

Introduction

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

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

Methodology and limitations

Based on data collected from 159 community representatives inside Syria at the end of August and beginning of September 2017, these updates refer to the situation in August 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed.

An improvement or deterioration from the month prior may not indicate a trend, but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger-scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain communities.

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Executive Summary

In late August and early September 2017, REACH assessed the humanitarian situation in 37* communities in Syria facing restrictions on movement and access, 14 of which are currently classified as besieged. The assessed communities were located in Damascus, Homs and Rural Damascus governorates, and information was gathered through a total of 159 community representatives (CRs). **Findings indicate that the humanitarian situation improved in communities that received humanitarian assistance or in which access restrictions were loosened in August and remained critical in communities where tight restrictions persisted.**

- **Aid entered the community of Duma in Eastern Ghouta for the third time in four months**, delivering food, hygiene and medical items. However, as was the case with previous deliveries, supplies were reportedly insufficient for the entire population of Duma, and residents of other areas in Eastern Ghouta did not benefit from the delivery.
- **Meanwhile, the humanitarian situation deteriorated in the nine other communities assessed in Eastern Ghouta, despite an improvement in access to education in the majority of these communities. Compared to July, fewer commercial vehicles entered the area in August due to shelling, and restrictions on vehicle entry persisted.** Medical supplies have not entered Eastern Ghouta via commercial vehicles since March 2017; in August, medical stockpiles were almost depleted, and a proliferation of negative coping strategies was reported. These included, but were not limited to: recycling medical items such as syringes and needles and using non-medical items such as sticks for casts. Significant increases in the price of food and fuel were also reported across assessed communities in August. **In addition, approximately 40% of the population of Ein Terma was reportedly displaced in August due to heavy shelling and active conflict in and around the community.**
- **In At Tall, a higher number of commercial vehicles were permitted entry in August compared to July, leading to an increase in availability of food items and a decrease in prices.** Improved access to the electricity network was also reported in the community following reduced rationing restrictions. However, despite these improvements in the humanitarian situation, **a large number of men aged 18-40 years were reportedly detained at formal access points during August for the purpose of conscription.**
- **Humanitarian deliveries reached Ar Rastan and Talbiseh in Homs governorate, Hama, Qudsiya and Duma in Rural Damascus, and Qaboun in Damascus city.* No aid reached the remaining 31 communities assessed.**

List of Assessed Communities: August 2017

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

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

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

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

August 2017



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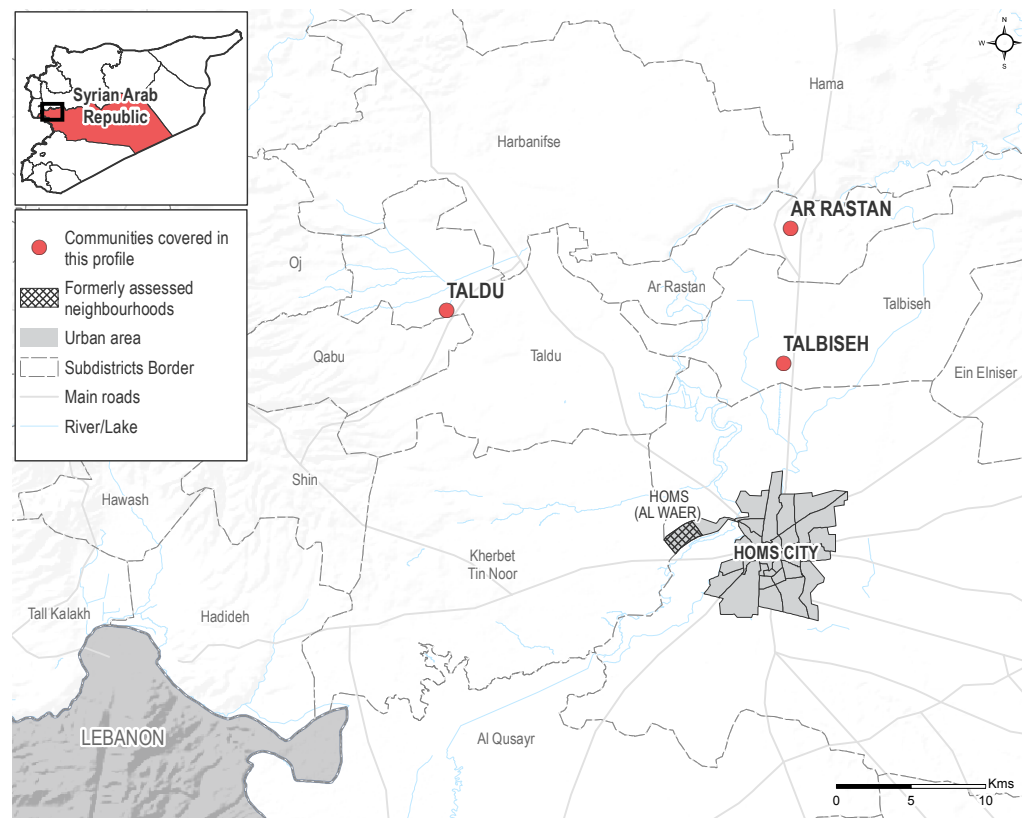
	Ar Rastan	Talbiseh	Taldu
UN classification:	Hard-to-reach	Hard-to-reach	Hard-to-reach
Estimated population¹:	47029	42520	7332
Of which estimated IDPs¹:	8575	1476	596
% of pre-conflict population remaining:	26-50%	26-50%	26-50%
% of population that are female:	26-50%	26-50%	26-50%
% of female-headed households	1-25%	1-25%	1-25%

SUMMARY

Situated between the cities of Homs and Hama, the communities of Ar Rastan, Talbiseh and Taldu have faced access restrictions since 2012. In early 2016, an escalation of conflict led to a deterioration in the humanitarian situation. The situation further deteriorated in October 2016, when conflict escalated again before stabilising in November. In March 2017, all three communities faced a temporary tightening of access restrictions, leading to an increase in food prices. Since April, humanitarian aid has been delivered every few months and access restrictions have varied. In July, restrictions increased again, limiting the amount of goods entering all communities.

In August, the overall humanitarian situation slightly improved in Talbiseh due to humanitarian deliveries that permitted another round of child immunizations in the community, and in Taldu due to the relaxing of access restrictions that allowed for more goods to enter the community. The overall humanitarian situation in Ar Rastan did not significantly change.

Despite the delivery of humanitarian aid to Ar Rastan and Talbiseh in August, the amount of food and hygiene items entering these communities reportedly did not increase compared to July. This was due to an increase in required informal fees around the Eid holiday, which in turn limited



CHANGES SINCE JULY

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

movement of commercial goods into the two communities and reportedly caused increases in the price of food. These fees were also reported in Taldu, yet improved access to informal routes led to more goods entering the community.

Access to basic services, including electricity, water and education, remained unchanged in August. In all three communities, access to water has been reportedly insufficient since March 2017, while access to electricity and education has remained unchanged since June 2017. No other significant changes were reported in August.

MOVEMENT OF CIVILIANS

Change since July (Ar Rastan and Talbiseh):	◆
Change since July (Taldu):	↑

Formal access points:

Since assessments began in April 2016, residents have been able to move freely between the three communities without any formal restrictions, although risks of shelling have persisted.

In August, around 11-25% of residents could enter and exit the assessed Rastan communities through one formal access point, open daily between 8am and 4pm. These included students and employees, who could travel upon presenting identification at the checkpoint. People with severe injuries were also reportedly able to leave through this formal route.

An increase in required informal fees to move goods into all three communities was observed in August and was likely related to anticipated Eid holiday expenditures by residents.

Informal access points used²:

All three communities: No.

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

All three communities: Shelling.

Detention had previously been reported as a risk for residents in Taldu. However, ongoing negotiations regarding a truce agreement have reportedly minimised this risk in August.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since July:



In August, commercial vehicles were free to travel between the three communities. However, no commercial vehicles entered

the assessed Rastan communities through the formal access point, as has been the case since assessments began.

Humanitarian vehicles

Change since July (Ar Rastan and Talbiseh):	↑
Change since July (Taldu):	↓

Humanitarian deliveries reached Talbiseh on 19 August and Ar Rastan on 27 August. They reportedly included food, non-food and medical items. All residents in both communities could access aid equally.

Conversely, no humanitarian deliveries were reported in Taldu, where aid was last delivered in July. These residents reportedly did not benefit from aid deliveries in Talbiseh or Ar Rastan.

ACCESS TO SERVICES

No change in access to services was reported in all three communities in August. Water access has been reported insufficient in all three communities since March 2017, despite the July installation of bio-fuel pumps in Ar Rastan and Talbiseh, which improved access to water and reduced reported coping strategies. Also in July, pump equipment for water wells was damaged in Taldu, which further decreased water availability. Prior to July, the communities reported similar levels of coping strategies, but are now reportedly more severe in Taldu. No change was reported in access to electricity or education in August. Schools were reportedly closed from June through August for summer break, and are expected to reopen in mid-September.

	Ar Rastan	Talbiseh	Taldu
WATER Main source of drinking water (status) Available water to meet household needs (coping strategies) Access to water network per week Change since July	Water network (safe to drink)* Insufficient (purchase water with money usually spent on other things) 3-4 days ◆	Water network (safe to drink)* Insufficient (purchase water with money usually spent on other things) 3-4 days ◆	Water network (safe to drink)* Insufficient (purchase water with money usually spent on other things, receive water on credit, borrow water or money for water) 1-2 days ◆
ELECTRICITY Access to electricity network per day Access to electricity (main source) per day Change since July	8-12 hours (network) 8-12 hours (network) ◆	Network unavailable 8-12 hours (generator) ◆	4-8 hours (network) 4-8 hours (network) ◆
EDUCATION Available education facilities Barriers to education Change since July	Pre-conflict primary, secondary, high schools; informal schools set up since conflict began Facilities destroyed, lack of school supplies, lack of teaching staff ◆	Pre-conflict primary, secondary, high schools; informal schools set up since conflict began Facilities destroyed, route to services unsafe, lack of teaching staff ◆	Pre-conflict primary, secondary, high schools; informal schools set up since conflict began Facilities destroyed, route to services unsafe, lack of teaching staff ◆

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

Goods entered

The amount of food, hygiene and medical items, and fuel entering Taldy increased in August due to greater usage of informal routes to transport goods. Meanwhile, the amount of food, hygiene and medical items entering Ar Rastan and Talbiseh stayed constant between July and August, despite the delivery of humanitarian aid. This was partially due to an increase in the fees required to bring items informally into the communities, which in turn limited movement of goods. Fuel was particularly affected by the fees, leading to a decrease in fuel entering Ar Rastan community in August.

Goods from nearby communities that were brought into Rastan, Talbiseh and Taldy reportedly served as a primary source of food, fuel, hygiene and medical items, despite the restrictions on the formal route and closure of most informal commercial routes.

HEALTH SERVICES

Change since July (Ar Rastan and Taldy):	↔
Change since July (Talbiseh):	↑

The health situation in Ar Rastan and Taldy did not significantly change. In Talbiseh, the humanitarian delivery in August reportedly included materials that resumed child immunizations³. Previously, the last campaign in any of the three communities was reported in May 2017. No other significant change to the health situation was observed, despite the delivery of humanitarian aid to Ar Rastan and Talbiseh in August.

The last significant change to the availability of services occurred in December 2016, when diabetes care became unavailable in all three communities.

Residents in all three communities were reportedly able to access medical care equally.

Permanent medical facilities available

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

Availability of medical personnel

All three: Professionally trained surgeons, doctors, nurses and midwives.

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

Change since July	↔
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Medical services available

	Ar Rastan	Talb.	Taldy
Child immunization ³	✗	✓	✗
Diarrhea management	✓	✓	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✓	✓	✓
Surgery ⁴	✓	✓	✓
Diabetes care	✗	✗	✗
Change since July	↔	↑	↔

Strategies used to cope with a lack of medical services

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

Unavailable medical items⁵

All assessed items were reportedly available in the three communities, as was the case in July.

Change since July	↔
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Most needed medical items⁶

All three communities: Assistive devices, artificial limbs

Ar Rastan and Talbiseh: Surgical equipment

Taldy: Anaesthetics

Unusual outbreaks of disease⁷

None reported in any of the communities since an outbreak of rabies was reported in Ar Rastan in September 2016.

FOOD

Change since July:	↓
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Most common methods of obtaining food at the household level

Since June 2016, purchasing from shops or farmers have reportedly been the most common methods of obtaining food in all three communities. In August, food was also distributed in Ar Rastan and Talbiseh as part of a humanitarian delivery.

Most common methods of obtaining bread at the household level

All communities: Shops.

Private bakeries were the primary source of bread in August and in all other months except June 2017, when distributions by local authorities and charities were reported as the most common source.

Challenges to obtaining bread: No challenges to obtaining bread were reported in August, as had been the case in June.

Changes since July	↔
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Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

As had been the case in July, skipping meals and reducing meal sizes were reported as coping strategies in all communities in August. Usage of these strategies have persisted despite the entry of humanitarian aid in Ar Rastan and Talbiseh and increased amounts of goods entering Taldy due to loosened access restrictions in August, suggesting that food has remained insufficient for the communities' needs or inaccessibility. Reducing meal sizes has been reported as a coping strategy in all three communities almost continuously since October 2016.

Deaths attributable to a lack of food⁷

None reported across assessed communities in August.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁸

	Ar Rastan	Talb.	Taldu
Average cost (SYP) ⁹	28596	28596	25334
Change since previous month ¹⁰	↓	↓	↓

The price of a standard food basket significantly decreased in all three communities in August. This was mainly due to the 100-250 SYP drop in the price of lentils. Despite this, the prices of several other food items increased in August, undercutting the benefit of this price change.

Core food item availability / prices

The prices of several food items increased in all three communities in August. Tomatoes were on average 160% more expensive than in July, while the price of cucumbers increased by over 50% due to seasonal trends. All assessed food items have been generally available¹⁰ in markets since April 2017. On average, prices increased by 18% in Ar Rastan and Talbiseh, and by 9% in Taldu.

WASH item availability / prices

In August, there was no significant change in the availability or prices of assessed hygiene and sanitation items across the three communities.

Fuel availability / prices




The availability and price of fuel remained unchanged in August compared to July, with diesel and butane the only fuels reported available in the three communities. The last major price change occurred in July, when the price of diesel across all three communities increased by approximately 20%.

