

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 157 community representatives inside Syria at the end of January and beginning of February 2017, these updates refer to the situation in January 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 January and early February 2017, REACH assessed the humanitarian situation in 39* communities in Syria currently facing restrictions in movement and access, 16 of which are currently classified as besieged. The profiled communities were located in Damascus, Dar'a, Homs and Rural Damascus governorates, and information was gathered through a total of 157 community representatives (CRs). **Across assessed indicators, the humanitarian situation varied among the assessed communities, with several reporting further deterioration often related to ongoing hostilities, while others experienced improvements following local truce agreements.**

- **The humanitarian situation further worsened in Al Waer, Ash Shajara, Az Zabdani and Madaya, and the Wadi Burda communities**, due to ongoing hostilities, as well as persisting, tight restrictions on movement. **Conflict also escalated in Nashabiyeh**, Eastern Ghouta, causing displacement and a significant deterioration of the humanitarian situation.
- **Among all assessed communities, only At Tall reported receiving humanitarian aid in January**, while most other communities had not received aid for at least two months.
- **A truce agreement was reached in Beit Saber, Betima and Kafr Hoor, within the Bait Jan area, this month.** This resulted in the lifting of all access restrictions into the wider Bait Jan area, positively affecting all communities, including those (Bait Jan and Mazraet Beit Jin) where no agreement had been signed.
- **Ongoing hostilities prevented repairs being made to the Ein Elfijeh pumping facilities;** Burza, Jober, Tadamon, Hama, Qudsiya and the Wadi Burda communities experienced a further deterioration in access to safe drinking water.
- The communities of **Hajar Aswad and Madamiyet Elsham were re-classified from besieged to hard to reach in January.**

List of Assessed Profiles January 2017

PDF: Click on profile name to jump to factsheet

- | | | |
|--|--|-------------------------|
| • Ar Rastan, Talbiseh and Taldu | • Bait Jan | • Homs (Al Waer) |
| • Ash Shajara | • Damascus (Burza, Jober and Tadamon) | • Khan Elshih |
| • At Tall | • Eastern Ghouta | • Wadi Burda |
| • Az Zabdani, Madaya and Bqine | • Hajar Aswad | • Yarmouk |

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

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

January 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Ar Rastan	Talbiseh	Taldu
UN classification:	Hard to reach	Hard to reach	Hard to reach
Estimated population¹:	47,000	41,000	18,000
Of which estimated IDPs¹:	9,000	11,000	640
% pre-conflict population remaining:	26-50%	26-50%	26-50%
% of population that are female:	26-50%	26-50%	26-50%

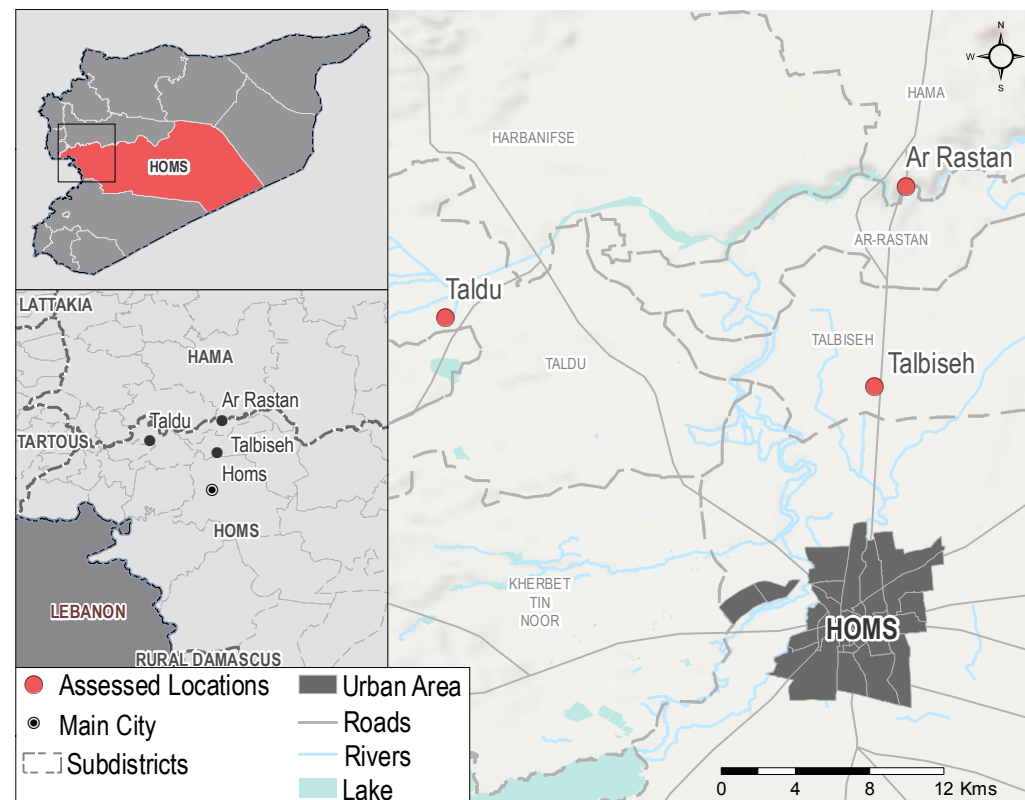
SUMMARY

Since 2012, the communities of Ar Rastan, Talbiseh and Taldu, situated in the Al Houleh region between the cities of Homs and Hama, have faced access restrictions. In early 2016, an escalation of conflict led to a deterioration in the humanitarian situation in the three communities.

The overall humanitarian situation in all three communities remained largely unchanged in January. Ar Rastan and Talbiseh experienced a slight deterioration in access to basic services. Conversely, prices of fuel decreased in comparison to December. A humanitarian convoy entered Ar Rastan on 12 February, for the first time since November 2016, but the impact of the aid delivery on the humanitarian situation was not observed during the current assessment period.

In January, populations remained able to move freely across the three communities. Employees and students were able to leave the area through formal points. As has been previously reported, the number of people permitted to leave from Ar Rastan was lower than in Talbiseh and Taldu. Civilians bringing goods from nearby communities remained the main source of food, NFIs, fuel and medicine entering the communities.

Access to drinking water reportedly decreased in Ar Rastan in January, following partial breakdown of water pumps. In Talbiseh, the main electrical network became unavailable as cables were cut off for sale. All three communities reported significant security-related challenges for children in accessing educational facilities, but the number of children in schools remained similar to previous months.



CHANGES SINCE DECEMBER

	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 January and beginning of February 2017, these updates refer to the situation in January 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.

The medical situation in Ar Rastan, Talbiseh and Taldu remained unchanged, with all three communities having access to mobile clinics. Diabetes care remained unavailable in all communities, first reported as such in December 2016. Minor fluctuations across the communities were reported in the availability of medical items.

The majority of assessed core food items remained generally available in markets in all three communities in January, with no significant price changes reported. **Additionally, all assessed fuel types decreased in price - this was attributable to a lower demand following warmer weather conditions. Nonetheless, populations in all three communities continued to report negative coping strategies in relation to both food and fuel shortages.**

MOVEMENT OF CIVILIANS

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



🚶 People able to leave²

The number of people able to leave or enter the communities has remained unchanged since October 2016, with an estimated 11-25% able to leave Talbiseh and Taldu, and fewer (1-10%) able to move to or from Ar Rastan. In January, employees and students continued to be able to exit the communities through formal access points upon presenting identification.

As has been the case since assessments began in June 2016, residents could move freely across the three communities. However, considerable risks remained associated with such movement, including shelling.

No informal routes were used in January.

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

No risks were associated with the use of formal access points. In previous months gunfire, shelling and landmines have been reported when using informal routes, but no such routes were reported in January.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since December in all three:



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

🚚 Humanitarian vehicles

Change since December in Ar Rastan:



Change since December in Talbiseh and Taldu:



An inter-agency convoy entered Ar Rastan on 12 February, for the first time since November 2016. Aid reportedly included food, and medical and educational supplies for 110,000 people. Due to the timing of the delivery, its impact on the humanitarian situation was not reflected during the current data collection period.

No humanitarian deliveries reached Talbiseh or Taldu in January, as has been the case since October 2016.

ACCESS TO SERVICES*

In January, populations in **Ar Rastan reported decreased access to drinking water following partial breakdown of water pumps, as well as decreased availability of fuel (kerosene) required to operate them.** In Talbiseh, both the main water network and closed wells were available, but residents relied more on the latter in January. Further, **overall access to electricity in Talbiseh decreased as electricity cables were destroyed and sold off, and the main network became unavailable.** Across all three communities, the number of children attending schools remained largely the same, but various barriers to accessing education were reported.

	Ar Rastan	Talbiseh	Taldu
💧 WATER	Main source of drinking water (Status)	Water network (Safe to drink)**	Closed wells (Safe to drink)**
	Available water to meet household needs (Coping strategies)	Sufficient	Sufficient
	Access to water network per week	1-2 days	1-2 days
	Change since December*	🔻	🔻
💡 ELECTRICITY	Access to electricity network per day	2-4 hours	Network unavailable
	Access to electricity (Main source) per day	4-8 hours (Generator)	4-8 hours (Generator)
	Change since December*	🔻	🔻
	🎓 EDUCATION	Available education facilities	Pre-conflict primary, secondary, high schools; informal schools set up since conflict began
Barriers to education		Route to services unsafe, children required to work, facilities destroyed	Route to services unsafe, facilities destroyed, children required to work
Change since December*		🔻	🔻
*Arrows indicate change in access since December		** Data collected is based on perceptions of local actors and water safety cannot be guaranteed in the absence of water testing.	

📦 Goods entered

Food, NFIs, medicine and fuel continued to enter all three communities via civilians bringing such commodities from nearby communities. This method has been reported since assessments of the communities began, and the amount entering in January was similar to that reported in December 2016.

	Ar Rastan	Talb.	Taldu
Child immunisation	✓	✓	✓
Diarrhea management	✓	✓	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✓	✓	✓
Surgery ⁴	✓	✓	✓
Diabetes care	✗	✗	✗
Change since December	◊	◊	◊

HEALTH SERVICES

Change since December in all three:



The health situation in all three communities remained stable in January. All assessed medical services, except for diabetes care, were available in all of the communities. Since December 2016, the only type of health facility available in the three communities are mobile clinics. Small fluctuations with regard to available medical items were reported across the communities, whereby more items became available in Talbiseh, but availability decreased in Ar Rastan and Taldu.

A humanitarian convoy which reached Ar Rastan on 12 February reportedly carried medical items, but their impact on the health situation in the community had not yet been assessed.

✚ Unusual outbreaks of disease³

None reported in all communities.

🏠 Strategies used to cope with a lack of medical services

None reported in all communities.

💊 Medical services available

All medical services remained available across the three communities in January, except for diabetes treatment, which had become unavailable in December 2016.



Availability of medical personnel

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

Taldu: Professionally trained doctors, nurses and midwives.

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

Change since December



Most needed medical items⁵

	Ar Rastan	Talbiseh	Taldu
1. Antibiotics	Antibiotics	Antibiotics	Antibiotics
2. Assistive devices	Anaesthetics	Anaesthetics	Anaesthetics
3. Surgical equipment	Assistive devices	Assistive devices	Assistive devices



Permanent medical facilities available

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



Unavailable medical items⁶

Ar Rastan: Anti-anxiety medication, heart, blood pressure and diabetes medicine, antibiotics, burn treatment.

Talbiseh: Contraception, clean bandages, blood transfusion bags, burn treatment, anaesthetics, medical scissors;

Taldu: Anti-axiety medication, clean bandages, blood transfusion bags, burn treatment, antibiotics, medical scissors;

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

Change in Ar Rastan since December



Change in Talbiseh since December



Change in Taldu since December



FOOD

Change in food situation in Ar Rastan compared to December:



Change in food situation in Talbiseh compared to December:



Change in food situation in Taldu compared to December:



Most common methods of obtaining food at the household level

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



Most common methods of obtaining bread at the household level

All three communities: Private bakeries.

All three communities reported increased access to bread in January, following a decrease in December. This was reportedly due to monetary support to bakeries provided by local councils and NGOs. Nonetheless, all three communities continued to report some challenges in accessing bread, including difficulties in accessing flour, wheat and yeast.

Change in availability since December



✚ Deaths attributable to a lack of food³

None reported across all three communities.



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease



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 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.

assessments of the communities began in June 2016, only minor fluctuations in food basket prices have been reported in Ar Rastan, Talbiseh and Taldu.

As has been the case since December 2016, a standard food basket price in nearby areas could not be calculated for the purpose of comparison due to unavailability of data.



Core food item availability

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

Change in all three since December	◆
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Bread from public bakeries remained unavailable in all three communities, as has been the case since assessments first began. In addition to bread, cucumber was also unavailable in Ar Rastan and Taldu in January.

There were no significant changes in availability of all other core food items in January as compared to December. All items were generally available⁹ in Ar Rastan and Talbiseh, with exception of eggs, which continued to be sometimes available¹⁰ in Talbiseh. In Taldu, most items were generally available, except rice and bulgur, which were sometimes available.

A humanitarian convoy reportedly carrying food items reached Ar Rastan on 12 February, but the impact of such distributions on availability and prices had not been assessed at the time of writing.



WASH item availability / prices

All assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, diapers and toothpaste) remained generally available in all three communities.

Prices remained relatively stable in comparison to December. An average increase of 13% in the price of soap across all three communities was reported.



Fuel availability / prices

Out of assessed fuel types, butane, diesel and firewood were available in all three communities in January. As was the case in December, all three were generally available in markets in January.

Prices across most fuel types decreased in January in all communities, with the exception of the price of firewood in Talbiseh. This relative decrease was reportedly due to lower demand in comparison to December, attributed to warmer weather conditions.

Strategies used to cope with a lack of fuel:

Despite the relative decrease in fuel prices in January, prices remained high and all three communities continued to report burning plastic, waste and clothes to address fuel shortages.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES






Average cost of standard food basket⁷

	Ar Rastan	Talbiseh	Taldu
Average cost (SYP) ⁸	37,648	37,298	37,173
Change since December	◆	◆	◆

The cost of a standard food basket remained largely unchanged across all three communities in January, as compared to December. Since

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁸

	Item	Ar Rastan	Price change since December ¹¹	Talbiseh	Price change since December ¹¹	Taldu	Price change since December ¹¹
Food Items 	Bread private bakery (pack)	250 ⁹	◆	250 ⁹	◆	250 ⁹	◆
	Bread public bakery (pack)	Not available	◆	Not available	◆	Not available	◆
	Rice (1kg)	275 ⁹	▲ +38%	250 ⁹	◆	250 ¹⁰	◆
	Bulgur (1kg)	200 ⁹	▼ -11%	200 ⁹	▼ -11%	225 ¹⁰	◆
	Lentils (1kg)	650 ⁹	◆	650 ⁹	▲ +8%	650 ⁹	◆
	Chicken (1kg)	950 ⁹	▲ +6%	950 ⁹	◆	950 ⁹	◆
	Mutton (1kg)	3,000 ⁹	◆	3,100 ⁹	◆	3,000 ⁹	◆
	Tomato (1kg)	250 ⁹	◆	275 ⁹	▲ +10%	250 ⁹	◆
	Cucumber (1kg)	Not available	Available	300 ⁹	◆	Not available	◆
	Milk (litre)	140 ⁹	▲ +8%	145 ⁹	▲ +12%	145 ⁹	▲ +12%
	Flour (1kg)	300 ⁹	◆	300 ⁹	◆	300 ⁹	◆
	Eggs (1)	65 ⁹	▼ -13%	65 ¹⁰	▼ -13%	65 ⁹	▼ -19%
	Iodised salt (500g)	35 ⁹	▼ -13%	35 ⁹	▼ -13%	35 ⁹	▼ -13%
	Sugar (1 kg)	400 ⁹	◆	425 ⁹	◆	400 ⁹	▼ -6%
WASH Items 	Cooking oil (litre)	1,000 ⁹	◆	1,000 ⁹	◆	1,000 ⁹	◆
	Soap (1 bar)	100 ⁹	▲ +18%	100 ⁹	▲ +11%	100 ⁹	▲ +11%
	Laundry powder (1kg)	650 ⁹	▲ +8%	600 ⁹	◆	600 ⁹	▼ -8%
	Sanitary pads (9)	650 ⁹	▲ +8%	650 ⁹	◆	650 ⁹	◆
	Disposable diapers (24 pack)	1,800 ⁹	◆	1,800 ⁹	◆	2,000 ⁹	◆
Fuel 	Toothpaste (125ml)	250 ⁹	◆	250 ⁹	◆	250 ⁹	◆
	Butane (cannister)	10,000 ⁹	▼ -5%	10,000 ⁹	▼ -5%	9,500 ⁹	▼ -14%
	Diesel (litre)	360 ⁹	▼ -10%	360 ⁹	▼ -10%	360 ⁹	▼ -10%
	Propane (cannister)	Not available	◆	Not available	◆	Not available	◆
	Kerosene (litre)	Not available	◆	Not available	◆	Not available	◆
	Coal (kg)	Not available	◆	Not available	◆	Not available	◆
Firewood (tonne)	85,000 ⁹	▼ -32%	85,000 ⁹	▲ +13%	85,000 ⁹	▼ -35%	

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

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). Figures based on estimates by local actors within communities assessed were reportedly 90,000-95,000 including 7,000-8,000 IDPs (Ar Rastan), 50,000-60,000 including 9,000-10,000 IDPs (Talbiseh), and 13,000-15,000 including 2,000-3,000 IDPs (Taldu).

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

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

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

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

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

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

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

⁹ Generally available in markets (21+ days this month).

¹⁰ Sometimes available in markets (7-21 days this month).

¹¹ 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.

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SUMMARY

The southern Syrian community of Ash Shajara is situated in Dar'a governorate, approximately 5km from the Jordanian border. Populations have faced limitations on access since late 2014, however these have increased in recent months. The community was first assessed in September 2016.

Following a significant escalation in hostilities in December, the humanitarian situation in Ash Shajara continued to deteriorate in January as tight access restrictions negatively affected food security, medical services, and access to some basic services.

There was a relative increase in people able to leave and enter the community in January as compared to December, following protests in response to the recently imposed restrictions. **Both commercial and humanitarian vehicles however remained unable to access Ash Shajara, as was also the case in December.** Significant risks facing civilians using the formal access point continued to be reported, including various types of harassment against women. **Additionally, around 900 individuals permanently left the community in January.**

As more people were able to leave and enter Ash Shajara, there was a marginal increase in the amount of food and non-food items entering in comparison to December. Medicine and fuel however continued to be prohibited from entering, and the lack of access for commercial vehicles resulted in an overall deterioration of the humanitarian situation in January. **Most hygiene and sanitation items**



UN classification:	Hard to reach
Estimated population¹:	4,200
Of which IDPs¹:	1,140
% pre-conflict population remaining:	76-100%
% population female:	76-100%

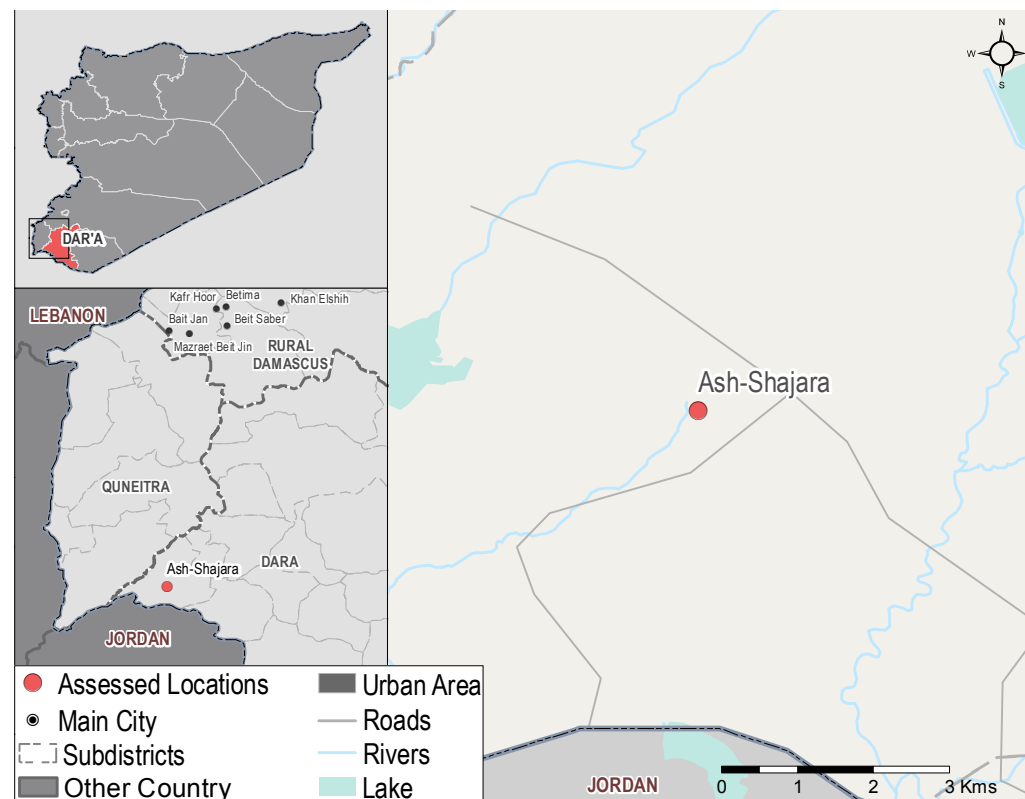
became unavailable, whereas only a handful of core food items remained available in shops and markets. Soap was 201% more expensive than in nearby communities not considered hard to reach. Remaining food items were on average 90% more expensive.

