

## FOR HUMANITARIAN PURPOSES ONLY

### Introduction

In order to inform a more evidence based response to addressing the needs of vulnerable communities across Syria, REACH, in support of members of the Syria INGO Regional Forum (SIRF), has initiated regular monitoring of communities facing restrictions on civilian movement and humanitarian access.

The Syria Community Profiles intend to provide aid actors with an understanding of the humanitarian situation within these communities by assessing availability and access to food, healthcare, water, education and humanitarian assistance, price data, as well as the specific conditions associated with limited freedom of movement.

### Methodology and limitations

Based on data collected from 162 community representatives inside Syria at the end of April and beginning of May 2017, these updates refer to the situation in April 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous months (if any). An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. During analysis, data is triangulated through secondary information, including humanitarian reports, news and social media monitoring, and partner verification, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

### Executive Summary

In April and early May 2017, REACH assessed the humanitarian situation in 40\* communities in Syria currently facing restrictions on movement and access, 16 of which are currently classified as besieged. The profiled communities were located in Damascus, Deir ez Zor, Homs and Rural Damascus governorates, and information was gathered through a total of 162 community representatives (CRs). **Across assessed indicators, the humanitarian situation improved in some of the locations which had recently implemented truce agreements, while it declined in communities experiencing ongoing conflict and the tightest restrictions on movement and access.**

- **The humanitarian situation continued to deteriorate in Burza, Jober, Qaboun and the Eastern Ghouta communities in April.** This was due to ongoing hostilities in eastern Damascus, and particularly tight restrictions on movement and access experienced by those communities. Additionally, the situation deteriorated in those communities in the Bait Jan area where no truce agreement had been reached (Bait Jan and Mazraet Beit Jin), as restrictions on movement were re-introduced in April.
- **Humanitarian deliveries reached Ar Rastan, Taldu, Hama, Qudsiya and Yarmuk.** No aid reached the remaining 35 communities in April.
- **A truce was reached under the Four Towns Agreement in Madaya and Bqine, and evacuations started on 12 April.** The cessation in hostilities followed a period of escalated conflict which started in December 2016. Despite the agreement and the relocation of an estimated 3,200 people from Madaya and Bqine, the humanitarian situation continued to deteriorate in the communities as extreme access restrictions persisted throughout the month. No humanitarian or commercial access was permitted, and all schools and markets remained closed.
- **In April, the UN re-classified Burza and Qaboun as besieged, while Khan Elshih was de-classified to hard-to-reach.**

### List of Assessed Profiles April 2017

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

- **Abu Kamal and Sosa**
- **Ar Rastan, Talbiseh and Taldu**
- **At Tall**
- **Bait Jan**
- **Damascus (Burza, Jober and Tadamon)**
- **Eastern Ghouta**
- **Hajar Aswad**
- **Homs (Al Waer)**
- **Khan Elshih**
- **Madaya and Bqine**
- **Wadi Burda**
- **Yarmuk**

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

# Syria Community Profile Update: Abu Kamal and Sosa, Deir ez Zor

## April 2017



**REACH** Informing more effective humanitarian action

### FOR HUMANITARIAN PURPOSES ONLY

	Abu Kamal	Sosa
<b>UN classification</b>	Hard-to-reach	Hard-to-reach
<b>Estimated population<sup>1</sup>:</b>	39000	26000
<b>Of which estimated IDPs<sup>1</sup>:</b>	7900	380
<b>% pre-conflict population remaining</b>	51-75%	76-100%
<b>% of population that are female</b>	51-75%	51-75%
<b>% of female-headed households</b>	1-25%	1-25%

### SUMMARY

The communities of Abu Kamal and Sosa are located in south-eastern Deir ez Zor governorate, about 10km from the Iraqi border. Due to its location, Abu Kamal district is an important commercial zone. In view of predicted developments in conflict dynamics in Deir ez Zor governorate, REACH will expand coverage in the area in the coming months where possible.

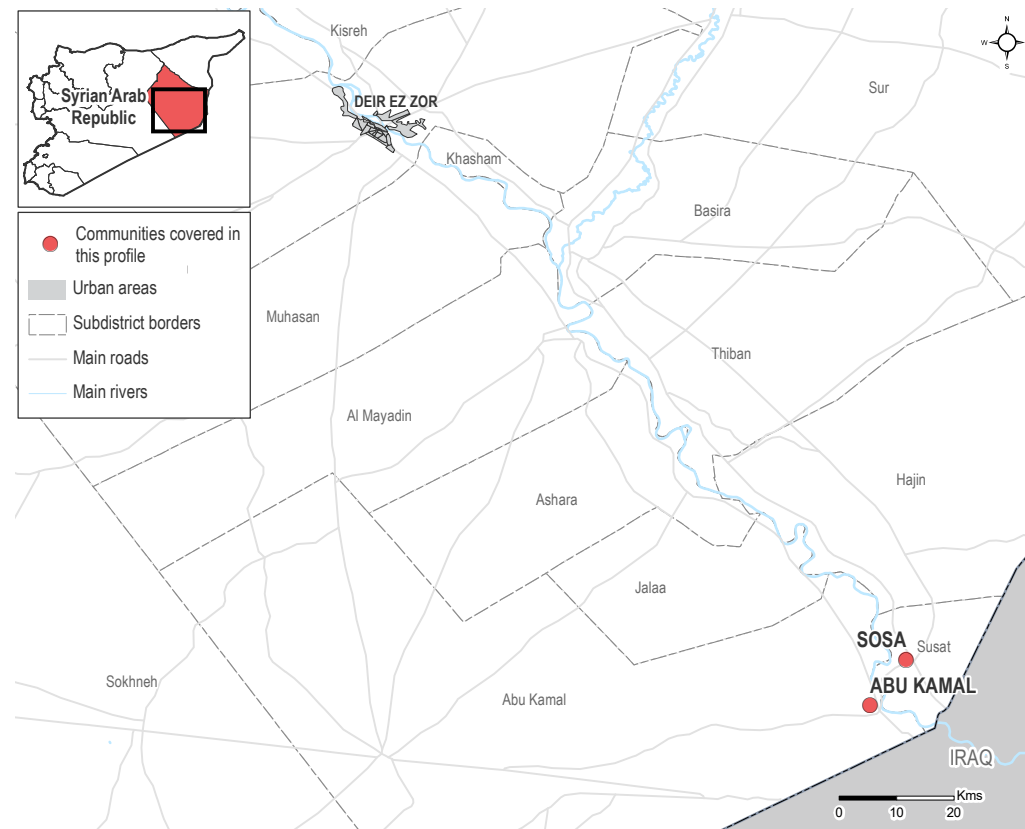
Abu Kamal and Sosa communities have faced access restrictions since mid-2014, and are currently classified as hard-to-reach by the UN. This is the first month the communities were assessed, and this profile presents the situation with a total of six community representatives across both locations making comparisons to March where possible, in order to present relative changes.

**While the overall humanitarian situation remained stable in Sosa in April, it deteriorated in Abu Kamal following the breakdown of the water network.**

**No civilian movement via formal or informal access points was reported in either community in April, as had also been the case in March.** While no humanitarian deliveries were reported, commercial vehicles, mainly originating in Iraq, entered both Abu Kamal and Sosa in April. Although they faced several restrictions, food, NFIs, fuel and medical items were able to enter the two communities. Additionally, fuel was also produced locally.

While residents in Sosa reported sufficient access to water to meet household needs, negative coping strategies were reported in Abu Kamal following a breakdown in the water network in April. Access to other basic services remained unchanged, with no educational facilities available in either community.

As was the case in March, three hospitals specializing in different services were available in Abu Kamal, while no facilities were reported in Sosa; residents could access services in Abu Kamal. However, **segments of the populations in both communities reported being unable to seek medical assistance due to prohibitive costs.**



### CHANGES SINCE MARCH

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

## ACCESS TO SERVICES

Populations in both Abu Kamal and Sosa were able to access the electrical network, however relied on generators as the main source of electricity. While the water network was also available in Sosa, residents in Abu Kamal had to resort to water trucking in April, following temporary breakdowns of the network in the community. This also resulted in a relative decrease in drinking water in April, prompting residents to resort to negative coping strategies. **No educational facilities were reported in either community; parents did not approve of the curriculum offered, while pre-conflict schools had been closed by local authorities.**

	Abu Kamal	Sosa
<b>WATER</b>	Main source of drinking water (Status) Available water to meet household needs (Coping strategies) Access to water network per week	Water trucking private (Water tasted, smelled bad*) Insufficient (Reduce consumption, spend money usually spent elsewhere on water, modify hygiene practices i.e. bathe less) Network unavailable
	<b>Change since March</b>	
<b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (Main source) per day	Sufficient 3-4 days 1-2 hours 4-8 hours (Generator)
	<b>Change since March</b>	
<b>EDUCATION</b>	Available education facilities Barriers to education	None Parents don't approve of curriculum, pre-conflict schools closed by authorities
	<b>Change since March</b>	

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

## MOVEMENT OF CIVILIANS

**Change in # people able to leave both communities compared to March:**

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

**Both communities:** None permitted.

No formal or informal access points to the wider area were available in either community in April, which was also reportedly the case in March. According to community representatives, limited movement through formal access points had been permitted in earlier months. In April residents could move freely between the two towns, but had to adhere to strict rules regarding clothing and behaviour.

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

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

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since March in both communities:**

**Both communities:** Some commercial vehicles were allowed to enter Abu Kamal and Sosa in April, as was also the case in March. Most of these were reportedly from Al Anbar governorate

in Iraq, and Baghdad. However, various restrictions were imposed, including required fees, searches and confiscation of goods, and the handing over of documents. Additionally, no goods were allowed to leave the communities via commercial vehicles.

### Humanitarian vehicles

**Change since March in both communities:**

**Both communities:** None reported.

## Goods entered

**Both communities:** Food, fuel, NFIs and medical items were all able to enter Abu Kamal and Sosa via commercial vehicles in April. Additionally, some fuel was locally produced. The amount of goods entering reportedly did not change between March and April.

## HEALTH SERVICES

**Change since March in both communities:**

Three hospitals operated in Abu Kamal in April, focusing on primary healthcare, obstetrics and surgeries, respectively. However, all hospitals were private, and some segments of the population could not access medical care due to financial limitations. No healthcare facilities were reported in Sosa, but residents could seek services in Abu Kamal. According to community representatives, there was no significant change in the overall health situation in either location in April, as compared to March.

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

**Abu Kamal:** Anti-anxiety medication, antibiotics, heart, diabetes and blood pressure medicines.

**Sosa:** All assessed medical items were reported as unavailable in Sosa, as no medical facilities operated in the community.

**Change in both since March:**

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

	Abu Kamal	Sosa
1.	Heart medicine	Heart medicine
2.	Diabetes medicine	Diabetes medicine
3.	Artificial limbs	Burn treatment

## 🏠 Permanent medical facilities available

	AK	S
Mobile clinics / field hospitals	✗	✗
Informal emergency care points	✗	✗
Pre-conflict hospitals	✓	✗
Pre-conflict clinics / surgeries	✗	✗
Change since March	◊	◊

## 🩺 Medical services available

	AK	S
Child immunization	✗	✗
Diarrhea management	✗	✗
Emergency care	✓	✗
Skilled childbirth care	✓	✗
Surgery <sup>5</sup>	✓	✗
Diabetes care	✗	✗
Change since March	◊	◊

## 👤 Availability of medical personnel

**Abu Kamal:** Professionally trained surgeons, doctors, nurses and midwives, dentists, anesthesiologists, pharmacists.

**Sosa:** None.

**Others providing medical services (in both):** Volunteers with informal medical training.

Change in both since March	◊
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## ⚠️ Unusual outbreaks of disease<sup>6</sup>

**Both communities:** None reported.

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

**Abu Kamal:** None reported.

**Sosa:** Civilians without professional training treating patients, carrying out operations without anaesthesia, using non-medical items for treatment (e.g. wooden sticks as casts).

## 🍲 FOOD

### Change in food situation compared to March in both:



Food security in both communities appeared relatively stable in April, with populations able to access bread from (private) bakeries and all assessed core food items being generally available<sup>7</sup> in markets. According to community representatives, the food situation in April was similar to that in March.

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

**Both communities:** Purchasing from shops and markets, home production (backyard, roof).

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

**Both communities:** Private bakeries.

**Challenges to obtaining bread:** Yeast unavailable, expensive or hard to access; fuel too expensive or hard to access.

Change in both since March	◊
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## 🍲 Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Residents in both communities reported reducing size of meals to address food shortages. According to community representatives, both men and women reduced meal size equally.

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

**Both communities:** None reported. According to community representatives, this was also the case in March.

## 🍲 CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

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

	Abu Kamal	Sosa
Average cost in April (SYP) <sup>9</sup>	51684	52597
Change since March	No info	No info

The average cost of a standard food basket was similar in the two communities. As the

communities were assessed for the first time in April 2017, no comparisons could be made over time.

Due to limitations in coverage across Deir ez Zor governorate, a standard food basket price could not be calculated in nearby communities not considered hard-to-reach for the purpose of comparison.

## 🍲 Food item availability / prices

**Both communities:** All assessed core food items were generally available in shops and markets in both Abu Kamal and Sosa in April. As the communities had not been assessed in the past exact price comparisons could not be made, but community representatives reported that no significant change in price or availability had occurred in April as compared to March.

## 🚰 WASH item availability / prices

**Both communities:** All assessed hygiene and sanitation products were generally available in Abu Kamal and Sosa in April, which was also reportedly the case in March. Community representatives did not report any changes in price or availability in comparison to the previous month.




## 🚰 Fuel availability / prices

**Both communities:** Diesel and kerosene were generally available in both communities, while butane and propane were sometimes available<sup>10</sup>. Firewood was generally not available<sup>11</sup>, which was due to lower seasonal demand.

The relatively low price of diesel and kerosene could be ascribed to the communities' ability to produce their own fuels.

**Strategies used to cope with a lack of fuel:** No data.

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

	Item	Abu Kamal	Price changes since March	Sosa	Price changes since March
	Bread private bakery (pack)	320 <sup>7</sup>	No info	350 <sup>7</sup>	No info
	Bread public bakery (pack)	Not available	No info	Not available	No info
	Rice (1kg)	675 <sup>7</sup>	No info	650 <sup>7</sup>	No info
	Bulgur (1kg)	550 <sup>7</sup>	No info	550 <sup>7</sup>	No info
	Lentils (1kg)	800 <sup>7</sup>	No info	800 <sup>7</sup>	No info
	Chicken (1kg)	1300 <sup>7</sup>	No info	1300 <sup>7</sup>	No info
	Mutton (1kg)	3500 <sup>7</sup>	No info	3500 <sup>7</sup>	No info
	Tomato (1kg)	225 <sup>7</sup>	No info	250 <sup>7</sup>	No info
	Cucumber (1kg)	200 <sup>7</sup>	No info	200 <sup>7</sup>	No info
	Milk (litre)	200 <sup>7</sup>	No info	200 <sup>7</sup>	No info
	Flour (1kg)	200 <sup>7</sup>	No info	250 <sup>7</sup>	No info
	Eggs (1)	40 <sup>7</sup>	No info	40 <sup>7</sup>	No info
	Iodised salt (500g)	150 <sup>7</sup>	No info	150 <sup>7</sup>	No info
	Sugar (1 kg)	600 <sup>7</sup>	No info	600 <sup>7</sup>	No info
Cooking oil (litre)	900 <sup>7</sup>	No info	900 <sup>7</sup>	No info	
	Soap (1 bar)	250 <sup>7</sup>	No info	250 <sup>7</sup>	No info
	Laundry powder (1kg)	1350 <sup>7</sup>	No info	1350 <sup>7</sup>	No info
	Sanitary pads (9)	650 <sup>7</sup>	No info	650 <sup>7</sup>	No info
	Toothpaste (125ml)	600 <sup>7</sup>	No info	600 <sup>7</sup>	No info
	Disposable diapers (24 pack)	1650 <sup>7</sup>	No info	1650 <sup>7</sup>	No info
	Butane (cannister)	7500 <sup>10</sup>	No info	7500 <sup>10</sup>	No info
	Diesel (litre)	140 <sup>7</sup>	No info	140 <sup>7</sup>	No info
	Propane (cannister)	7500 <sup>10</sup>	No info	7500 <sup>10</sup>	No info
	Kerosene (litre)	125 <sup>7</sup>	No info	125 <sup>7</sup>	No info
	Coal (kg)	Not available	No info	Not available	No info
	Firewood (tonne)	45000 <sup>11</sup>	No info	45000 <sup>11</sup>	No info

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

### Endnotes

<sup>1</sup> Figures based on HNO 2017 population data (December 2016). Figures based on population estimates by local actors within the communities assessed were reportedly 80,000-85,000 individuals on Abu Kamal (including 17,000-17,500 IDPs), and 21,000-21,500 individuals in Sosa (including 500-600 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 rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

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

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

<sup>7</sup> Generally available in markets (21+ days this month).

<sup>8</sup> Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: April 2017' (link here).

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

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

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

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

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

April 2017



## FOR HUMANITARIAN PURPOSES ONLY

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

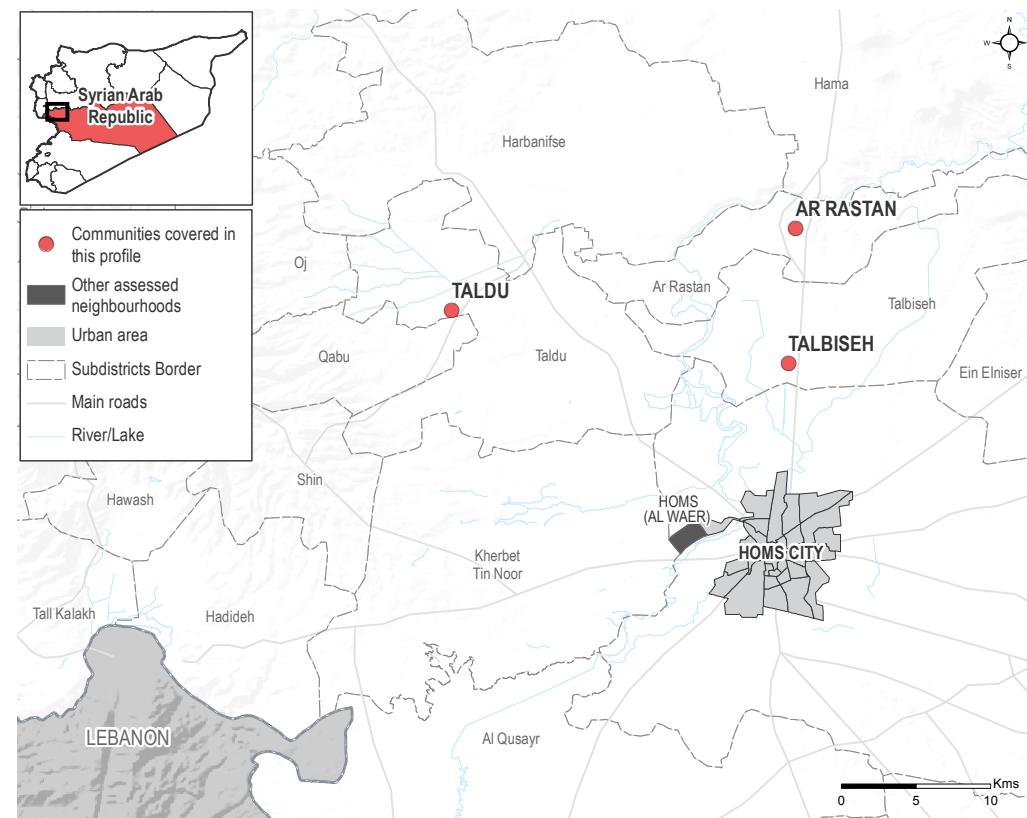
### SUMMARY

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

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

of the communities and the government involving discussions about truce agreements.

**Following these meetings, access restrictions loosened and the overall humanitarian situation in the Rastan communities moderately improved in April. Humanitarian deliveries were also allowed to enter Taldu for the first time since October 2016.** Food prices dropped by an average of 8%, and assessed food, fuel, medicine and hygiene and sanitation items were generally more available in all three communities. Additionally, rationing restrictions on the power network were reduced, leading to increased electrical access in the communities. At the same time, **child immunization was reported as no longer available in all communities for the first time since assessments began. Water access**



### CHANGES SINCE MARCH

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

remained insufficient in all communities, as had been the case since March. Additionally, all three communities reported significant security-related challenges for children in accessing educational facilities, but the situation has not changed since at least September 2016.

No other significant changes to the humanitarian situation were reported in the communities in April. As has been the case since at least June 2016, commercial vehicles were not permitted into the region, and while movement between the three communities was possible, people faced the risk of shelling when doing so.

### MOVEMENT OF CIVILIANS

**Change in # people able to leave compared to March in all three:** 

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

The formal access point was open throughout April, an improvement from March when

### ACCESS TO SERVICES\*

Electrical demands reportedly decreased in April due to the improving weather, which was paired with authorities lightened rationing on the power network. Combined, this led to greater electrical access in the three communities. No other change in service provision was reported. Water access has been reported insufficient since March due to increased water needs for cleaning and bathing as weather improved, along with lack of sufficient fuel to power water pumps in Talbiseh and Taldu. The security-related barriers to educational access have not changed since at least September 2016. No issues of educational barriers by gender were reported.

it was closed for the last week of the month. Consequently, 11-25% of residents across all three communities were able to use the access point in April, compared to 1-10% a month prior. Previously, access restrictions had been tightened in March, with the closure of the only other formal access point near Taldu and informal routes in the region. Prior to March, 1-10% of the population in Ar Rastan and 11-25% of the populations in Talbiseh and Taldu had been able to use formal access points since October 2016.

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

Since June 2016, residents could move freely

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

No informal routes have been reported in use in any community since access restrictions tightened in March.


#### Risks faced when trying to enter or exit

**Formal:** Detention.

**Informal:** Gunfire, shelling and landmines.

### MOVEMENT OF GOODS AND ASSISTANCE


#### Vehicles carrying commercial goods

**Change since March in all three:** 










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

#### Humanitarian vehicles

**Change since March in Ar Rastan and Talbiseh:** 

**Change since March in Taldu:** 

Three humanitarian deliveries were reported entering the region in April, with two distributions reported in assessed communities: Ar Rastan on 1 April and Taldu on 13 April. The remaining humanitarian delivery entered through the formal access point on 20 April, but goods were distributed to other communities in the region not assessed in this profile. Humanitarian deliveries last reached Talbiseh and Ar Rastan in March, but were not reported in Taldu since October 2016.