Strategies used to cope with a lack of fuel:

All three communities continued to report burning plastics to address fuel shortages, as has been the case since November 2016.

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	Ar Rastan	Price change since July ¹⁰	Talbiseh	Price change since July ¹⁰	Taldu	Price change since July ¹⁰
Food Item 	Bread private bakery (pack)	250 ¹¹		250 ¹¹	↓ -6%	200 ¹¹	◇
	Bread public bakery (pack)	Not available	◇	Not available	◇	Not available	◇
	Rice (1kg)	200 ¹¹	↑ +33%	200 ¹¹	◇	200 ¹¹	↓ -20%
	Bulgur (1kg)	200 ¹¹	◇	200 ¹¹	◇	200 ¹¹	◇
	Lentils (1kg)	300 ¹¹	↓ -40%	300 ¹¹	↓ -25%	250 ¹¹	↓ -50%
	Chicken (1kg)	1050 ¹¹	◇	1100 ¹¹	◇	800 ¹¹	↓ -11%
	Mutton (1kg)	3500 ¹¹	↑ +6%	3500 ¹¹	◇	3000 ¹¹	↓ -6%
	Tomatoes (1kg)	275 ¹¹	↑ +175%	300 ¹¹	↑ +200%	300 ¹¹	↑ +100%
	Cucumbers (1kg)	250 ¹¹	↑ +67%	250 ¹¹	↑ +67%	200 ¹¹	↑ +60%
	Milk (1L)	175 ¹¹	↓ -13%	175 ¹¹	↓ -13%	150 ¹¹	↓ -9%
	Flour (1kg)	250 ¹¹	◇	250 ¹¹	◇	250 ¹¹	◇
	Eggs (1 unit)	50 ¹¹	↑ +11%	50 ¹¹	↑ +11%	50 ¹¹	↑ +11%
	Iodised salt (500g)	35 ¹¹	◇	35 ¹¹	◇	50 ¹¹	↑ +43%
	Sugar (1kg)	400 ¹¹	◇	400 ¹¹	◇	400 ¹¹	↑ +7%
	Cooking oil (1L)	850 ¹¹	↑ +13%	850 ¹¹	↑ +13%	850 ¹¹	◇
WASH Items 	Soap (1 bar)	100 ¹¹	◇	105 ¹¹	◇	100 ¹¹	◇
	Laundry powder (1kg)	675 ¹¹	◇	700 ¹¹	◇	700 ¹¹	↑ +17%
	Sanitary pads (9 pack)	700 ¹¹	↑ +8%	700 ¹¹	↑ +8%	700 ¹¹	↑ +8%
	Toothpaste (125ml)	250 ¹¹	◇	250 ¹¹	◇	250 ¹¹	◇
	Disposable diapers (24 pack)	1150 ¹¹	↑ +15%	1100 ¹¹	◇	1150 ¹¹	↑ +15%
Fuel 	Butane (cannister)	7300 ¹¹	◇	7500 ¹¹	◇	7200 ¹¹	◇
	Diesel (1L)	400 ¹¹	◇	425 ¹¹	◇	400 ¹¹	◇
	Propane (cannister)	Not available	◇	Not available	◇	Not available	◇
	Kerosene (1L)	Not available	◇	Not available	◇	Not available	◇
	Coal (1kg)	Not available	◇	Not available	◇	Not available	◇
Firewood (1T)	Not available	◇	Not available	◇	Not available	◇	

Due to limited coverage, core food item and NFI prices were unable to be collected from nearby communities not considered besieged or hard-to-reach. As such, no comparisons were able to be calculated for this assessment.

Endnotes

¹ Figures based on HNO 2018 population data (September 2017). Figures based on estimates by local actors within communities assessed were reportedly 77,000-80,000 including 7,000-8,000 IDPs (Ar Rastan), 50,000-52,000 including 3,000-4,000 IDPs (Talbiseh), and 13,000-14,000 including 500-700 IDPs (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 The absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

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

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

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

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

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

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

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

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

Syria Community Profile Update: At Tall, Rural Damascus

August 2017



REACH Informing more effective humanitarian action


SUMMARY

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

The humanitarian situation in At Tall improved in August, after having been relatively stable since March 2017. Some restrictions on commercial vehicle access were lifted by official authorities, as were rationing restrictions on access to the electricity network. Additionally, core food and hygiene items remained widely available, while availability of fuel increased significantly. However, despite these positive improvements, severe risks were reported in August for men accessing checkpoints.

The number of people able to enter and exit the community via formal routes remained stable, though many males between 18-40 years of age were reportedly detained in August. In contrast to commercial vehicles, no humanitarian vehicles

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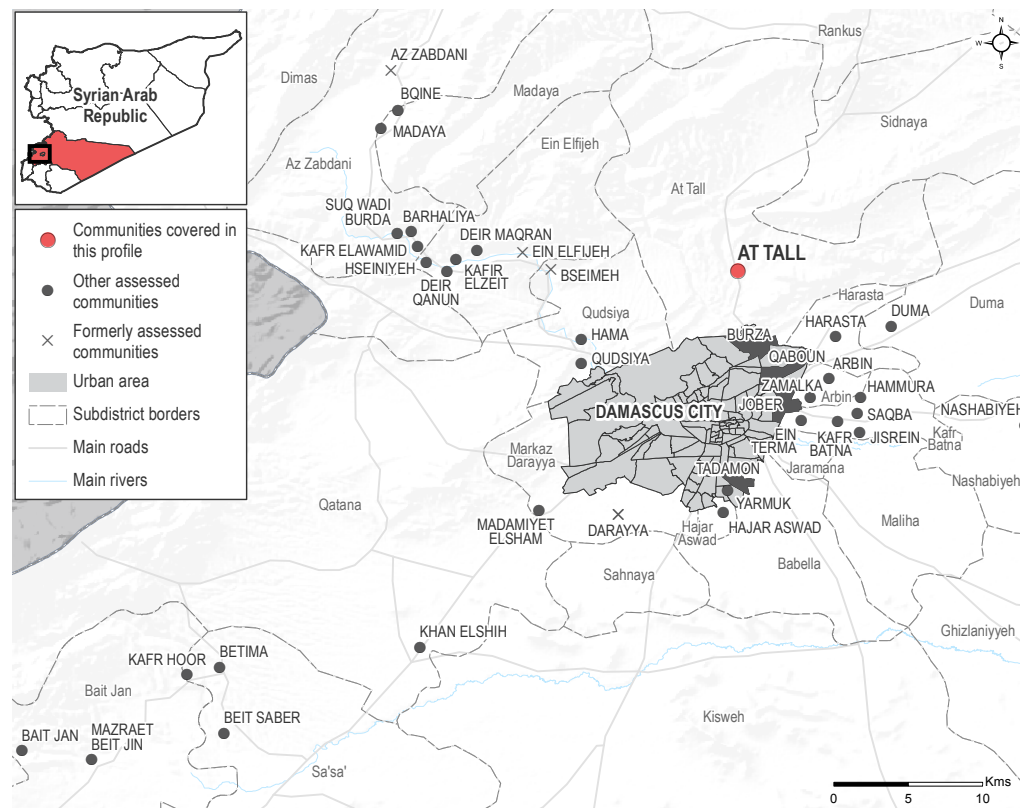
UN classification: 	Hard-to-reach
Estimated population¹:	213940
Of which IDPs²:	182647
% of pre-conflict population remaining:	1-25%
% of population female:	26-50%
% of female-headed households	1-25%

entered At Tall in August or, more broadly, since January 2017.









Access to the electricity network improved due to loosened restrictions on electricity consumption. However, access to water remained insufficient for residents of At Tall and the negative coping strategy of purchasing water with income intended for other things persisted. Meanwhile, no significant changes were reported in the health situation. Barriers to healthcare persisted, particularly for men and those with limited financial resources.

Access to fuel improved notably in August, with propane introduced to the market and increased availability reported for the majority of assessed fuels. Additionally, prices of core food items reportedly decreased on average by 11%.

No other significant changes were reported in August.



CHANGES SINCE JULY

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

MOVEMENT OF CIVILIANS

Change since July:



Formal access points:

The number of residents able to enter and exit At Tall via formal access points remained unchanged in August, compared to July. Movement of women and children who presented identification remained unrestricted. Meanwhile, students and employees with proper documentation were only permitted to leave during the work week.

Additionally, men with proper identification who were not perceived by authorities as security threats could also access formal routes, resulting in around 26-50% of the population being able to formally enter and exit At Tall. This has been the case since December 2016.

Risks associated with accessing formal routes have been reported since the truce in December 2016, including verbal harassment, detention and conscription. However, in August, many cases of detention for the purpose of conscription were reported for men between the ages of 18-40 years. Some women with perceived affiliations were afraid to access formal points due to perceived risks of reprisals, though the number of such cases has reportedly decreased over time.

Informal access points used²:

None reported.

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

Verbal harassment, detention, conscription.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since July:



For the first time since January 2017, the number of commercial vehicles permitted

entry increased in At Tall. While vehicles were previously subject to fees, confiscation of loads, documentation requirements and searches, only the latter two policies were enforced by authorities, signifying a marked improvement in access in August compared to July.

Humanitarian vehicles

Change since July:



No humanitarian vehicles entered At Tall in August or since since January 2017.

Goods entered

As a result of loosened restrictions on commercial vehicle access, more food, hygiene and medical items, as well as fuel were permitted to enter the community. Prices of items reportedly decreased after official authorities prevented checkpoints from collecting fees from traders. In addition, officials reportedly visited markets and shops to ensure that goods were being sold at fair prices. Civilians could also bring back items from nearby communities, but had to cross formal checkpoints to do so.

HEALTH SERVICES

Change since July:



The health situation has not changed significantly since April 2017, when a number of private clinics opened in the community. Child immunization³ services were last administered in May, with all other assessed medical services remaining available in August.

As was the case in June and July, residents who lacked sufficient financial resources faced barriers to accessing healthcare. Meanwhile, though men could obtain care inside At Tall, those who had perceived political affiliations were deterred from seeking medical services in other communities because of the reported risks of detention and conscription at checkpoints.

ACCESS TO SERVICES*

In August, the hours during which electricity was available increased, following loosened restrictions on access to the main network. Conversely, despite ongoing repairs to the water network, water supplies remained insufficient to meet household needs and the network was available only 1-2 days per week. Meanwhile, no barriers to education were reported.

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

*Arrows indicate change in access since July.

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

Permanent medical facilities available

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

Medical services available

Child immunization ³	
Diarrhoea management	
Emergency care	
Skilled childbirth care	
Surgery ⁴	
Diabetes care	
Change since July	

Availability of medical personnel

Personnel available: Professionally trained doctors, nurses and midwives.

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

Change since July



Strategies used to cope with a lack of medical services

None reported.

Unavailable medical items⁵

None reported in August.

Change since July



Most needed medical items⁶

Clean bandages, blood transfusion bags, antibiotics.

Unusual outbreaks of disease⁷:

None reported.

FOOD

Change since July:



Most common methods of obtaining food at the household level

Purchasing from shops and markets.

Most common methods of obtaining bread at the household level

Most common source: Private bakeries.

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

Change since July



Strategies used to cope with a lack of food

Reducing meal size



Skipping meals



Days without eating



Eating non-edible plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

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

Deaths attributable to a lack of food⁷

None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁸

	At Tall	Nearby areas ⁹
Average cost (SYP) ¹⁰	26257	31506
Change since previous month ¹¹		

The average cost of a standard food basket decreased by 11% in August. As such, a food basket in At Tall was, on average, 17% cheaper than in nearby communities⁹ not classified as besieged or hard-to-reach.

Food item availability / prices

In August, all assessed core food items, other than bread from public bakeries, continued to be generally available¹² in At Tall. Prices of items reportedly decreased after official authorities prevented checkpoints from taking any fees from traders. In addition, officials reportedly visited markets and shops to ensure that goods were being sold at reasonable prices.

WASH item availability / prices

Availability of hygiene items remained stable in August, with all items reported as generally available. Similar to food, the price of hygiene items decreased on average by 15%. However, they remained, on average, 29% more expensive than in nearby communities not considered besieged or hard-to-reach.

Fuel availability / prices

There was a significant increase in the availability of assessed fuel items reported in At Tall in August. Butane, diesel and coal all became generally available, having only been sometimes available¹³ in July. Additionally,

propane became available in markets. Meanwhile, fuel prices were, on average, comparable to those of communities not considered besieged or hard-to-reach.

