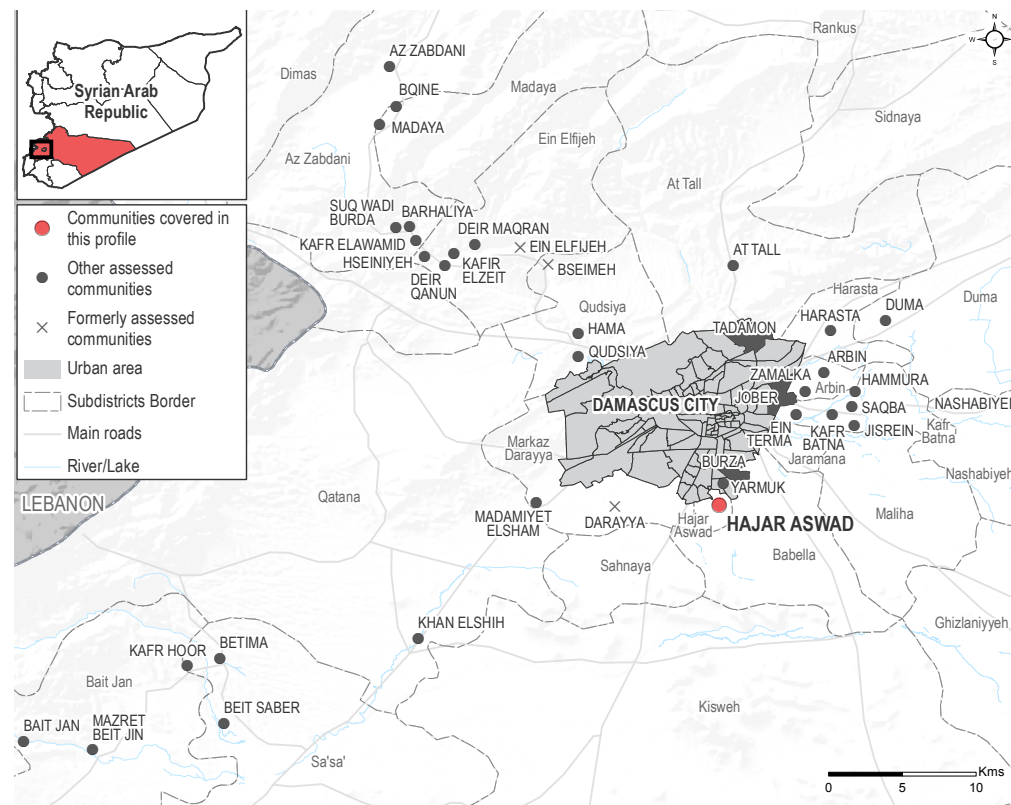
UN classification:	Hard-to-reach
Estimated population¹:	4500
Of which IDPs¹:	320
% pre-conflict population remaining:	1-25%
% population female:	1-25%
% of female-headed households	1-25%

was not reported, in contrast to February.

Shortages in medical supplies and equipment reportedly resulted in the recycling of medical items and sharing of resources between facilities. Women could obtain medical treatment for childbirth in nearby areas, but the risk of detention at checkpoints prevented men from receiving care outside of Hajar Aswad.

No humanitarian or commercial vehicle entry was reported in March, or since assessments began. Limited amounts of items entered Hajar Aswad from nearby areas via residents, but did not come from aid deliveries, as there was reportedly no aid delivered to neighbouring Yalda and Babella.

Insufficient water supplies in all months assessed has reportedly led to people bathing less as a coping strategy. Residents of Hajar Aswad faced limited electricity access and barriers to education, but most assessed goods remained available, and prices were stable.



CHANGES SINCE FEBRUARY

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 March and the beginning of April 2017, these updates refer to the situation in March 2017. 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 February: 

People able to leave²

Approximately 11-25% of the population were able to enter and exit Hajar Aswad through formal routes in March and since the community was first assessed. The majority of individuals travelling through formal entry and exit routes has consisted of women, children and elderly people. Those attempting to exit were permitted to leave once or twice a week, upon presenting identification at checkpoints, and exited in order to seek medical care, bring back goods and collect remittances.


Informal points used: Yes.

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

Shelling, gunfire, detention, verbal and sexual harassment.


MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since February: 

Able to enter: none reported

Humanitarian vehicles

Change since February: 

Able to enter: none reported


Goods entered

Movement of commercial and humanitarian vehicles into Hajar Aswad was not reported in March, or since assessments began. Residents reportedly purchased items from the nearby communities of Yalda and Babella.

HEALTH SERVICES

Overall health situation:

The health situation in Hajar Aswad has remained relatively consistent since first assessed. Some women were able to access medical care for childbirth from nearby communities in February and March. Though there were reportedly no obstetric services in surrounding areas, there was better access to equipment and services such as surgery. Risk of detention was a barrier for men seeking medical care outside of Hajar Aswad.

Change in health situation compared to February: 

Permanent medical facilities available

Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Primary healthcare facilities	
Change since February	

Availability of medical personnel

Personnel available: Professionally trained nurses and midwives;

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

Change since February: 











Availability of medical items³

Sometimes available: Clean bandages, blood transfusion bags, heart medicine, antibiotics and anaesthetics.

Available: Contraception, burn treatment, medical scissors, anti-anxiety, diabetes and blood pressure medicine.

ACCESS TO SERVICES

Access to services has remained overall unchanged since assessments began in June 2016. Residents rely on generators and closed wells for electricity and water, respectively. The number of children attending school, after falling in October when some children left school in order to work, has remained the same since then.

	WATER*	 Main source of drinking water (Status)	Closed wells (Safe to drink)**
		 Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient (Modify hygiene practices e.g. bathing less)
		 Access to water network per week	Network unavailable
	ELECTRICITY	 Access to electricity network per day	Network unavailable
		 Access to electricity (Main source) per day	2-4 hours per day (Generators)
	EDUCATION	 Available education facilities	Pre-conflict primary, secondary, high schools
		 Barriers to education	Facilities destroyed, children need to work (primarily boys), lack of teaching staff

*Arrows indicate change in access since February.

** Data collected is based on perceptions of local actors and therefore reported water safety requires verification through testing

Change since February: 

Strategies used to cope with a lack of medical services

Most needed medical items⁴

1. Blood transfusion bags
2. Clean bandages
3. Diabetes medicine

Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery ⁵	
Diabetes care	
Change since February	

Sharing resources between medical facilities, recycling medical items (e.g. syringes, needles and bandages)

Sharing resources between medical facilities was first reported in December, while recycling materials was first reported in January. Both coping strategies have remained in use since first occurring.

Unusual outbreaks of disease⁶

None reported; this has been the case since December 2016.

FOOD

Change in food situation compared to February:



Most common methods of obtaining food at the household level

Purchasing in neighbouring communities.

In March, there were no food items obtained by residents from aid distributions in the nearby communities of Yalda and Babella, as reportedly no aid arrived, in contrast to all previous assessed months. Consequently, residents of Hajar Aswad relied solely on purchasing items from Yalda and Babella.

Most common methods of obtaining bread at the household level

Most common source: Shops in nearby neighbourhoods.

Challenges to obtaining bread: There are no functioning bakeries in Hajar Aswad. However, since September 2016, bread could be purchased in the nearby neighbourhoods of Babella and Yalda by those travelling outside the community.

Change since February



Strategies used to cope with a lack of food

Reducing meal size



Skipping meals



Days without eating



Eating non-food plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

It was reported that in some families, men ate less so women and children could eat more.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICE

Average cost of standard food basket⁷

	Hajar Aswad	Nearby areas ⁸
Average cost March (SYP) ⁹	31832	32254
Change since February ¹⁰	↑	◇

The average cost of a standard food basket in March increased by 18% compared to February, due to a 100 SYP increase in the price of bread sold in shops. After the increase, the price of a food basket in Hajar Aswad versus that of neighbouring communities was relatively the same, as opposed to last month when food basket prices were 16% higher in nearby communities.

Food item availability / prices

Availability and prices of most assessed core food items have remained unchanged since September, with all items other than bread from bakeries reported as only sometimes available.¹⁰ Bread from both private and public bakeries remained unavailable in March, as has been the case since June 2016.

WASH item availability / prices

All assessed hygiene and sanitation items have been reported as sometimes available since November 2016. Prices of assessed hygiene and sanitation items remained the same as those of February¹¹, with the prices laundry detergent and soap remaining 90% and 62% more expensive in Hajar Aswad than prices in surrounding areas.

Fuel availability / prices

Fuel availability in March differed from that of February in that firewood, which was sometimes available, became unavailable in March. Propane and coal remained unavailable in the community, as was the

case in February. The price of butane remained the same after having decreased in January, while the price of diesel was 80% higher in Hajar Aswad than in not-hard-to-reach communities.

