

## Introduction

In order to inform a more evidence-based response to address the needs of vulnerable communities across Syria, REACH, in partnership with the Syria INGO Regional Forum (SIRF) and other humanitarian actors, regularly monitors the humanitarian situation within communities facing restrictions on civilian movement and humanitarian access.

The Syria Community Profiles, which commenced in June 2016, intend to provide aid actors with an understanding of the humanitarian situation within these communities by assessing availability of and access to food, non-food items, healthcare, water, education and humanitarian assistance, as well as the specific conditions associated with limited freedom of movement.

## Methodology and limitations

Based on data collected from 156 community representatives inside Syria at the end of September and beginning of October 2017, these updates refer to the situation in September 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 outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed.

An improvement or deterioration from the month prior 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. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails 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 in obtaining data from certain communities.

## FOR HUMANITARIAN PURPOSES ONLY

### Executive Summary

In late September and early October 2017, REACH assessed the humanitarian situation in 36\* communities in Syria facing restrictions on movement and access, 15 of which are currently classified as besieged. The assessed communities were located in Damascus, Homs and Rural Damascus governorates, and information was gathered through a total of 156 community representatives (CRs). Coverage was discontinued in Jobber after it was determined that there were no civilians left in the community.

### Key findings in September:

- **A humanitarian delivery was reported in Eastern Ghouta, which reached the communities of Harasta, Misraba and Modira** (the latter two are not assessed by REACH). The delivery reportedly included food, hygiene items, and a small amount of medical supplies. However, as was the case in previous deliveries to Eastern Ghouta, supplies were reportedly insufficient to meet the needs of the populations to which they were delivered, while other communities in Eastern Ghouta did not receive aid other than a round of child immunisations.
- **The humanitarian situation worsened considerably in the Eastern Ghouta communities. Fewer commercial vehicles accessed Eastern Ghouta for the second consecutive month, following the end of a contract in September between authorities and the only trader whose vehicles had been permitted to enter the area.** This led to sharp increases in the prices of food and hygiene items, as well as a decrease in the availability of food. As medical items have not entered Eastern Ghouta other than in humanitarian deliveries since late February 2017, the use of negative strategies to cope with depleting medical supplies reportedly increased in the majority of communities. Meanwhile, severe barriers to education were reported, including child labour and children joining armed groups to cope with the rising prices of commodities.
- **An escalation in hostilities in Mazraet Beit Jin reportedly resulted in the displacement of the majority of residents there.** Commercial vehicles were reportedly banned from entering in September, which led to a decrease in the availability of food, while access to services also reportedly decreased. **No educational facilities were reportedly functioning and access to electricity decreased from 2-4 to 1-2 hours a day.**
- **Humanitarian aid reached Yarmuk, Burza, Qaboun, Hama, Qudsiya, and Harasta. Additionally, a round of child immunisations was reportedly administered in the communities of Eastern Ghouta (Rural Damascus governorate) and Ar Rastan (Homs governorate).**

### List of Assessed Communities: September 2017

PDF: [Click on community name to access its profile](#)

- **Ar Rastan, Talbiseh and Taldu**
- **At Tall**
- **Bait Jan**
- **Damascus (Burza and Tadamon)**
- **Eastern Ghouta**
- **Hajar Aswad**
- **Madaya and Bqine**
- **Qaboun**
- **Yarmuk**

\* While data was collected for the communities of Hama, Qudsiya, Madamiyet Elsham, Khan Elshih and Wadi Burda, no profiles were created for these communities in September.

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

September 2017



**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

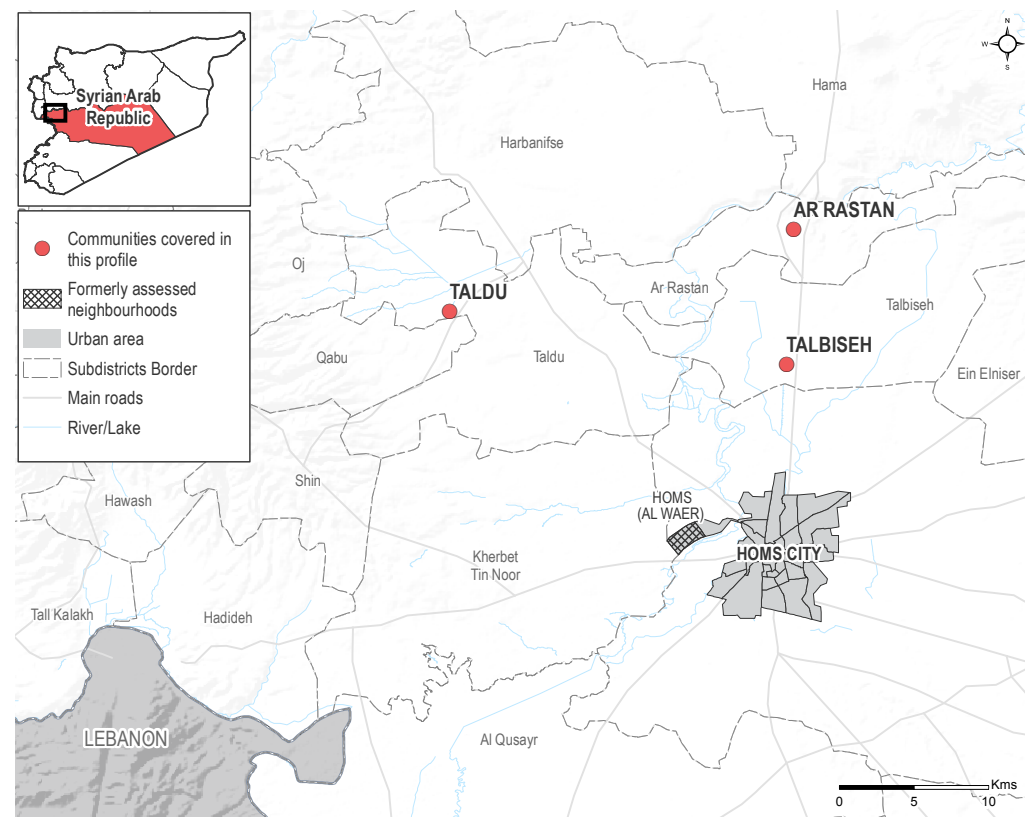
|  | Ar Rastan     | Talbiseh      | Taldu         |
|--|---------------|---------------|---------------|
| <b>UN classification:</b>                      | Hard-to-reach | Hard-to-reach | Hard-to-reach |
| <b>Estimated population<sup>1</sup>:</b>       | 47029         | 42520         | 7332          |
| <b>Of which estimated IDPs<sup>1</sup>:</b>    | 8575          | 1476          | 596           |
| <b>% of pre-conflict population remaining:</b> | 26-50%        | 26-50%        | 26-50%        |
| <b>% of population that are female:</b>        | 26-50%        | 26-50%        | 26-50%        |
| <b>% of female-headed households</b>           | 1-25%         | 1-25%         | 1-25%         |

### SUMMARY

Situated between the cities of Homs and Hama, the communities of Ar Rastan, Talbiseh and Taldu have faced access restrictions since 2012. In early 2016, an escalation of conflict led to a deterioration in the humanitarian situation. The situation further worsened in October 2016, when conflict escalated again before stabilising in November. Since April, humanitarian aid has been delivered every few months and access restrictions have varied. In July, restrictions increased, limiting the amount of goods entering all communities. In August, humanitarian deliveries took place in Ar Rastan and Talbiseh, but the overall humanitarian situation improved only slightly.

**In September, the humanitarian situation did not change significantly in any of the three assessed communities. No humanitarian deliveries took place except for a shipment of immunisation supplies. Despite this delivery, the overall availability of medical items decreased. Meanwhile, supplies of food and hygiene items remained unchanged.**

While movement between the three communities remained unrestricted, commercial vehicles continued to be banned from the wider area in September, leaving residents to use informal routes or rely on the small percentage of people who were allowed to enter and exit at set times in order to bring goods into their communities.



### CHANGES SINCE AUGUST

|                                  | Ar Rastan | Talb. | Taldu |                                | Ar Rastan | Talb. | Taldu |
|----------------------------------|-----------|-------|-------|--------------------------------|-----------|-------|-------|
| Access Restrictions on Civilians | ◆         | ◆     | ◆     | Health Situation               | ◆         | ◆     | ◆     |
| Commercial Vehicle Access        | ◆         | ◆     | ◆     | Core Food Item Availability    | ◆         | ◆     | ◆     |
| Humanitarian Vehicle Access      | ◆         | ◆     | ◆     | Core Food Item Prices          | ◆         | ◆     | ◆     |
| Access to Basic Services         | ◆         | ◆     | ◆     | Overall Humanitarian Situation | ◆         | ◆     | ◆     |

### METHODOLOGY

Based on data collected from community representatives inside Syria at the end of September and beginning of October 2017, these updates refer to the situation in September 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 outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior 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. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails 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 in obtaining data from certain locations.

Access to basic services also remained relatively stable in all three communities in September, with the exception of a decline in access to water in Talbiseh due to depleted stocks of fuel intended for the water pump.

Healthcare in all three communities was also affected by an outbreak of typhoid fever in September, which reportedly occurred due to the change in weather.

## MOVEMENT OF CIVILIANS

**Change since August (all communities):**



### Formal access points:

The ability of civilians to move via formal routes did not change significantly in September. Since assessments began in June 2016, travel between the three communities has been unrestricted, although the risk of shelling has been reported.

However, only 11-25% of residents were allowed to use the formal access point to the wider area, as was the case in previous months. This group included students and employees with identification, as well as people with severe injuries. The access point continued to be open daily between 8am and 4pm.

**Informal access points used<sup>2</sup>:** None reported in all three communities.

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

**All three communities:** Shelling.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since August (all communities):**



In September, commercial vehicles remained

prohibited from entering the three assessed communities, as was the case in previous months.

### Humanitarian vehicles

**Change since August (Ar Rastan and Talbiseh):**



**Change since August (Taldu):**



The only humanitarian deliveries that reached the area in September were supplies for the child immunisation campaigns that took place in all three communities. While Ar Rastan and Talbiseh previously received a delivery of food, non-food and medical items in August, residents of Taldu last received aid (other than the child immunisation supplies provided in September) in July. Residents of a given community have typically not benefited from goods delivered to other communities than their own.

### Goods entered

The amount of food, non-food and medical items entering Ar Rastan and Talbiseh decreased in September, as there were no humanitarian deliveries in these communities and commercial vehicles continued to be banned. However, the availability of food was not significantly affected. In Taldu, the amount of food that entered in September remained the same as in August, when it increased after new informal routes opened. Movement of civilians into and out of the wider area via formal routes continued to be one of the main ways for food to reach all three communities. Additionally, goods entered the communities via informal routes. While the movement of goods via both formal and informal routes continued to be subject to fees, those fees decreased in September after they had been raised in August in relation to anticipated Eid holiday expenditures.

## ACCESS TO SERVICES

In September, access to services remained mostly stable across the assessed communities. In all three communities, access to water has reportedly been insufficient since March 2017, and in September it decreased further in Talbiseh due to a lack of fuel to power the water pumps. This fuel was previously supplied by local charities but the last delivery took place three months ago; without this support the community was not able to run the pumps as often. There was reportedly no change in access to electricity, and residents of Talbiseh continued to lack access to the electricity network, using generators instead. Lastly, summer break ended in September and schools reopened. However, barriers to accessing education persisted in all three assessed communities, largely due to facilities being destroyed, a lack of teaching staff and travel routes being unsafe.

|                            | Ar Rastan   | Talbiseh  | Taldu   |
|----------------------------|---|---|---|
| <b>WATER</b>               | Main source of drinking water (status)                      | Water network (safe to drink)*  | Water network (safe to drink)*  |
|                            | Available water to meet household needs (coping strategies) | Insufficient (purchase water with money usually spent on other things)                      | Insufficient (purchase water with money usually spent on other things)                      |
|                            | Access to water network per week                            | 3-4 days  | 1-2 days  |
| <b>Change since August</b> |   |   |   |
| <b>ELECTRICITY</b>         | Access to electricity network per day                       | 8-12 hours (network)  | Network unavailable   |
|                            | Access to electricity (main source) per day                 | 8-12 hours (network)  | 8-12 hours (generator)  |
|                            | <b>Change since August</b>                                  |   |   |
| <b>EDUCATION</b>           | 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 |
|                            | Barriers to education                                       | Facilities destroyed, lack of teaching staff, route to services is unsafe                   | Facilities destroyed, lack of teaching staff, route to services is unsafe                   |
|                            | <b>Change since August</b>                                  |   |   |

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

## HEALTH SERVICES

### Change since August (all communities):



The health situation in all three assessed communities remained relatively stable in September. However, the availability of medical items decreased as a result of a lack of humanitarian deliveries and difficulties in transporting medicine via informal routes.

The number of medical services available did not change significantly in September. In Ar Rastan and Taldu, however, child immunisation services<sup>3</sup> resumed through a campaign by the Syrian Arab Red Crescent (SARC). Diabetes care remained unavailable in all three communities, as has been the case since December 2016.

Additionally, all assessed communities experienced an outbreak of typhoid fever in September, which reportedly resulted from the changing weather.

### Permanent medical facilities available

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

### Availability of medical personnel

**Personnel available (all three communities):** Professionally trained surgeons, doctors, nurses and midwives.

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

Change since August



### Medical services available

|                                 | Ar Rastan | Talb. | Taldu |
|---------------------------------|-----------|-------|-------|
| Child immunisation <sup>3</sup> | ✓         | ✓     | ✓     |
| Diarrhoea management            | ✓         | ✓     | ✓     |
| Emergency care                  | ✓         | ✓     | ✓     |
| Skilled childbirth care         | ✓         | ✓     | ✓     |
| Surgery <sup>4</sup>            | ✓         | ✓     | ✓     |
| Diabetes care                   | ✗         | ✗     | ✗     |
| Change since August             | ◆         | ◆     | ◆     |

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

No coping strategies were reported in September, as has been the case since October 2016.

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

All assessed medical items remained available in September.

Change since August



### Most needed medical items<sup>6</sup>

**All three communities:** Assistive devices, surgical equipment, artificial limbs.

### Unusual outbreaks of disease<sup>7</sup>

Outbreaks of typhoid fever were reported in all three communities in September. This was the first outbreak since rabies was reported in Ar Rastan in September 2016.

## FOOD

### Change since August:



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

Residents of all three communities continued to buy food from shops and farmers, as they have reportedly done since June 2016. In the absence of humanitarian deliveries, receiving food through distributions did not feature as a common method of obtaining food in September.

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

**All communities:** Shops.

Private bakeries continued to be the main source of bread in September.

**Challenges to obtaining bread:** No challenges to accessing bread were reported in September, as was the case in previous months.

Changes since August



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

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Skipping meals and reducing the size of meals continued to be the most commonly reported coping strategies in all three communities in September. The use of coping strategies to deal with a lack of food has been reported every month since assessments started.

### Deaths attributable to a lack of food<sup>7</sup>

None reported, as has been the case since September 2016.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>8</sup>

|   | Ar Rastan | Talb. | Taldu |
|---|-----------|-------|-------|
| Average cost (SYP) <sup>9</sup>           | 27657     | 29314 | 25334 |
| Change since previous month <sup>10</sup> | ◆         | ◆     | ◆     |

The price of a standard food basket remained stable in September, after it decreased significantly in August as a result of a drop in the price of lentils.

### Core food item availability / prices

Food availability remained stable in September. All foods except bread from public bakeries remained generally available<sup>10</sup> in all three assessed communities, as they have been since April 2017.

Several assessed food items changed in price in September. As the harvest season came to an end, produce prices changed across all three communities: in Taldu and Talbiseh, the price of cucumbers increased by 75% and 20%, respectively. In Ar Rastan, cucumber prices rose by 30% and tomato prices by 18%. Additionally, both Ar Rastan and Talbiseh saw a 114% increase in the price of iodised salt as demand rose because residents reportedly used the salt to conserve produce for the winter months.




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

In Talbiseh, the price of lentils and the price of bread from private bakeries increased by 17% and 10% respectively, while the price of rice fell by 13%. The price of chicken also decreased by 23% in Talbiseh and 19% in Ar Rastan.

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.

### WASH item availability / prices

As was the case in previous months, all assessed hygiene and sanitation items were generally available in all three communities in September. There were not many significant price changes; toothpaste became 20% more expensive in Talbiseh, and the price of laundry powder rose by 11% in Ar Rastan.

|   | Item                         | Ar Rastan            | Price change since August <sup>10</sup> | Talbiseh             | Price change since August <sup>10</sup> | Taldu                | Price change since August <sup>10</sup> |
|---|------------------------------|----------------------|---|----------------------|---|----------------------|---|
|    | Bread private bakery (pack)  | 250 <sup>11</sup>    | ◆                                       | 275 <sup>11</sup>    | ▲ +10%                                  | 200 <sup>11</sup>    | ◆                                       |
|   | Bread public bakery (pack)   | Not available        | ◆                                       | Not available        | ◆                                       | Not available        | ◆                                       |
|   | Rice (1kg)                   | 200 <sup>11</sup>    | ◆                                       | 175 <sup>11</sup>    | ▼ -13%                                  | 200 <sup>11</sup>    | ◆                                       |
|   | Bulgur (1kg)                 | 200 <sup>11</sup>    | ◆                                       | 200 <sup>11</sup>    | ◆                                       | 200 <sup>11</sup>    | ◆                                       |
|   | Lentils (1kg)                | 300 <sup>11</sup>    | ◆                                       | 350 <sup>11</sup>    | ▲ +17%                                  | 250 <sup>11</sup>    | ◆                                       |
|   | Chicken (1kg)                | 850 <sup>11</sup>    | ▼ -19%                                  | 850 <sup>11</sup>    | ▼ -23%                                  | 800 <sup>11</sup>    | ◆                                       |
|   | Mutton (1kg)                 | 3350 <sup>11</sup>   | ◆                                       | 3300 <sup>11</sup>   | ◆ -6%                                   | 3000 <sup>11</sup>   | ◆                                       |
|   | Tomatoes (1kg)               | 325 <sup>11</sup>    | ▲ +18%                                  | 300 <sup>11</sup>    | ◆                                       | 325 <sup>11</sup>    | ▲ +8%                                   |
|   | Cucumbers (1kg)              | 325 <sup>11</sup>    | ▲ +30%                                  | 300 <sup>11</sup>    | ▲ +20%                                  | 350 <sup>11</sup>    | ▲ +75%                                  |
|   | Milk (1L)                    | 175 <sup>11</sup>    | ▼ -13%                                  | 200 <sup>11</sup>    | ▼ +14%                                  | 150 <sup>11</sup>    | ◆                                       |
|   | Flour (1kg)                  | 250 <sup>11</sup>    | ◆                                       | 275 <sup>11</sup>    | ▲ +10%                                  | 250 <sup>11</sup>    | ◆                                       |
|   | Eggs (1 unit)                | 50 <sup>11</sup>     | ◆                                       | 50 <sup>11</sup>     | ◆                                       | 50 <sup>11</sup>     | ◆                                       |
|   | Iodised salt (500g)          | 75 <sup>11</sup>     | ▲ +114%                                 | 75 <sup>11</sup>     | ▲ +114%                                 | 50 <sup>11</sup>     | ◆                                       |
|   | Sugar (1kg)                  | 375 <sup>11</sup>    | ▼ -6%                                   | 380 <sup>11</sup>    | ◆                                       | 400 <sup>11</sup>    | ◆                                       |
| Cooking oil (1L)  | 725 <sup>11</sup>            | ▼ -15%               | 700 <sup>11</sup>                       | ▲ -18%               | 850 <sup>11</sup>                       | ◆                    |   |
|   | Soap (1 bar)                 | 105 <sup>11</sup>    | ◆                                       | 100 <sup>11</sup>    | ◆                                       | 100 <sup>11</sup>    | ◆                                       |
|   | Laundry powder (1kg)         | 750 <sup>11</sup>    | ▲ +11%                                  | 700 <sup>11</sup>    | ◆                                       | 700 <sup>11</sup>    | ◆                                       |
|   | Sanitary pads (9 pack)       | 700 <sup>11</sup>    | ▲ +8%                                   | 650 <sup>11</sup>    | ▼ -7%                                   | 650 <sup>11</sup>    | ▼ -7%                                   |
|   | Toothpaste (125ml)           | 250 <sup>11</sup>    | ◆                                       | 300 <sup>11</sup>    | ▲ +20%                                  | 250 <sup>11</sup>    | ◆                                       |
|   | Disposable diapers (24 pack) | 1100 <sup>11</sup>   | ◆                                       | 1100 <sup>11</sup>   | ◆                                       | 1150 <sup>11</sup>   | ◆                                       |
|  | Butane (cannister)           | 8500 <sup>11</sup>   | ▲ +16%                                  | 8500 <sup>11</sup>   | ▲ +13%                                  | 8500 <sup>11</sup>   | ▲ +18%                                  |
|   | Diesel (1L)                  | 500 <sup>11</sup>    | ▲ +25%                                  | 500 <sup>11</sup>    | ▲ 18%                                   | 500 <sup>11</sup>    | ▲ +25%                                  |
|   | Propane (cannister)          | Not available        | ◆                                       | Not available        | ◆                                       | Not available        | ◆                                       |
|   | Kerosene (1L)                | Not available        | ◆                                       | Not available        | ◆                                       | Not available        | ◆                                       |
|   | Coal (1kg)                   | 850 <sup>11</sup>    | ◆                                       | 800 <sup>11</sup>    | ◆                                       | 800 <sup>11</sup>    | ◆                                       |
|   | Firewood (1T)                | 125000 <sup>11</sup> | ◆                                       | 125000 <sup>11</sup> | ◆                                       | 130000 <sup>11</sup> | ◆                                       |

Due to limited coverage, 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.