Increased risk of violence and the tightened access restrictions also had a negative impact on the medical situation in Ash Shajara, as some medical personnel left in January. This forced a number of facilities to close, and available medical services also decreased due to depleting stocks of medical items.

Following a local agreement, the community was able to reconnect to the water network in January and experienced a small increase in access to drinking water. The electrical network remained unavailable, as has been the case since assessments began in September 2016. **Due to ongoing hostilities and related security concerns the number of children attending school in Ash Shajara decreased further in January, a development first reported in December.**

CHANGES SINCE DECEMBER

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 January and the beginning of February 2017, these updates refer to the situation in January 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 December:



People able to leave²

Access restrictions on civilians, which tightened significantly in December, slightly decreased in January following protests against the tight restrictions imposed the previous month. Reportedly 11-25% of residents were able to leave using one formal access point in Ash Shajara. Those who were able to use the access point were required to present identification.

Additionally, it was reported that an estimated 900 residents, mainly IDPs residing in the community, left Ash Shajara in January due to the deteriorating humanitarian situation. They relocated to the nearby villages of Sahn al Golan, Nawa and Tassil.

Informal points used: No.

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

Gunfire, detention. As was first reported in December, women were particularly targeted, facing insults, violence and sexual harassment.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since December:



Able to enter: None reported.

As was first reported in December 2016, no commercial vehicles were allowed to enter Ash Shajara in January.

Humanitarian vehicles

Change since December:



Able to enter: None reported.

Goods entered

In contrast to December, civilians leaving and entering the community were allowed to bring some food and non-food items with them in January. However, as was the case in December, no medicine or fuel entered Ash Shajara for the second consecutive month.

HEALTH SERVICES

Change in health situation compared to December:



The health situation in Ash Shajara deteriorated further in January, as the situation in the community prompted some medical personnel to leave. This resulted in a number of facilities closing. Additionally, depleting stocks of medicine and medical items negatively affected the types of services available in the community. Some private clinics and pharmacies, first reported in December, were still operating in January. A diarrhea outbreak among small children, first observed in December, was still reported last month.

Permanent medical facilities available

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

ACCESS TO SERVICES*

Residents reported an increase in access to water as the community reconnected to the main water network following a local agreement. There was a further decrease in the number of children able to access schools as a result of ongoing hostilities and related security concerns, first reported in December.

WATER	↑	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	1-2 days
ELECTRICITY	◆	Access to electricity network per day	Network unavailable
		Access to electricity (Main source) per day	4-8 hours per day (Solar alternative sources)
EDUCATION	↓	Available education facilities	Pre-conflict primary, secondary, high schools
		Barriers to education	Route to services unsafe, shelling

*Arrows indicate change in access since November.

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

Availability of medical personnel

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

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

Change since December



Unavailable medical items⁴

Items unavailable: Anti-anxiety medication, clean bandages, blood transfusion bags, antibiotics, burn treatment, anaesthetics, diabetes, heart and blood pressure medicine.

Change since December



Medical services available

Child immunisation	✗
Diarrhea management	✓
Emergency care	✗
Skilled childbirth care	✓
Surgery ³	✗
Diabetes care	✗
Change since December	↓

Most needed medical items⁵

1. Diabetes medicine
2. Heart medicine
3. Antibiotics

Strategies used to cope with a lack of medical services

For the first time since assessments began in September 2016, the community reported resorting to carrying out operations without anaesthesia. Using expired medicine, first observed in November 2016, was also reported.

✚ Unusual outbreaks of disease⁶

An outbreak of diarrhea and vomiting among small children, first reported in December, was still ongoing in January.

FOOD

Change in food situation compared to December:



🍷 Most common methods of obtaining food at the household level

Purchasing from local farmers and home production.

🌾 Most common methods of obtaining bread at the household level

Most common source: Homemade.

Challenges to obtaining bread: Bread unavailable in bakeries and shops, flour unavailable, not enough electricity.

Access to bread decreased further in January, as flour was prevented from entering the community and shop owners were not allowed to bring in bread from nearby communities.

Change since December



💰 Strategies used to cope with a lack of food

Reducing meal size



Skipping meals



Days without eating



Eating non-food plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

✚ Deaths attributable to a lack of food⁶

None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket⁷

It has not been possible to calculate a standard food basket for Ash Shajara since December 2016, as increased access restrictions have significantly affected the availability of goods. In January, none of the core food items (bread, rice, lentils, sugar, cooking oil) were available for purchase in the community.

🚰 WASH item availability / prices

Due to continued access restrictions, all hygiene and sanitation items became unavailable in January, except for soap, which became sometimes available.⁸ The price of soap increased by 85% from December, and was 201% more expensive than in nearby communities not considered hard to reach. In the absence of sanitary pads, women reportedly resorted to using cloth.

🚰 Fuel availability / prices

All fuel sources have been unavailable in Ash Shajara since December, except for firewood. Firewood was produced within the community, and was generally available⁹ in shops and markets in January. It was however 31% more expensive than the month prior, and 38% more expensive than in nearby communities.

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

The community continued to report informal methods of producing fuel, as was the case in December, including burning animal waste and burning a paste made of soaked papers and cartons.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX¹⁰

Despite a small increase in civilian mobility in January, the continued access restrictions on commercial vehicles had a negative impact on the community as core food item availability decreased further. Only bulgur, mutton, milk, flour, eggs and sugar remained available in Ash Shajara in January, and these items were on average 90% more expensive than in nearby communities not considered hard to reach.

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

	Item	Ash Shajara	Price change since Dec. ¹¹	Nearby non-hard to reach areas ¹²
🍷 Food Items	Bread private bakery (pack)	Not available	⬇️	225
	Bread public bakery (pack)	Not available	⬇️	113
	Rice (1kg)	Not available	Available	442
	Bulgur (1kg)	600 ⁸	⬆️ +50%	225
	Lentils (1kg)	Not available	Available	333
	Chicken (1kg)	Not available	⬇️	867
	Mutton (1kg)	3,500 ⁹	⬇️	3,000
	Tomato (1kg)	Not available	Available	200
	Cucumber (1kg)	Not available	Available	325
	Milk (litre)	150 ⁹	⬇️	208
	Flour (1kg)	450 ¹³	⬆️ +13%	225
	Eggs (1)	100 ⁸	Not available	48
	Iodised salt (500g)	Not available	Available	117
🚰 WASH Items	Sugar (1 kg)	1,200 ¹³	Not available	433
	Cooking oil (litre)	Not available	⬇️	883
	Soap (1 bar)	250 ⁸	⬆️ +85%	83
	Laundry powder (1kg)	Not available	Available	733
	Sanitary pads (9)	Not available	Available	408
🚰 Fuel	Toothpaste (125ml)	Not available	Available	250
	Disposable diapers (24 pack)	Not available	Available	1,317
	Butane (cannister)	Not available	⬇️	7,000
	Diesel (litre)	Not available	⬇️	283
	Propane (cannister)	Not available	⬇️	Not available
	Kerosene (litre)	Not available	⬇️	Not available
	Coal (kg)	Not available	⬇️	625
Firewood (tonne)	85,000 ⁹	⬆️ +31%	61,667	



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). Figures based on population estimates by local actors within the community assessed were reportedly 8,600-10,600 individuals, including 200-500 IDPs.

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

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

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

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

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

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

⁸ Sometimes available in markets (7 – 20 days this month).

⁹ Generally available in markets (21+ days this month).

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

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

¹² Nearby communities in Dar'a governorate which are not considered besieged/hard to reach: Nimer, Khebab and Sahn El Golan.

¹³ Generally not available in markets this month (fewer than 7 days).

Syria Community Profile Update: At Tall, Rural Damascus

January 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

At Tall is located in the Qalamoun mountains, 11km north of Damascus and has faced military encirclement and access restrictions since the end of 2013. After conflict escalated in November 2016, a truce agreement was reached on 2 December, which resulted in the evacuation of 2,300 people and in continuing improvements to the security situation. This profile presents the situation in January 2017, with comparisons made to December, when the community was last assessed.

The overall humanitarian situation in At Tall improved in January, continuing on improvements made after the truce was reached in early December. Restrictions on commercial vehicle movement decreased with the opening of a road to access the nearby Al Assad suburb, and the arrival of the first humanitarian convoy since assessments began in June 2016.

The January security situation remained similar to December. Since the truce, civilians reportedly no longer faced risks of shelling or violence when entering or leaving the community. However, a higher risk of forced conscription for adult males was reported since the truce took hold at the beginning of December.

Fuel prices have remained stable since November, and food and WASH item prices have remained stable since dropping in December. Food prices were comparable to nearby non hard to reach

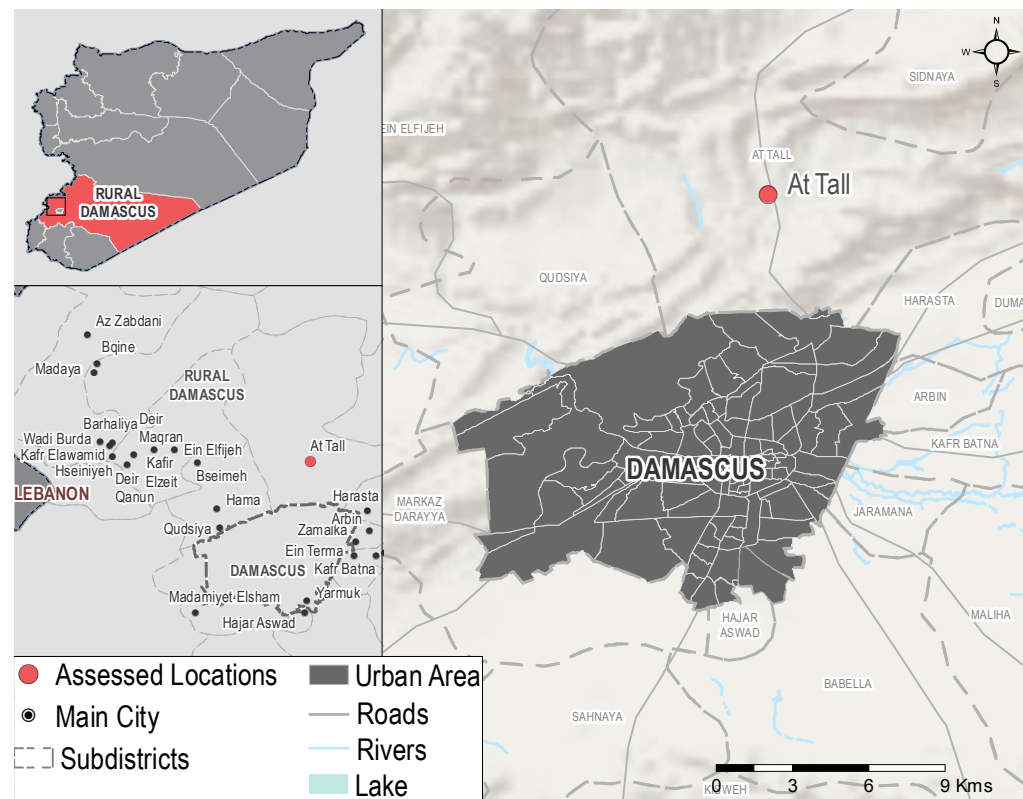


UN classification:	Hard to reach
Estimated population¹:	238,650
Of which IDPs¹:	196,260
% pre-conflict population remaining:	1-25%
% population female:	26-50%

communities, and the opening of two private bakeries improved access to bread. However, fuel and WASH items remained significantly more expensive.

The health situation improved in January, with all assessed medical items in survey reported available for the first time since assessments began. This was due to the increased trade and humanitarian aid permitted in At Tall. However, surgery in At Tall remained unavailable due to the evacuation of some medical staff as part of the truce in December.

No changes were reported regarding water access and education issues in January. Water access worsened in December due to the damage to the water network that supplied most of greater Damascus, and no improvement was reported in January. Student numbers remained stable after falling in December. The local electrical network was reportedly damaged in January, but generators maintained electrical provision in At Tall.



CHANGES SINCE DECEMBER

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 January and beginning of February 2017, these updates refer to the situation in January 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 December:



🚶 People able to leave²

Approximately 26-50% of people were reportedly able to enter and leave the community through formal routes under certain conditions. This indicates a change in access for residents, as from August to December 2016 only 11-15% of the population was reportedly able to enter or leave the community.

Travel restrictions were the same from previous months: employees and students were allowed through checkpoints on workdays, and women and children were allowed to move any day of the week, upon presentation of documents.

Since the truce on 2 December, reports of detention and forcible conscription when entering or exiting the community emerged, which have persisted in January.

Informal points used: None reported.

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

Detention and conscription.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since December:



A notable increase in the number of commercial vehicles that were able to enter At Tall was reported in January. While some commercial vehicles were able to enter At Tall since August 2016, it was reported that

the January increase in goods was due to increase of traders able to access At Tall. Vehicles were still allowed to enter only on certain days, and traders were required to present documentation and pay fees. Reports of partial confiscation of loads in January indicate this restriction returned to At Tall, despite its momentary absence in December. This activity was previously noted since August 2016.

🚚 Humanitarian vehicles

Change since December:



An aid convoy reportedly entered At Tall on 11 January and delivered food, NFIs, and medical aid. This was the first reported instance of an aid convoy entering the community since assessments began in June 2016.

📦 Goods entered

January saw an increase in the amount and types of food, non-food items, and medicine available in At Tall. This was due to an increase in traders permitted in the community, the opening of a road to access the nearby Al Assad suburb, and the arrival of humanitarian aid. However, this opening had no effect on the accessibility of fuel in the community.

HEALTH SERVICES

Change in health situation compared to December:



While medical item availability decreased in November, it increased in December and January. As a result, the overall health situation in At Tall improved. Medical personnel numbers remained constant from the end of December, after previously dropping when some medical professionals left after the truce. As was the case in previous months, it was reported that people suffering from a lack of income or resources were unable to access medical facilities.

ACCESS TO SERVICES*

Access to water and education did not change in January, after worsening in December for the first time since assessments in the community began in June 2016. The December damage to the Ein Elfijeh water source resulted in significant water network shortages, and thus poorer access to water. Though no reports of additional students left school in January, there was no indication that those who left previously due to lack of school supplies or demand for workers had returned. Finally, the electrical network became unavailable in January, but this was substituted by generator power that provided similar amounts of power to the community.

💧	WATER	Main source of drinking water (Status)	Water trucking (Safe to drink)**
		Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient (Spend money usually spent on other things to buy water, modifying hygiene practices e.g. bathing less)
		Access to water network per week	Water network unavailable
💡	ELECTRICITY	Access to electricity network per day	Electricity network unavailable
		Access to electricity (Main source) per day	2 - 4 hours (Generator)
🏫	EDUCATION	Available education facilities	Pre-conflict primary, secondary, high schools
		Barriers to education	Children drop out to work; lack of school supplies.

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

🏥 Unavailable medical items³

All assessed items were reported available.

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

For the first time since assessments began, all assessed medical items were reported available in the markets for 21+ days in January. This was reportedly due to increased commercial vehicle traffic and the humanitarian convoy.

Change since December



🩹 Most needed medical items⁴

1. Heart medicine
2. Diabetes medicine
3. Antibiotics

👤 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.

Change since December



There were no reported changes in medical staff in January. There continued to be no surgeons or anaesthesiologists in At Tall due to the evacuation of some medical staff as part of the December truce agreement.

🏠 Permanent medical facilities available

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

🩺 Medical services available

Child immunisation	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✓
Surgery ⁵	✗
Diabetes care	✓
Change since December	◊

Surgery remained unavailable in January, due to the evacuation of several medical personnel in the aftermath of the truce agreement in December. Child immunisation remained unavailable in January, as had been the case since at least June 2016 with the limited exception of a temporary provision by local NGOs in November.

✚ Unusual outbreaks of disease⁶

None reported.

FOOD

Change in food situation compared to December: ↑

🍲 Most common methods of obtaining food at the household level

Purchasing from shops and markets, receiving food distributions;

The opening of the Dahiyat Al Assad access road and increased commercial vehicle access, along with the arrival of an aid delivery increased the amount of food items in At Tall compared to December.

As a result, food items were more widely available and cheaper when compared to December. Despite this, prices remained prohibitive for part of the population.

🌾 Most common methods of obtaining bread at the household level

Most common source: Private bakeries.

Challenges to obtaining bread: No issues reported.

Bread access increased as two private bakeries opened in January. Bread access was higher in January than at any point since assessments began in June 2016.

Change since December: ↑

✚ Deaths attributable to a lack of food⁶

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

As food availability continued to improve in January, skipping meals, first reported in October, was no longer reported. However, some individuals reportedly still reduced meal sizes, due to prohibitive prices and the lack of financial resources affecting part of the population.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket⁷

	At Tall	Nearby areas ⁸
Average cost December (SYP) ⁹	36,609	37,620
Change since December	↑	↑

The average cost of a standard food basket in At Tall increased by 7% from December, driven by the rising price of bread from shops. However the significance of this price increase was mitigated by the opening of private bakeries in At Tall, which became the main source of bread in the community. The average cost of a standard food basket in At Tall was roughly equivalent to nearby, non hard to reach areas

in January. Indeed, the cost of this basket was on average 3% less than nearby non hard to reach communities. The food basket price was calculated using mean reported price of bread sold in shops and bakeries in At Tall.¹⁰

🧴 WASH item availability / prices

In January, sanitary pads and toothpaste prices declined by 21% and 13% respectively, with all other hygiene and sanitation prices remaining unchanged. These prices had previously fallen in December by 7% on average, due to greater amounts of commercial vehicles entering the community after the truce agreement. However, hygiene and sanitation items in At Tall were on average twice as expensive as in nearby communities not considered hard to reach.

🔥 Fuel availability / prices




In January, kerosene became available for the first time since the community was first assessed. This follows the re-emergence of coal in December, and firewood in August 2016. Despite greater availability, fuel prices remained unchanged in January, and were 106% more expensive than in neighbouring communities not hard to reach. Fuel prices had previously dropped by an average of 26% from November to December.

Strategies used to cope with a lack of fuel: Burning furniture with and without use, burning plastics and waste.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

Food item prices remained mostly unchanged compared to December, despite an increase in availability of items within the community. Food item prices were on average 3% less expensive than in nearby communities not considered hard to reach.

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 Dec. ¹²	Nearby non-hard to reach areas ⁸
 Food Items	Bread private bakery (pack)	100 ¹¹	◆	300
	Bread public bakery (pack)	Not Available	◆	63
	Rice (1kg)	600 ¹¹	◆	525
	Bulgur (1kg)	450 ¹¹	◆	250
	Lentils (1kg)	400 ¹¹	◆	500
	Chicken (1kg)	1,350 ¹¹	▲ +3%	1,100
	Mutton (1kg)	5,000 ¹¹	◆	4,000
	Tomato (1kg)	250 ¹¹	▲ +25%	198
	Cucumber (1kg)	250 ¹¹	◆	275
	Milk (litre)	250 ¹¹	◆	213
	Flour (1kg)	500 ¹¹	◆	213
	Eggs (1)	60 ¹¹	◆	50
	Iodised salt (500g)	100 ¹¹	◆	100
	Sugar (1 kg)	500 ¹¹	◆	495
 WASH Items	Cooking oil (litre)	900 ¹¹	◆	1,225
	Soap (1 bar)	150 ¹¹	◆	100
	Laundry powder (1kg)	2,500 ¹¹	◆	563
	Sanitary pads (9)	750 ¹¹	▼ -21%	388
	Toothpaste (125ml)	350 ¹¹	▼ -13%	388
 Fuel	Disposable diapers (24 pack)	2,500 ¹¹	◆	1,200
	Butane (cannister)	5,000 ¹¹	◆	3,250
	Diesel (litre)	500 ¹¹	◆	218
	Propane (cannister)	Not Available	◆	600
	Kerosene (litre)	500 ¹¹	Not Available	Not available
	Coal (kg)	1,500 ¹¹	◆	400
	Firewood (tonne)	80,000 ¹¹	◆	60,000

Endnotes

¹ 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.

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

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

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

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

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

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

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

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

¹⁰ As bread was unavailable in private and public bakeries, no prices were available for bread sold in bakeries. However, the food basket price was calculated using the reported price of bread sold in shops (350 SYP).