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

CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX⁹

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

	Item	At Tall	Price change since July ¹⁰	Nearby non-hard-to-reach areas ⁹
	Food Items			
	Bread private bakery (pack)	100 ¹²		100
	Bread public bakery (pack)	Not available		58
	Rice (1kg)	500 ¹²		510
	Bulgur (1kg)	300 ¹²	-25%	280
	Lentils (1kg)	300 ¹²	-25%	495
	Chicken (1kg)	1100 ¹²	-19%	1050
	Mutton (1kg)	5000 ¹²		4050
	Tomatoes (1kg)	150 ¹²		120
	Cucumbers (1kg)	175 ¹²		155
	Milk (1L)	250 ¹²		215
	Flour (1kg)	150 ¹²		195
	Eggs (1 unit)	50 ¹²		52
	Iodised salt (500g)	90 ¹²	-10%	65
	WASH Items			
	Soap (1 bar)	100 ¹²	-33%	113
	Laundry powder (1kg)	1800 ¹²	-10%	813
	Sanitary pads (9 pack)	500 ¹²	-23%	432
	Toothpaste (125ml)	300 ¹²		382
	Disposable diapers (24 pack)	2000 ¹²	-9%	1425
	Fuel			
	Butane (cannister)	2900 ¹²		2925
	Diesel (1L)	350 ¹²	-7%	275
	Propane (cannister)	2100 ¹²	Not Available	2000
	Kerosene (1L)	3500 ¹³	-7%	Not available
Coal (1kg)	400 ¹²		450	
Firewood (1T)	Not available		Not available	



Available



Sometimes available



Not available



Positive increase



No change



Positive decrease



Negative increase



Negative decrease

Endnotes

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

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 absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

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

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

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

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

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

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

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

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

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

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

Syria Community Profile Update: Bait Jan, Rural Damascus

August 2017




REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

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

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

	Bait Jan	Beit Saber	Betima	Kafr Hour	Mazraet Beit Jin
 UN classification	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach
Estimated population (individuals)¹	1120	4950	5400	4500	2380
Of which estimated IDPs²	180 - 200	50 - 55	30 - 35	20 - 25	175 - 200
% of pre-conflict population remaining	26 - 50%	76 - 100%	76 - 100%	76 - 100%	51 - 75%
% of population that are female	26 - 50%	51 - 75%	51 - 75%	51 - 75%	26 - 50%
% of female-headed households	1 - 25%	1 - 25%	1 - 25%	1 - 25%	1 - 25%

SUMMARY

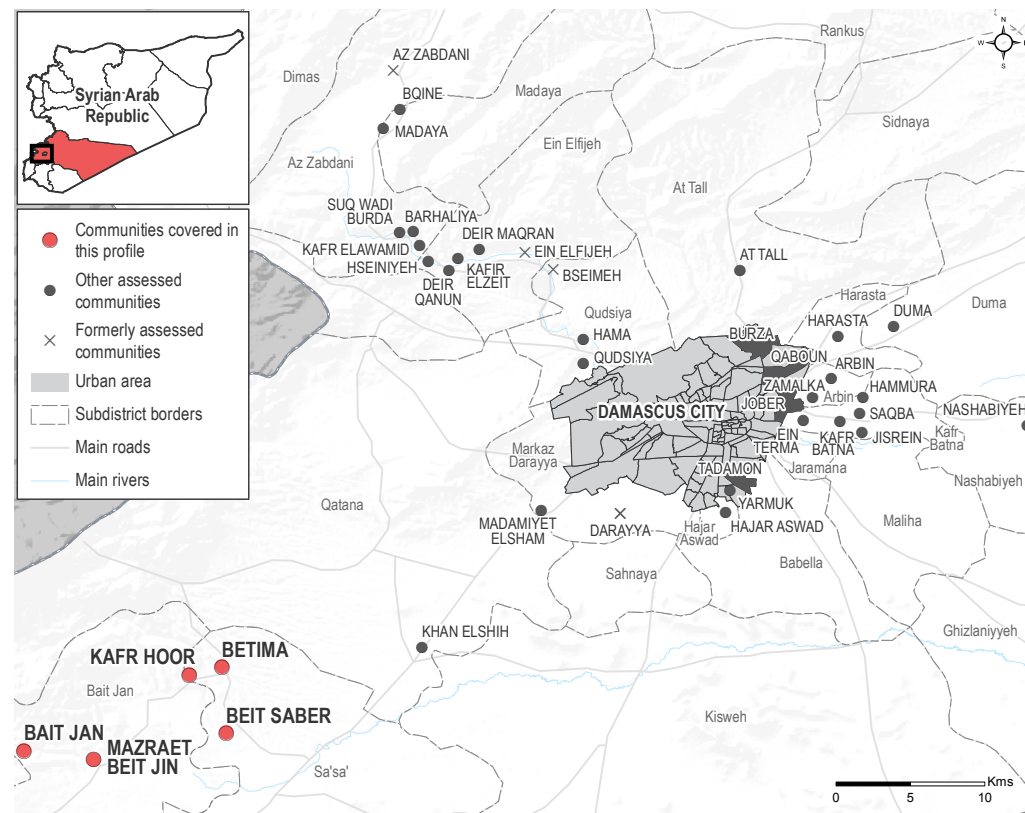
The Bait Jan area is located in the southwest of Rural Damascus governorate, close to the Lebanese border, and has faced access restrictions since early 2013. This profile covers five communities in the area: Bait Jan, Beit Saber, Betima, Kafr Hour and Mazraet Beit Jin. These communities, all classified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

After a truce agreement was signed in Beit Saber, Betima and Kafr Hour in January 2017, restrictions on people and vehicles entering

and exiting these communities were lifted. This led to a marked improvement in humanitarian conditions throughout the Bait Jan area.

However, in the communities of Bait Jan and Mazraet Beit Jin, truce negotiations broke down in April. This resulted in new movement restrictions on civilians and goods entering these two communities, which remained in place in August 2017.

The humanitarian situation remained relatively stable in all Bait Jan communities in August. Tightened restrictions on movement that



CHANGES SINCE JULY

	Truce communities	Communities without a truce		Truce communities	Communities without a truce
Access Restrictions on Civilians	◆	▲	Health Situation	◆	◆
Commercial Vehicle Access	◆	▼	Core Food Item Availability	◆	◆
Humanitarian Vehicle Access	◆	◆	Core Food Item Prices	▲	◆
Access to Basic Services	◆	◆	Overall Humanitarian Situation	◆	◆

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of August and beginning of September 2017, these updates refer to the situation in August 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations. Previously, in June, the collection of additional information providing more context for the situation in the Bait Jan communities led to some changes in reporting for this profile not reflected in previous assessments.

had affected Bait Jan and Mazraet Beit Jin communities in July persisted in August, and continued to affect the availability of goods in these communities.


Movement between Bait Jan and Mazraet Beit Jin and the wider area remained restricted in August. Since truce negotiations failed, access to the two communities has only been possible by way of one of the truce communities. Although civilian access to Bait Jan and Mazraet Beit Jin improved slightly in August, the situation for commercial vehicles worsened. Restrictions imposed in July were expanded, which caused the availability of food, hygiene items and fuel to remain limited. Prices were unaffected in both months. Conversely, food prices increased slightly in communities with truce agreements in August.

Access to basic services did not change in August, with sufficient amounts of water available, no barriers affecting access to education, and some access to electricity in all communities, although the latter remained limited in Bait Jan and Mazraet Beit Jin.

Some core medical items, such as anaesthetics and medical scissors, remained unavailable in August. Additionally, no humanitarian vehicles have been permitted entry to the Bait Jan area since assessments began in November 2016.

MOVEMENT OF CIVILIANS

 **Formal access points:**

Change since July (truce communities): 

Change since July (communities without a truce): 

Residents of Beit Saber, Betima and Kafr Hoor remained able to enter and exit the wider Bait Jan area whenever they wanted in August.

Additionally, access improved slightly for residents of the communities without a truce agreement. Since truce negotiations broke down in April, residents from these two communities have not been allowed to use the formal entry points to the Bait Jan area, though there were

no restrictions on internal travel. In August, only 1-10% of the population of communities without truce agreements were permitted to enter and exit the wider Bait Jan area. This group mostly consisted of men who had developed good relationships with the official authorities over time.


Informal access points used³: None reported.

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

All communities: None reported.

MOVEMENT OF GOODS AND ASSISTANCE

 **Vehicles carrying commercial goods**


Change since July (truce communities): 

Change since July (communities without a truce): 

In August, commercial vehicle access to truce communities remained unrestricted while it decreased in Bait Jan and Mazraet Beit Jin for the second consecutive month.

Commercial vehicles from outside the Bait Jan area have not been permitted to enter the two communities without truce agreements directly since April 2017, having to travel through one of the other communities instead. In July, official authorities started enforcing stricter restrictions on commercial vehicles entering Bait Jan and Mazraet Beit Jin through these indirect means. **Additionally, in August, vehicles were reportedly subjected to fees, and entry was limited to certain days of the week.** The restrictions imposed in July reduced the number of goods that were available in Bait Jan and Mazraet Beit Jin, which persisted in August. However, no further reductions in availability were reported in this month.

 **Humanitarian vehicles**


Change since July: 

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

 **Goods entered**

After decreasing in July, the amount of goods that entered the communities of Bait Jan and Mazraet Beit Jin remained stable in August, despite tightened access restrictions. As was the case in July, residents reportedly traveled to Beit Saber, Betima and Kafr Hoor in order to purchase food, fuel and other goods. The amount of goods that entered the latter three communities also remained unchanged.

HEALTH SERVICES

Change since July: 

The health situation in Bait Jan did not change significantly in August, or in any month since truce negotiations broke down in April. After access to medical items decreased slightly in the two communities without truce agreements in July, following new restrictions on commercial vehicle movement, access remained limited in August.

Child immunization campaigns⁷ were carried out in all assessed Bait Jan communities in August, except for Mazraet Beit Jin. Although there were no medical services or facilities reported in Mazraet Beit Jin, residents remained able to obtain medical care in other communities within the Bait Jan area, yet few were permitted to travel further. The availability of medical facilities and staff in all other communities remained stable in August.

Women in Mazraet Beit Jin, Kafr Hoor and Betima reportedly continued to access specialised childbirth care in other communities in August, to cope with a lack of childbirth-specific care in their communities.

 **Availability of medical personnel**

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

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

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

Change since July 

 **Unavailable medical items⁴**

No medical items available: Mazraet Beit Jin

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

Unavailable medical items (all assessed communities):

Anaesthetics and medical scissors

Change since July 

 **Most needed medical items⁵**

All communities: Diabetes medicine, heart medicine and antibiotics.

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

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

In August, as in previous months, residents of Betima and Mazraet Beit Jin continued to go to other communities to access medical facilities and services.

 **Unusual outbreaks of disease⁶**

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

 Medical services available




	Bait Jan	Beit Saber	Betima	Kafr Hour	Mazraet Beit Jin
Child immunization ⁷	✓	✓	✓	✓	✗
Diarrhoea management	✓	✓	✓	✓	✗
Emergency care	✓	✓	✓	✓	✗
Skilled childbirth care	✓	✓	✗	✗	✗
Surgery ⁸	✓	✗	✗	✗	✗
Diabetes care	✓	✓	✓	✓	✗
Change since July	↕	↕	↕	↕	↕

 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 July	↕	↕	↕	↕	↕

ACCESS TO SERVICES*

Access to electricity remained unchanged in all Bait Jan communities. The loosened rationing restrictions that led to improved access in Beit Saber, Kafr Hour and Betima in June and July were maintained in the communities in August. However, access to electricity has remained severely limited in the communities without truce agreements. In contrast with the rest of the area, residents of these communities did not have access to the electricity network, relying on generators and solar panels instead. Conversely, all communities have had sufficient access to water since assessments began. Additionally, no barriers to education were reported in August, as was the case in previous months, although students were on summer break.

	 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 water network (safe to drink)	Sufficient	1 - 2 days	↕ Network unavailable	1 - 2 hours (generators; solar panels)	↕ Pre-conflict primary, secondary and high schools	None reported
Beit Saber	↕ Water network (safe to drink)	Sufficient	1 - 2 days	↕ 8 - 12 hours	8 - 12 hours (network)	↕ Pre-conflict primary, secondary and high schools	None reported
Betima	↕ Water network (safe to drink)	Sufficient	1 - 2 days	↕ 8 - 12 hours	8 - 12 hours (network)	↕ Pre-conflict primary, secondary and high schools	None reported
Kafr Hour	↕ Water network (safe to drink)	Sufficient	1 - 2 days	↕ 8 - 12 hours	8 - 12 hours (network)	↕ Pre-conflict primary, secondary and high schools	None reported
Mazraet Beit Jin	↕ Closed wells and water network (safe to drink)	Sufficient	1 - 2 days	↕ Network unavailable	1 - 2 hours (generators; solar panels)	↕ Pre-conflict primary and secondary schools	None reported

*Arrows indicate change in access since July.

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

FOOD

Change since July (truce communities):



Change since July (communities without a truce):



The food situation in all communities in the Bait Jan area remained stable in August. Food availability did not improve in the two communities without truce agreements, after it had deteriorated in July as a result of new restrictions on commercial vehicle access. Residents of Beit Saber were able to resume farming in August, after the truce agreement had been in place for several months, allowing them to gather the necessary agricultural resources.

Most common methods of obtaining food at the household level

All communities: Purchasing from shops or markets; purchasing from local farmers; home production.

Most common methods of obtaining bread at the household level

All communities: Shops.

Shops remained the most common sources of bread in the entire Bait Jan area in August. However, as was the case in previous months, it was also available at bakeries in Beit Saber, Betima and Kafr Hoor.

Challenges to obtaining bread: No challenges to obtaining bread were reported in August, nor in any month since the truce agreement came into effect in January 2017.

Change since July



Deaths attributable to a lack of food⁶

All communities: No deaths due to a lack of food have been reported since assessments

began in November 2016.



Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Since May 2017, after the failure of the truce negotiations, men and women in Bait Jan and Mazraet Beit Jin have reportedly been eating less so that children could eat more. No coping strategies were reported in the other Bait Jan communities in August or in previous months.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES



Average cost of standard food basket⁹

	Truce	No truce	Nearby areas ¹⁰
Average cost (SYP) ¹¹	37184	38011	31537
Change since previous month	↑	◇	◇

The cost of a food basket increased by 6% in communities with truce agreements in August, after having decreased by approximately the same amount in July due to regular price fluctuations. In communities without truce

agreements, the cost of a food basket remained stable in August. In all Bait Jan communities, however, the reported cost was significantly higher than in nearby areas not considered hard-to-reach or besieged¹⁰; on average 18% higher in truce communities, and 21% higher in communities without truce agreements.



Food item availability / prices

In all Bait Jan communities, the availability of assessed core food items remained stable in August. All assessed foods remained generally available¹³ in truce communities, whereas they were only sometimes available¹⁴ in communities without a truce agreement for the second consecutive month, due to continued and worsened access restrictions.

There were significant changes in the prices of two food items: in truce communities, the price of chicken decreased by 15%, likely as a result of regular price fluctuations. In non-truce communities, tomatoes became 25% more expensive due to the end of the harvest season.



WASH item availability / prices

The availability of hygiene items also remained stable in August, with items in communities without truce agreements still only sometimes available¹⁴ following the access restrictions. Hygiene item prices did not change across communities in August.



Fuel availability / prices

As has been the case since April 2017, diesel and butane were the only available fuel sources in the Bait Jan area in August. In parallel with food and hygiene items, diesel and butane were generally available¹³ in the three truce communities, but only sometimes available¹⁴ in Bait Jan and Mazraet Beit Jin, where availability had decreased in July due to new access restrictions.

Fuel prices remained relatively stable in August,




as they had in July, although the price of diesel decreased slightly in communities with truce agreements. Butane reportedly remained 33% more expensive in communities without truce agreements than in truce communities, while diesel was 18% more expensive.

Strategies used to cope with a lack of fuel:

No coping strategies have been reported in the Bait Jan communities since May 2017, following a seasonal decrease in demand for fuel.