### Fuel availability / prices

In September, coal and firewood became available in all three assessed communities as demand increased due to colder weather. Additionally, the prices of diesel and butane rose in all three communities by an average of 23% and 16% respectively, while both types of fuel remained generally available.

#### Strategies used to cope with a lack of fuel:

As has been the case since November 2016, residents from all three communities reportedly burned plastic in order to cope with a lack of fuel.

## Endnotes

<sup>1</sup> Figures based on HNO 2018 population data (September 2017). 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 (Taldū).

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

<sup>3</sup> The absence of child immunisations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

<sup>4</sup> The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members, without professional medical backgrounds, may have been informally trained by medical personnel to carry out emergency procedures.

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

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

<sup>7</sup> Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

<sup>8</sup> Calculation of average cost of food basket is 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: September 2017' ([link here](#)).

<sup>9</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 October 2017).

<sup>10</sup> Price fluctuations of 5% or less were not reported.

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

# Syria Community Profile Update: At Tall, Rural Damascus

September 2017



**REACH** Informing more effective humanitarian action

## SUMMARY


At Tall is located in the Qalamoun mountains, 11km north of Damascus city, and has faced military encirclement, escalations in conflict and severe access restrictions since the end of 2013. Conflict escalated dramatically in July 2016, which led to substantial access restrictions before a truce was reached on 2 December 2016. The truce resulted in the evacuation of a group of 2,300 individuals to Idleb governorate as well as comparative improvements in the security and humanitarian situation. However, some access restrictions have persisted. Movement remained restricted, humanitarian access minimal (only one delivery in January 2017 has been reported since the community was first assessed in June 2016) and access to basic services remained limited in September 2017.

**The humanitarian situation in At Tall did not change significantly in September. Improvements that occurred in August, such as reduced restrictions on vehicle entry and electricity use, were maintained in September..**

The number of people who were able to enter and exit the community remained stable in September, although this type of movement continued to be associated with risks of harassment, detention and conscription.

As a result of ongoing repairs, access to the water network improved slightly in September, making it the main source of water in At Tall for the first time since November 2016. However, the amount of water available remained insufficient to meet

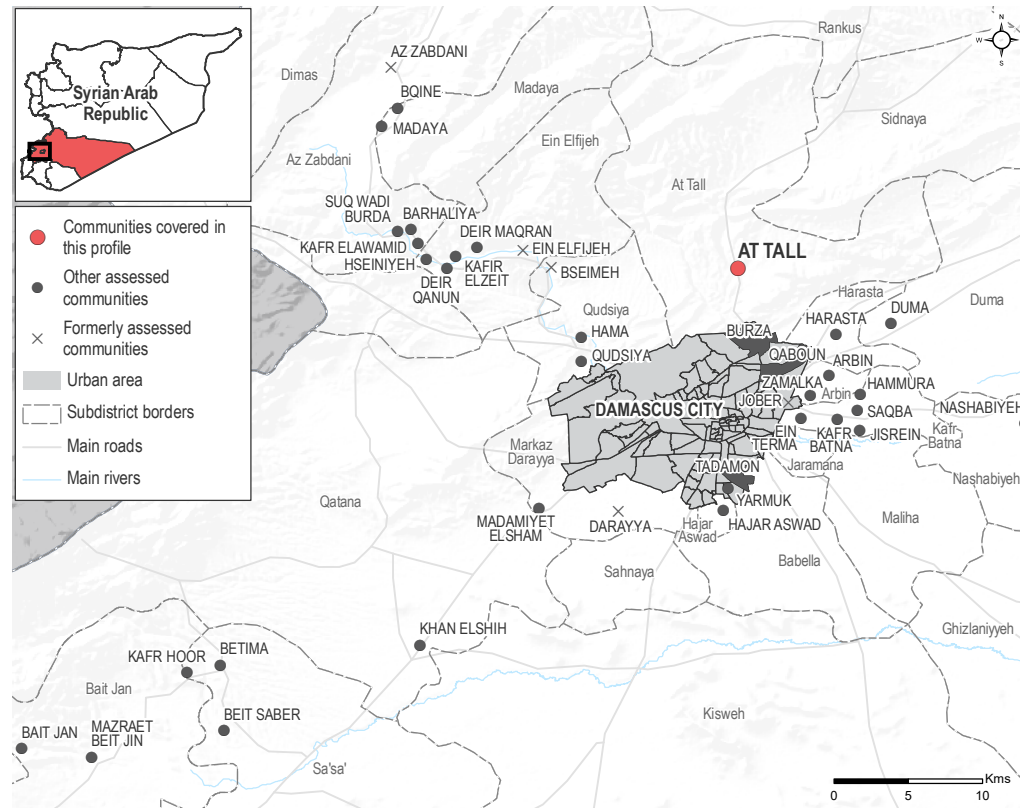
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|   |               |
|---|---------------|
| <b>UN classification:</b>  | Hard-to-reach |
| <b>Estimated population<sup>1</sup>:</b>  | 213940        |
| <b>Of which IDPs<sup>2</sup>:</b>   | 182647        |
| <b>% of pre-conflict population remaining:</b>  | 1-25%         |
| <b>% of population female:</b>  | 26-50%        |
| <b>% of female-headed households</b>  | 1-25%         |

household needs. All other assessed services remained accessible to all residents, although not all men had access to medical treatment outside the community due to security risks associated with accessing formal routes to leave the community.

Food prices were overall stable in September, after they had reportedly decreased in August after access restrictions were lifted and authorities took action to ensure that items were not being sold at inflated prices. Access to both food and hygiene items did not change significantly in September.

Access to fuel did not undergo significant changes in September, after it improved significantly in August. Firewood became available for the first time since February 2017, as the cooler weather led to an increased need for heating.




## CHANGES SINCE AUGUST

|                                  |   |                                |   |
|----------------------------------|---|--------------------------------|---|
| Access Restrictions on Civilians | ◆ | Health Situation               | ◆ |
| Commercial Vehicle Access        | ◆ | Core Food Item Availability    | ◆ |
| Humanitarian Vehicle Access      | ◆ | Core Food Item Prices          | ◆ |
| Access to Basic Services         | ◆ | Overall Humanitarian Situation | ◆ |

## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of September and beginning of October 2017, these updates refer to the situation in September 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 outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior 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. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails 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 in obtaining data from certain locations.

## MOVEMENT OF CIVILIANS

Change since August: 

### Formal access points:

In September, approximately 26-50% of the population was able to enter and exit At Tall via formal routes, as has been the case since December 2016. Distinct access requirements for different groups of people also remained in place; women and children with identification continued to face no restrictions while students and employees could only pass through on week days. Men who were not perceived by the authorities as security threats were also able to use formal access points with proper documentation and in coordination with the authorities.

Using formal routes to enter and exit the community continued to be associated with risks of harassment (especially for women), detention and conscription (for men). As was the case in previous months, some women with perceived political affiliations continued to avoid accessing formal routes due to fears of reprisals, but the number of such cases has reportedly been decreasing.

### Informal access points used<sup>2</sup>:

None reported.

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

Verbal harassment, detention, conscription.

## MOVEMENT OF GOODS AND ASSISTANCE


### Vehicles carrying commercial goods

Change since August: 

The number of commercial vehicles that entered At Tall remained stable in September, after increasing in August. For the second consecutive month, commercial vehicles were no longer subject to fees or the confiscation of

loads. However, searches and documentation requirements remained in place.

### Humanitarian vehicles


Change since August: 

No humanitarian vehicles have entered At Tall since January 2017.

### Goods entered

The amount of food, hygiene and medical items entering the community remained stable in September, after increasing in August as a result of loosened access restrictions. Additionally, civilians continued to bring goods back to the community via formal routes.

## HEALTH SERVICES







Change since August: 

The health situation in At Tall has not changed significantly since April 2017, when new private clinics opened in the community. All medical services remained available in September, although child immunisation services have not been reported as available since May 2017.

All parts of the population were able to access medical facilities in the community, although a lack of financial resources continued to be a barrier to accessing treatment. In contrast, access to healthcare facilities outside to community was only available to those who were permitted to cross at formal access points. As a result, men with certain perceived affiliations were limited in their ability to access medical care outside of At Tall.

## ACCESS TO SERVICES\*

In September, the water network became the most commonly accessed source of water in At Tall, as ongoing repairs improved access. However, the total amount of water available remained insufficient and residents continued to use coping strategies. Access to electricity remained stable at 4-8 hours per day after it improved in August as a result of loosened rationing restrictions. With the start of the new school year, all children in At Tall continued to be able to access education services.

|   |                    |   |   |  |
|---|--------------------|---|---|--|
|  | <b>WATER</b>       |  | Main source of drinking water (status)  | Water network (safe to drink)**  |
|   |                    |   | Sufficiency of available water to meet household needs (coping strategies used) | Insufficient (purchase water with money usually spent on other things) |
|  | <b>ELECTRICITY</b> |  | Access to water network per week  | 1 - 2 days per week  |
|   |                    |   | Access to electricity network per day   | 4-8 hours  |
|  | <b>EDUCATION</b>   |  | Access to electricity (main source) per day                                     | 4-8 hours (main network)   |
|   |                    |   | Available education facilities  | Pre-conflict primary, secondary and high schools                       |
|   |                    |   | Barriers to education   | None reported  |








\*Arrows indicate change in access since August.

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

### Permanent medical facilities available

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


### Medical services available

|                                 |   |
|---------------------------------|---|
| Child immunisation <sup>3</sup> |    |
| Diarrhoea management            |    |
| Emergency care                  |   |
| Skilled childbirth care         |  |
| Surgery <sup>4</sup>            |  |
| Diabetes care                   |  |
| Change since August             |  |

### Availability of medical personnel

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

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

Change since August: 

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

None reported.

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

None reported in September.

Change since August



### Most needed medical items<sup>6</sup>

Clean bandages, blood transfusion bags, antibiotics.

### Unusual outbreaks of disease<sup>7</sup>:

None reported.

## FOOD

Change since August:



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

Purchasing from shops and markets.

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

**Most common source:** Private bakeries.

**Challenges to obtaining bread:** None reported; bread accessed every day.

Change since August



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

Reducing meal size



Skipping meals



Days without eating



Eating non-edible plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

No negative coping strategies have been reported in At Tall since January 2017.

### Deaths attributable to a lack of food<sup>7</sup>

None reported since assessments began.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>8</sup>

|   | At Tall | Nearby areas <sup>9</sup> |
|---|---------|---------------------------|
| Average cost (SYP) <sup>10</sup>          | 27207   | 31897                     |
| Change since previous month <sup>11</sup> |         |                           |

The cost of a standard food basket did not change significantly in September, after a decrease in August. A food basket in At Tall remained approximately 15% cheaper than in nearby areas not considered besieged or hard-to-reach<sup>9</sup>.

### Food item availability / prices

All assessed core food items continued to be generally available<sup>12</sup>, except for bread from public bakeries. Despite regular price fluctuations, food prices remain stable overall.

### WASH item availability / prices

All assessed hygiene items continued to be generally available in September. However, prices increased by an average of 10%, after they had decreased in August as a result of loosened access restrictions and price ceilings set by the authorities. Hygiene item prices continued to be 29% higher than in nearby areas not considered besieged or hard-to-reach.

### Fuel availability / prices

Butane, propane and coal continued to be generally available in September, while kerosene remained only sometimes available<sup>13</sup>. Additionally, the increased demand for heating with the onset of colder weather led to the introduction of firewood to markets. Most

fuel prices did not change significantly in September, although coal became approximately 13% more expensive. As was the case in August, fuel prices in At Tall were similar to those in nearby communities not considered hard-to-reach or besieged.

**Strategies used to cope with a lack of fuel:** None reported in September, as has been the case since April 2017.

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

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

|                     | Item                         | At Tall            | Price change since August <sup>10</sup> | Nearby non-hard-to-reach areas <sup>9</sup> |      |
|---------------------|------------------------------|--------------------|---|---|------|
| <b>Food Items</b>   | Bread private bakery (pack)  | 100 <sup>12</sup>  |   | 100   |      |
|                     | Bread public bakery (pack)   | Not available      |   | 58  |      |
|                     | Rice (1kg)                   | 500 <sup>12</sup>  |   | 510   |      |
|                     | Bulgur (1kg)                 | 350 <sup>12</sup>  | +17%                                    | 280   |      |
|                     | Lentils (1kg)                | 350 <sup>12</sup>  | +17%                                    | 495   |      |
|                     | Chicken (1kg)                | 900 <sup>12</sup>  | -18%                                    | 1050  |      |
|                     | Mutton (1kg)                 | 5000 <sup>12</sup> |   | 4050  |      |
|                     | Tomatoes (1kg)               | 150 <sup>12</sup>  |   | 120   |      |
|                     | Cucumbers (1kg)              | 200 <sup>12</sup>  | +14%                                    | 155   |      |
|                     | Milk (1L)                    | 250 <sup>12</sup>  |   | 215   |      |
|                     | Flour (1kg)                  | 150 <sup>12</sup>  |   | 195   |      |
|                     | Eggs (1 unit)                | 55 <sup>12</sup>   | +10%                                    | 52  |      |
| <b>WASH Items</b>   | Iodised salt (500g)          | 100 <sup>12</sup>  | +11%                                    | 65  |      |
|                     | Sugar (1kg)                  | 375 <sup>12</sup>  |   | 375   |      |
|                     | Cooking oil (1L)             | 700 <sup>12</sup>  |   | 1210  |      |
|                     | Soap (1 bar)                 | 100 <sup>12</sup>  |   | 113   |      |
|                     | Laundry powder (1kg)         | 1900 <sup>12</sup> | +6%                                     | 813   |      |
|                     | Sanitary pads (9 pack)       | 550 <sup>12</sup>  | +10%                                    | 432   |      |
|                     | Toothpaste (125ml)           | 400 <sup>12</sup>  | +33%                                    | 382   |      |
|                     | Disposable diapers (24 pack) | 2000 <sup>12</sup> |   | 1425  |      |
|                     | <b>Fuel</b>                  | Butane (cannister) | 3000 <sup>12</sup>                      |   | 2925 |
|                     |                              | Diesel (1L)        | 350 <sup>12</sup>                       |   | 275  |
| Propane (cannister) |                              | 2100 <sup>12</sup> |   | 2000  |      |
| Kerosene (1L)       |                              | 3500 <sup>13</sup> |   | Not available                               |      |
| Coal (1kg)          |                              | 450 <sup>12</sup>  | +13%                                    | 450   |      |
| Firewood (1T)       | 75000 <sup>12</sup>          | Not available      | Not available                           |   |      |



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

## Endnotes

<sup>1</sup> Figures based on HNO 2018 population data (September 2017). Figures based on estimates by local actors within the community assessed were reportedly 900,000-915,000 individuals, including 600,000-660,000 IDPs.

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

<sup>3</sup> The absence of child immunisations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

<sup>4</sup> The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

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

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

<sup>7</sup> Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

<sup>8</sup> Calculation of average cost of food basket is 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: September 2017' ([link here](#)).

<sup>9</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. August).

<sup>10</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 October 2017).

<sup>11</sup> Price fluctuations of 5% or less were not reported.

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

<sup>13</sup> Sometimes available in markets (7 – 20 days this month).

# Syria Community Profile Update: Bait Jan, Rural Damascus

September 2017




**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

**Communities with a truce agreement:** Beit Saber, Betima and Kafr Hour

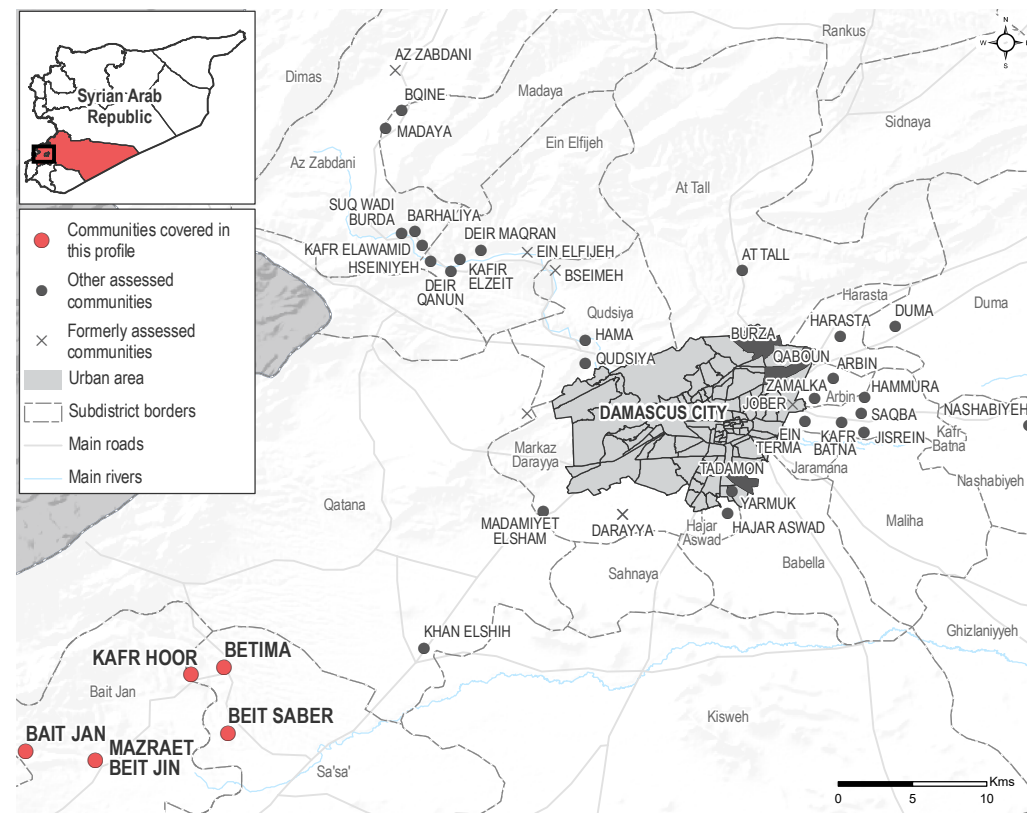
**Communities without a truce agreement:** Bait Jan and Mazraet Beit Jin

|  | Bait Jan  | Beit Saber    | Betima        | Kafr Hour     | Mazraet Beit Jin |
|--|-----------|---------------|---------------|---------------|------------------|
|  <b>UN classification</b> | Besieged  | Hard-to-reach | Hard-to-reach | Hard-to-reach | Besieged         |
| <b>Estimated population (individuals)<sup>1</sup></b>  | 2000-3000 | 6500-6700     | 6500-6800     | 5500-5700     | 145-150          |
| <b>Of which estimated IDPs<sup>2</sup></b>   | 180-200   | 1500-1700     | 1500-1600     | 1500-1700     | 45-50            |
| <b>% of pre-conflict population remaining</b>  | 26 - 50%  | 76 - 100%     | 76 - 100%     | 76 - 100%     | 1 - 25%          |
| <b>% of population that are female</b>   | 26 - 50%  | 51 - 75%      | 51 - 75%      | 51 - 75%      | 1 - 25%          |
| <b>% of female-headed households</b>   | 1 - 25%   | 1 - 25%       | 1 - 25%       | 1 - 25%       | 1 - 25%          |

### SUMMARY

The Bait Jan area is located in the southwest of Rural Damascus governorate, close to the Lebanese border, and has faced access restrictions since early 2013. This profile covers five communities in the area: Bait Jan, Beit Saber, Betima, Kafr Hour and Mazraet Beit Jin. These communities were profiled for the first time in November 2016. Beit Saber, Betima and Kafr Hour have been classified as hard-to-reach since that time, whereas Bait Jan and Mazraet Beit Jin were reclassified as besieged in September 2017.