	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	Insufficient
	Access to water network per week	1-2 days	1-2 days
	<b>Change since March*</b>		
 <b>ELECTRICITY</b>	Access to electricity network per day	2-4 hours	1-2 hours
	Access to electricity (Main source) per day	8-12 hours (Network)	8-12 hours (Network)
	<b>Change since March*</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	Route to services unsafe, children required to work, facilities destroyed	Facilities destroyed, route to services unsafe, children required to work
	<b>Change since March*</b>		

\*Arrows indicate change in access since March

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

## Goods entered

The amount of food, NFIs and fuel entering all communities increased in April. The amount of medicine increased in all communities except Talbiseh, which did not receive aid in April. Community representatives attributed the general increase of goods in the communities to the increased access to the formal point and informal routes, as well as the delivery of humanitarian aid.

Food, NFIs, medicine and fuel continued to enter all three communities via civilians from nearby communities, as has been the case since assessments began in June 2016. Local production also supplemented the amount of food in Talbiseh, while humanitarian aid supplemented food provision in Talbiseh, and medical item availability in Ar Rastan and Taldu.

## HEALTH SERVICES

Change since March in all three:



Child immunizations were reported unavailable for the first time since assessments began in all three communities in April, which was attributed to the lack of organizations entering the communities to deliver rounds of immunization in April. At the same time, humanitarian distributions led to an increase in the quantity of medical items in Taldu and Ar Rastan, with Taldu reporting all assessed medical items available for the first time since assessments began.

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

## Medical services available

Child immunizations were not available in April for the first time since assessments began. This was due to no immunization workers entering the communities in April. The last change to medical service availability occurred in December 2016, when diabetes treatment became unavailable throughout all three communities.

	Ar Rastan	Talb.	Taldu
Child immunization	✗	✗	✗
Diarrhea management	✓	✓	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✓	✓	✓
Surgery <sup>3</sup>	✓	✓	✓
Diabetes care	✗	✗	✗
Change since March	↓	↓	↓

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

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

## Unusual outbreaks of disease<sup>4</sup>

None reported in all communities since at least October 2016.

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

All assessed medical items reported available in Taldu.

## Available (Ar Rastan and Talbiseh):

Antibiotics, contraception, burn treatment, clean bandages, blood transfusion bags, anti-anxiety medication, anaesthetics, medical scissors;

## Sometimes available (Ar Rastan and Talbiseh):

Heart, blood pressure and diabetes medicine.

Change since March in Ar Rastan and Taldu	↑
Change since March in Talbiseh	↔

## Permanent medical facilities available

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

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

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

## Availability of medical personnel

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

**Taldu:** Professionally trained doctors, nurses and midwives.

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

Change since March in all three:



## FOOD

Change in food situation since March in all three:



## Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Resorting to reducing meal sizes and skipping meals has been reported in parts of the population across all three communities since assessments began in June 2016, with the exception of October 2016 when fewer strategies were reported in Talbiseh and Taldu

following humanitarian deliveries. These coping strategies were reportedly still in place in April in all three communities, as not all people were able to receive aid or pay the market price for food. In these cases, it was stated some men and women ate less so children could eat more.



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

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

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

Private bakeries have been the most common source of bread in all communities in April 2017, as has generally been the case since August 2016.

No community reported any issues accessing bread in April. Humanitarian deliveries to Taldu included flour, which had previously noted difficulties in accessing wheat or flour since November. Ar Rastan and Talbiseh have not reported difficulties in accessing bread since February.





Change in availability in Ar Rastan and Talbiseh since March	
Change in availability in Taldu since March	

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

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

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

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

	Ar Rastan	Talb.	Taldu	Nearby areas <sup>8</sup>
Average cost (SYP) <sup>9</sup>	33140	32934	31333	34035
Change since March				

The cost of a standard food basket decreased by an average of 7% in April, largely due to the slight decrease in the price of bread and oil in these communities. Previously, these prices had remained largely unchanged in Ar Rastan and Talbiseh since January. The last major change in Taldu occurred in March due to the closure of the formal access point near the community which limited access to bread.

The standard food basket price in nearby areas was comparable to that of the Ar Rastan communities in April, after the food basket cost increased by 38% in nearby communities. This reported price increase was largely due to the quadrupling of the price of rice in a portion of assessed nearby communities, as well as a doubling of the price of bread in public bakeries in Farqalas. These changes could not be confirmed.

### Core food item availability

Overall, food items prices dropped while availability increased across assessed communities in April, which was attributed to improved access to informal and formal

routes that month. Assessed food item prices decreased by an average of 8% per item in April, with all food items reported generally available<sup>10</sup> in markets.

Previously, increased access restrictions imposed in March had led to price increases in the community. The price of chicken, tomatoes and cucumbers had increased by over 40% in Ar Rastan in March, with notable increases in sugar, oil, milk and bulgur were also observed in most communities.

### WASH item availability / prices

There was no change in availability or prices of assessed hygiene and sanitation items in Ar Rastan in April, with a minor decrease in prices in some items reported in Talbiseh and Taldu attributed to increased access to formal and informal routes along with received humanitarian aid.

### Fuel availability / prices




Fuel availability has reportedly improved in April due to increased access to formal and informal routes. Prices of butane and diesel declined by a third across assessed communities, and both commodities were reported generally available<sup>10</sup> in markets, an improvement from March.

Firewood was reported as no longer available in April, as has been the case in many communities across Syria, and has been attributed to lack of demand during warmer months.

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

All three communities continued to report burning plastic to address fuel shortages, as they have since at least November 2016. No community reported burning clothes in April, an improvement from previous months.

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

	Item	Ar Rastan	Price change since March <sup>12</sup>	Talbiseh	Price change since March <sup>12</sup>	Taldu	Price change since March <sup>12</sup>	Nearby areas <sup>8</sup>
<b>Food Items</b> 	Bread private bakery (pack)	225 <sup>10</sup>	↓ -10%	200 <sup>10</sup>	↓ -20%	200 <sup>10</sup>	↕	170
	Bread public bakery (pack)	Not Available	↕	Not Available	↕	Not Available	↕	150
	Rice (1kg)	200 <sup>10</sup>	↕	250 <sup>10</sup>	↕	200 <sup>10</sup>	↕	500
	Bulgur (1kg)	200 <sup>10</sup>	↓ -20%	200 <sup>10</sup>	↓ -20%	225 <sup>10</sup>	↕	250
	Lentils (1kg)	600 <sup>10</sup>	↓	600 <sup>10</sup>	↕	600 <sup>10</sup>	↕	517
	Chicken (1kg)	1050 <sup>10</sup>	↓ -16%	1000 <sup>10</sup>	↓ -9%	700 <sup>10</sup>	↕	938
	Mutton (1kg)	2900 <sup>10</sup>	↓ -7%	3000 <sup>10</sup>	↕	3000 <sup>10</sup>	↕	1950
	Tomato (1kg)	350 <sup>10</sup>	↓ -13%	325 <sup>10</sup>	↓ -7%	400 <sup>10</sup>	↕	258
	Cucumber (1kg)	400 <sup>10</sup>	↓ -6%	300 <sup>10</sup>	↓ -29%	375 <sup>10</sup>	↕	355
	Milk (litre)	175 <sup>10</sup>	↕	175 <sup>10</sup>	↕	150 <sup>10</sup>	↕	173
	Flour (1kg)	250 <sup>10</sup>	↓ -17%	250 <sup>10</sup>	↓ -17%	300 <sup>10</sup>	↕	190
	Eggs (1)	50 <sup>10</sup>	↓ -9%	50 <sup>10</sup>	↓ -9%	50 <sup>10</sup>	↓ -23%	57
	Iodised salt (500g)	35 <sup>10</sup>	↕	35 <sup>10</sup>	↕	35 <sup>10</sup>	↕	70
	Sugar (1 kg)	400 <sup>10</sup>	↓ -6%	400 <sup>10</sup>	↓ -11%	400 <sup>10</sup>	↓ -6%	308
Cooking oil (litre)	850 <sup>10</sup>	↓ -15%	850 <sup>10</sup>	↓ -6%	750 <sup>10</sup>	↓ -25%	958	
<b>WASH Items</b> 	Soap (1 bar)	100 <sup>10</sup>	↕	100 <sup>10</sup>	↕	90 <sup>10</sup>	↓ -10%	60
	Laundry powder (1kg)	650 <sup>10</sup>	↕	650 <sup>10</sup>	↕	600 <sup>10</sup>	↓ -14%	575
	Sanitary pads (9)	650 <sup>10</sup>	↕	650 <sup>10</sup>	↕	650 <sup>10</sup>	↓ -13%	200
	Disposable diapers (24 pack)	1200 <sup>10</sup>	↕	1200 <sup>10</sup>	↕	1250 <sup>10</sup>	↕	1350
	Toothpaste (125ml)	250 <sup>10</sup>	↕	200 <sup>10</sup>	↓ -20%	250 <sup>10</sup>	↕	500
<b>Fuel</b> 	Butane (cannister)	8500 <sup>10</sup>	↓ -32%	8500 <sup>10</sup>	↓ -32%	7500 <sup>10</sup>	↓ -29%	14000
	Diesel (litre)	375 <sup>10</sup>	↓ -38%	375 <sup>10</sup>	↓ -38%	400 <sup>10</sup>	↓ -20%	388
	Propane (cannister)	Not Available	↕	Not Available	↕	Not Available	↕	Not Available
	Kerosene (litre)	Not Available	↕	Not Available	↕	Not Available	↕	400
	Coal (kg)	Not Available	↕	500 <sup>10</sup>	↓ -20%	Not Available	↕	375
	Firewood (tonne)	Not Available	Available	Not Available	Available	Not Available	Available	30000

### Endnotes

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

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

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

<sup>4</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain neighbourhoods, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the neighbourhoods.

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

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

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

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

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

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

<sup>11</sup> Sometimes available in markets (7-21 days this month).

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

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

# Syria Community Profile Update: At Tall, Rural Damascus

April 2017



## FOR HUMANITARIAN PURPOSES ONLY

### SUMMARY

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

**The humanitarian situation in At Tall, after improving in January and February, stabilised in March, and remained largely unchanged in April. Some residents were able to enter and exit the community, and commercial vehicles were granted conditional entry. However, no humanitarian deliveries were reported, while conscription, detention and perceived risks to accessing formal routes reportedly prevented men from obtaining medical care in nearby communities. The healthcare situation improved slightly with the opening of some new private clinics. Access to education and water supplies remained unchanged, while problems with the main network affected electricity supplies.**

There were no reported changes in access restrictions to formal routes, with a quarter to

<b>UN classification:</b>	Hard-to-reach
<b>Estimated population<sup>1</sup>:</b>	238650
<b>Of which IDPs<sup>1</sup>:</b>	196260
<b>% pre-conflict population remaining:</b>	1-25%
<b>% population female:</b>	26-50%
<b>% of female-headed households</b>	1-25%

half of the estimated population able to enter and exit At Tall. However, some women and men still feared crossing checkpoints due to the reported risks of detention, conscription and other perceived threats. Commercial vehicles meeting certain requirements, such as forfeiting portions of loads or paying fees, could access At Tall in April.

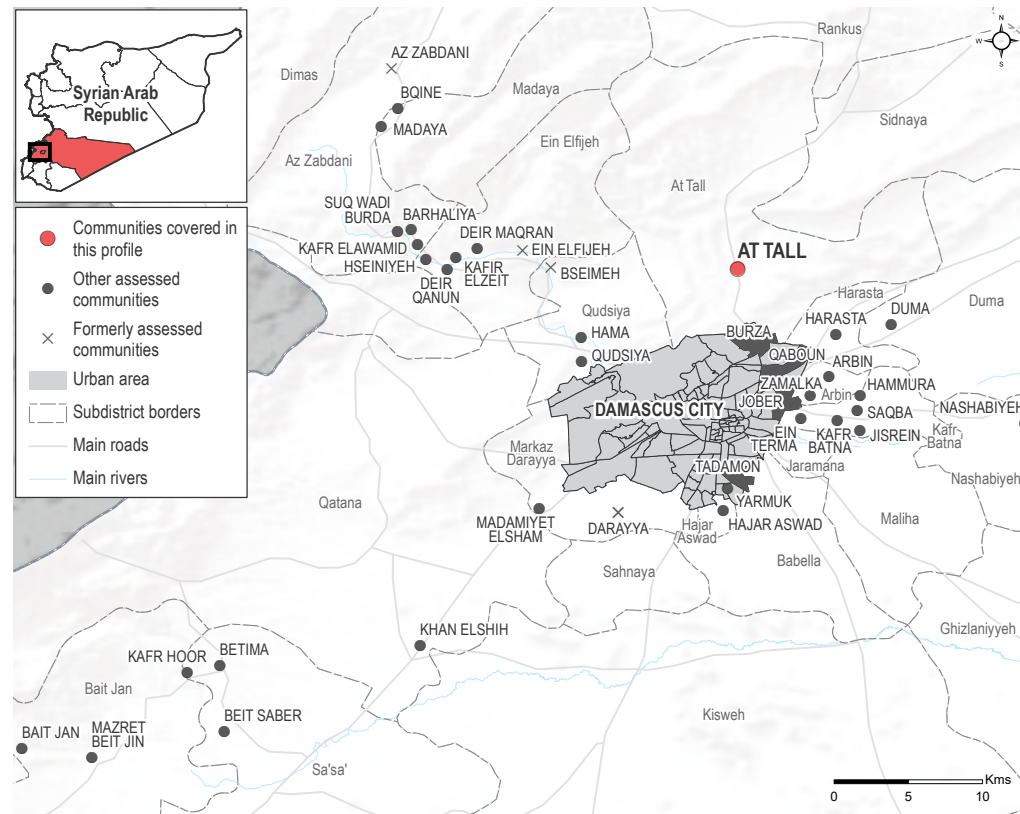
The health situation improved in April as new private clinics were opened in the community. Child immunization services were reportedly available for the first time since November 2016.

School attendance has remained stable since November 2016. Repairs to the water and electrical networks began in February, but no improvement in access to either was reported in April, and electricity supplies decreased due to problems with the main generators in the network.

The overall average price of fuels dropped due to less demand, while the price of vegetables increased in April as it did across Syria.

### CHANGES SINCE MARCH

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

## MOVEMENT OF CIVILIANS

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



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

Overall, access through formal routes has remained fairly similar since the truce agreement in December 2016. Around 26-50% of people have reportedly been able to enter and exit the community through formal routes. A slight increase in people using formal routes was reported in April due to a decrease in perceived risks associated with formal entry and exit routes.

Travel restrictions in April remained unchanged since the truce. Students and employees could access formal access points on workdays, while women and children were unrestricted upon presentation of documents. Men not perceived as security threats by the authorities could reportedly access some routes with documentation.

However, since the truce, detention and conscription when entering or exiting the community have reportedly persisted as potential risks, and verbal harassment at checkpoints was also reported in April. Some women affiliated with certain political groups reported feeling unsafe accessing formal entry and exit points.

Informal points used: 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 March:



About the same number of commercial vehicles entered At Tall in April as in March. Vehicles entering At Tall remained subject to searches and fees. It was also reported that a

portion of goods was usually taken by authorities, and drivers had to present documentation.

### Humanitarian vehicles

#### Change since March:



No humanitarian vehicles entered At Tall in April, as has been the case since January.

### Goods entered

In April, similar amounts of food, NFIs, fuel and medicine entered At Tall via commercial vehicles and individuals transporting items from nearby communities, as in March.

## HEALTH SERVICES

### Change in health situation compared to March:



In April, some new private clinics opened in At Tall. Child immunization services were available in At Tall for the first time since November 2016, and a slight increase in assessed medical supplies was reported, due to increasing stocks as commercial vehicles continued to enter the community following the truce agreement.

Low income households continued to have limited access to facilities due to high prices, while men with certain political affiliations were reportedly deterred from seeking treatment outside of their community because they feared using formal exit and entry points.

### Permanent medical facilities available

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

## ACCESS TO SERVICES\*

Despite ongoing repairs to the water network in At Tall, no increase in the availability of drinking water was reported in At Tall in April. A decrease in access to electricity was reported this month, as several generators supplying the main network reportedly exploded due to overuse. Educational access has not changed since December, when some students reportedly left school because of a lack of school supplies or to work.

<b>WATER</b>	Main source of drinking water (Status) Sufficiency of available water to meet household needs (Coping strategies used) Access to water network per week	Water trucking (Safe to drink)** Insufficient (Spend money usually spent on other things to buy water) 1 - 2 days per week
<b>ELECTRICITY</b>	Access to electricity network per day Access to electricity (Main source) per day	Less than 1 hour 2 - 4 hours (Generator)
<b>EDUCATION</b>	Available education facilities Barriers to education	Pre-conflict primary, secondary, high schools Children who dropped out of school to work in December 2016 have not returned to school since.

\*Arrows indicate change in access since March

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

### Medical services available

Child immunization	✓
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✓
Surgery <sup>3</sup>	✓
Diabetes care	✓
Change since March	↑

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

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

### Availability of medical personnel

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

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

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

All assessed medical items were available in At Tall in April

Change since March



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

None reported.

### Unusual outbreaks of disease:

None reported.

## FOOD

### Change in food situation compared to March:



Food availability and access remained similar in April, compared to March. Increased commercial vehicle access and humanitarian aid deliveries in January led to an improvement in the food situation. As the flour stocks in the community have continuously increased since January, there were no issues to accessing bread in At Tall in April.

### 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

**Other sources:** In contrast to March 2017 where bread was only sometimes available at the market, bread was reported available at the market on more than 21 days in April following an increase in flour stocks.

Change since March



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

Reducing meal size



Skipping meals



Days without eating



Eating non-food plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

No negative coping strategies were reported in At Tall in April.

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

none reported

### CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

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

	At Tall	Nearby areas <sup>8</sup>
Average cost March (SYP) <sup>9</sup>	32934	33328
Change since March <sup>10</sup>		

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

#### Food item availability / prices

Average prices of all assessed food items were generally similar to those of March, with an increase in the price of tomatoes and cucumbers, which is part of a general trend observed across Syria.

#### WASH item availability / prices

All assessed hygiene and sanitation items were reported generally available in April, as had also been the case in March. Prices also remained the same in these two months, but were significantly higher to those in nearby communities not considered hard-to-reach.

#### Fuel availability / prices

All fuel prices saw a decrease in April due to a lack of demand in warmer months. Propane and firewood were reported unavailable in At Tall in April.

**Strategies used to cope with a lack of fuel:** As opposed to March, there were no reports of burning plastics and waste as fuel substitutes, as fuel was available and prices decreased in April.

## 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 March <sup>14</sup>	Nearby non-hard-to-reach areas <sup>9</sup>
	Bread private bakery (pack)	100 <sup>11</sup>		350
	Bread public bakery (pack)	Not available		63
	Rice (1kg)	550 <sup>12</sup>	-8%	550
	Bulgur (1kg)	500 <sup>12</sup>	+11%	275
	Lentils (1kg)	500 <sup>12</sup>	+25%	500
	Chicken (1kg)	1350 <sup>12</sup>		1075
	Mutton (1kg)	5000 <sup>12</sup>		4250
	Tomato (1kg)	350 <sup>12</sup>	+40%	338
	Cucumber (1kg)	300 <sup>12</sup>	+20%	400
	Milk (litre)	250 <sup>12</sup>		200
	Flour (1kg)	150 <sup>12</sup>		250
	Eggs (1)	60 <sup>12</sup>		48
	Iodised salt (500g)	100 <sup>12</sup>		75
	Sugar (1 kg)	500 <sup>12</sup>		438
	Cooking oil (litre)	900 <sup>12</sup>		1275
	Soap (1 bar)	150 <sup>11</sup>		100
	Laundry powder (1kg)	2500 <sup>11</sup>		525
	Sanitary pads (9)	750 <sup>11</sup>		363
	Toothpaste (125ml)	350 <sup>11</sup>		413
	Disposable diapers (24 pack)	2500 <sup>11</sup>		1225
		Butane (cannister)	3000 <sup>12</sup>	-14%
Diesel (litre)		400 <sup>12</sup>	-20%	275
Propane (cannister)		Not available		500
Kerosene (litre)		400 <sup>12</sup>	-20%	Not available
Coal (kg)		400 <sup>12</sup>	-60%	400
Firewood (tonne)	Not available	Not available	63000	



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

## Endnotes

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

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

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

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

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

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

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

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

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

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

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

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

# Syria Community Profile Update: Bait Jan, Rural Damascus

April 2017



**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

**Truce communities:** Beit Saber, Betima and Kafr Hoor

**No truce:** Bait Jan, Mazraet Beit Jin

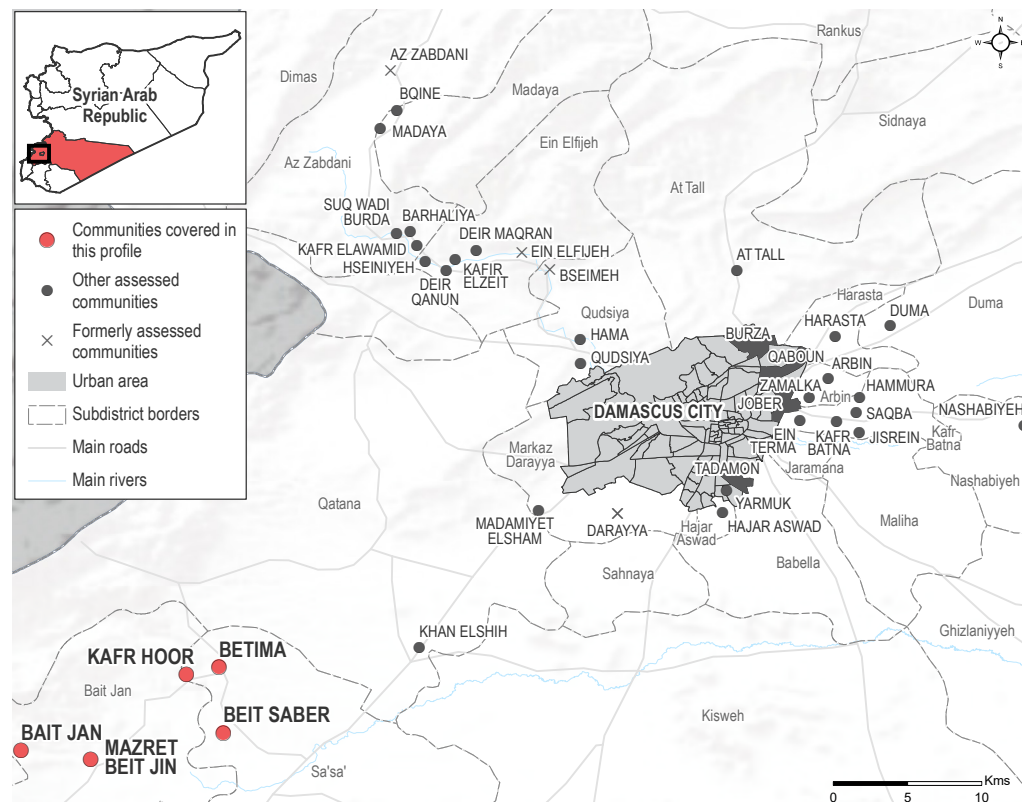
	Bait Jan	Beit Saber	Betima	Kafr Hoor	Mazraet Beit Jin
<b>UN classification</b>	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach
<b>Estimated population (individuals)<sup>1</sup></b>	1400	7200	7000	6500	2000
<b>Of which estimated IDPs<sup>2</sup></b>	180-200	150-200	50-55	25-30	100-150
<b>% pre-conflict population remaining</b>	26 - 50%	76 - 100%	76 - 100%	76 - 100%	51 - 75%
<b>% of population that are female</b>	26 - 50%	51 - 75%	51 - 75%	51 - 75%	26 - 50%
<b>% of female-headed households</b>	1 - 25%	1 - 25%	1 - 25%	1 - 25%	1 - 25%

### SUMMARY

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

**January**, which resulted in the lifting of access restrictions on people and vehicles, leading to notable improvements to the humanitarian situation in all Bait Jan communities in January and February 2017. **In April, truce negotiations with Bait Jan and Mazraet Beit Jin faltered, precipitating increased access restrictions and a return of shelling in the two communities.** This profile presents the situation in the Bait Jan communities during April 2017, with comparisons made to March when appropriate.