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	Truce communities	Price change since July ¹²	Communities without truce agreements	Price change since July ¹²	Nearby non-hard-to-reach areas ¹⁰
	Bread private bakery (pack)	Not available	◆	Not available	◆	100
	Bread public bakery (pack)	60 ¹³	◆	Not available	◆	58
	Rice (1kg)	517 ¹³	◆	550 ¹⁴	◆	510
	Bulgur (1kg)	250 ¹³	◆	275 ¹⁴	◆	280
	Lentils (1kg)	500 ¹³	◆	550 ¹⁴	◆	495
	Chicken (1kg)	833 ¹³	▼ -15%	950 ¹⁴	◆	1050
	Mutton (1kg)	3267 ¹³	◆	3500 ¹⁴	◆	4050
	Tomatoes (1kg)	100 ¹³	◆	125 ¹⁴	▲ +25%	120
	Cucumbers (1kg)	138 ¹³	◆	145 ¹⁴	◆	155
	Milk (1L)	200 ¹³	◆	205 ¹⁴	◆	215
	Flour (1kg)	250 ¹³	◆	275 ¹⁴	◆	195
	Eggs (1 unit)	50 ¹³	◆	50 ¹⁴	◆	52
	Iodised salt (500g)	50 ¹³	◆	50 ¹⁴	◆	65
	Sugar (1kg)	392 ¹³	◆	450 ¹⁴	▲ +6%	375
	Cooking oil (1L)	1733 ¹³	◆	1750 ¹⁴	◆	1210
	Soap (1 bar)	100 ¹³	◆	100 ¹⁴	◆	113
	Laundry powder (1kg)	433 ¹³	◆	450 ¹⁴	◆	813
	Sanitary pads (9 pack)	425 ¹³	◆	450 ¹⁴	◆	432
	Toothpaste (125ml)	442 ¹³	◆	450 ¹⁴	◆	382
	Disposable diapers (24 pack)	1083 ¹³	◆	1100 ¹⁴	◆	1425
	Butane (cannister)	3000 ¹³	◆	4000 ¹⁴	◆	2925
	Diesel (1L)	212 ¹³	▼ -6%	250 ¹⁴	◆	275
	Propane (cannister)	Not available	◆	Not available	◆	2000
	Kerosene (1L)	Not available	◆	Not available	◆	Not available
	Coal (1kg)	Not available	◆	Not available	◆	450
	Firewood (1T)	Not available	◆	Not available	◆	Not available

Endnotes

¹ Figures based on HNO 2018 population data (September 2017). Figures based on estimates by local actors within communities assessed were reportedly 2,000-2,300 (Bait Jan), 5,000-5,200 (Beit Saber), 5,000-5,300 (Betima), 4,000-4,100 (Kafr Hoor) 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 (September 2017) were reportedly 15 (Bait Jan), 357 (Beit Saber), 80 (Betima), 100 (Kafr Hoor) IDPs. No data was available for Mizraet 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 is 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 is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

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

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

⁸ 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.

⁹ Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: August 2017' (link here). As bread from bakeries was not available in all assessed Bait Jan communities, the food basket price for truce communities and communities without truce agreements was calculated using the reported price of bread sold in shops (100 SYP in truce communities, 75 SYP in communities without truce agreements) to allow for comparison between food basket prices.

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

¹¹ \$1 = 515 SYP (UN operational rates of exchange as of 1 September 2017).

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

¹³ Generally available in markets (21+ days this month)

¹⁴ Sometimes available in markets (7-20 days this month)

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

August 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Burza	Jober	Tadamon
UN classification:	Besieged	Besieged	Hard-to-reach
Estimated population¹:	25000-30000	500-600	1200-1500
Of which estimated IDPs²:	5000-7000	None	250-300
% of pre-conflict population remaining:	51-75%	1-25%	1-25%
% of population that are female:	26-50%	None	1-25%
% of female-headed households	1-25%	None	1-25%

SUMMARY

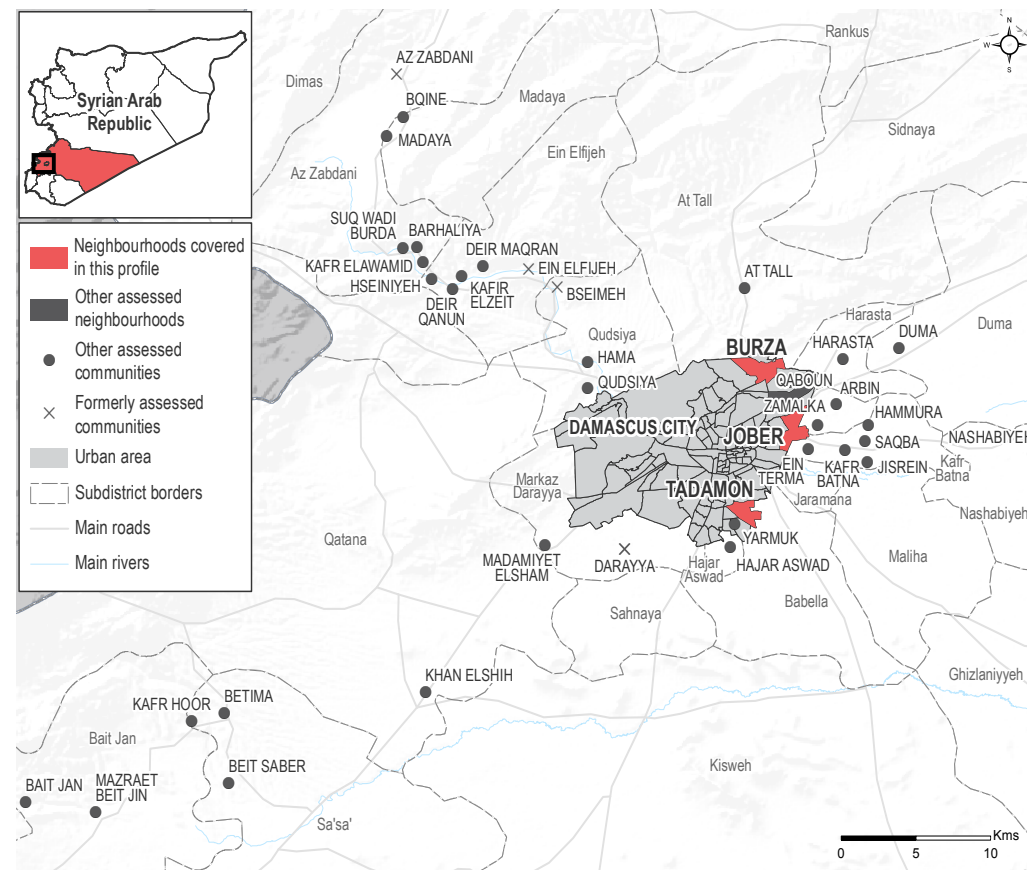
Located in eastern Damascus governorate, the neighbourhoods of Burza, Jober and Tadamon have faced access restrictions since mid-2013. Burza, previously considered as 'hard-to-reach', was reclassified as 'besieged' in April 2017.

Progressively tighter access restrictions and escalations in conflict affected Burza and Jober in the first half of 2017. In early May, a ceasefire was reached between parties to the conflict, and the security situation stabilised in the two neighbourhoods. However, while the situation improved further in Burza after a formal truce agreement was signed on 22 May, clashes escalated again in Jober in June and continued into July and August. Meanwhile, the situation in Tadamon has remained relatively stable since assessments began in June 2016. This profile refers to the situation in August 2017 in the three

neighbourhoods. However, as Jober and Tadamon were not assessed in July, direct comparisons to the previous month could not always be made (see methodology section).

In August, the humanitarian situation in Burza remained stable, after improving notably in June and July, following the signing of a truce agreement in May and the subsequent lifting of access restrictions. Conversely, the situation in Jober worsened for the third consecutive month, due to continued, high-intensity conflict. Meanwhile, the situation in Tadamon remained largely unchanged.

In Burza, civilians and commercial vehicles remained able to move without restrictions in August. Access to basic services remained stable, with no reported barriers to accessing the water and electricity networks or educational facilities. Meanwhile, food remained available and



CHANGES SINCE JULY

	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	◆	No info	◆
Access to Basic Services	◆	↓	◆	Overall Humanitarian Situation	◆	↓	◆

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of August and beginning of September 2017, these updates refer to the situation in August 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month; this allowed for comparisons to be drawn between the situation in July and August in Jober and Tadamon, despite the two communities not having been directly assessed in July. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations.


prices were comparable to those of other areas of Damascus not classified as besieged.

In Jobber, the security situation worsened considerably during July and August, with continued clashes and shelling reported. Women and children have remained absent from the area, having previously left in June. Food, medicine, hygiene items and fuel could only enter by way of vehicles transporting goods from Eastern Ghouta using informal routes. The water network became inoperable in July and remained so in August due to conflict. Access to electricity was limited, and no items were reported available for purchase in markets.

In Tadamon, though the humanitarian situation remained stable, movement of residents was restricted, and harrasment, gunfire and detention persisted as reported risks at formal checkpoints. Additionally, no commercial or humanitarian vehicles were permitted entry, though residents could travel to other communities in order to obtain goods. No functioning medical facilities

have been reported present in the community since assessments began, while access to other services, such as water and electricity networks and education facilities, remained limited.

MOVEMENT OF CIVILIANS

Change since July (all three communities): 

Formal access points:

Burza: All residents. No access restrictions have been reported in the community since June 2017, following the evacuation of fighters and the signing of a truce agreement in May 2017.

Jobber: None.

Tadamon: Approximately 11-25% of the population was able to utilise formal access points twice a week in August, upon presenting identification. Those who used the routes were mostly women, children and the elderly.

Informal access points used³:

Burza: None reported.

Jobber and Tadamon: Yes.

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


Burza: None.

Jobber: Gunfire and shelling.

Tadamon: Verbal harrasment, detention, gunfire.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since July (all three communities): 

Burza: In August, all vehicles could enter the community without restrictions for the third consecutive month.


Jobber and Tadamon: None reported to have entered.

Humanitarian vehicles

All three communities: None reported to have entered.

The last reported humanitarian delivery to any of the communities was to Burza in May 2017, and was the first of its kind since assessments of the three communities began.

Change since July (Burza and Tadamon): 

Change since July (Jobber): 













Goods entered

Burza: Food, hygiene and medical items, and fuel entered Burza in August for the third consecutive month via commercial vehicles.

Jobber: Food and fuel entered Jobber via informal channels or non-commercial vehicles

ACCESS TO SERVICES

In August, access to services remained largely unchanged in Burza and Tadamon, and decreased significantly in Jobber. After rationing restrictions on electricity were tightened in July to equalise Burza with other areas of Damascus, access to electricity stayed the same in August. Additionally, the water network was available seven days per week in Burza, and no barriers to education were reported. Meanwhile, in Tadamon, access to services remained limited with the electricity network unavailable, negative strategies to cope with a lack of water reported, and persisting barriers to education. In Jobber, access to water was critically low, after the water network was reportedly damaged due to conflict in July, and access to electricity was limited. As no children have been present in the community since June, there were no educational services available.


	Burza	Jobber	Tadamon
 WATER	Main source of drinking water (status) Available water to meet household needs (coping strategies) Access to water network per week	Water network (water was safe to drink)* Sufficient 7 days	Closed wells (water was safe to drink)* Insufficient (modify hygiene practices e.g. bathing less) Network unavailable
	Change since previous month 		
 ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	8-12 hours 8-12 hours (network)	Network unavailable 2-4 hours (generator)
	Change since previous month 		
 EDUCATION	Available education facilities Barriers to education	Pre-conflict primary schools All school-aged children accessed education	None No school-aged children present in the community
	Change since previous month 		

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

in August. However, due to intensified conflict, the entry of all items decreased.

Tadamon: No change was reported in Tadamon, and goods continued to enter via residents bringing back items from nearby communities, as has been the case since assessments began.

HEALTH SERVICES

Change since July (Burza and Tadamon): 

Change since July (Jobe): 















Burza: The health situation in Burza stabilised in August. In July, the return of medical personnel, the opening of new private medical centres, and a reported increase in the availability of medical supplies and services led to marked improvements in the health situation. Though child immunization⁴ services were unavailable in August, residents continued to be able to undergo simple surgeries and obtain treatment for diarrhoea and diabetes in the community, as well as access facilities in Damascus for more advanced care. Additionally, all medical items were reported available in Burza, as was the case in July.

Jobe: The health situation in Jobe worsened for the third consecutive month, coinciding with an escalation in conflict during July and August. Emergency services administered at informal emergency care points continued to be the only medical service available in the community. Though the number of medical personnel reportedly doubled throughout July and August, the intensity of the conflict for the past two months resulted in higher caseloads and the prevalence of negative strategies to cope with a lack of resources. These included using non-medical items for treatment or having individuals with informal medical training treat patients.

Tadamon: Since assessments began, no medical services have been available in Tadamon. Though civilians could reportedly access care in nearby communities in August, as was the case in previous months, this required crossing checkpoints. Since

men were particularly at risk of detention at formal access points, they faced additional barriers to accessing healthcare, as did some populations with perceived political or religious affiliations and residents of certain areas of the community.

H Permanent medical facilities available

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

Availability of medical personnel


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

Jobe: Professionally trained nurses. Though the number of personnel increased in August, high caseloads due to active conflict rendered the increase insignificant.

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

Others providing medical services:

Jobe: Volunteers with informal medical training.

Change since July (Burza, Jobe and Tadamon): 


Unavailable medical items⁵

Jobe: Contraception, clean bandages, heart and diabetes medicine, blood transfusion bags, anaesthetics and medical scissors.

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






















Sometimes available:

Jobe: Anti-anxiety and blood pressure medicine, antibiotics and burn treatment.

Change since July (Burza, Jobe and Tadamon): 



Medical services available

	Burza	Jobe	Tad.
Child immunization ⁴			
Diarrhoea management			
Emergency care			
Skilled childbirth care			
Surgery ⁶			
Diabetes care			
Change since July			



Strategies used to cope with a lack of medical services

Burza: None.

Jobe: Using expired medicine, sharing resources between medical facilities, individuals without professional training treating patients, using non-medical items for treatment (e.g. sticks for casts).

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



Most needed medical items⁷

Burza: None reported.


Jobe and Tadamon: Antibiotics, blood transfusion bags and clean bandages.




Unusual outbreaks of disease⁸

None reported in any of the three neighbourhoods in August.