After a truce agreement was signed in Beit Saber, Betima and Kafr Hour in January 2017, restrictions on people and vehicles entering and exiting these communities were lifted. This led to a substantial improvement in humanitarian conditions throughout the Bait Jan area. However, in the communities of Bait Jan and Mazraet Beit Jin, truce negotiations broke down in April. In the following months, humanitarian conditions in these communities gradually deteriorated as new access restrictions were imposed and stocks of food and non-food items (NFIs) were depleted.



### CHANGES SINCE AUGUST

|                                  | Truce communities | Communities without a truce |                                | Truce communities | Communities without a truce |
|----------------------------------|-------------------|-----------------------------|--------------------------------|-------------------|-----------------------------|
| Access Restrictions on Civilians | ↔                 | ↔                           | Health Situation               | ↔                 | ↔                           |
| Commercial Vehicle Access        | ↔                 | ↓                           | Core Food Item Availability    | ↔                 | ↔                           |
| Humanitarian Vehicle Access      | ↔                 | ↔                           | Core Food Item Prices          | ↑                 | ↔                           |
| Access to Basic Services         | ↔                 | ↓                           | Overall Humanitarian Situation | ↔                 | ↓                           |

### METHODOLOGY

Based on data collected from community representatives inside Syria at the end of September and beginning of October 2017, these updates refer to the situation in September 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 outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior 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. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails 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 in obtaining data from certain locations.

In September, the situation escalated further when clashes broke out in Mazraet Beit Jin. Most shops and schools in the community closed and almost all residents fled to Beit Saber, Betima and Kafr Hoor. Fewer than 150 residents remained in the community. The situation also worsened in Bait Jan, where approximately 100 people left out of fear that the clashes would spread to their community.

Existing movement restrictions for Bait Jan and Mazraet Beit Jin were tightened in September, which resulted in a decrease in the amount of goods that entered these communities. The availability of food and most NFIs declined, though the existence of stockpiles meant that prices did not yet rise significantly. Meanwhile, in the communities with truce agreements, the influx of displaced persons from nearby communities caused the demand to increase, which led to higher food prices.

Access to services remained mostly stable in all Bait Jan communities except for Mazraet Beit Jin, where all schools were closed and a slight decrease in water availability was reported.

## MOVEMENT OF CIVILIANS

 **Formal access points:**

**Change since August (all communities):**



There was no significant change in the ability of civilians to use formal access points in the Bait Jan area in September. Residents of Beit Saber, Betima and Kafr Hoor continued to have unrestricted access to formal routes for travel within the Bait Jan area and for entering and exiting the area. Such movement was reportedly free of risk.

No one in Mazraet Beit Jin and only 1-10% of the residents in Bait Jan community could enter and exit the area formally, but access to other communities within the area remained unrestricted. All but approximately 150 residents reportedly fled Mazraet Beit Jin, using informal routes. Conversely, the approximately 100 individuals from Bait Jan who relocated because they feared that the conflict would spread to their

community made use of formal routes. Such movement put people from both communities at risk of shelling. The Bait Jan residents who chose to stay reportedly avoided using formal routes between communities due to the risk of shelling.

**Informal access points used<sup>3</sup>:** Yes.

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

**All communities:** None reported.

## MOVEMENT OF GOODS AND ASSISTANCE

 **Vehicles carrying commercial goods**

**Change since August (truce communities):**



**Change since August (communities without a truce):**



Commercial vehicle access to Beit Saber, Betima and Kafr Hoor remained unrestricted, while access to Bait Jan and Mazraet Beit Jin decreased significantly due to the intensified conflict and tightened restrictions in September.

Since truce negotiations broke down in April 2017, no vehicles have been able to enter Bait Jan and Mazraet Beit Jin directly. In July and August, restrictions such as fees and limited entry times were imposed on commercial vehicles that first travelled through other communities. In September, commercial vehicles were no longer permitted to enter Mazraet Beit Jin, directly or indirectly, while a small number of vehicles still managed to reach Bait Jan via formal routes, despite the restrictions.

 **Humanitarian vehicles**

**Change since August (all communities):**



No vehicles entered in September, as has been the case since November 2016.

 **Goods entered**

The amount of goods that entered the truce communities remained unchanged in September. However, the amount of goods that entered the communities without truce agreements decreased as a result of the deteriorating security situation.

No goods entered Mazraet Beit Jin after the conflict intensified in early September, and fewer goods entered Bait Jan as new access restrictions came into effect. Civilian travel between communities, which had previously been one of the main ways for goods to enter the communities without truce agreements, also decreased due to fears of shelling.

## HEALTH SERVICES

**Change since August (all communities):**



Across communities, access to healthcare did not change significantly in September. In truce communities, informal care points and primary healthcare facilities continued to be present, while Bait Jan had field hospitals. Although fewer medical items entered Bait Jan in September, the overall availability of medication and other equipment in the community remained unchanged.

Medical facilities have been absent in Mazraet Beit Jin since assessments began, so the clashes did not affect the number of services available. Yet, in September, locals started volunteering to take care of conflict injuries.

As was the case in previous months, specialised childbirth care continued to be unavailable in Kafr Hoor, Betima and Mazraet Beit Jin, leading women to seek such care in nearby communities.

 **Availability of medical personnel**

**All communities except Mazraet Beit Jin:** Professionally trained doctors, nurses and midwives.

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

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

**Others providing medical services (Mazraet Beit Jin):**

Volunteers with informal or no medical training.

Change since August



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

**No medical items available:** Mazraet Beit Jin

**Unavailable medical items (Bait Jan):** Burn treatment, blood transfusion bags.

**Unavailable medical items (all assessed communities):**

Anaesthetics and medical scissors.

Change since August



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

**All communities:** Diabetes medicine, heart medicine and antibiotics.

The most needed medical items have remained the same across Bait Jan communities since February 2017.

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

Residents of Betima and Mazraet Beit Jin continued to go to other communities to access multiple forms of medical care, as was the case in previous months. Residents of Kafr Hoor only accessed childbirth care in other communities.

 **Unusual outbreaks of disease<sup>6</sup>**

No unusual outbreaks of disease have been reported in the Bait Jan area since assessments began.

Medical services available

|                                 | Bait Jan | Beit Saber | Betima | Kafr Hour | Mazraet Beit Jin |
|---------------------------------|----------|------------|--------|-----------|------------------|
| Child immunization <sup>7</sup> | ✓        | ✓          | ✓      | ✓         | ✗                |
| Diarrhoea management            | ✓        | ✓          | ✓      | ✓         | ✗                |
| Emergency care                  | ✓        | ✓          | ✓      | ✓         | ✓                |
| Skilled childbirth care         | ✓        | ✓          | ✗      | ✗         | ✗                |
| Surgery <sup>8</sup>            | ✓        | ✗          | ✗      | ✗         | ✗                |
| Diabetes care                   | ✓        | ✓          | ✓      | ✓         | ✗                |
| Change since August             | ↕        | ↕          | ↕      | ↕         | ↕                |

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 August              | ↕        | ↕          | ↕      | ↕         | ↕                |

**ACCESS TO SERVICES\***

Access to services remained unchanged in all Bait Jan communities except Mazraet Beit Jin. The communities with truce agreements continued to benefit from relaxed rationing restrictions on the water and electricity networks, whereas residents of Bait Jan and Mazraet Beit Jin continued to use closed wells and generators. While solar panels were available in Bait Jan, that was not the case in Mazraet Beit Jin. Additionally, access to electricity from generators decreased even further in Mazraet Beit Jin in September due to a fuel shortage caused by the intensified conflict. Access to water remained sufficient in all assessed communities. With the start of the new school year, all children in Bait Jan, Beit Saber, Betima and Kafr Hour were able to return to school. However, all education facilities in Mazraet Beit Jin closed down in response to the clashes.

|                         | <b>WATER</b>                                     |   | <b>ELECTRICITY</b>               |                                       | <b>EDUCATION</b>                            |  |   |
|-------------------------|--|---|----------------------------------|---------------------------------------|---|--|---|
|                         | 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                     |
| <b>Bait Jan</b>         | ↕ Closed wells and water network (safe to drink) | Sufficient  | 1 - 2 days                       | ↕ Network unavailable                 | 1 - 2 hours (generators; solar panels)      | ↕ Pre-conflict primary, secondary and high schools | None reported                             |
| <b>Beit Saber</b>       | ↕ Water network (safe to drink)                  | Sufficient  | 1 - 2 days                       | ↕ 8 - 12 hours                        | 8 - 12 hours (network)                      | ↕ Pre-conflict primary, secondary and high schools | None reported                             |
| <b>Betima</b>           | ↕ Water network (safe to drink)                  | Sufficient  | 1 - 2 days                       | ↕ 8 - 12 hours                        | 8 - 12 hours (network)                      | ↕ Pre-conflict primary, secondary and high schools | None reported                             |
| <b>Kafr Hour</b>        | ↕ Water network (safe to drink)                  | Sufficient  | 1 - 2 days                       | ↕ 8 - 12 hours                        | 8 - 12 hours (network)                      | ↕ Pre-conflict primary, secondary and high schools | None reported                             |
| <b>Mazraet Beit Jin</b> | ↕ Closed wells and water network (safe to drink) | Sufficient  | 1 - 2 days                       | ↓ Network unavailable                 | 1 - 2 hours (generators)                    | ↓ None available                                   | Schools closed; route to services unsafe. |

\*Arrows indicate change in access since August.

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

## FOOD

Change since August (truce communities):



Change since August (communities without a truce):



The food situation in all communities in the Bait Jan area was affected by the escalation in conflict in Mazraet Beit Jin. In truce communities, an influx of displaced people led to an increase in the demand for food and increased food prices. In the communities without truce agreements, new access restrictions led to a decrease in the overall availability of food.

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

**All communities:** Purchasing from shops or markets; personal production.

**All communities except Mazraet Beit Jin:** Purchasing from local farmers.

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

**All communities:** Shops.

Residents of all Bait Jan communities reportedly remained able to buy their bread in shops. Additionally, bread continued to be available at public bakeries in the communities with truce agreements. The amount of bread available in Mazraet Beit Jin decreased in September, as most shops closed and commercial vehicle access was banned. However, demand also dropped as most residents fled the community.

**Challenges to obtaining bread:** No challenges to obtaining bread have been reported since January 2017.

Change since August



### Deaths attributable to a lack of food<sup>6</sup>

**All communities:** No deaths due to a lack of food have been reported since assessments began in November 2016.

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

|                          | Bait Jan and Mazraet Beit Jin |
|--------------------------|-------------------------------|
| Reducing meal size       | ✓                             |
| Skipping meals           | ✗                             |
| Days without eating      | ✗                             |
| Eating non-edible plants | ✗                             |
| Eating food waste        | ✗                             |

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

After the truce negotiations in Bait Jan and Mazraet Beit Jin failed in April 2017, men and women in those communities reportedly started eating less so that children could eat more.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>9</sup>

|                                  | Truce | No truce | Nearby areas <sup>10</sup> |
|----------------------------------|-------|----------|----------------------------|
| Average cost (SYP) <sup>11</sup> | 39297 | 36811    | 31897                      |
| Change since previous month      | ↑     | ◊        | ◊                          |

As residents of Mazraet Beit Jin and, to a smaller extent, Bait Jan fled to the communities with truce agreements, the increased demand for food in the latter communities caused

prices to rise. The price of a standard food basket increased by 6%, which made it 23% higher than in nearby communities not considered besieged or hard-to-reach<sup>10</sup>. In the communities without truce agreements, the food basket price remained relatively stable, although it was still 15% higher than in nearby communities not besieged or hard-to-reach.

### Food item availability / prices

Food availability changed in all Bait Jan communities, as the demand for food increased in the truce communities, and new access restrictions came into effect in Bait Jan and Mazraet Beit Jin.

At the same time, all assessed foods remained available for more than 21 days of the month<sup>13</sup> in truce communities in September, whereas they continued to be available for only 7 to 20 days<sup>14</sup> in the communities without truce agreements.

In all assessed communities the prices of tomatoes and cucumbers increased (by more than 20% for cucumbers), after they had been low during the summer months. In the truce communities, chicken and lentils also increased in price significantly, by 12% and 10%, respectively, likely attributable to the increase in demand. Meanwhile, the price of sugar decreased by 11% in the communities without truce agreements.

Prices remained relatively stable in Bait Jan and Mazraet Beit Jin, as residents had previously stockpiled supplies. However, prices are expected to rise when these supplies run out.

### WASH item availability / prices

Unlike food, WASH item prices did not change significantly in any Bait Jan community in September. Availability remained similar as well, with items reported as generally available<sup>13</sup> in truce communities, and sometimes available<sup>14</sup> in communities without truce agreements.

### Fuel availability / prices

In September, the colder weather led to an increased demand for firewood, which was reintroduced to the market in all Bait Jan communities except Mazraet Beit Jin for the first time since April 2017<sup>15</sup>.

Additionally, diesel and butane continued to be available in all assessed communities, although they were only sometimes available in communities without truce agreements.






















































The prices of diesel and butane also did not change significantly in September. However, butane was 42% more expensive in Bait Jan and Mazraet Beit Jin than in nearby communities not considered besieged or hard-to-reach<sup>10</sup>.

### Strategies used to cope with a lack of fuel:

In Mazraet Beit Jin and Beit Saber, coping strategies to deal with a lack of fuel were reported in September following the onset of colder weather for the first time since May 2017. Residents of these communities without enough funds to purchase fuel reportedly burned furniture that was not in use, as well as plastic, waste, as well as agricultural and other production assets.

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

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

|  | Item                         | Truce communities  | Price change since August <sup>12</sup>   | Communities without truce agreements | Price change since August <sup>12</sup>  | Nearby non-hard-to-reach areas <sup>10</sup> |
|--|------------------------------|--------------------|---|--------------------------------------|--|--|
|    | Bread private bakery (pack)  | Not available      |        | Not available                        |       | 100  |
|  | Bread public bakery (pack)   | 60 <sup>13</sup>   |        | Not available                        |       | 57   |
|  | Rice (1kg)                   | 550 <sup>13</sup>  |  +6%   | 550 <sup>14</sup>                    |       | 513  |
|  | Bulgur (1kg)                 | 258 <sup>13</sup>  |        | 275 <sup>14</sup>                    |       | 288  |
|  | Lentils (1kg)                | 550 <sup>13</sup>  |  +10%  | 500 <sup>14</sup>                    |  -9%  | 513  |
|  | Chicken (1kg)                | 933 <sup>13</sup>  |  +12%  | 950 <sup>14</sup>                    |       | 975  |
|  | Mutton (1kg)                 | 3500 <sup>13</sup> |  +7%   | 3500 <sup>14</sup>                   |       | 4000   |
|  | Tomatoes (1kg)               | 118 <sup>13</sup>  |  +18%  | 133 <sup>14</sup>                    |  +6%  | 132  |
|  | Cucumbers (1kg)              | 175 <sup>13</sup>  |  +27%  | 180 <sup>14</sup>                    |  +24% | 182  |
|  | Milk (1L)                    | 200 <sup>13</sup>  |        | 200 <sup>14</sup>                    |       | 218  |
|  | Flour (1kg)                  | 250 <sup>13</sup>  |        | 275 <sup>14</sup>                    |       | 207  |
|  | Eggs (1 unit)                | 50 <sup>13</sup>   |        | 50 <sup>14</sup>                     |       | 52   |
|  | Iodised salt (500g)          | 50 <sup>13</sup>   |        | 50 <sup>14</sup>                     |       | 63   |
|   | Sugar (1kg)                  | 383 <sup>13</sup>  |        | 400 <sup>14</sup>                    |  -11% | 383  |
|  | Cooking oil (1L)             | 1750 <sup>13</sup> |        | 1750 <sup>14</sup>                   |       | 1213   |
|  | Soap (1 bar)                 | 100 <sup>13</sup>  |        | 100 <sup>14</sup>                    |       | 113  |
|  | Laundry powder (1kg)         | 450 <sup>13</sup>  |      | 450 <sup>14</sup>                    |     | 838  |
|  | Sanitary pads (9 pack)       | 450 <sup>13</sup>  |  +6% | 450 <sup>14</sup>                    |     | 450  |
|  | Toothpaste (125ml)           | 450 <sup>13</sup>  |      | 450 <sup>14</sup>                    |     | 388  |
|  | Disposable diapers (24 pack) | 1100 <sup>13</sup> |      | 1100 <sup>14</sup>                   |     | 1450   |
|  | Butane (cannister)           | 3000 <sup>13</sup> |      | 4000 <sup>14</sup>                   |     | 2825   |
|  | Diesel (1L)                  | 215 <sup>13</sup>  |      | 250 <sup>14</sup>                    |     | 265  |
|  | Propane (cannister)          | Not available      |      | Not available                        |     | 2000   |
|  | Kerosene (1L)                | Not available      |      | Not available                        |     | Not available                                |
|  | Coal (1kg)                   | Not available      |      | Not available                        |     | 450  |
| Firewood (1T)  | 60000 <sup>15</sup>          | N/A                | 60000 <sup>15</sup>   | N/A                                  | Not available  |  |

### Endnotes

<sup>1</sup> Figures based on estimates by local actors within communities assessed. Figures based on HNO 2018 population data (September 2017) were reportedly 1,120 (Bait Jan), 4,950 (Beit Saber), 5,400 (Betima), 4,500 (Kafr Hoor) and 2,380 (Mazraet Beit Jin).

<sup>2</sup> Figures based on estimates by local actors within communities assessed. Figures based on HNO 2018 population data (September 2017) were reportedly 15 (Bait Jan), 357 (Beit Saber), 80 (Betima) and 100 (Kafr Hoor) IDPs. No data was available for Mazraet Beit Jin.

<sup>3</sup> The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

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

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

<sup>6</sup> Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

<sup>7</sup> The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccination campaigns in Syria are commonly done in rounds, and therefore may not be administered on a monthly basis.

<sup>8</sup> The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members, without professional medical backgrounds, may have been informally trained by medical personnel to carry out emergency procedures.

<sup>9</sup> Calculation of average cost of food basket is 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: September 2017' (link here). As bread from bakeries was not available in all assessed Bait Jan communities, the food basket price for truce communities and communities without truce agreements was calculated using the reported price of bread sold in shops (110 SYP in truce communities, 75 SYP in communities without truce agreements) to allow for comparison between food basket prices.

<sup>10</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. August)."

<sup>11</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 October 2017).

<sup>12</sup> Price fluctuations of 5% or less were not reported.

<sup>13</sup> Generally available in markets (21+ days this month)

<sup>14</sup> Sometimes available in markets (7-20 days this month)

<sup>15</sup> In response to lowering temperatures, firewood became available in all Bait Jan communities except Mazraet Beit Jin in September. In Beit Saber and Betima, firewood became generally available in markets (21+ days this month), and in Bait Jan and Kafr Hoor it became sometimes available (7-20 days this month).

# Syria Community Profile Update: Burza and Tadamon, Damascus

September 2017



**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

|  | Burza       | Tadamon       |
|--|-------------|---------------|
| <b>UN classification:</b>                      | Besieged    | Hard-to-reach |
| <b>Estimated population<sup>1</sup>:</b>       | 25000-30000 | 1200-1500     |
| <b>Of which estimated IDPs<sup>2</sup>:</b>    | 5000-7000   | 250-300       |
| <b>% of pre-conflict population remaining:</b> | 51-75%      | 1-25%         |
| <b>% of population that are female:</b>        | 51-75%      | 1-25%         |
| <b>% of female-headed households</b>           | 1-25%       | 1-25%         |

### SUMMARY

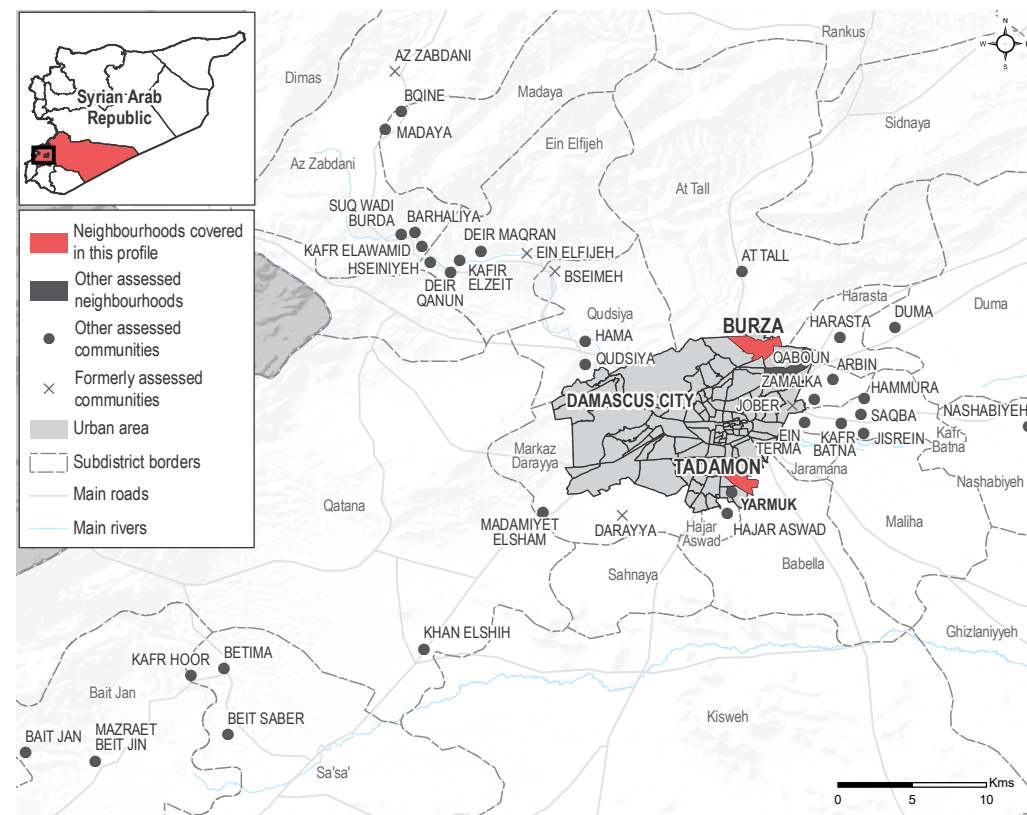
Located in eastern Damascus governorate, the neighbourhoods of Burza and Tadamon have faced access restrictions since mid-2013. In Burza, situated in the northeastern part of the city, a local truce was reached between parties to the conflict in early 2014, as well as in nearby Qaboun and Tishreen neighbourhoods (the former of which is assessed in another profile). However, in late February 2017, the local ceasefire in the area ended, and the only formal access point leading into Burza was shut down, coinciding with a considerable escalation in conflict and rapid deterioration of the humanitarian situation. As such, the neighbourhood was re-classified from hard-to-reach to besieged in April 2017, before a truce agreement was signed on 22 May 2017.