Strategies used to cope with a lack of fuel: Burning plastic; burning waste; burning furniture with or without use; burning clothes. All coping strategies, except burning clothes, were reportedly in effect since October 2016, with burning clothes reportedly in use since December.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

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 February ¹¹	Nearby non-hard-to-reach areas ⁸
Food Items	Bread private bakery (pack)	Not Available	◇	350
	Bread public bakery (pack)	Not Available	◇	63
	Rice (1kg)	350 ¹⁰	◇	525
	Bulgur (1kg)	250 ¹⁰	◇	250
	Lentils (1kg)	250 ¹⁰	◇	475
	Chicken (1kg)	1300 ¹⁰	◇	1075
	Mutton (1kg)	5000 ¹⁰	◇	3875
	Tomato (1kg)	250 ¹⁰	◇	250
	Cucumber (1kg)	250 ¹⁰	↑ +25%	388
	Milk (litre)	250 ¹⁰	◇	200
	Flour (1kg)	300 ¹⁰	◇	238
	Eggs (1)	60 ¹⁰	◇	50
	Iodised salt (500g)	200 ¹⁰	◇	75
WASH Items	Sugar (1 kg)	400 ¹⁰	◇	413
	Cooking oil (litre)	700 ¹⁰	◇	1275
	Soap (1 bar)	150 ¹⁰	◇	93
	Laundry powder (1kg)	1000 ¹⁰	◇	525
	Sanitary pads (9)	250 ¹⁰	◇	363
Fuel	Toothpaste (125ml)	400 ¹⁰	◇	425
	Disposable diapers (24 pack)	1500 ¹⁰	◇	1225
	Butane (cannister)	4000 ¹⁰	◇	3250
	Diesel (litre)	550 ¹⁰	◇	225
	Propane (cannister)	Not available	◇	500
	Kerosene (litre)	550 ¹⁰	◇	Not available
	Coal (kg)	Not available	◇	400
Firewood (tonne)	Not available	◇ Available	60500	



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). Figures based on population estimates by local actors within the community assessed were reportedly 4,900-5,000 individuals, including 700-1,000 IDPs.

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

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

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

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

⁶ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: February 2017' ([link here](#)).

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

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 April 2017).

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

¹¹ Price fluctuations of 5% or less were not reported.

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Al Waer, located to the west of the city of Homs, has faced access restrictions since 2013, which tightened in mid-2014. Classified by the UN as besieged since May 2016, the humanitarian situation in Al Waer worsened in subsequent months, before improving due to a truce agreement in September 2016. However in November, clashes intensified once again in Al Waer, all access in and out of the community was closed, and the humanitarian situation continued to deteriorate in the following months.

In early March, a reduction in shelling was reported as coincident with the then-ongoing truce negotiations. Damage to the water network caused insufficient water access in the community through the rest of the month, with residents bathing less to cope, and a ten-day shutoff of the electrical network was also noted in this period. Remaining access, food and service indicators did not change between February and early March.

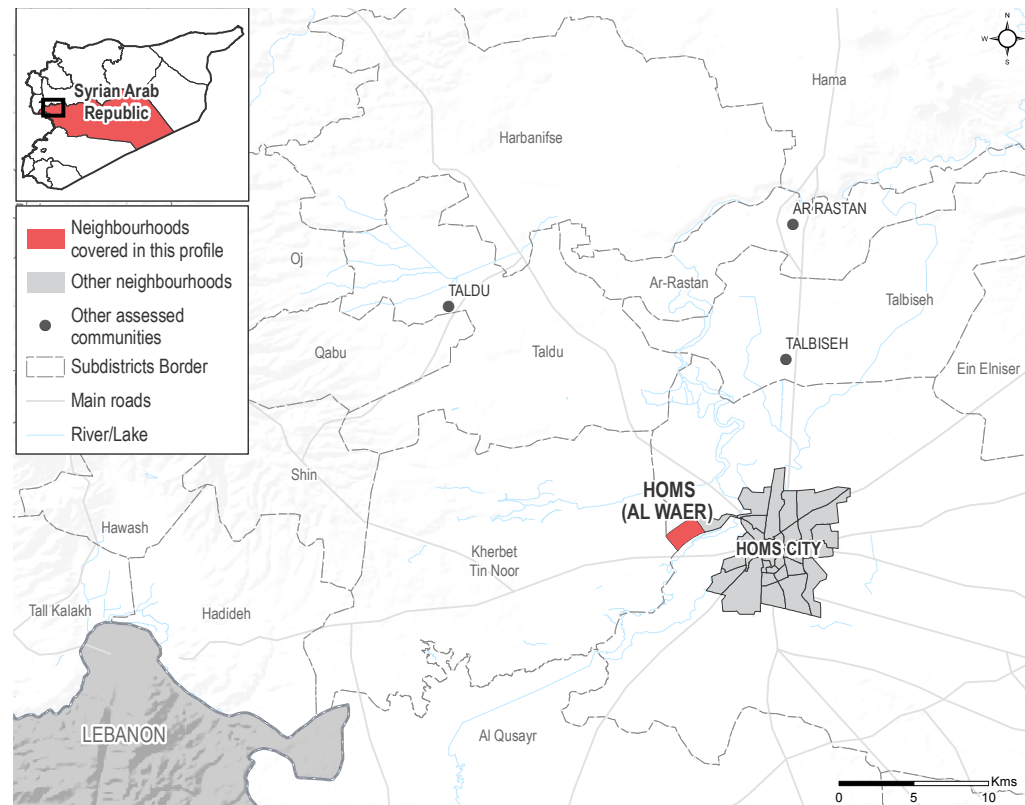
On 14 March, a truce agreement was signed ending the fighting over Al Waer, which loosed access restrictions for civilians and commercial vehicles, and provided for the evacuation of combatants and willing residents to Idleb, Jarablus or rural Homs. Media reports indicated these evacuations were to take place over six weeks after the signing of the truce, and were still ongoing at the time of writing. By the end of March, community representatives estimated approximately 40% of the pre-truce population left the neighborhood.



UN classification:	Besieged
Estimated population¹:	50000
Of which IDPs¹:	25000
% pre-conflict population remaining:	1-25%
% population female:	26-50%
% of female-headed households	1-25%

Overall, the situation in Al Waer improved significantly in March, after the signing of a truce agreement on 14 March. Subsequent to the agreement, commercial vehicles were allowed in the community and the formal access point was opened to some residents. It allowed food to enter into the community which increased availability and decreased food prices by an average of 2,511 SYP per assessed food item. Food, fuel and hygiene and sanitation item prices all declined after the loosening of access restrictions to the community.

The health situation also improved after the truce agreement in March, due primarily to the reduction in conflict as part of the truce agreement. However, continued restrictions on bringing medical items into Al Waer meant no replenishment of depleted medical stocks was reported in the community, and significant medical item shortages and coping methods such as recycling of old medical items



CHANGES SINCE FEBRUARY

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 March 2017 and beginning of April 2017, these updates refer to the situation in March 2017. 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.

continued to be reported at the end of March.

Additionally, while access to the electrical network was restored after the truce agreement, outages were reportedly more frequent than in February, before the ten-day outage in early March.

Schools reopened in March after closing in February for the first time since assessments began in June 2016 due to conflict-related insecurity. However, only a few students returned to school due to the ongoing evacuations in the community.

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to February:



🚶 People able to leave²

Until the signing of the truce agreement on 14 March, access restrictions did not change from early February, when no movement was allowed out of the community after the single formal point was closed. Following the signing of the truce agreement, this formal point was re-opened and some residents were again able to enter and leave the community. 11-25% of the population were reported able to use this formal point, including students and public sector employees on weekdays; retirees for the last five days of the month; and men who did not perceive a risk of detainment, women and children for specified days. Since the introduction of assessments in June 2016, in no other month was it reported that more than 1-10% of the population were able to use formal points.

No informal points have been reportedly used since November 2016.

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

No risks reported.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since February:



Commercial vehicles were permitted to enter Al Waer after 14 March for the first time since November 2016 upon presentation of documents and after a search.

🚚 Humanitarian vehicles

Change since February



As has been the case since October 2016, no humanitarian vehicles delivered aid to Al Waer in March. One humanitarian NGO began operations in Al Waer after the truce, but focused on medical evacuations for residents with special medical concerns.

📦 Goods entered

Commercial vehicles were permitted to bring in food and non-food items after the truce agreement, which significantly increased availability of these items compared to February. However, fuel and medical items were still restricted, and consequently, the community was limited to use the stocks available from before the truce agreement.

HEALTH SERVICES

Change in health situation compared to February:



The overall health situation in Al Waer improved in March, ending four consecutive months of deteriorating health conditions in the community. This was initially due to the reduction of shelling coincident with then-ongoing truce negotiations, and then due to the halting of active conflict after the truce agreement was signed on 14 March.