The humanitarian situation in the Bait Jan



### CHANGES SINCE MARCH

	Truce communities	No Truce		Truce communities	No 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 April and beginning of May 2017, these updates refer to the situation in April 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

communities diverged in April, declining in communities with no truce agreement (Bait Jan and Mazraet Beit Jin), and remaining mostly unchanged in communities part of a truce agreement (Beit Saber, Betima and Kafr Hoor).

In the former communities, civilians were no longer permitted to use formal access points, and commercial traffic was forbidden from entering the community directly via formal access points. As such, the availability of food, medical, and hygiene and sanitation items declined. However, civilian and commercial traffic was permitted between the truce and non-truce communities, although residents reportedly faced the risk of shelling when nearby the non-truce communities since negotiations deteriorated.

While the humanitarian situation did not significantly change in the communities with a truce agreement, the most notable change particular to these communities was an increase in electrical access, due to lessening of rationing restrictions to the electrical network in April.

## MOVEMENT OF CIVILIANS

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

<b>Change in # people able to leave compared to March in Beit Saber, Betima and Kafr Hoor:</b>	
<b>Change in # people able to leave compared to March in Bait Jan and Mazraet Beit Jin:</b>	

Due to the breakdown in truce negotiations with Bait Jan and Mazraet Beit Jin, only a small number of civilians from these communities were able to use formal access points in April. Since January with the onset of the truce agreement in Beit Saber, Betima and Kafr Hoor, restrictions on movement for civilians in all five communities to the wider area were lifted, and between 76-100% of all residents could enter or exit to the wider area after identification checks. This continued to be the case in Beit Saber, Betima and Kafr Hoor in April, despite the deterioration

of the situation in Bait Jan and Mazraet Beit Jin. Informal entry points: None reported.

### Risks faced when trying to enter or exit

No risks reported.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

<b>Change since March in Beit Saber, Betima and Kafr Hoor:</b>	
<b>Change since March in Bait Jan and Mazraet Beit Jin:</b>	

In April, commercial traffic entering Beit Jan and Mazraet Beit Jan passed through Beit Saber, as official authorities no longer permitted free access to commercial vehicles from outside into these communities. Commercial vehicles continued to have free access to Beit Saber, Betima and Kafr Hoor, as had been the case since the truce agreement in January. No access restrictions were noted in travel between all five communities, although shelling was renewed around Bait Jan and Mazraet Beit Jin after truce negotiations broke down.

### Humanitarian vehicles

<b>Change since March:</b>	
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No humanitarian vehicles have entered the Bait Jan communities since at least November 2016, with some community representatives having previously stated no aid entered the area since the conflict began.\*

### Goods entered

No change in the amount of goods entering Beit Saber, Betima or Kafr Hoor was reported in April, though the quantity entering Bait Jan and Mazraet Beit Jin decreased due to the newly-imposed access restrictions. Previously, no change had been reported since January, when access restrictions were lifted to all communities following the truce agreement.

## HEALTH SERVICES

<b>Change in health situation in Beit Saber, Betima, Kafr Hoor and Mazraet Beit Jin since March:</b>	
<b>Change in health situation in Bait Jan since March:</b>	

Due to the increased access restrictions on the Bait Jan and Mazraet Beit Jin communities, the quantity of medical items in Bait Jan declined when compared to previous months. As Mazraet Beit Jin residents have not reported any medical staff, facilities or goods in the community since assessments began, the situation did not change there due to these increased access restrictions. No changes to the health situation in the communities with a truce agreement (Beit Saber, Betima and Kafr Hoor) were reported in April.

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

The last change to the health situation in all communities occurred in January and February, when increasing amounts of medical items entered the area through commercial traffic following the truce agreement.

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

No known cases across all communities, which has not changed since November 2016.


### Availability of medical personnel

**All communities:** Professionally trained doctors, nurses and midwives;

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

Dentists, veterinarians, pharmacists, medical

or pharmacy students, volunteers with informal or no medical training.

<b>Change since March</b>	
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### Unavailable medical items<sup>4</sup>

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

**Unavailable (in Bait Jan):** Burn treatment.

**Unavailable (in all remaining communities):** Anaesthetics and medical scissors.

The amount of medical items in Bait Jan decreased compared to March, due to the imposition of access restrictions on the community. No medical items have been reported available in Mazraet Beit Jin since assessments began, but community representatives reported no issues in accessing medical supplies from other communities. The overall availability of medical items in the remaining communities has not changed since the onset of the truce in January.

<b>Changes since March in Beit Saber, Betima, Kafr Hoor and Mazraet Beit Jin:</b>	
<b>Changes since March in Bait Jan:</b>	

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

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

1. Heart medicine
2. Diabetes medicine
3. Antibiotics

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

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

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

 **Medical services available**




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

 **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 March	↕	↕	↕	↕	↕

**ACCESS TO SERVICES\***

Electrical access improved in Beit Saber, Betima and Kafr Hour in April, with no other changes to service provision reported in any community since assessments began in November 2016. Communities across the Bait Jan area continued to report sufficient access to water in April. All communities were able to access the water network, with residents of Bait Jan and Mazraet Beit Jin also relying on closed wells. The official authorities eased rationing restrictions on the electrical network in April, improving access for communities using the network. As has been the case since communities were first assessed, Bait Jan and Mazraet Beit Jin relied on generators and solar panels. As was reported in November when the communities were first assessed, all children could access education with no specific barriers by gender reported in April 2017.

	 <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	↑ 1-2 hours	2-4 hours (Network)	↕ Pre-conflict primary, secondary, and high schools	None reported
<b>Betima</b>	↕ Water network (Safe to drink)	Sufficient	1-2 days	↑ 1-2 hours	2-4 hours (Network)	↕ Pre-conflict primary, secondary, and high schools	None reported
<b>Kafr Hour</b>	↕ Water network (Safe to drink)	Sufficient	1-2 days	↑ 1-2 hours	2-4 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; Solar panels)	↕ Pre-conflict primary and secondary schools	None reported

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

## FOOD

Change in food situation compared to March in Beit Saber, Betima and Kafr Hoor:	◆
Change in food situation compared to March in Bait Jan and Mazraet Beit Jin:	▼

In Bait Jan and Mazraet Beit Jin, assessed food prices were between 25-125 SYP more expensive than prices in communities with a truce agreement, likely due to the increased access restrictions imposed in April.

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

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

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

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

**Bait Jan and Mazraet Beit Jin:** Shops.

**Beit Saber, Betima and Kafr Hoor:** Private bakeries.

**Challenges to obtaining bread:** No challenges were reported in any community in April 2017.

Change since March	◆
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### + Deaths attributable to a lack of food<sup>6</sup>

**All communities:** None 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-food plants	✗
Eating food waste	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

In Bait Jan and Mazraet Beit Jin, coping strategies of men and women eating less were reported for the first time since assessments began. No other communities reported the use of any coping strategies, as had been the case for all communities since at least November 2016.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

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

	Bait Jan Average	Nearby areas <sup>9</sup>
Average cost April (SYP) <sup>10</sup>	36674	32328
Change since March	◆	◆

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

### Food item availability / prices

Due to the access restrictions imposed on Bait Jan and Mazraet Beit Jin, prices increased and availability decreased in these communities. The prices of about half of assessed food items were more expensive in Bait Jan and Mazraet Beit Jin than in the remaining communities, although by no more than 125 SYP per item. Notably while all food items in all communities were generally available<sup>11</sup> in March, lentils, chicken, flour and eggs all became sometimes available<sup>12</sup> in Mazraet Beit Jin in April.

The prices of remaining items were largely the same across all communities regardless of access restrictions, with the price of tomatoes and cucumbers increasing by over 50% compared to last month, as has been reported in many communities across Syria.

### WASH Item availability / prices

Soap and laundry powder were reported sometimes available<sup>12</sup> in Bait Jan and Mazraet Beit Jin in April, a decrease compared to March. All other hygiene and sanitation items were reported generally available<sup>11</sup> in all remaining communities, as had been the case for every hygiene and sanitation item in every community in March.

On average, prices of assessed items remained similar to previous months, with no systematic price differences between the Bait Jan communities and nearby communities not considered hard-to-reach.

### Fuel availability / prices

Butane and diesel were the only fuel sources available across Bait Jan communities in April, with firewood reportedly no longer available due to lack of demand in warmer months.

Due to the access restrictions, the price of butane increased to 4,500 SYP/cannister in

Bait Jan and Mazraet Beit Jin in April. The price in remaining communities was 3,100 SYP/cannister in April, remaining unchanged from March. Additionally, butane was reported as sometimes available<sup>12</sup> in Bait Jan in April, having previously been generally available<sup>11</sup> in March.




Butane prices previously increased by over 60% in March, which was attributed to a general fuel shortage that was affecting many communities in Rural Damascus.

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

Coping strategies continued to be reported in Bait Jan and Mazraet Beit Jin in April, as had been the case in March. The same coping strategies were reported in both months, burning plastics was reported in both communities, with the burning of waste and furniture without use also reported in Bait Jan. Prior to March, no coping strategies had been reported in any community since assessments began.

## 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	Bait Jan average	Price change since March <sup>13</sup>	Nearby non-hard-to-reach communities <sup>9</sup>
	Bread private bakery (pack)	60 <sup>11</sup>	◆	300
	Bread public bakery (pack)	Not Available	◆	63
	Rice (1kg)	525 <sup>11</sup>	▼ -5%	525
	Bulgur (1kg)	265 <sup>11</sup>	◆	250
	Lentils (1kg)	520 <sup>11</sup>	▼ -7%	475
	Chicken (1kg)	1060 <sup>11</sup>	◆	1150
	Mutton (1kg)	3516 <sup>11</sup>	◆	4150
	Tomato (1kg)	490 <sup>11</sup>	▲ +63%	225
	Cucumber (1kg)	480 <sup>11</sup>	▲ +60%	275
	Milk (litre)	200 <sup>11</sup>	◆	208
	Flour (1kg)	260 <sup>11</sup>	◆	213
	Eggs (1)	50 <sup>11</sup>	◆	50
	Iodised salt (500g)	50 <sup>11</sup>	◆	78
Sugar (1 kg)	460 <sup>11</sup>	◆	400	
Cooking oil (litre)	1740 <sup>11</sup>	◆	1275	
	Soap (1 bar)	100 <sup>11</sup>	◆	93
	Laundry powder (1kg)	460 <sup>11</sup>	◆	538
	Sanitary pads (9)	455 <sup>11</sup>	◆	350
	Toothpaste (125ml)	435 <sup>11</sup>	◆	413
	Disposable diapers (24 pack)	1140 <sup>11</sup>	▼ -9%	1250
	Butane (cannister)	3660 <sup>11</sup>	▲ +5%	4000
	Diesel (litre)	246 <sup>11</sup>	◆	305
	Propane (cannister)	Not Available	◆	500
	Kerosene (litre)	Not Available	◆	Not Available
	Coal (kg)	Not Available	◆	400
	Firewood (tonne)	Not Available	Available	70000

### Endnotes

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

<sup>2</sup> Figures based on estimates by local actors within communities assessed. Figures based on HNO 2017 population data (January 2016) were reportedly 50-65 (Beit Saber), 25-35 (Betima), 25-35 (Kafr Hour), 180-200 (Bait Jan) and 5,000-5,150 (Mazraet Beit Jin) IDPs.

<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 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. Further this list is not intended to be a comprehensive list of most needed medical items or medicines, but rather indicative of needs that speak to the trend in the priorities of medical items in the area.

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

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

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

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

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

<sup>12</sup> Sometimes available in markets (7-21 days this month)

<sup>13</sup> Price fluctuations of 5% or less were not reported.

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

April 2017



**REACH** Informing more effective humanitarian action

## FOR HUMANITARIAN PURPOSES ONLY

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

### SUMMARY

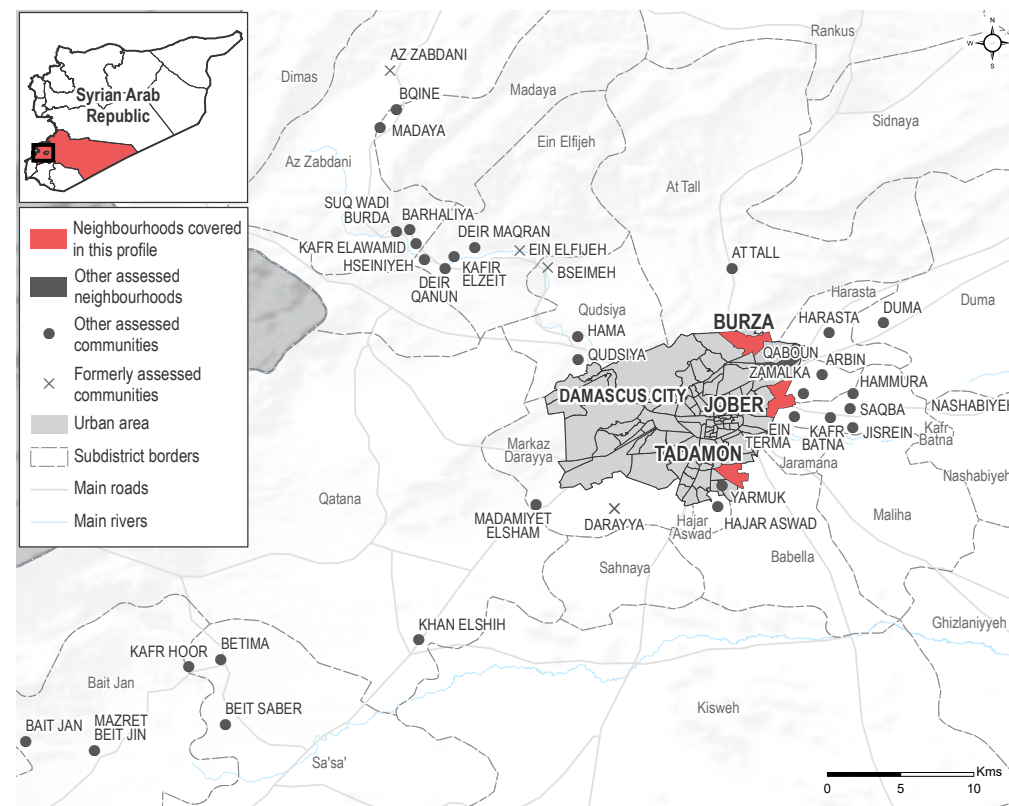
Located in eastern Damascus governorate, the neighbourhoods of Burza, Jober and Tadamon have faced access restrictions since mid-2013. Burza was reclassified as 'besieged' in April 2017. While the profile refers to the situation in April 2017, comparisons were made to changes observed since March, when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

**Overall, the humanitarian situation in Burza and Jober further worsened in April, while it remained stable in Tadamon. In particular, no food, NFIs, fuel or medical items entered Burza in April and no civilian movement was allowed, in contrast to March when civilians fleeing conflict had been allowed to cross into Eastern Ghouta. Conversely, ongoing conflict in Jober prompted civilians to leave the neighbourhood.**

The situation in the three neighbourhoods remained largely stable between June 2016, when the communities were first assessed, and December. Progressively tighter access restrictions have been enforced in Burza since then. While conflict had escalated in Tishreen and Qaboun neighbourhoods in February, causing several hundred people to move into Burza, in early March clashes extended to Burza and to the outskirts of Jober. As a result, several hundred civilians left the two neighbourhoods and moved into Eastern Ghouta. In April, Burza was entirely isolated from other neighbourhoods, and civilian movement was no longer allowed. Conversely, some civilians moved from Jober into Eastern Ghouta during April. In contrast to Burza and Jober, the situation remained stable in Tadamon, despite a temporary decrease in market availabilities due to the closure of a formal access point for four days.

### CHANGES SINCE MARCH

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



### METHODOLOGY

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

Formal restrictions on movement of people and vehicles remained unchanged in Burza and Jober, compared to March. Consequently, no goods entered Burza in April, and only few entered Jober. This had negative consequences on item prices and availabilities in markets in both communities. In particular, nearly none of the items assessed were available in Burza. In April, one of the main access points into Babella, where residents from Tadamon mainly access markets, was closed for four days. While availabilities of items temporarily decreased as a consequence, the situation normalised immediately after the reopening of the route.

The health situation deteriorated in both Burza and Jober due to depleting stocks of medical items and to lower numbers of medical personnel compared to March. Conversely, access to services remained unchanged in all three communities, with no children accessing education in Burza and Jober, and no access to the water or electricity network in Tadamon.

## ACCESS TO SERVICES

After worsening in both Burza and Jober in March, access to education remained unchanged in April. In Burza, security concerns over movement inside the neighbourhood caused parents to keep children at home, and facilities remained closed. In Jober, it was reported that all school-aged children had left the neighbourhood in March, and that school facilities were no longer functioning as a result. Children from Tadamon, where no facilities had been available since assessments began, could access schools in nearby communities. After access to water improved in February, following reparations to the Ein Elfijeh water station in Wadi Burda, no change in access to water was reported in any of the three communities. Similarly, no change in access to electricity was reported.

## MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to March in Burza:	↓
Change in # people able to leave compared to March in Jober and Tadamon:	◊

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

**Burza:** All formal access points have remained closed since January, when hostilities intensified. While civilians wishing to leave the area permanently were sometimes able to exit informally in March, this was no longer the case in April, when the neighbourhood was completely isolated from nearby areas.

**Jober:** No formal entry points were available, as had been the case since the community was first assessed in June 2016, and using informal routes was still associated with risks

of gunfire and shelling. Access restrictions did not change, compared to March, and some residents moved to Eastern Ghouta to escape clashes, as was the case in the previous month. Reportedly, no school-aged children or women remained in the neighbourhood.

**Tadamon:** Women, children and the elderly were allowed to leave the community through formal entry points twice per week, upon presenting documents. This had been the case since assessments began in June 2016. The number of people allowed to leave through both formal and informal routes has remained the same (26-50%) since September 2016.

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

**Burza:** No one tried to leave;

**Jober:** Gunfire, shelling;

**Tadamon:** Gunfire, verbal harassment, detention.

## MOVEMENT OF GOODS AND ASSISTANCE

### 🚚 Vehicles carrying commercial goods

Change since March in all three: ◊

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

### 🚚 Humanitarian vehicles

Change since March in all three: ◊

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

### 📦 Goods entered

**Burza:** Following the closure of all formal access points in February, no food or non-food items could enter Burza for the third consecutive month. Similarly, fuel and medical

	Burza	Jober	Tadamon
<b>💧 WATER</b>	<b>Main source of drinking water (Status)</b> Water network (Water was safe to drink)*	<b>Main source of drinking water (Status)</b> Water network (Water was safe to drink)*	<b>Main source of drinking water (Status)</b> Closed wells (Water was safe to drink)*
	Available water to meet household needs (Coping strategies)	Sufficient	Sufficient
	Access to water network per week	3-4 days	Network unavailable
	<b>Change since March</b>	◊	◊
<b>💡 ELECTRICITY</b>	<b>Access to electricity network per day</b>	2-4 hours	Network unavailable
	Access to electricity (Main source) per day	2-4 hours (Network)	2-4 hours (Generator)
	<b>Change since March</b>	◊	◊
<b>🎓 EDUCATION</b>	<b>Available education facilities</b>	None	None
	Barriers to education	Routes to services unsafe, lack of teaching staff, lack of school supplies	No school-aged children left in the neighbourhood
	<b>Change since March</b>	◊	◊
			Parents do not approve of curriculum, services are too far, routes to services unsafe

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

items had not entered since January and December, respectively. As a result, availability on markets reached critically low levels, and almost none of the items assessed were available on markets this month.

**Jober:** No change was reported compared to March, when a decrease in the amount of goods entering was reported. This was due to the decrease in total population numbers and fewer civilians bringing back food, non-food or fuel items from nearby areas. However, the external medical support that had been provided in March stopped in April, resulting in fewer medical items entering.

**Tadamon:** A temporary decrease in the amount of food, fuel, medical items or NFIs entering Tadamon was reported in April, due to the temporary closure of routes to Yalda and Babella, where residents normally access markets. However, overall this marginally affected availabilities on markets for only four days, before the situation normalised again.

**Tadamon:** No change was reported in Tadamon. Residents could easily cope with a lack of services by accessing medical care in nearby communities, as had been the case since assessments began in June 2016. Barriers to accessing medical services persisted for people living in remote parts of the neighbourhood and people with certain political affiliations.

### Availability of medical personnel

**Burza:** Professionally trained surgeons, nurses and midwives;

**Jober:** Professionally trained nurses;

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

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

Change since March in Burza and Jober:	↓
Change since March in Tadamon:	◊

### Unusual outbreaks of disease<sup>3</sup>

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

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

**Burza:** None;

While civilians had travelled to nearby Qaboun in March to access needed medical services, in April Burza neighbourhood became entirely isolated and this was no longer possible.

**Jober:** Using expired medicine;

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

### Medical services available

	Burza	Jober	Tadamon
Child immunization	✗	✗	✗
Diarrhoea management	✗	✗	✗
Emergency care	✓	✓	✗
Skilled childbirth care	✓	✗	✗
Surgery <sup>4</sup>	✗	✗	✗
Diabetes care	✗	✗	✗
Change since March	◊	↓	◊

No change in available services was reported in Burza in April. Skilled childbirth care was misreported as unavailable in March. Surgery, which had become temporarily available in March in Jober, became again unavailable in April.