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

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

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

January 2017



REACH Informing more effective humanitarian action

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	Az Zabdani	Madaya and Bqine*
UN classification	Besieged	Besieged
Estimated population¹:	160-163	44,500-45,500
Of which estimated IDPs¹:	None	9,400-10,100
% pre-conflict population remaining	1-25%	51-75%
% of population that are female	None	26-50%

SUMMARY

Az Zabdani, Madaya and Bqine are located 40km northwest of Damascus city. The three mountainous communities have faced restrictions on movement since July 2015. Az Zabdani has been classified as besieged by the UN since November 2015, and Madaya and Bqine*, which sit within a contiguous area, since January 2016. The civilian population was evacuated from Az Zabdani in the beginning of 2016.

The humanitarian situation in both communities reached critical levels in January, as hostilities, which started in December, intensified further. Shops and schools remained closed due to conflict-related security concerns, and access to basic services, including medical services, was minimal. The communities were in need of immediate assistance, as no items - including food - have been able to enter since November 2016.

No civilians could leave or enter either community via formal access points in January, as has been the case since August 2016. An estimated 50 families were reportedly forcibly relocated from Bqine during the assessment period to the nearby community of Budan.

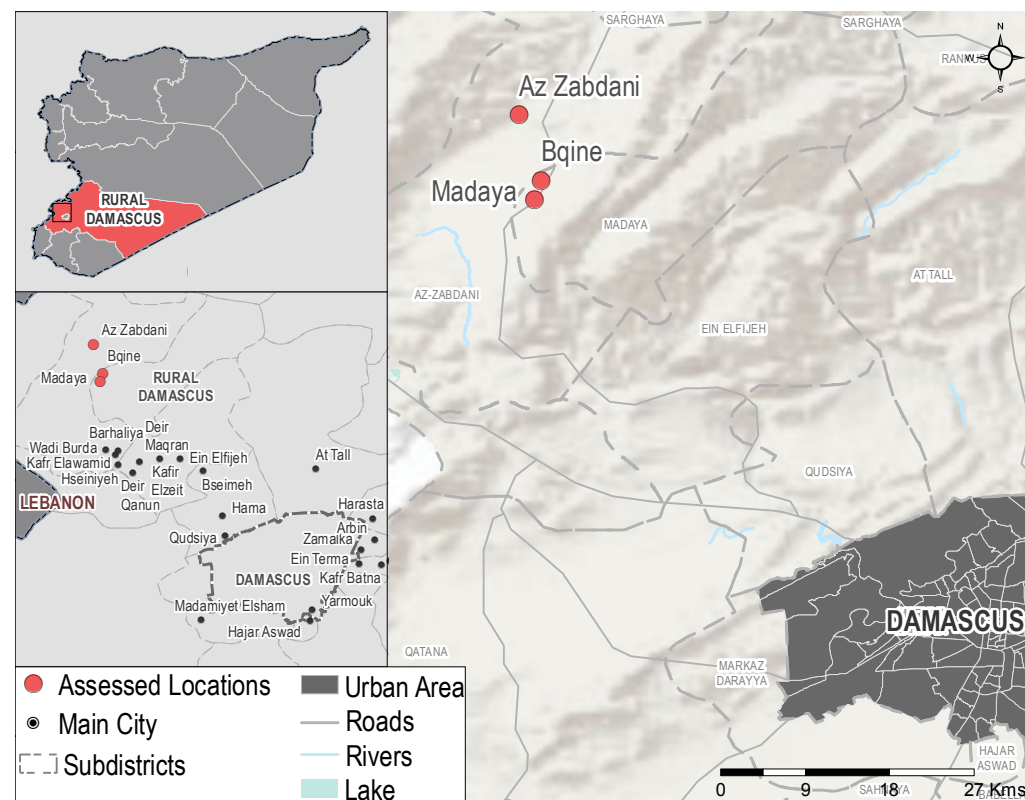
No commercial vehicles entered either Az Zabdani or Madaya last month, as has been the case since assessments began in June 2016. Similarly, the last humanitarian convoy to reach the communities was in November 2016, with no humanitarian deliveries reported in January. **Food insecurity has reached critical levels, as no food items have entered the communities since November. Populations rely on remaining aid rations, and residents in both Az Zabdani and Madaya continued to report negative coping strategies associated with a lack of food.**

Lack of fuel continued to affect both communities, which reported minimal access to generators. Drinking water also remained insufficient in both Az Zabdani and Madaya. **As has been the case since December, ongoing hostilities prevented all children from accessing schools in January.**

A mobile clinic in Az Zabdani and an informal emergency care point in Madaya continued to provide some services in January, but their capacities remained extremely limited due to depleting stocks of medicine and medical items. **Segments of the population in Bqine and Madaya were unable to access medical services in January due to the ongoing hostilities.**

CHANGES SINCE DECEMBER

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



METHODOLOGY

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

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

ACCESS TO SERVICES

Both Az Zabdani and Madaya continued to report insufficient access to water and associated coping strategies in January. Both communities have been unable to access the water network since assessments began in June 2016. Similarly, both communities continued to rely on generators in the absence of access to the main electrical network. Such use was extremely limited as access to fuel remained minimal. **As was the case in December, all educational facilities in Madaya remained non-operational due to safety concerns related to ongoing hostilities and no children accessed schools in January.**

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

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

MOVEMENT OF CIVILIANS

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

People able to leave²

Both communities: None permitted.

As has been the case since September 2016, when medical evacuations were last permitted from Madaya, no one could leave either community in January. Ongoing hostilities, reportedly worse than in December, also continued to limit movement inside the communities.

Additionally, around 50 families (200-250 individuals) were forced to leave Bqine and relocate to the nearby village of Bludan.

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

Both communities: No one tried to enter or exit the community through formal or informal points.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since December in Az Zabdani:	
Change since December in Madaya:	

Both communities: No commercial vehicles were able to enter in January, as has been the case since assessments began in June 2016.

Humanitarian vehicles

Change since December in Az Zabdani:	
Change since December in Madaya:	

Both communities: None reported. The last humanitarian delivery was in November 2016, when a convoy entered Madaya and aid was distributed to both communities.

Goods entered

Both communities: As was the case in December, no food, fuel, NFIs or medicine entered either Az Zabdani or Madaya in January.

HEALTH SERVICES

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

The health situation in both Az Zabdani and Madaya remained critical in January, as no medical items have been able to enter either community since the humanitarian delivery in November 2016. Additionally, it was reported that **segments of the populations in Madaya and Bqine were physically prevented from accessing the medical facilities due to ongoing hostilities in January.**

Unavailable medical items³

Az Zabdani: Contraception, clean bandages, blood transfusion bags, anaesthetics, antibiotics, burn treatment, medical scissors; Sometimes available: Anti-anxiety medication, diabetes, blood pressure and heart medicine.

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

Change in Az Zabdani since December	
Change in Madaya since December	

Most needed medical items⁴

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

🏠 Permanent medical facilities available

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

One mobile clinic continued operating at limited capacity in Az Zabdani in January, as has been the case since assessments began. The mobile clinic in Madaya was damaged in December 2016, and has since been replaced by an informal emergency care point providing limited services.

🩺 Medical services available

	AZ	M
Child immunisation	✗	✗
Diarrhea management	✓	✗
Emergency care	✓	✓
Skilled childbirth care	✗	✗
Surgery ⁵	✗	✗
Diabetes care	✓	✗
Change since December	◊	◊

👤 Availability of medical personnel

Az Zabdani: Professionally trained doctors and nurses;

Madaya: Professionally trained doctors, nurses and midwives;

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

Change in Az Zabdani since December ◊

Change in Madaya since December ◊

⊕ Unusual outbreaks of disease⁶

In Madaya, meningitis and kidney failure, first reported in October and November 2016 respectively, were still observed. One death due to kidney failure was reported in Madaya, alongside the death of a newborn baby attributed to a lack of adequate medical care.

🩺 Strategies used to cope with a lack of medical services

Both communities: Sharing resources between medical facilities.

In Bqine, residents who could not access the emergency care point in Madaya were also reportedly being treated by civilians without professional training.

🍲 FOOD

Change in food situation compared to December in both: ↓

No food items have been able to enter either community since a humanitarian aid delivery reached Madaya in November 2016. As remaining food stocks continued to deplete, the food insecurity deteriorated further in January.

🍲 Most common methods of obtaining food at the household level

Both communities: Receiving through food distributions from local councils, receiving food from family or friends.

🍲 Most common methods of obtaining bread at the household level

Both communities: 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 in Az Zabdani since December ◊

Change in Madaya since December ◊

👛 Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Both communities have reported coping strategies since assessments began in June 2016. In addition to reducing meal size and skipping meals, populations in Madaya also reported borrowing food from family and friends in January.

⊕ Deaths attributable to a lack of food⁶

Both communities: None reported.

🍲 CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket⁷

Due to ongoing hostilities, all shops and markets remained closed in Madaya in January, and all items were unavailable for purchase. Accordingly, no standard food basket price could be calculated for the past assessment period. Markets and shops first closed in Madaya in December 2016 due to conflict-related security concern.

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

🍲 Food item availability / prices

Food insecurity in both Az Zabdani and Madaya once again reached critical levels as no food items have been able to enter either community since November 2016.

Populations in both communities relied on distributions of the remaining food rations from Madaya local council, as well as various coping strategies, including relying on help from family and friends.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

As was the case in December, no prices could be collected for any food, fuel, or hygiene and sanitation items in either community in January as shops and markets remained closed due to ongoing hostilities and related security concerns. Populations reportedly relied on distributions of food and certain hygiene and sanitation products from the remaining aid which had reached Madaya in late November 2016.

	Item	Az Zabdani	Price changes since Dec.	Madaya	Price changes since Dec.	Nearby non-hard to reach communities ⁹
 Food Items	Bread private bakery (pack)	Not available	◆	Not available	◆	300
	Bread public bakery (pack)	Not available	◆	Not available	◆	63
	Rice (1kg)	Not available	◆	Not available	◆	525
	Bulgur (1kg)	Not available	◆	Not available	◆	250
	Lentils (1kg)	Not available	◆	Not available	◆	450
	Chicken (1kg)	Not available	◆	Not available	◆	925
	Mutton (1kg)	Not available	◆	Not available	◆	3,900
	Tomato (1kg)	Not available	◆	Not available	◆	250
	Cucumber (1kg)	Not available	◆	Not available	◆	275
	Milk (litre)	Not available	◆	Not available	◆	213
	Flour (1kg)	Not available	◆	Not available	◆	238
	Eggs (1)	Not available	◆	Not available	◆	53
	Iodised salt (500g)	Not available	◆	Not available	◆	100
	Sugar (1 kg)	Not available	◆	Not available	◆	450
Cooking oil (litre)	Not available	◆	Not available	◆	1,300	
 WASH Items	Soap (1 bar)	Not available	◆	Not available	◆	100
	Laundry powder (1kg)	Not available	◆	Not available	◆	550
	Sanitary pads (9)	Not available	◆	Not available	◆	363
	Toothpaste (125ml)	Not available	◆	Not available	◆	400
	Disposable diapers (24 pack)	Not available	◆	Not available	◆	1,275
 Fuel	Butane (cannister)	Not available	◆	Not available	◆	3,450
	Diesel (litre)	Not available	◆	Not available	◆	245
	Propane (cannister)	Not available	◆	Not available	◆	300
	Kerosene (litre)	Not available	◆	Not available	◆	Not available
	Coal (kg)	Not available	◆	Not available	◆	250
	Firewood (tonne)	Not available	◆	Not available	◆	70,000

WASH item availability / prices

Both communities: Similarly to food items, all hygiene and sanitation items have been unavailable for purchase in Madaya since shops and markets closed in December. In Az Zabdani, such items have been unavailable since October 2016. Some hygiene and sanitation items were reportedly still being distributed from the remaining aid delivery, and women additionally resorted to using cloth in the absence of sanitary pads.

Fuel availability / prices

Both communities: As has been the case since December, **all fuels remained unavailable in both Az Zabdani and Madaya.** The last time the communities reported access to fuel was in November, when diesel and kerosene could occasionally be procured, but was prohibitively priced.

The lack of fuel continued to negatively affect the overall situation in both communities which rely on fuel for electricity, cooking and heating purposes.

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

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

Endnotes

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

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

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

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

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

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

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

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

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

Syria Community Profile Update: Bait Jan, Rural Damascus

January 2017



REACH Informing more effective humanitarian action

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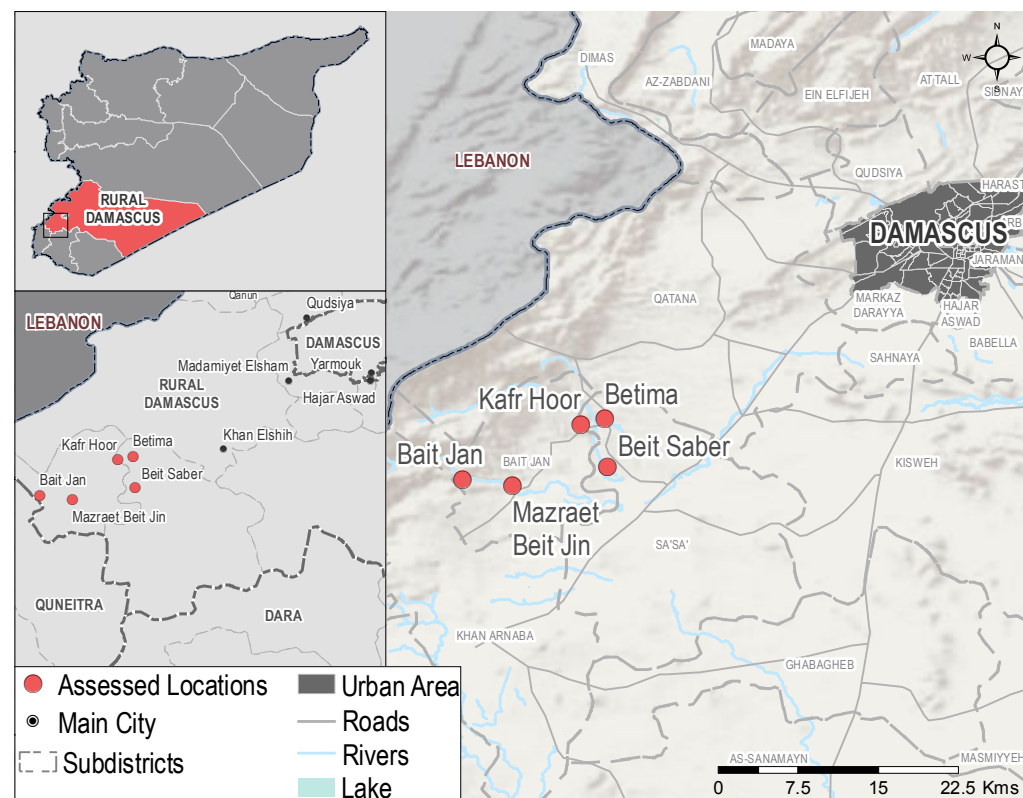
	Bait Jan	Beit Saber	Betima	Kafr Hoor	Mazraet Beit Jin
UN classification	Hard to reach	Hard to reach	Hard to reach	Hard to reach	Hard to reach
Estimated population (individuals)¹	1,400	7,200	7,000	6,500	2,000
Of which estimated IDPs²	95-100	150-200	30-40	20-25	175-200
% pre-conflict population remaining	26 - 50%	76 - 100%	76 - 100%	76 - 100%	51 - 75%
% of population that are female	26 - 50%	51 - 75%	51 - 75%	51 - 75%	26 - 50%

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. The communities, all classified as hard to reach, were profiled for the first time in November 2016. This profile presents the situation in Bait Jan during January 2017, with comparisons made to December 2016.

Overall, the humanitarian situation in the Bait Jan area improved in January 2017, compared to November and December. The signing of a truce agreement in the communities of Beit Saber, Beitima and Kafr Hoor resulted in the lifting of access restrictions on people and vehicles this month, and in higher availabilities non-food, fuel and medical items on markets.

Although no agreement had been signed in Bait Jan and Mazraet Beit Jin at the time of writing, equally positive developments were reported in both of these communities, which also benefited from higher item availabilities.



CHANGES SINCE DECEMBER

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 January and beginning of February 2017, these updates refer to the situation in January 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.

This was due to the fact that movement between Bait Jan communities continued to be unrestricted, as had been the case since the communities were first assessed. As such, the lifting of restrictions on movement into the wider Bait Jan area had positive effects on all communities. The situation in Bait Jan and Mazraet Beit Jin remained however comparatively worse, as a result of the clashes that had affected the two communities during the two previous months.

In January, residents in all the Bait Jan communities were reportedly able to enter or exit the wider contiguous area any day of the week, without restrictions. This marked a significant improvement compared to November and December, when only 1-10% of the population were reportedly allowed through formal access points.

Similarly, restrictions on commercial vehicles were lifted. As a result, the amount of goods entering the wider Bait Jan area increased this month, compared to December. In particular fuel, which could only enter informally in December, was again allowed through formal points, resulting in greater availabilities and lower fuel prices on markets.

Similarly, significantly higher quantities of medicine entered the area, and the health situation improved in January. No medical facilities, personnel or items were reportedly available in Mazraet Beit Jin, as had been the case in November and December. However, residents could easily access medical care in nearby communities.

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

The food situation also remained similar to November and December. All core food items were available in January, except for bread from private bakeries, and on average prices of assessed food items did not change, compared to December.

MOVEMENT OF CIVILIANS

People able to leave³

Change in # people able to leave compared to December: 

While in December populations had been able to move freely only within the wider contiguous area, in January existing restrictions on movement outside the Bait Jan area were entirely lifted after the signing of a truce agreement. Reportedly, all could enter or exit the wider contiguous area without restriction; only ID checks were occasionally reported. This represented a marked increase in the number of people able to leave compared to December, when only 1-10% of the population, mostly students, government employees, women and children, were allowed through formal access points.


Informal entry points: None reported.

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

All communities: Detention, conscription.


MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since December: 

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

Humanitarian vehicles

Change since December: 

Able to enter: None reported.

As in December, no humanitarian vehicles entered Bait Jan in January. The communities have reportedly not received aid since the conflict began.

Goods entered

While food, non-food and medical items were able to enter via commercial vehicles in November and December, a greater amount of goods was allowed into Bait Jan communities in January, due to the lifting of access restrictions on civilian and vehicle movement this month.

Fuel, which had entered only informally in December, was again allowed through formal points.

These developments resulted in greater availabilities on markets across all items, as well as significantly lower fuel prices this month, compared to December.

HEALTH SERVICES

Change in health situation compared to December: 

The health situation across the Bait Jan communities improved compared to December, as greater quantities of medicine and medical items were able to enter through commercial vehicles in January. Residents in Mazraet Beit Jin, where no medical facilities were available, remained able to access the medical facilities in other Bait Jan communities.

Availability of medical personnel

Mazraet Beit Jin: None reported;

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

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

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

Change since December: 

Unavailable medical items⁴

Unavailable across a majority of communities: Anaesthetics and medical scissors.

Overall, the availability of medical items increased in January, compared to December, as all medical items except anaesthetics and medical scissors were reportedly available across all communities except Mazraet Beit Jin. In this community, all medical items were reported as unavailable, as had been the case in December; however, residents could easily access medicine and medical items in nearby communities.

Change since December: 

Most needed medical items⁵

Across communities assessed in Bait Jan, the most needed medical items in January remained the same as in December:

1. Heart medicine
2. Diabetes medicine
3. Antibiotics

Unusual outbreaks of disease⁷

No known cases across all communities.

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

None reported across all communities; residents in Mazraet Beit Jin sought out medical services in other communities in the Bait Jan area according to needs, as had been the case in December.

*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 ⁶	✓	✗	✗	✗	✗
Diabetes care	✓	✓	✓	✓	✗
Change since December	◊	◊	◊	◊	◊

 **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 December	◊	◊	◊	◊	◊

ACCESS TO SERVICES*

Access to services reportedly remained unchanged, compared to November and December. Communities across Bait Jan continued to report sufficient access to water in January. As was the case in December, populations in Beit Saber, Betima and Kafr Hour were able to access the main water network whereas residents of Bait Jan and Mazraet Beit Jin relied on closed wells. Access to electricity also remained the same in January, with most communities connected to the electricity network and Bait Jan and Mazraet Beit Jin relying on generators and solar panels. Access to water and electricity remained comparatively worse in these two communities as a result of the clashes that had affected them in the two previous months. As was reported in November when the communities were first assessed, all children could access education.