Artificial limbs were reported as one of the

ACCESS TO SERVICES

Despite the implementation of the truce agreement on 14 March, water and electrical access decreased in March when compared to previous months. Reportedly, shelling caused damage to the water network, which led to decrease in water availability, and community respondents report bathing less to cope. Additionally, the electrical network was inoperable for ten days in early March, and once reintroduced did not operate daily as had been the case before. Schools were re-opened after the truce, having previously closed for the first time since assessments began due to the escalation of the conflict in February. However, few children returned due to the evacuations in the community.

💧 WATER*	↓	Main source of drinking water (Status)	Water network (Safe to drink)**
		Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient (Reduced bathing)
		Access to water network per week	5-6 days
💡 ELECTRICITY*	↓	Access to electricity network per day	2 - 4 hours
		Access to electricity (Main source) per day	2 - 4 hours (Main network)
🏫 EDUCATION*	◊	Available education facilities	Pre-conflict primary, secondary, high schools
		Barriers to education	Evacuations due to the truce agreement

*Arrows indicate change in access since February

** Data collected is based on perceptions of local actors and therefore reported water safety requires verification through testing.

most needed items in Al Waer in March, this was reportedly due to reduction of conflict making other medical item shortages less urgent. However, medical items were prohibited from entering through commercial traffic in March, so the significant shortages from previous months remained unaddressed. From assessed items, only clean bandages were reported sometimes available, and the recycling of used medical supplies common.

Other changes included the increased service provision from a primary healthcare facility in early March after its partial destruction in February, the evacuation of some individuals with special medical needs by a humanitarian NGO to hospitals outside Al Waer after the truce agreement, and the departure of a few doctors from the community as part of the

evacuations.

🏠 Permanent medical facilities available

Mobile clinics / field hospitals	✓
Informal emergency care points	✓
Pre-conflict hospitals	✓
Primary healthcare facilities	✓
Change since February	↑

A primary healthcare facility, which was partially destroyed in February, was only semi-operational by the end of the month. Operational capacity continued to expand in early March.

Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✓
Surgery ³	✓
Diabetes care	✗
Change since February	◊

Available services remained unchanged from February after decreasing from January. Due to the depletion of stocks, child immunization and diabetes care remained unavailable, while the intermittent availability of diarrhea management and surgery reported in February continued after the truce in March.

Unavailable medical items⁴

Items unavailable: Antibiotics, contraception, anaesthetics, burn treatment, medical scissors, blood transfusion bags, anti-anxiety, heart, blood pressure and diabetes medicine.

Sometimes available: Clean bandages.

Change since February	◊
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Most needed medical items⁵

- Heart medicine
- Diabetes medicine
- Artificial limbs

Availability of medical personnel

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

Others providing medical services: Dentists, pharmacists.

Change since February	↓
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Strategies used to cope with a lack of medical services

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

+ Unusual outbreaks of disease⁶

None reported; this has been the case since assessments began in June 2016.

FOOD

Change in food situation compared to February:	↑
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Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

+ Deaths attributable to a lack of food⁶

None reported since January, when between one and two deaths had been reported.

Most common methods of obtaining food at the household level

Purchasing from markets, local farmers, and home production on rooftops or backyards.

Most common methods of obtaining bread at the household level

Most common source: Public bakeries

Challenges to obtaining bread: Not enough electricity or fuel.

Bread became available in Al Waer on 16

March after the truce agreement was signed, through commercial deliveries from public bakeries outside Al Waer. Bread had previously been unavailable in February and early March due to stocks depletion. No flour or yeast had remained in the community as a result of the absence of commercial or humanitarian deliveries since October.

Change since February	↑
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CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Al Waer	Nearby areas ⁹
Average cost March (SYP) ⁸	23907	24699
Change since February	↓	↑

The average cost of a standard food basket in Al Waer plummeted in March as commercial traffic in the city resumed after the truce for the first time since November 2016. The cost of the food basket from February declined by 22,259 SYP in March, despite the addition of bread which was unavailable in February. The March food basket price was equivalent to nearby communities not considered besieged or hard-to-reach, having been 594% more expensive in February.

Food item availability / prices

Prices for assessed food items decreased by an average of 2,511 SYP each in March, with all food items previously unavailable such as bread, vegetables and chicken now accessible. All food items in March were reported generally available¹⁰ except bread, which was reported sometimes available¹¹ this month. Food prices were on average 11% more expensive than in nearby non-hard-to-reach communities in March, compared to 594% higher in February.

WASH item availability / prices

Prices of assessed hygiene and sanitation

items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) decreased by an average of 610 SYP in March, with all items remaining generally available as had been the case in previous months. In March, the prices of these items remained 67% higher when compared to nearby communities not considered besieged or hard-to-reach, compared to the 178% difference in February.

Fuel availability / prices

The price of fuel decreased significantly in March, with the price of a kilogram of coal declining by 7,500 SYP from February, and the price of a tonne of firewood dropping by half. The price of diesel did not change, and butane became available in the community after becoming unavailable in February.




Fuel prices were 268% higher than in nearby communities not considered besieged or hard-to-reach in March, compared to nearly 1000% more expensive in February. While no fuel was permitted into the community in March, traders reportedly began selling their stockpiles of fuel due to expectations of commercial deliveries resuming, compounded by a decrease in demand due to the ongoing evacuation of residents.

Strategies used to cope with a lack of fuel: Burning furniture without use, burning clothes, and plastics were reported in use in March.

No reports of burning of agricultural stocks or other productive assets or waste were reported in March, as had been the case in February.

- ✓ Available
- ✗ Not available
- ↑ Positive increase
- ↓ Positive decrease
- ◊ No change
- ↓ Negative decrease
- ↑ Negative increase

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁸

	Item	AI Waer	Price change since February ¹²	Nearby non-hard-to-reach areas ⁹
Food Items 	Bread private bakery (pack)	Not Available	◆	172
	Bread public bakery (pack)	100	Not Available	80
	Rice (1kg)	250 ¹⁰	▼ -75%	183
	Bulgur (1kg)	200 ¹⁰	▼ -60%	217
	Lentils (1kg)	450 ¹⁰	▼ -25%	547
	Chicken (1kg)	1300 ¹⁰	Not Available	1142
	Mutton (1kg)	4000 ¹⁰	▼ -81%	2667
	Tomato (1kg)	350 ¹⁰	Not Available	275
	Cucumber (1kg)	425 ¹⁰	Not Available	242
	Milk (litre)	300 ¹⁰	▼ -88%	242
	Flour (1kg)	200 ¹⁰	▼ -90%	175
	Eggs (1)	40 ¹⁰	▼ -93%	53
	Iodised salt (500g)	50 ¹⁰	▼ -93%	68
	Sugar (1 kg)	350 ¹⁰	▼ -71%	417
Cooking oil (litre)	650 ¹⁰	▼ -57%	775	
WASH Items 	Soap (1 bar)	100 ¹⁰	▼ -33%	72
	Laundry powder (1kg)	700 ¹⁰	▼ -65%	375
	Sanitary pads (9)	200 ¹⁰	▼ -71%	500
	Toothpaste (125ml)	100 ¹⁰	▼ -67%	150
	Disposable diapers (24 pack)	2000 ¹⁰	▼ -33%	500
Fuel 	Butane (cannister) ¹³	40000 ¹¹	Not Available	9167
	Diesel (litre)	5500 ¹¹	◆	763
	Propane (cannister)	Not available	◆	Not available
	Kerosene (litre)	Not available	◆	400
	Coal (kg)	1500 ¹⁰	▼ -83%	500
	Firewood (tonne)	10000 ¹¹	▼ -98%	75000

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

Endnotes

¹ Figures based on HNO 2017 population data (January 2017). Figures based on population estimates by local actors within the community assessed were reportedly 30,000-35,000 individuals, including 20,000-25,000 IDPs.

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

³ The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

⁴ Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

⁶ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: January 2017' ([link here](#)).

⁸ \$1 = 515 SYP (UN operational rates of exchange as of 1 April 2017).

⁹ Nearby communities in Homs governorate which are not considered besieged/hard-to-reach: Farqalas, Kisein and Qazhal.

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

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

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

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Khan Elshih is a largely Palestinian community located southwest of Damascus that has been affected by access restrictions since March 2013. While the community has been subject to intermittent shelling since then, conflict escalated dramatically in October 2016. This led to a substantial tightening of access restrictions before a truce was reached in late November 2016, resulting in the evacuation of over 3,000 individuals and their families to Idlib governorate and a general improvement in the humanitarian situation.

The humanitarian situation in Khan Elshih remained relatively similar in March to that of previous months since the truce. No humanitarian vehicles entered, nor were there vehicles denied entry, while commercial vehicles provided food, NFIs, medicine and medical supplies, and fuel to the community. Some emergency medical care points opened, while access to water, electricity and education remained unchanged.