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

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

**Jober:** Anti-anxiety, heart and diabetes medicine, contraception, blood transfusion bags, clean bandages, burn treatment;

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

Change since March in Burza and Jober:	↓
Change since March in Tadamon:	◊

### Permanent medical facilities available

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

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

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

### FOOD

Change in food situation in Burza and Jober compared to March:	↓
Change in food situation in Tadamon compared to March:	◊

The food situation worsened in both Burza and Jober this month, compared to March. Ongoing access restrictions resulted in lower food availabilities in Burza. Similarly, Jober was negatively affected by the worsening food situation in nearby communities, where civilians usually purchase their food.

## HEALTH SERVICES

Change in health situation in Burza and Jober:	↓
Change in health situation in Tadamon:	◊

**Burza:** The health situation worsened for the fifth consecutive month, following bans on the entry of medical items and a reduction of the available medical personnel as well as depleting stocks of medicine. Although medical facilities were available in Burza, these were reportedly unable to provide most health services, as had been the case in March.

**Jober:** After improving in March due to medical assistance being provided from nearby areas, the health situation worsened in April. This was due to fewer medical items entering this month, as well as reduced numbers of medical personnel.

Prices of nearly all available items increased significantly for the second consecutive month in Jober and Burza.

No change was reported in Tadamon, despite the temporary four-day closure of one of the main access points to Babella, where civilians most commonly purchase their food.

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

**Burza:** Home production in backyards and roofs.

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

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

**All three neighbourhoods:** Shops;

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

Barriers to accessing bread remained unchanged in April, after being reported in January for the first time since assessments began, and increasing between January and March.

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

Barriers to accessing bread reportedly increased in Jober in April. This was due to the availability of flour and bread reaching critically low levels in nearby communities, where residents of Jober most commonly obtain bread.

Change in availability in Burza and Tadamon since March	📉
Change in availability in Jober since March	📈

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

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

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

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

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

### CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

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

	Burza	Jober	Tad.	Nearby areas <sup>8</sup>
Average cost April (SYP) <sup>9</sup>	No info	62162	29433	30043
Change since March	No info	📈	📉	📉

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

**Jober:** In April, the reported cost of a standard food basket was 99% higher than in March, and was 317% higher than in nearby communities not considered besieged or hard-to-reach;

**Tadamon:** The average price of a standard food basket decreased by 8%, mostly due to lower prices of bread from shops, compared to March, and was 8% lower than in nearby non-hard-to-reach communities.

### 🍷 Food item availability / prices

**Burza:** Availability of assessed food items further decreased in April, with only rice, lentils and bulgur reportedly available on markets this month. Further, compared to March, the prices of these items increased by 113%, on average. Prices were 162% higher than those reported in nearby communities not considered besieged.

**Jober:** In April, availability of food items worsened in Jober, with tomato and cucumber becoming unavailable, compared to March. Further, due to increasing prices in nearby areas where residents normally purchase food, the prices of all assessed items except milk significantly increased. On average, prices were 90% higher than in March and 211% higher than in nearby communities not considered besieged.

**Tadamon:** On average, prices of food items increased by 9% compared to March, and fluctuations observed in April depended on the availability and prices of items in nearby communities, where residents most commonly obtained their food. On average, reported prices were similar to those in nearby communities not considered hard-to-reach.

### 🧴 WASH item availability / prices

The availability of assessed hygiene and sanitation items (soap, laundry powder, toothpaste, sanitary pads, disposable diapers) significantly decreased in Burza, as soap and

laundry powder became unavailable in April. Further, prices of all available sanitation and hygiene items significantly increased in both Burza and Jober this month, compared to March, and remained higher than in nearby communities not considered besieged.

In Tadamon, no change in availabilities was reported in April, while the prices of soap and disposable diapers changed, compared to March. The former item became less expensive (-17%), while the price of the latter marginally increased (+6%). This mostly depended on changing prices in nearby communities, where residents access markets. On average, prices remained similar to nearby communities not considered hard-to-reach.

### 🛢️ Fuel availability / prices

Diesel, which was reported as unavailable in March in Burza, became available in April, only very small quantities were available, and the price for one canister was 805% higher than in nearby communities not considered besieged.

Compared to March, prices of assessed fuel items increased by 45% in Jober in April, after having increased by 56% in March, and butane became unavailable for the first time since assessments began. On average, fuel prices were 533% higher than in nearby communities not considered besieged.

In Tadamon, fuel prices were 119% higher than in nearby non-hard-to-reach communities, while the price of diesel decreased due to higher availabilities in close by neighbourhoods.




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

**Burza:** None;

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

## 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 March <sup>12</sup>	Jober	Price change since March <sup>12</sup>	Tadamon	Price change since March <sup>12</sup>	Nearby non-hard-to-reach areas <sup>8</sup>
<b>Food Items</b> 	Bread private bakery (pack)	Not available	◆	Not available	◆	Not available	◆	199
	Bread public bakery (pack)	Not available	◆	Not available	◆	Not available	◆	50
	Rice (1kg)	1200 <sup>10</sup>	↑ +71%	1850 <sup>10</sup>	↑ +164%	250 <sup>11</sup>	◆	510
	Bulgur (1kg)	1000 <sup>10</sup>	↑ +150%	1100 <sup>10</sup>	↑ +69%	275 <sup>11</sup>	↑ +10%	325
	Lentils (1kg)	1300 <sup>10</sup>	↑ +117%	800 <sup>10</sup>	↑ +14%	450 <sup>11</sup>	◆	520
	Chicken (1kg)	Not available	◆	Not available	◆	Not available	◆	1205
	Mutton (1kg)	Not available	◆	Not available	◆	Not available	◆	4275
	Tomato (1kg)	Not available	◆	Not available	Available	400 <sup>10</sup>	↑ +60%	240
	Cucumber (1kg)	Not available	◆	Not available	Available	500 <sup>10</sup>	↑ +25%	310
	Milk (litre)	Not available	◆	350 <sup>10</sup>	◆	250 <sup>10</sup>	◆	244
	Flour (1kg)	Not available	◆	950 <sup>10</sup>	↑ +58%	300 <sup>11</sup>	◆	280
	Eggs (1)	Not available	◆	145 <sup>10</sup>	↑ +81%	55 <sup>10</sup>	◆	50
	Iodised salt (500g)	Not available	◆	300 <sup>10</sup>	↑ +50%	150 <sup>11</sup>	◆	157
	Sugar (1 kg)	Not available	◆	3200 <sup>10</sup>	↑ +246%	400 <sup>11</sup>	◆	452
	Cooking oil (litre)	Not available	◆	2750 <sup>10</sup>	↑ +129%	750 <sup>11</sup>	◆	818
<b>WASH Items</b> 	Soap (1 bar)	Not available	Available	250 <sup>11</sup>	↑ +25%	125 <sup>11</sup>	↓ -17%	153
	Laundry powder (1kg)	Not available	Available	1900 <sup>11</sup>	↑ +153%	600 <sup>11</sup>	◆	828
	Sanitary pads (9)	750 <sup>10</sup>	↑ +25%	850 <sup>10</sup>	↑ +143%	300 <sup>11</sup>	◆	425
	Toothpaste (125ml)	Not available	◆	550 <sup>11</sup>	↑ +10%	450 <sup>11</sup>	◆	245
	Disposable diapers (24 pack)	Not available	◆	6000 <sup>10</sup>	↑ +122%	1700 <sup>11</sup>	↑ +6%	2170
<b>Fuel</b> 	Butane (cannister)	Not available	◆	Not available	Available	4000 <sup>11</sup>	◆	2980
	Diesel (litre)	2500 <sup>10</sup>	Not available	2500 <sup>10</sup>	↑ +39%	550 <sup>11</sup>	↓ -27%	468
	Propane (cannister)	Not available	◆	Not available	◆	Not available	◆	4250
	Kerosene (litre)	Not available	◆	Not available	◆	Not available	◆	344
	Coal (kg)	Not available	◆	Not available	◆	Not available	◆	338
	Firewood (tonne)	Not available	◆	190000 <sup>11</sup>	↑ +52%	125000 <sup>11</sup>	◆	75000

### Endnotes

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

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

<sup>3</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain neighbourhoods, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the neighbourhoods.

<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 rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

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

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

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

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

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

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


# Syria Community Profile Update: Eastern Ghouta, Rural Damascus

April 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>	39000	153900	23300	18000	20000	14000	19500	4000	24000	12000
 <b>Of which estimated IDPs<sup>1</sup></b>	1930	29900	14300	5850	5270	6300	5770	1300	8500	2640
<b>% pre-conflict population remaining</b>	51-75%	1-25%	1-25%	26-50%	1-25%	51-75%	51-75%	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

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

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

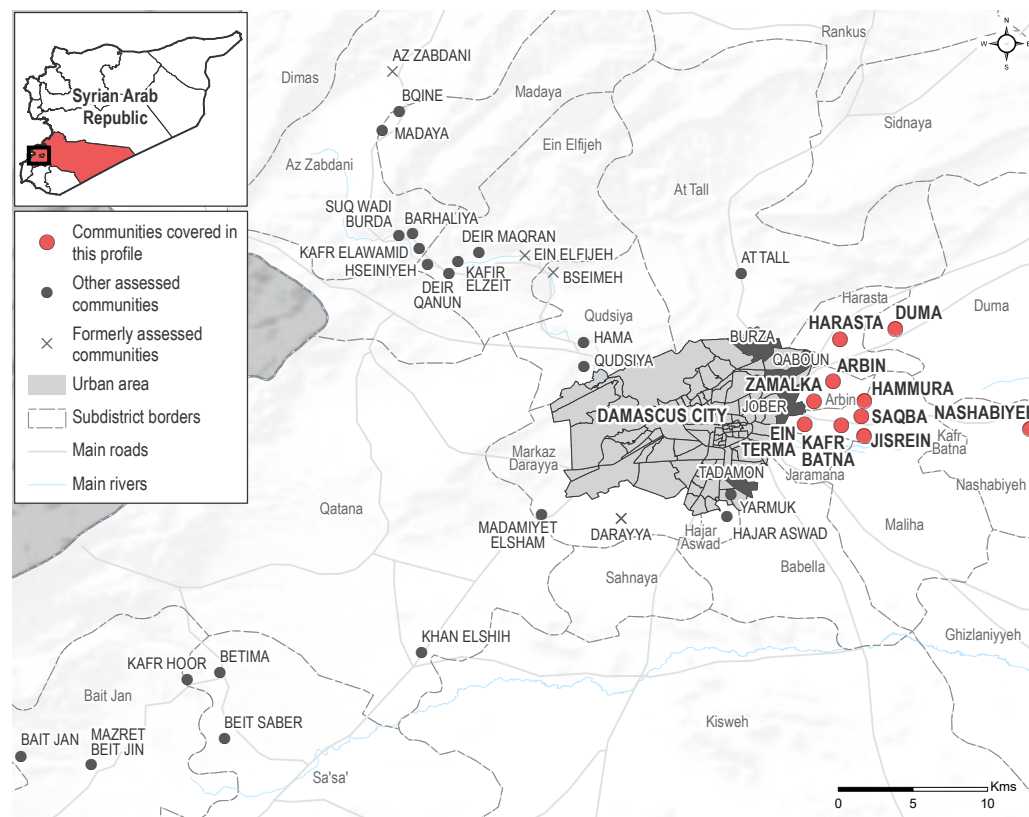
have been classified as besieged since 2014.

**In April, the overall humanitarian situation in Eastern Ghouta further worsened, compared to March. No goods entered the area for the second consecutive month, with significant negative effects on item availabilities and prices. In particular, the price of a standard food basket increased by 73% this month, after having progressively increased since February. Additionally, commercial vehicles stopped circulating in the area, due to fuel shortages.**

**Despite persisting restrictions, the security situation marginally improved compared to March, allowing for the reopening of school facilities. However, at the time of writing, local clashes have erupted in Duma, Harasta and**

### METHODOLOGY

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



**Zamalka. On 2 May, an inter-agency aid convoy reached Duma.**

**However, the effects of these developments on the humanitarian situation within Eastern Ghouta could not be assessed at the time of writing.**

Clashes between parties to the conflict in the Eastern Ghouta area remained minimal until November 2016, when the security situation worsened. After conflict escalated in Nashabiyeh in late 2016, clashes significantly increased in the western areas of Eastern Ghouta in late February and persisted throughout March. Shelling marginally subsided in April, enabling a slight improvement of the security situation this month. Although conflict escalated in parts of Eastern Ghouta at the beginning of May, the effects of this on the humanitarian situation could not be assessed during the current reporting period.

The ability of civilians to leave the wider contiguous area remained unchanged compared to March, when all routes were shut down. Similarly, no commercial vehicles were allowed through the available formal point in April. For the first time since the communities were first assessed in June 2016, no commercial vehicles were able to move between communities, due to critical fuel shortages.

As a result of persisting access restrictions, availabilities and prices of assessed items were negatively affected. Barriers to accessing bread further increased, after being reported in March for the first time since assessments began in June 2016. In the case of fuel, decreasing availabilities were reported for the fifth consecutive month. This resulted in significantly higher prices of electricity across all communities.

Availability of medicine also reduced across most communities, and resulted in worse availabilities of medical services compared to March. Notably, strategies to cope with a lack of medical items and services were reported across all communities for the first time since assessments began.

As a result of ongoing, intense conflict in Nashabiyeh since November 2016, higher security

CHANGES SINCE MARCH	
Access Restrictions on Civilians	↕
Commercial Vehicle Access	↓
Humanitarian Vehicle Access	↓
Access to Basic Services	↑
Health Situation	↓
Core Food Item Availability	↓
Core Food Item Prices	↑
Overall Humanitarian Situation	↓

risks, lower item availabilities and poorer access to services were experienced in this community compared to other communities.

### MOVEMENT OF CIVILIANS

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

<b>Change in # people able to leave compared to March:</b>	↕
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Movement between Eastern Ghouta communities remained relatively unchanged, with people being able to move without restrictions. Access to Nashabiyeh remained comparatively more limited, due to high risk of shelling on roads into and out of the community. Escalation of conflict at the beginning of May also affected civilian movement in the towns of Harasta and Zamalka, although the full extent of the limitations could not be assessed during the reporting period. As had been reported in March, women felt unsafe moving through certain areas in Arbin, Jisrein, Kafr Batna and Zamalka due to harassment.

Very few people were permitted to leave the wider contiguous area through the available formal route in Duma in April, with no reported change since assessments began. Few public sector employees and some retired individuals were in fact allowed to leave upon presenting

### Humanitarian vehicles

<b>Change since March:</b>	↓
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In contrast to March, no humanitarian deliveries entered Eastern Ghouta in April.

On 2 May, an inter-agency aid convoy reached the town of Duma for the first time since October 2016. The convoy consisted of 51 trucks carrying food and medical supplies sufficient for 35,000 people. Reportedly, none of the aid reached other towns in Eastern Ghouta. Further, the effects of the delivery on the humanitarian situation within Duma could not be assessed during the current reporting period.

### Goods entered

No goods entered the wider contiguous area for the second consecutive month. While civilians had been able to procure food and non-food items in Misraba, as well as in Arbin, Kafr Batna and Zamalka, where larger stocks had been available in March, these reserves were mostly depleted in April. This had significant negative effects on food and non-food item availabilities and prices on markets. Similarly, fuel could only be produced locally.

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

**Nashabiyeh:** Shelling and gunfire;

**Other communities:** No one attempted to leave.

### MOVEMENT OF GOODS AND ASSISTANCE

#### Vehicles carrying commercial goods

<b>Change since March:</b>	↓
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No commercial vehicle was allowed to enter the wider contiguous area in April, as had been the case in March. Further, despite a marginal improvement in the security situation, no commercial vehicles were able to move between Eastern Ghouta communities this month. This was due to critical fuel shortages and the attempt to limit fuel consumption.

## ACCESS TO SERVICES\*

After access to education significantly worsened in March due to a poor security situation, all schools which had closed the previous month reopened in Eastern Ghouta communities, with a resulting relative increase in the number of children who were able to access education this month. Further, one school was repaired in Nashabiyeh, where no facilities had been functioning in the previous four months. However, access to electricity further worsened for the second consecutive month due to restricted access to fuel and a reduced ability to operate generators. After local councils had reduced the number of hours of access to electricity provided with subscriptions in March, in April prices per kilowatt were raised (from 900 SYP per kilowatt in March to 1500 SYP per kilowatt in April). Overall, it was reported that hours of access significantly fluctuated on a daily basis this month, depending on the amount of fuel available. No change in access to water was reported in April, as had been the case in March, and all communities reported that available water was sufficient to meet household needs. Water was considered safe to drink in all communities mainly relying on water trucking, while it reportedly smelled or tasted bad in Arbin, Kafr Batna and Zamalka, where populations relied on closed wells. As had been the case in February and March, access to services was worse in Nashabiyeh compared to other communities, as the generator-run electrical system was out of use and only few households could rely on solar alternatives.

	WATER			ELECTRICITY		EDUCATION	
	Main source of drinking water (Status**)	Available water to meet household needs (Coping strategies)	Access to water network per week	Access to electricity network per day	Access to electricity (Main source) per day	Available education facilities	Barriers to education
<b>Arbin</b>	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
<b>Duma</b>	⬆️ Water trucking (Safe to drink)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
<b>Ein Terma</b>	⬆️ Water trucking (Safe to drink)	Sufficient	1-2 days	⬇️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
<b>Hammura</b>	⬆️ Water trucking (Safe to drink)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
<b>Harasta</b>	⬆️ Water trucking (Safe to drink)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
<b>Jisrein</b>	⬆️ Water trucking (Safe to drink)	Sufficient	1-2 days	⬇️ Network unavailable	2 - 4 hours (Generator)	⬆️ Informal schools set up since conflict began	Route to services is unsafe; children need to work
<b>Kafr Batna</b>	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
<b>Nashabiyeh</b>	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	No usable electricity source	⬆️ Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe; lack of teaching staff
<b>Saqba</b>	⬆️ Water trucking (Safe to drink)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	Route to services is unsafe; children need to work
<b>Zamalka</b>	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe

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

## 🏠 Permanent medical facilities available

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

## HEALTH SERVICES

### Change in health situation compared to March: ↓

The health situation in Eastern Ghouta worsened in April for the second consecutive month, as a result of persisting access restrictions and progressively lower medical item availabilities. Further, a significant influx of IDPs during March resulted in higher needs in the area compared to prior months.

While populations in Arbin, Kafr Batna and Zamalka had been able to rely on sufficient medical item stocks in March, these progressively depleted in April, resulting in a reduction of available services in these three communities. Child immunization, which had been provided across all communities in March, was not available in April.

The outbreak of measles that had been reported in February and March persisted in April, while the number of reported deaths due to illness remained unchanged in all communities compared to March.

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

### 🏠 Medical facilities and services

As had been the case since assessments began in June 2016, some medical facilities were functioning across all Eastern Ghouta communities in April (see table above), with no change reported compared to March.

Conversely, the availability of medical services significantly reduced this month. No child immunization was provided in April, diarrhea management became unavailable in Nashabiyeh, where no services were available this month, and diabetes care became unavailable in Arbin, Kafr Batna and Zamalka.

As had been the case in March, only simple surgery could be carried out in Harasta, Ein Terma and Jisrein, and patients were sent to other towns when in need of more advanced surgical interventions.

Barriers to accessing healthcare persisted in Nashabiyeh, where people with physical constraints (e.g. with disabilities, injured) and people who lived in certain locations in the community (e.g. people who lived far from facilities, people who lived in certain neighbourhoods) could not travel to the nearest available services in other communities.

Change since March



### 👤 Availability of medical personnel

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

The number of available trained medical personnel, as well as the number of volunteers with informal or no medical training, remained unchanged since January across most communities.

Change since March



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

Availabilities of medical items decreased in all communities assessed in April, compared to March. In particular, the availability of blood transfusion bags further reduced across most communities, after having decreased in March.

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

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

Change since March



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

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

1. Antibiotics
2. Blood transfusion bags
3. Anaesthetics
4. Assistive devices

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

Due to depleting stocks of medical items, strategies to cope with a lack of medicine were reported across all assessed communities in April, for the first time since assessments began. These included sharing resources between medical facilities or using expired medicine.


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

In April, the outbreak of measles first reported in February in Ein Terma persisted, after having extended to all assessed communities in March. Acute respiratory infections reportedly remained prevalent across Eastern Ghouta. However, this could not be verified by independent medical reports.

 **Medical services available**

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


**FOOD**

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

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

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

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

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

All: Shops.

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

Access to bread further decreased in April, compared to March, when barriers to

accessing bread had been reported for the first time since assessments began.

Challenges to accessing bread were reported across all communities. Further, several bakeries reportedly had to shut down in April due to a lack of flour.

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

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy



Strategies to cope with a lack of food reportedly remained unchanged in Eastern Ghouta since assessments began.

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

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

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

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

	Eastern Ghouta	Nearby areas <sup>8</sup>
Average cost April (SYP) <sup>9</sup>	119758	33328
Change since March <sup>10</sup>		

On average, the cost of a standard food basket increased by 73% in April compared to March, and was 271% more expensive than in nearby communities not considered besieged or hard-to-reach.

 **Food item availability / prices**

In April, chicken and tomato became entirely unavailable on markets across Eastern Ghouta, while most other items remained

generally available.<sup>11</sup>

Further, as had been the case in March, prohibitive prices resulted in greater barriers to purchasing available foods. Due to persisting access restrictions and reduced mobility of commercial vehicles inside Eastern Ghouta, prices of assessed food items increased for the third consecutive month; they were 66% higher than those reported in March, and 200% higher than those in nearby non-hard-to-reach communities. All prices increased, except those of red lentils and cucumber, with sugar (+208%), rice (+129%) and cooking oil (+120%) experiencing the most significant rise this month.

 **WASH item availability / prices**

Due to persisting access restrictions, no sanitation and hygiene items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) entered the Eastern Ghouta area in April for the third consecutive month.

No significant change in item availability on markets was reported, and assessed items were all generally available,<sup>11</sup> as had been the case since assessments began. This was due both to the ease with which

these items can be stored, compared to food, and to populations prioritising other types of purchases, such as food and fuel. Consequently, available stocks of hygiene and sanitation items did not significantly reduce in February or March.

Nevertheless, all prices except sanitary pads increased for the third consecutive month and were 53% higher than in March. Reported prices were also 197% higher than those in nearby communities not considered besieged or hard-to-reach.

### Fuel availability / prices

Fuel availability in the Eastern Ghouta area decreased for the fifth consecutive month due to persisting access restrictions. Notably, butane became unavailable in April, while the only remaining fuel sources were diesel and firewood.




Diesel continued to be produced locally through the altering of plastics as had been the case in February and March.

On average, prices of available fuel items increased by 16% compared to March, and were 421% higher than in nearby communities not considered besieged or hard-to-reach.