Meanwhile, the situation in Tadamon, in the southeast part of the city, has remained relatively

stable, although critical, since assessments began in June 2016. Coverage of Jober, a suburb of Damascus city that was also featured in this profile, has been discontinued, as it was determined that all civilians had fled the neighbourhood during June and July due to the volatile security situation there.

**In September, the humanitarian situation in Burza remained overall stable for the second consecutive month, having previously improved in June and July following the implementation of the truce agreement. The situation was also stable in Tadamon. In the former neighbourhood, food and hygiene item prices decreased in September while access restrictions in the latter neighbourhood became slightly less restrictive.**

In Burza, movement of civilians and commercial vehicles remained unrestricted in September. Access to services also did not change



### CHANGES SINCE AUGUST

|                                  | Burza | Tadamon |                                | Burza | Tadamon |
|----------------------------------|-------|---------|--------------------------------|-------|---------|
| Access Restrictions on Civilians | ◆     | ◆       | Health Situation               | ◆     | ◆       |
| Commercial Vehicle Access        | ◆     | ◆       | Core Food Item Availability    | ◆     | ◆       |
| Humanitarian Vehicle Access      | ◆     | ◆       | Core Food Item Prices          | ◆     | ◆       |
| Access to Basic Services         | ◆     | ◆       | Overall Humanitarian Situation | ◆     | ◆       |


### METHODOLOGY

Based on data collected from community representatives inside Syria at the end of September and beginning of October 2017, these updates refer to the situation in September 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 outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior 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. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails 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 in obtaining data from certain locations.

significantly, although the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) opened a new school in the neighbourhood in September. Additionally, a child immunisation campaign took place.

In Tadamon, improvements in the security situation resulted in an increase in the proportion of the population that was permitted to use formal access points to enter and exit the neighbourhood. Additionally, civilians using such access points were allowed to bring more goods with them, such as medical items and livestock. As a result, mutton and chicken became available again in the neighbourhood. However, commercial vehicles remained banned from entering Tadamon. As a result, no significant changes in the availability of other food or non-food items were reported. Access to services and medical care also remained stable, although limited, in September.

## MOVEMENT OF CIVILIANS

Change since August (Burza): 

Change since August (Tadamon): 

### Formal access points:

**Burza:** No access restrictions have been in place in Burza since June 2017, following the signing of the truce agreement. All residents remained able to enter and exit the neighbourhood without limitations.

**Tadamon:** In September, approximately 26-50% of the population were able to use formal access points to enter and exit the neighbourhood, compared to 11-25% in August. This increase is likely attributable to the improved security situation. However, formal access points remained limited to women, children and the elderly with

identification and could only be crossed once a week. Additionally, people using these routes reportedly faced verbal harassment.

### Informal access points used<sup>2</sup>:

**Burza and Tadamon:** None reported. Men stopped using informal access routes in Tadamon in September, reportedly due to the associated risk of detention.

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

**Burza:** None reported.

**Tadamon:** Verbal harassment and detention.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

Change since August (Burza and Tadamon): 

**Burza:** For the fourth consecutive month, all vehicles were permitted to enter Burza.

**Tadamon:** None reported, as has been the case since assessments began.

### Humanitarian vehicles

**Burza and Tadamon:** Since assessments began, only one humanitarian delivery to Burza has been reported, in May 2017, which only included bread. Conversely, no deliveries have reportedly reached Tadamon.

Change since August (Burza and Tadamon): 










### Goods entered

**Burza:** All food, non-food and medical items continued to enter the neighbourhood via commercial vehicles.

**Tadamon:** As has been the case since assessments began, the main way for all goods to enter Tadamon in September was by residents transporting items from nearby areas.

## ACCESS TO SERVICES

In September, access to services did not change significantly in either neighbourhood. In Burza, access to the water and electricity networks remained stable, while rationing restrictions on the electricity network imposed in July to equalise access across Damascus remained in place. Additionally, all school-aged children continued to access education and a new UNRWA school opened in the neighbourhood. Conversely, in Tadamon, the water network remained unavailable and access to water remained insufficient to meet household needs. The electricity network also continued to be inaccessible. As was the case in previous months, no educational facilities were available inside Tadamon, but children reportedly traveled to nearby neighbourhoods to attend school.

|  |   | Burza   | Tadamon   |
|--|---|---|---|
|  <b>WATER</b>         | Main source of drinking water (status)                      | Water network (water was safe to drink)*  | Private water trucking (water was safe to drink)*                                     |
|  | Available water to meet household needs (coping strategies) | Sufficient  | Insufficient (purchase water with money usually spent on other things)                |
|  | Access to water network per week                            | 7 days  | Network unavailable   |
|  | <b>Change since previous month</b>                          |  |  |
|  <b>ELECTRICITY</b> | Access to electricity network per day                       | 8-12 hours  | Network unavailable   |
|  | Access to electricity (main source) per day                 | 8-12 hours (network)  | 2-4 hours (generator)   |
|  | <b>Change since previous month</b>                          |  |  |
|  <b>EDUCATION</b>   | Available education facilities                              | Pre-conflict primary schools, UNRWA school  | None  |
|  | Barriers to education                                       | All school-aged children accessed education   | No schools available in the community   |
|  | <b>Change since previous month</b>                          |  |  |

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

## HEALTH SERVICES

### Change since August (Burza and Tadamon):



**Burza:** The health situation in Burza did not change significantly in September. All assessed medical items and most medical services continued to be available inside the neighbourhood. A child immunisation campaign<sup>4</sup> took place in September, having last taken place in July. Residents continued to travel to nearby neighbourhoods for any other medical services not available in Burza.

**Tadamon:** No medical services were available in Tadamon in September, as has been the case since assessments began. Some residents continued to travel to nearby neighbourhoods to access medical care, but this was only an option for those who could cross at formal access points between neighbourhoods.

Coping strategies used to deal with a lack of medical items such as using expired medicine and letting civilians without formal medical training treat patients, which had been reported since January and February 2017 respectively, were no longer reported in September. This was most likely the result of improvements to the security situation in the neighbourhood, which led to fewer conflict injuries and an increase in the availability of medicine.

### Permanent medical facilities available

|                                  | Burza | Tad. |
|----------------------------------|-------|------|
| Mobile clinics / field hospitals | ✗     | ✗    |
| Informal emergency care points   | ✗     | ✗    |
| Pre-conflict hospitals           | ✗     | ✗    |
| Primary healthcare facilities    | ✓     | ✗    |
| Change since August              | ◆     | ◆    |

### Availability of medical personnel

**Burza:** Professionally trained doctors, nurses, dentists and pharmacists.

**Tadamon:** None; civilians travelled to nearby neighbourhoods to access medical services.

### Others providing medical services:

**Burza and Tadamon:** None reported.

### Change since August (Burza and Tadamon):



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

**Burza:** All assessed medical items were available.

**Tadamon:** Anti-anxiety medicine, clean bandages, blood transfusion bags, antibiotics, burn treatment and anaesthetics.

### Change since August (Burza and Tadamon):



### Medical services available

|                                 | Burza | Tad. |
|---------------------------------|-------|------|
| Child immunization <sup>4</sup> | ✓     | ✗    |
| Diarrhoea management            | ✓     | ✗    |
| Emergency care                  | ✓     | ✗    |
| Skilled childbirth care         | ✗     | ✗    |
| Surgery <sup>6</sup>            | ✗     | ✗    |
| Diabetes care                   | ✓     | ✗    |
| Change since August             | ◆     | ◆    |

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

**Burza and Tadamon:** None reported.

### Most needed medical items<sup>7</sup>

**Burza:** None reported.

**Tadamon:** Antibiotics, blood transfusion bags and anti-anxiety medication.

### Unusual outbreaks of disease<sup>8</sup>

**Burza and Tadamon:** None reported in September.

## FOOD

### Change since August (Burza):



### Change since August (Tadamon):



The food situation in both Burza and Tadamon improved slightly in September. In Burza, food prices decreased as stocks have gradually increased after the signing of the truce agreement. In Tadamon, the improved access to the neighbourhood enabled residents to bring back more food from nearby areas. However, despite the reintroduction of chicken and mutton to markets, the negative coping strategy of skipping meals was reported in September for the first time since November 2016.

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

**Burza and Tadamon:** Purchasing from shops and markets.

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

**Burza and Tadamon:** Shops.

### Challenges to obtaining bread:

**Burza:** None reported; bread accessed daily.

**Tadamon:** Bread not available in bakeries; flour too expensive or hard to access; not enough electricity and fuel available; electricity and fuel difficult to access.

### Change since August (Burza and Tadamon):



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

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

In both neighbourhoods, men and women reportedly continued eating less so that children could eat more. Meanwhile, residents of Tadamon reportedly also resorted to skipping meals to cope with a lack of access to food, for the first time since November 2016.

### Deaths attributable to a lack of food<sup>8</sup>

**Burza and Tadamon:** No deaths due to a lack of food have been reported since assessments began.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES



### Average cost of standard food basket<sup>9</sup>

|   | Burza | Tad.  | Nearby areas <sup>10</sup> |
|---|-------|-------|----------------------------|
| Average cost (SYP) <sup>11</sup>          | 30702 | 30621 | 32713                      |
| Change since previous month <sup>12</sup> | ↓     | ↔     | ↓                          |

**Burza:** The price of a standard food basket decreased by 12% in Burza in September, as the prices of cooking oil, lentils and sugar went down. This decrease resulted in a food basket price that was lower than in nearby areas not considered besieged or hard-to-reach<sup>10</sup>.

**Tadamon:** The price of a food basket in Tadamon did not change significantly in September. Following the decrease reported in Burza, food basket prices in both neighbourhoods were roughly similar.

### Food item availability / prices

**Burza:** There were no significant changes in the availability of assessed core food items in September, as all assessed items remained generally available<sup>13</sup>. A number of food item prices decreased significantly as a result of the gradual improvement of food stocks following the signature of the truce agreement. Chicken and mutton became 45% and 22% cheaper, respectively. Cooking oil and lentil prices also decreased by 18% and 15%, respectively.

**Tadamon:** The availability of food increased as mutton and chicken were reintroduced to the market in September as a result of improved civilian access to the neighbourhood.

A number of food items changed in price. Both cucumbers and tomatoes were 71% and 17% more expensive, respectively, as the harvest

season was coming to an end. Additionally, the price of rice increased by 50%, whereas the prices of lentils and flour decreased by 50% and 17%, respectively.



### WASH item availability / prices

**Burza:** All assessed hygiene items have remained generally available since July 2017. On average, hygiene item prices decreased by 19% in September, with disposable diapers becoming 43% less expensive.

**Tadamon:** Since July 2017, all assessed hygiene items have been generally available. There were no significant changes in price for any of the assessed hygiene items.



### Fuel availability / prices

**Burza:** All assessed types of fuel were generally available in Burza in September. Kerosene was reintroduced to markets, as residents have started preparing for winter. There were no significant price changes for any of the assessed fuel types.

**Tadamon:** Fuel availability and prices did not change significantly in September. Kerosene and firewood remained unavailable.

### Strategies used to cope with a lack of fuel:

**Burza:** None reported.

**Tadamon:** Burning plastics, burning waste.

Residents of Tadamon started burning waste in response to the colder weather in September, for the first time since assessments of this indicator began in November 2016.

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

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

|               | Item                         | Burza              | Price change since August <sup>12</sup> | Tadamon            | Price change since August <sup>12</sup> | Nearby non-hard-to-reach areas <sup>10</sup> |
|---------------|------------------------------|--------------------|---|--------------------|---|--|
| Food Items    | Bread private bakery (pack)  | Not available      | ↔                                       | Not available      | ↔                                       | 184  |
|               | Bread public bakery (pack)   | Not available      | ↔                                       | Not available      | ↔                                       | 50   |
|               | Rice (1kg)                   | 500 <sup>13</sup>  | ↑                                       | 600 <sup>13</sup>  | ↑ +50%                                  | 550  |
|               | Bulgur (1kg)                 | 325 <sup>13</sup>  | ↓ -7%                                   | 250 <sup>13</sup>  | ↔                                       | 350  |
|               | Lentils (1kg)                | 550 <sup>13</sup>  | ↓ -15%                                  | 250 <sup>13</sup>  | ↓ -50%                                  | 685  |
|               | Chicken (1kg)                | 550 <sup>13</sup>  | ↓ -45%                                  | 1450 <sup>13</sup> | No info                                 | 1095   |
|               | Mutton (1kg)                 | 3500 <sup>13</sup> | ↓ -22%                                  | 4500 <sup>13</sup> | No info                                 | 3950   |
|               | Tomatoes (1kg)               | 150 <sup>13</sup>  | ↔                                       | 175 <sup>13</sup>  | ↑ +17%                                  | 138  |
|               | Cucumbers (1kg)              | 175 <sup>13</sup>  | ↔                                       | 300 <sup>13</sup>  | ↑ +71%                                  | 143  |
|               | Milk (1L)                    | 250 <sup>13</sup>  | ↔                                       | 250 <sup>13</sup>  | ↔                                       | 244  |
| WASH Items    | Flour (1kg)                  | 325 <sup>13</sup>  | ↔                                       | 250 <sup>13</sup>  | ↓ -17%                                  | 318  |
|               | Eggs (1 unit)                | 50 <sup>13</sup>   | ↔                                       | 55 <sup>13</sup>   | ↔                                       | 50   |
|               | Iodised salt (500g)          | 150 <sup>13</sup>  | ↔                                       | 150 <sup>13</sup>  | ↔                                       | 164  |
|               | Sugar (1kg)                  | 350 <sup>13</sup>  | ↓ -7%                                   | 400 <sup>13</sup>  | ↔                                       | 381  |
|               | Cooking oil (1L)             | 700 <sup>13</sup>  | ↓ -18%                                  | 750 <sup>13</sup>  | ↔                                       | 773  |
|               | Soap (1 bar)                 | 125 <sup>13</sup>  | ↓ -17%                                  | 125 <sup>13</sup>  | ↔                                       | 150  |
|               | Laundry powder (1kg)         | 650 <sup>13</sup>  | ↓ -24%                                  | 650 <sup>13</sup>  | ↔                                       | 713  |
|               | Sanitary pads (9 pack)       | 400 <sup>13</sup>  | ↓ -11%                                  | 300 <sup>13</sup>  | ↔                                       | 422  |
|               | Toothpaste (125ml)           | 250 <sup>13</sup>  | ↔                                       | 450 <sup>13</sup>  | ↔                                       | 260  |
|               | Disposable diapers (24 pack) | 1350 <sup>13</sup> | ↓ -43%                                  | 1650 <sup>13</sup> | ↔                                       | 2244   |
| Fuel          | Butane (cannister)           | 2850 <sup>13</sup> | ↔                                       | 3900 <sup>13</sup> | ↔                                       | 2855   |
|               | Diesel (1L)                  | 300 <sup>13</sup>  | ↔                                       | 500 <sup>13</sup>  | ↔                                       | 286  |
|               | Propane (cannister)          | 4500 <sup>13</sup> | ↔                                       | 2300 <sup>13</sup> | ↔                                       | 4375   |
|               | Kerosene (1L)                | 450 <sup>13</sup>  | No info                                 | Not available      | ↔                                       | 388  |
|               | Coal (1kg)                   | 400 <sup>13</sup>  | ↑ +14%                                  | 450 <sup>13</sup>  | ↔                                       | 350  |
| Firewood (1T) | 50000 <sup>13</sup>          | ↔                  | Not available                           | ↔                  | No info                                 |  |

## Endnotes

<sup>1</sup> Figures based on estimates by local actors within assessed neighbourhoods. The last HNO 2018 population data (September 2017) provides the following population estimates: Burza (30,000), Jobber (300), Tadamon (275).

<sup>2</sup> Figures based on estimates by local actors within assessed neighbourhoods. The last HNO 2018 population data (September 2017) provides the following population estimates for IDPs: Burza (13,500), Jobber (0), Tadamon (275).

<sup>3</sup> The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

<sup>4</sup> The absence of child immunisations in a given month does not necessarily indicate a decline in medical services, as vaccination campaigns in Syria are commonly done in rounds, and therefore may not be administered on a monthly basis.

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

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

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

<sup>8</sup> Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

<sup>9</sup> Calculation of average cost of food basket is 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: September 2017' ([link here](#)). The price of a food basket was calculated using the price of bread from shops (75 SYP in Burza and 150 SYP in Tadamon).

<sup>10</sup> Nearby communities in Damascus which are not considered besieged/hard to reach: Ayoubiya, Jalaa, Zahreh, Midan Wastani. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. August).

<sup>11</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 October 2017).

<sup>12</sup> Price fluctuations of 5% or less were not reported.

<sup>13</sup> Generally available in markets (21+ days this month).


# Syria Community Profile Update: Eastern Ghouta, Rural Damascus

September 2017



**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

|   | Arbin       | Duma          | Ein Terma   | Hammura     | Harasta     | Jisrein     | Kafr Batna  | Nashabiyeh | Saqba       | Zamalka     |
|---|-------------|---------------|-------------|-------------|-------------|-------------|-------------|------------|-------------|-------------|
| <b>UN classification</b>  | Besieged    | Besieged      | Besieged    | Besieged    | Besieged    | Besieged    | Besieged    | Besieged   | Besieged    | Besieged    |
| <b>Estimated population (individuals)<sup>1</sup></b>   | 42500-43500 | 122000-128000 | 17000-20000 | 31000-34000 | 18000-19000 | 18000-21000 | 19500-21500 | 500-700    | 52000-55000 | 13000-14000 |
|  <b>Of which estimated IDPs<sup>1</sup></b> | 2900-3100   | 12000-16000   | 8000-10000  | 13000-15000 | 5000-6000   | 7500-10000  | 13500-14500 | 150-200    | 27000-30000 | 3500-3800   |
| <b>% of pre-conflict population remaining</b>   | 51-75%      | 1-25%         | 1-25%       | 26-50%      | 1-25%       | 51-75%      | 26-50%      | 1-25%      | 26-50%      | 1-25%       |
| <b>% of population that are female</b>  | 1-25%       | 1-25%         | 1-25%       | 26-50%      | 1-25%       | 51-75%      | 26-50%      | 1-25%      | 26-50%      | 1-25%       |
| <b>% of female-headed households</b>  | 1-25%       | 1-25%         | 1-25%       | 1-25%       | 1-25%       | 1-25%       | 1-25%       | None       | 1-25%       | 1-25%       |

### SUMMARY

Military control of Eastern Ghouta, an agricultural region east of Damascus, has been contested since 2012. In mid-2013, access restrictions to the area tightened considerably. As such, the majority of communities in Eastern Ghouta were classified as besieged by the United Nations (UN) in 2014, while Nashabiyeh was re-classified from hard-to-reach to besieged in 2016 following an escalation in hostilities. Information in this profile was gathered from ten of these communities: Arbin, Duma, Ein Terma, Hammura, Harasta, Jisrein, Kafr Batna, Nashabiyeh, Saqba and Zamalka.