Detention of both men and women when using formal routes was a new reported risk in March. The percentage of the population accessing formal routes to enter and exit Khan Elshih stayed the same, women continued to face sexual harassment at checkpoints, and commercial vehicles remained restricted on quantities of goods allowed to enter the community.

Prices for assessed goods remained fairly stable, with increases in the price of sugar and cooking



UN classification:	Besieged
Estimated population¹:	9000-9500
Of which IDPs¹:	100-200
% pre-conflict population remaining:	26-50%
% population female:	51-75%
% of female-headed households	1-25%

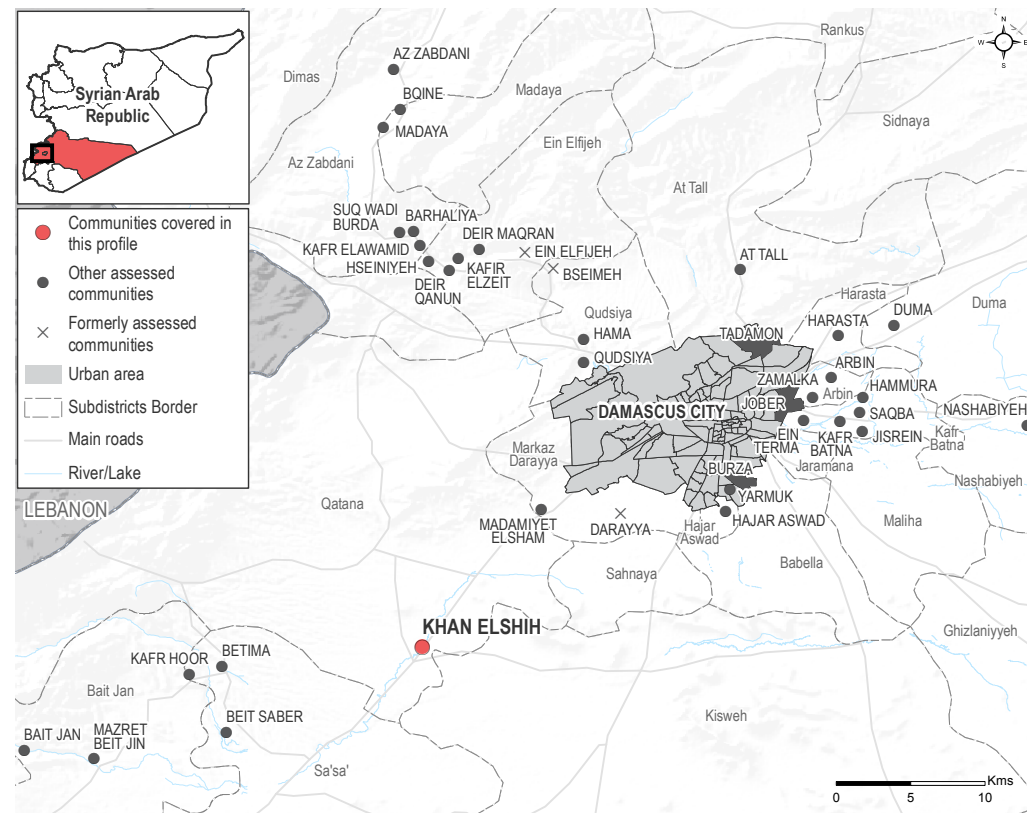
oil, and decreases in the price of some fuels. Public bakeries were operational for the first time since assessments began, while private bakeries had re-opened in January, and were previously unavailable since at least March 2016.

The health situation in Khan Elshih improved with the establishment of some emergency medical care points, in addition to existing facilities that had reopened following the truce. **However, the threat of conscription and detention continued to hinder men from seeking medical care in nearby communities.**

Access to services has remained largely unchanged since December. The water network was still inoperable in March, but there were sufficient supplies of clean water from closed wells. No barriers to accessing education were reported, and generators remained the main source of electrical power to the community, though repairs to the electrical network began in February.

CHANGES SINCE FEBRUARY

Access Restrictions on Civilians	◆	Health Situation	▲
Commercial Vehicle Access	◆	Core Food Item Availability	◆
Humanitarian Vehicle Access	▼	Core Food items Price	◆
Access to Basic Services	◆	Overall Humanitarian Situation	◆



METHODOLOGY

Based on data collected from community representatives inside Syria at the end of March and beginning of April 2017, these updates refer to the situation in March 2017. 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 February:



🚶 People able to leave²

Approximately 11-25% of the population has been able to enter and exit the community through formal routes under certain conditions since January. Numbers of people accessing routes in March stayed the same, after an increase in February.

Employees and students could use formal routes on workdays, while women and children remained unrestricted upon presentation of documents. However, perceived risks to accessing checkpoints deterred some women from exiting Khan Elshih via formal routes. Contrary to February, in March individuals risked detention, in addition to continued verbal harassment of women. Necessary medical evacuations remained permissible.

Informal points used: No.

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

Verbal harassment of women, detention (mostly men, but also women)

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since February :



About the same number of commercial vehicles entered Khan Elshih in March as in February. Limits on the amount of goods permitted to enter in each vehicle remained in place, and vehicles were still subject to a search and required to present documentation.

🚚 Humanitarian vehicles

Change since February:



No humanitarian vehicles entered Khan Elshih in March.

📦 Goods entered

Food, fuel, medicine and medical equipment, and NFIs entered by way of commercial vehicles and civilians transporting items from nearby communities.

HEALTH SERVICES

Change in health situation compared to February:



Child immunization services were available in December 2016 and February 2017, but were not reported in March.³

Some emergency care points were established in March, and all assessed medical items have been reported available since mid-December. However, some men still feared detention and conscription at checkpoints and avoided seeking medical care outside of Khan Elshih. Additionally, low-income families continued to have less access to healthcare.

🏠 Permanent medical facilities available

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

Some emergency care points opened in March.

ACCESS TO SERVICES

Access to water services in Khan Elshih have reportedly remained unchanged since December, with the main water network still unavailable and trucking the primary method of water transport. Though repairs to the electrical network began in February, generators remained the main source of power in March. All school-aged children continued to have access to schools.

WATER*	Main source of drinking water (Status) Sufficiency of available water to meet household needs (Coping strategies used) Access to water network per week	Closed wells (Safe to drink)** Sufficient Network unavailable
ELECTRICITY	Access to electricity network per day Access to electricity (Main source) per day	Less than 1 hour 2-4 hours (Generators)
EDUCATION	Available education facilities Barriers to education	Pre-conflict primary, secondary, high schools None reported

*Arrows indicate change in access since February

** Data collected is based on perceptions of local actors and therefore reported water safety requires verification through testing.

💊 Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery ⁴	✗
Diabetes care	✓
Change since February	◇

👤 Availability of medical items⁵

Available: Anti-anxiety, clean bandages, blood transfusion bags, medicine for heart problems, blood pressure and diabetes, antibiotics, burn treatment, anaesthetics, contraception and medical scissors.

Change since February



💊 Most needed medical items⁶

1. Diabetes medicine
2. Antibiotics
3. Blood transfusion bags

👤 Availability of medical personnel

Personnel available: Professionally trained doctors and midwives;

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

Change since February



👤 Strategies used to cope with a lack of medical services

None reported, since the onset of the truce in December.

⊕ Unusual outbreaks of disease

None reported.

FOOD

Change in food situation compared to February:



Most common methods of obtaining food at the household level

Purchasing from shops and markets, humanitarian distributions internally from local NGOs operating inside Khan Elshih

Most common methods of obtaining bread at the household level

Purchasing from shops and markets.

For the first time since assessments began in June 2016, bread was available in public bakeries, in addition to private bakeries (operating since January) in March.

Challenges to obtaining bread: None reported.

Change since February



Strategies used to cope with a lack of food

Reducing meal size



Skipping meals



Days without eating



Eating non-food plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Despite an increase in commercial vehicle access since December and humanitarian deliveries in February, reducing meal size was reportedly still used as a coping strategy in March, and has been since June 2016. Some men reportedly ate less so women and children could eat more.

Deaths attributable to a lack of food⁷

No known cases, as has been reported since assessments of the community began.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁸

	Khan Elshih	Nearby areas ⁹
Average cost March (SYP) ¹⁰	26284	32254
Change since February ¹¹		

The cost of a standard food basket in Khan Elshih in March was 19% cheaper than that in nearby non-hard-to-reach communities. While food prices of compared communities were similar, lentils and cooking oil were 37% and 29% cheaper in Khan Elshih, which led to a difference in the food basket price.

Food item availability / prices

All assessed food items were reportedly sometimes available,¹² except for bread from private bakeries, which was generally available.¹³ Prices stayed constant, with the exception of sugar and cooking oil, whose prices rose by 25% and 13%, respectively.

WASH item availability / prices

All assessed hygiene and sanitation items were reported generally available¹³ in March, with no price changes since December. However, WASH items were still on average 83% more expensive than those in nearby non-hard-to-reach communities.