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

**All communities:** Burning furniture without use, burning productive assets, burning plastics and waste.

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

	Item	Eastern Ghouta average	Price change since March <sup>10</sup>	Nearby non-hard-to-reach communities <sup>8</sup>
	Bread private bakery (pack)	783 <sup>11</sup>	↑ +48%	350
	Bread public bakery (pack)	Not available	◇	63
	Rice (1kg)	1820 <sup>11</sup>	↑ +129%	550
	Bulgur (1kg)	1000 <sup>11</sup>	↑ +54%	275
	Lentils (1kg)	885 <sup>11</sup>	◇	500
	Chicken (1kg)	Not available	Available	1075
	Mutton (1kg)	3800 <sup>11</sup>	↑ +28%	4250
	Tomato (1kg)	Not available	Available	338
	Cucumber (1kg)	833 <sup>11</sup>	◇	400
	Milk (litre)	300 <sup>11</sup>	↑ +20%	200
	Flour (1kg)	1020 <sup>11</sup>	↑ +57%	250
	Eggs (1)	153 <sup>11</sup>	↑ +91%	48
	Iodised salt (500g)	333 <sup>11</sup>	↑ +33%	75
	Sugar (1 kg)	2960 <sup>11</sup>	↑ +208%	438
	Cooking oil (litre)	2665 <sup>11</sup>	↑ +120%	1275
	Soap (1 bar)	260 <sup>11</sup>	↑ +41%	100
	Laundry powder (1kg)	2200 <sup>11</sup>	↑ +120%	525
	Sanitary pads (9)	800 <sup>11</sup>	◇	363
	Toothpaste (125ml)	500 <sup>11</sup>	↑ +14%	413
	Disposable diapers (24 pack)	5700 <sup>11</sup>	↑ +86%	1225
	Butane (cannister)	Not available	Available	3100
	Diesel (litre)	1950 <sup>11</sup>	↑ +12%	275
	Propane (cannister)	Not available	◇	500
	Kerosene (litre)	Not available	◇	Not available
	Coal (kg)	Not available	◇	400
	Firewood (tonne)	209500 <sup>11</sup>	↑ +20%	63000

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

### Endnotes

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

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

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

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

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

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

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

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

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

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

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

# Syria Community Profile Update: Hajar Aswad, Rural Damascus

## April 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. Hajar Aswad was first assessed in June 2016, and since then, the security situation in the community has been stable. The community was reclassified as hard-to-reach from besieged in January 2017.

**Movement of people and goods remained severely restricted in April, while access to basic commodities and humanitarian aid continued to depend on individuals bringing items from nearby communities. The health situation has experienced a slow deterioration since December 2016, with continued use of coping strategies and a decrease in availability of several medical items reported in April. Meanwhile, there was increased fuel availability and a reported decrease in fuel prices.**

Women, children and the elderly continued to be able to formally enter and exit the community twice a week, with proper identification. Women faced verbal and sexual harassment when using formal routes, but there have been no reports of physical violence at checkpoints since February. **Threat of detention by authorities remained a reported barrier for men wishing to access formal routes, which has also negatively impacted their access to medical care.** Some women, however, have been able to seek medical care outside of the city for childbirth since February.

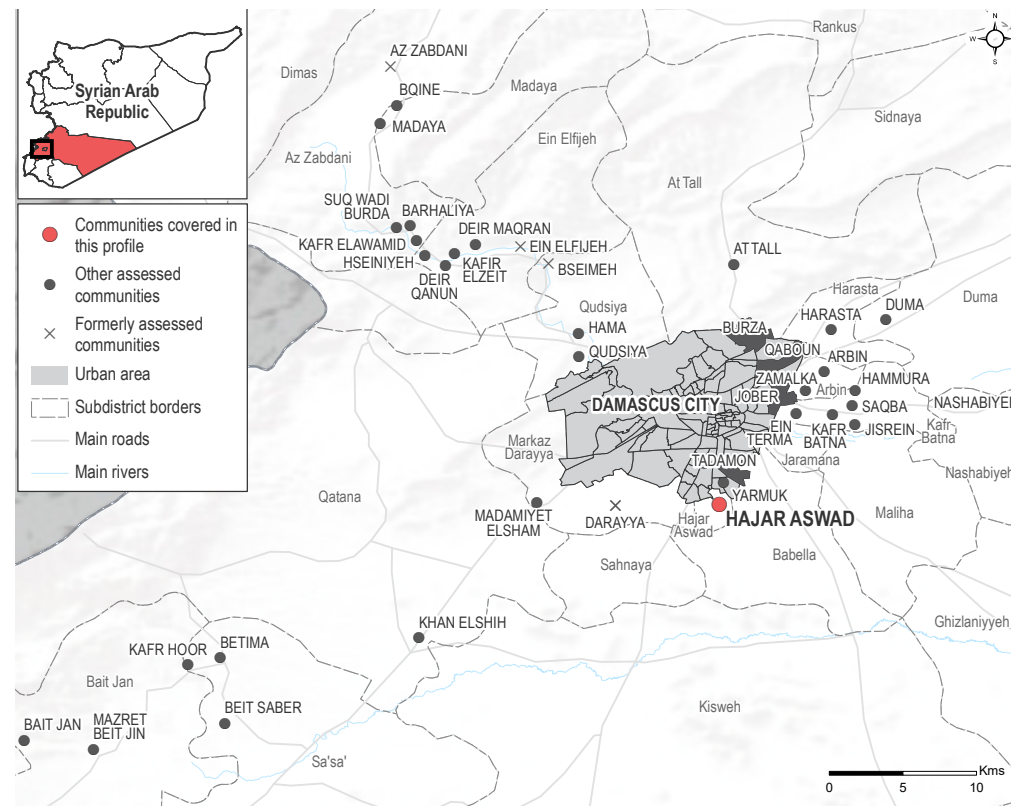


<b>UN classification:</b>	Hard-to-reach
<b>Estimated population<sup>1</sup>:</b>	4500
<b>Of which IDPs<sup>1</sup>:</b>	320
<b>% pre-conflict population remaining:</b>	1-25%
<b>% population female:</b>	1-25%
<b>% of female-headed households</b>	1-25%

**Humanitarian and commercial vehicles have not been allowed into Hajar Aswad since assessments began.** Limited amounts of food, NFIs and medical items entered in April via civilians purchasing items or obtaining aid in the nearby communities of Yalda and Babella. In April, populations brought fewer medical items into the community, resulting in a reported decrease in these items.

Water and electricity networks remained unavailable in April, with residents continuing to rely on wells and generators for the respective services. **Water supplies were reportedly insufficient, and electricity extremely limited.** Meanwhile, access to education was hindered by damaged facilities, a shortage of teaching staff, and some children being required to work for economic reasons.

Access to fuel improved in April, with decreased prices and the reentry of coal into the market for the first time since assessments began in June 2016.



#### CHANGES SINCE MARCH

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

## MOVEMENT OF CIVILIANS

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



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

Approximately 11-25% of the population utilised formal routes in April, which has been the case since the community was first assessed. Women, children and the elderly reportedly used routes to buy goods and collect remittances (hawala transfers) from nearby areas; they were permitted to leave 1-2 times per week with proper identification. Meanwhile, men reportedly used informal routes to avoid the reported risk of detention at checkpoints.

Informal points used: Yes.

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

Shelling, gunfire, detention, verbal and sexual harassment.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since March:**



Unable to enter since assessments began.

### Humanitarian vehicles

Unable to enter since assessments began.

**Change since March:**



### Goods entered

No commercial or humanitarian vehicles reportedly accessed Hajar Aswad in April. Goods entered via individuals obtaining items from the nearby communities of Yalda and Babella, as has been the case since assessments began. In April, there was a reported decrease in the number of medical

items brought back by individuals to Hajar Aswad, due to fluctuations in the number of people entering and exiting the community.

## HEALTH SERVICES

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



The health situation in Hajar Aswad has remained relatively consistent since June 2016 in terms of access to services and medical facilities. However, there was a decrease reported in the availability of several assessed medical items in April. As the entry of medical items depends upon individuals obtaining them from outside of Hajar Aswad, the number of items entering can vary in a given month.

Detention at checkpoints remained a reported barrier to men accessing medical care outside of Hajar Aswad. In contrast, some women were able to access improved care during childbirth from nearby communities for the third consecutive month. Though there were reportedly no specialised obstetric services in these areas, there was generally better access to medical equipment and services, such as surgery.

### Permanent medical facilities available

Mobile clinics / field hospitals	✓
Informal emergency care points	✗
Pre-conflict hospitals	✗
Primary healthcare facilities	✗
<b>Change since March</b>	

### Availability of medical personnel

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

**Others providing medical services:**

Pharmacists, volunteers with informal medical

## ACCESS TO SERVICES

In April, access to services remained unchanged, and has stayed relatively constant since assessments began in June 2016. Water and electricity networks continued to be unavailable, and residents relied on generators and closed wells for electricity and water, respectively. In October 2016, the number of children attending school declined, as some children were withdrawn from schools in order to work. They have reportedly not returned to school as of April.

<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 (Modify hygiene practices e.g. bathing less)
		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 per day (Generators)
<b>EDUCATION</b>		Available education facilities	Pre-conflict primary, secondary, high schools
		Barriers to education	Facilities destroyed, children need to work (primarily boys), lack of teaching staff

\*Arrows indicate change in access since March.

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

training.

**Change since March**



### Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery <sup>3</sup>	✗
Diabetes care	✓

**Change since March**



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

Recycling medical items (e.g. bandages,

syringes, needles, etc.), sharing resources between medical facilities.

Reusing medical items and sharing resources between medical facilities have been reported since December and January, respectively.

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

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

**Change since March**



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

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

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

None reported since December 2016.

## FOOD

### Change in food situation compared to March:



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

Purchasing from shops and markets in neighbouring communities.

In April, food items could be obtained from aid distributions in the nearby communities of Yalda and Babella, which has been the case since assessments began in June 2016, with the exception of March. Residents of Hajar Aswad could also purchase items in these two communities.

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

**Most common source:** Shops in nearby neighbourhoods.

**Challenges to obtaining bread:** Private and public bakeries in Hajar Aswad remained out of service in April, while additional barriers to obtaining bread included prohibitive prices for flour and lack of availability of flour and wheat. Since September 2016, bread has been available for purchase in the nearby neighbourhoods of Babella and Yalda.

Change since March



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

Reducing meal size



Skipping meals



Days without eating



Eating non-food plants



Eating food waste



Reportedly used as a coping strategy

Not reportedly used as a coping strategy

Reducing meals has been reported since the community was first assessed in June 2016. Meanwhile, skipping meals altogether has not been reported since August 2016, though men reportedly continued to eat less, so that women and children could eat more.

### CORE FOOD ITEM / NFI AVAILABILITY AND PRICE

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

	Hajar Aswad	Nearby areas <sup>8</sup>
Average cost April (SYP) <sup>9</sup>	32082	33328
Change since March <sup>10</sup>		

The average cost of a standard food basket remained constant in Hajar Aswad in April, after having increased by 18% in March, due to a previous 100 SYP increase in the price of bread sold in shops. The price of a food basket in Hajar Aswad was comparable to that of neighbouring, non-hard-to-reach communities in both March and April.

#### Food item availability / prices

Due to a shortage across Rural Damascus, the price of tomatoes rose by 40% in April, while the price of sugar also rose by 13%. However, the price of flour decreased by 17%. All items other than bread from bakeries remained sometimes available.<sup>11</sup>

#### WASH item availability / prices

The availability and prices of assessed items have stayed constant since November 2016, with the exception of a 33% decrease in the price of soap in April. Laundry powder remained 90% more expensive in Hajar Aswad than in nearby non-hard-to-reach areas, while sanitary pads were reportedly 31% cheaper in Hajar Aswad.

#### Fuel availability / prices

In April, firewood remained unavailable for the second consecutive month, and propane for the third, while coal was reported sometimes available for the first time since assessments began. Meanwhile, the price of butane decreased by 20%, while the prices of diesel and kerosene decreased by 9% each. Despite this decrease, diesel was 82% more expensive in Hajar Aswad than in nearby non-hard-to-reach communities.

**Strategies used to cope with a lack of fuel:** The only coping strategies reported in April were burning plastics and waste. Previously, burning furniture with or without use, in addition to plastics and waste, had been reported since October 2016, while burning clothes was reportedly in use since December.

### 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	Hajar Aswad	Price change since March <sup>12</sup>	Nearby non-hard-to-reach areas <sup>8</sup>
Food Items	Bread private bakery (pack)	Not available		350
	Bread public bakery (pack)	Not available		63
	Rice (1kg)	350 <sup>11</sup>		550
	Bulgur (1kg)	250 <sup>11</sup>		275
	Lentils (1kg)	250 <sup>11</sup>		500
	Chicken (1kg)	1350 <sup>11</sup>		1075
	Mutton (1kg)	5000 <sup>11</sup>		4250
	Tomato (1kg)	350 <sup>11</sup>	+40%	338
	Cucumber (1kg)	250 <sup>11</sup>		400
	Milk (litre)	250 <sup>11</sup>		200
	Flour (1kg)	250 <sup>11</sup>	-17%	250
	Eggs (1)	60 <sup>11</sup>		48
Iodised salt (500g)	200 <sup>11</sup>		75	
Sugar (1 kg)	450 <sup>11</sup>	+13%	438	
Cooking oil (litre)	700 <sup>11</sup>		1275	
WASH Items	Soap (1 bar)	100 <sup>11</sup>	-33%	100
	Laundry powder (1kg)	1000 <sup>11</sup>		525
	Sanitary pads (9)	250 <sup>11</sup>		363
	Toothpaste (125ml)	400 <sup>11</sup>		413
	Disposable diapers (24 pack)	1500 <sup>11</sup>		1225
Fuel	Butane (cannister)	3200 <sup>11</sup>	-20%	3100
	Diesel (litre)	500 <sup>11</sup>	-9%	275
	Propane (cannister)	Not available		500
	Kerosene (litre)	500 <sup>11</sup>	-9%	Not available
	Coal (kg)	500 <sup>11</sup>	Not available	400
Firewood (tonne)	Not available		63000	



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

## Endnotes

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

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

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

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

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

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

<sup>7</sup> Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: February 2017' (link here). As bread was unavailable in private and public bakeries in Hajar Aswad, no prices were available for bread sold in bakeries in the community. However, the food basket price for Hajar Aswad for April was calculated using the reported price of bread sold in shops (300 SYP).

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

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

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

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

### FOR HUMANITARIAN PURPOSES ONLY

#### SUMMARY

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

**On 14 March 2017, a second truce agreement was signed ending the fighting in Al Waer,** which loosened access restrictions for civilians and commercial vehicles, and provided for the evacuation of fighters and willing residents to Idleb, Jarablus or rural Homs. Media reports indicated approximately 80% of residents were expected to evacuate, with transport provided weekly since the truce agreement. These evacuations were still ongoing at the time of writing. **By the end of April, community representatives estimated approximately 60% of the pre-truce population had left the neighborhood.**

Overall, the humanitarian situation in Al Waer continued to improve in April, mainly driven by increased service provision and food price changes in the community. In April, **electrical network access was restored. In addition, water networks were repaired, so water access was no longer insufficient** as had been the case in March. The departure of over half of

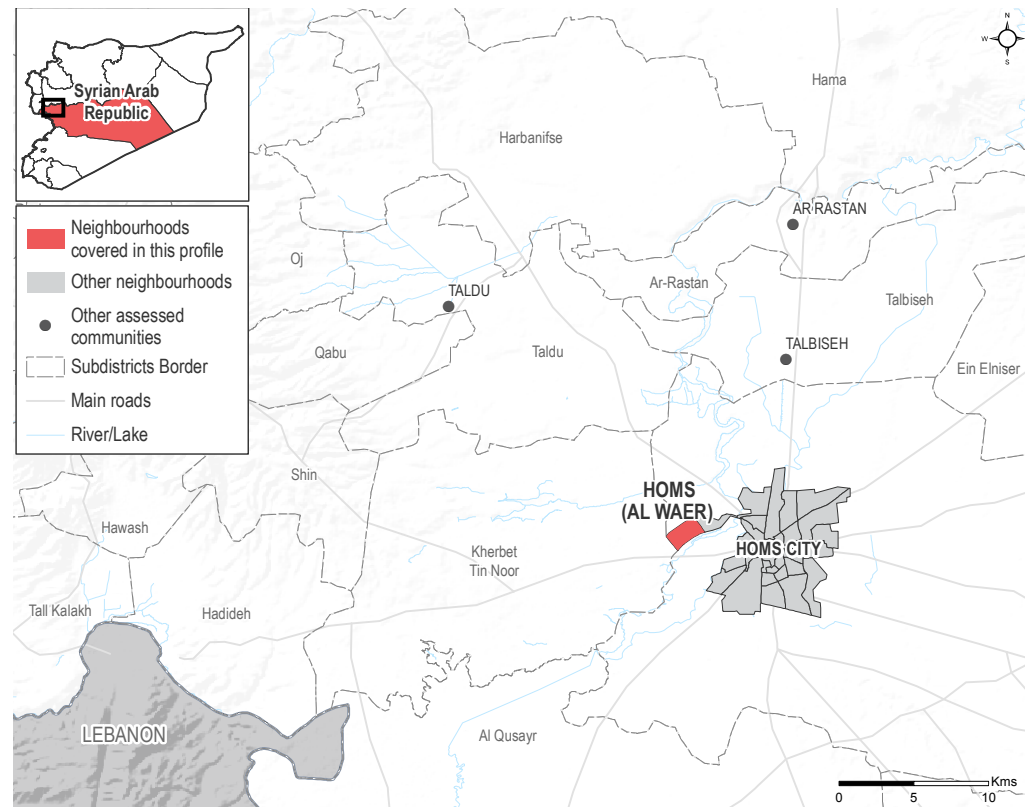


<b>UN classification:</b>	Besieged
<b>Estimated population<sup>1</sup>:</b>	20000-25000
<b>Of which IDPs<sup>1</sup>:</b>	17000-19000
<b>% pre-conflict population remaining:</b>	1-25%
<b>% population female:</b>	1-25%
<b>% of female-headed households</b>	1-25%

community residents also likely eased pressure on these networks. **Food prices as a whole also continued to decrease in April, though less dramatically than in March,** when some price increases were also observed. The most significant price increases were observed in flour (+50%) and tomatoes (+29%); price increases in the latter have been observed in many communities throughout Syria.

**Access restrictions on civilians, commercial and humanitarian vehicles did not change in April.** The health situation also did not significantly change, despite the closure of some medical facilities and departure of many medical workers. This was attributed to decreasing medical demands in the community due to the departure of many residents through evacuations.

Commercial vehicles were still not permitted to bring medical items in the community, although some residents were able to bring back medicines



#### CHANGES SINCE MARCH

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

for personal use through the access point in April. As such, **no significant replenishment of depleted medical stocks was reported in the community**, and notable medical item shortages and coping methods such as recycling old medical items continued to be reported.

Schools re-opened in March after closing in February for the first time since assessments began in June 2016 due to conflict-related insecurity. However, only a few students returned to school due to the ongoing evacuations in the community, and this number further declined in April.

## MOVEMENT OF CIVILIANS

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



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

Following the signing of the truce agreement on 14 March, the formal access point was re-opened and approximately 11-25% of the population (students, public sector employees, retirees, women, children, and men who did not perceive a risk of detainment) were able to use it. In April, between 76-100% of civilians were able to use the formal point after registering with the authorities. This percentage change was mainly due to the decrease in population of Al Waer through evacuations and increased use of the formal point among remaining residents, not a change in access restrictions at the formal point from the end of March.

No informal points have been reportedly used since November 2016.

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

No risks reported.

## MOVEMENT OF GOODS AND ASSISTANCE

### 🚚 Vehicles carrying commercial goods

**Change since March:**



In April, commercial vehicles continued to be permitted entry into Al Waer upon presentation of documents and after a search, as had been the case since 14 March. The rate of commercial traffic in April did not change compared to the last two weeks of March.

### 🚚 Humanitarian vehicles

**Change since March**



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

### 📦 Goods entered

Commercial vehicles have been allowed to bring in food and non-food items since the implementation of the truce agreement on 14 March, which significantly increased availability of these items compared to February. This commercial traffic continued through April, though the rate of commercial traffic did not change from the last two weeks of March.

However, the entry of fuel and medical items has remained restricted since the truce agreement, and consequently, the community was mostly limited to use the stocks available from before the truce. In April, some civilians were able to obtain medicine for personal use by traveling outside Al Waer, slightly increasing the amount of medical stocks compared to March.

## HEALTH SERVICES

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



Many medical workers left as part of the evacuations, and a field hospital and clinic

## ACCESS TO SERVICES

Water and electrical access increased in April, as authorities repaired damaged water pipes and reactivated the electrical network in Al Waer. Previously, water access was reported insufficient in March due to pipe damage attributed to shelling, and power outages were much more common and included a ten-day shut-down of the electrical network prior to the truce agreement in March. The massive decrease in population also likely decreased pressure on services for the remaining residents.

Schools were re-opened after the truce, but few children returned due to the evacuations in the community. This number reportedly declined even further in April following the continuing evacuations.

💧 <b>WATER*</b>	↑	Main source of drinking water (Status)	Water network (Safe to drink)**
		Sufficiency of available water to meet household needs (Coping strategies used)	Sufficient
		Access to water network per week	7 days
💡 <b>ELECTRICITY*</b>	↑	Access to electricity network per day	4 - 8 hours
		Access to electricity (Main source) per day	4 - 8 hours (Main network)
🏠 <b>EDUCATION*</b>	◊	Available education facilities	Pre-conflict primary, secondary, high schools

\*Arrows indicate change in access since March

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

closed in April. However, as population declined, so did medical needs; overall, medical access for remaining residents has reportedly not changed due to these factors.

However, medical items continued to be prohibited from entering through commercial traffic in April, so the continued depletion of medical items from previous months remained unaddressed. Across assessed items, only clean bandages were reported available, with diabetes, heart and blood pressure medicine sometimes available as some civilians were able to bring personal medicine from outside the community. The recycling of used medical supplies was reportedly still in place in April.

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

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

**Sometimes available:** Heart, blood pressure and diabetes medicine.

**Available:** Clean bandages.

### 🏠 Permanent medical facilities available

Mobile clinics / field hospitals	✓
Informal emergency care points	✓
Pre-conflict hospitals	✓
Primary healthcare facilities	✓
<b>Change since March</b>	↓

One field hospital and clinic closed in April, decreasing the number of healthcare facilities in Al Waer.

### ⊕ Unusual outbreaks of disease<sup>4</sup>

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

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

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

**Change since March**



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

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

### Availability of medical personnel

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

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

Change since March



### Medical services available

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

Change since March



Available services remained unchanged from before the truce agreement. Child immunization and diabetes care became unavailable in February due to stock depletion, and the intermittent availability of diarrhea management and surgery reported from the same time period was attributed to insufficient stocks.