FOOD

Change since July (Burza and Tadamon): 

Change since July (Jobe): 

The food situation in Burza and Tadamon remained largely unchanged in August, while the situation in Jobe deteriorated considerably. In the former two communities, all assessed food items, other than bread from bakeries, were available in markets. Meanwhile, the intensified conflict reported in Jobe during July and August negatively affected the amount of food entering the community.



Most common methods of obtaining food at the household level

Burza and Tadamon: Purchasing from shops and markets.

Jobe: Vehicles delivering food from nearby areas via informal routes.



Most common methods of obtaining bread at the household level

Burza and Tadamon: Shops.

Jobe: Vehicles delivering bread from nearby areas via informal routes.


Challenges to obtaining bread:

Burza: None reported; bread accessed daily.

Jobe: Bread not available in bakeries and shops; wheat, flour and yeast unavailable; not enough fuel and electricity available or electricity and fuel difficult to access.

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

Change since July (Burza and Tadamon): 

Change since July (Jobe): 

✚ Deaths attributable to a lack of food⁸

No reported cases in any of the three neighbourhoods, as has been the case since assessments began.

👛 Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

In Burza and Tadamon, reported coping strategies remained unchanged in August, with men and women continuing to eat less so that children could eat more. Conversely, skipping meals was reported in Jobe for the first time since assessments of the community began.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket⁹

	Burza	Jobe	Tad.	Nearby areas ¹⁰
Average cost (SYP) ¹¹	35040	No info	30920	33409
Change since previous month ¹²	◆	No info	No info	◆

Burza: The price of a food basket in August was comparable to that of July and was reportedly also similar to the price of a food basket in

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 July ¹²	Jobe	Price change since July ¹²	Tadamon	Price change since July ¹²	Nearby non-hard-to-reach areas ¹⁰
🍲 Food Items	Bread private bakery (pack)	Not available	◆	Not available	No info	Not available	No info	181
	Bread public bakery (pack)	Not available	◆	Not available	No info	Not available	No info	53
	Rice (1kg)	500 ¹³	◆	Not available	No info	400 ¹³	No info	500
	Bulgur (1kg)	350 ¹³	▲ +8%	Not available	No info	250 ¹³	No info	1042
	Lentils (1kg)	650 ¹³	▲ +8%	Not available	No info	500 ¹³	No info	588
	Chicken (1kg)	1000 ¹³	▼ -20%	Not available	No info	Not available	No info	1256
	Mutton (1kg)	4500 ¹³	▼ -10%	Not available	No info	Not available	No info	4256
	Tomatoes (1kg)	150 ¹³	◆	Not available	No info	150 ¹³	No info	247
	Cucumbers (1kg)	175 ¹³	▲ +17%	Not available	No info	175 ¹³	No info	275
	Milk (1L)	250 ¹³	◆	Not available	No info	250 ¹³	No info	256
	Flour (1kg)	325 ¹³	◆	Not available	No info	300 ¹³	No info	301
	Eggs (1 unit)	50 ¹³	▼ -17%	Not available	No info	55 ¹³	No info	58
	Iodised salt (500g)	150 ¹³	◆	Not available	No info	150 ¹³	No info	140
	Sugar (1kg)	375 ¹³	◆	Not available	No info	400 ¹³	No info	444
	Cooking oil (1L)	850 ¹³	▼ -6%	Not available	No info	750 ¹³	No info	850
	🧼 WASH Items	Soap (1 bar)	150 ¹³	◆	Not available	No info	125 ¹³	No info
Laundry powder (1kg)		850 ¹³	▼ -6%	Not available	No info	650 ¹³	No info	888
Sanitary pads (9 pack)		450 ¹³	◆	Not available	No info	300 ¹³	No info	438
Toothpaste (125ml)		250 ¹³	◆	Not available	No info	450 ¹³	No info	245
⛽ Fuel	Disposable diapers (24 pack)	2350 ¹³	◆	Not available	No info	1650 ¹³	No info	2188
	Butane (cannister)	3000 ¹³	◆	Not available	No info	3900 ¹³	No info	2960
	Diesel (1L)	300 ¹³	◆	Not available	No info	500 ¹³	No info	290
	Propane (cannister)	4500 ¹³	◆	Not available	No info	2300 ¹³	No info	4500
	Kerosene (1L)	Not available	◆	Not available	No info	Not available	No info	350
	Coal (1kg)	350 ¹³	▼ -13%	Not available	No info	450 ¹³	No info	350
Firewood (1T)	50000 ¹³	◆	Not available	No info	Not available	No info	50000	

✓ Available ▲ Positive increase ▼ Negative increase
 ✗ Sometimes available ◆ No change ▼ Positive decrease
 ✗ Not available ▼ Negative decrease

nearby communities not considered besieged.

Jobber: It was not possible to calculate the price of a food basket in August, as no assessed items were available in markets.

Tadamon: The price of a food basket in August could not be compared to that of last month, as the community was not assessed in July. However, in August, a food basket in Tadamon was reportedly 7% less expensive than in nearby communities not considered besieged or hard-to-reach.

Food item availability / prices

Burza: The availability of assessed core food items stabilised in August, after having increased in June and July. All items other than bread from bakeries were reported generally available¹³ in markets. Though the average prices of assessed core food items remained similar to those of July, notable changes included 20% and 10% decreases in the prices of chicken and mutton, respectively. Additionally, the price of eggs decreased by 17%, while cucumbers were 17% more expensive than in July, which can be attributed to fluctuations in seasonal availability. No other notable price changes were reported.

Jobber: No assessed items were available in markets.

Tadamon: Core food item prices could not be compared to those of July, as the community was not assessed. However, on average, food was 11% more expensive in Tadamon than in nearby communities not considered hard-to-reach or besieged.

WASH item availability / prices

Burza: As was the case in July, all assessed hygiene items (soap, laundry powder, toothpaste, sanitary pads, disposable diapers) were generally available in August, following the lifting of access restrictions on the entry

of commercial vehicles and goods in June. No significant changes in price were reported in August, and prices remained similar to those reported in nearby areas for the third consecutive month.

Jobber: No assessed hygiene items were reported as being available in markets in August.

Tadamon: Hygiene item prices could not be compared directly to those of last month, as the community was not assessed in July. However, prices and availability of items reportedly remained stable, and were similar to those reported in nearby communities not considered besieged or hard-to-reach.

Fuel availability / prices

Burza: All assessed fuel items other than kerosene were reported as being generally available in Burza in August, with the entry of firewood to markets. Apart from a 13% decrease in the price of coal, the price of all available fuels remained stable. Negative strategies used to cope with a lack of fuel have not been reported since May 2017.

Jobber: No assessed fuel items were reported as being available in markets in August.

Tadamon: Similar to hygiene items, the prices and availability of fuel were reported to be stable in August, with no major changes recorded. However, available fuels were, on average, 16% more expensive than in nearby communities.

Strategies used to cope with a lack of fuel:

Burza: None reported.

Jobber: Burning furniture not in use, furniture in use, plastics and clothing.

Tadamon: Burning plastics.

Endnotes

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

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

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

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

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

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

⁹ Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: August 2017' (link here). The price of a food basket was calculated using the price of bread from shops (125 SYP in Burza and 150 SYP in Tadamon).

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

¹¹ \$1 = 515 SYP (UN operational rates of exchange as of 1 September 2017).

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

¹³ Generally available in markets (21+ days this month).


Syria Community Profile Update: Eastern Ghouta, Rural Damascus

August 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	42500-43500	122000-128000	17000-20000	31000-34000	18000-19000	18000-21000	19500-21500	500-700	52000-55000	13000-14000
 Of which estimated IDPs¹	2900-3100	12000-16000	8000-10000	13000-15000	5000-6000	7500-10000	13500-14500	150-200	27000-30000	3500-3800
% of pre-conflict population remaining	51-75%	1-25%	1-25%	26-50%	1-25%	51-75%	51-75%	1-25%	26-50%	1-25%
% of population that are female	1-25%	1-25%	1-25%	26-50%	1-25%	51-75%	26-50%	1-25%	26-50%	1-25%
% of female-headed households	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	None	1-25%	1-25%

SUMMARY

Information in this profile was gathered from 10 communities: Arbin, Duma, Ein Terma, Hammura, Harasta, Jisrein, Kafr Batna, Nashabiyeh, Saqba and Zamalka. While the profile refers to the situation in August 2017, comparisons were made to changes observed since July and previous assessed months.

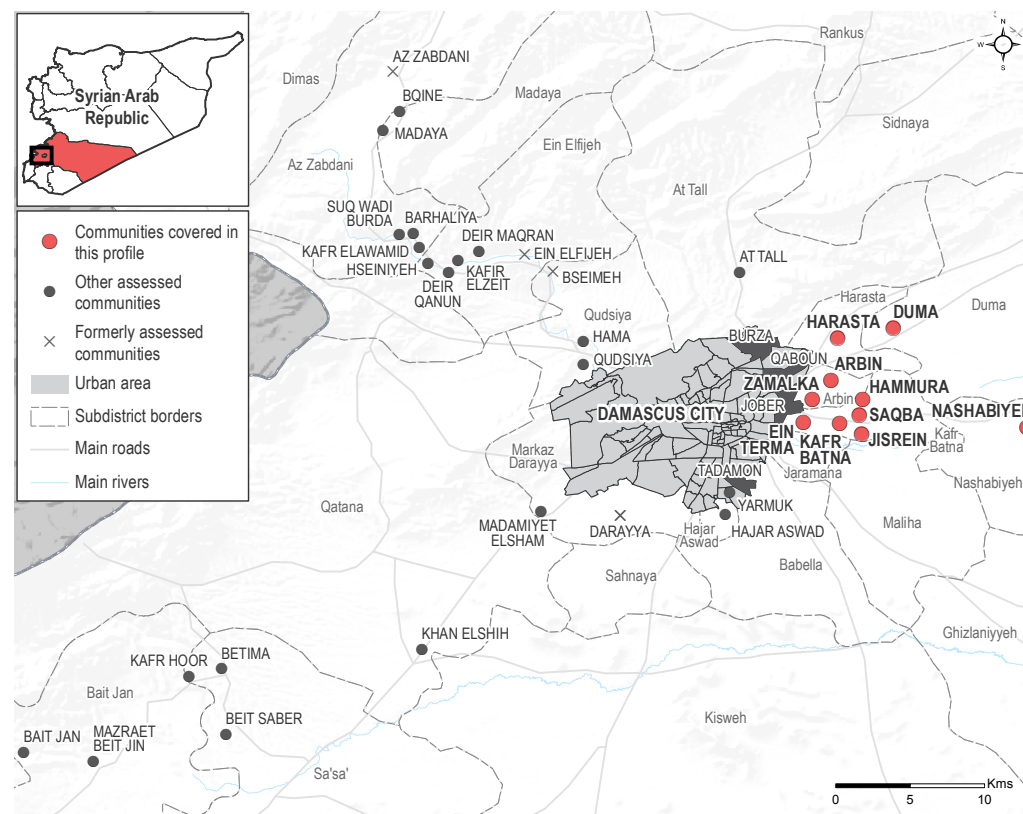
Military control of Eastern Ghouta, an agricultural region east of Damascus, has been contested since 2012. In mid-2013, access restrictions to the area tightened. In 2016, Nashabiyeh was reclassified by the United Nations (UN) from hard-to-reach to besieged, following an escalation in conflict. All other assessed communities have been classified as besieged since 2014.

In August, the humanitarian situation worsened in all communities except for Duma, where a humanitarian delivery containing food, NFIs and medical items reportedly reached the community on 17 August. However, aid was reported to be insufficient to meet population needs and other areas of Eastern Ghouta did not benefit from the delivery. As such, stocks of medical supplies reached critical lows in the rest of assessed communities, as no medical items have been permitted to enter the area other than in humanitarian deliveries since March 2017.

Despite an agreement brokered by international and local parties to the conflict in July denoting Eastern Ghouta a de-escalation zone and promising unhindered humanitarian access,

METHODOLOGY

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



conflict and access restrictions persisted in the area. Intense shelling on the community of Ein Terma led to the displacement of approximately 40% of the population to other areas in Eastern Ghouta in August.

In August, fewer commercial vehicles were permitted entry into Eastern Ghouta via Al Wafideen checkpoint. This reportedly caused sharp increases in the prices of some food items, which were already considerably more expensive than in nearby communities not considered besieged due to tight access restrictions on the flow of goods entering the Eastern Ghouta area. The fuel situation also remained critical in all assessed communities and prices rose in August, as local production of fuel was not enough to mitigate shortages caused by access restrictions on the entry of fuel.

Meanwhile, restrictions on civilian movement remained in place, with the majority of populations unable to enter or exit the Eastern Ghouta area, though movement between communities remained possible. The single positive change reported in August was improved access to education in the majority of communities, as new facilities, more resistant to damage by conflict, were reportedly built to mitigate the risks of shelling.

MOVEMENT OF CIVILIANS









 **Formal access points:**

Change since July:



There were no significant changes reported to restrictions on civilian movement in August, as has been the case since the establishment of internal checkpoints in May 2017. Civilian populations remained free to move internally upon presenting identification at these checkpoints, although young men perceived as

CHANGES SINCE JULY

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	

members of armed groups reportedly remained at risks of detention. Residents also faced the risk of shelling when travelling throughout the region, particularly in and around Ein Terma and Nashabiyeh.

Additionally, intensified conflict in Ein Terma in August resulted in a mass displacement of around 40% of the population. IDPs reportedly went to nearby villages in Eastern Ghouta, including Saqba, Hazzeh (not assessed), Kafr Batna, Hammura, Zamalka and Jisrein.

Movement out of Eastern Ghouta has remained consistent since assessments of the area began in June 2016, with only 1-10% of the population able to leave through a single formal access point, Al Wafideen.

Authorities within Eastern Ghouta have reportedly forbidden anyone under the age of 40 from leaving the area via the only formal access point in the area, Al Wafideen checkpoint in Duma, due to the risks associated with accessing the checkpoint. These included physical and verbal harassment, confiscation of documents, detention and conscription.

Informal access points used²:

None reported. Informal routes have remained inaccessible since late February 2017 when they were closed.

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

All assessed communities: sniper fire, gunfire, shelling, detention.

Duma: verbal and physical harassment of men and women, confiscation of documents, conscription.

Harasta, Jisrien and Ein Terma: landmines.