Fuel availability / prices

Coal became available in February and remained available in March, while the availability of other assessed fuels has remained the same since December. Despite slight decreases in the price of coal and diesel, fuel prices were on average 75%

higher in March than those of nearby non-hard-to-reach communities.

Strategies used to cope with a lack of fuel: Burning plastic; burning furniture without use; burning waste. The first two of these strategies were used since December, while burning waste was observed since January due to continued cold weather.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICE INDEX⁹

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 February ¹¹	Nearby non-hard-to-reach areas ⁹
	Bread private bakery (pack)	100 ¹³		350
	Bread public bakery (pack)	100 ¹²	Not available	63
	Rice (1kg)	400 ¹²		525
	Bulgur (1kg)	300 ¹²		250
	Lentils (1kg)	300 ¹²		475
	Chicken (1kg)	1300 ¹²		1075
	Mutton (1kg)	4500 ¹²		3875
	Tomato (1kg)	250 ¹²		250
	Cucumber (1kg)	250 ¹²		388
	Milk (Litre)	250 ¹²		200
	Flour (1kg)	190 ¹²		238
	Eggs (1)	60 ¹²		50
	Iodised salt (500g)	150 ¹²		75
	Sugar (1 kg)	500 ¹²	+25%	413
	Cooking oil (litre)	900 ¹	+13%	1275
	WASH Items	100 ¹³		93
	Soap (1 bar)	2000 ¹³		525
	Laundry powder (1kg)	500 ¹³		363
	Sanitary pads (9)	350 ¹³		425
	Toothpaste (125ml)	2500 ¹³		1225
	Fuel	3500 ¹⁰		3250
	Butane (cannister)	400 ¹²	-20%	225
	Diesel (litre)	Not available		500
	Propane (cannister)	400 ¹²	-11%	Not available
	Kerosene (litre)	1200 ¹²		400
	Coal (kg)	70000 ¹³		60500



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

¹ Figures based on population estimates by local actors within the community. HNO 2017 population data (December 2016) estimates the population of the community to be 12,000, with 3,000 IDPs, although this may not account for recent evacuations from the community.

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

³ Immunizations are typically done in rounds, rather than being offered on a regular basis. A lack of availability for immunizations from one month to the next is not, therefore, necessarily an indication of a decline in the health situation.

⁴ 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.

⁵ Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

⁷ 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.

⁸ 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: February 2017' ([link here](#)).

⁹ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Deir Ali and Sayyeda Zeinab.

¹⁰ \$1 = 515 SYP (UN operational rates of exchange as of 1 April 2017). In addition, the price of a standard food basket in Khan Elshih in December was misreported in the December profile for the community. It has since been revised to 26,284 SYP.

¹¹ Price fluctuations of 5% or less were not reported.

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

¹³ Generally available in markets (more than 20 days this month).


Syria Community Profile Update: Wadi Burda, Rural Damascus

March 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Suq Wadi Burda	Deir Qanun	Kafr Elawamid
UN classification	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach
Estimated population (individuals)¹	5000-5500	4800	8000	9000	6900	7300	3100
Of which estimated IDPs¹	2800-3000	820	760	3100	810	840	560
 % pre-conflict population remaining	76-100%	76-100%	76-100%	51-75%	51-75%	51-75%	76-100%
% of population that are female	26-50%	51-75%	26-50%	26-50%	51-75%	51-75%	51-75%
% of female-headed households	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%

SUMMARY

Information in this profile was gathered from seven communities within the Wadi Burda region, northwest of Damascus city: Barhaliya, Hseiniyeh, Kafir Elzeit, Deir Maqran, Suq Wadi Burda, Deir Qanun and Kafr Elawamid. These seven communities, all classified by the UN as hard-to-reach, were profiled for the first time in August 2016. Assessments of Bseimeh and Ein Elfijeh ceased in January, as no populations reportedly remained following a shift in control across the Wadi Burda area. While this profile presents the situation in March, comparisons were made to February.

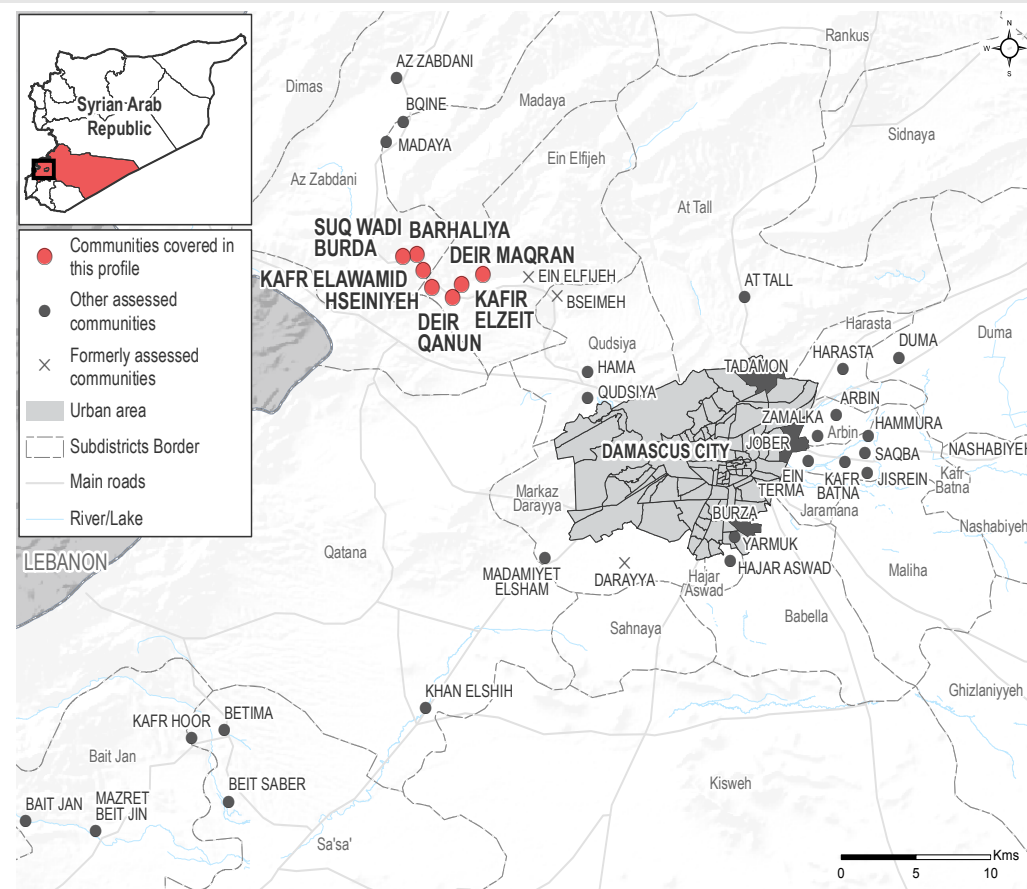
A significant improvement across all indicators was first observed in February, following the signing of a

local truce agreement on January 30. This followed a period of intense hostilities and tight access restrictions which commenced in December 2016, and negatively impacted the security and humanitarian situations across the whole Wadi Burda region.

The overall humanitarian situation across all assessed communities in Wadi Burda continued to improve in March, for the second consecutive month. An interagency aid convoy entered the communities on 26 March, for the first time since assessments of Wadi Burda began. Further, civilian movement and commercial vehicle access increased, and repairs to the electricity and water infrastructures improved access to basic services in all communities.

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of March and beginning of April 2017, these updates refer to the situation in March 2017. 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 in which 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 FEBRUARY

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	↑

In March, the number of civilians able to leave and enter Wadi Burda through formal access points continued to increase. In addition to the entry of humanitarian aid, commercial access also increased, partly due to the opening of a new road which connects the area to the Beirut-Damascus highway. Increased civilian and commercial movement, as well as the aid delivery, increased the availability of most assessed items in the communities in March. **All core food items (except bread from bakeries) and hygiene and sanitation products became generally available, and for the first time since December 2016 no coping strategies related to food shortages were reported. An increase in the amount of fuels entering Wadi Burda in March was also reflected in a 15% decrease in the average prices of such items.**


Following repairs to the water network, all assessed communities reported sufficient access to drinking water in March, a further improvement from February. The increased availability of fuel, combined with some repairs to the electricity network, also had a positive impact on the number of hours populations had access to electricity in March. For the second consecutive month, all children could attend educational facilities, which had previously been closed between December and January due to ongoing hostilities.

The health situation across Wadi Burda, which had improved significantly in February following

the cessation of hostilities and lifting of access restrictions, remained relatively unchanged in March. While there was a slight increase in the amount of medicine that entered the communities, medical facilities and services remained the same as in February. Populations remained able to seek assistance in Damascus.