The humanitarian situation in September worsened considerably across Eastern Ghouta. Despite attempts during July and August by international actors to denote Eastern Ghouta as

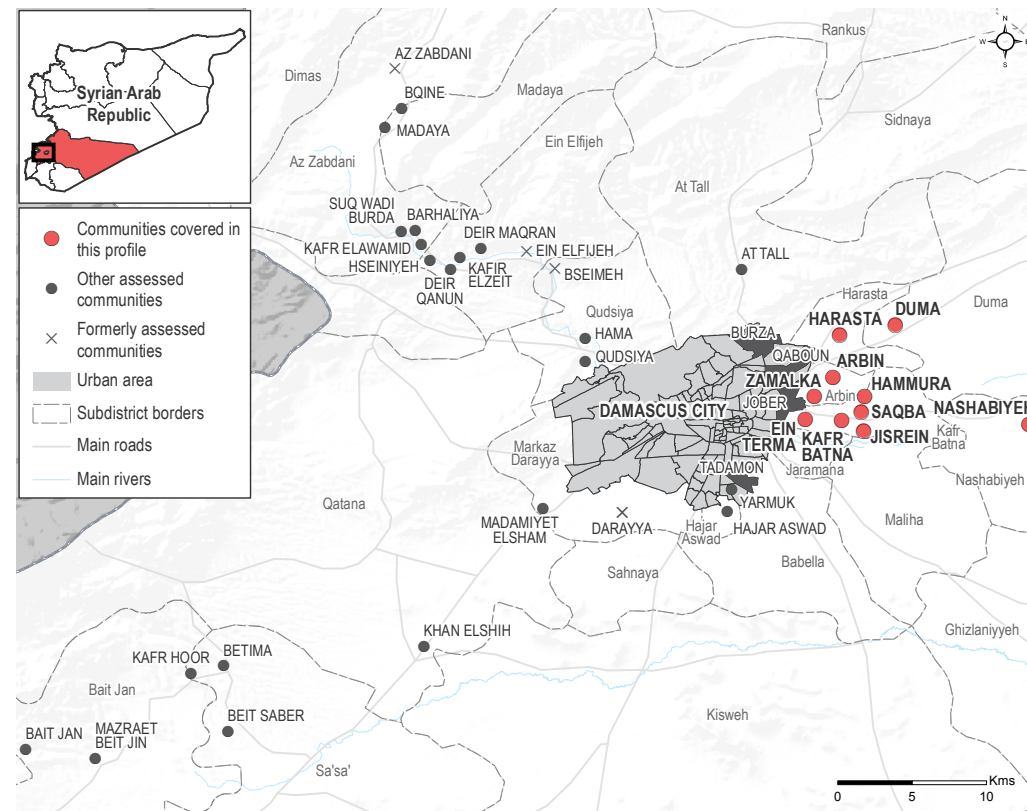
a de-escalation zone, conflict and restrictions on humanitarian access prevailed in the region. Although a humanitarian convoy containing food, NFIs and a small amount of medical items reportedly reached Harasta, Modira and Misraba (the latter two not assessed) on 24 September, the aid delivered was insufficient to meet population needs. The only assistance that reached all assessed communities in September consisted of supplies for child immunisations.

The number of commercial vehicles entering the area decreased further in September, as the contract between authorities and the sole trader permitted to enter Eastern Ghouta ended in early September. As a result, prices of food and hygiene items increased dramatically.

The medical situation also deteriorated

### METHODOLOGY

Based on data collected from community representatives inside Syria at the end of September and beginning of October 2017, these updates refer to the situation in September 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 outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior 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. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails 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 in obtaining data from certain locations.



significantly and medical stockpiles continued to decrease across communities. Medical supplies have not formally entered the area, other than in limited supplies via aid deliveries, since June 2016, although they entered informally until late February 2017. Meanwhile, fuel has also not entered Eastern Ghouta since February 2017, leading to further increases in the price of diesel in September.

Civilian movement remained severely restricted, with the majority of Eastern Ghouta residents unable to enter or exit the region. No displacements from Ein Terma were reported in September after a large portion of the community's population had reportedly fled intense shelling in August. However, heavy shelling continued in the community and children in Ein Terma and the southwestern half of Eastern Ghouta reportedly faced barriers to education due to conflict. **These reportedly included children having to work or join armed groups to cope with exorbitant prices of goods in the area.**

## MOVEMENT OF CIVILIANS

 **Formal access points:**

**Change since August:**



Movement of civilians remained severely restricted in September. Only 1-10% of the entire population of Eastern Ghouta was reportedly able to enter and exit the area through the only formal access point, Al Wafideen in Duma, as has been the case in previous months. Those permitted to leave have historically included public sector employees, retirees, traders and those working with traders, as well as commercial vehicle drivers. All of the above groups continued to be permitted to enter and exit during daytime working hours upon providing documentation. However, university students remained unable to exit Eastern Ghouta, as local authorities feared that they would get detained.

## CHANGES SINCE AUGUST

|                                  |  |                                |  |
|----------------------------------|--|--------------------------------|--|
| Access Restrictions on Civilians |  | Health Situation               |  |
| Commercial Vehicle Access        |  | Core Food Item Availability    |  |
| Humanitarian Vehicle Access      |  | Core Food Item Prices          |  |
| Access to Basic Services         |  | Overall Humanitarian Situation |  |

In addition to detention, other severe risks continued to be associated with entering and exiting formally. These included gunfire, landmines, verbal and physical harassment, confiscation of documents and conscription. Additionally, women have reportedly been subject to beatings and sexual harassment under the pretext of inspection.

Internal checkpoints, established in May 2017 following clashes between armed factions within Eastern Ghouta, remained in place in September. These checkpoints presented a barrier to movement of young men perceived as non-civilians, as they were reportedly at risk of detention when crossing. However, movement between Eastern Ghouta communities continued to be possible for those not perceived as security threats upon presenting identification. For all populations, the reported risk of shelling, especially in the southwestern part of the region, persisted.

Following a mass displacement of 40% of the population of Ein Terma to nearby communities in Eastern Ghouta in August, no other displacements were reported in any Eastern Ghouta community in September.

### Informal access points used<sup>2</sup>:

None reported. Informal routes have reportedly remained inaccessible since they were closed beginning in late February 2017.

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

**Majority of assessed communities:** gunfire, shelling, detention.

In addition to the above risks, landmines were reported in Duma, Ein Terma, Harasta and Jisrein.

## MOVEMENT OF GOODS AND ASSISTANCE

 **Vehicles carrying commercial goods**

**Change since August:**



The number of commercial vehicles permitted to enter Eastern Ghouta decreased for the second consecutive month. Only one trader has been allowed to access the area in previous months, yet this trader's contract with authorities ended in early September. However, some of the trader's vehicles reportedly did enter before this occurred.

Restrictions on commercial vehicles entering Eastern Ghouta have remained the same since February 2017 and included searches, fees, confiscation of loads, documentation requirements and limitations on the time and day of entry. Meanwhile, commercial vehicles already inside Eastern Ghouta could move freely.

 **Humanitarian vehicles**

**Change since August:**



On 24 September, 42 humanitarian vehicles entered Harasta, Modira and Misraba (the latter two not assessed), bringing food, hygiene items, and some medical items. However, the amount of medical supplies reportedly included was extremely limited. Child immunisations were administered in all assessed communities of Eastern Ghouta in September.

Although humanitarian assistance has reached the Eastern Ghouta area for the past five months, the aid delivered has been insufficient to meet population needs and has generally stayed in the communities to which it was delivered. As such, most communities in Eastern Ghouta have not received any humanitarian assistance, other than rounds of child immunisations, since assessments began in June 2016.

 **Goods entered**

The majority of communities continued to receive food and hygiene items through commercial vehicles, although the number of vehicles that entered formally decreased in September. Meanwhile, civilians also reportedly travelled between communities to obtain needed food, fuel, hygiene items, and medical items. Fuel has not entered Eastern Ghouta since late February 2017, while medical supplies have also not entered since the same time other than in humanitarian deliveries.



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

## ACCESS TO SERVICES\*

Access to services remained stable in Eastern Ghouta in September. Access to water was reportedly sufficient in all assessed communities, including Ein Terma despite a reduction of water availability following the targeting of the water network there in August. However, water in communities relying on closed wells reportedly had a bad taste. Access to electricity remained constant at 4-8 hours per day in all communities. As the electricity network remained unavailable, generators were the main source in all communities except for Nashabiyeh, where residents reportedly used solar power instead. Access to education deteriorated in the southwestern part of Eastern Ghouta, as a proportion of children in Arbin, Kafr Batna, Zamalka and Nashabiyeh reportedly had to start working or join armed groups in order to cope with the rising costs of goods. Meanwhile, in Ein Terma, destroyed facilities, unsafe routes to services, and a lack of teaching staff following the mass displacement of residents in August were reported as barriers to education in September.

|                   | 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   |
| <b>Arbin</b>      | 🔻 Closed wells (water tastes bad)        | Sufficient  | Network unavailable              | 🔻 Network unavailable                 | 4 - 8 hours (generator)                     | 🔻 Pre-conflict primary, secondary and high schools   | Route to services is unsafe; children need to work; services too far away |
| <b>Duma</b>       | 🔺 Water trucking (safe to drink)         | Sufficient  | Network unavailable              | 🔻 Network unavailable                 | 4 - 8 hours (generator)                     | 🔺 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | None reported   |
| <b>Ein Terma</b>  | 🔺 Water trucking (safe to drink)         | Sufficient  | Network Unavailable              | 🔻 Network unavailable                 | 4 - 8 hours (generator)                     | 🔻 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | Facilities destroyed; route to services is unsafe; lack of teaching staff |
| <b>Hammura</b>    | 🔺 Water trucking (safe to drink)         | Sufficient  | Network unavailable              | 🔻 Network unavailable                 | 4 - 8 hours (generator)                     | 🔺 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | None reported   |
| <b>Harasta</b>    | 🔺 Water trucking (safe to drink)         | Sufficient  | Network unavailable              | 🔻 Network unavailable                 | 4 - 8 hours (generator)                     | 🔺 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | None reported   |
| <b>Jisrein</b>    | 🔺 Water trucking (safe to drink)         | Sufficient  | 1-2 days                         | 🔻 Network unavailable                 | 4 - 8 hours (generator)                     | 🔺 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | None reported   |
| <b>Kafr Batna</b> | 🔻 Closed wells (water tastes bad)        | Sufficient  | Network unavailable              | 🔻 Network unavailable                 | 4 - 8 hours (generator)                     | 🔻 Pre-conflict primary, secondary and high schools   | Route to services is unsafe; children need to work; services too far away |
| <b>Nashabiyeh</b> | 🔻 Closed wells (water tastes bad)        | Sufficient  | Network unavailable              | 🔻 Network unavailable                 | 4-8 hours (solar power)                     | 🔻 Pre-conflict primary schools   | Facilities destroyed; children need to work; route to services is unsafe  |
| <b>Saqba</b>      | 🔺 Water trucking (safe to drink)         | Sufficient  | Network unavailable              | 🔻 Network unavailable                 | 4 - 8 hours (generator)                     | 🔺 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began | None reported   |
| <b>Zamalka</b>    | 🔻 Closed wells (water tastes bad)        | Sufficient  | Network unavailable              | 🔻 Network unavailable                 | 4 - 8 hours (generator)                     | 🔻 Pre-conflict primary, secondary and high schools   | Route to services is unsafe; children need to work; services too far away |

\*Arrows indicate change in access since August.

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

## HEALTH SERVICES

### Change since August (all communities):



The health situation deteriorated significantly in Eastern Ghouta for the fourth consecutive month. The only medical centre in Eastern Ghouta that provided rehabilitation services for people with spinal cord injuries was reportedly destroyed during conflict in Duma in late September. Meanwhile, stockpiles of medical items continued to deplete across all assessed communities, although most items remained available. No medical supplies, other than child vaccinations and a limited amount of medical items included in the Harasta delivery, reportedly entered the area in September. Commercial vehicles have reportedly not been permitted to bring in medicine and medical equipment since March 2017. Additionally, humanitarian aid deliveries reportedly contained insufficient medical supplies to meet population needs and the distributed goods

only reached Harasta, Misraba and Modira. The increased use of severe negative strategies to deal with a lack of medical resources was reported in the majority of communities, including Duma and Harasta. This is despite the latter two communities reportedly having received medical aid multiple times since May 2017.

### 🏠 Permanent medical facilities available

All communities remained able to access some medical facilities, although residents of Nashabiyeh continued to only have access to an informal emergency care point. However, as the sole physical rehabilitation facility in Eastern Ghouta was reportedly destroyed during conflict in late September, access to medical facilities decreased for residents of all communities in September. Skilled childbirth care and complex surgeries remained unavailable in Ein Terma, Harasta, Jisrein and Nashabiyeh, although simple surgeries were available.

Change since August



### 🏠 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    | ✗     | ✓    | ✓         | ✓       | ✓       | ✓       | ✗          | ✗          | ✓     | ✗       |

### 🩺 Medical services available

|                                 | Arbin | Duma | Ein Terma | Hammura | Harasta | Jisrein | Kafr Batna | Nashabiyeh | Saqba | Zamalka |
|---------------------------------|-------|------|-----------|---------|---------|---------|------------|------------|-------|---------|
| Child immunisation <sup>6</sup> | ✓     | ✓    | ✓         | ✓       | ✓       | ✓       | ✓          | ✓          | ✓     | ✓       |
| Diarrhoea management            | ✓     | ✓    | ✓         | ✓       | ✓       | ✓       | ✓          | ✓          | ✓     | ✓       |
| Emergency care                  | ✓     | ✓    | ✓         | ✓       | ✓       | ✓       | ✓          | ✓          | ✓     | ✓       |
| Skilled childbirth care         | ✓     | ✓    | ✗         | ✓       | ✗       | ✗       | ✓          | ✗          | ✓     | ✓       |
| Surgery <sup>7</sup>            | ✓     | ✓    | ✓         | ✓       | ✓       | ✓       | ✓          | ✗          | ✓     | ✓       |
| Diabetes care                   | ✗     | ✓    | ✗         | ✓       | ✗       | ✗       | ✗          | ✗          | ✓     | ✗       |

### 👤 Availability of medical personnel

**Personnel available:** Professionally trained surgeons; doctors; midwives; nurses;  
**Others providing medical services:** anaesthesiologists; dentists and pharmacists. The above personnel were available across a majority of communities. However, in Nashabiyeh, only professionally trained nurses continued to be present.

Change since August



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

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

**Sometimes available across a majority of communities:** Blood transfusion bags.

Change since August



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

The use of coping strategies such as sharing resources between medical facilities, recycling medical items (e.g. bandages, syringes, needles) and using expired medicine have been reported in Eastern Ghouta since April 2017. Meanwhile, using non-medical items for treatments (e.g. sticks as casts) was reported in the majority of communities for the second consecutive month. Prior to August, this coping strategy had not been reported since December 2016.

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

**Across all communities:** Blood transfusion bags, antibiotics, heart medicine, anaesthetics and assistive devices.

### ⊕ Unusual outbreaks of disease<sup>5</sup>

None reported in September.

## FOOD

Change since August:



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

Purchasing from shops or markets; purchasing from local farmers; personal production.

In Harasta, humanitarian distributions were also reported as a main source of food.

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

All communities: Shops.

Most commonly reported challenges to obtaining bread: None reported.

Although bread remained available every day, access reportedly decreased in the majority of communities due to a lack of wheat and fuel.

Change since August



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

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Skipping meals has been reported in all communities since assessments began. Similarly, men and women have reportedly eaten less so that children could eat more.

### Deaths attributable to a lack of food<sup>5</sup>

None reported since July 2016.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>8</sup>

|   | Eastern Ghouta | Nearby areas <sup>9</sup> |
|---|----------------|---------------------------|
| Average cost (SYP) <sup>10</sup>          | 78616          | 31897                     |
| Change since previous month <sup>11</sup> | ↑              | ↔                         |

The price of a standard food basket in Eastern Ghouta increased drastically by 84% in September and was 352% more expensive than in nearby areas not considered besieged or hard-to-reach.<sup>9</sup>

### Food item availability / prices

The availability of food items decreased in September. Chicken was reportedly not available, while salt and cooking oil decreased from being generally available<sup>12</sup> to only sometimes available<sup>13</sup> in all communities except for Nashabiyeh. Eggs were generally unavailable<sup>14</sup> in most communities for the second consecutive month<sup>15</sup>. The prices of all assessed foods other than mutton increased significantly. Food was reportedly 609% more expensive in Eastern Ghouta than in nearby areas<sup>9</sup> not considered besieged or hard-to-reach.

### WASH item availability / prices

All assessed hygiene items remained generally available in markets in September. However, prices increased by 48%, on average, and items were reportedly 117% more expensive than in nearby areas not considered besieged or hard-to-reach.

### Fuel availability / prices

Diesel and firewood remained the only two types of fuel on markets and both were generally available. However, the price of diesel increased by 40% and was 1221% higher than in nearby areas not considered besieged or hard-to-reach.

### Strategies used to cope with a lack of fuel:

All communities: Burning furniture not in use; burning agricultural or other productive assets; burning clothes, plastics and waste.

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

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

|               | Item                         | Eastern Ghouta average | Price change since August <sup>11</sup> | Nearby non-besieged communities <sup>9</sup> |               |
|---------------|------------------------------|------------------------|---|--|---------------|
| Food Items    | Bread private bakery (pack)  | 1000 <sup>12</sup>     | ↑ +60%                                  | 100  |               |
|               | Bread public bakery (pack)   | Not available          | ↔                                       | 57   |               |
|               | Rice (1kg)                   | 1700 <sup>12</sup>     | ↑ +31%                                  | 513  |               |
|               | Bulgur (1kg)                 | 1300 <sup>12</sup>     | ↑ +30%                                  | 288  |               |
|               | Lentils (1kg)                | 1100 <sup>12</sup>     | ↑ +22%                                  | 513  |               |
|               | Chicken (1kg)                | Not available          | No info                                 | 975  |               |
|               | Mutton (1kg)                 | 5500 <sup>12</sup>     | ↔                                       | 4000   |               |
|               | Tomatoes (1kg)               | 250 <sup>12</sup>      | ↑ +43%                                  | 132  |               |
|               | Cucumbers (1kg)              | 700 <sup>12</sup>      | ↑ +56%                                  | 182  |               |
|               | Milk (1L)                    | 430 <sup>12</sup>      | ↑ +25%                                  | 218  |               |
|               | Flour (1kg)                  | 1100 <sup>12</sup>     | ↑ +38%                                  | 207  |               |
|               | Eggs (1 unit)                | 350 <sup>14</sup>      | ↑ +17%                                  | 52   |               |
|               | Iodised salt (500g)          | 2400 <sup>13</sup>     | ↑ +300%                                 | 63   |               |
|               | Sugar (1kg)                  | 3500 <sup>12</sup>     | ↑ +94%                                  | 383  |               |
| WASH Items    | Cooking oil (1L)             | 4200 <sup>13</sup>     | ↑ +163%                                 | 1213   |               |
|               | Soap (1 bar)                 | 250 <sup>12</sup>      | ↑ +67%                                  | 113  |               |
|               | Laundry powder (1kg)         | 2500 <sup>2</sup>      | ↑ +49%                                  | 838  |               |
|               | Sanitary pads (9 pack)       | 750 <sup>12</sup>      | ↑ +36%                                  | 450  |               |
|               | Toothpaste (125ml)           | 690 <sup>12</sup>      | ↑ +53%                                  | 388  |               |
|               | Disposable diapers (24 pack) | 3200 <sup>12</sup>     | ↑ +33%                                  | 1450   |               |
|               | Fuel                         | Butane (cannister)     | Not available                           | ↔  | 2825          |
|               |                              | Diesel (1L)            | 3500 <sup>12</sup>                      | ↑ +40%                                       | 265           |
|               |                              | Propane (cannister)    | Not available                           | ↔  | 2000          |
|               |                              | Kerosene (1L)          | Not available                           | ↔  | Not available |
| Coal (1kg)    |                              | Not available          | ↔                                       | 450  |               |
| Firewood (1T) | 206000 <sup>12</sup>         | ↔                      | Not available                           |  |               |

## Endnotes

<sup>1</sup> Figures based on population estimates by local actors within the community assessed. Figures from the 2018 HNO (September 2017) were reportedly as follows: Arbin (37,200; of which 1,930 IDPs), Duma (145,400; of which 24,400 IDPs), Ein Terma (21,600; of which 14,300 IDPs), Hammura (16,700; of which 5,116 IDPs), Harasta (23,000; of which 5,270 IDPs) Jisrein (13,000; of which 6,300 IDPs), Kafr Batna (20,400; of which 5,770 IDPs), Nashabiyeh (1,750; of which 552 IDPs), Saqba (22,300; of which 8,500 IDPs), and Zamalka (11,800; of which 2,640 IDPs).