	 WATER			 ELECTRICITY		 EDUCATION	
	Main source of drinking water (Status**)	Available water to meet household needs (Coping strategies)	Access to water network per week	Access to electricity network per day	Access to electricity (Main source) per day	Available education facilities	Barriers to education
Bait Jan	◊ Closed wells and main network (Safe to drink)	Sufficient	2-3 days	◊ Network unavailable	1-2 hours (Generators; Solar panels)	◊ Pre-conflict primary, secondary, and high schools	None reported
Beit Saber	◊ Main water network (Safe to drink)	Sufficient	2-3 days	◊ 1-2 hours	1-2 hours (Main network)	◊ Pre-conflict primary, secondary, and high schools	None reported
Betima	◊ Main water network (Safe to drink)	Sufficient	2-3 days	◊ 1-2 hours	1-2 hours (Main network)	◊ Pre-conflict primary, secondary, and high schools	None reported
Kafr Hour	◊ Main water network (Safe to drink)	Sufficient	2-3 days	◊ 1-2 hours	1-2 hours (Main network)	◊ Pre-conflict primary, secondary, and high schools	None reported
Mazraet Beit Jin	◊ Closed wells and main network (Safe to drink)	Sufficient	2-3 days	◊ Network unavailable	1-2 hours (Generators; Solar panels)	◊ Pre-conflict primary and secondary schools	None reported

*Arrows indicate change in access since December ** 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 December:



Most common methods of obtaining food at the household level

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

Similar to December, all Bait Jan communities reported that populations could purchase food from shops, markets or local farmers, as well as rely on home production in January.

Most common methods of obtaining bread at the household level

Bait Jan and Mazraet Beit Jin: Shops.

Beit Saber, Betima and Kafr Hoor: Public bakeries.

Challenges to obtaining bread: Residents in Beit Saber, Betima and Kafr Hoor reported no challenges in accessing bread, as was also the case in December. In Bait Jan and Mazraet Beit Jin bread remained unavailable in public and private bakeries. However, residents were able to bring bread from other Bait Jan communities and sell it in shops.

Change since December



Deaths attributable to a lack of food⁷

All communities: None reported.



Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

All communities: None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES



Average cost of standard food basket⁸

	Bait Jan	Nearby areas ⁹
Average cost January (SYP) ¹⁰	36,472	37,621
Change since December ¹¹	◆	◆

The average price of a standard food basket in communities in Bait Jan remained similar to that of nearby communities not considered hard to reach, and did not change significantly since November or December. The relatively low price of core food items in the Bait Jan area could partially be attributed to the communities' ability to produce their own food.



Food item availability / prices

There was no significant change in the availabilities of core food items across Bait Jan communities in January in comparison to December. All food items remained generally available¹² in all communities, with the exception of Bait Jan and Mazraet Beit Jin. In both communities, bread from public bakeries remained unavailable, while flour, which had been unavailable in December, became sometimes available.¹³ An increase in the availability of flour was also reported in Beit Saber, Betima and Kafr Hoor, compared to the previous month. Finally, tomatoes and eggs were reportedly only sometimes available¹³ in Bait Jan this month.

No significant change in the prices of core food items was reported in comparison to December. The few price fluctuations that occurred were reportedly ascribed to the seasonal availability of goods. In all communities, food items remained comparably priced to those in nearby communities not considered hard to reach, as many could be produced within the Bait Jan communities.



WASH Item availability / prices

All hygiene and sanitation items (soap, laundry powder, toothpaste, sanitary pads and disposable diapers) were reportedly generally available¹² this month, across all Bait Jan communities. This marked an improvement in availability compared to December, when laundry powder and toothpaste were reportedly only sometimes available.¹³ On average, prices of assessed items remained unchanged compared to the previous month and remained similar to those in nearby communities not considered hard to reach.



Fuel availability / prices

Similar to December, butane, diesel and firewood remained the only fuel sources available across Bait Jan communities in January. Unlike December, when butane and diesel were only sometimes available¹³ across all communities and firewood was only sometimes available in Bait Jan and Kafr Hoor, all three items were generally available¹² in all communities this month.




While a higher demand for fuel had resulted in increasing fuel prices in December, prices decreased by 27% on average in January. While demand did not decrease, lower prices were reportedly due to a greater amount of fuel entering the communities through commercial vehicles, compared to December.

Strategies used to cope with a lack of fuel:

In January, fewer coping strategies were reported across all communities, compared to December. Residents resorted to burning plastics in all communities except Bait Jan. Burning furniture without use was also reported in Kafr Hoor and Beitima, while burning furniture with use and burning productive assets were reported in Bait Jan.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES¹⁰

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

	Item	Bait Jan average	Price change since December ¹⁴	Nearby non-hard to reach communities ⁹
	Bread private bakery (pack)	Not available	Not available	300
	Bread public bakery (pack)	60 ¹²	◆	63
	Rice (1kg)	530 ¹²	◆	525
	Bulgur (1kg)	240 ¹²	◆	250
	Lentils (1kg)	535 ¹²	◆	450
	Chicken (1kg)	1,165 ¹²	◆	925
	Mutton (1kg)	3,280 ¹²	◆	3,900
	Tomato (1kg)	277 ¹²	▲ +68%	250
	Cucumber (1kg)	273 ¹²	▼ -6%	275
	Milk (litre)	208 ¹²	◆	213
	Flour (1kg)	235 ¹²	◆	238
	Eggs (1)	55 ¹²	▼ -11%	53
	Iodised salt (500g)	53 ¹²	▼ -13%	100
	Sugar (1 kg)	440 ¹²	◆	450
Cooking oil (litre)	1,730 ¹²	◆	1,300	
	Soap (1 bar)	84 ¹²	▲ +12%	100
	Laundry powder (1kg)	445 ¹²	◆	550
	Sanitary pads (9)	425 ¹²	▼ -12%	363
	Toothpaste (125ml)	410 ¹²	◆	400
	Disposable diapers (24 pack)	1,170 ¹²	▼ -6%	1,275
	Butane (cannister)	3,230 ¹²	▼ -57%	3,450
	Diesel (litre)	207 ¹²	▼ -21%	245
	Propane (cannister)	Not available	◆	300
	Kerosene (litre)	Not available	◆	Not available
	Coal (kg)	Not available	◆	250
	Firewood (tonne)	60,000 ¹²	◆	70,000

Endnotes

¹ Figures based on HNO 2017 population data (January 2016). Figures based on estimates by local actors within communities assessed were reportedly 1,800-2,200 (Bait Jan), 5,000-5,200 (Beit Saber), 5,000-5,300 (Betima), 4,000-4,100 (Kafr Hour) and 5,000-5,150 (Mazraet Beit Jin) individuals.

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

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

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

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

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

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

⁸ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: August 2016' (link here).

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

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

¹¹ The price for one pack of bread in shops in Bait Jan and Mazraet Beit Jin was reportedly 90 SYP.

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

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

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

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	Burza	Jober	Tadamon
UN classification:	Hard to reach	Besieged	Hard to reach
Estimated population¹:	30,000-35,000	500-600	1,800-2,000
Of which estimated IDPs¹:	12,000-14,000	None	250-300
% pre-conflict population remaining:	76-100%	1-25%	1-25%
% of population that are female:	76-100%	1-25%	1-25%

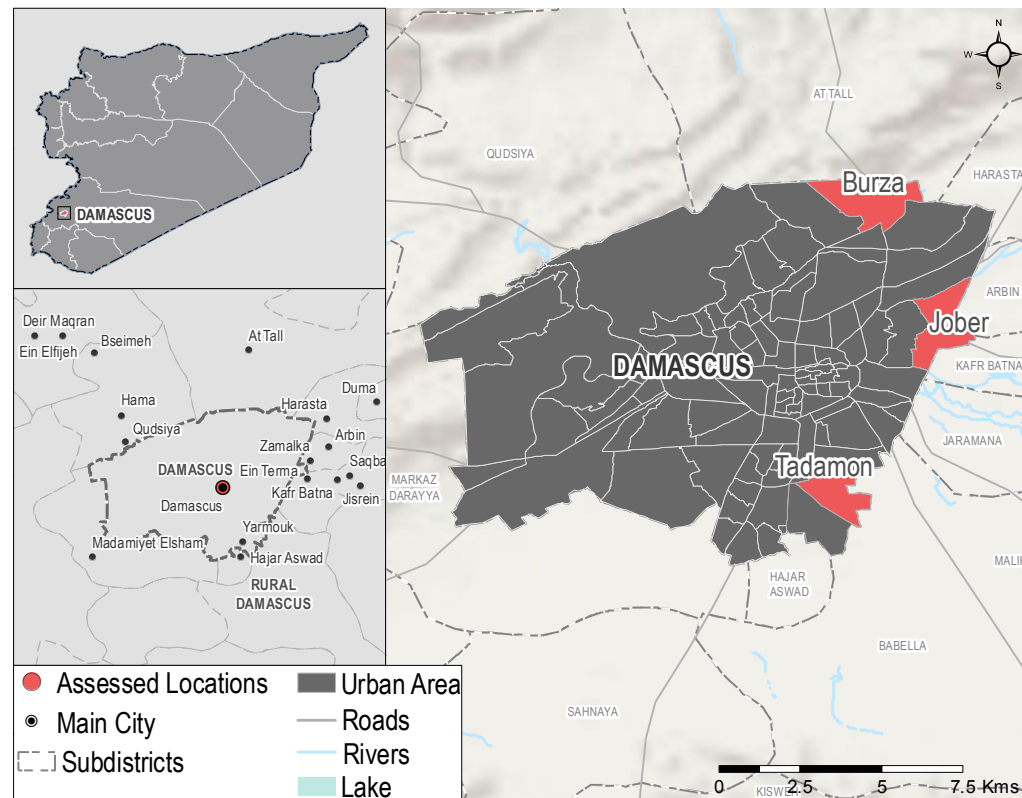
SUMMARY

Located in eastern Damascus governorate, the neighbourhoods of Burza, Tadamon and Jober have faced access restrictions since mid-2013. While the situation remained generally stable since the communities were first assessed in June 2016 (August 2016 for Burza), Jober was the target of intensified clashes and shelling during October, with the security situation stabilising again only in November.

Overall, the humanitarian situation in Burza worsened from December to January, while it remained similar in Jober and Tadamon. Access to water further reduced in all three communities due to persisting issues with the main water network. In addition, Burza experienced reduced access to electricity and increased restrictions on the entry of fuel into the community.

Similar to December, access to Burza, Jober and Tadamon remained limited in January. While Burza and Tadamon experienced comparatively lighter restrictions, as all civilians were able to exit and enter the community any day of the week, risks associated to using formal routes reportedly increased in January 2017, compared to the previous month. Specifically, conscription and violence towards women were reported at checkpoints for the first time since the community was first assessed in June 2016.

As had been the case since assessments began, civilians leaving the communities and bringing back items remained the main source of goods in all three neighbourhoods in January. As a result, prices and availabilities on markets were fluctuating, depending on the types of items that civilians were able to bring back.



CHANGES SINCE DECEMBER

	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 January and beginning of February 2017, these updates refer to the situation in January 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.

While amounts of food and non-food items entering all three neighbourhoods remained unchanged since December, new access restrictions in January prohibited civilians from bringing fuel into Burza, resulting in lower availabilities and higher prices, as well as increasing barriers to accessing bread.

The health situation remained relatively stable across the three communities in January. Medical facilities and services were limited in Burza and Jober, and unavailable in Tadamon. However, residents of Tadamon could easily access medical services outside the community, as had been the case since the community was first assessed.

Access to water decreased for the second consecutive month in all three neighbourhoods, due to contamination and water network damage caused by clashes near the source in Wadi Burda. Access to electricity also further reduced in Burza, due to increasing power cuts in the community. No changes were reported in access to education.

ACCESS TO SERVICES

For the second consecutive month, the three neighbourhoods experienced reduced access to water compared to the previous month. This was due to contamination and network damage caused by continuing clashes near the Wadi Burda source. The amount of water available was insufficient in all three neighbourhoods, as had been the case in December, and in Jober, water quality worsened. Burza also experienced, for the second consecutive month, reduced access to electricity. This was the result of increased power outages due to the periodic shutting off of electricity to the neighbourhood. Access to education remained unchanged in all three neighbourhoods.

MOVEMENT OF INDIVIDUALS

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



People able to leave²

Restrictions on movement in Burza, Jober and Tadamon remained similar to December 2016. However, increasing risks associated to using formal routes were experienced in Burza, where conscription and violence towards women were reported this month.

Burza: As had been the case since September, all civilians were able to enter and leave on any day without restrictions through formal entry points. No informal access points were reported;

Jober: No formal entry points were available, as had been the case since the community was first assessed in June 2016.

The percentage of the population able to enter and leave the community through informal points remained the same as in November and December 2016;

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

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

Burza: Detention, confiscation of documents, conscription, violence towards women;

Jober: Gunfire, shelling;

Tadamon: Gunfire, verbal harassment, detention.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since December in all three:



All neighbourhoods: None reported. This had been the case in all three neighbourhoods since they were first assessed.

Humanitarian vehicles

Change since December in all three:



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

	Burza	Jober	Tadamon
WATER	<p>Main source of drinking water (Status) Private water trucking (Water tastes bad)**</p> <p>Available water to meet household needs (Coping strategies) Insufficient (Reduce drinking water consumption; drink water usually used for other purposes)</p> <p>Access to water network per week 3-4 days</p> <p>Change since December* ↓</p>	<p>Water network (Water is a bad colour)**</p> <p>Insufficient (Reduce drinking water consumption; spend additional money on buying water)</p> <p>1-2 days</p> <p>↓</p>	<p>Closed well (Water is a bad colour)**</p> <p>Insufficient (Spend additional money buying water; modify hygiene practices, e.g. bathing less)</p> <p>Network unavailable</p> <p>↓</p>
ELECTRICITY	<p>Access to electricity network per day 2-4 hours</p> <p>Access to electricity (Main source) per day 2-4 hours (Network)</p> <p>Change since December* ↓</p>	<p>Network unavailable</p> <p>2-4 hours (Generator)</p> <p>◇</p>	<p>Network unavailable</p> <p>2-4 hours (Generator)</p> <p>◇</p>
EDUCATION	<p>Available education facilities Pre-conflict primary schools, informal schools set up since conflict began</p> <p>Barriers to education None reported</p> <p>Change since December* ◇</p>	<p>Informal schools set up since conflict began</p> <p>Facilities destroyed, routes to services unsafe, lack of teaching staff</p> <p>◇</p>	<p>None</p> <p>Parents do not approve of curriculum, services are too far, routes to services unsafe</p> <p>◇</p>

*Arrows indicate change in access since December

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

Goods entered

As had been the case since they were first assessed, all three neighbourhoods reported that goods (food, fuel, medical and non-food items) generally entered through civilians leaving and bringing back items from nearby areas.

Burza: The amount of food, NFIs and medicine entering the community in January 2017 remained similar to December 2016. Access restrictions prohibiting medicine from entering were reportedly still in place since the previous month. However these were not consistently enforced, and civilians were able to bring medicine into Burza on some occasions. New access restrictions forbade the entry of fuel through access points in January, and, as a result, lower fuel availabilities and higher fuel prices were reported this month.

Jobber and Tadamon: No change was reported in the amount of food, fuel, medical items or NFIs entering the two neighbourhoods.

HEALTH SERVICES

Change in health situation in all three:



No significant change in health situation was reported in the three neighbourhoods, compared to December 2016. Medical facilities and services were limited in Burza and Jobber, and unavailable in Tadamon. However, residents of Burza and Tadamon could easily access medical services in nearby communities, as had been the case since the two neighbourhoods were first assessed. This was in contrast to Jobber, where restrictions on movement were tighter.

The number of medical personnel stayed the same in all three, after having decreased in Jobber during the previous month. Similarly, no

change was reported in the number of facilities available.

Reportedly, while everyone could access medical services equally in Burza, barriers to access existed in both Jobber and Tadamon, where people living in certain areas and people with certain political affiliations reportedly experienced difficulties in accessing care.

Availability of medical personnel

Burza: Professionally trained surgeons, nurses and midwives;

Jobber: Professionally trained doctors and nurses;

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

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

Change since December in all three:



Medical services available

	Burza	Jobber	Tadamon
Child immunisation	✗	✗	✗
Diarrhea management	✓	✗	✗
Emergency care	✓	✓	✗
Skilled childbirth care	✓	✗	✗
Surgery ³	✓	✗	✗
Diabetes care	✗	✗	✗
Change since December	↓	◊	◊

In Burza, child immunisation was not available this month, in contrast to December. However this was reportedly due to child immunisation occurring in rounds, planned according to needs. As the last child immunisation round occurred in December, none was reportedly needed this month.

Permanent medical facilities available

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

Unusual outbreaks of disease⁴

None reported in all three communities; this was also the case in December.

Most needed medical items⁵

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

Unavailable medical items⁶

Burza: Blood transfusion bags, blood pressure medicine;

Jobber: Anti-anxiety, heart, diabetes and blood pressure medicine, anaesthetics, clean bandages, blood transfusion bags, burn treatment;

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

Change since December in Burza:



Change since December in Jobber and Tadamon:



An increase in the types of available medical items was reported in Burza. However, as restrictions on entering medical items remained tight this month, the increase in types of items did not correspond to a significant increase in available quantities.

FOOD

Change in food situation in Burza compared to December:	◆
Change in food situation in Jober compared to December:	◆
Change in food situation in Tadamon compared to December:	◆

Most common methods of obtaining food at the household level

All neighbourhoods: Purchasing from shops and markets.

Most common methods of obtaining bread at the household level

All three neighbourhoods: Shops;

Challenges to obtaining bread (Burza): Bread unavailable in bakeries, not enough electricity or fuel available, electricity or fuel too expensive or hard to access;

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

Challenges to obtaining bread were reported in Burza for the first time since the community was first assessed in June 2016, and were a result of new restrictions on fuel, which was not allowed into the neighbourhood this month, as well as of increasing power cuts.

Change in availability in Burza since December	↓
Change in availability in Jober and Tadamon since December	◆

Deaths attributable to a lack of food⁴

No known cases in all three neighbourhoods, as had been reported 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 the same from December to January.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Burza	Jober	Tad.	Nearby areas ⁸
Average cost December (SYP) ⁹	39,872	46,978	29,433	33,202
Change since December	◆	◆	◆	◆

Burza: The reported cost of a standard food basket in January remained similar to the price reported in December and was 20% more expensive than in nearby non-hard to reach communities.

Jober: The cost of a standard food basket in January was similar to the price reported in December. This price was 41% higher than that reported in nearby communities not considered besieged or hard to reach.

Tadamon: The average price of a standard food basket remained similar to that reported in December, and was 11% cheaper than in nearby non-hard to reach communities.

Food item availability / prices

As had been the case in December, volatility in the availability and prices of food items was observed in January in all three communities. As civilians leaving the neighbourhoods and bringing back items remained the main source of goods in January, these fluctuations were reportedly due to the availability and prices of items that residents could access in nearby areas.

Burza: No major changes were reported in the availability of food items, which were on average 9% cheaper this month, after having increased by 8% in December. Prices were on average 6% higher than in nearby communities not considered besieged or hard to reach.

Jober: On average, food item prices remained unchanged since December, and were 7% higher than those reported in nearby non hard-to-reach communities. No change in availability was reported.

Tadamon: On average, food item prices remained unchanged since December, and were 7% higher than those reported in nearby, non hard to reach communities.

WASH item availability / prices

Assessed hygiene and sanitation items (soap, laundry powder, toothpaste, sanitary pads, disposable diapers) were generally available¹⁰ in all neighbourhoods in January, as had been the case in December. Prices generally decreased in Burza, after having increased in December, remained the same in Jober, and slightly increased in Tadamon. These price changes reportedly reflected usual fluctuations in the prices of these items, rather than being attributable to any specific cause.

In Burza and Tadamon, prices were reportedly similar to those in nearby communities not considered besieged or hard to reach; they were on average 9% higher in Jober.

Fuel availability / prices

Burza: Lower availabilities were reported this month in Burza, with diesel becoming only sometimes available¹¹ in January, as opposed to generally available¹⁰ in December. The price of diesel also increased by 29%, compared to December. On average, fuel prices were 110% higher than those reported in nearby, non hard to reach communities.

Jober: Lower availabilities of butane were reported this month. Prices decreased by 17% on average, and were 127% higher than those in nearby communities not considered besieged or hard to reach.

Tadamon: Higher butane and diesel availabilities were reported this month, compared to December. Prices decreased by 15%, on average, compared to December, and were 73% higher than those reported in nearby, non hard-to-reach communities.