MOVEMENT OF CIVILIANS

 People able to leave²

Change in # people able to leave compared to February: 

All communities: There was a further increase in the number of people allowed to leave and enter the Wadi Burda area relative to February, when movement first resumed. An estimated 26-50% of populations could leave via formal access points.

Since the implementation of the truce agreement at the end of January, women, children, students and employees have been able to leave and enter the contiguous Wadi Burda area through two formal access points, subject to identification requirements. Additionally, all residents could move freely between the assessed communities in Wadi Burda.

In January, community representatives had reported an increase in population numbers in the assessed communities as residents had relocated from Ein Elfijeh and Bseimeh following the truce agreement. Minor fluctuations in numbers were still reported in February, but appeared to have stabilized in March. Ein Elfijeh and Bseimeh reportedly remained uninhabited.

While there was a reported increase in the number of female-headed households in February following the relocation of some men to Idleb, this number did not change further in March.


Informal points used: None reported.

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

All communities: Conspicuous and verbal harassment; in particular, women felt unsafe when using the formal access points due to the risk of harassment.

MOVEMENT OF GOODS AND ASSISTANCE


 Vehicles carrying commercial goods

Change since February: 

The number of commercial vehicles entering the Wadi Burda area continued to increase in March, after commercial access was first permitted in February following the implementation of the truce agreement. This was in contrast to January and December, when ongoing hostilities and tight access restrictions prevented any commercial access. However, despite the increasing number of commercial vehicles entering the area in March, tighter restrictions were reported compared to February. In addition to the payment of fees, traders faced restrictions on day and time of entry, documentation requirements, searches, and the risk of seizure of parts of the shipment.

As was the case in February, traders could reportedly only bring a maximum of 600kg of goods per week.

 Humanitarian vehicles

Change since February: 

For the first time since assessments of the area began in August 2016, an interagency convoy entered Wadi Burda on 26 March. The delivery consisted of 40 trucks carrying food and non-food items, and reached all assessed communities.

Nonetheless, the aid delivered was reportedly insufficient to meet populations' needs, and residents reported overcrowding at distribution points. This was partially attributed to the long period of market closures between December and January, during which food security had significantly deteriorated. Further, not all necessary items were reportedly included in the aid delivered.

 Goods entered

In March, there was an overall increase in all types of goods entering Wadi Burda. This was attributable to the humanitarian delivery that reached the communities on 26 March, but also to increased commercial activity following the opening of a new road which connected the Wadi Burda area to the Beirut-Damascus highway. Food, NFIs and medical items all entered via commercial vehicles and as part of the humanitarian convoy, in addition to being brought into the community by civilians moving across the area. Fuel could enter the communities through commercial access and civilians, but was not included in the humanitarian deliveries.

ACCESS TO SERVICES*

Access to water and electricity continued to improve across all assessed communities in Wadi Burda for the second consecutive month. Repairs to the water network were largely finalized in March, increasing overall access to water. All communities subsequently reported sufficient access to drinking water, in contrast to February, when only Hseiniyeh, Kafr Elawamid and Suq Wadi Burda had done so. Access to electricity also improved in March, as commercial vehicles were able to bring larger quantities of fuel, necessary for the use of generators. Additionally, the electrical network, which had sustained structural damage when hostilities flared up in December, was partly repaired in March. Schools, which had re-opened in February following a two-month closure caused by the security situation in Wadi Burda in December and January, operated normally in March.

	💧 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 # children attending school
Barhaliya	↑ Water network (Safe to drink)	Sufficient	3-4 days	↑ 1-2 hours	2-4 hours (Generator)	⬇️ Pre-conflict primary, secondary and high schools	None reported	All school aged children accessed schools
Hseiniyeh	↑ Water network (Safe to drink)	Sufficient	3-4 days	↑ 1-2 hours	2-4 hours (Generator)	⬇️ Pre-conflict primary and secondary schools	None reported	All school aged children accessed schools
Kafir Elzeit	↑ Water network (Safe to drink)	Sufficient	3-4 days	↑ 1-2 hours	2-4 hours (Generator)	⬇️ Pre-conflict primary, secondary and high schools	None reported	All school aged children accessed schools
Deir Maqran	↑ Water network (Safe to drink)	Sufficient	3-4 days	↑ 1-2 hours	2-4 hours (Generator)	⬇️ Pre-conflict primary, secondary and high schools	None reported	All school aged children accessed schools
Suq Wadi Burda	↑ Water network (Safe to drink)	Sufficient	3-4 days	↑ 1-2 hours	2-4 hours (Generator)	⬇️ Pre-conflict primary, secondary and high schools	None reported	All school aged children accessed schools
Deir Qanun	↑ Water network (Safe to drink)	Sufficient	3-4 days	↑ 1-2 hours	2-4 hours (Generator)	⬇️ Pre-conflict primary, secondary and high schools	None reported	All school aged children accessed schools
Kafr Elawamid	↑ Water network (Safe to drink)	Sufficient	3-4 days	↑ 1-2 hours	2-4 hours (Generator)	⬇️ Pre-conflict primary, secondary and high schools	None reported	All school aged children accessed schools

*Arrows indicate change in access since February.

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

🏠 Permanent medical facilities available

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Suq Wadi Burda	Deir Qanun	Kafr Elawamid
Mobile clinics / field hospitals	✗	✗	✗	✗	✗	✗	✗
Informal emergency care points	✗	✗	✗	✗	✗	✗	✗
Pre-conflict hospitals	✗	✗	✗	✗	✗	✗	✗
Primary healthcare facilities	✓	✓	✓	✓	✓	✓	✓

HEALTH SERVICES

Change in health situation compared to February:



The overall medical situation across Wadi Burda, which had improved significantly in February following the cessation in hostilities and the subsequent lifting of access restrictions, remained largely unchanged in March.

There was a small increase in the amount of medicine and medical items entering the communities following the aid delivery. Available medical facilities and services remained the same as in February. Similarly, less restrictive limitations on civilian movement allowed severe medical cases to be attended to in Damascus city. However, it was reported that men continued to avoid travelling to Damascus due to perceived risks of detention and conscription associated with such movement.

While in December and January populations across Wadi Burda had reported that ongoing hostilities and related security concerns had prevented them from accessing medical services,

this was no longer a concern in February and March; however, as many of the facilities operating in the communities since the truce agreement were private clinics, segments of the populations could not access their services due to financial limitations.

🏠 Medical facilities and services

Populations across all assessed communities in Wadi Burda had access to primary healthcare facilities, as well as private clinics in March. Similarly, the type of services provided did not change since February, and included emergency care, diarrhea management and diabetes.

In the absence of skilled childbirth care, women travelled to Damascus city to receive appropriate assistance, a method first reported in February following the lifting of access restrictions.

Change since February



👤 Availability of medical personnel

Across all assessed communities, trained doctors, nurses and pharmacists continued to be present in March. Additionally, dentists were also reported in Hseiniyeh and Deir Qanun, and midwives in Deir Qanun. Moreover, with the exception of Kafr Elawamid and Kafir Elzeit, all communities reported access to volunteers with informal medical training.

Change since February



🚑 Unavailable medical items³

All assessed medical items were available across the Wadi Burda communities in March. This was due to the entry of aid, which included medical items, and increased commercial vehicle access. The situation in March also reflected an improvement from February, when anaesthetics had been unavailable in a majority of the assessed communities.

Change since February



📋 Most needed medical items⁴

Across communities assessed in Wadi Burda, the most needed medical items in March were reportedly:

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

⚡ Unusual outbreaks of disease⁵

None reported.

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

All communities: None reported.

Medical services available

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Suq Wadi Burda	Deir Qanun	Kafr Elawamid
Child immunization	✗	✗	✗	✗	✗	✗	✗
Diarrhea management	✓	✓	✓	✓	✓	✓	✓
Emergency care	✓	✓	✓	✓	✓	✓	✓
Skilled childbirth care	✗	✗	✗	✗	✗	✗	✗
Surgery ⁶	✗	✗	✗	✗	✗	✗	✗
Diabetes care	✓	✓	✓	✓	✓	✓	✓

FOOD

Change in food situation compared to February:



Food security continued to improve in Wadi Burda for the second consecutive month in March. While February saw the lifting of access restrictions and re-opening of shops and markets in the communities, in March food additionally entered via humanitarian deliveries and an increased commercial traffic. All core food items, except bread from bakeries, became generally available⁷ in all communities, and no negative coping strategies were reported for the first time since December 2016.

Most common methods of obtaining food at the household level

All communities: Purchasing from shops and markets, receiving from distributions.

Most common methods of obtaining bread at the household level

Deir Qanun: Private bakeries.

All other communities: Shops.

Access to bread improved further in March, following the entry of aid and increased commercial activity. Residents did not report any challenges in procuring bread across all communities. With the exception of Deir Qanun, where private bakeries had re-opened in February, shops were the most common source of bread.