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

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

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

<sup>5</sup> Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

<sup>6</sup> The absence of child immunisations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

<sup>7</sup> The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members, without professional medical backgrounds, may have been informally trained by medical personnel to carry out emergency procedures.

<sup>8</sup> Calculation of average cost of food basket is 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: September 2017' ([link here](#)). As bread was not available in bakeries in every community, the food basket price for Eastern Ghouta was calculated this month using the reported average price of bread sold in shops (1000 SYP).

<sup>9</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the

preceding month (i.e. August).

<sup>10</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 October 2017)

<sup>11</sup> Price fluctuations of 5% or less were not reported.

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

<sup>13</sup> Sometimes available in markets (7-20 days this month)

<sup>14</sup> Generally unavailable in markets (less than 6 days this month)

<sup>15</sup> Due to a reporting error, eggs were states as being generally available in markets in August, when in fact they were generally unavailable.

# Syria Community Profile Update: Hajar Aswad, Rural Damascus

September 2017



**REACH** Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

## SUMMARY

The community of Hajar Aswad, situated just south of Damascus city, has faced access restrictions since early 2013. In 2014, the community witnessed critical levels of food insecurity before local actors in the area reached a truce agreement. The security situation in Hajar Aswad has remained stable since the community was first assessed in June 2016 and the community was reclassified as hard-to-reach from besieged in January 2017.

Despite this, at the time of writing in October, an escalation in conflict has been reported in the community. As this profile presents developments that occurred during September 2017, any resulting changes in the humanitarian situation will be covered in next month's profile.

**In September, the humanitarian situation in Hajar Aswad remained stable. However, the health situation worsened for some men with perceived political or religious affiliations who were reportedly at risk of detention while accessing medical facilities. In September, there were ongoing talks regarding a further truce agreement which involved the movement of some people out of Hajar Aswad. This reportedly led to an increase in the availability of hygiene items as residents who were preparing to move reportedly purchased fewer items.**

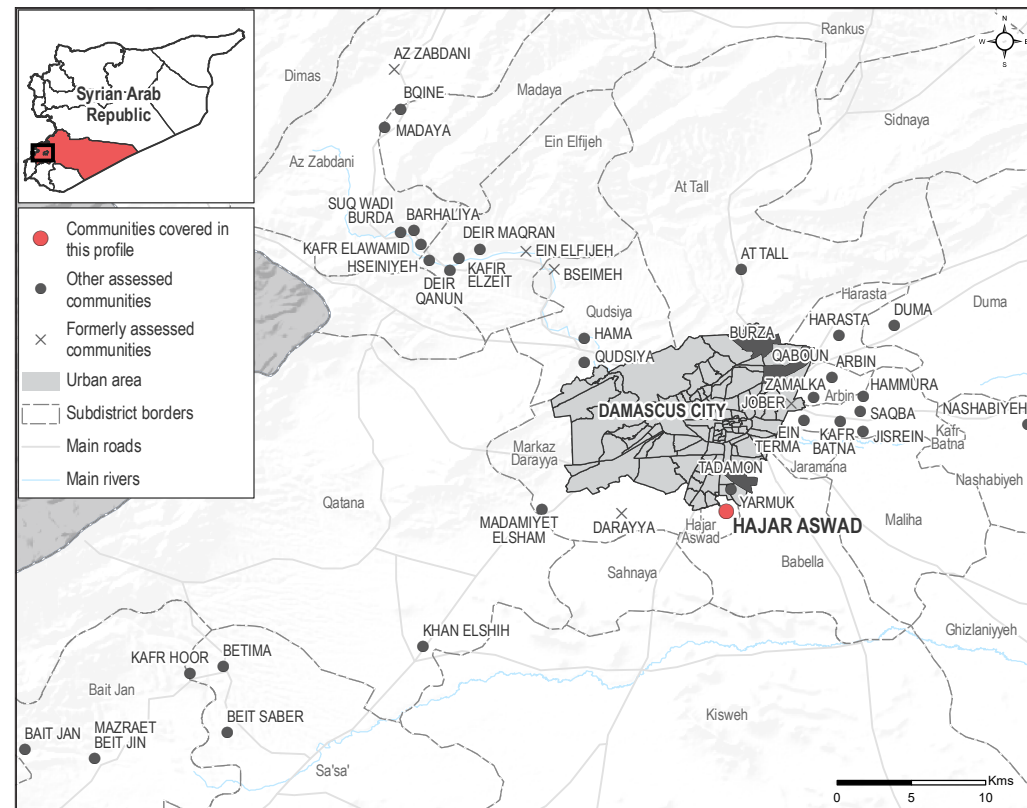
Movement and access remained limited, with no commercial or humanitarian vehicles able to access the area. Furthermore, movement of residents in and out of the community was also restricted. Although women, children and the elderly were permitted to enter and exit through formal routes

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

upon presenting identification, verbal and sexual harassment was reported. Men continued to avoid formal checkpoints due to the risk of detention, which was reportedly a barrier to accessing healthcare in nearby communities.

Overall, the price and availability of food remained stable in September. Residents accessed food, medical supplies and fuels from other communities, as has been the case since the community was first assessed in June 2016. However, some reported having to pay fees at access points for the transport of goods in and out of Hajar Aswad. In September, access to water, electricity and education remained limited but unchanged in comparison to August.

The price of fuel remained stable while types of fuel increased in availability. However, the use of negative coping strategies of burning plastic and waste continued to be reported, as fuel was not affordable for low-income residents.




## CHANGES SINCE AUGUST

|                                  |   |                                |   |
|----------------------------------|---|--------------------------------|---|
| Access Restrictions on Civilians | ◆ | Health Situation               | ◆ |
| Commercial Vehicle Access        | ◆ | Core Food Item Availability    | ◆ |
| Humanitarian Vehicle Access      | ◆ | Core Food Item Prices          | ◆ |
| Access to Basic Services         | ◆ | Overall Humanitarian Situation | ◆ |

## METHODOLOGY

Based on data collected from community representatives inside Syria between the end of September and the beginning of October 2017, these updates refer to the situation in September 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 outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior 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. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails 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 in obtaining data from certain locations.

## MOVEMENT OF CIVILIANS

Change since August: 

### Formal access points:

Approximately 11-25% of the population reported being able to enter and exit the community through formal access points, an estimated two times a week. This has remained stable since Hajar Aswad was first assessed in June 2016.

Women, children and the elderly were able to use access points upon presenting identification. However, they reportedly faced risks of verbal and sexual harassment, especially women. Men have reportedly avoided formal access points since March 2017 due to the risk of detention.

**Informal points used:** Yes.


Approximately 76-100% of residents could leave through informal checkpoints in September, although they reported risks of gunfire and shelling.

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

Shelling, gunfire, verbal and sexual harassment, detention.

## MOVEMENT OF GOODS AND ASSISTANCE


### Vehicles carrying commercial goods

Change since August: 

No commercial vehicles were able to enter since assessments began.

### Humanitarian vehicles

No humanitarian vehicles were able to enter since assessments began.

Change since August: 

### Goods entered

Since no commercial or humanitarian vehicles have been able to enter the community since assessments began, residents continued to travel to neighbouring communities to buy goods. However, in September, food items were subject to fees at access points.

## HEALTH SERVICES

Change since August: 

The health situation deteriorated in September, after having remained stable during previous months. Some men with perceived political or religious affiliations could not seek medical care in Hajar Aswad due to the reported risk of detention at medical facilities. Their ability to seek medical care outside Hajar Aswad was also limited because of the reported risk of detention at formal checkpoints.

In September, the number of accessible healthcare facilities in Hajar Aswad remained limited, with some women resorting to seeking childbirth-specific care, including caesarian sections, in nearby communities. It was also reported that medical facilities were being stocked with items that were brought from surrounding areas, to compensate for the lack of medical supplies in Hajar Aswad.

### Permanent medical facilities available







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

### Availability of medical personnel

Personnel available: Professionally trained

## ACCESS TO SERVICES\*

Access to all basic services remained limited in September. Water remained expensive, as residents were forced to reallocate money intended for other things to purchase water for the fifth consecutive month. Electricity availability remained stable but limited to 2-4 hours per day. Although schools reopened with the beginning of the school year in September, barriers to education persisted, including destroyed facilities and a lack of teaching staff and school supplies.

|  |   |   |  |
|--|---|---|--|
|  <b>WATER</b>       |  | Main source of drinking water (status)  | Closed wells (safe to drink)**   |
|  |   | Sufficiency of available water to meet household needs (coping strategies used) | Insufficient (purchase water with money usually spent on other things) |
|  |   | Access to water network per week  | Network unavailable  |
|  <b>ELECTRICITY</b> |  | Access to electricity network per day   | Network unavailable  |
|  |   | Access to electricity (main source) per day                                     | 2-4 hours (generators)   |
|  <b>EDUCATION</b>   |  | Available education facilities  | Primary, secondary, highschoools and informal.                         |
|  |   | Barriers to education   | Facilities destroyed, lack of supplies, lack of teaching staff         |

\*Arrows indicate change in access since August.

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








nurses and midwives.

### Others providing medical services:

Pharmacists, volunteers with informal medical training.

Change since August: 

### Medical services available


|                                 |   |
|---------------------------------|---|
| Child immunisation <sup>4</sup> |  |
| Diarrhoea management            |  |
| Emergency care                  |  |
| Skilled childbirth care         |  |
| Surgery <sup>5</sup>            |  |
| Diabetes care                   |  |
| Change since August             |  |

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

None reported.

### Unavailable medical items<sup>6</sup>

**Sometimes available:** Anti-anxiety, heart, diabetes and blood pressure medicine, clean bandages, contraceptives, antibiotics, blood transfusion bags, burn treatment, medical scissors and anaesthetics.

Change since August: 

### Most needed medical items<sup>7</sup>

Antibiotics, blood transfusion bags, clean bandages.

### Unusual outbreaks of disease<sup>8</sup>

None reported since December 2016.

## FOOD

Change since August:



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

Purchasing from shops and markets in neighbouring communities.

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

**Most common source:** Purchasing from shops in nearby communities.

**Challenges to obtaining bread:** No functioning bakeries; flour too expensive; wheat and yeast unavailable; not enough electricity or fuel available.

Change since August



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

Reducing meal size



Skipping meals



Days without eating



Eating non-edible plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Reducing meal size has been reportedly used as a coping strategy since assessments began. Additionally, men reportedly ate less so that women and children could have more food, as has been the case since February 2017.

### Deaths attributable to a lack of food<sup>8</sup>

None reported since assessments began.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICE



### Average cost of standard food basket<sup>9</sup>

|   | Hajar Aswad | Nearby areas <sup>10</sup> |
|---|-------------|----------------------------|
| Average cost (SYP) <sup>12</sup>          | 25307       | 31897                      |
| Change since previous month <sup>12</sup> | ↓           | ◇                          |

In September, there was a 23% decrease in the average cost of a standard food basket, largely attributable to a 67% decrease in the price of bread from shops. The basket was 21% cheaper than in nearby areas not considered besieged or hard-to-reach.



### Food item availability / prices

Overall, the availability of food in September remained the same as in August, with all core food items reportedly sometimes available<sup>13</sup>. The price of rice, bulgur, lentils, cucumbers and eggs increased in September, partly due to the introduction of fees at formal access points for bringing items into Hajar Aswad. Conversely, the price of iodised salt decreased by 50%.



### WASH item availability / prices

The availability of hygiene items notably increased, with all assessed items going from sometimes available<sup>13</sup> in August to generally available<sup>14</sup> in September. This was reportedly due to a decrease in demand, as some residents were preparing to leave the community.

The prices of hygiene items increased by 6%.



### Fuel availability / prices

Fuel availability increased following the introduction of kerosene and firewood to markets in September with the onset of colder weather and an increased need for heating. Costs of other fuels remained stable in comparison to August.

### Strategies used to cope with a lack of fuel:

Burning plastics and waste were reported as coping strategies for the third consecutive month, as some residents could not afford to purchase fuel.

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX<sup>11</sup>

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

|                       | Item                         | Hajar Aswad        | Price change since August <sup>12</sup> | Nearby non-hard-to-reach areas <sup>10</sup> |
|-----------------------|------------------------------|--------------------|---|--|
| <b>Food Items</b><br> | Bread private bakery (pack)  | Not available      | ◇                                       | 100  |
|                       | Bread public bakery (pack)   | Not available      | ◇                                       | 57   |
|                       | Rice (1kg)                   | 450 <sup>13</sup>  | ↑ +13%                                  | 513  |
|                       | Bulgur (1kg)                 | 300 <sup>13</sup>  | ↑ +20%                                  | 288  |
|                       | Lentils (1kg)                | 300 <sup>13</sup>  | ↑ +20%                                  | 513  |
|                       | Chicken (1kg)                | 1000 <sup>13</sup> | ↓ -9%                                   | 975  |
|                       | Mutton (1kg)                 | 5000 <sup>13</sup> | ◇                                       | 4000   |
|                       | Tomatoes (1kg)               | 150 <sup>13</sup>  | ◇                                       | 132  |
|                       | Cucumbers (1kg)              | 200 <sup>13</sup>  | ↑ +14%                                  | 182  |
|                       | Milk (1L)                    | 250 <sup>13</sup>  | ↓ -11%                                  | 218  |
|                       | Flour (1kg)                  | 300 <sup>13</sup>  | ◇                                       | 207  |
|                       | Eggs (1 unit)                | 60 <sup>13</sup>   | ↑ +9%                                   | 52   |
|                       | Iodised salt (500g)          | 100 <sup>13</sup>  | ↓ -50%                                  | 63   |
| <b>WASH Items</b><br> | Sugar (1kg)                  | 375 <sup>13</sup>  | ◇                                       | 383  |
|                       | Cooking oil (1L)             | 700 <sup>13</sup>  | ◇                                       | 1213   |
|                       | Soap (1 bar)                 | 150 <sup>14</sup>  | ◇                                       | 113  |
|                       | Laundry powder (1kg)         | 1000 <sup>14</sup> | ◇                                       | 838  |
|                       | Sanitary pads (9 pack)       | 500 <sup>14</sup>  | ↑ +25%                                  | 450  |
|                       | Toothpaste (125ml)           | 350 <sup>14</sup>  | ◇                                       | 388  |
|                       | Disposable diapers (24 pack) | 1600 <sup>14</sup> | ↑ +7%                                   | 1450   |
| <b>Fuel</b><br>       | Butane (cannister)           | 3200 <sup>13</sup> | ◇                                       | 2825   |
|                       | Diesel (1L)                  | 400 <sup>13</sup>  | ◇                                       | 265  |
|                       | Propane (cannister)          | 2500 <sup>13</sup> | ◇                                       | 2000   |
|                       | Kerosene (1L)                | 400 <sup>13</sup>  | ◇                                       | Not available                                |
|                       | Coal (1kg)                   | 450 <sup>13</sup>  | ◇                                       | 450  |
| Firewood (1T)         | 120000 <sup>13</sup>         | ◇                  | Not available                           |  |



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

## Endnotes

<sup>1</sup> Figures based on HNO 2018 population data (September 2017). Figures based on population estimates by local actors within the community assessed were reportedly 4,900-5,000 individuals, including 700-1,000 IDPs.

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

<sup>3</sup> Hawala systems are a semi-formal method of transferring money within Syria (similar to that of Western Union). Notably, it can allow people within besieged or hard-to-reach areas to receive money from other areas of Syria, or from relatives and friends living abroad.

<sup>4</sup> The absence of child immunisations in a given month does not necessarily indicate a decline in medical services, as vaccination campaigns in Syria are commonly done in rounds, and therefore may not be administered on a monthly basis.

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

<sup>6</sup> Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

<sup>7</sup> 'Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is instead indicative of needs that speak to the trend in the priorities of medical items in the area.

<sup>8</sup> Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

<sup>9</sup> Calculation of average cost of food basket is based on the World Food Programme's (WFP) 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: September 2017' (link here). As bread was unavailable in private and public bakeries in Hajar Aswad, the food basket price for Hajar Aswad was calculated using the reported price of bread sold in shops (100 SYP).

<sup>10</sup> Nearby communities in Rural Damascus governorate that are not considered besieged/hard-to-reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price

data from nearby communities refers to prices reported in the preceding month (i.e. August)."

<sup>11</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 October 2017).

<sup>12</sup> Price fluctuations of 5% or less were not reported.

<sup>13</sup> Sometimes available in markets (7-20 days this month).

<sup>14</sup> Generally available in markets (21+ days this month).

# Syria Community Profile Update: Madaya and Bqine, Rural Damascus

September 2017



**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

### SUMMARY

Madaya and Bqine\*, which sit within a contiguous area, are located 40km northwest of Damascus city. The mountainous communities have faced restrictions on movement since July 2015 and were classified as besieged by the UN in January 2016. In April 2017, parties to the conflict reached a truce agreement, known as the Four Towns Agreement<sup>2</sup>, which led to evacuations of some residents to Idlib. In late June 2017, Madaya was reclassified from besieged to hard-to-reach.

The humanitarian situation in Madaya remained mostly unchanged in September. Civillian movement within Madaya remained unrestricted, as has been the case since May 2017, although perceived risks at checkpoints prevented some residents from entering and exiting the area via formal routes. Meanwhile, the availability and prices of food and hygiene items remained similar to August. Aside from the introduction of firewood to markets in preparation for winter, the availability and prices of fuel remained largely unchanged.

Approximately 26-50% of residents remained able to use two formal checkpoints in September, as has been the case since the implementation of the truce agreement. However, some men reported avoiding checkpoints due to the perceived risks of detention and conscription when crossing, while both men and women reported a perceived risk of verbal harassment.

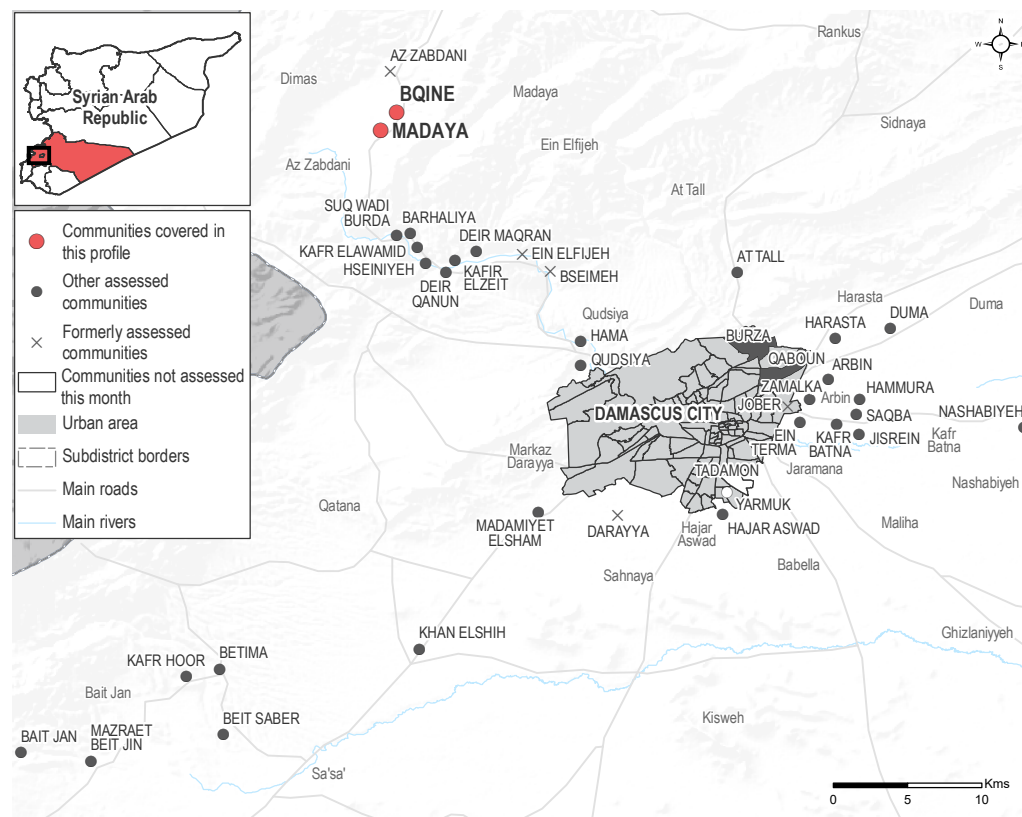


|  |               |
|--|---------------|
| <b>UN classification:</b>                      | Hard-to-reach |
| <b>Estimated population<sup>1</sup>:</b>       | 28230         |
| <b>Of which IDPs<sup>1</sup>:</b>              | 3695          |
| <b>% of pre-conflict population remaining:</b> | 51-75%        |
| <b>% of population female:</b>                 | 26-50%        |
| <b>% of female-headed households</b>           | 26-50%        |

There have been no humanitarian deliveries to the area since March 2017. Conversely, commercial vehicles have been permitted access since the implementation of the truce agreement in May 2017. However, they have continued to be subject to restrictions, including confiscation of loads, fees, documentation requirements and limitations on the days and times they could enter.