### FOOD

Change in food situation compared to March:



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

None reported since January.

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

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

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

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

Reportedly used as a coping strategy

Not reportedly used as a coping strategy

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

**Most common source:** Public bakeries

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

Bread became available in Al Waer on 16 March after the truce agreement was signed, through commercial deliveries from public bakeries outside Al Waer.

Change since March



### CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

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

	Al Waer	Nearby areas <sup>9</sup>
Average cost April (SYP) <sup>8</sup>	12347	34960
Change since March		

The average cost of a standard food basket in Al Waer plummeted by a further 11,560 SYP in April, building on major decreases in

March. The cost of a foodbasket in Al Waer had previously dropped by 22,259 SYP in March due to the truce agreement, despite the inclusion of bread which was unavailable in February. Reportedly, the changes this month were due to the selling of goods by people evacuating from the community. All goods were reported generally available<sup>10</sup> in Al Waer except chicken and mutton, which were reported as sometimes available.<sup>11</sup>

### Food item availability / prices

Prices for half of the assessed food items continued to decline in April, with the prices of rice and lentils dropping by over 80%, continuing a steep decline from after the truce agreement. The price declines were attributed by community representatives to residents selling stocks prior to evacuation.

Price increases were reported in five assessed food items in April, including a 50% increase in the price of flour and a 29% increase in the price of tomatoes. As a durable and transportable good, the rise in the price of flour may be linked to individuals purchasing this good to take with them during the evacuations, while tomato price increases have been reported in many locations throughout Syria.

Food prices were on average 6% more expensive than in nearby not hard-to-reach communities in April, compared to 594% higher in February prior to the truce agreement. However, the prices of some items such as lentils and rice are much cheaper in Al Waer, contributing to the divergence in food basket prices.

### WASH item availability / prices

Prices and availability of assessed hygiene and sanitation items did not change in April, after decreasing by an average of 610 SYP per item after the truce agreement in March.

In March, the prices of these items were twice as expensive as in nearby communities not considered besieged or hard-to-reach.

### Fuel availability / prices




Fuel prices continued to decline in April, following significant decreases from after the truce agreement in March. The most significant change was an approximately 70% drop in the price of butane and diesel. Firewood also became unavailable in April, as has been reported in several communities due to lack of demand in warmer months.

Butane and diesel were approximately 40% cheaper in Al Waer than in nearby communities not considered besieged or hard-to-reach in April, while coal was 33% more expensive. In the case of butane and diesel, this was likely due to the continuing sale of stockpiles of fuel due to expectations of commercial deliveries resuming, compounded by a decrease in demand due to the ongoing evacuation of residents.

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

Burning clothes and plastics were reported in April, with no reports of burning furniture without use which had been the case in March.

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

	Item	AI Waer	Price change since March <sup>12</sup>	Nearby non-hard-to-reach areas <sup>9</sup>
 <b>Food Items</b>	Bread private bakery (pack)	500 <sup>11</sup>	Not available	172
	Bread public bakery (pack)	80 <sup>10</sup>	↓ -20%	80
	Rice (1kg)	50 <sup>10</sup>	↓ -80%	183
	Bulgur (1kg)	50 <sup>10</sup>	↓ -75%	217
	Lentils (1kg)	60 <sup>10</sup>	↓ -87%	547
	Chicken (1kg)	1000 <sup>10</sup>	↓ -23%	1142
	Mutton (1kg)	3000 <sup>10</sup>	↓ -25%	2667
	Tomato (1kg)	450 <sup>10</sup>	↑ +29%	275
	Cucumber (1kg)	300 <sup>10</sup>	↓ -29%	242
	Milk (litre)	350 <sup>10</sup>	↑ +17%	242
	Flour (1kg)	300 <sup>10</sup>	↑ +50%	175
	Eggs (1)	40 <sup>10</sup>	◇	53
	Iodised salt (500g)	50 <sup>10</sup>	◇	68
	Sugar (1 kg)	400 <sup>10</sup>	↑ +14%	417
	Cooking oil (litre)	700 <sup>10</sup>	↑ +8%	775
 <b>WASH Items</b>	Soap (1 bar)	100 <sup>10</sup>	◇	72
	Laundry powder (1kg)	700 <sup>10</sup>	◇	375
	Sanitary pads (9)	200 <sup>10</sup>	◇	500
	Toothpaste (125ml)	100 <sup>10</sup>	◇	150
	Disposable diapers (24 pack)	2000 <sup>10</sup>	◇	500
 <b>Fuel</b>	Butane (cannister) <sup>13</sup>	13000 <sup>10</sup>	↓ -68%	9167
	Diesel (litre)	1500 <sup>11</sup>	↓ -73%	763
	Propane (cannister)	Not available	◇	Not available
	Kerosene (litre)	Not available	◇	400
	Coal (kg)	1000 <sup>10</sup>	↓ -33%	500
	Firewood (tonne)	Not available	Available	75000

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

### Endnotes

<sup>1</sup> Figures based on population estimates by local actors within the community. Their assessments in March estimated 30,000-35,000 individuals, including 20,000-25,000 IDPs. Figures based on HNO 2017 population data estimate 50,000 residents, and approximately 25,000 IDPs (December 2016).

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

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

<sup>4</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

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

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

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

<sup>8</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 May 2017).

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

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

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

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

# Syria Community Profile Update: Khan Elshih, Rural Damascus

## April 2017



**REACH** Informing more effective humanitarian action

### FOR HUMANITARIAN PURPOSES ONLY

#### SUMMARY

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

**Khan Elshih was classified as besieged in November 2016, but the humanitarian situation in Khan Elshih improved slightly in April compared to the situation of the previous five months following the truce. The community was reclassified by the UN as hard-to-reach at the end of April.**

Although no humanitarian vehicles entered in April, commercial vehicles continued providing food, NFIs, medical supplies and fuel to the community. Medical stocks increased, while access to water, electricity and education remained unchanged.

The number of residents accessing formal access points in Khan Elshih increased slightly in April, as groups with certain political affiliations could move more freely, but women reportedly continued to face sexual harassment at checkpoints. Restrictions on the quantities brought in via commercial vehicles remained. Commercial vehicles were reportedly subject to fees for entering Khan Elshih. Contrary to March 2017, risks of detention were not reported.

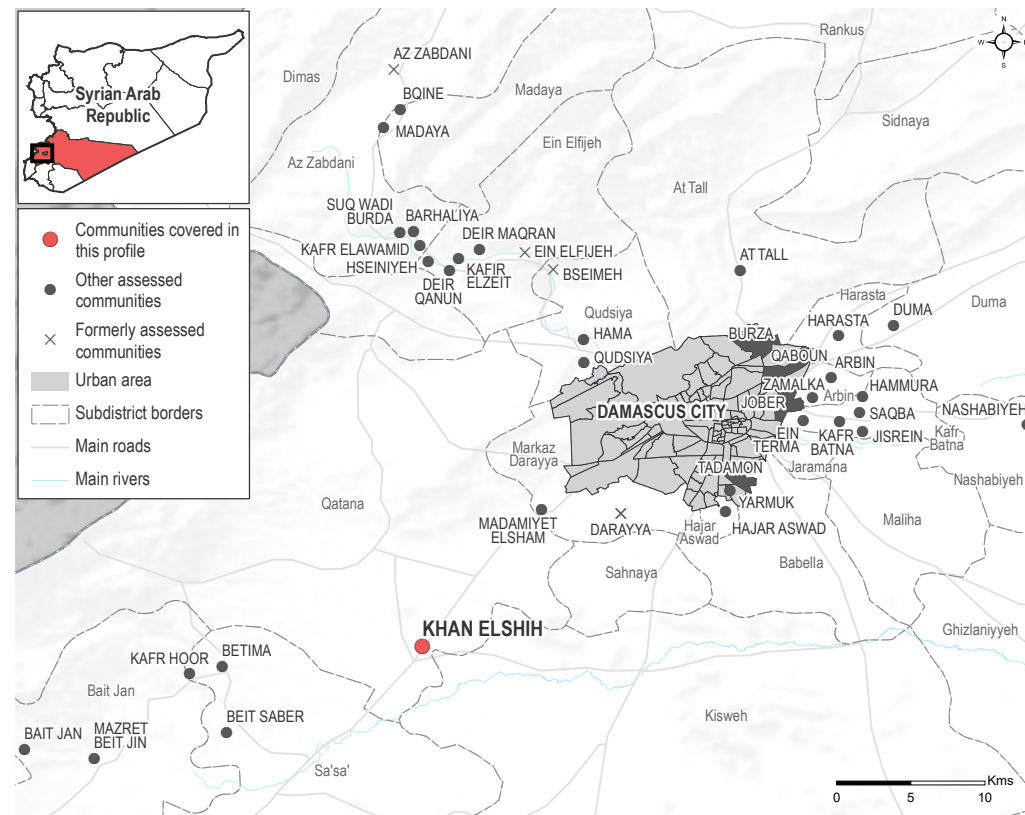


<b>UN classification:</b>	Hard to Reach
<b>Estimated population<sup>1</sup>:</b>	9000-9500
<b>Of which IDPs<sup>1</sup>:</b>	100-200
<b>% pre-conflict population remaining:</b>	26-50%
<b>% population female:</b>	51-75%
<b>% of female-headed households</b>	1-25%

Prices for assessed food items fluctuated considerably in April due to a decrease in local vegetable production that resulted in increases in the price of staple food items such as tomatoes and cucumbers. Decreases in the prices of flour and salt led to a decrease in the price of bread. For the first time since assessments began in June 2016, no food-based strategies to cope with a lack of food were reported.

The health situation in Khan Elshih improved in April with an increase in medical stocks resulting from commercial vehicle access following the truce. However, the threat of conscription and detention reportedly continued to hinder men from seeking medical care in nearby communities.

Access to basic services remained the same in April. No barriers to accessing education were reported, water trucking was the main source of water, and generators remained the main source of electrical power to the community.



#### CHANGES SINCE MARCH

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

#### METHODOLOGY

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

## MOVEMENT OF CIVILIANS

Change in # people able to leave compared to March:



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

Approximately 11-25% of the population has been able to enter and exit the community through formal routes under certain conditions since January 2017. The number of people accessing formal routes in April increased, after remaining the same in March, as groups with certain political affiliations could move more freely in April.

Employees and students could use formal routes on workdays, while access for women and children remained unrestricted upon presentation of documents. However, perceived risks to accessing checkpoints reportedly deterred some women from exiting Khan Elshih via formal routes. Contrary to March, in April individuals using formal entry and exit points reported risks of conscription rather than detention, in addition to continued verbal harassment of women.

Informal points used: No.

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

Verbal harassment of women, conscription

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

Change since March :



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

### Humanitarian vehicles

Change since March:



No humanitarian vehicles entered Khan Elshih in April, although local NGOs operated on the ground as was the case in previous months.

### Goods entered

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

## HEALTH SERVICES

Change in health situation compared to March:



No skilled child birth services and surgeries were available in April, as had been the case since conflict escalated in October 2016. Patients were transferred to hospitals in Damascus for these services. Child immunization services were available in April.<sup>3</sup>

All assessed medical items were reportedly available, and stocks have increased as the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and local NGOs were able to bring more medical supplies into the community due to commercial vehicle access following the truce. However, some men still reported fears of detention and conscription at checkpoints and avoided seeking medical care outside of Khan Elshih. Additionally, low-income families continued to have less access to healthcare.

### Permanent medical facilities available

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

## ACCESS TO SERVICES\*

Access to water services in Khan Elshih remained the same since March 2017, with the main water network still unavailable and trucking the primary method of water delivery. Though repairs to the electrical network began in February, generators remained the main source of power in April. All school-aged children continued to have access to schools.

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

\*Arrows indicate change in access since February

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

### Medical services available

Child immunization	✓
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery <sup>4</sup>	✗
Diabetes care	✓
Change since March	◇

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

All assessed medical items were reported available.

Change since March	◇
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### Most needed medical items<sup>6</sup>

- Clean bandages
- Blood transfusion bags
- Antibiotics

### Availability of medical personnel

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

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

Change since March	↑
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### Strategies used to cope with a lack of medical services

None reported, since the onset of the truce in December 2016.

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

None reported.

## FOOD

### Change in food situation compared to March:



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

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

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

Purchasing from shops and markets.

Since March 2017, bread has been available in public bakeries, in addition to private bakeries.

**Challenges to obtaining bread:** None reported.

### Change since March



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

Reducing meal size



Skipping meals



Days without eating



Eating non-food plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

For the first time since June 2016, no food-based strategies to cope with a lack of food were reported.

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

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

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

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

	Khan Elshih	Nearby areas <sup>9</sup>
Average cost April (SYP) <sup>10</sup>	25359	33328
Change since March <sup>11</sup>	◆	▲

The cost of a standard food basket in Khan Elshih remained similar to the price of a food basket in March, and was 24% cheaper than in nearby communities not considered hard-to-reach. While food prices of compared communities increased slightly, bread was 71% cheaper, the price of lentils decreased by 40%, and cooking oil and rice were 29% and 21% cheaper respectively in Khan Elshih in April, leading to a difference in the food basket price.

### Food item availability / prices

All assessed food items were reportedly sometimes available,<sup>12</sup> except for bread from private bakeries, which was generally available.<sup>13</sup> The price of meat and vegetables rose, while the prices of bread, flour and salt decreased substantially as commercial vehicles have been able to enter the community over the past few months.

### WASH item availability / prices

All assessed hygiene and sanitation items were reported generally available<sup>13</sup> in April, with no price changes since December 2016. However, WASH items were still on average 83% more expensive than those in nearby non-hard-to-reach communities.

### Fuel availability / prices

Coal became available in February and prices dropped by 58% in April due to less demand. The availability of other assessed fuels has remained the same since December, apart from firewood which was unavailable in April due to a lack of demand.

**Strategies used to cope with a lack of fuel:** Burning plastic; burning furniture without use; burning waste. The first two of these strategies were used since December, while burning waste was observed since January due to continued cold weather. However, with temperatures increasing, only those with a lack of money to buy fuel resorted to such strategies in April, so their overall use decreased compared to March.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICE 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	Khan Elshih	Price change since March <sup>11</sup>	Nearby non-hard-to-reach areas <sup>9</sup>
Food Items	Bread private bakery (pack)	100 <sup>13</sup>	◆	350
	Bread public bakery (pack)	80 <sup>12</sup>	▼ -20%	63
	Rice (1kg)	400 <sup>12</sup>	◆	550
	Bulgur (1kg)	300 <sup>12</sup>	◆	275
	Lentils (1kg)	300 <sup>12</sup>	◆	500
	Chicken (1kg)	1350 <sup>12</sup>	◆	1075
	Mutton (1kg)	5000 <sup>12</sup>	▲ +11%	4250
	Tomato (1kg)	350 <sup>12</sup>	▲ +40%	338
	Cucumber (1kg)	300 <sup>12</sup>	▲ +20%	400
	Milk (Litre)	250 <sup>12</sup>	◆	200
	Flour (1kg)	150 <sup>12</sup>	▼ -21%	250
	Eggs (1)	60 <sup>12</sup>	◆	48
	Iodised salt (500g)	100 <sup>12</sup>	▼ -33%	75
WASH Items	Sugar (1 kg)	500 <sup>12</sup>	◆	438
	Cooking oil (litre)	900 <sup>1</sup>	◆	1275
	Soap (1 bar)	100 <sup>13</sup>	◆	100
	Laundry powder (1kg)	2000 <sup>13</sup>	◆	525
	Sanitary pads (9)	500 <sup>13</sup>	◆	363
	Toothpaste (125ml)	350 <sup>13</sup>	◆	413
Fuel	Disposable diapers (24 pack)	2500 <sup>13</sup>	◆	1225
	Butane (cannister)	3000 <sup>10</sup>	▼ -14%	3100
	Diesel (litre)	400 <sup>12</sup>	◆	275
	Propane (cannister)	Not available	◆	500
	Kerosene (litre)	400 <sup>12</sup>	◆	Not available
	Coal (kg)	500 <sup>12</sup>	▼ -58%	400
Firewood (tonne)	Not available	Available	63000	

## Endnotes

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

<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> An error in last month's profile stated that there were no child immunization services available.

<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 rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

<sup>7</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

<sup>8</sup> Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: April 2017' ([link here](#)).

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

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

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

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

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

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

April 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. Az Zabdani, which was assessed by REACH between June 2016 and March 2017, had been classified as besieged since November 2015. The civilian population was evacuated from Az Zabdani in early 2016; all remaining population left the community in April 2017.

Following a period of intense hostilities which started in December 2016, a ceasefire was reached in Az Zabdani and Madaya in mid-April. In accordance with the Four Towns Agreement, relocations of fighters and their families started on 12 April. Although hostilities stopped following the implementation of the agreement, access restrictions remained, and there was no immediate improvement of the overall humanitarian situation in Madaya.

The persisting extreme access restrictions resulted in a deteriorating humanitarian situation in Madaya in April compared to March, as no humanitarian aid entered the community and existing stocks of food and other items depleted. Additionally, all medical services became unavailable in April following the closure of the only remaining medical facility.

As has been the case since assessments began in June 2016, no civilian or commercial movement was permitted into Madaya in April. No goods

<b>UN classification:</b>	Besieged
<b>Estimated population<sup>1</sup>:</b>	41000-43000
<b>Of which IDPs<sup>1</sup>:</b>	8700-9400
<b>% pre-conflict population remaining:</b>	51-75%
<b>% population female:</b>	26-50%
<b>% of female-headed households</b>	1-25%

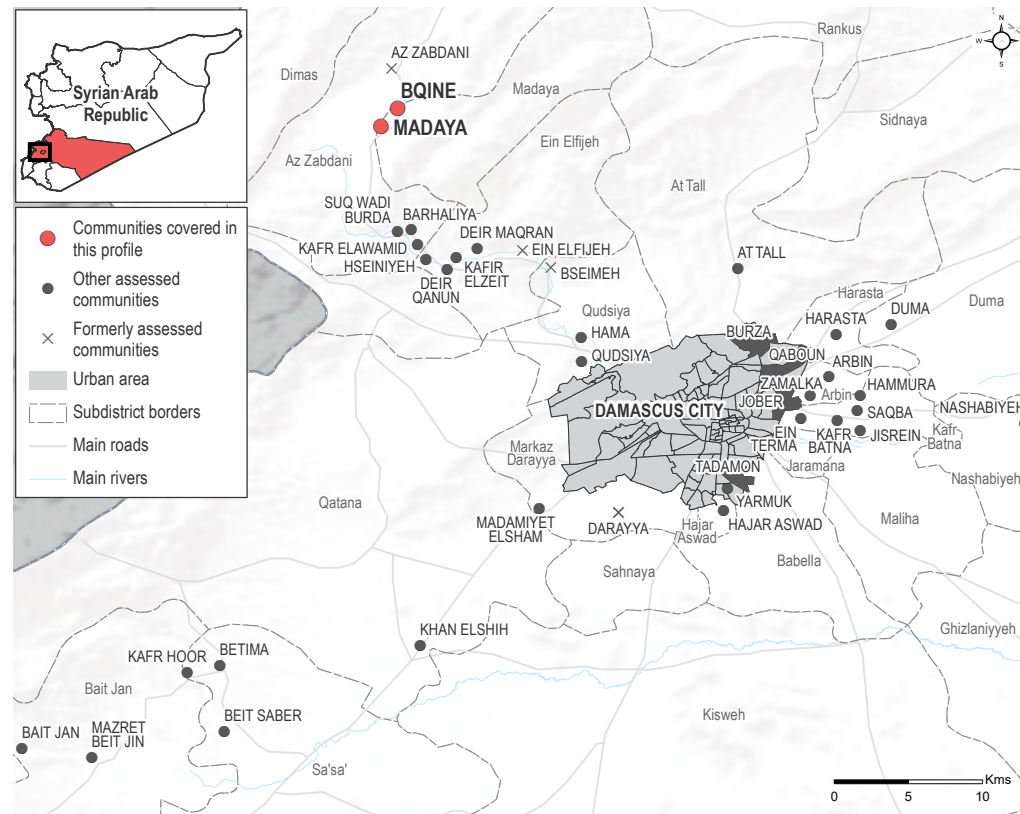
entered the community, with populations relying on remaining stocks from the humanitarian delivery in March. Further, all markets remained closed, as has been the case since hostilities escalated in December 2016.

**Access to electricity decreased further in April, due to depleting stocks of fuel necessary for the operation of generators. Water access, which has been insufficient to meet household needs since Madaya was first assessed in June 2016, remained unchanged in April. As was the case with markets, all educational facilities remained closed due to continued perceived security risks.**

Following the evacuations in mid-April, the number of medical personnel in Madaya decreased, resulting in the closure of the only mobile clinic operating in the community. As such, from mid-April, residents in Madaya did not have access to any medical services, and medical cases were only attended to informally at homes, sometimes by untrained personnel.

### CHANGES SINCE MARCH

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

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

## MOVEMENT OF CIVILIANS

Change in # people able to leave compared to March: 

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

No movement to or from Madaya has been permitted since the community was first assessed in June 2016. Despite the implementation of the ceasefire agreement in mid-April, these extreme restrictions on movement remained in place until the end of the month.

In addition to the relocation of all remaining fighters from Az Zabdani in mid-April, an estimated 2,500 people (mainly fighters and their families) were evacuated from Madaya within the framework of the Four Towns Agreement. Around 500 were IDPs, while the rest were residents originally from Madaya. Further, 700 individuals were also evacuated from Bqine, among which 200 were IDPs. A majority of those evacuated were relocated to Idleb governorate.

Although tight access restrictions remained in place for most of April, populations no longer reported security risks related to travel within the communities following the cessation of hostilities on 12 April.

On 30 April, formal access points to Madaya reportedly opened allowing for some civilian movement, but the impact of that development on the overall humanitarian situation was not assessed in this reporting cycle.


Informal points used: None reported.

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

No one tried to enter or exit the community.


## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

Change since March: 

No commercial vehicles were allowed to enter Madaya in April, as has been the case since assessments began.

### Humanitarian vehicles

Change since March: 

No humanitarian vehicles were allowed to access Madaya in April; this represented a decrease from March when aid reached both Az Zabdani and Madaya.

### Goods entered

Due to the persisting access restrictions on movement and access, no goods entered Madaya in April. This represented a relative decrease with regard to entry of food, NFIs and medical items, all of which were delivered in the humanitarian convoy that reached the community in March. No fuel has formally entered the community since assessments began in June 2016.







## HEALTH SERVICES

Change in health situation compared to March: 

The health situation in Madaya deteriorated significantly in April, both in comparison to March as well as previous months. No humanitarian deliveries reached the community, meaning that no medical items entered in April and stocks decreased. Further, the number of medical personnel in the community decreased as some staff left within the evacuation framework, leading to the closure

## ACCESS TO SERVICES\*

Access to basic services in Madaya remained minimal in April, with a further decrease in available electricity compared to March, which was attributed to exhausted stocks of fuel. Water continued to be insufficient to meet household needs, and the population had to resort to negative coping strategies. All educational facilities remained closed in the community, as has been the case since December 2016. This was despite the cessation in hostilities, as some security concerns remained.