Strategies used to cope with a lack of fuel:

Burza: Burning agriculture apparel and other productive assets;

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

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

	Item	Burza	Price change since December ¹²	Jober	Price change since December ¹²	Tadamon	Price change since December ¹²	Nearby non-hard to reach areas ⁸
	Bread private bakery (pack)	Not available	◆	Not available	◆	Not available	◆	185
	Bread public bakery (pack)	Not available	◆	Not available	◆	Not available	◆	50
	Rice (1kg)	550	◆	600	◆	250	◆	500
	Bulgur (1kg)	300	▼ -14%	450	▲ +13%	225	◆	313
	Lentils (1kg)	500	◆	650	▲ +8%	450	◆	494
	Chicken (1kg)	1,200	▼ -20%	Not available	◆	Not available	◆	1,231
	Mutton (1kg)	4,000	◆	3,500	◆	Not available	◆	3,913
	Tomato (1kg)	200	▼ -20%	175	▼ -13%	225	▲ +13%	161
	Cucumber (1kg)	325	▼ -7%	200	▼ -11%	300	▲ +20%	300
	Milk (litre)	250	◆	250	◆	250	◆	225
	Flour (1kg)	300	▼ -8%	275	▼ -15%	300	◆	261
	Eggs (1)	60	◆	65	◆	55	▼ -8%	42
	Iodised salt (500g)	200	▲ +33%	150	▼ -25%	150	▼ -25%	140
	Sugar (1 kg)	500	▼ -9%	500	◆	400	▼ -11%	456
	Cooking oil (litre)	900	◆	875	◆	750	◆	800
	Soap (1 bar)	150	◆	150	◆	150	▲ +50%	111
	Laundry powder (1kg)	650	▼ -19%	650	▼ -7%	600	◆	681
	Sanitary pads (9)	450	◆	350	◆	300	▼ -14%	372
	Disposable diapers (24 pack)	250	▼ -17%	450	▲ +13%	450	◆	250
	Toothpaste (125ml)	2,300	▼ -8%	2,300	◆	1,600	◆	2,225
	Butane (cannister)	15,000	◆	12,500	▼ -17%	5,000	▼ -33%	2,688
	Diesel (litre)	550	▲ +29%	450	▼ -18%	500	▼ -9%	198
	Propane (cannister)	5,000	◆	Not available	◆	Not available	◆	3,500
	Kerosene (litre)	Not available	◆	Not available	◆	Not available	◆	300
	Coal (kg)	350	◆	Not available	◆	Not available	◆	313
	Firewood (tonne)	140,000	◆	100,000	▼ -17%	125,000	▼ -4%	75,000

Endnotes

¹ Figures based on estimates by local actors within neighbourhoods assessed. The last HNO 2017 population data (January 2016) estimates that population figures within Damascus City are up to 1,750,000 individuals, including 645,000 IDPs.

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

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

⁴ 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.

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

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

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: July 2016' (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 (Burza 250 SYP. Jober: 325 SYP. Tadamon: 200 SYP).

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

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

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

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

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

Syria Community Profile Update: Eastern Ghouta, Rural Damascus

January 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Arbin	Duma	Ein Terma	Hammura	Harasta	Jisrein	Kafr Batna	Nashabiyeh	Saqba	Zamalka
UN classification	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged
Estimated population (individuals)¹	39,000	143,000	23,300	18,000	20,000	14,000	16,750	4,000	24,000	12,000
Of which estimated IDPs¹	1,930	19,000	14,300	5,850	5,270	6,300	10,000	1,300	8,500	2,640
% pre-conflict population remaining	51-75%	1-25%	1-25%	26-50%	1-25%	51-75%	51-75%	1-25%	26-50%	1-25%
% of population that are female	1-25%	1-25%	1-25%	26-50%	1-25%	51-75%	26-50%	1-25%	26-50%	1-25%

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 January 2017, comparisons were made to changes observed since December, when the communities were last assessed.

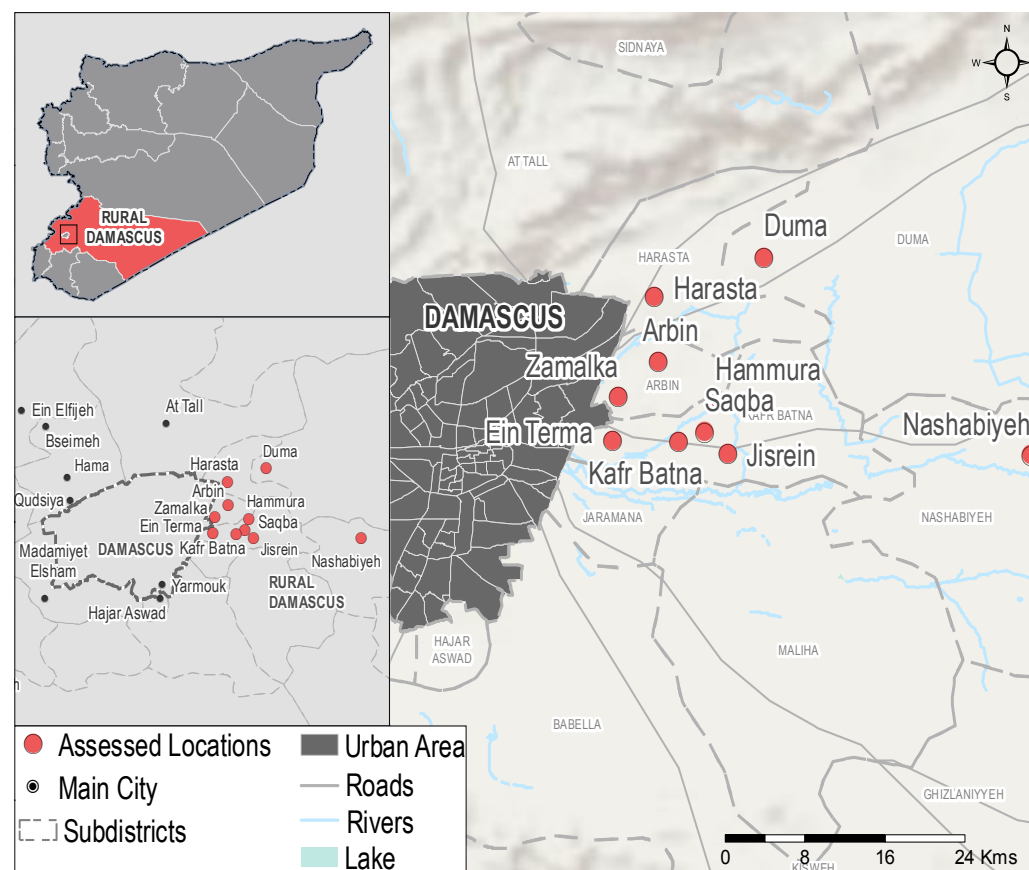
In January, the overall humanitarian situation in Eastern Ghouta remained largely similar to December. Better access to healthcare was reported in Duma, Ein Terma and Hammura, due to an increase in the number of facilities, personnel and medical items available this month. However, as clashes escalated in the southeastern parts of Eastern Ghouta in January, the humanitarian situation within Nashabiyeh significantly worsened compared to December 2016.

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 December 2016, Nashabiyeh was re-classified by the UN from hard to reach to besieged. All other assessed communities have been classified as besieged since 2014.

Despite a local ceasefire agreement in May 2016, fighting resumed in June and continued to affect civilians until August, when conflict escalated further. Internal clashes between parties to the conflict in the Eastern Ghouta area decreased in September and remained minimal until November 2016, when the security situation worsened again. In January 2017, clashes escalated in the Nashabiyeh area, causing displacement and a deterioration of the humanitarian situation in this community.

METHODOLOGY

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



As had been the case since the communities were first assessed in June 2016, typically, civilians and commercial vehicles were able to move between communities without restrictions. However, movement outside the wider contiguous area via formal routes remained limited. Although some informal routes were still in use in January 2017, these were open only for those requiring urgent medical assistance. **In January 2017, due to conflict-related insecurity in the southeastern areas of Eastern Ghouta, higher risks were associated with moving into or out of Nashabiyeh.**

While the amount of food entering Eastern Ghouta reportedly remained unchanged in January, a decrease in the amount of fuel was reported for the second consecutive month, as none was allowed through formal points and very little could enter informally. This resulted in higher fuel prices, compared to December 2016. Conversely, after decreasing in December 2016, a greater amount of medical items were allowed into Eastern Ghouta in January 2017, resulting in higher availabilities across a majority of communities. **Fewer food, non-food or medical items reportedly reached Nashabiyeh, due to the worsening security situation in the area.** This resulted in several core food items becoming unavailable on markets in the community, as well as higher than average market prices, compared to other Eastern Ghouta communities.

Access to services improved in Ein Terma, due to the testing of a new water network in the community, while it significantly worsened in Nashabiyeh, where no electricity source or education facilities were reportedly available in January for the first time since the community was first assessed. No changes in access to basic services were reported in the remaining communities.

The re-opening of several medical facilities in Duma and Ein Terma, as well as the increased capacities of facilities in Hammura were combined

CHANGES SINCE DECEMBER

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



with a higher availability of medical personnel and medical items in these communities, and resulted in an improvement of the health situation in Eastern Ghouta in January 2017.

However, due to conflict-related insecurity, the health situation significantly worsened in Nashabiyeh, where fewer medical staff, services and items were reportedly available this month, compared to December 2016.

MOVEMENT OF CIVILIANS

People able to leave²

Change in # people able to leave compared to December:



As had been the case since assessments began in June 2016, populations could generally move between communities within Eastern Ghouta without restrictions, but very few people were permitted to leave the wider contiguous areas in January 2017. These included some public sector employees and some retired individuals, who were allowed through checkpoints upon presenting documents and after being searched.

Informal points to leave the wider contiguous area continued to be used in January, although no more than 1-10% of the population reportedly used them. This was due to the high risks associated with trying to enter or

exit informally. Informal routes were thus used only in exceptional cases, such as for the evacuation of individuals in need of critical medical assistance.

While checkpoints between communities within Eastern Ghouta still existed, no restriction or risk was reportedly associated with crossing them. However, security risks increased in the southeastern part of Eastern Ghouta, due to intensifying clashes in these areas. Reportedly, this prompted hundreds of residents of Nashabiyeh and nearby communities to leave and move to Arbin and Zamalka, where reported IDP numbers increased this month.

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

Gunfire, shelling, detention, conscription, confiscation of documents.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since December:



As had been the case since assessments began in June 2016, commercial vehicles were able to travel within Eastern Ghouta in January without restrictions. However, movement into and out of Eastern Ghouta through formal entry and

exit points remained significantly limited, without any reported change in the number of vehicles allowed to enter since October 2016. Restrictions included the search and confiscation of loads, as well as the payment of fees.

Due to a worsening security situation in the Nashabiyeh area, fewer vehicles were able to reach this community, compared to December.

Humanitarian vehicles

Change since December:



Able to enter: none reported.

No humanitarian aid has entered the communities of Eastern Ghouta since October 2016.

Goods entered

In January, food, fuel, NFIs and medical supplies continued to enter Eastern Ghouta through commercial vehicles or through populations leaving and entering via formal or informal routes. Also, as had been the case since August 2016, all communities reported that food could be produced locally.

For the second consecutive month, it was reported that the amount of fuel entering all communities decreased, as no fuel was allowed into Eastern Ghouta through formal points, and informal routes were rarely used.

After temporarily decreasing in December, the amount of medical items entering Eastern Ghouta through commercial vehicles increased again this month, resulting in greater availabilities across a majority of communities.

Finally, due to security concerns over travelling to Nashabiyeh, fewer goods entered the community this month, compared to other Eastern Ghouta communities.

ACCESS TO SERVICES*

Overall, access to basic services in Eastern Ghouta remained similar to December 2016, when an increase in daily access to electricity had been reported in most communities due to a change of the payment method for electricity usage. In January 2017, increased access to drinking water was reported in Ein Terma, where an experimental water network connecting households to closed wells was built. The use of the network was reportedly free of charge during the initial testing phase. Access to electricity and education significantly worsened in Nashabiyeh, where no electricity source was reportedly in use this month for the first time since June 2016. This was due to the breakdown of generator-run electrical systems and, for the few households that could rely on solar panels, to security concerns over using electricity at night. Similarly, due to shelling of school facilities and because of security concerns over travelling to the nearest services, children in Nashabiyeh were either sent to schools in nearby communities or kept at home.

	WATER			ELECTRICITY		EDUCATION	
	Main source of drinking water (Status**)	Available water to meet household needs (Coping strategies)	Access to water network per week	Access to electricity network per day	Access to electricity (Main source) per day	Available education facilities	Barriers to education
Arbin	🔻 Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	🔻 Network unavailable	8 - 12 hours (Generator)	🔻 Informal schools set up since conflict began	All children accessed schools
Duma	🔻 Closed wells (Safe to drink)	Sufficient	Network unavailable	🔻 Network unavailable	4 - 8 hours (Generator)	🔻 Informal schools set up since conflict began	All children accessed schools
Ein Terma	📈 Closed wells (Safe to drink)	Sufficient	1-2 days	🔻 Network unavailable	4 - 8 hours (Generator)	🔻 Informal schools set up since conflict began	All children accessed schools
Hammura	🔻 Closed wells (Safe to drink)	Sufficient	Network unavailable	🔻 Network unavailable	4 - 8 hours (Generator)	🔻 Informal schools set up since conflict began	All children accessed schools
Harasta	🔻 Closed wells (Safe to drink)	Sufficient	Network unavailable	🔻 Network unavailable	4 - 8 hours (Generator)	🔻 Informal schools set up since conflict began	All children accessed schools
Jisrein	🔻 Closed wells (Safe to drink)	Sufficient	1-2 days	🔻 Network unavailable	4 - 8 hours (Generator)	🔻 Informal schools set up since conflict began	All children accessed schools
Kafr Batna	🔻 Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	🔻 Network unavailable	8 - 12 hours (Generator)	🔻 Informal schools set up since conflict began	All children accessed schools
Nashabiyeh	🔻 Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	📉 Network unavailable	No serviceable electricity source	📉 None	Facilities destroyed, services too far away, routes to services unsafe
Saqba	🔻 Closed wells (Safe to drink)	Sufficient	Network unavailable	🔻 Network unavailable	4 - 8 hours (Generator)	🔻 Informal schools set up since conflict began	All children accessed schools
Zamalka	🔻 Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	🔻 Network unavailable	8 - 12 hours (Generator)	🔻 Informal schools set up since conflict began	All children accessed schools

*Arrows indicate change in access since December **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 December:



Improvements in the health situation were reported across several Eastern Ghouta communities, in particular Ein Terma, Hammura and Duma, due to an increase in available facilities and personnel. Greater availabilities of medical items were also reported across a majority of communities this month, as more items were allowed to enter Eastern Ghouta, compared to December 2016. The health situation remained comparatively worse in Arbin, Jisrein, Nashabiyeh and Zamalka, where fewer facilities and services were available, compared to other Eastern Ghouta communities.

In particular, the health situation significantly worsened in Nashabiyeh compared to December, following escalation of clashes in the area during January. Fewer services, medical personnel and medical items were reportedly available in the community this month, and barriers to accessing healthcare increased for some residents.

🏠 Medical facilities and services

As had been the case since assessments began in June 2016, some medical facilities were functioning across the Eastern Ghouta communities, primarily in the form of mobile clinics, field hospitals and informal emergency care points (see table above).

This month, a new medical facility was opened in Ein Terma and a pre-conflict clinic reportedly re-opened in the community. In Duma, a pre-conflict hospital was re-opened, and in Hammura it was reported that available facilities expanded their operations. However, no change was reported in the types of services provided in these communities.

Conversely, a decrease in services was reported in Nashabiyeh, where only emergency care was reportedly available this month due to medical personnel leaving and fewer medical items entering the community. As a consequence of conflict-induced insecurity, barriers to accessing available facilities were also reported in Nashabiyeh, as people with physical constraints (e.g. with disabilities, injured) and people who lived in certain locations in the community (e.g. people who lived far from facilities, people who lived in certain neighbourhoods) could not access healthcare this month.

Change since December



👤 Availability of medical personnel

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

In Ein Terma, Hammura and Duma, following the re-opening of several facilities, the number of available trained medical personnel as well as the number of volunteers with informal or no medical training reportedly increased compared to December.

Conversely, due to security concerns over travelling to or remaining in medical facilities in Nashabiyeh, only trained nurses were available in the community in January, as most medical personnel left the community.

Change since December



👜 Unavailable medical items³

All types of medical items assessed were reportedly available in Arbin, Kafr Batna, and Zamalka.

The amount of medicine available reportedly increased in a majority of communities, after having temporarily decreased in December 2016. This was due to greater amounts of medicine being allowed into Eastern Ghouta this month. As a consequence, several items became available or sometimes available in Ein Terma, Hammura, Jisrein, Saqba and Zamalka.

Conversely, fewer items were reportedly available in Nashabiyeh, compared to December, as fewer commercial vehicles entered the community due to conflict-related insecurity.

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

Change since December



Most needed medical items⁴

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

1. Assistive devices
2. Surgical equipment
3. Heart medicine
4. Antibiotics
5. Blood transfusion bags



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

Compared to December 2016, fewer coping strategies were reported this month across Eastern Ghouta as a result of increased medical item availabilities. Sharing resources between medical facilities was reported in Ein Terma, Hammura, Harasta, Jisrein and Saqba, while no coping strategies were reported in Arbin, Duma, Kafr Batna, Nashabiyeh and Zamalka.

Medical services available

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

Reported casualties this month

All communities assessed reported that the number of deaths which occurred in January 2017 was about the same as in December 2016, with all communities reporting that some people had died from sickness and disease during January.

Change since December



Unusual outbreaks of disease⁶

No known cases in all communities; this had been the case since August 2016.

In January 2017, as had been the case since the communities were first assessed, all communities reported that residents were able to purchase food from shops, markets or local farmers.

Reportedly, the amount of food items entering Eastern Ghouta communities remained the same as in December 2016. However, a slight increase in household production was reported for the second consecutive month, as more families started growing food in their backyards or gardens.

Less food reportedly entered Nashabiyeh, as fewer traders travelled to the community due to security concerns.

Most common methods of obtaining bread at the household level

All: Shops.

Across assessed communities in Eastern Ghouta, there were no commonly reported challenges to accessing bread in January 2017, as had been the case since the communities were first assessed in June 2016. Although no bread was reportedly available in Nashabiyeh, residents could reportedly purchase it from shops in Otaya.

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 largely unchanged in Eastern Ghouta this month. Skipping meals or reducing their size were reported across several communities, as had been the case since June 2016, when the communities were first assessed.

In Arbin, Kafr Batna, Nashabiyeh and Zamalka, skipping meals was reported for the first time since August 2016. While less food entered Nashabiyeh due to an unstable security situation, in the three other communities, it was

reported that lack of food aid since October 2016, combined with a lack of sufficient resources to buy available food, resulted in some residents adopting this strategy.

Deaths attributable to a lack of food⁶

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

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Eastern Ghouta	Nearby areas ⁸
Average cost January (SYP) ⁹	48,014	37,621
Change since December ¹⁰	↓	↑

On average, the cost of a standard food basket decreased by 5% in January 2017, compared to December 2016, and was 28% more expensive than in nearby communities not considered besieged or hard to reach.

FOOD

Change in food situation compared to December:



Most common methods of obtaining food at the household level

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

Food item availability / prices

Overall, across Eastern Ghouta food item availability on markets remained unchanged compared to December 2016, with most items being generally available¹¹ in a majority of communities. Reportedly households continued to grow their own food in backyards or gardens, as had been the case since the communities were first assessed.

On average, food item prices remained unchanged compared to December 2016, and were 31% higher than in nearby communities not considered besieged or hard to reach. As had been the case in December 2016, lower prices of chicken reportedly reflected changes in land property, whereby several farmers had no longer the possibility to keep or breed animals and were forced to sell livestock at lower prices.

Decreasing food item availabilities were reported in Nashabiyeh. While mutton and flour had been unavailable since September 2016, chicken, milk, tomato and cucumber reportedly became unavailable in Nashabiyeh for the first time since August 2016. The worsening of the food situation was reportedly due to security concerns over transportation to or from the community, resulting in lower amounts of food entering this month.

WASH item availability / prices

In comparison to December 2016, prices of assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) remained unchanged in January 2017. Prices were, however, 29% higher compared to those reported in nearby communities not considered besieged or hard to reach.

Across all assessed communities in Eastern Ghouta, core hygiene and sanitation items were available in markets at least 21 days this month, as had been the case for all items except disposable diapers since June 2016.

Fuel availability / prices

Butane, diesel and firewood were the only fuel sources available in Eastern Ghouta in January 2017, as had been the case since June 2016, when the communities were first assessed.

Prices of available fuel items increased for the second consecutive month. In December 2016, prices were on average 10% higher than in November, and they further increased by an average 19% during January 2017. This was reportedly due to no fuel being allowed through formal points, and lower amounts of fuel through informal routes, compared to November 2016.

Prices of fuel items were on average 188% higher than those reported in nearby communities not considered besieged or hard to reach.

Strategies used to cope with a lack of fuel:

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

Nashabiyeh: Burning furniture with or without use; burning clothes; burning plastics;

Duma, Ein Terma, Hammura, Jisrein, Saqba: Burning furniture without use, burning agriculture apparels or other productive assets, burning plastics and waste;

Harasta: Burning furniture without use; burning agriculture apparels or other productive assets; burning clothes.

CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX⁹

	Item	Eastern Ghouta Average	Price change since December ¹⁰	Nearby non-hard to reach communities ⁹
Food Items	Bread private bakery (pack)	300 ¹¹	◆	300
	Bread public bakery (pack)	Not Available	◆	63
	Rice (1kg)	630 ¹¹	▼ -6%	525
	Bulgur (1kg)	430 ¹¹	▼ -9%	250
	Lentils (1kg)	735 ¹¹	▼ -8%	450
	Chicken (1kg)	1,500 ¹¹	▼ -12%	925
	Mutton (1kg)	3,067 ¹¹	◆	3,900
	Tomato (1kg)	417 ¹¹	◆	250
	Cucumber (1kg)	467 ¹¹	▼ -7%	275
	Milk (litre)	233 ¹¹	◆	213
	Flour (1kg)	358 ¹¹	◆	238
	Eggs (1)	65 ¹¹	◆	53
	Iodised salt (500g)	140 ¹¹	◆	100
	Sugar (1 kg)	508 ¹¹	▼ -6%	450
	Cooking oil (litre)	870 ¹¹	◆	1,300
WASH Items	Soap (1 bar)	120 ¹¹	◆	100
	Laundry powder (1kg)	810 ¹¹	◆	550
	Sanitary pads (9)	470 ¹¹	◆	363
	Toothpaste (125ml)	450 ¹¹	◆	400
	Disposable diapers (24 pack)	1,760 ¹¹	◆	1,275
	Fuel	Butane (cannister)	13,300 ¹¹	◆
Diesel (litre)		730 ¹¹	▲ +42%	245
Propane (cannister)		Not Available	◆	300
Kerosene (litre)		Not Available	◆	Not Available
Coal (kg)		Not Available	◆	250
Firewood (tonne)		127,000 ¹¹	▲ +17%	70,000

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

Endnotes

¹ Figures based on HNO 2017 population and IDP data (February 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: 30,000-33,000; Hammura: 30,000-33,000; Harasta: 14,000-14,500; Jisrein: 18,000-20,000; Kafr Batna: 18,000-20,000; Nashabiyeh: 400-500; Saqba: 50,000-53,000; and Zamalka: 11,500-12,500.

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

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

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

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

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

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

([link here](#)).

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

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

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

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

Syria Community Profile Update: Hajar Aswad, Rural Damascus

January 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 faced critical levels of food insecurity before a local truce agreement in the area was reached. The security situation in the community has been stable since it was first assessed in June 2016. While this profile refers to the situation in January 2017, comparisons were made by community representatives to changes observed since December, when the community was last assessed.

Overall, the humanitarian situation appears to have remained relatively unchanged in Hajar Aswad between December and January, or more generally since at least June 2016. Residents remained affected by severe restrictions on the movement of people and goods, lack of humanitarian aid and poor access to basic services. The community was classified as hard to reach in January 2017.

As has been the case since the community was first assessed, populations were unable to leave the community, with the exception of women, children and elderly people, who were permitted to leave once or twice a week upon presentation of documents.

Residents were still able to use informal points, as in all prior months in which the community was assessed. However, individuals trying to leave or enter the community still risked facing gunfire, shelling, harassment and detention.

No humanitarian or commercial vehicles were

CHANGES SINCE NOVEMBER

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

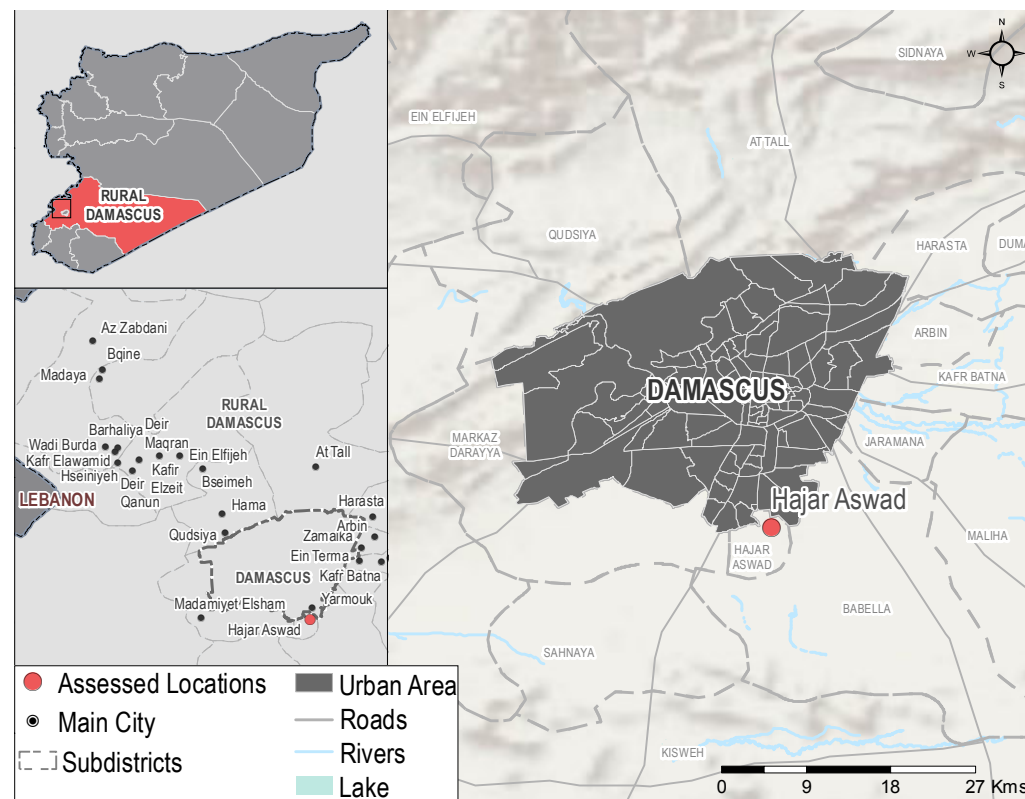


UN classification:	Hard to reach
Estimated population¹:	4,500
Of which IDPs¹:	320
% pre-conflict population remaining:	1-25%
% population female:	1-25%

permitted to enter Hajar Aswad in January, as has been the case since the community was first assessed. The limited amounts of goods (food, NFIs and medical items) that entered were brought to Hajar Aswad by civilians leaving the community and purchasing items in the nearby neighbourhoods of Yalda and Babella.

There was no notable change in the access to water, electricity or education in December. Residents continued to rely on water from wells, access to electricity remained limited, and access to education was still impeded by barriers such as lack of teaching staff and damaged facilities. **The amount of water available was reportedly still insufficient to meet population needs, as has been the case since assessments began in June 2016.**

Food items were sometimes available in markets in January, with the exception of bread (from private and public bakeries), which remained unavailable, as was the case in December. Similarly, most prices did not notably change across all types of items assessed.



METHODOLOGY

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



🚶 People able to leave²

As has been the case since the community was first assessed in June 2016, approximately 11-25% of people were able to enter and leave Hajar Aswad through formal routes in January. These were mostly women, children and elderly people, who were permitted to leave once or twice a week, upon presenting documents 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 December:



Able to enter: None reported.

🚚 Humanitarian vehicles

Change since December:



Able to enter: None reported.

📦 Goods entered

As has been the case since July 2016, there was **no movement of either commercial or humanitarian vehicles into Hajar Aswad in January**. However, civilians permitted to enter and exit the community using formal and informal routes were able to bring back limited amounts of food, NFIs and medical items,

including those obtained from humanitarian distributions in the nearby communities of Yalda and Babella. The amount of food, fuel, NFIs and medical items entering Hajar Aswad in January were reportedly similar to December.

HEALTH SERVICES

Change in health situation compared to December:



🏠 Permanent medical facilities available

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

👤 Availability of medical personnel

Personnel available: Professionally trained nurses and midwives;

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

Change since December



👜 Unavailable medical items³

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

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

Local humanitarian distributions in Yalda and Babella led to a slight increase in availability of these items in Hajar Aswad compared to December.

Change since December



ACCESS TO SERVICES

Access to water and electricity was unchanged since the community was first assessed, with the main water and electricity networks still unavailable in the community and residents relying primarily on closed wells and generators. The number of children attending school reportedly remained the same from December to January, after falling between October and November when some children were withdrawn from school in order to work.

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

*Arrows indicate change in access since December.

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

🩹 Most needed medical items⁴

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

🩺 Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery ⁵	✗
Diabetes care	✓
Change since December	

🏠 Strategies used to cope with a lack of medical services

Recycling medical items (e.g. bandages, syringes, needles), and sharing resources between medical facilities.

Both coping strategies are recent developments, with recycling reporting from December and sharing resources between medical facilities being reported for the first time in January.

⚠️ Unusual outbreaks of disease⁶

None reported; this was also the case in December.

FOOD

Change in food situation compared to December:



Most common methods of obtaining food at the household level

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

Civilians from Hajar Aswad have reportedly been bringing back items obtained from humanitarian distributions in the nearby communities of Yalda and Babella. This has been the case since the community was first assessed in June 2016.

Most common methods of obtaining bread at the household level

Most common source: Shops in nearby neighbourhoods.

Challenges to obtaining bread: As has been the case since September 2016, bread could be purchased in the nearby neighbourhoods of Babella and Yalda by those travelling outside the community.

Change since December



Strategies used to cope with a lack of food

Reducing meal size



Skipping meals



Days without eating



Eating non-food plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

✚ Deaths attributable to a lack of food⁶

No known cases, as was reported in previous months.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Hajar Aswad	Nearby areas ⁸
Average cost January (SYP) ⁹	31,832	37,621
Change since December		

The average cost of a standard food basket in January was the same as it had been since October, and remained the 15% cheaper than in nearby non-hard to reach communities as it was in December. Residents of Hajar Aswad were able to acquire food items such as rice and lentils from aid distributions in Yalda and Babella, and prices for these items were correspondingly lower. However these items, although cheaper, were reportedly also of lower quality, and accessibility remains an issue.

WASH item availability / prices

All assessed hygiene and sanitation items were reported as sometimes available¹⁰ in January as was the case since November. This was a decrease from October, when all items were reported as generally available¹⁰ due to a temporary increase in availability in nearby communities. Prices of all assessed hygiene and sanitation items remained similar, with a 20% price increase in sanitary pads and a 14% decrease in the price of toothpaste.

Fuel availability / prices

Fuel availability in January was similar to December, with all goods except propane and coal sometimes available¹¹ in markets. The only price changes occurred with butane, which increased by 13% in January, building on a

13% increase in December. Fuel prices in Hajar Aswad were on average 56% higher than in nearby non-hard to reach communities.

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

Availability and prices of most assessed core food items have remained unchanged since September, with all items other than bread from bakeries reported as only sometimes available.¹¹ Bread from both private and public bakeries remained unavailable in January, as has been the case since the community was first assessed.

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

	Item	Hajar Aswad	Price change since Nov. ¹²	Nearby non-hard to reach areas ⁸
	Bread private bakery (pack)	Not Available		300
	Bread public bakery (pack)	Not Available		63
	Rice (1kg)	350 ¹¹		525
	Bulgur (1kg)	250 ¹¹	-11%	250
	Lentils (1kg)	250 ¹¹		450
	Chicken (1kg)	1,350 ¹¹	+13%	925
	Mutton (1kg)	5,000 ¹¹		3,900
	Tomato (1kg)	250 ¹¹	+20%	250
	Cucumber (1kg)	250 ¹¹	+20%	275
	Milk (litre)	250 ¹¹		213
	Flour (1kg)	300 ¹¹		238
	Eggs (1)	60 ¹¹		53
	Iodised salt (500g)	100 ¹¹	-50%	100
	Sugar (1 kg)	400 ¹¹		450
	Cooking oil (litre)	700 ¹¹		1,300
	Soap (1 bar)	150 ¹⁰		100
	Laundry powder (1kg)	1,000 ¹⁰		550
	Sanitary pads (9)	300 ¹⁰	+20%	363
	Toothpaste (125ml)	300 ¹⁰	-14%	400
	Disposable diapers (24 pack)	1,500 ¹⁰		1,275
	Butane (cannister)	4,500 ¹¹	+13%	3,450
	Diesel (litre)	550 ¹¹		245
	Propane (cannister)	Not Available		600
	Kerosene (litre)	550 ¹³		Not Available
	Coal (kg)	Not Available		500
Firewood (tonne)	80,000		70,000	



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

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

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

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

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

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

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

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

([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 November and December was calculated using the reported price of bread sold in shops (300 SYP).

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

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

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

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

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

¹³ There were reports from within the community that small

amounts of kerosene were available in markets for a brief period in December for 550 SYP, as was the case in November. This data was not included in the November report because it was anticipated at the time that its availability in November was not indicative of availability in future months.

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 as conflict increased in subsequent months, before improving due to a truce agreement in September 2016. This agreement saw the evacuation of parts of the population in mid-September, as well as fewer restrictions on commercial and humanitarian vehicles entering the community. Aid was also delivered to the community in October. **However, in November clashes intensified once again in Al Waer and persisted through January. Commercial and humanitarian vehicles have not been permitted to enter the community since October.**

Clashes continued in January and no humanitarian or commercial vehicles were permitted to enter for the third consecutive month. As a result of these developments, the overall humanitarian situation in Al Waer further deteriorated. Access restrictions on vehicle movement prevented food, fuel, NFIs and medical items from entering the community for the third month in a row. Food production reportedly drew largely from local farms and rooftops.

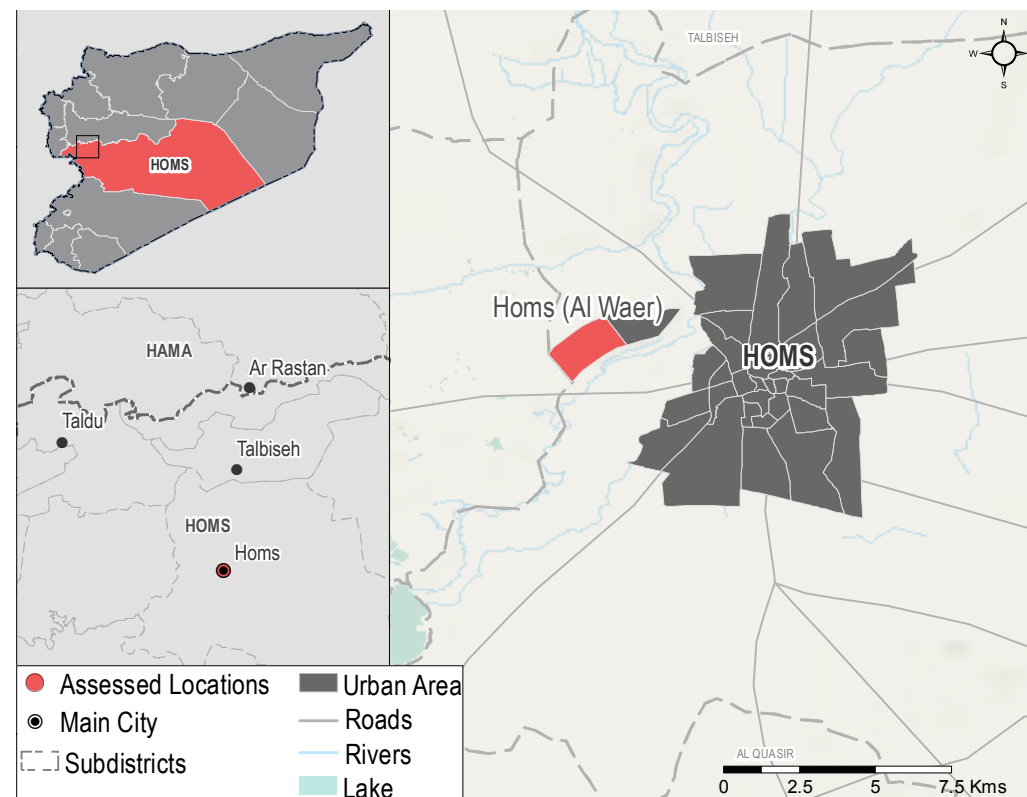
As has been the case since the community was first assessed in June 2016, only 1-10% of the population was able to enter or leave the community upon showing required documentation.

The combination of tightening access restrictions

UN classification:	Besieged
Estimated population¹:	50,000
Of which IDPs¹:	25,000
% pre-conflict population remaining:	1-25%
% population female:	26-50%

with lower winter temperatures in Al Waer led to a significant rise in food prices in January. **The price for all assessed foods in Al Waer increased by an average of 165%. In particular, eggs prices increased by 809% and flour by 471% in January. Meanwhile, some food items such as chicken, tomato, and cucumber, have remained unavailable since December.** Skipping or reducing meals as a strategy to cope with a lack of food, which resumed in November, continued through January. Fuel prices increased by an average of 20% in January, following significant price increases of some fuels in December.

The health situation also worsened in January, primarily due to the escalation of the conflict and the inability of medical items to enter the community. All assessed medical items were reported unavailable, with the singular exception of clean bandages. Furthermore, diabetes care remained unavailable.



CHANGES SINCE NOVEMBER

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 January 2017 and beginning of February 2017, these updates refer to the situation in January 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 December:



People able to leave²

As has been the case since October, 1-10% of the population, mostly university students and public sector employees, could enter and leave Al Waer on weekdays through a single formal point in January, upon presenting required documentation and proper authorisation. For the second consecutive month since assessments of the community began in June 2016, retired employees were allowed to leave in order to collect their pension on the last few days of the month.

No informal points have been reported used since November.

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

None reported.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since December:



Able to enter: None reported.

As was the case since November and in contrast to September and October, no commercial vehicles were permitted to enter Al Waer in January.

Humanitarian vehicles

Change since December



Able to enter: None reported.

Humanitarian vehicles were not allowed to enter Al Waer in January. The last time a humanitarian vehicle entered the area was in October, when an inter-agency convoy

delivered aid consisting of food items and NFIs for 70,000 people.



Goods entered

As a result of restrictions on vehicles, no food, non-food, or medical items could enter the community in January, and stocks of these items continued to decrease.

HEALTH SERVICES

Change in health situation compared to December:



The overall health situation in Al Waer worsened due to reductions in the availability of medical items. For the third consecutive month access restrictions prevented any medical goods from entering the community, and reports stated in January that all medical items were unavailable except clean bandage.

The number of medical services available stagnated after falling in December. Diabetes care continued to be completely unavailable as it was in December.

The number and type of medical facilities has remained the same since November after clashes destroyed some facilities.



Permanent medical facilities available

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

ACCESS TO SERVICES

Access to water has not changed since assessments began in June 2016. However, access to the electricity network decreased slightly in January compared to December. **The number of children attending school in January remained similar to December, after falling since October due to increased security risks.**

WATER*	◆	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
ELECTRICITY	↓	Access to electricity network per day	1 - 2 hours
		Access to electricity (Main source) per day	1 - 2 hours (Main network)
EDUCATION	◆	Available education facilities	Pre-conflict primary, secondary, high schools
		Barriers to education	Fear of shelling and gunfire

*Arrows indicate change in access since November.

** 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 ³	✓
Diabetes care	✗
Change since December	◆



Unavailable medical items⁴

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

Sometimes available: Clean bandages.

Change since December	↓
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Most needed medical items⁵

1. Heart medicine
2. Diabetes medicine
3. Antibiotics



Availability of medical personnel

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

Others providing medical services: Dentists, pharmacists.

Change since December	◆
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Strategies used to cope with a lack of medical services

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



Unusual outbreaks of disease⁶

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

FOOD

Change in food situation compared to December:



Most common methods of obtaining food at the household level

Purchasing from local farmers, production on rooftops.

Most common methods of obtaining bread at the household level

Most common source: Homemade.

Challenges to obtaining bread: Bread not available in shops, flour expensive or hard to access, not enough electricity or fuel.

As neither commercial nor humanitarian vehicles have been permitted to enter the community since October, availability of bread reportedly further decreased in January.

Change since December



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

Skipping meals resumed as a coping strategy in November, having reportedly stopped in October following the entry of a humanitarian aid delivery. Individuals reportedly continued to reduce meal size, as has been the case since October.

Deaths attributable to a lack of food⁶

Between one and two deaths were reported in Waer, an increase from previous months.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Al Waer	Nearby areas
Average cost December (SYP) ⁸	44,265	No info
Change since December		N/A

The average cost of a standard food basket, excluding bread due to its unavailability, increased by 76% in January. It was not possible to calculate prices in nearby non-besieged areas due to limited coverage that month.

WASH item availability / prices

Prices of assessed hygiene and sanitation items almost all increased due to the continued access restrictions on Al Waer. Soap, laundry power, and sanitary pads all doubled in price in January. The price of disposable diapers increased by 20% and the price of toothpaste remained unchanged.

Fuel availability / prices

Increases in fuel prices slowed in January after a dramatic increase in December due to access restrictions and lower winter temperatures. The price of butane increased by 3% in January after a 169% increase in December, and the price of firewood increased by 7% in January after an 88% rise the month prior.