Both access to water and electricity remained limited in September. Residents were forced to reallocate money intended for other things to purchase water and despite improvements in August, they only had access to electricity generators 4-8 hours per day.

Prices of food, hygiene products and fuel remained approximately 12% higher in Madaya than in nearby communities not considered besieged or hard-to-reach.



### METHODOLOGY


Based on data collected from community representatives inside Syria at the end of September and beginning of October 2017, these updates refer to the situation in September 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 outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior 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. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails 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 in obtaining data from certain locations.

### CHANGES SINCE AUGUST

|                                  |   |                                |   |
|----------------------------------|---|--------------------------------|---|
| Access Restrictions on Civilians | ◆ | Health Situation               | ◆ |
| Commercial Vehicle Access        | ◆ | Core Food Item Availability    | ◆ |
| Humanitarian Vehicle Access      | ◆ | Core Food Item Prices          | ◆ |
| Access to Basic Services         | ◆ | Overall Humanitarian Situation | ◆ |

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

## MOVEMENT OF CIVILIANS

Change since August: 

### Formal access points:

Movement was unrestricted within Madaya. For movement in and out of the area, two access points have been used since the implementation of the Four Towns Agreement<sup>4</sup>. In September, 26-50% of the population were reportedly able to use formal access points providing they showed identification. However, men reportedly did not feel safe using the access points, fearing conscription and detention when crossing, while both men and women reported verbal harassment.

**Informal access points used<sup>3</sup>:** None reported.

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

Verbal harassment, detention and conscription.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

Change since August: 

Since May 2017, commercial vehicle access has been permitted to the area. However, access restrictions on vehicle entry continued to be reported in September and included documentation requirements, confiscation of loads, required fees and limited entry depending on the day or time. The number of vehicles permitted to the area remained unchanged in September.

### Humanitarian vehicles


Change since August: 

Humanitarian vehicle entry has reportedly not been permitted for the past six months.

### Goods entered

Commercial vehicles were able to carry food, fuel as well as hygiene and medical items to the area. Residents were also able to supplement this by bringing items they had purchased in nearby cities (Sidnayah and Damascus city).

## HEALTH SERVICES

Change since August: 

Access to healthcare in Madaya did not change in September. Residents were able to undergo surgery and access skilled childbirth care in nearby Damascus. However, some parts of the population avoided seeking care outside Madaya, due to perceived protection concerns associated with crossing checkpoints. This increased barriers to sufficient healthcare for those with perceived political affiliations.

The numbers of medical personnel in Madaya remained unchanged and primary healthcare facilities continued to be available. Although private clinics have been open since May 2017, the cost associated with obtaining medical treatment was reported as a barrier for some parts of the population. All medical services provided in August continued to be available in September.







### Availability of medical personnel

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

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

## ACCESS TO SERVICES\*

Access to basic services in Madaya remained stable in September. Water continued to be insufficient and some residents reportedly reallocated money intended for other things to purchase water. Meanwhile, access to generators remained stable at 4-8 hours a day in all areas of the community. Access to education remained unhindered, with all school-age children reported as having full access to services and facilities.

|   |                    |   |   |  |
|---|--------------------|---|---|--|
|  | <b>WATER</b>       |  | Main source of drinking water (status)  | Water network (safe to drink)**  |
|   |                    |   | Sufficiency of available water to meet household needs (coping strategies used) | Insufficient in some areas (purchase water with money usually spent on other things) |
|   |                    |   | Access to water network per week  | 1-2 days   |
|  | <b>ELECTRICITY</b> |  | Access to electricity (main source), per day                                    | 4-8 hours (generators)   |
|   |                    |   | Access to electricity network, per day  | 4-8 hours  |
|  | <b>EDUCATION</b>   |  | Available education facilities  | Pre-conflict primary, secondary and high schools                                     |
|   |                    |   | Barriers to education   | None reported  |

\*Arrows indicate change in access since August.

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

### Permanent medical facilities available

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

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








None reported since May 2017.

|                     |   |
|---------------------|---|
| Change since August |  |
|---------------------|---|

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

Clean bandages, antibiotics and blood transfusion bags.

### Medical services available

|                                 |   |
|---------------------------------|---|
| Child immunisation <sup>6</sup> |    |
| Diarrhoea management            |    |
| Emergency care                  |    |
| Skilled childbirth care         |  |
| Surgery <sup>7</sup>            |  |
| Diabetes care                   |  |
| Change since August             |  |

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

None reported in September.

### Unusual outbreaks of disease<sup>8</sup>

None reported in September.

## FOOD

Change since August:



Availability of items has remained consistent since the onset of the truce agreement in May 2017, while prices in September remained similar to August, with the exception of normal market fluctuations.

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

Purchasing from shops and markets.

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

Most common source: Shops

Challenges to obtaining bread: None reported; bread accessed every day.

Change since August



### Deaths attributable to a lack of food<sup>8</sup>

None reported since November 2016.

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

Reducing meal size



Skipping meals



Days without eating



Eating non-edible plants



Eating food waste



Reportedly used as a coping strategy

Not reportedly used as a coping strategy

None reported in September. Negative coping strategies have not been reported since April 2017.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>9</sup>

|   | Madaya | Nearby areas <sup>10</sup> |
|---|--------|----------------------------|
| Average cost (SYP) <sup>11</sup>          | 27970  | 31897                      |
| Change since previous month <sup>12</sup> |        |                            |

The cost of a standard food basket in Madaya has remained stable since May 2017, with the average cost around 12% more expensive than nearby communities not classified as besieged or hard-to-reach.

### Food item availability / prices

Food availability and price have remained largely similar since May 2017. All food items other than bread from bakeries were reported as sometimes available<sup>13</sup> in markets. The price of cucumbers increased by 14% while the prices of chicken and sugar decreased by 18% and 6%, respectively.

The availability of food in Madaya continued to rely on goods being bought in from neighboring communities by residents.

### WASH item availability / prices

All assessed hygiene items were generally available<sup>14</sup> in September 2017. Prices have remained stable since May 2017, yet they were approximately 30% higher than in nearby communities not considered besieged or hard-to-reach.

### Fuel availability / prices

All assessed fuels were reported as sometimes available in markets except for kerosene, which remained unavailable. Other than a 16% decrease in the price of propane, fuel prices remained unchanged. In September, firewood was introduced to the market due to the onset of winter and an increased need for heating.

## CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX<sup>13</sup>

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

|               | Item                         | Madaya              | Price change since August <sup>12</sup> | Nearby non-hard-to-reach areas <sup>10</sup> |               |
|---------------|------------------------------|---------------------|---|--|---------------|
|               | Bread private bakery (pack)  | Not available       |   | 100  |               |
|               | Bread public bakery (pack)   | Not available       |   | 57   |               |
|               | Rice (1kg)                   | 525 <sup>13</sup>   |   | 513  |               |
|               | Bulgur (1kg)                 | 350 <sup>13</sup>   |   | 288  |               |
|               | Lentils (1kg)                | 350 <sup>13</sup>   |   | 513  |               |
|               | Chicken (1kg)                | 900 <sup>13</sup>   |   | -18%   | 975           |
|               | Mutton (1kg)                 | 5000 <sup>13</sup>  |   |  | 4000          |
|               | Tomatoes (1kg)               | 150 <sup>13</sup>   |   |  | 132           |
|               | Cucumbers (1kg)              | 200 <sup>13</sup>   |   | +14%   | 182           |
|               | Milk (1L)                    | 250 <sup>13</sup>   |   |  | 218           |
|               | Flour (1kg)                  | 150 <sup>13</sup>   |   |  | 207           |
|               | Eggs (1 unit)                | 55 <sup>13</sup>    |   |  | 52            |
|               | Iodised salt (500g)          | 100 <sup>13</sup>   |   |  | 63            |
|               | Sugar (1kg)                  | 400 <sup>13</sup>   |   | -6%  | 383           |
|               | Cooking oil (1L)             | 725 <sup>13</sup>   |   |  | 1213          |
|               | Soap (1 bar)                 | 100 <sup>14</sup>   |   |  | 113           |
|               | Laundry powder (1kg)         | 1800 <sup>14</sup>  |   |  | 838           |
|               | Sanitary pads (9 pack)       | 500 <sup>14</sup>   |   |  | 450           |
|               | Toothpaste (125ml)           | 350 <sup>14</sup>   |   |  | 388           |
|               | Disposable diapers (24 pack) | 2100 <sup>14</sup>  |   |  | 1450          |
|               |                              | Butane (cannister)  | 3000 <sup>13</sup>                      |  | 2825          |
|               |                              | Diesel (1L)         | 375 <sup>13</sup>                       |  | 265           |
|               |                              | Propane (cannister) | 2100 <sup>13</sup>                      |  | -16%          |
| Kerosene (1L) |                              | Not available       |   | Not available                                | Not available |
| Coal (1kg)    |                              | 450 <sup>13</sup>   |   | Not available                                | 450           |
| Firewood (1T) | 72500 <sup>13</sup>          |                     | Not available                           | Not available                                |               |

## Endnotes

<sup>1</sup> Figures based on HNO 2018 population data (September 2017). Figures based on population estimates by local actors within the community assessed were reportedly 40,500-42,500 individuals and between 8700-9400 IDPs.

<sup>2</sup> The Four Towns Agreement was a deal between parties to the conflict, affecting, among others, humanitarian access to the communities of Az Zabdani and Madaya (Rural Damascus governorate) and Foah and Kafraya (Idleb governorate). In April, the agreement resulted in a truce, and evacuations from Madaya to Idleb governorate followed.

<sup>3</sup> The fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

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

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

<sup>6</sup> The absence of child immunisations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

<sup>7</sup> The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

<sup>8</sup> Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

<sup>9</sup> Calculation of average cost of food basket is 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: September 2017' ([link here](#)). As bread was unavailable in private and public bakeries in Madaya, no prices were available for bread sold in bakeries in the community. However, the food basket price for Madaya was calculated using the reported price of bread sold in shops (100 SYP).

<sup>10</sup> Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. August).

<sup>11</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 October 2017).

<sup>12</sup> Price fluctuations of 5% or less were not reported.

<sup>13</sup> Sometimes available in markets (7 – 20 days this month).

<sup>14</sup> Generally available in markets (21+ days this month).

# Syria Community Profile Update: Qaboun, Damascus

September 2017



FOR HUMANITARIAN PURPOSES ONLY

## SUMMARY

Qaboun is a neighbourhood in eastern Damascus city that has, along with the adjacent neighbourhoods of Burza and Tishreen, faced access restrictions since 2013. In early 2014, local truces were reported in all three neighbourhoods, after which informal trade routes to nearby Eastern Ghouta were established. However, the unofficial ceasefires in the neighbourhoods ended in February 2017, leading to the closure of the only formal access point into Qaboun, Burza and Tishreen.

Closure of the access point resulted in the complete isolation of the neighbourhoods and coincided with a considerable escalation in conflict and rapid deterioration of the humanitarian situation in the area. As such, Burza and Qaboun were re-classified as besieged by the United Nations (UN) in April 2017. By mid-May, official authorities controlled the entirety of Qaboun, resulting in mass evacuations of residents from the neighbourhood to Idlib governorate. This profile details the humanitarian situation only in Qaboun, as Burza is featured in another profile and Tishreen is not assessed.

In September, the humanitarian situation in Qaboun improved compared to August. Although restrictions on the movement of civilians and entry of commercial and humanitarian vehicles persisted, more food, fuel, and hygiene items entered than in previous



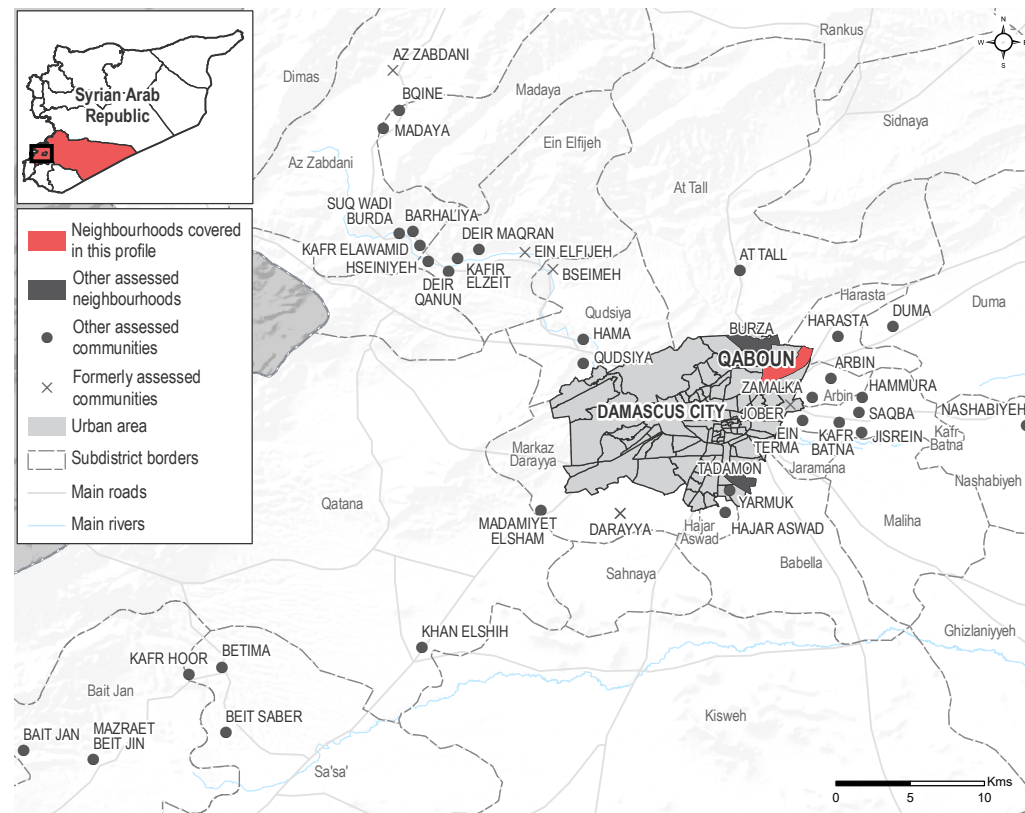
|  |          |
|--|----------|
| <b>UN classification:</b>                      | Besieged |
| <b>Estimated population<sup>1</sup>:</b>       | 300-400  |
| <b>Of which IDPs<sup>1</sup>:</b>              | 150-200  |
| <b>% of pre-conflict population remaining:</b> | 1-25%    |
| <b>% of population female:</b>                 | 51-75%   |
| <b>% of female-headed households</b>           | 1-25%    |

months, continuing to enter informally. Access to education increased, with children reportedly able to attend schools in an adjacent area under Qaboun's administration, while all schools in Qaboun remained destroyed. The health situation also improved in September. Diabetes care and child immunisation services became available and more Syrian Arab Red Crescent (SARC) personnel entered the community, bringing with them medical items.

Access to food and fuel improved while overall access to hygiene items remained stable. Price ceilings were set by official authorities in September, which led to an overall decrease of 16% in the price of food. Meanwhile, diesel, propane and coal were introduced to markets, following higher demand with the onset of colder weather.

## CHANGES SINCE AUGUST

|                                  |   |                                |   |
|----------------------------------|---|--------------------------------|---|
| Access Restrictions on Civilians | ◆ | Health Situation               | ↑ |
| Commercial Vehicle Access        | ◆ | Core Food Item Availability    | ↑ |
| Humanitarian Vehicle Access      | ◆ | Core Food Item Prices          | ↓ |
| Access to Basic Services         | ↑ | Overall Humanitarian Situation | ↑ |



## METHODOLOGY

Based on data collected from community representatives inside Syria at the end of September and beginning of October 2017, these updates refer to the situation in September 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 outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior 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. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails 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 in obtaining data from certain locations.

## MOVEMENT OF CIVILIANS

Change since August:



### Formal access points:

No one has been able to enter or exit Qaboun via formal routes since May 2017, when planned evacuations of residents to Idleb governorate took place. Additionally, the 300 IDPs who had arrived to Qaboun after having fled conflict in Easter Ghouta remained unable to evacuate to Idleb governorate in September.

### Informal access points used<sup>2</sup>:

None reported.

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

No risks associated as no one reportedly tried to leave the neighbourhood.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

Change since August:



Commercial vehicles have not been allowed to enter Qaboun since the closure of the formal access point in Burza in February 2017.

### Humanitarian vehicles

Change since August:



SARC vehicles entered Qaboun in September for the third consecutive month to provide medical services and supplies to residents.

### Goods entered

The amount of food, fuel, hygiene and medical items that entered the community increased in September. Items continued to enter informally, as has been the case since June.

## HEALTH SERVICES

Change since August



The health situation in Qaboun improved in September, with the entry of trained doctors and additional nurses from SARC who were able to provide diabetes care for the first time since the community was first assessed. Child immunisations were also administered in September, having last been provided in July, and SARC reportedly increased the amount of medical items delivered to the neighbourhood. However, despite the improvements, an informal emergency care point established in July remained the only medical facility available in the community. Additionally, skilled childbirth care and surgery remained unavailable to residents, who could also not seek care in other parts of Damascus due to severe restrictions on the entry and exit of civilians.

### Permanent medical facilities available

|                                  |   |
|----------------------------------|---|
| Mobile clinics / field hospitals | ✗ |
| Informal emergency care points   | ✓ |
| Pre-conflict hospitals           | ✗ |
| Primary healthcare facilities    | ✗ |
| Change since August              | ◆ |

### Availability of medical personnel

**Personnel available:** Professionally trained doctors and nurses.

**Others providing medical services:** Volunteers with informal medical training.

Change since August



## ACCESS TO SERVICES\*

Access to education improved in September, with all other services remaining the same as in August. Residents continued to rely on the water and electricity networks, with water supplies sufficient and access to electricity comparable to other neighbourhoods in Damascus city. Although there were no educational facilities functioning in Qaboun, children were reportedly able to access education services in a small nearby area that did not require them to cross checkpoints. All children reportedly accessed schools.

|   |                    |   |                                 |
|---|--------------------|---|---------------------------------|
| 💧 | <b>WATER</b>       | ◆ Main source of drinking water (status)  | Water network (safe to drink)** |
|   |                    | ◆ Sufficiency of available water to meet household needs (coping strategies used) | Sufficient                      |
|   |                    | ◆ Access to water network per week  | 7 days                          |
| 💡 | <b>ELECTRICITY</b> | ◆ Access to electricity network per day   | 8 - 12 hours                    |
|   |                    | ◆ Access to electricity (main source) per day                                     | 8 - 12 hours (main network)     |
| 🎓 | <b>EDUCATION</b>   | ◆ Available education facilities  | None                            |
|   |                    | ◆ Barriers to education   | None reported                   |

\* Arrows indicate change in access since August.

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

### Medical services available

|                                 |   |
|---------------------------------|---|
| Child immunisation <sup>3</sup> | ✓ |
| Diarrhoea management            | ✓ |
| Emergency care                  | ✓ |
| Skilled childbirth care         | ✗ |
| Surgery <sup>4</sup>            | ✗ |
| Diabetes care                   | ✓ |
| Change since August             | ↑ |

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

None reported in September, as was the case in August.

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

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

Change since August



### Most needed medical items<sup>6</sup>

Surgical equipment, assistive devices and antibiotics.

### Unusual outbreaks of disease<sup>7</sup>

None reported in September.

## FOOD

Change since August:



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

Purchasing food from shops.

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

Most common source: Shops.

Challenges to obtaining bread: None reported; bread accessed every day.

Change since August



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

Reducing meal size



Skipping meals



Days without eating



Eating non-edible plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

In September, despite the entry of more food items to the community and a decrease in prices, both men and women reportedly continued to eat less so that children could eat more.

### Deaths attributable to a lack of food<sup>7</sup>

None reported in September, as was the case since assessments began in April 2017.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

### Average cost of standard food basket<sup>8</sup>

|   | Qaboun | Nearby areas <sup>9</sup> |
|---|--------|---------------------------|
| Average cost (SYP) <sup>10</sup>          | 28982  | 32713                     |
| Change since previous month <sup>11</sup> | ↓      | ↔                         |

The cost of a standard food basket in September decreased by 18% compared to August, following a decrease in the prices of lentils and cooking oil. It was on average 11% less expensive than in nearby areas not considered besieged or hard-to-reach<sup>9</sup>.

### Food item availability / prices

All assessed food items continued to be generally available<sup>12</sup>. The prices of several core items decreased, the most significant being a 50% decrease in the price of chicken. Overall, food was 16% less expensive than in August and 10% cheaper than in nearby areas not considered besieged or hard-to-reach.

### WASH item availability / prices

All assessed hygiene items remained generally available. The most notable changes in prices were a 43% decrease and 10% increase in the prices of disposable diapers and toothpaste, respectively.