MOVEMENT OF GOODS AND ASSISTANCE

 **Vehicles carrying commercial goods**

Change since July:



The number of commercial vehicles able to enter Eastern Ghouta decreased in August, compared to July, due to shelling. As was the case in the previous four months, commercial vehicles from outside of Eastern Ghouta could only enter via Al Wafideen checkpoint in August. They continued to be subject to searches, fees, confiscation of loads, documentation

requirements, and were only allowed entry on certain days and at certain times. In contrast, once inside Eastern Ghouta, commercial vehicles were reportedly able to move freely between communities.

 **Humanitarian vehicles**

Change since July:



On 17 August, 48 humanitarian vehicles accessed Duma and provided the community with food, medicine and hygiene items. However, the aid delivered was reportedly not sufficient for the population of Duma and was not distributed to other communities within Eastern Ghouta. Previously, aid reached Duma in May and July 2017, Harasta in June, and Nashabiyeh in July.

 **Goods entered**

In August, food and non-food items continued to enter all communities via commercial vehicles entering Al Wafideen checkpoint or travelling between communities. Civilians were also able to bring goods from other communities within Eastern Ghouta. Fuel has not entered Eastern Ghouta formally since February 2017, leading to price increases and critical shortages. Similarly, other than via humanitarian deliveries to individual communities, medicine has not been allowed to enter Eastern Ghouta since March 2017. Medicine stocks were reportedly almost depleted in all communities except for Duma in August.

ACCESS TO SERVICES*

Access to water and electricity services remained largely the same in August across all communities except for Ein Terma. In the latter, access to water decreased, as the water network was reportedly targeted during intense conflict in August. Nevertheless, water remained sufficient, probably due to the fact that water trucking has traditionally been the main source of water in the community. No changes were reported in access to electricity in any communities. Fortified educational facilities were reportedly built in all communities except for Ein Terma and Nashabiyeh, in order to mitigate some of the risks associated with living in insecure areas, signifying an improvement in access. In August, some children attended summer tutorials for two hours a day, and regular education services are expected to resume in September.

	WATER			ELECTRICITY		EDUCATION	
	Main source of drinking water (status**)	Available water to meet household needs (coping strategies)	Access to water network per week	Access to electricity network per day	Access to electricity (main source) per day	Available education facilities	Barriers to education
Arbin	🔻 Closed wells (water tastes bad)	Sufficient	Network unavailable	🔻 Network unavailable	4 - 8 hours (generator)	📈 Pre-conflict primary, secondary and high schools, fortified educational facilities	Facilities destroyed; route to services is unsafe
Duma	🔻 Water trucking (safe to drink)	Sufficient	Network unavailable	🔻 Network unavailable	4 - 8 hours (generator)	📈 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began, fortified educational facilities	Facilities destroyed; route to services is unsafe
Ein Terma	🔻 Water trucking (safe to drink)	Sufficient	Network Unavailable	🔻 Network unavailable	4 - 8 hours (generator)	🔻 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
Hammura	🔻 Water trucking (safe to drink)	Sufficient	Network unavailable	🔻 Network unavailable	4 - 8 hours (generator)	📈 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began, fortified educational facilities	Facilities destroyed; route to services is unsafe
Harasta	🔻 Water trucking (safe to drink)	Sufficient	Network unavailable	🔻 Network unavailable	4 - 8 hours (generator)	📈 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began, fortified educational facilities	Facilities destroyed; route to services is unsafe
Jisrein	🔻 Water trucking (safe to drink)	Sufficient	1-2 days	🔻 Network unavailable	2 - 4 hours (generator)	📈 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began, fortified educational facilities	Route to services is unsafe; children need to work
Kafr Batna	🔻 Closed wells (water tastes bad)	Sufficient	Network unavailable	🔻 Network unavailable	4 - 8 hours (generator)	📈 Pre-conflict primary, secondary and high schools, fortified educational facilities	Facilities destroyed; route to services is unsafe
Nashabiyeh	🔻 Closed wells (water tastes bad)	Sufficient	Network unavailable	🔻 Network unavailable	Overall, no electricity source	🔻 Pre-conflict primary schools	Facilities destroyed; route to services is unsafe; lack of teaching staff
Saqba	🔻 Water trucking (safe to drink)	Sufficient	Network unavailable	🔻 Network unavailable	4 - 8 hours (generator)	📈 Pre-conflict primary, secondary and high schools, informal schools set up since conflict began, fortified educational facilities	Route to services is unsafe; children need to work
Zamalka	🔻 Closed wells (water tastes bad)	Sufficient	Network unavailable	🔻 Network unavailable	4 - 8 hours (generator)	📈 Pre-conflict primary, secondary and high schools, fortified educational facilities	Facilities destroyed; route to services is unsafe

*Arrows indicate change in access since July.

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

HEALTH SERVICES

Change since July (all communities except for Duma):



Overall, the health situation worsened in Eastern Ghouta for the third consecutive month due to persisting restrictions on the entry of medical items. The health situation only improved in Duma, where populations received medical supplies via humanitarian deliveries in May, July and August and reported an increase in personnel and access to medical services in July.

Residents of Nashabiyeh had considerably worse access to medical services and facilities than populations in other communities. People living in certain locations in Nashabiyeh and the elderly had reduced access to medical facilities, thus facing increased barriers to healthcare in comparison to other groups. This was also the case for populations in Arbin.

🏠 Permanent medical facilities available

There were functioning medical facilities in all assessed Eastern Ghouta communities in August. Since at least February 2017, patients from Harasta, Ein Terma and Jisrein needing extensive surgeries have had to travel to other locations in Eastern Eastern Ghouta to obtain adequate surgical care. Additionally, caseloads of people wounded as a result of conflict in Ein Terma were reportedly higher.

Change since July



👤 Availability of medical personnel

The majority of communities reportedly had professionally trained surgeons, doctors,

nurses and midwives, as well as dentists, pharmacists and anaesthesiologists, as was the case in July. However, in Nashabiyeh, only professionally trained nurses were available.

Change since July



🚑 Unavailable medical items³

There was no change in the availability of individual items. However, stocks continued to decrease for the third consecutive month in all communities except for Duma.

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

Unavailable in half of communities: blood pressure medicine.

Sometimes available across majority of communities: Blood transfusion bags.

Change since July



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

Sharing resources between medical facilities, recycling medical items (e.g. bandages, syringes, needles), and using expired medicine have all been reported since April 2017. However, usage of these strategies notably increased in August, and the use of non-medical items for treatments (e.g. sticks as casts) was reported in the majority of communities this month.

📋 Most needed medical items⁴

Across Eastern Ghouta communities: Blood transfusion bags, antibiotics, heart medicine and assistive devices.

⚡ Unusual outbreaks of disease⁵

None reported in August.

🏠 Permanent medical facilities available

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

🔑 Medical services available

	Arbin	Duma	Ein Terma	Hammura	Harasta	Jisrein	Kafr Batna	Nashabiyeh	Saqba	Zamalka
Child immunization ⁶	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Diarrhoea management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled childbirth care	✓	✓	✗	✓	✗	✗	✓	✗	✓	✓
Surgery ⁷	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Diabetes care	✗	✓	✗	✓	✗	✗	✗	✗	✓	✗

FOOD

Change since July:



Most common methods of obtaining food at the household level

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

In Duma, receiving food through distributions was also reported as a main source of food.

Most common methods of obtaining bread at the household level

All communities: Shops.

Most commonly reported challenges to obtaining bread: None reported.

Barriers to obtaining bread have not been reported in any community since April 2017.

Change since July



Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

In August and since assessments began, skipping meals, as well as men and women eating less so that children could eat more, have been reported across communities.

Deaths attributable to a lack of food⁵

None reported. In July, the first fatality due to a lack of food was reported since June 2016.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁸

	Eastern Ghouta	Nearby areas ⁹
Average cost (SYP) ¹⁰	78616	31506
Change since previous month ¹¹	◆	◆

No significant changes were reported to the average price of a standard food basket in August. However, a food basket in Eastern Ghouta was 150% more expensive than in nearby areas not considered besieged or hard-to-reach.⁹

Food item availability / prices

All assessed items other than bread from public bakeries have been generally available¹² in the majority of communities since assessments began. Overall, in August, the price of food increased by 37% and was on average 170% more expensive than in nearby areas⁹ not classified as besieged or hard-to-reach.

WASH item availability / prices

Assessed hygiene items remained generally available in markets and no notable change was reported in their average price in August.

Fuel availability / prices

The majority of assessed fuel items remained unavailable in markets, despite continued local production of fuel. The price of diesel was reportedly 700% higher than recorded prices in nearby communities not considered besieged or hard-to-reach.

Strategies used to cope with a lack of fuel:

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

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 are highly dependent on the price and availability of fuel sources.

	Item	Eastern Ghouta average	Price change since July ¹¹	Nearby non-hard-to-reach communities ⁹	
Food Items	Bread private bakery (pack)	625 ¹²	↓ -10%	100	
	Bread public bakery (pack)	Not available	◆	58	
	Rice (1kg)	1300 ¹²	↑ +10%	510	
	Bulgur (1kg)	1000 ¹²	↑ +11%	280	
	Lentils (1kg)	900 ¹²	↑ +30%	495	
	Chicken (1kg)	3681 ¹²	↑ +28%	1050	
	Mutton (1kg)	5500 ¹²	◆	4050	
	Tomatoes (1kg)	175 ¹²	◆	120	
	Cucumbers (1kg)	450 ¹²	↑ +80%	155	
	Milk (1L)	345 ¹²	↑ +10%	215	
	Flour (1kg)	800 ¹²	↑ +22%	195	
	Eggs (1 unit)	300 ¹²	↑ +213%	52	
WASH Items	Iodised salt (500g)	600 ¹²	↑ +33%	65	
	Sugar (1kg)	1800 ¹²	↑ +65%	375	
	Cooking oil (1L)	1600 ¹²	↑ +19%	1210	
	Soap (1 bar)	150 ¹²	◆	113	
	Laundry powder (1kg)	1680 ¹²	◆	813	
	Sanitary pads (9 pack)	550 ¹²	◆	432	
	Toothpaste (125ml)	450 ¹²	↑ +13%	382	
	Disposable diapers (24 pack)	2400 ¹²	↑ +14%	1425	
	Fuel	Butane (cannister)	Not available	◆	2925
		Diesel (1L)	2500 ¹²	↑ +14%	275
		Propane (cannister)	Not available	◆	2000
		Kerosene (1L)	Not available	◆	Not available
Coal (1kg)		Not available	◆	450	
Firewood (1T)	210000 ¹²	◆	Not available		

Endnotes

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

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 is 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 is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

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

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

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

⁸ Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: August 2017' ([link here](#)). As bread was not available in bakeries for all communities, the food basket price for Eastern Ghouta was calculated this month using the reported average price of bread sold in shops (625 SYP).

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

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

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

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

Syria Community Profile Update: Hajar Aswad, Rural Damascus

August 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

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

In August, the humanitarian situation in Hajar Aswad changed little compared to previous months. Movement to and from the community remained limited, as commercial vehicles were unable to enter and civilian access was restricted. Access to basic services and healthcare remained for the most part inadequate. Prices of food, hygiene items and fuel also did not change significantly in August.

As has been the case in previous months, some women, children and elderly people were reportedly permitted to use formal routes to enter and exit Hajar Aswad approximately twice a week in August, although they faced verbal and sexual harassment. **Men continued to avoid checkpoints, as they have been since March 2017 due to the risk of detention.** Consequently, while many women have been able to seek medical services in nearby areas, men remained unable to do so.

Access to the neighbouring communities of Yalda and Babella remained crucial to the residents of Hajar Aswad. Obtaining goods from these communities has been the only way

UN classification:	Hard-to-reach
Estimated population¹:	1784
Of which IDPs¹:	320
% of pre-conflict population remaining:	1-25%
% of population female:	1-25%
% of female-headed households	1-25%

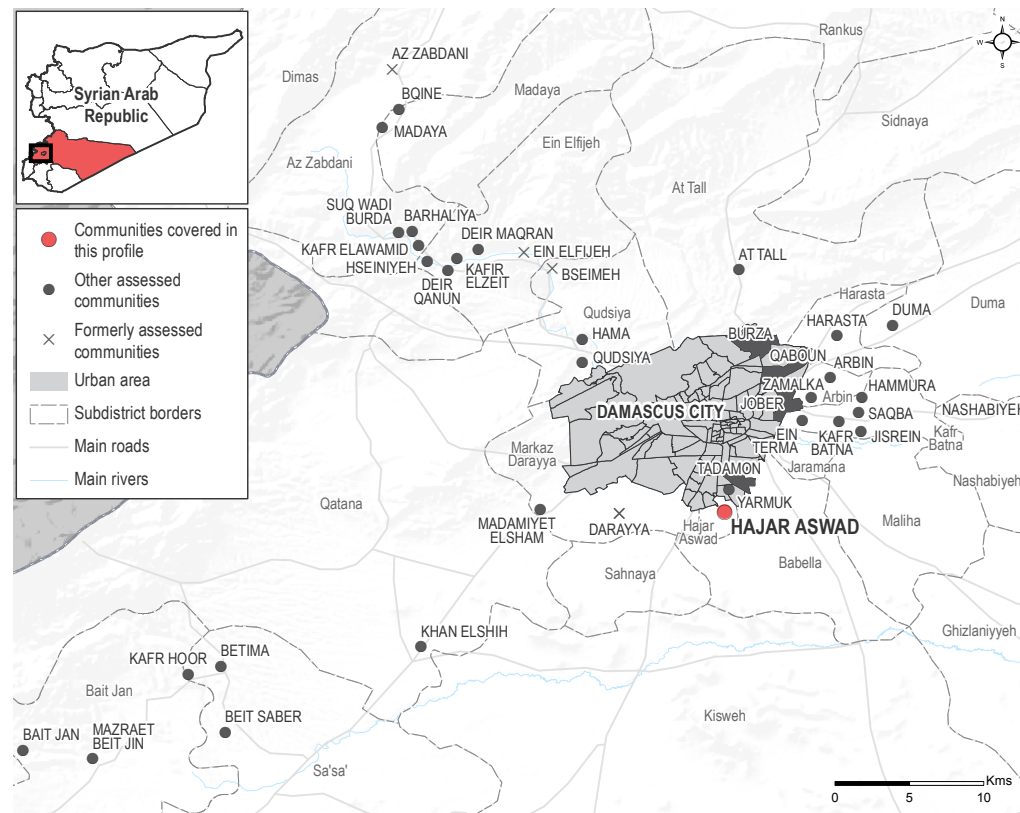
that basic necessities, such as food, hygiene and medical items as well as fuel, have entered Hajar Aswad since at least June 2016.