	<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 (Modify hygiene practices i.e. bathe less)
			Access to water network per week	Network unavailable
	<b>ELECTRICITY</b>		Access to electricity (Main source) per day	Less than 1 hour (Generator)
			Access to electricity network per day	Network unavailable
	<b>EDUCATION</b>		Available education facilities	None
			Barriers to education	All educational facilities stopped working following escalation in conflict

\*Arrows indicate change in access since March


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

of the only available clinic in Madaya. As such, as of mid-April no medical services were available in the community.

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

Clean bandages, blood transfusion bags, anaesthetics.

Sometimes available: Anti-anxiety medication, contraception, burn treatment, heart, blood pressure and diabetes medicine, and antibiotics.

Change since March 


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

- Clean bandages
- Blood transfusion bags
- Antibiotics

### Availability of medical personnel

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

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

Change since March 

### Permanent medical facilities available

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

## Medical services available

Child immunization	✗
Diarrhea management	✗
Emergency care	✗
Skilled childbirth care	✗
Surgery <sup>5</sup>	✗
Diabetes care	✗
Change since March	↓

## + Unusual outbreaks of disease<sup>6</sup>

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

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

In the absence of functioning medical facilities, some medical cases were attended to at home, but according to community representatives, the critical medical situation precluded any meaningful coping strategies.

## FOOD

Change in food situation compared to March:



Food security in Madaya deteriorated in April compared to March, as no humanitarian deliveries were allowed into the community while access restrictions remained extremely tight. As such, no food items entered Madaya in April, and residents had to rely on stocks remaining from the March aid delivery.

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

Receiving through food distributions.

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

Most common source: Homemade.

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

Change since March



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

None reported.

## Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

To address food shortages, reducing meal size and skipping meals altogether continued to be reported in Madaya in April. This has been the case since the community was first assessed in June 2016. Reportedly men reduced food intake so that women and children could eat.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

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

Despite the cessation of hostilities in mid-April, markets in Madaya remained closed for the remainder of the month. As such, the price of a standard food basket could not be calculated, for the fifth consecutive month. Markets have been closed in Madaya since December 2016 when hostilities escalated and the security situation deteriorated.

### Food item availability / prices

While food rations remaining from the March aid delivery were still being distributed by local authorities in April, the availability and price of food items could not be assessed as all markets remained closed.

### WASH item availability / prices




Some hygiene and sanitation items entered Madaya via the humanitarian delivery in March, and remaining stocks were relied on in April. However, as was the case with food items, it was not possible to collect data on availability and prices due to the closure of markets.

### Fuel availability / prices

Fuel was not included in the aid delivery that reached Madaya in March, and no fuels have formally entered the community since it was first assessed in June 2016. While the closure of markets precluded the collection of prices of remaining stocks, according to community representatives remaining fuel amounts were minimal.

**Strategies used to cope with a lack of fuel:** Burning plastics and waste.

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

	Item	Madaya	Price change since March	Nearby non-hard-to-reach areas <sup>9</sup>
<b>Food Items</b> 	Bread private bakery (pack)	Not available	◆	350
	Bread public bakery (pack)	Not available	◆	63
	Rice (1kg)	Not available	◆	550
	Bulgur (1kg)	Not available	◆	275
	Lentils (1kg)	Not available	◆	500
	Chicken (1kg)	Not available	◆	1075
	Mutton (1kg)	Not available	◆	4250
	Tomato (1kg)	Not available	◆	338
	Cucumber (1kg)	Not available	◆	400
	Milk (litre)	Not available	◆	200
	Flour (1kg)	Not available	◆	250
	Eggs (1)	Not available	◆	48
	Iodised salt (500g)	Not available	◆	75
	Sugar (1 kg)	Not available	◆	438
Cooking oil (litre)	Not available	◆	1275	
<b>WASH Items</b> 	Soap (1 bar)	Not available	◆	100
	Laundry powder (1kg)	Not available	◆	525
	Sanitary pads (9)	Not available	◆	363
	Toothpaste (125ml)	Not available	◆	413
	Disposable diapers (24 pack)	Not available	◆	1225
<b>Fuel</b> 	Butane (cannister)	Not available	◆	3100
	Diesel (litre)	Not available	◆	275
	Propane (cannister)	Not available	◆	500
	Kerosene (litre)	Not available	◆	Not available
	Coal (kg)	Not available	◆	400
	Firewood (tonne)	Not available	◆	63000

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

### Endnotes

<sup>1</sup> Figures based on estimate by local actors within communities assessed. The last HNO population data (December 2016) estimates that figures within Madaya are up to 51,100, including 1,800 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 comprehensive assessment of all medical needs, but rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

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

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

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

<sup>8</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 May 2017).

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

# Syria Community Profile Update: Qaboun, Damascus Governorate

## April 2017



**REACH** Informing more effective humanitarian action

### FOR HUMANITARIAN PURPOSES ONLY

#### SUMMARY

Qaboun is a neighbourhood in eastern Damascus city which has, along with the adjacent neighbourhoods of Burza and Tishreen, faced access restrictions since 2013. In early 2014, unofficial ceasefires were reported in all three neighbourhoods. Due to the proximity of these communities to Eastern Ghouta, tunnels were constructed linking these two regions. Hence, Qaboun, Burza and Tishreen became the primary supply routes to Eastern Ghouta during the unofficial ceasefires in the neighbourhoods, which held until February 2017.

In February, the only formal access point into the Qaboun, Burza and Tishreen neighbourhoods was closed, effectively putting the communities under siege. Civilians and food items were no longer permitted through this route, and the conflict escalated. Tunnels linking these neighbourhoods to Eastern Ghouta were targeted in the fighting and became inaccessible in February and March. Burza and Qaboun were classified by the UN as besieged in April.

This community profile is based on data collected in May and refers to the humanitarian situation in April with comparisons made to March when possible. This profile focuses only to the situation in Qaboun, and not the Burza or Tishreen neighbourhoods.

The humanitarian situation was reportedly critical in March, and continued to worsen in April due to the effects of the siege. Available food items were on average triple the price in nearby areas not considered besieged or hard-



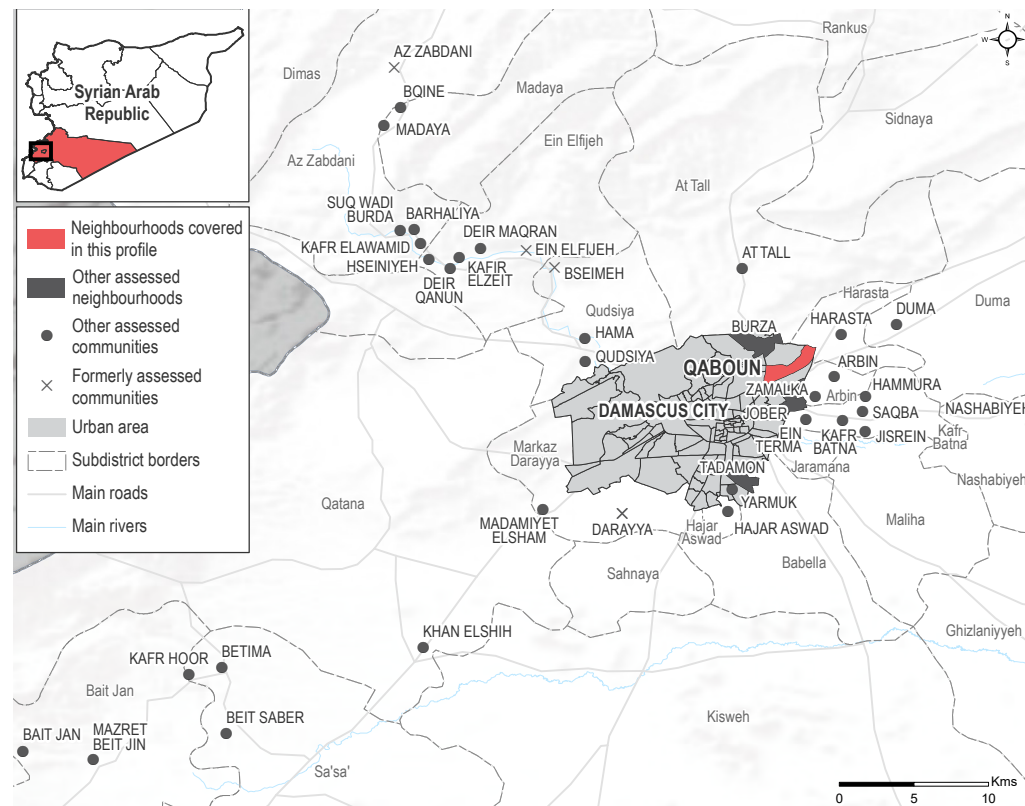
<b>UN classification:</b>	Besieged
<b>Estimated population<sup>1</sup>:</b>	3000-3500
<b>Of which IDPs<sup>1</sup>:</b>	400-500
<b>% pre-conflict population remaining:</b>	51-75%
<b>% population female:</b>	26-50%
<b>% of female-headed households</b>	1-25%

to-reach. While no price data for the previous month was collected, **half of assessed food items were reported unavailable**. Additionally, 40% of assessed hygiene and sanitation items and all but one fuel item were reported unavailable in markets in April. Furthermore, respondents reported that **no items have been permitted into the community since the closure of formal and informal routes in February**, stocks of food, fuel, NFI and medical items continued to decline in April. Reportedly, residents were using wood collected from destroyed and damaged buildings to cope with the lack of fuel.

Only a limited number of medical staff and facilities were reported available in April, with **some residents unable to access medical care in some regions due to risks associated with leaving their location because of their proximity to the fighting**. The situation worsened in April primarily because of continued depletion of medical stocks. **Clean bandages, anaesthetics**

#### CHANGES SINCE MARCH

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

and antibiotics were all reported unavailable in the community. Due to the rarity of sanitary pads, women were reportedly using clothes as a substitute when these items could not be acquired.

Electrical access continued to decline in April, due to the shut down of the electrical network in March. Schools continued to be closed in April due to the security situation, and water was reportedly generally available and sufficient for residents who accessed it from the water network.

No other significant changes were reported in Qaboun in April, as no civilians or vehicles have been permitted to enter or exit the community since the formal and informal access points were closed in February.

Though this overview covers the humanitarian situation in April, major developments occurred in the community in the subsequent weeks prior to publication. By mid May, official authorities were reportedly in control of the entire neighbourhood, while fighters and residents were evacuated.

## MOVEMENT OF CIVILIANS

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



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

It was reported that no one attempted to enter or leave the community in April. Access restrictions did not change from March, or more generally since the formal access point was closed on 17 February in Burza.

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

No attempts to enter or exit the community reported.

## MOVEMENT OF GOODS AND ASSISTANCE

### Vehicles carrying commercial goods

**Change since March:**



No commercial vehicles were allowed to enter Qaboun since the closure of the formal access point in Burza on 17 February.

### Humanitarian vehicles

**Change since March**



No humanitarian vehicles were reported entering Qaboun since the closure of the formal access point in Burza on 17 February.

### Goods entered

No food, fuel, NFIs or medicine were reported entering Qaboun since the closure of the formal access point in Burza on 17 February, leading to a progressive depletion of all goods in the community.

## HEALTH SERVICES

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



The overall health situation declined in April due to the progressive depletion of medical supplies in the neighbourhood since the formal access point closed on 17 February. People in certain areas of Qaboun close to the fighting were described as fearful of moving from their locations because of the fighting and so had less access to healthcare than other residents. No change in the limited number of medical facilities and staff were reported.

### Permanent medical facilities available

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

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

1. Surgical equipment
2. Assistive devices
3. Artificial limbs

## ACCESS TO SERVICES\*

Electrical access decreased in Qaboun in April, due to the shut down of access to the main electrical network in March. Water and educational services did not change from March. Water access was reported sufficient in April, while no children were able to attend school due to the security situation.

<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	Network unavailable
		Access to electricity (Main source) per day	1 - 2 hours (Generator)
<b>EDUCATION</b>	◆	Available education facilities	None
		Barriers to education	Routes unsafe, lack of teaching staff or school supplies

Arrows indicate change in access since March

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

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

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

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

None reported in April, with no change from March indicated.

### Availability of medical personnel

**Personnel available:** Professionally trained surgeons and nurses;

**Others providing medical services:** Volunteers with little or no medical training.

**Change since March**



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

**Items unavailable:** Clean bandages, antibiotics, anaesthetics, burn treatment, medical scissors, blood transfusion bags;

**Sometimes available:** Contraception, anti-anxiety, heart, blood pressure and diabetes medicine.

**Change since March**



### Medical services available

Child immunization	✗
Diarrhea management	✗
Emergency care	✓
Skilled childbirth care	✓
Surgery <sup>3</sup>	✓
Diabetes care	✗
Change since March	◆

## FOOD

Change in food situation compared to March:



Access to food decreased in Qaboun in April due to the further depletion of food stocks since the closure of formal and informal access points to the region in February.

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

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Both men and women were reported to eat less.

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

None reported in April, with no change from March indicated.

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

Purchasing from 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, wheat unavailable and not enough electricity or fuel.

Bread access decreased in Qaboun in April due to the further depletion of food stocks since the closure of formal and informal access points to the region in February.

Change since March



## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

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

	Qaboun	Nearby areas <sup>9</sup>
Average cost April (SYP) <sup>8</sup>	111182	29627
Change since March	N/A	◆

The average cost of a standard food basket in Qaboun is 275% higher than nearby communities not considered besieged or hard-to-reach in Damascus.

### Food item availability / prices

Only two assessed food items not included in the food basket (mutton and bulgur) were reported available in Qaboun, with the remaining seven food items not available in the community. All food items not available were reported as only sometimes available<sup>10</sup> in the market this month, with average prices nearly triple that of nearby communities not considered besieged or hard-to-reach. Food item availability reportedly decreased in April due to the depletion of stocks in the community.

### WASH item availability / prices

Only soap, laundry powder and sanitary pads were reported available in Qaboun in April out of the five assessed WASH items in this profile. These items were approximately 50% more expensive than in communities not considered besieged or hard-to-reach. Soap and laundry powder were reported as sometimes available<sup>10</sup>, with sanitary pads reported as generally not available<sup>11</sup> in Qaboun. Reportedly, women used pieces of clothes as substitutes for sanitary pads when necessary.

### Fuel availability / prices

All fuel items except diesel were unavailable in Qaboun, with diesel only sometimes available<sup>10</sup> and 371% more expensive than in nearby communities not considered besieged or hard-to-reach. Fuel availability reportedly decreased in April due to the depletion of stocks in the community.

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

Residents reported collecting wood from damaged and destroyed buildings in the neighborhood in April.



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease




Negative increase



Positive decrease

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

	Item	Qaboun	Nearby non-hard-to-reach areas <sup>9</sup>
<b>Food Items</b> 	Bread private bakery (pack)	Not available	199
	Bread public bakery (pack)	Not available	50
	Rice (1kg)	1300 <sup>10</sup>	510
	Bulgur (1kg)	1000 <sup>10</sup>	329
	Lentils (1kg)	1200 <sup>10</sup>	530
	Chicken (1kg)	Not available	1250
	Mutton (1kg)	3500 <sup>10</sup>	4293
	Tomato (1kg)	Not available	241
	Cucumber (1kg)	Not available	266
	Milk (litre)	Not available	250
	Flour (1kg)	Not available	320
	Eggs (1)	Not available	54
	Iodised salt (500g)	Not available	154
	Sugar (1 kg)	2400 <sup>10</sup>	453
Cooking oil (litre)	1900 <sup>10</sup>	813	
<b>WASH Items</b> 	Soap (1 bar)	200 <sup>10</sup>	155
	Laundry powder (1kg)	1300 <sup>10</sup>	843
	Sanitary pads (9)	750 <sup>11</sup>	425
	Toothpaste (125ml)	Not available	250
	Disposable diapers (24 pack)	Not available	2230
<b>Fuel</b> 	Butane (cannister)	Not available	2913
	Diesel (litre)	1300 <sup>10</sup>	276
	Propane (cannister)	Not available	4250
	Kerosene (litre)	Not available	338
	Coal (kg)	Not available	338
	Firewood (tonne)	Not available	52500

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

### Endnotes

<sup>1</sup> Figures based on population estimates by local actors within the community.

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

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

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

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

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

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

<sup>8</sup> \$1 = 515 SYP (UN operational rates of exchange as of 1 May 2017).

<sup>9</sup> Nearby communities in Homs governorate which are not considered besieged/hard-to-reach: Jalaa, Midan Wastani, Ayoubiyah, Zahreh.

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

<sup>11</sup> Generally unavailable in markets (<6 days this month).

# Syria Community Profile Update: Wadi Burda, Rural Damascus

April 2017



**REACH** Informing more effective humanitarian action

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



## SUMMARY

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

A significant improvement across all indicators was first observed in February, following the signing of a local truce agreement on 30 January. This followed

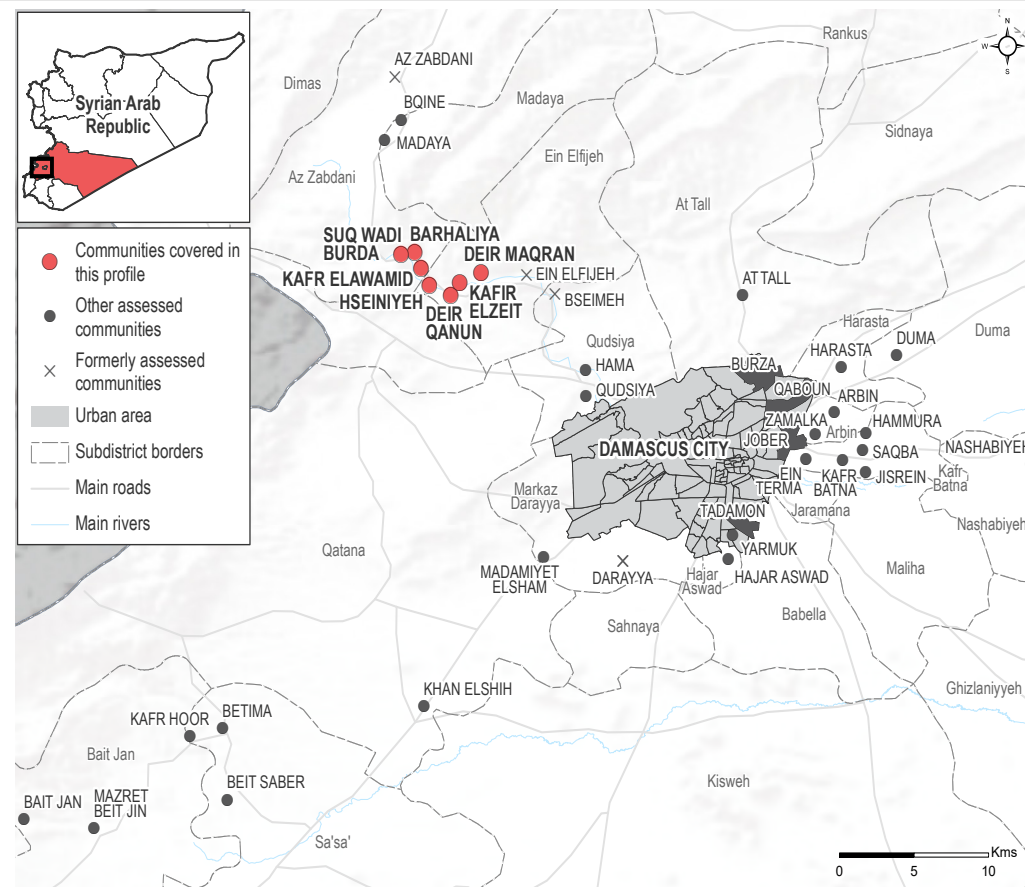
a period of intense hostilities and tight access restrictions which commenced in December 2016, and negatively impacted the security and humanitarian situations across the whole Wadi Burda region.

**For the third consecutive month, the overall humanitarian situation across all assessed communities in Wadi Burda continued to improve. More children attended schools in April than in previous months, private bakeries re-opened across all seven communities, and child immunization services became available.**

There was no change in the restrictions on civilian movement as compared to March, with women, children, students and employees able to leave the Wadi Burda area through formal access points.

## METHODOLOGY

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



## CHANGES SINCE MARCH

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	↑

Residents could move freely across the assessed communities. Similarly, the amount of commercial vehicles entering Wadi Burda remained unchanged, and traders continued to face various restrictions. **In contrast to March, when aid was delivered to Wadi Burda for the first time since assessments began (August 2016), no humanitarian deliveries entered in April.**

Food, fuels, NFIs and medical items continued to enter all assessed communities via commercial vehicles and civilians bringing goods from nearby communities. Private bakeries re-opened across all seven communities, increasing food availability in Wadi Burda. While in the absence of aid deliveries there was an overall decrease in the amount of goods entering Wadi Burda relative to March, this was partly off-set by civilians being allowed to bring larger quantities of fuels and medical items in April. **For the first time since at least November 2016, no coping strategies related to fuel shortages were reported in any of the communities.**

Access to water and electricity remained unchanged in April, with populations relying on the water network and generators. The number of children attending schools increased in April, a change that was ascribed to a perceived improvement in the security situation in the area.

**The health situation, which improved in February following the cessation of hostilities but did not change in March, improved further in April as child immunization services became available in all communities.** While the overall number of medical personnel did not change, volunteers were no longer reported across Wadi Burda as there was sufficient qualified staff. However, skilled childbirth care remained unavailable, with women seeking assistance in Damascus instead, and parts of the population were unable to afford medical services available in Wadi Burda.

## MOVEMENT OF CIVILIANS

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

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

**All communities:** There was no change in the number of people able to leave and enter the assessed Wadi Burda communities in April, with 26-50% of residents able to utilize three available formal access points. These were employees and students on weekdays upon showing identification, and women and children at the discretion of local authorities.

The formal access points have operated since the implementation of a truce agreement in late January. Additionally, populations could move unhindered across the assessed communities in Wadi Burda.

Following the implementation of the Four Towns Agreement and the subsequent evacuations from nearby Az Zabdani and Madaya, community representatives in Wadi Burda reported that some residents decided to join the relocations to Idleb governorate. However additional details, including numbers, could not be confirmed.

**Informal points used:** None reported.

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

**All communities:** Conspiration and verbal harassment; in particular, women continued to feel unsafe when using the access points due to the risk of harassment.