### Fuel availability / prices

The availability of fuel improved following the introduction of diesel, propane and coal to markets. Previously, only butane had been present in all assessed months except July, when coal was also briefly available. Meanwhile, the price of butane remained unchanged<sup>13</sup>.

### Strategies used to cope with a lack of fuel:

No strategies to cope with a lack of fuel were reported in September.

## CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX<sup>8</sup>

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

|               | Item                         | Qaboun              | Price change since August <sup>11</sup> | Nearby non-hard-to-reach areas <sup>9</sup> |      |
|---------------|------------------------------|---------------------|---|---|------|
| Food Items    | Bread private bakery (pack)  | Not available       | Not available                           | 184   |      |
|               | Bread public bakery (pack)   | Not available       | Not available                           | 50  |      |
|               | Rice (1kg)                   | 550 <sup>12</sup>   | ↔                                       | 550   |      |
|               | Bulgur (1kg)                 | 325 <sup>12</sup>   | ↓ -7%                                   | 350   |      |
|               | Lentils (1kg)                | 400 <sup>12</sup>   | ↓ -38%                                  | 685   |      |
|               | Chicken (1kg)                | 550 <sup>12</sup>   | ↓ -50%                                  | 1095  |      |
|               | Mutton (1kg)                 | 3500 <sup>12</sup>  | ↓ -22%                                  | 3950  |      |
|               | Tomatoes (1kg)               | 125 <sup>12</sup>   | ↓ -29%                                  | 138   |      |
|               | Cucumbers (1kg)              | 150 <sup>12</sup>   | ↓ -14%                                  | 143   |      |
|               | Milk (1L)                    | 250 <sup>12</sup>   | ↓ -9%                                   | 244   |      |
|               | Flour (1kg)                  | 350 <sup>12</sup>   | ↔                                       | 318   |      |
|               | Eggs (1 unit)                | 50 <sup>12</sup>    | ↔                                       | 50  |      |
|               | Iodised salt (500g)          | 150 <sup>12</sup>   | ↔                                       | 164   |      |
| WASH Items    | Sugar (1kg)                  | 350 <sup>12</sup>   | ↓ -7%                                   | 381   |      |
|               | Cooking oil (1L)             | 700 <sup>12</sup>   | ↓ -26%                                  | 773   |      |
|               | Soap (1 bar)                 | 125 <sup>12</sup>   | ↓ -17%                                  | 150   |      |
|               | Laundry powder (1kg)         | 750 <sup>12</sup>   | ↓ -17%                                  | 713   |      |
|               | Sanitary pads (9 pack)       | 450 <sup>12</sup>   | ↔                                       | 422   |      |
|               | Toothpaste (125ml)           | 275 <sup>12</sup>   | ↑ +10%                                  | 260   |      |
|               | Disposable diapers (24 pack) | 1350 <sup>12</sup>  | ↓ -43%                                  | 2244  |      |
|               | Fuel                         | Butane (cannister)  | 3000 <sup>12</sup>                      | ↔   | 2855 |
|               |                              | Diesel (1L)         | 300 <sup>12</sup>                       | Not available                               | 286  |
|               |                              | Propane (cannister) | 450 <sup>12</sup>                       | Not available                               | 4375 |
| Kerosene (1L) |                              | Not available       | Not available                           | 388   |      |
| Coal (1kg)    |                              | 350 <sup>12</sup>   | Not available                           | 350   |      |
| Firewood (1T) | Not available                | Not available       | Not available                           |   |      |

## Endnotes

<sup>1</sup> Figures based on estimates by local actors within the community assessed. Figures based on HNO 2018 population data (September 2017) were reportedly 28,000 individuals, and 21,759 IDPs.

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

<sup>3</sup> The absence of child immunisations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

<sup>4</sup> The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

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

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

<sup>7</sup> Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

<sup>8</sup> Calculation of average cost of food basket is 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: September 2017' ([link here](#)). As bread was unavailable in private and public bakeries in Qaboun, no prices were available for bread sold in bakeries in the community. The food basket price for Qaboun was therefore calculated using the reported price of bread sold in shops (100 SYP).

<sup>9</sup> Nearby communities in Damascus governorate which are not considered besieged/hard-to-reach: Ayubiya, Jalaa, Midan Wastani and Zahreh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month.

<sup>10</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 October 2017).

<sup>11</sup> Price fluctuations of 5% or less were not reported.

<sup>12</sup> Generally available in markets (more than 20 days this month).

<sup>13</sup> Price comparisons could not be made for diesel, propane or coal as the items were not available in Qaboun in August, and price data was therefore not able to be collected.

# Syria Community Profile Update: Yarmuk, Damascus

September 2017



FOR HUMANITARIAN PURPOSES ONLY

## 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. Direct fighting between multiple parties in the community intensified in 2016, leading to increased access restrictions in June and August of that year. The conflict further intensified in October and December and the humanitarian situation worsened.

In May 2017, truce negotiations began between local actors regarding the relocation of some fighters from Yarmuk, but broke down shortly afterward. Following this, 1,000 residents fearing internal clashes reportedly fled the community.

In September, the situation in Yarmuk improved compared to August and the first humanitarian delivery since April 2017 was reported in the community. However, as was the case in April, the food and medical supplies included in the delivery only reached the western part of Yarmuk and were thus insufficient to meet the needs of the entire community.

Loosened restrictions on the movement of civilians via formal routes led to increased availability of food and medical items and an overall improvement in the health situation. However, civilians entering with goods were required to pay fees, which led to higher food prices, as did seasonal decreases in availability of vegetables. Some residents who disagreed

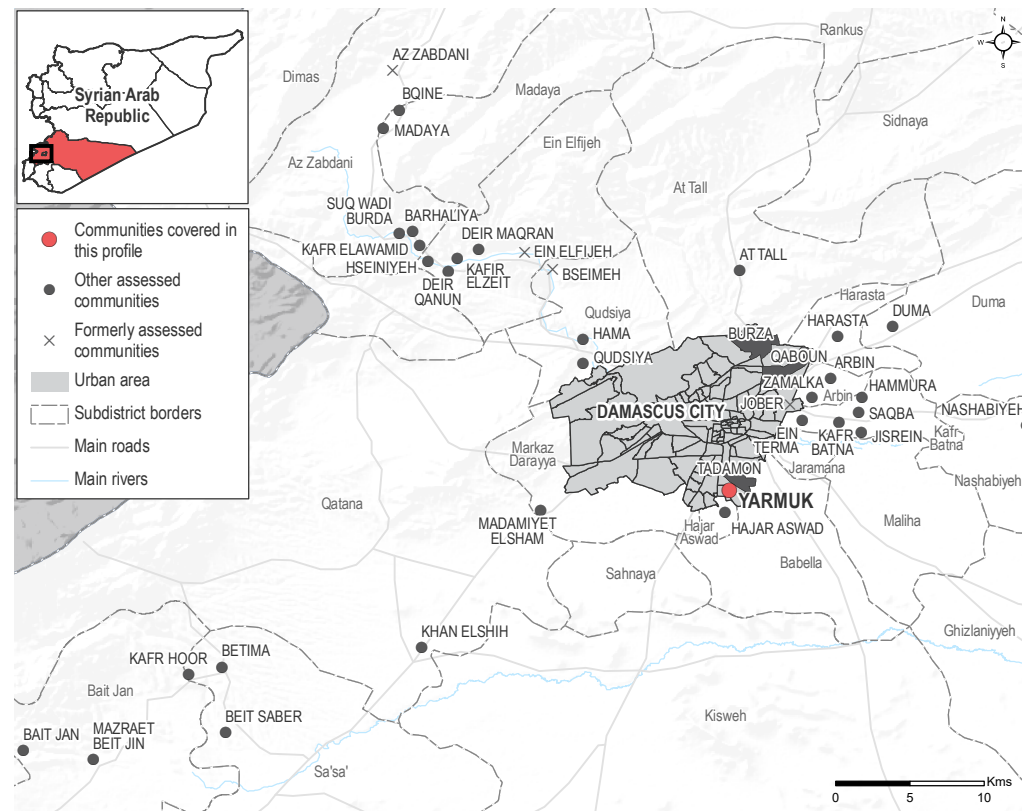


|  |           |
|--|-----------|
| <b>UN classification:</b>                      | Besieged  |
| <b>Estimated population<sup>1</sup>:</b>       | 6500-7500 |
| <b>Of which IDPs<sup>1</sup>:</b>              | 500-700   |
| <b>% of pre-conflict population remaining:</b> | 1-25%     |
| <b>% of population female:</b>                 | 1-25%     |
| <b>% of female-headed households</b>           | 1-25%     |

with the curriculum offered in Yarmuk reportedly left the area to seek education services elsewhere.

As residents were able to bring more medical items into the community, no negative strategies to cope with a lack of medical supplies were reported in September, for the first time since assessments began in June 2016. Available medical and other basic services remained unchanged; access to water remained insufficient to meet household needs and barriers to education, such as a lack of teaching staff and facilities being too far away, persisted.

Core food availability increased but items were, on average, 17% more expensive than in August. Access to fuel also improved, with coal and propane present in markets as a result of increased demand due to colder weather.



## METHODOLOGY

Based on data collected from community representatives inside Syria between the end of September and the beginning of October 2017, these updates refer to the situation in September 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 outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior 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. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails 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 in obtaining data from certain locations.

## CHANGES SINCE AUGUST

|                                  |   |                                |   |
|----------------------------------|---|--------------------------------|---|
| Access Restrictions on Civilians | ↓ | Health Situation               | ↑ |
| Commercial Vehicle Access        | ↔ | Core Food Item Availability    | ↑ |
| Humanitarian Vehicle Access      | ↑ | Core Food Item Prices          | ↑ |
| Access to Basic Services         | ↔ | Overall Humanitarian Situation | ↑ |

## MOVEMENT OF CIVILIANS

Change since August:



### Formal access points:

Approximately 11-25% of the population, primarily women, children and the elderly, remained able to use formal points to enter and exit Yarmuk. Access for these groups reportedly improved in September, as they were able to formally enter and exit the community once a week upon presenting identification compared to once or twice a month in August. However, women and girls continued to be required by local authorities to dress in black cloaks and cover their faces in public.

Verbal and sexual harassment continued to be reported as risks at formal checkpoints, with detention newly reported in September. Additionally, around 300 individuals left Yarmuk to settle in nearby communities (Beit Sahn, Yalda and Babella), as they did not agree with the teaching curriculum in Yarmuk and preferred to seek formal education services elsewhere.

### Informal access points used<sup>2</sup>:

Yes. Associated risks continued to include gunfire, although sexual and verbal harassment were no longer reported in September.

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

Gunfire, verbal and sexual harassment, detention.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

In September, commercial vehicles remained prohibited from entering Yarmuk, as was the case in previous months.

Change since August:



### Humanitarian vehicles

In early September, six humanitarian vehicles carrying 600 food parcels, emergency first aid supplies and pain medication entered the western part of Yarmuk. However, only people in this area received assistance, as was the case in April 2017 when the only other reported delivery since assessments began took place.

Change since August:



### Goods entered

The relatively stable security situation reportedly led to relaxed restrictions on civilians bringing items into Yarmuk and an increase in goods entering the community. As commercial vehicle access has been prohibited, civilian transport has been the primary way that food, fuel, hygiene items and medicine have entered the community since assessments began. Parts of the population also received food and medical supplies from the humanitarian delivery.

## HEALTH SERVICES

Change since August:



The health situation improved in September following increased availability of medical items. All assessed items were reported available in the community, including clean bandages, blood transfusion bags and anaesthetics, which were unavailable in August. Residents also reportedly no longer needed to use negative strategies to cope with a lack of medical supplies for the first time since assessments began.

Anaesthesiologists, who had reportedly left Yarmuk in August, remained absent from the community in September, and no changes were reported in the availability of remaining medical personnel, facilities or services.

As was the case in previous months, access to medical facilities remained limited for people

## ACCESS TO SERVICES\*

Access to services did not change in September, as was the case in August. Water remained insufficient to meet household needs for the fourth consecutive month, while access to electricity remained stable. School services resumed in September, but some parents reportedly did not approve of the curriculum offered in some areas of the community. Educational facilities were reportedly too far away and therefore hard to access, and numbers of teaching staff were insufficient.

|                    |   |   |
|--------------------|---|---|
| <b>WATER</b>       | Main source of drinking water (status)  | Private water trucking (safe to drink)**  |
|                    | Sufficiency of available water to meet household needs (coping strategies used) | Insufficient (purchase water with money usually spent on other things)          |
|                    | Access to water network, per week   | Network unavailable   |
| <b>ELECTRICITY</b> | Access to electricity network, per day  | Network unavailable   |
|                    | Access to electricity (main source) per day                                     | 4-8 hours (generators)  |
| <b>EDUCATION</b>   | Available education facilities  | Pre-conflict primary, secondary schools, informal schools                       |
|                    | Barriers to education   | Parents did not approve of curriculum; services too far; lack of teaching staff |

\*Arrows indicate change in access since August.

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

perceived to have certain political and religious affiliations and who lived in certain locations in the community. Additionally, men reportedly avoided seeking healthcare outside of Yarmuk due to the reported risk of detention when crossing formal checkpoints.

**Others providing medical services:** Dentists, pharmacists, volunteers with informal medical training.

Change since August



### Permanent medical facilities available

|   |               |
|---|---------------|
| Mobile clinics / field hospitals <sup>3</sup> | Not available |
| Informal emergency care points                | Available     |
| Pre-conflict hospitals                        | Available     |
| Primary healthcare facilities                 | Available     |
| Change since August                           | No change     |

### Availability of medical personnel

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

### Medical services available

|                                 |                     |
|---------------------------------|---------------------|
| Child immunisation <sup>4</sup> | Not available       |
| Diarrhoea management            | Available           |
| Emergency care                  | Available           |
| Skilled childbirth care         | Available           |
| Surgery <sup>5</sup>            | Sometimes available |
| Diabetes care                   | Sometimes available |
| Change since August             | No change           |

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

None reported for the first time since assessments began.

**Unavailable medical items<sup>6</sup>**

**Unavailable:** None reported.

Change since August

**Most needed medical items<sup>7</sup>**

Blood transfusion bags, clean bandages and antibiotics.

**Unusual outbreaks of disease<sup>8</sup>**

None reported since assessments began.

**FOOD**

Change since August:

The food situation in Yarmuk improved in September following loosened access restrictions, which led to increased availability of a few core food items, including salt, rice and cucumbers. As a likely result, no negative coping strategies to deal with a lack of food were reported in the community for the first time since assessments began. However, despite these positive developments, food became more expensive due to changes in seasonal availability and fees imposed on civilians bringing food to the community.

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

Purchasing from shops and markets.

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

**Most common source:** Shops.

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

Change since August

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

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

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

None reported for the first time since assessments began.

**Deaths attributable to a lack of food<sup>3</sup>**

None reported in September, as has been the case since assessments began.

Change since August

**CORE FOOD ITEM / NFI AVAILABILITY AND PRICES**

**Average cost of standard food basket<sup>9</sup>**

|                                  | Yarmuk | Nearby areas <sup>10</sup> |
|----------------------------------|--------|----------------------------|
| Average cost (SYP) <sup>11</sup> | 29970  | 32713                      |
| Change since previous month      |        |                            |

The price of a standard food basket was 15% more expensive in September than in August. This was largely due to a 50% increase in the price of rice, attributed to new fees imposed on civilians entering the community with food. Despite the increase in price, a standard food basket in Yarmuk remained approximately 8% lower than in nearby communities not considered hard-to-reach or besieged<sup>10</sup>.

**Food item availability / prices**

The availability of chicken, mutton and milk increased, and all three items became generally available<sup>12</sup> after having been reported as only sometimes available<sup>13</sup> in August. All other assessed items remained generally available in markets.

Meanwhile, prices of several items rose in September, the most significant being a 50% increase in the prices of iodised salt and rice, and a 71% increase in the price of cucumbers. Additionally, the price of flour decreased by 17%.

**WASH item availability / prices**

In September, no significant changes in the availability or prices of hygiene items were reported in Yarmuk, and prices were similar in areas not considered besieged or hard-to-reach.

**Fuel availability / prices**




The availability of fuel improved in September after coal and propane were reportedly introduced into markets due to cooler weather and an increased need for heating. Although prices of fuels previously on the markets remained stable, fuel remained expensive; reported prices were, on average, 24% higher than in nearby communities not considered besieged or hard-to-reach.

**Strategies used to cope with a lack of fuel:**

Burning plastics and burning furniture not in use were both reported in September. The latter of these coping strategies was last reported in June 2017 and was likely reintroduced due to the onset of cooler weather and a need for heating.

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

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

|  | Item                         | Yarmuk             | Price change since August | Nearby non-hard-to-reach areas <sup>10</sup> |
|--|------------------------------|--------------------|---------------------------|--|
|    | Bread private bakery (pack)  | Not available      | ◆                         | 184  |
|  | Bread public bakery (pack)   | Not available      | ◆                         | 50   |
|  | Rice (1kg)                   | 600 <sup>12</sup>  | ▲ +50%                    | 550  |
|  | Bulgur (1kg)                 | 250 <sup>12</sup>  | ◆                         | 350  |
|  | Lentils (1kg)                | 250 <sup>12</sup>  | ◆                         | 685  |
|  | Chicken (1kg)                | 1300 <sup>12</sup> | ▲ +18%                    | 1095   |
|  | Mutton (1kg)                 | 4500 <sup>12</sup> | ▲ +13%                    | 3950   |
|  | Tomato (1kg)                 | 175 <sup>12</sup>  | ▲ +17%                    | 138  |
|  | Cucumber (1kg)               | 300 <sup>12</sup>  | ▲ +71%                    | 143  |
|  | Milk (1L)                    | 250 <sup>12</sup>  | ◆                         | 244  |
|  | Flour (1kg)                  | 250 <sup>12</sup>  | ▼ -17%                    | 318  |
|  | Eggs (1 unit)                | 60 <sup>12</sup>   | ▲ +9%                     | 50   |
|  | Iodised salt (500g)          | 150 <sup>12</sup>  | ▲ +50%                    | 164  |
|  | Sugar (1kg)                  | 400 <sup>12</sup>  | ▲ +7%                     | 381  |
| Cooking oil (1L)   | 750 <sup>12</sup>            | ◆                  | 773                       |  |
|    | Soap (1 bar)                 | 125 <sup>12</sup>  | ◆                         | 150  |
|  | Laundry powder (1kg)         | 650 <sup>12</sup>  | ◆                         | 713  |
|  | Sanitary pads (9 pack)       | 300 <sup>12</sup>  | ◆                         | 422  |
|  | Toothpaste (125ml)           | 450 <sup>12</sup>  | ◆                         | 260  |
|  | Disposable diapers (24 pack) | 1600 <sup>12</sup> | ◆                         | 2244   |
|  | Butane (cannister)           | 3800 <sup>12</sup> | ◆                         | 2855   |
|  | Diesel (1L)                  | 500 <sup>12</sup>  | ◆                         | 286  |
|  | Propane (cannister)          | 2000 <sup>12</sup> | Not available             | 4375   |
|  | Kerosene (1L)                | Not available      | ◆                         | 388  |
|  | Coal (1kg)                   | 500 <sup>12</sup>  | Not available             | 350  |
| Firewood (1T)  | 120000 <sup>12</sup>         | ◆                  | Not available             |  |

### Endnotes

<sup>1</sup> Figures based on population estimates by local actors within communities assessed. The 2018 HNO population data (September 2017) estimates that the population in Yarmuk is about 12,520, including 1,245 IDPs.

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

<sup>3</sup> In previous assessments, it has been reported that a field hospital operated in Yarmuk; most recent data suggests that the facility is rather an informal emergency care point.

<sup>4</sup> The absence of child immunisations in a given month does not necessarily indicate a decline in medical services, as vaccination campaigns in Syria are commonly done in rounds, and therefore may not be administered on a monthly basis.

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

<sup>6</sup> Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is instead indicative of key medical items that speak to the trend in access to medical services in the area.

<sup>7</sup> 'Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

<sup>8</sup> Access to health reports varies across communities. Without conducting medical assessments, it was not possible to verify the exact cause of any reported deaths or outbreaks of disease. Therefore, caseloads are indicative of the health issues perceived to be causing sickness or death in a given community.

<sup>9</sup> Calculation of average cost of food basket is based on the World Food Programme (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: September 2017' (link here). As bread was unavailable in private and public bakeries in Yarmuk, the food basket price for Yarmuk was calculated using the reported price of bread sold in shops (150 SYP).

<sup>10</sup> Nearby communities in Damascus governorate which are not considered besieged/hard to reach: Jalaa, Midan Wastani, Ayoubiyah and Zahreh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. August).

<sup>11</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 October 2017).

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

<sup>13</sup> Sometimes available in markets (7 – 20 days this month).