There were no significant changes reported in access to basic services in August. The water and electricity networks have not been available in Hajar Aswad since at least June 2016, when the community was first assessed. Consequently, access to electricity was limited and water availability was insufficient, leading people to spend money intended for other purposes on water.

Apart from a few minor price fluctuations, the prices and availability of food and hygiene items remained overall unchanged in August. Although fuel prices also stayed the same, populations with a lack of financial resources continued to be unable to afford fuel, as was the case in July. As a result, negative coping strategies reported in July, such as burning plastics, persisted in August.

CHANGES SINCE JULY


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



METHODOLOGY

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

MOVEMENT OF CIVILIANS

Change since July: 

Formal access points:

In August, 11-25% of the population of Hajar Aswad reportedly remained able to use formal routes to enter and exit the community around twice a week, as had been the case at least since the community was first assessed in June 2016. This group included women, children and the elderly with identification. By leaving Hajar Aswad, they were able to buy goods and collect remittances (hawala transfers³) in other communities. Men have reportedly avoided checkpoints since March 2017 due to the risk of detention.


Informal access points used²: Yes.

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

Shelling, gunfire, verbal harassment, sexual harassment, detention.

MOVEMENT OF GOODS AND ASSISTANCE


Vehicles carrying commercial goods

Change since July: 

Able to enter: None reported.

Humanitarian vehicles

Able to enter: None reported.


Change since July: 

Goods entered

As no humanitarian or commercial vehicles have been able to enter the community since at least June 2016, residents have

brought in goods themselves from the nearby communities of Yalda and Babella.

HEALTH SERVICES

Change since July: 

The health situation remained stable in August and, more broadly, since assessments began.

The number of accessible healthcare facilities remained limited. Additionally, there was a lack of childbirth-specific resources. As a result, some women reportedly continued to leave the community to access better care during childbirth. Meanwhile, women remaining in Hajar Aswad gave birth at home with the care of a midwife. Conversely, men, who continued to avoid checkpoints due to the risk of detention, were unable to seek better medical care outside of Hajar Aswad.

Permanent medical facilities available

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

Availability of medical personnel

Personnel available: Professionally trained nurses and midwives.







Others providing medical services:

Pharmacists, volunteers with informal medical training.

Change since July: 

ACCESS TO SERVICES*

Access to services remained limited in August. Water availability was still insufficient to meet population needs, resulting in residents purchasing water with money intended for other purposes for the fourth consecutive month. The population has had access to electricity for only a few hours a day since assessments began. While educational programming was paused due to the summer holiday, systemic barriers to education persisted.

 WATER		Main source of drinking water (status)	Closed wells (safe to drink)**
		Sufficiency of available water to meet household needs (coping strategies used)	Insufficient (purchase water with money usually spent on other things)
		Access to water network per week	Network unavailable
 ELECTRICITY		Access to electricity network per day	Network unavailable
		Access to electricity (main source) per day	2-4 hours (generators)
 EDUCATION		Available education facilities	Primary, secondary and high schools
		Barriers to education	Facilities destroyed, children need to work (primarily boys), lack of teaching staff

*Arrows indicate change in access since July.


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

Medical services available

Child immunization ⁴	
Diarrhoea management	
Emergency care	
Skilled childbirth care	
Surgery ⁵	
Diabetes care	
Change since July	

Unavailable medical items⁶

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

Change since July: 

Most needed medical items⁷

Antibiotics, blood transfusion bags, clean bandages.

Unusual outbreaks of disease⁸

None reported since December 2016.

Strategies used to cope with a lack of medical services

For the third consecutive month, caseloads were sufficiently low that residents did not need to use coping strategies (e.g. using expired medicine, recycling medical items).

FOOD

Change since July:



Most common methods of obtaining food at the household level

Purchasing from shops and markets in neighbouring communities.

Most common methods of obtaining bread at the household level

Most common source: purchasing from shops in nearby communities.

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

Change since July



Strategies used to cope with a lack of food

Reducing meal size



Skipping meals



Days without eating



Eating non-edible plants



Eating food waste



Reportedly used as a coping strategy

Not reportedly used as a coping strategy

Residents of Hajar Aswad have reportedly been reducing meal sizes as a coping strategy since assessments began. In August, and since at least February 2017, it has been reported that men ate less to ensure that women and children had enough food.

Deaths attributable to a lack of food⁸

None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICE

Average cost of standard food basket⁹

	Hajar Aswad	Nearby areas ¹⁰
Average cost (SYP) ¹²	32657	31506
Change since previous month ¹²		

There has not been a significant change in the cost of a food basket in Hajar Aswad since March 2017.

Food item availability / prices

Overall, food availability has remained unchanged since September 2016, with items reportedly sometimes available¹³ in August and in previous months.

The price of chicken decreased in August, while the price of milk increased. Both changes were likely due to regular price fluctuations.

WASH item availability / prices

The availability of hygiene items has reportedly been stable in Hajar Aswad since November 2016, when a temporary increase in the availability of hygiene items in neighbouring communities came to an end. All hygiene items reportedly remained sometimes available¹³ in August 2017. Out of the hygiene items assessed in August, only the price of toothpaste changed; decreasing by 13%. This change was likely due to regular price fluctuations.

Fuel availability / prices

Fuel availability and prices remained largely the same as in previous months. Kerosene and firewood were unavailable in August due to a lack of demand. However, kerosene remained available in nearby Yalda and Babella if

needed¹⁴. For residents of Hajar Aswad with a lack of financial resources, access to fuel remained restricted, which, in turn, coincided with coping strategies being reported in August, as in July.

Strategies used to cope with a lack of fuel:

Burning plastic and waste were reported as coping strategies for the second consecutive month in August. Other than May and June, negative coping strategies have been reported since the indicator was first measured in November 2016.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX¹¹

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 July ¹²	Nearby non-hard-to-reach areas ¹⁰	
	Bread private bakery (pack)	Not available		100	
	Bread public bakery (pack)	Not available		58	
	Rice (1kg)	400 ¹³		510	
	Bulgur (1kg)	250 ¹³		280	
	Lentils (1kg)	250 ¹³		495	
	Chicken (1kg)	1100 ¹³	-24%	1050	
	Mutton (1kg)	5000 ¹³		4050	
	Tomatoes (1kg)	150 ¹³		120	
	Cucumbers (1kg)	175 ¹³		155	
	Milk (1L)	280 ¹³	+12%	215	
	Flour (1kg)	300 ¹³		195	
	Eggs (1 unit)	55 ¹³	-8%	52	
	Iodised salt (500g)	200 ¹³		65	
	Sugar (1kg)	375 ¹³	-6%	375	
	Cooking oil (1L)	700 ¹³		1210	
	Soap (1 bar)	150 ¹³		113	
	Laundry powder (1kg)	1000 ¹³		813	
	Sanitary pads (9 pack)	400 ¹³		432	
	Toothpaste (125ml)	350 ¹³	-13%	382	
	Disposable diapers (24 pack)	1500 ¹³		1425	
		Butane (cannister)	3200 ¹³		2925
		Diesel (1L)	400 ¹³		275
		Propane (cannister)	2500 ¹³		2000
Kerosene (1L)		Not available		Not available ¹⁴	
Coal (1kg)		450 ¹³		450	
Firewood (1T)	Not available		Not available ¹⁴		



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

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

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

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

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 and sanitised equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

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

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

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

⁹ Calculation of average cost of food basket is based on the World Food Programme's (WFP) standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: August 2017' (link here). As bread was unavailable in private and public bakeries in Hajar Aswad, the food basket price for Hajar Aswad was calculated using the reported price of bread sold in shops (300 SYP).

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

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

¹¹ \$1 = 515 SYP (UN operational rates of exchange as of 1 September 2017).

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

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

¹⁴ Though kerosene and firewood were reportedly unavailable in the communities not considered hard-to-reach that were used for price comparisons (Deir Ali and Kisweh, see endnote 10), both fuels were reportedly available in Yalda and Babella.

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

August 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Madaya and Bqine*, which sit within a contiguous area, are located 40km northwest of Damascus city. The mountainous communities have faced restrictions on movement since July 2015, and were classified as besieged by the UN in January 2016. In April 2017, parties to the conflict reached a truce agreement, known as the Four Towns Agreement², which led to evacuations of some residents to Idleb. In late June 2017, Madaya was reclassified from besieged to hard-to-reach.

The humanitarian situation in Madaya remained stable in August, with the only notable change being an increase in access to basic services in some parts of the area. Civilian movement continued to be largely unrestricted, although perceived risks at checkpoints prevented some people from utilising formal access points. Meanwhile, the availability and prices of food, hygiene items and fuel remained largely similar to those reported in July.

Mostly women, children and the elderly accessed checkpoints to enter and exit the community in August, as has been the case since the truce agreement in April. In contrast, men reportedly avoided checkpoints due to the perceived risks of detention and conscription when crossing. Commercial vehicles could access Madaya for the fourth consecutive month but were subject to restrictions, such as confiscation of loads, fees, documentation requirements and limitations on the



UN classification:	Hard-to-reach
Estimated population¹:	28230
Of which IDPs¹:	3695
% of pre-conflict population remaining:	51-75%
% of population female:	26-50%
% of female-headed households	26-50%

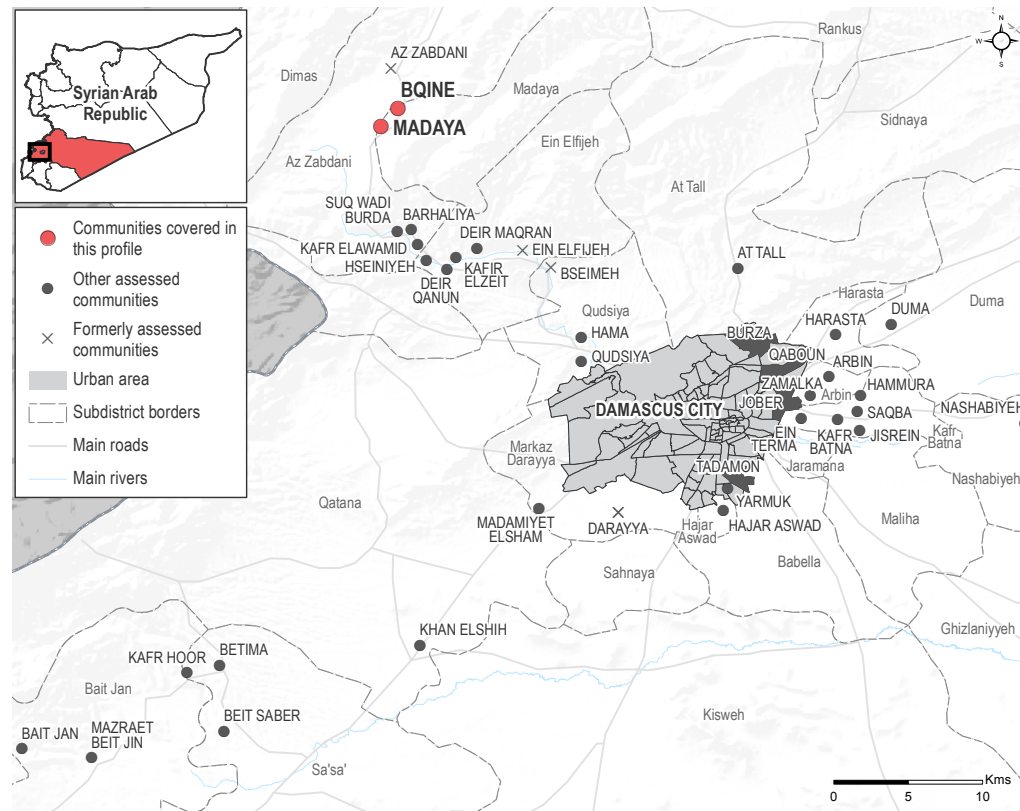
days and times they could enter. Meanwhile, no humanitarian vehicles have been permitted entry since March 2017.

Access to the electricity network in some parts of Madaya improved, and was available in August for 4-8 hours per day on average in all areas. Conversely, access to water remained insufficient in some areas, and some residents reportedly purchased water with money usually spent on other things to cope with water shortages. Health and education services remained unchanged, after the former improved in July with the return of medical personnel to the area, who opened private clinics, and increased availability of medical items.

No notable changes were reported for the prices and availabilities of food, hygiene items and fuel.

CHANGES SINCE JULY

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

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

MOVEMENT OF CIVILIANS

Change since July: 

Formal access points:

Access restrictions on civilian movement remained minimal, as has been the case since the implementation of the Four Towns Agreement² in April 2017. In August, 26-50% of the population could utilise formal access points upon presenting identification. However, men reportedly continued to avoid using checkpoints due to the risks of detention and conscription, which limited their access to better healthcare services and facilities in neighbouring communities. Additionally, women did not feel safe when in the proximity of and when passing through the formal checkpoints.

Movement was unrestricted within Madaya.

Informal access points used³:


None reported.

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

Verbal harassment, detention and conscription.

MOVEMENT OF GOODS AND ASSISTANCE


Vehicles carrying commercial goods

Change since July: 

Commercial vehicle access continued to be permitted in August, as has been the case since May 2017, following the lifting of access restrictions under the Four Towns agreement. Though the number of vehicles permitted entry stayed the same, restrictions also persisted. Vehicles continued to be subject to searches, fees and confiscation of goods. Additionally, drivers were required to provide

documentation and could only enter Madaya on certain days of the week.

Humanitarian vehicles


Change since July: 

No humanitarian aid reportedly entered Madaya in August, as has been the case since March 2017.

Goods entered

Food, fuel, hygiene and medical items continued to enter Madaya via commercial vehicles. Civilians were also able to bring items that had been purchased in nearby communities (Sidnayah and Damascus city).

HEALTH SERVICES

Change since July: 


No significant changes to the health situation were reported. Following an increase in medical staff to the area in July with the return of former residents to the community, the situation stabilised in August.