Change since February



Strategies used to cope with a lack of food

	All communities
Reducing meal size	✗
Skipping meals	✗
Days without eating	✗
Eating non-food plants	✗
Eating food waste	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

No strategies related to a lack of food were reported in any of the Wadi Burda communities in March. This was an improvement from prior months, as populations had resorted to such strategies since December when hostilities and tight access restrictions had prevented food from entering the area.

+ Deaths attributable to a lack of food⁵

No reported cases across Wadi Burda.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

\$ Average cost of standard food basket⁸

	Wadi Burda	Nearby areas ⁹
Average cost in March (SYP) ¹⁰	32283	32253
Change since February	◆	◆

The price of a standard food basket in Wadi Burda did not change since February, when

access restrictions were first lifted and food entered the community. It remained similar to the price of a food basket in nearby areas not considered hard-to-reach, and was 13% lower than in November 2016, before hostilities caused a shortage in the communities which precluded the calculation of a food basket price.

🍲 Food item availability / prices

The availability of all assessed core food items further increased across all Wadi Burda communities in March following the delivery of aid and increased commercial traffic. All items, with the exception of bread from public and private bakeries, became generally available, after having been sometimes available in February. There was no significant change in prices since the last assessment; however, items remained on average 17% more expensive than in nearby communities.

🚰 WASH item availability / prices

Similar to food items, all assessed hygiene and sanitation items became generally available in March. As was the case in February, they remained significantly more expensive than in nearby communities (137%).




🛢️ Fuel availability / prices

Following the increase in commercial traffic, more fuel entered Wadi Burda in March, which was reflected in an average price decrease of 15%. All assessed fuel types, except for propane, were sometimes available¹¹ in the communities. Butane became generally available in March. Despite the overall price decrease, fuels remained on average 32% more expensive than in nearby communities not considered hard-to-reach.

Strategies used to cope with a lack of fuel: Burning waste, burning plastics.

CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX¹⁰

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

	Item	Wadi Burda average	Price change since February ¹²	Nearby non-hard to reach communities ⁹
	Bread, private bakery (pack)	Not available	⬇️	350
	Bread, public bakery (pack)	Not available	⬇️	63
	Rice (1kg)	550 ⁷	Not available	525
	Bulgur (1kg)	500 ⁷	⬆️ +11%	250
	Lentils (1kg)	500 ⁷	⬆️ +11%	475
	Chicken (1kg)	1400 ⁷	⬇️	1075
	Mutton (1kg)	4500 ⁷	⬇️	3875
	Tomato (1kg)	250 ⁷	⬇️	250
	Cucumber (1kg)	300 ⁷	⬆️ +20%	388
	Milk (litre)	250 ⁷	⬆️ +25%	200
	Flour (1kg)	150 ⁷	⬇️	238
	Eggs (1)	60 ⁷	⬇️	50
	Iodised salt (500g)	143 ⁷	⬇️ -5%	75
	Sugar (1 kg)	500 ⁷	⬇️	413
Cooking oil (litre)	800 ⁷	⬇️ -11%	1275	
	Soap (1 bar)	150 ⁷	⬇️	93
	Laundry powder (1kg)	2500 ⁷	⬇️	525
	Sanitary pads (9)	750 ⁷	⬇️	363
	Toothpaste (125ml)	400 ⁷	⬇️	425
	Disposable diapers (24 pack)	3000 ⁷	⬇️	1225
	Butane (cannister)	3200 ⁷	⬇️ -9%	3250
	Diesel (litre)	450 ¹¹	⬇️	225
	Propane (cannister)	Not available	⬇️	500
	Kerosene (litre)	450 ¹¹	⬇️	Not available
	Coal (kg)	450 ¹¹	⬇️ -65%	400
	Firewood (tonne)	70000 ¹¹	⬇️	60500

Endnotes

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

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

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

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

⁵ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, and as such, validity of estimates 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.

⁶ The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members, without professional medical backgrounds, may have been informally trained by medical personnel to carry out emergency procedures.

⁷ Generally available in markets (more than 20 days this month)

⁸ 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: February 2017' (link here).

⁹ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Deir Ali and Sayyeda Zeinab.

¹⁰ \$1 = 515 SYP (UN operational rate of exchange as of 1 April 2017)

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

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

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SUMMARY

The Palestinian community of Yarmuk, located in the southern suburbs of Damascus, has faced a deteriorating humanitarian situation since early 2013, and was classified as besieged in 2014. In April 2016, direct fighting between parties to the conflict intensified significantly within the community, leading to increased access restrictions in June and August. The conflict further intensified in October and in December, leading to an additional deterioration of the humanitarian situation. Water quality was negatively impacted in December as a result of damage to the Ein al Fijeh spring network, and price changes occurred due to the onset of winter at the end of 2016.

The humanitarian situation in Yarmuk improved in March 2017, following positive developments on water quality and loosened restrictions at the formal access point. A change in leadership at the formal point was coincident with eased access restrictions there, and repairs to the Ein al Fijeh water network improved water quality used by water trucks in Yarmuk. In all other aspects, the humanitarian situation in Yarmuk has remained largely unchanged since October 2016.

Five newborn children died in March due to lack of sufficient care in the community, according to a report from a medical center. While this was more deaths than reported in previous months,

UN classification:	Besieged
Estimated population¹:	7500-8500
Of which IDPs¹:	600-700
% pre-conflict population remaining:	1-25%
% population female:	1-25%
% of female-headed households	1-25%

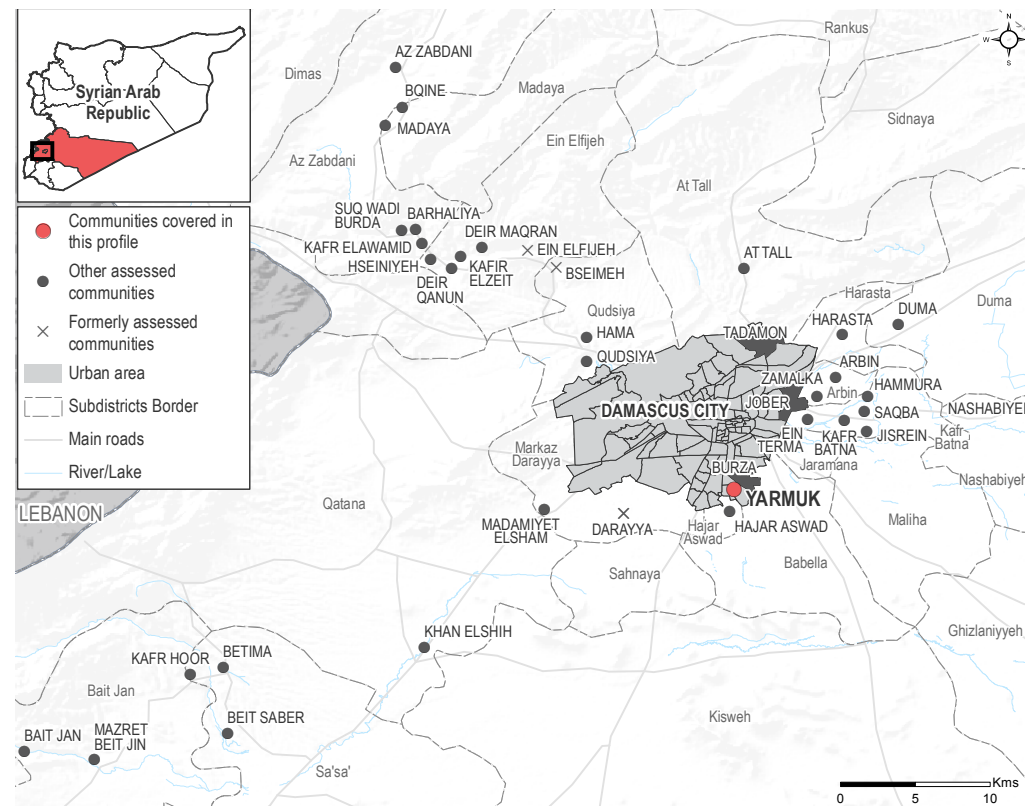
the medical report is not published regularly and thus changes over time could not be confirmed. No significant changes to the health situation have previously been reported since October 2016.

Availability and prices of most assessed food and non-food items did not change significantly in March. Fuel prices also remained stable in March after a February price spike in diesel due to shortages affecting the whole of Damascus, and a two-month decline in the reported price of butane following winter price increases.

No change to education access has been reported since October 2016 or to electrical access since the community was first assessed in June 2016. Finally, no commercial or humanitarian vehicles have entered Yarmuk since at least June 2016.

CHANGES SINCE FEBRUARY

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 March and beginning of April 2017, these updates refer to the situation in March 2017. 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 February:



People able to leave²

Restrictions on civilian movement lessened in March, with 11-25% of the population able to use the formal route, after a change in leadership at the formal access point. Prior to December 2016, 11-25% of the population was able to use this route, but the rate decreased to 1-10% after increased tensions and access restrictions occurred in December. Women, children and elderly people were able to cross about once a week upon presenting documentation; this has not changed since assessments began.