Strategies used to cope with a lack of fuel:

Burning clothes, plastic, and furniture with and without use.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁸

Food prices drastically increased in January, after significant rises in some prices in December. The price of flour rose by 471% and the price of eggs increased by nearly a factor of ten. Rice and lentils were the only food item prices to not change from December, and the average food item price nearly tripled in January.

Chicken, tomato and cucumber were all unavailable for the second consecutive month for the first time since assessments began. This was due to tight restrictions on the entry of commercial and humanitarian vehicles.

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

	Item	Al Waer	Price change since December ¹²	
	Bread private bakery (pack)	Not Available	Not Available	
	Bread public bakery (pack)	Not Available	Not Available	
	Rice (1kg)	1,000 ⁹	No change	
	Bulgur (1kg)	500 ⁹	+66%	
	Lentils (1kg)	500 ⁹	No change	
	Chicken (1kg)	Not available	Not Available	
	Mutton (1kg)	21,000 ¹¹	+40%	
	Tomato (1kg)	Not available	Not Available	
	Cucumber (1kg)	Not available	Not Available	
	Milk (litre)	700 ¹⁰	-65%	
	Flour (1kg)	2,000 ⁹	+471%	
	Eggs (1)	500 ¹⁰	+809%	
	Iodised salt (500g)	700 ⁹	+133%	
	Sugar (1 kg)	1,200 ⁹	+140%	
	Cooking oil (litre)	1,500 ⁹	+50%	
	Soap (1 bar)	150 ⁹	+100%	
	Laundry powder (1kg)	2,000 ⁹	+100%	
	Sanitary pads (9)	700 ⁹	+100%	
	Toothpaste (125ml)	300 ⁹	No change	
	Disposable diapers (24 pack)	3000 ⁹	+20%	
		Butane (cannister) ¹³	75,000 ¹¹	+3%
		Diesel (litre)	4,000 ¹¹	+14%
		Propane (cannister)	Not Available	Not Available
		Kerosene (litre)	Not Available	Not Available
		Coal (kg)	7,000 ⁹	No change
		Firewood (tonne)	400,000 ⁹	+7%

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



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). Figures based on population estimates by local actors within the community assessed were reportedly 50,000-55,000 individuals, including 40,000-45,000 IDPs.

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

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

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

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

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

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

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

⁹ Generally available in markets (21+ days this month).

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

¹¹ Generally unavailable in markets (fewer than 6 days this month).

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

Syria Community Profile Update: Khan Elshih, Rural Damascus

January 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 subjected to intermittent shelling since then, conflict escalated dramatically in October 2016. This led to a substantial tightening of access restrictions in the community. A truce was agreed in the community in late November 2016, leading to the evacuation of 3,000 fighters and their families to Idleb governorate. Following the truce, access restrictions on civilians and vehicles improved in December, as did the overall humanitarian situation in the community.

Overall, the humanitarian situation in Khan Elshih continued to improve in January 2017. Access restrictions on civilian movement continued to reduce, as private and public employees were also able to leave through formal points this month, in addition to students and medical evacuees. While humanitarian vehicles did not enter the community in January, commercial vehicles remained able to enter, and the majority of assessed food, fuel, hygiene and medical items were available in markets in the community.

Commercial vehicles remained the primary means for food, fuel, hygiene and medical items to enter the community, as was the case in December, when vehicles entered for the first time since the community was first assessed in June 2016.

Although the frequency of entry was limited to a few days per week for each trader's vehicles, quantities of goods entering were reportedly sufficient to supply markets within the community.

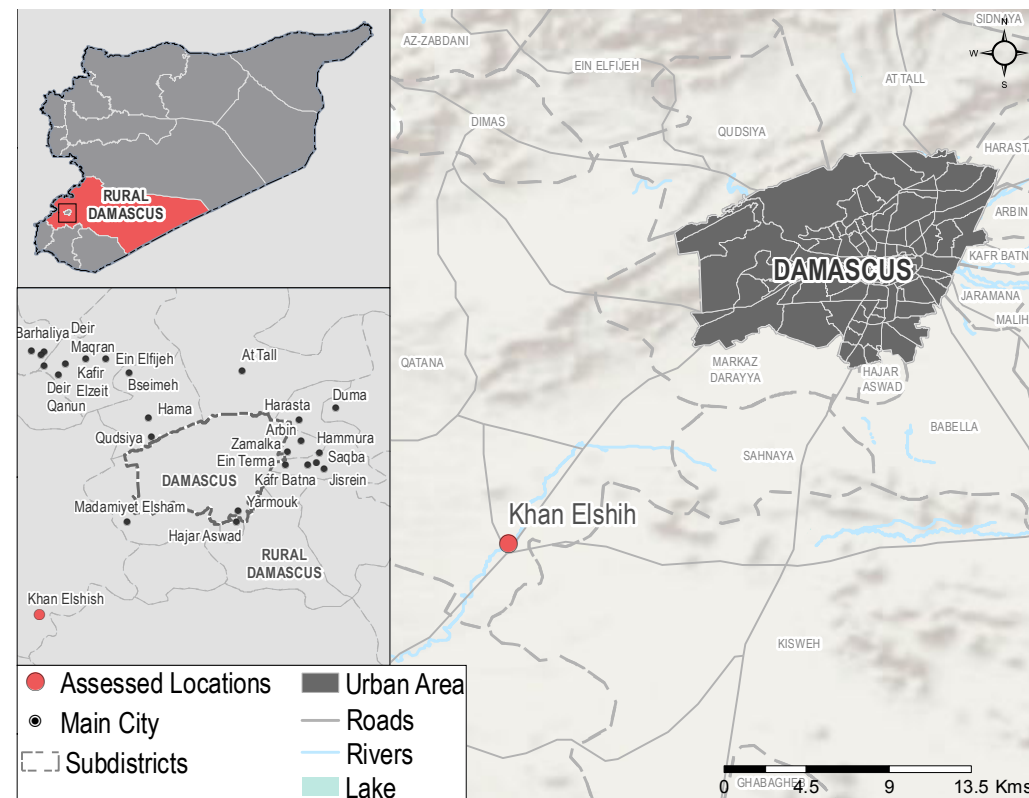


UN classification:	Besieged
Estimated population¹:	9,000-9,500
Of which IDPs¹:	100-200
% pre-conflict population remaining:	26-50%
% population female:	51-75%

The lack of humanitarian vehicles entering the community in January, in contrast with December, resulted in fewer items entering the community this month. However, availability of food, non-food and fuel items on markets remained largely unchanged, similarly to prices. Significant changes in the food situation included the re-opening of public bakeries for the first time since March 2016, as well as milk becoming available for the first time since September 2016.

Access to all assessed basic services remained unchanged between December and January. While the main water and electricity networks remained unavailable, civilians had access to closed wells and generators. As in December, no barriers to accessing education were reported.

Finally, the health situation in January remained similar to December, when medical facilities opened following the truce. All assessed medical items remained available in the community, despite fewer items able to enter in January.



CHANGES SINCE DECEMBER

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 January and beginning of February 2017, these updates refer to the situation in January 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 December:



People able to leave²

Access restrictions on civilian movement decreased from December 2016 to January 2017. The proportion of the population able to enter and leave the community through the only available formal route increased from 1-10% to 11-25%. While only students and medical evacuees were allowed to enter and leave in December upon showing ID, employees with jobs outside the community were also able to do so in January.

Informal points used: No.

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

Verbal harassment.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since December:



Access restrictions on commercial vehicles in January remained unchanged from December, when vehicles were allowed to enter for the first time since the community was first assessed in June 2016. In January, as in December, the number of times each trader's vehicles could enter was limited to a few days per week.

Humanitarian vehicles

Change since December:



In contrast with December, when humanitarian aid entered Khan Elshih for the first time since assessments began, no humanitarian vehicles entered the community in January.



Goods entered

The quantity of food, fuel, and medical items entering Khan Elshih decreased from December to January, as no humanitarian vehicles entered the community in January. However, sufficient amounts of items were still being brought into the community by commercial vehicles entering through formal access points. The amount of hygiene and sanitation items entering remained unchanged, as no additional items had been delivered through aid in December.

HEALTH SERVICES

Change in health situation compared to December:



Permanent medical facilities available

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

In addition to these facilities, a number of private clinics that had re-opened in December after the truce agreement remained available in January.



Medical services available

Child immunisation	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery ³	✗
Diabetes care	✓
Change since December	↓

ACCESS TO SERVICES

Access to all assessed basic services in Khan Elshih reportedly remained unchanged between December and January. The main water and electricity networks were still unavailable, although enough fuel remained available in January for residents to operate generators and water pumps at the same levels as in December. As was also the case in December, there were no reported barriers to accessing education in January.

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

*Arrows indicate change in access since December.

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

In contrast with December, child immunisation services were not available in January. This was reportedly because immunisations in the community took place in rounds every few months, and the previous round had been carried out in December.



Unavailable medical items⁴

As has been the case since mid-December, assessed medical items were available in January due to reduced access restrictions following the truce agreement.

Change since December:



Most needed medical items⁵

1. Antibiotics
2. Diabetes medicine
3. Heart medicine



Availability of medical personnel

Personnel available: Professionally trained doctors and midwives;

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

Some medical personnel, including surgeons and nurses, left the community following the truce agreement, and a smaller number of new personnel, including dentists, entered.

Change since December:



Strategies used to cope with a lack of medical services

None reported, as was the case in December. This was in contrast with November, when recycling medical items and personnel without training administering treatment were reportedly used.



Unusual outbreaks of disease⁶

None reported; this was also the case in December.

FOOD

Change in food situation compared to December:



Most common methods of obtaining food at the household level

Purchasing from shops and markets.

In contrast with December, residents did not obtain food from humanitarian distributions, as no aid entered the community in January.

Most common methods of obtaining bread at the household level

Purchasing from shops and markets.

Although some private bakeries re-opened in January, shops remained the main source of bread for households in the community.

Challenges to obtaining bread: None reported.

Change since December



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

As has been the case since the community was first assessed in June 2016, reducing meal size was reportedly used as a coping strategy in Khan Elshih.

+ Deaths attributable to a lack of food⁶

No known cases since assessments began.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Khan Elshih	Nearby areas ⁸
Average cost December (SYP) ⁹	26,284	37,621
Change since December		

The cost of a standard food basket in Khan Elshih in January was 30% cheaper than in nearby non-hard to reach communities, as commercial vehicles had frequent access to the community after the truce agreement. Food basket prices in both Khan Elshih and nearby areas remained the same as in December.

WASH item availability / prices

All assessed hygiene and sanitation items were reportedly generally available¹⁰ in January, as was the case in December, when restrictions on goods entering the community reduced following the truce agreement. The prices of these items remained unchanged from December, and were on average 77% higher than in nearby non-hard to reach communities, mostly due to the high prices of laundry powder and disposable diapers in Khan Elshih.

Fuel availability / prices

Fuel availability and prices were unchanged from December to January. All assessed fuels were reportedly sometimes available¹¹ in markets in Khan Elshih, other than propane and coal, which were unavailable. Diesel prices in the community were 63% higher than in nearby areas, while those of butane and firewood were similar to prices in nearby areas.

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 used in January due to continued cold weather.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

Availability and prices of food items in Khan Elshih remained almost entirely unchanged from December to January, with milk becoming available in the community and chicken experiencing a minor price decrease. In addition, private bakeries re-opened in the community for the first time since assessments began. On average, prices in the community were similar to those in nearby areas. However, this average masked the fact that some items, such as lentils, were much cheaper in Khan Elshih, while others such as chicken were more expensive.

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

	Item	Khan Elshih	Price change since Dec. ¹²	Nearby non-hard to reach areas ⁸	
Food Items	Bread private bakery (pack)	100 ¹¹	Not Available	300	
	Bread public bakery (pack)	Not Available		63	
	Rice (1kg)	400 ¹¹		525	
	Bulgur (1kg)	300 ¹¹		250	
	Lentils (1kg)	300 ¹¹		450	
	Chicken (1kg)	1,300 ¹¹	-6%	925	
	Mutton (1kg)	4,500 ¹¹		3,900	
	Tomato (1kg)	150 ¹¹		250	
	Cucumber (1kg)	200 ¹¹		275	
	Milk (litre)	250 ¹¹	Not Available	213	
	Flour (1kg)	190 ¹¹		238	
	Eggs (1)	60 ¹¹		53	
	Iodised salt (500g)	150 ¹¹		100	
WASH Items	Sugar (1 kg)	500 ¹¹		450	
	Cooking oil (litre)	900 ¹¹		1,300	
	Soap (1 bar)	100 ¹⁰		100	
	Laundry powder (1kg)	2,000 ¹⁰		550	
	Sanitary pads (9)	500 ¹⁰		363	
	Toothpaste (125ml)	350 ¹⁰		400	
	Disposable diapers (24 pack)	2,500 ¹⁰		1,275	
	Fuel	Butane (cannister)	3,500 ¹¹		3,450
		Diesel (litre)	400 ¹¹		245
		Propane (cannister)	Not Available		600
Kerosene (litre)		400 ¹¹		Not Available	
Coal (kg)		Not Available		500	
Firewood (tonne)	70,000 ¹¹		70,000		



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

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

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

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

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

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

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

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

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

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 February 2017). In addition, the price of a standard food basket in Khan Elshih in December was misreported in the December profile for the community. It has since been revised to 26,284 SYP.

¹⁰ Generally available in markets (more than 20 days this month).

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

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


Syria Community Profile Update: Wadi Burda, Rural Damascus

January 2017



REACH Informing more effective humanitarian action

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	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Suq Wadi Burda	Deir Qanun	Kafr Elawamid
UN classification	Hard to reach	Hard to reach	Hard to reach	Hard to reach	Hard to reach	Hard to reach	Hard to reach
Estimated population (individuals)¹	5,000-5,500	4,800	8,000	9,000	6,900	7,300	3,100
 Of which estimated IDPs¹	2,800-3,000	820	760	3,100	810	840	560
% pre-conflict population remaining	76-100%	76-100%	76-100%	51-75%	51-75%	51-75%	76-100%
% of population that are female	26-50%	51-75%	26-50%	26-50%	51-75%	51-75%	51-75%

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 UN classified as 'hard to reach' were profiled for the first time in August 2016. For the first time since assessments began, the communities of Bseimeh and Ein Elfijeh were not profiled as no population remained in January following a shift in control across the assessed Wadi Burda area. While this profile presents the situation in January 2017, comparisons were made to December 2016.

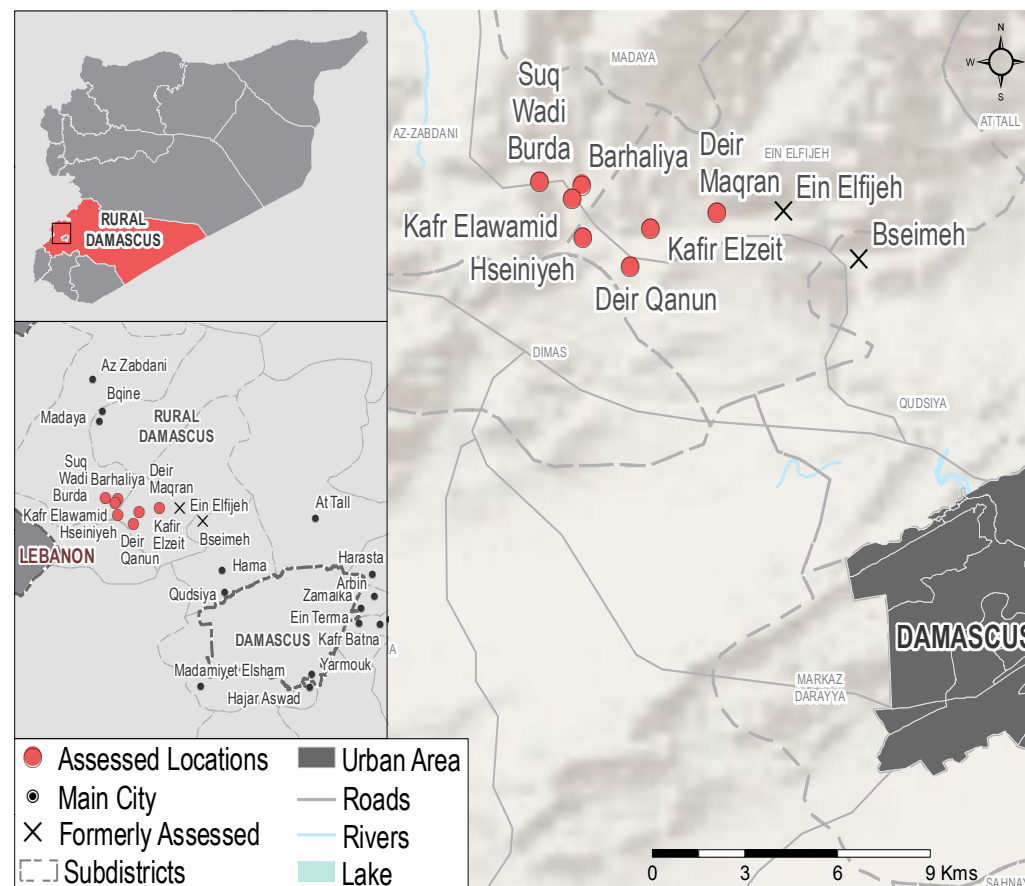
The humanitarian situation across all assessed

communities continued to deteriorate in January, as intense hostilities were reported throughout the month. All remaining shops and schools in Wadi Burda closed due to conflict-related security concerns, and populations reported minimal access to electricity and water. No items entered the communities for the second consecutive month, and despite reports of a truce agreement reached at the end of January, its effects were not immediately noted. Substantial population displacements across the assessed areas were observed in January following the developments.

An agreement ensuring water supply to Damascus from the Ein Elfijeh water facility in exchange for limited civilian and commercial access to the Wadi

METHODOLOGY

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



Burda area broke down in December 2016, re-igniting hostilities which continued in January 2017. After a series of failed attempts at a ceasefire, hostilities reportedly stopped in the last days of January. As part of the most recent agreement, an estimated 1,900 fighters and their families were being relocated to Idleb.

As has been the case since December, no one was able to enter or leave the Wadi Burda communities in January. Additionally, movement between communities became increasingly dangerous due to the ongoing hostilities. No commercial or humanitarian vehicles could access the communities last month, and as such no food, NFIs, medicine or fuel were able to enter in January.

Due to the shortage in commodities and security risks related to the ongoing hostilities, all remaining shops and markets in Wadi Burda closed in January. Populations relied on family and friends for food, and negative coping strategies continued to be reported. Additionally, **the security situation prompted the closure of all remaining educational facilities in Deir Qanun and Kafr Elzeit.**

The water network, which sustained structural damage in December, remained unavailable in January despite attempts at repairing it. Populations resorted to the use of closed wells, but reported that access was not sufficient to meet household needs. Similarly, the electrical network remained unavailable and populations reported minimal access to generators due to the unavailability of fuel.

Following the increase in hostilities in December, the only medical facilities that remained operational across assessed communities were those located in Deir Qanun and Kafr Elzeit. However, the increased burden of patients and depleting medical stocks strained their capacities in January. Additionally, some medical personnel left Wadi Burda following the relocations to Idleb. Populations across all communities reported limited access to the facilities in Deir Qanun and Kafr Elzeit due to security risks related to traveling.

CHANGES SINCE DECEMBER

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

MOVEMENT OF CIVILIANS

🚶 People able to leave²

Change in # people able to leave compared to December: ◆

All communities: None permitted to leave the area.

No one was able to leave or enter the Wadi Burda area in January, as has been the case since December 2016 when hostilities increased significantly. Prior to the escalation in conflict, between 26-75% of populations across the communities could reportedly utilise three available formal access points. Populations remained able to move across the assessed communities in January but were at risk of gunfire and shelling.

Community representatives reported a significant change in population numbers across all Wadi Burda communities in January, as residents from Ein Elfijeh and Bseimeh relocated across the area following a local agreement.

Informal points used: None reported, as has been the case since August 2016, when the community was first assessed. The mountainous geography limits the number of routes in and out.

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

All communities: No one attempted to use either formal or informal access points in January.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since December: ◆

Able to enter **Wadi Burda:** None reported.

For the second consecutive month, no commercial vehicles from the outside area were able to enter any of the Wadi Burda communities. Coupled with the restrictions on civilian movement, this resulted in no goods entering the communities in January. The movement of commercial vehicles within Wadi Burda also ceased as all remaining shops closed in January due to conflict-related security concerns. Populations had to rely on remaining stocks of food and non-food items, and various coping strategies were reported.

Prior to the escalation in conflict in December, commercial vehicles had been able to move freely within Wadi Burda since assessments began in August 2016. Movement to and from the wider areas had been restricted to traders with prior permission.

🚚 Humanitarian vehicles

Change since December: ◆

Able to enter **Wadi Burda:** None reported.

None of the assessed communities have reported humanitarian deliveries since assessments began in August 2016.

📦 Goods entered

As has been the case since hostilities flared up in late December, no food, NFIs, medicine or fuel entered any of the Wadi Burda communities in January.