## MOVEMENT OF GOODS AND ASSISTANCE

🚚 **Vehicles carrying commercial goods**

**Change since March:** ◆

The number of commercial vehicles able to enter the assessed communities did not change in April relative to March. Although the number increased in March, several restrictions on entry were reported, which continued to be the case in April. Restrictions included documentation requirements, the payment of fees, limitations on day and times of entry, searches and partial confiscation of loads.

🚚 **Humanitarian vehicles**

**Change since March:** ↓

**No humanitarian deliveries to Wadi Burda were reported in April,** representing a decrease following the entry of aid in March (for the first time since assessments of the communities began in June 2016).

**Humanitarian vehicles entered Wadi Burda again on 6 May,** however the impact of this delivery on the humanitarian situation in the communities was not assessed in the reporting period.

📦 **Goods entered**

Food, fuels, NFIs and medicine continued to enter Wadi Burda via commercial vehicles and civilians leaving and bringing goods back from nearby communities. In April, there was reportedly a small increase in the amount of fuel civilians could bring back into Wadi Burda.

While there was no significant change in the amounts of good entering Wadi Burda through the methods mentioned above, there was an overall decrease in goods entering relative to March, as no aid entered in April.

## ACCESS TO SERVICES\*

Access to water and electricity remained unchanged across all assessed Wadi Burda communities between March and April. Populations were able to meet household needs for drinking water by connecting to the water network, which was available 3-4 days per week since repairs were made in March. According to community representatives, some repairs were still ongoing, with a view to eventually restore full access to the network. Although the assessed communities were able to connect to the electrical network, such access was limited and all locations continued to rely on generators as the main source of electricity. Pre-conflict primary, secondary and high-schools were available in all Wadi Burda communities (except Hseiniyeh, where no high-schools were reported), and in April, the number of children attending school increased, following a perceived improvement in the security situation in the area.

	💧 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	Change in access since March	Available education facilities	Barriers to education	Change in # of children attending school (since March)
<b>Barhaliya</b>	🔹 Water network (Safe to drink)	Sufficient	3-4 days	🔹 1-2 hours	2-4 hours (Generator)	👆	Pre-conflict primary, secondary and high schools	None reported	All school-aged children accessed schools
<b>Hseiniyeh</b>	🔹 Water network (Safe to drink)	Sufficient	3-4 days	🔹 1-2 hours	2-4 hours (Generator)	👆	Pre-conflict primary and secondary schools	None reported	All school-aged children accessed schools
<b>Kafir Elzeit</b>	🔹 Water network (Safe to drink)	Sufficient	3-4 days	🔹 1-2 hours	2-4 hours (Generator)	👆	Pre-conflict primary, secondary and high schools	None reported	All school-aged children accessed schools
<b>Deir Maqran</b>	🔹 Water network (Safe to drink)	Sufficient	3-4 days	🔹 1-2 hours	2-4 hours (Generator)	👆	Pre-conflict primary, secondary and high schools	None reported	All school-aged children accessed schools
<b>Suq Wadi Burda</b>	🔹 Water network (Safe to drink)	Sufficient	3-4 days	🔹 1-2 hours	2-4 hours (Generator)	👆	Pre-conflict primary, secondary and high schools	None reported	All school-aged children accessed schools
<b>Deir Qanun</b>	🔹 Water network (Safe to drink)	Sufficient	3-4 days	🔹 1-2 hours	2-4 hours (Generator)	👆	Pre-conflict primary, secondary and high schools	None reported	All school-aged children accessed schools
<b>Kafr Elawamid</b>	🔹 Water network (Safe to drink)	Sufficient	3-4 days	🔹 1-2 hours	2-4 hours (Generator)	👆	Pre-conflict primary, secondary and high schools	None reported	All schoolaged children accessed schools

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

## 🏠 Permanent medical facilities available

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

## HEALTH SERVICES

### Change in health situation compared to March:



The overall medical situation across the assessed Wadi Burda communities remained largely stable for the second consecutive month, with an increase in available services following a reported child immunization round in April.

No medicine entered Wadi Burda via humanitarian deliveries in April, representing an overall decrease compared to March when such deliveries brought medical items. However, in April, civilians were allowed to bring larger amounts of medical items from nearby communities into Wadi Burda.

While according to community representatives, there were plans on restoring childbirth services in the communities, such services were not available in April, and women had to travel to Damascus to seek skilled assistance. Other severe medical cases were also able to travel to Damascus, but men in the communities continued to avoid such movement due to the perceived risks of detention and conscription.

As has been the case since February when the situation in Wadi Burda stabilised, segments of the populations continued to report prohibitive prices as a barrier to accessing health care services.

## 🏠 Medical facilities and services

The type and number of medical facilities remained unchanged in comparison to March, with private clinics reported in all communities, in addition to primary healthcare facilities.

There was an increase in medical services across all Wadi Burda communities in April following a round of child immunizations administered by a medical INGO.

Change since March



## 👤 Availability of medical personnel

There was no change reported in the overall number of available medical personnel in Wadi Burda. Across all assessed communities, trained doctors and nurses continued to be present in April. Additionally, pharmacists were

reported in most of the communities, while dentists were also present in Hseiniyeh and Deir Qanun, and midwives in Deir Qanun. While medical and pharmacy students were also available in Deir Qanun, volunteers were no longer reported in any of the communities; this was reportedly due to the availability of sufficient skilled personnel.

Change since March



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

All assessed medical items were available across the Wadi Burda communities in April, for the second consecutive month. Although no aid entered the communities during the assessment period, this was reportedly due to civilians being able to bring larger quantities of medical items from nearby communities.

Change since March



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

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

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

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

None reported.



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

All communities: None reported.

## Medical services available

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

## FOOD

### Change in food situation compared to March:



Food security improved in Wadi Burda for the third consecutive month in April, as private bakeries reopened in all assessed communities. All core food items (except bread from public bakeries) remained generally available,<sup>7</sup> and no coping strategies related to the lack of food were reported for the second consecutive month.

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

**All communities:** Purchasing from shops and markets.

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

**All communities:** Private bakeries.

Access to bread improved further in April as private bakeries, which had previously only been reported in Deir Qanun, started operating across all assessed Wadi Burda communities.

Change since March



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

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

**No strategies related to a lack of food were reported in any of the Wadi Burda communities, for the second consecutive month.**

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

No reported cases across Wadi Burda.

## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

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

	Wadi Burda	Nearby areas <sup>9</sup>
Average cost in April (SYP) <sup>10</sup>	32150	33328
Change since March	◊	◊

The price of a standard food basket in Wadi Burda remained unchanged for the third consecutive month since the implementation of the truce agreement at the end of January. Furthermore, it remained similar to the price of a standard food basket in nearby communities not considered hard-to-reach.

### Food item availability / prices

**Availability of food items increased further in April, as private bakeries resumed operations across all Wadi Burda communities.** All assessed core food items

were generally available in April, with the exception of bread from public bakeries, which remained unavailable.

The only notable price change in April was a 40% increase in the price of tomatoes, which was reportedly attributable to shortages affecting all of Syria. Core food items in the Wadi Burda communities were on average 13% more expensive than in nearby areas not considered hard-to-reach.

### WASH item availability / prices

There was no change in the price or availability of assessed hygiene and sanitation products in April, with all items generally available. However, items remained significantly more expensive than in nearby areas, with an average 135% price difference.

### Fuel availability / prices




Following decreases in prices in March due to increased fuel availability, all fuel prices remained unchanged in April. Butane was generally available, while diesel, kerosene and coal remained sometimes available.<sup>11</sup> Firewood became unavailable in April, due to lower seasonal demand.

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

For the first time since at least November 2016, none of the communities reported any coping strategies related to shortages of fuel.

## 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 is highly dependent on the price and availability of fuel sources.

	Item	Wadi Burda average	Price change since March <sup>12</sup>	Nearby non-hard-to-reach communities <sup>9</sup>
	Bread, private bakery (pack)	100 <sup>7</sup>	Not available	350
	Bread, public bakery (pack)	Not available	◆	63
	Rice (1kg)	550 <sup>7</sup>	◆	550
	Bulgur (1kg)	493 <sup>7</sup>	◆	275
	Lentils (1kg)	493 <sup>7</sup>	◆	500
	Chicken (1kg)	1407 <sup>7</sup>	◆	1075
	Mutton (1kg)	4500 <sup>7</sup>	◆	4250
	Tomato (1kg)	350 <sup>7</sup>	▲ +40%	338
	Cucumber (1kg)	300 <sup>7</sup>	◆	400
	Milk (litre)	250 <sup>7</sup>	◆	200
	Flour (1kg)	150 <sup>7</sup>	◆	250
	Eggs (1)	60 <sup>7</sup>	◆	48
	Iodised salt (500g)	129 <sup>7</sup>	▼ -10%	75
	Sugar (1 kg)	500 <sup>7</sup>	◆	438
Cooking oil (litre)	800 <sup>7</sup>	◆	1275	
	Soap (1 bar)	150 <sup>7</sup>	◆	100
	Laundry powder (1kg)	2500 <sup>7</sup>	◆	525
	Sanitary pads (9)	750 <sup>7</sup>	◆	363
	Toothpaste (125ml)	400 <sup>7</sup>	◆	413
	Disposable diapers (24 pack)	3000 <sup>7</sup>	◆	1225
	Butane (cannister)	3200 <sup>7</sup>	◆	3100
	Diesel (litre)	450 <sup>11</sup>	◆	275
	Propane (cannister)	Not available	◆	500
	Kerosene (litre)	450 <sup>11</sup>	◆	Not available
	Coal (kg)	450 <sup>11</sup>	◆	400
	Firewood (tonne)	Not available	Available	63000

### Endnotes

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

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

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

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

<sup>5</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, and as such, validity of estimates varies. Without medical assessments, it was not possible to verify the exact causes of death cited; therefore, the caseload is indicative of the perceived health issues causing death in the communities.

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

<sup>7</sup> Generally available in markets (more than 20 days this month)

<sup>8</sup> Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: April 2017' (link here).

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

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

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

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

### 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. In April 2016, direct fighting between multiple parties present in the community intensified significantly, leading to increased access restrictions in June and August. The conflict further intensified in October and December, leading to an additional worsening of the situation and damage to the main water source, which was later repaired in March 2017. As part of the Four Towns agreement, the evacuation of some fighters began on 8 May and was still ongoing at the time of writing.

Though the humanitarian situation in Yarmuk improved for some residents in April, the majority of the population did not benefit from the positive changes reported. An aid delivery, including food, NFIs and anaesthetics, was reported on 23 April for the first time since assessments began in June 2016. However, the distribution was only accessible to people in a small area of Yarmuk, due to differences in administration and military control. Meanwhile, roads to neighbouring towns temporarily closed for four days due to tensions between different local authorities. Commercial vehicles remained unable to enter the community, and barriers to accessing basic services persisted.



<b>UN classification:</b>	Besieged
<b>Estimated population<sup>1</sup>:</b>	7500-8500
<b>Of which IDPs<sup>1</sup>:</b>	600-700
<b>% pre-conflict population remaining:</b>	1-25%
<b>% population female:</b>	1-25%
<b>% of female-headed households</b>	1-25%

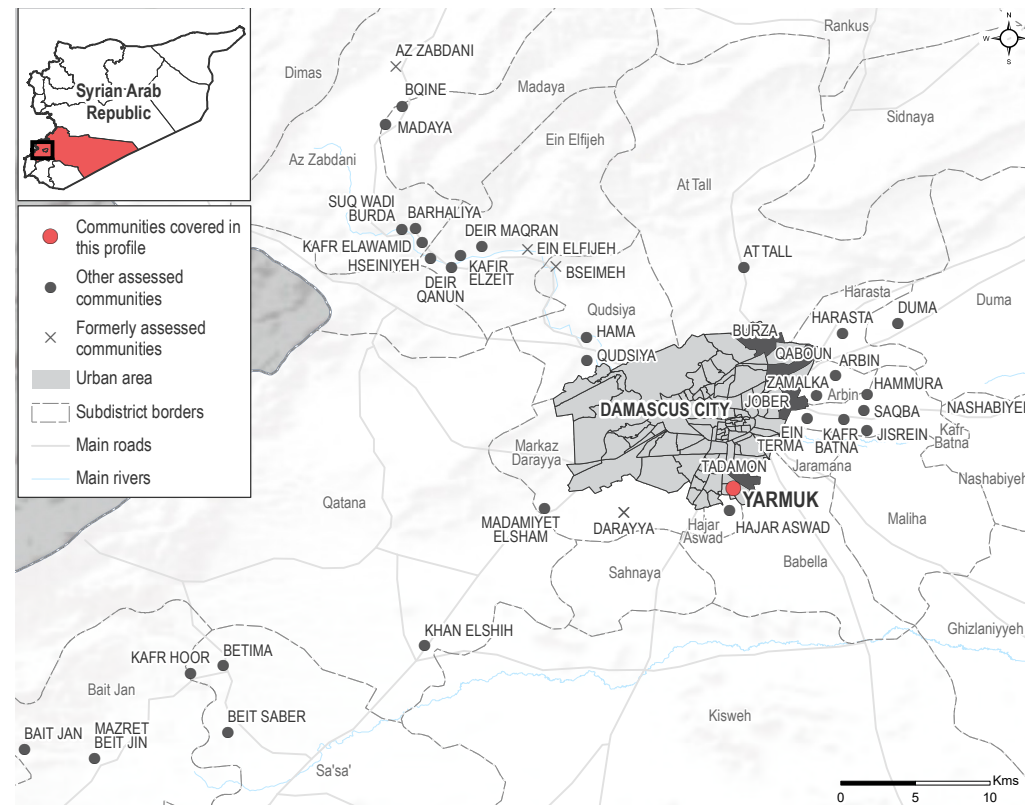
Women reportedly continued to face the threat of sexual harassment when moving in public spaces and accessing formal and informal routes, while **confiscation of documents necessary for travel was still reported as a risk for the general population.**

The health situation improved slightly, with anaesthetics becoming available in one area of the community via the humanitarian delivery for the first time since December 2016. **However, anaesthetics remained unobtainable for the majority of the population in other areas.**

Access to education, electricity and water remained the same in April, and availability of food and NFIs also stayed constant. However, prices for several items increased, and fuel remained nearly 100% more expensive in Yarmuk than in nearby areas.

#### CHANGES SINCE MARCH

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

## MOVEMENT OF CIVILIANS

Change in # people able to leave compared to March: 

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

The percentage of residents using formal routes remained unchanged in April, with 11-25% of the population able to enter and exit the community. This rate has stayed relatively constant since August 2016, with the exception of January and February 2017, when access reportedly tightened due to a shift in authorities at formal checkpoints.

Women, children and elderly people were able to access formal routes a few times per month, upon presenting documentation; this has been the case since assessments began. Two roads leading to the nearby communities of Yalda and Qadam were reportedly closed for four days due to tensions between local authorities, but subsequently reopened.

Informal routes have been accessed since July 2016, with an estimated 51-75% of the population having entered or exited Yarmuk through informal points in April.

Sexual harassment was reported as a risk for women using formal and informal access points, and women also reportedly felt unsafe in certain areas of the community. In addition, women were reportedly still required to wear black cloaks and keep their faces covered when moving in public.

### Risks faced when trying to enter or exit

**Formal:** Confiscation of documents, verbal and sexual harassment.

**Informal:** Gunfire, verbal and sexual harassment.

## MOVEMENT OF GOODS AND ASSISTANCE


### Vehicles carrying commercial goods

Able to enter: None reported

Change since March: 

### Humanitarian vehicles

On 23 April, a humanitarian delivery reached Yarmuk for the first time since assessments began in June 2016. It reportedly included 300 food packages and 300 hygiene kits, as well as anaesthetics. However, only people in a certain area of the community had access to the distribution, due to differences in administration and military control. As such, the vast majority of the population did not benefit from or receive any aid in April.

Change since March: 

### Goods entered

The amount of goods entering Yarmuk has remained constant since February 2017, after increased access restrictions in January led to a decrease in goods allowed into the community. In April, civilians were still able to obtain items from nearby areas via informal or formal routes.

## HEALTH SERVICES







Change in health situation compared to March: 

In April, despite simple surgeries becoming available, the overall medical situation remained the same as it has been since October 2016.

Primary healthcare facilities remained operational a few days per week, depending on the presence of medical staff traveling to the community from nearby areas. Residents' access to medical care reportedly varied between locations within Yarmuk, while access

## ACCESS TO SERVICES

Access to water remained the same in April, after having improved in March following repairs to the Ain El-Fijeh water spring and procurement of additional water trucks in Yarmuk. After the improvements, water was no longer reported to be of a bad colour. The main water and electricity networks remained unavailable, as has been the case since the community was first assessed in June 2016, while access to schools was the same in April as it has been since October 2016. Many children reportedly attended informal schools, because parents did not approve of the curriculum available in pre-conflict schools in certain areas of the community.

	<b>WATER*</b>	 Main source of drinking water (Safe to drink)	Private water trucking**
		Sufficiency of available water to meet household needs (Coping strategies used)	Sufficient
		Access to water network per week	Network unavailable
	<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	Pre-conflict primary, secondary schools, informal schools
		Barriers to education	Parents don't approve of curriculum, services too far, lack of teaching staff

\*Arrows indicate change in access since March

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

to care in neighbouring communities was reportedly influenced by political and religious affiliation.

Medical items entered Yarmuk through civilians bringing supplies from neighbouring communities. Additionally, anaesthetics reportedly became available in part of the community for the first time since December 2016, due to the humanitarian delivery on 23 April, **but remained inaccessible to the majority of the population.**

Meanwhile, the number of deaths reported decreased compared to March, when five infants reportedly died after not being able to obtain adequate medical care.<sup>3</sup>

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

**Sometimes available:** Anaesthetics (one area in community)

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

### Permanent medical facilities available

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

## Availability of medical personnel

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

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

Change since March



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

1. Antibiotics
2. Burn treatment
3. Clean bandages

Change since March



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

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

Recycling items has been used as a coping strategy since assessments began, while using expired medicine was first reported in November 2016.

## Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✓
Surgery <sup>6</sup>	✓
Diabetes care	✗
Change since March	◆

## Unusual outbreaks of disease<sup>3</sup>

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

## FOOD

### Change in food situation compared to March:



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

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

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

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

Civilians from Yarmuk have reportedly been purchasing items obtained in the nearby communities of Yalda and Babella, as well as receiving items from aid distributions in the two communities, since at least June 2016.

## Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

In some families, men and women reportedly ate less, so that children could eat more.

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

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

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

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

Change since March



## CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

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

	Yarmuk	Nearby areas <sup>8</sup>
Average cost April (SYP) <sup>9</sup>	28070	30043
Change since March	◆	◆

In April, there was no notable change in the price of a standard food basket in Yarmuk. The food basket in Yarmuk was 8% cheaper than in nearby communities not considered hard-to-reach, largely attributed to the lower cost of rice in Yarmuk, which was, on average 51% cheaper than rice in Damascus.

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

## Food item availability / prices

There was no reported change in availability for

assessed food items in April, as was the case in February and March. In contrast, the price of food in April increased by an average of 7% in Yarmuk. Most notably, the price of tomatoes rose by 60% due to a shortage across Syria, while the price of cucumbers rose by 25%, also due to a decrease in availability. Additionally, the price of bulgur increased by 20%, but still remained 9% cheaper in Yarmuk than in nearby communities not considered hard-to-reach.

## WASH item availability / prices

The availability of assessed hygiene and sanitation items remained unchanged in Yarmuk in April and, more broadly, since September 2016. However the average price of items rose by 7%, and became comparable to those of hygiene items in nearby communities not considered hard-to-reach.

## Fuel availability / prices

Propane, kerosene and coal were unavailable in Yarmuk in April, as has been the case since the area was first assessed. Fuel prices decreased by 9% in Yarmuk due to a change in seasonal demands, but were still 92% more expensive than in nearby communities not considered hard-to-reach. However, the stark price difference was partially due to a 43% price drop and a change in seasonal demands for firewood in nearby areas.

The price of diesel declined by 27% in April, after a 6% decline in March, due to an increase in availability and decrease in demand with the coming of summer. Previously, the price had increased by 60% in February, due to shortages affecting the whole of Damascus.

**Strategies used to cope with a lack of fuel:** Burning plastics, clothes and furniture with or without use.

Despite the decrease in the prices of diesel, the overall price of fuel and a decrease in demand, several negative coping strategies were still reported in April, as has been the case since at least October 2016.



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease






Negative increase



Positive decrease

## CORE FOOD ITEM/NFI PRICE AND AVAILABILITY 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 March <sup>10</sup>	Nearby non-hard-to-reach areas <sup>8</sup>
<b>Food Items</b> 	Bread private bakery (pack)	Not available	◆	199
	Bread public bakery (pack)	Not available	◆	50
	Rice (1kg)	250 <sup>11</sup>	◆	510
	Bulgur (1kg)	300 <sup>11</sup>	▲ +20%	329
	Lentils (1kg)	450 <sup>11</sup>	▼ -10%	530
	Chicken (1kg)	1100 <sup>12</sup>	◆	1250
	Mutton (1kg)	3500 <sup>12</sup>	◆	4293
	Tomato (1kg)	400 <sup>12</sup>	▲ +60%	241
	Cucumber (1kg)	500 <sup>12</sup>	▲ +25%	266
	Milk (litre)	250 <sup>12</sup>	◆	250
	Flour (1kg)	300 <sup>12</sup>	◆	320
	Eggs (1)	55 <sup>12</sup>	◆	54
	Iodised salt (500g)	150 <sup>11</sup>	◆	154
	Sugar (1 kg)	400 <sup>11</sup>	◆	453
Cooking oil (litre)	750 <sup>11</sup>	◆	813	
<b>WASH Items</b> 	Soap (1 bar)	125 <sup>11</sup>	▲ +25%	155
	Laundry powder (1kg)	650 <sup>11</sup>	▲ +8%	843
	Sanitary pads (9)	300 <sup>11</sup>	◆	425
	Toothpaste (125ml)	450 <sup>11</sup>	◆	250
	Disposable diapers (24 pack)	1650 <sup>11</sup>	◆	2230
<b>Fuel</b> 	Butane (cannister)	4000 <sup>12</sup>	◆	2913
	Diesel (litre)	550 <sup>12</sup>	▼ -27%	276
	Propane (cannister)	Not available	◆	4250
	Kerosene (litre)	Not available	◆	338
	Coal (kg)	Not available	◆	338
	Firewood (tonne)	125000 <sup>11</sup>	◆	52500

### Endnotes

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

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

<sup>3</sup> Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore, validity of estimations varies. Without medical assessments, it was not possible to verify the exact causes of death cited, therefore the caseload is indicative of the perceived health issues causing death in the communities.

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

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

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

<sup>7</sup> Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: Feb 2017'. 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>8</sup> Nearby communities in Damascus governorate which are not considered besieged/hard to reach: Jalaa, Midan Wastani, Ayoubiyah and Zahreh.

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

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

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

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