Informal routes have been in continuous use since July 2016, about 51-75% of the resident population being able to enter or leave through informal points in March.

Women reportedly faced challenges moving within Yarmuk neighbourhood itself due to harassment, and especially near the al-Rija square due to its beseigment. Women were also being forced to wear black cloaks and keep their faces covered when moving in public.

Risks faced when trying to enter or exit

Formal: Confiscation of documents, verbal and sexual harassment.

Informal: Gunfire, verbal and sexual harassment.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since February:



Able to enter: None reported.

Humanitarian vehicles

Change since February:



Able to enter: None reported.

Goods entered

As had been the case since the community was first assessed in June 2016, there was **no movement of either commercial or humanitarian vehicles into or out of Yarmuk in March**. Consequently, all goods (food, fuel, NFIs and medical items) generally only enter and exit Yarmuk with civilians leaving and returning through formal or informal routes. The quantity of all goods entering the community reportedly remained unchanged since January, when increased restrictions at formal checkpoints negatively affected the amount of goods entering the community.

HEALTH SERVICES

Change in health situation compared to February:



The health situation has not significantly changed since October 2016. In March, primary healthcare facilities were available a few days a week, when relevant medical staff were in the community. Reportedly, while most residents had equal access to medical care, there were differences by neighbourhood.

As had been the case since the community was first assessed, medical items entered Yarmuk through civilians leaving and bringing items back. Availabilities depended largely on which items could be procured in this manner.

A medical report from a nearby medical facility stated five newborn children reportedly died in March, due to the lack of necessary care in the community. Skilled childbirth care is

ACCESS TO SERVICES

Following repairs to the Ein el Fijeh water spring, water quality improved across Damascus, including in Yarmuk in March. Since December, water in the community was reported to be of a bad colour.

As has been the case since the community was first assessed in June 2016, the main water and electricity networks were unavailable in February, and residents used alternative sources of water and electricity instead. Access to schools reportedly remained the same since October, with many children attending informal schools because parents did not approve of the curriculum available in pre-conflict schools.

WATER*	Main source of drinking water (Safe to drink)	Private water trucking**
	Sufficiency of available water to meet household needs (Coping strategies used)	Sufficient
	Access to water network per week	Network unavailable
ELECTRICITY*	Access to electricity network per day	Network unavailable
	Access to electricity (Main source) per day	2 - 4 hours (Generators)
EDUCATION*	Available education facilities	Pre-conflict primary, secondary schools, informal schools
	Barriers to education	Parents don't approve of curriculum, services too far, lack of teaching staff

*Arrows indicate change in access since February

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

reported available in the community but it is not considered sufficient. As the medical reports are published intermittently, any change in the situation over time could not be confirmed.

Permanent medical facilities available

Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Primary healthcare facilities	
Change since February	

Availability of medical personnel

Personnel available: Professionally trained doctors, nurses and midwives;

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

Change since February



Most needed medical items³

1. Antibiotics
2. Burn treatment
3. Clean bandages

Unavailable medical items⁴

Available: Contraception, heart and blood pressure medicine, antibiotics, medical scissors.

Unavailable: Anaesthetics, burn treatment, clean bandages, blood transfusion bags, anti-anxiety and diabetes medicine.








Change since February 

Strategies used to cope with a lack of medical services

Using expired medicine; recycling medical items (e.g. bandages, syringes, needles).

The community has reported no change to the coping strategies since November 2016.


Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery ⁵	
Diabetes care	
Change since February	

Unusual outbreaks of disease⁶

No known cases, as has been the case since at least June 2016.

FOOD

Change in food situation compared to February: 

Deaths attributable to a lack of food⁶

No known cases, as has been the case since at least June 2016.


Most common methods of obtaining food at the household level

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

Civilians from Yarmuk have reportedly been bringing back items obtained from distributions in the nearby communities of Yalda and Babella since at least June 2016. No change in the amount of food obtained this way was reported in March, despite the decreased access restrictions on civilian movement.

Strategies used to cope with a lack of food

Reducing meal size	
Skipping meals	
Days without eating	
Eating non-food plants	
Eating food waste	

 Reportedly used as a coping strategy


 Not reportedly used as a coping strategy

Most common methods of obtaining bread at the household level

Most common source: Shops in the community and in nearby neighbourhoods.



Challenges to obtaining bread: Bread unavailable in bakeries, flour too expensive or hard to access, not enough electricity/fuel available, electricity/fuel too expensive or hard to access.

Residents of Yarmuk could also obtain bread from distributions in the nearby communities of Yalda and Babella, as had been the case since assessments began.

Change since February 

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Yarmuk	Nearby areas ⁸
Average cost March (SYP) ⁹	28070	30043
Change since February		

After accounting for an error in the February recorded price of lentils from last month, the average cost of a standard food basket in Yarmuk did not change in March. The food basket in Yarmuk is 7% cheaper than in nearby non-hard-to-reach communities in Damascus, largely attributed to the lower cost of rice in Yarmuk.

Residents of Yarmuk were able to acquire food items including rice from distributions in Yalda and Babella. However, these items, although cheaper, were reportedly also of lower quality.

Food item availability / prices

No change in the availability of assessed food items was reported since January. Food item prices increased by 6% in March on average, the same percentage increase as in February. In March, this was largely driven by the increased price of assessed vegetables, milk and flour.

WASH item availability / prices

The availability of assessed hygiene and sanitation items has remained unchanged in Yarmuk since September 2016. Prices of all goods remained unchanged in March, have been generally stable since January 2017, and were 7% cheaper than prices of hygiene items in nearby non-hard-to-reach communities.

Fuel availability / prices

Propane, kerosene and coal were unavailable in Yarmuk in March, as has been the case since the neighbourhood was first assessed.

Fuel prices did not significantly change last month and were 30% more expensive than in nearby non-hard-to-reach communities. Fuel prices had previously increased in November and December due to the onset of winter, and the price of butane has been decreasing since January.

The price of diesel declined by 6% in March, after a 60% increase in February, reportedly due to shortages affecting the whole of Damascus.

Strategies used to cope with a lack of fuel: Burning plastics, clothes and furniture with or without use, as has been the case since at least October 2016.



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease






Negative increase



Positive decrease

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

	Item	Yarmuk	Price change since February ¹⁰	Nearby non-hard-to-reach areas ⁸
Food Items 	Bread private bakery (pack)	Not Available	◆	199
	Bread public bakery (pack)	Not Available	◆	50
	Rice (1kg)	250 ¹¹	◆	510
	Bulgur (1kg)	250 ¹¹	▲ +11%	325
	Lentils (1kg)	500 ¹¹	◆	520
	Chicken (1kg)	1000 ¹²	▼ -9%	1205
	Mutton (1kg)	3500 ¹²	◆	4275
	Tomato (1kg)	250 ¹²	▲ +25%	240
	Cucumber (1kg)	400 ¹²	▲ +14%	310
	Milk (litre)	250 ¹²	▲ +11%	244
	Flour (1kg)	300 ¹²	▲ +9%	280
	Eggs (1)	55 ¹²	◆	50
	Iodised salt (500g)	150 ¹¹	◆	157
	Sugar (1 kg)	400 ¹¹	◆	452
Cooking oil (litre)	750 ¹¹	◆	818	
WASH Items 	Soap (1 bar)	100 ¹¹	◆	153
	Laundry powder (1kg)	600 ¹¹	◆	828
	Sanitary pads (9)	300 ¹¹	◆	425
	Toothpaste (125ml)	450 ¹¹	◆	245
	Disposable diapers (24 pack)	1600 ¹¹	◆	2170
Fuel 	Butane (cannister)	4000 ¹²	▼ -5%	2980
	Diesel (litre)	750 ¹²	▼ -6%	468
	Propane (cannister)	Not Available	◆	4250
	Kerosene (litre)	Not Available	◆	344
	Coal (kg)	Not Available	◆	338
	Firewood (tonne)	125000 ¹¹	◆	75000

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

Endnotes

¹ Figures based on population estimates by local actors. Figures based on HNO 2017 population data (December 2016) estimate the population to be 9,800, including 6,000 IDPs.

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

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

⁴ Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be comprehensive assessment of all medical needs, but rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

⁶ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: Feb 2017'. As bread was unavailable in private and public bakeries in Yarmouk, the food basket price for Yarmouk was calculated using the reported price of bread sold in shops (150 SYP).

⁸ Nearby communities in Damascus governorate which are not considered besieged/hard to reach: Jalaa, Midan Wastani, Ayoubiyah and Zahreh.

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 April 2017).

¹⁰ Price fluctuations of 5% or less were not reported.

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

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