Prior to the current conflict situation, residents were able to procure food, NFIs and medicine via commercial vehicles as well as from neighbouring communities, whereas limited amounts of fuel entered Wadi Burda informally. In anticipation of conflict escalation in December, residents had reportedly stocked up on certain food and non-food items.

























ACCESS TO SERVICES

Despite an agreement in mid-January whereby repairs were to be made to the Ein Elfijeh pumping facilities, access to the water network had not been restored for residents in Wadi Burda at the end of the month, and the communities continued to rely on closed wells for drinking water. Such access was reportedly insufficient to meet household needs and populations continued to report coping strategies, such as modifying hygiene practices.

Similarly, the electrical network, which became unavailable after sustaining damage in December, remained out of service and residents continued to resort to generators. However, due to minimal availability of fuel in January, use of generators decreased to less than one hour per day.

All remaining educational facilities in Wadi Burda closed in January due to conflict-related security concerns. As such, whereas some students had been able to attend school in Deir Qanun and Kafir Elzeit in December, none were able to do so last month.

ACCESS TO SERVICES*

	 WATER			 ELECTRICITY			 EDUCATION		
	Main source of drinking water (Status**)	Available water to meet household needs (Coping strategies)	Access to water network per week	Access to electricity network per day	Access to electricity (Main source) per day	Available education facilities	Barriers to education	Change in # children attending school since December	
Barhaliya	 Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	 Network unavailable	Less than one hour (Generator)	 None	Closure of school facilities, routes unsafe	Decreased due to escalation in conflict	
Hseiniyeh	 Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	 Network unavailable	Less than one hour (Generator)	 None	Closure of school facilities, routes unsafe	Decreased due to escalation in conflict	
Kafir Elzeit	 Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	 Network unavailable	Less than one hour (Generator)	 None	Closure of school facilities, routes unsafe	Decreased due to escalation in conflict	
Deir Maqran	 Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	 Network unavailable	Less than one hour (Generator)	 None	School facilities destroyed, routes unsafe	Decreased due to escalation in conflict	
Suq Wadi Burda	 Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	 Network unavailable	Less than one hour (Generator)	 None	Closure of school facilities, routes unsafe	Decreased due to escalation in conflict	
Deir Qanun	 Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	 Network unavailable	Less than one hour (Generator)	 None	Closure of school facilities, routes unsafe	Decreased due to escalation in conflict	
Kafir Elawamid	 Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	 Network unavailable	Less than one hour (Generator)	 None	School facilities destroyed, routes unsafe	Decreased due to escalation in conflict	

*Arrows indicate change in access since December.

** 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 December:



The overall health situation in Wadi Burda deteriorated significantly in December when hostilities first broke out, and this trend continued in January. The deterioration was mainly attributable to conflict-related insecurity, which prevented large parts of the populations from safely accessing the remaining medical facilities. Simultaneously, tightened access restrictions precluded medical items from entering the communities for the second consecutive month.

🏠 Medical facilities and services

Prior to the escalation of conflict in December 2016, all of the assessed communities within Wadi Burda - except Hseiniyeh - had access to at least one type of permanent medical facilities. As hostilities increased, most of these facilities ceased operations due to safety concerns. **Populations across Wadi Burda have since relied on primary healthcare facilities and informal emergency points in Deir Qanun and Kafir Elzeit. Whereas these facilities were open to residents from all of the assessed communities, in practice very few could access them due to the risks associated with traveling.** In January,

it was reported that only the most serious medical cases were transported to Deir Qanun or Kafir Elzeit for treatment. Conflict-related security concerns reportedly prevented even some populations residing within Deir Qanun and Kafir Elzeit from accessing the existing facilities.

Available medical services declined sharply across Wadi Burda in December when hostilities flared up and medical facilities were forced to close. In January, the facilities in Deir Qanun and Kafir Elzeit were still able to provide diarrhea management, emergency care and diabetes care, as was reported in December. However, **the lack of medical items entering Wadi Burda, combined with an increased number of patients relying on the remaining facilities, strained resources and decreased the overall capacity of the services.**

Change since December



👤 Availability of medical personnel

The overall number of medical personnel across Wadi Burda decreased further in January, as some trained professionals reportedly relocated to Idleb following the agreement at the end of the month. All communities still reported the presence of

doctors and nurses in January, some of which were offering services in the remaining facilities in Kafir Elzeit and Deir Qanun. Pharmacist, dentists, as well as volunteers and medical students were also present in some of the communities.

Change since December



👛 Unavailable medical items³

As was the case in December, Deir Qanun and Kafir Elzeit were the only communities where some medical items were still available in January. Out of the assessed items, only medical scissors were reported as available, whereas contraception, anti-anxiety medication, antibiotics, and heart, diabetes and blood pressure medicine were sometimes available. **Clean bandages, blood transfusion bags, burn treatment and anaesthetics were reported as unavailable across all assessed Wadi Burda communities.**

Prior to the intensification of hostilities in December, medical items used to enter Wadi Burda via commercial vehicles. Medical items from facilities that ceased operations in December have been relocated to Deir Qanun and Kafir Elzeit, but no additional items have

been able to enter for the second consecutive month.

Change since December



👛 Most needed medical items⁴

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

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

⊕ Unusual outbreaks of disease⁵

None reported.

No new cases of Guillain-Barré syndrome have been reported in assessed communities across Wadi Burda since the outbreak was first observed in September 2016. However, several cases remained untreated due to the unavailability of adequate medicine.

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

Deir Qanun, Kafir Elzeit: Sharing resources between medical facilities, recycling medical items, civilians without professional training treating patients.

All other communities: Using expired medicine, recycling medical items, civilians without professional training treating patients.

Medical services available

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

FOOD

Change in food situation compared to December:



Food security deteriorated significantly in January, as no items were able to enter any of the assessed communities for the second consecutive month. Additionally, all remaining shops and markets closed due to conflict-related security concerns.

Most common methods of obtaining food at the household level

All communities: Receiving from family or friends.

Following continued hostilities, all remaining shops and markets closed in January across all assessed communities, significantly affecting the food security situation in Wadi Burda.

Most common methods of obtaining bread at the household level

All communities: Homemade.

Access to bread, already limited in December, decreased further in January across all

assessed communities. This was attributable to the closure of all public and private bakeries, shops, and the unavailability of flour, wheat, yeast and fuel required to run generators.

Change since December



Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

All of the assessed communities started to report negative coping strategies in December 2016 for the first time, when conflict intensified and access restrictions prevented food items from entering the area. The same strategies continued to be reported in January.

WASH item availability / prices

As was the case with food items, following the closure of shops and markets in January, all assessed hygiene and sanitation products became unavailable for purchase across Wadi Burda. All such items had been reported as either sometimes available⁸ or generally unavailable⁹ in December. In the absence of sanitary pads, women reportedly resorted to borrowing such items from family and friends, and relying on remaining stocks.

Fuel availability / prices

All types of fuel became unavailable across Wadi Burda in December, and were also reported as such in January. The lack of fuel had a particularly detrimental effect since all assessed communities were forced to resort to generators (which require fuel to operate) following damage to the main electrical network, and was also exacerbated by the colder winter temperatures.

Strategies used to cope with a lack of fuel: Burning furniture with and without use; burning plastic; burning waste; burning clothes; burning agriculture apparel and other productive assets. Populations were also relying on remaining fuel stocks, but these were reportedly minimal.

Deaths attributable to a lack of food⁵

No reported cases across Wadi Burda.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

Following the closure of all remaining shops and markets in January, a standard food basket could not be calculated for the Wadi Burda area, for the first time since assessments began in August 2016.




In December, a standard food basket excluding bread, was 27% more expensive than an equivalent basket in nearby communities not considered besieged or hard to reach.

Food item availability / prices

All remaining shops and markets in the assessed Wadi Burda communities closed in January due to continuing hostilities and related security concerns. Accordingly, whereas rice, bulgur, lentils, flour, salt, sugar and cooking oil could be obtained in December, all core food items became unavailable for purchase in January.

CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX¹⁰

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

	Item	Wadi Burda average	Price change since December	Nearby non-hard to reach communities ¹¹
	Bread, private bakery (pack)	Not available	◆	300
	Bread, public bakery (pack)	Not available	◆	63
	Rice (1kg)	Not available	Available	525
	Bulgur (1kg)	Not available	Available	250
	Lentils (1kg)	Not available	Available	450
	Chicken (1kg)	Not available	◆	925
	Mutton (1kg)	Not available	◆	3,900
	Tomato (1kg)	Not available	◆	250
	Cucumber (1kg)	Not available	◆	275
	Milk (litre)	Not available	◆	213
	Flour (1kg)	Not available	Available	238
	Eggs (1)	Not available	◆	53
	Iodised salt (500g)	Not available	Available	100
	Sugar (1 kg)	Not available	Available	450
	Cooking oil (litre)	Not available	◆	1,300
	Soap (1 bar)	Not available	◆	100
	Laundry powder (1kg)	Not available	Available	550
	Sanitary pads (9)	Not available	◆	363
	Toothpaste (125ml)	Not available	◆	400
	Disposable diapers (24 pack)	Not available	Available	1,275
	Butane (cannister)	Not available	◆	3,450
	Diesel (litre)	Not available	◆	245
	Propane (cannister)	Not available	◆	600
	Kerosene (litre)	Not available	◆	Not available
	Coal (kg)	Not available	◆	500
	Firewood (tonne)	Not available	◆	70,000

Endnotes

¹ Figures based on HNO 2017 population data (December 2016); when unavailable, figures based on data collected from local councils in the Wadi Burda region. In January, community representatives reported an increase in population numbers in the communities assessed as residents relocated from Ein Elfijeh and Bseimeh.

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

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

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

⁵ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, and as such, validity of estimates varies. Without medical assessments, it was not possible to verify the exact causes of death cited; therefore, the caseload is indicative of the perceived health issues causing death in the communities.

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

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

(link here).

⁸ Sometimes available in markets (7-20 days this month)

⁹ Generally not available in markets (6 or fewer days this month)

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

¹¹ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Deir Ali and Sayyeda Zeinab.

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

The Palestinian community of Yarmouk, located in the southern suburbs of Damascus city, has faced access restrictions since early 2013. Over this period, the humanitarian and security situations in the area deteriorated. In April 2016, direct fighting between parties to the conflict intensified significantly within the community, and access restrictions increased in June and August. The opening of checkpoints for four days during the Eid holiday in September provided some temporary relief to the community, although access restrictions were reinstated in October.

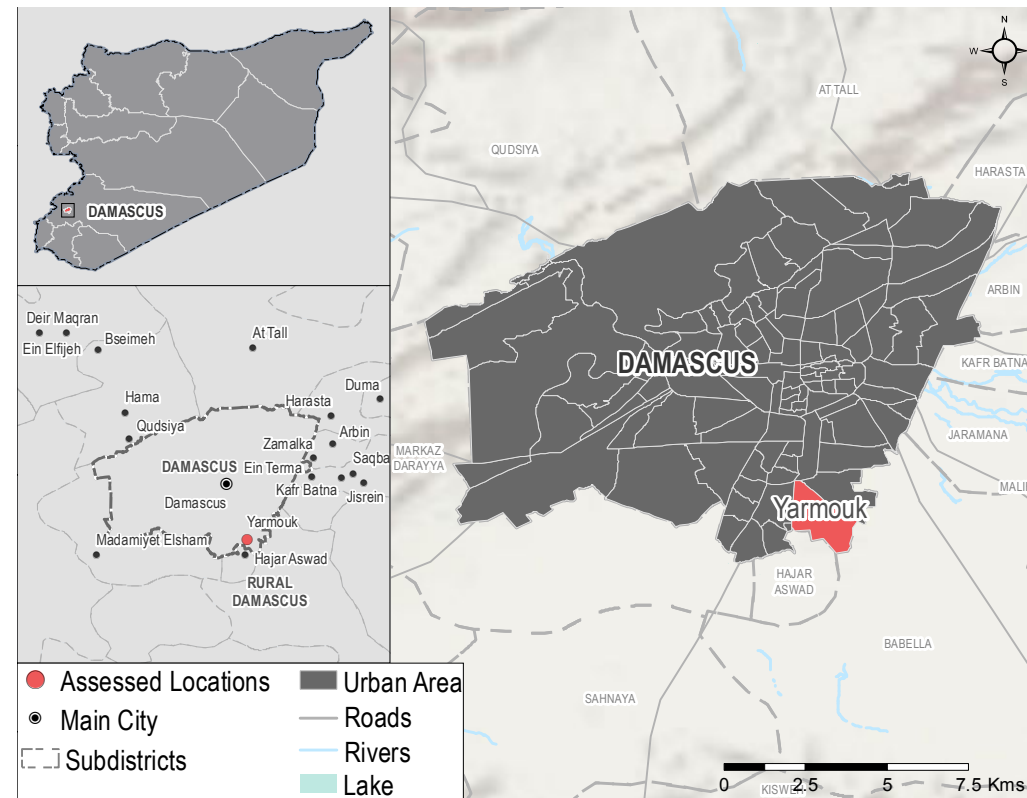
Overall, the humanitarian situation in Yarmouk in January 2017 worsened slightly from December 2016. Access restrictions on civilian movement increased, with residents of Palestinian origin no longer permitted to enter and leave the community through formal points. The reduced movement of civilians into and out of Yarmouk led to decreased amounts of food, fuel, medicine, and hygiene items being brought into the community in January. In addition, approximately 1,500 fighters based in Yarmouk left in January following clashes near the community.

As was the case in December, only women, children and elders were able to enter and leave Yarmouk through formal routes upon showing documentation. However, in January, this only applied to those of non-Palestinian origin, leading to a decrease in civilian movement. No commercial or humanitarian vehicles entered Yarmouk in January, as has been the case since the community was first assessed in June 2016.

UN classification:	Besieged
Estimated population¹:	7,500-8,500
Of which IDPs¹:	600-700
% pre-conflict population remaining:	1-25%
% population female:	1-25%

Availability and prices of most assessed food, fuel and hygiene items in markets remained similar from December to January, despite the increased access restrictions, as the community had reportedly accumulated some stocks of many goods from past months. Butane prices decreased from December to January, after rising sharply in December, although they remained much higher than in November and than in nearby non-hard to reach communities. As in December, residents reportedly sought to cope with the lack of fuel by using strategies such as burning furniture, clothes and plastic.

The health situation was mostly similar to that in December, although some medical items, such as diabetes medicine and anaesthetics, became unavailable in January, as increased access restrictions meant that fewer civilians were able to bring back these items from outside Yarmouk. As in December, medical facilities and personnel were present in the community, but some medical services remained unavailable.



CHANGES SINCE DECEMBER

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 in January and the beginning of February 2017, these updates refer to the situation in January 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 December:



People able to leave²

Access restrictions on civilian movement increased from December 2016 to January 2017, with people of Palestinian origin no longer permitted to enter and leave the community through formal routes in January, as they were easily identifiable as residents of Yarmouk. As a result, only 1-10% of the population were able to use formal routes, down from 11-25% reported in December. Those able to do so were mostly women, children and elderly people of non-Palestinian origin, who were permitted to leave upon presenting documentation.

Informal points used: Yes.

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

Gunfire, detention, verbal and sexual harassment.

no movement of either commercial or humanitarian vehicles into or out of Yarmouk in December. Consequently, all goods (food, fuel, NFIs and medical items) could generally only enter and exit Yarmouk with civilians leaving and returning through formal or informal routes, as they had in previous months. The quantity of all goods entering the community decreased from December to January, as fewer people were able to enter and leave Yarmouk.

HEALTH SERVICES

Change in health situation compared to December:



Permanent medical facilities available

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

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 December



Unavailable medical items³

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

Change since December



Medical item availability reduced from

ACCESS TO SERVICES

Access to services remained the same for residents of Yarmouk from December to January. As has been the case since the community was first assessed, the main water and electricity networks were unavailable in January, and residents used alternative sources of water and electricity instead. As has been the case since December, water was reported to be of a bad colour, reportedly due to contamination following clashes near the source in Wadi Burda. Access to education has reportedly remained the same since October, with many children in informal schools because parents do not approve of the curriculum in the pre-conflict schools.

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

*Arrows indicate change in access since December.

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

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since December:



Able to enter: None reported.

Humanitarian vehicles

Change since December:



Able to enter: None reported.

Goods entered

As has been the case since the community was first assessed in June 2016, there was

December to January, as fewer medical items were able to enter the community due to increased restrictions on civilian movement in January.

Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✓
Surgery ⁴	✗
Diabetes care	✗
Change since December	◊

Most needed medical items⁵

1. Antibiotics
2. Burn treatment
3. Clean bandages

Strategies used to cope with a lack of medical services

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

These coping strategies were also reportedly used in December.

Unusual outbreaks of disease⁶

No known cases; this was also reported in December.

Change in food situation compared to December:



Strategies used to cope with a lack of food

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

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

+ Deaths attributable to a lack of food⁶

No known cases, as was reported in December.

Most common methods of obtaining food at the household level

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

Civilians from Yarmouk have reportedly been bringing back items obtained from humanitarian distributions in the nearby communities of Yalda and Babella. This has been the case since the community was first assessed in June 2016. However, the amount of food obtained this way decreased from December to January, due to increased restrictions on civilian movement.

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: Flour too expensive or hard to access, not enough electricity/fuel available, electricity/fuel too expensive or hard to access, bread unavailable in private and public bakeries.

Residents of Yarmouk have reportedly also accessed bread since assessments of the community first began by obtaining it from humanitarian distributions in the nearby communities of Yalda and Babella.

Change since December



CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Yarmouk	Nearby areas ⁸
Average cost January (SYP) ⁹	23,320	33,202
Change since December	◆	◆

The average cost of a standard food basket in Yarmouk remained similar from December to January, and was 30% cheaper than in nearby non-hard to reach communities in Damascus. As in December, this was likely because residents of Yarmouk were able to acquire food items such as rice and lentils from aid distributions in Yalda and Babella, and prices for these items were correspondingly lower. However, these items, although cheaper, were reportedly also of lower quality.

WASH item availability / prices

Compared to December, availability of assessed hygiene and sanitation items remained unchanged in January. Prices were generally similar to December, although those of sanitary pads and disposable diapers experienced slight decreases and increases, respectively.

Fuel availability / prices

As has been the case since the community was first assessed, propane, kerosene and coal were unavailable in Yarmouk in January. After increasing substantially by 94% in December, butane prices reduced by 29% in January, although they remained much higher than in November. This decrease was reportedly due to falling demand due to prohibitively expensive pricing in December, which caused some residents to switch to other fuel sources for their needs. Fuel prices in Yarmouk were on average 73% higher than in nearby non-hard to reach communities in January.

Strategies used to cope with a lack of fuel: Burning plastic; burning clothes; burning furniture with or without use. These strategies were also used in December.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

Availability and prices of assessed items remained mostly similar from December to January. Despite increased access restrictions on civilian movement, prices and availability remained stable because residents reportedly had stocks of many food items accumulated from previous months.

	Item	Yarmouk	Price change since Dec. ¹⁰	Nearby non-hard to reach areas ⁸
Food Items	Bread private bakery (pack)	Not Available	◆	230
	Bread public bakery (pack)	Not Available	◆	50
	Rice (1kg)	250 ¹¹	◆	513
	Bulgur (1kg)	225 ¹¹	◆	323
	Lentils (1kg)	250 ¹¹	◆	500
	Chicken (1kg)	900 ¹²	↓ -10%	1,288
	Mutton (1kg)	3,500 ¹²	↑ +9%	4,013
	Tomato (1kg)	200 ¹²	◆	238
	Cucumber (1kg)	225 ¹²	◆	337
	Milk (litre)	225 ¹²	↓ -10%	244
	Flour (1kg)	275 ¹²	◆	292
	Eggs (1)	55 ¹²	◆	42
	Iodised salt (500g)	150 ¹¹	↓ -25%	146
	Sugar (1 kg)	400 ¹¹	↓ -6%	456
WASH Items	Cooking oil (litre)	750 ¹¹	◆	800
	Soap (1 bar)	100 ¹¹	◆	153
	Laundry powder (1kg)	600 ¹¹	◆	788
	Sanitary pads (9)	300 ¹¹	↓ -14%	419
	Toothpaste (125ml)	450 ¹¹	◆	256
	Disposable diapers (24 pack)	1,600 ¹¹	↑ +7%	2,213
	Fuel	Butane (cannister)	5,000 ¹²	↓ -29%
Diesel (litre)		500 ¹²	↓ -9%	241
Propane (cannister)		Not available	◆	4,500
Kerosene (litre)		Not available	◆	313
Coal (kg)		Not available	◆	331
Firewood (tonne)		125,000 ¹²	◆	75,000

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

Endnotes

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

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

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

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

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

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

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: July 2016' ([link here](#)). As bread was unavailable in private and public bakeries in Yarmouk, no prices were available for bread sold in bakeries in the community. However, the food basket price for Yarmouk was calculated using the reported price of bread sold in shops (150 SYP).

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

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

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

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

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