Residents in need of skilled childbirth care or surgery could access these services in Damascus city. However, as exiting the community required crossing checkpoints, some members of the community, especially men and women with perceived political affiliations, reportedly avoided seeking care and thus faced barriers to sufficient healthcare. Although private clinics have been available since May, they were not accessible to all parts of the population due to prohibitive costs.

Availability of medical personnel







Personnel available: Professionally trained doctors, nurses and midwives.

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

Change since July 

ACCESS TO SERVICES*

Access to basic services in Madaya improved in August. However, access to the water network remained limited and water was reported as insufficient in some parts of the community. In contrast, access to the electricity network improved, with coverage increasing from 2-4 hours to 4-8 hours a day in all areas of the community due to reduced rationing by official authorities. Access to education remained unhindered, but all children were reportedly on summer break during August.

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

*Arrows indicate change in access since July.


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

Permanent medical facilities available

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

Unavailable medical items⁴








None reported for the third consecutive month.

Change since July 

Most needed medical items⁵

Clean bandages, antibiotics, diabetes medicine and blood transfusion bags.

Medical services available

Child immunization ⁶	
Diarrhoea management	
Emergency care	
Skilled childbirth care	
Surgery ⁷	
Diabetes care	
Change since July	

Strategies used to cope with a lack of medical services

None reported in August.

Unusual outbreaks of disease⁸

None reported in August.

FOOD

Change since July:



No major changes were reported in the food situation in August, as was the case in July. Availability of items has remained stable since the onset of the truce agreement in May 2017, while prices in August were similar to those reported in July.

Most common methods of obtaining food at the household level

Purchasing from shops and markets.

Most common methods of obtaining bread at the household level

Most common source: Shops

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

Change since July



Deaths attributable to a lack of food⁸

None reported.

Strategies used to cope with a lack of food

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

Reportedly used as a coping strategy

Not reportedly used as a coping strategy

None reported in August. Before the truce agreement in April 2017, reducing meal sizes and skipping meals had been reported in all assessed months.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁹

	Madaya	Nearby areas ¹⁰
Average cost (SYP) ¹¹	28095	31506
Change since previous month ¹²		

The cost of a standard food basket in Madaya has remained stable since May 2017 and was comparable to the price in nearby areas not classified as besieged or hard-to-reach.

Food item availability / prices

Food item availability remained stable in August, with all items other than bread from bakeries reportedly sometimes available¹³ in markets, as has been the case since the Four Towns Agreement in April 2017. On average, the price of food in Madaya in August remained similar to that of July, despite some fluctuation due to normal market patterns and the decrease in value of the US dollar on the black market.

WASH item availability / prices

All assessed hygiene items were generally available in August¹⁴. Other than a decrease of 13% in the price of toothpaste, no noticeable price changes were observed, though WASH items were, on average, 33% more expensive than in nearby communities not considered besieged or hard-to-reach.

Fuel availability / prices

After decreasing by an average of 10% in July, fuel prices stabilised in August, and availability remained unchanged. All assessed fuels were sometimes available in markets with the exception of kerosene and firewood.

Strategies used to cope with a lack of fuel: None reported in August.

CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX¹³

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

	Item	Madaya	Price change since July ¹²	Nearby non-hard-to-reach areas ¹⁰
Food Items	Bread private bakery (pack)	Not available		100
	Bread public bakery (pack)	Not available		58
	Rice (1kg)	525 ¹³		535
	Bulgur (1kg)	350 ¹³	-22%	308
	Lentils (1kg)	350 ¹³	-13%	450
	Chicken (1kg)	1100 ¹³	-19%	1135
	Mutton (1kg)	5000 ¹³		3975
	Tomatoes (1kg)	150 ¹³	+15%	143
	Cucumbers (1kg)	175 ¹³	+9%	188
	Milk (1L)	250 ¹³		220
	Flour (1kg)	150 ¹³		220
	Eggs (1 unit)	55 ¹³	+10%	50
	Iodised salt (500g)	100 ¹³		65
WASH Items	Sugar (1kg)	425 ¹³	-6%	438
	Cooking oil (1L)	725 ¹³	-9%	1225
	Soap (1 bar)	100 ¹⁴		113
	Laundry powder (1kg)	1800 ¹⁴		800
	Sanitary pads (9 pack)	500 ¹⁴		444
	Toothpaste (125ml)	350 ¹⁴	-13%	357
Fuel	Disposable diapers (24 pack)	2100 ¹⁴	-9%	1500
	Butane (cannister)	3000 ¹³		2925
	Diesel (1L)	375 ¹³		288
	Propane (cannister)	2500 ¹³		2500
	Kerosene (1L)	Not available	Not available	400
	Coal (1kg)	450 ¹³		450
Firewood (1T)	Not available		Not available	

Endnotes

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

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

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 is 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 is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

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

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

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

⁹ Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: August 2017' (link here). As bread was unavailable in private and public bakeries in Madaya, no prices were available for bread sold in bakeries in the community. However, the food basket price for Madaya was calculated using the reported price of bread sold in shops (100 SYP).

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

¹¹ \$1 = 515 SYP (UN operational rates of exchange as of 1 September 2017).

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

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

¹⁴ Generally available in markets (21+ days this month).

Syria Community Profile Update: Qaboun, Damascus Governorate

August 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY


SUMMARY

Qaboun is a neighbourhood in eastern Damascus city that has, along with the adjacent neighbourhoods of Burza and Tishreen, faced access restrictions since 2013. In early 2014, semi-official truces were reported in all three neighbourhoods. Due to the proximity of these communities to Eastern Ghouta, informal trade routes were established between these two areas. The unofficial ceasefires in the neighbourhoods ended in February 2017, when the only formal access point into Qaboun, Burza and Tishreen was shut down.

Closure of the access point resulted in the complete isolation of the communities and coincided with a considerable escalation in conflict and rapid deterioration of the humanitarian situation in the area, leading to the re-classification of Burza and Qaboun as besieged by the United Nations (UN) in April 2017.

By mid-May, official authorities reportedly controlled the entire neighbourhood, a shift coincident with mass evacuations of residents from the area to Idlib governorate. By July, approximately 300-400 internally displaced persons resided in Qaboun, most attempting to flee Eastern Ghouta through informal routes via Qaboun were forced to stay in the neighbourhood, as they were unable to exit the community due to the imposed siege. This profile details the humanitarian situation only in Qaboun, as Burza is assessed in another profile, and Tishreen is not assessed at this time.

Despite severe restrictions on civilian movement, the overall humanitarian situation improved

	
UN classification:	Besieged
Estimated population¹:	300-400
Of which IDPs¹:	150-200
% of pre-conflict population remaining:	1-25%
% of population female:	51-75%
% of female-headed households	1-25%

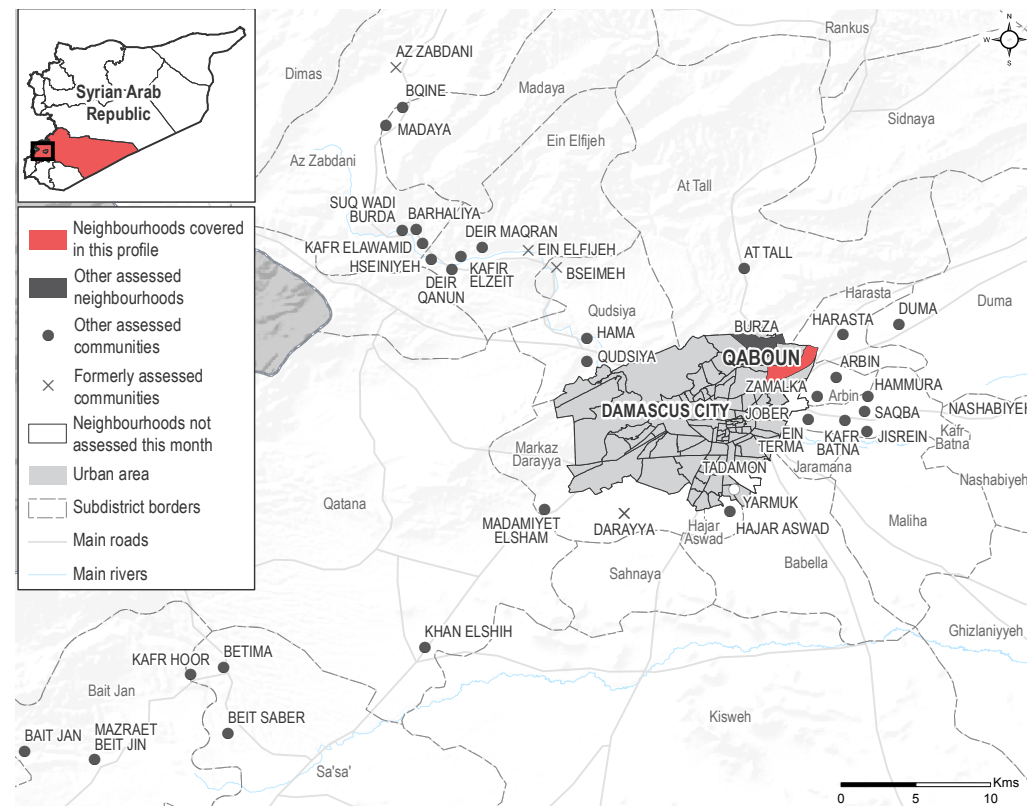
following the truce agreement in mid-May. The Syrian Arab Red Crescent (SARC) was granted access to Qaboun, food and non-food items entered through informal routes, and water and electrical network access was restored to the community.

In August, the overall humanitarian situation remained similar to that of July. The medical situation improved slightly in August, as SARC began providing diarrhoea treatment services. No other significant changes to the humanitarian situation were reported.

Severe movement restrictions on civilians and commercial vehicles remained in place, with no civilians having been allowed to enter or exit the community since evacuations ended in May. Food and non-food items have entered the community via informal routes since June, with no significant change in availability or prices observed in August.

CHANGES SINCE JULY

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

Access to the main water and electricity networks has not changed in August, after restoration and repairs in June and July improved access to both. However, despite improvements in access to other services, all educational facilities remained closed due to extensive damage and security concerns resulting from their proximity to active conflict.

MOVEMENT OF CIVILIANS

Change since July: 

Formal access points:

No one has been able to enter or exit Qaboun via formal routes since May 2017, including around 300 IDPs fleeing conflict in Eastern Ghouta who arrived to the neighbourhood via informal routes in June.

Informal access points used²:


None reported.

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

No risks associated with exiting the community were reported, as no one was able to leave.


MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since July: 

No commercial vehicles have been allowed to enter Qaboun since the closure of the formal access point in Burza in February 2017.

Humanitarian vehicles

Change since July: 

SARC vehicles entered Qaboun in August, as was the case in July, to provide medical services and supplies to residents.

Goods entered

In August, community members obtained food, fuel and hygiene items via informal methods, as tight restrictions on movement hindered commercial vehicles and civilians from transporting goods into Qaboun.

HEALTH SERVICES

Change since July: 

The health situation in Qaboun improved slightly in August, due to the SARC's introduction of treatment for diarrhoea in the community. SARC medical personnel first entered the community in July, establishing an informal emergency care point where professionally trained nurses administered medical care. Additionally, medical supplies continued to enter in August via SARC vehicles. In contrast to July, child immunization³ services were not available in August. No other changes to the health situation were reported.

Permanent medical facilities available

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

Availability of medical personnel







Personnel available: Professionally trained nurses.

Others providing medical services: Volunteers with informal medical training.

Change since July: 

ACCESS TO SERVICES*

Access to services did not change in August. In July, authorities increased the hours of access to the water and electricity networks within the neighbourhood to equalize coverage with adjacent Damascus neighbourhoods. Meanwhile, severe barriers to education remained in place in August, as destroyed facilities and unsafe routes have resulted in children having no access to schools, irrespective of the summer break.

	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	8 - 12 hours
		Access to electricity (main source) per day	8 - 12 hours (main network)
	EDUCATION	 Available education facilities	None
		Barriers to education	Facilities destroyed, routes unsafe, lack of school supplies

* Arrows indicate change in access since July.

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

Medical services available

Child immunization ³	
Diarrhoea management	
Emergency care	
Skilled childbirth care	
Surgery ⁴	
Diabetes care	
Change since July	

Unavailable medical items⁵

None reported, as was the case in July.

Change since July: 

Most needed medical items⁶

Heart medicine, antibiotics and diabetes medicine.

Unusual outbreaks of disease⁷

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

Strategies used to cope with a lack of medical services

No strategies to cope with a lack of medical services were reported in August, as SARC provided medical care to the community.

FOOD

Change since July:



Food availability did not significantly change in August. Since June 2017, food has entered the community through informal routes and residents were able to buy food from shops.

+ Deaths attributable to a lack of food⁷

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

🍷 Most common methods of obtaining food at the household level

Purchasing food from shops was the most common means of obtaining food in August. No food distributions have been reported since May 2017.

🌾 Most common methods of obtaining bread at the household level

Most common source: After being unavailable in May, bread has been generally available¹³ in shops since June.

Challenges to obtaining bread: None reported since June.

Change since July



🍷 Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

In August, both men and women continued to eat less so that children could eat more.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket⁸

	Qaboun	Nearby areas ⁹
Average cost (SYP) ¹⁰	35485	33409
Change since previous month ¹¹	↑	↔

The cost of a standard food basket in August increased by 6% compared to July and was slightly higher than in nearby communities not considered besieged or hard-to-reach.

🍷 Food item availability / prices

In August, all assessed food items were generally available¹², as food has entered the community through informal routes since June 2017. Prices were not substantially different from those reported in nearby communities.

🧴 WASH item availability / prices

All assessed WASH items have been available since June, having entered the community informally. Similar to food items, the prices of assessed hygiene items did not substantially differ from those reported in nearby communities.

🛢️ Fuel availability / prices

In August, as was the case in June, butane was the only fuel source available in Qaboun. Coal was reportedly available for only one month (July) since the community was classified as besieged in April 2017. However, this was attributed to lack of demand in the community by the community representative.

Strategies used to cope with a lack of fuel:

No strategies to cope with a lack of fuel were reported, due to lower demand following the departure of the majority of the population in May.

CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX⁸

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

	Item	Qaboun	Price change since July ¹¹	Nearby non-hard-to-reach areas ⁹
🍷 Food Items	Bread private bakery (pack)	Not available	Not available	198
	Bread public bakery (pack)	Not available	Not available	50
	Rice (1kg)	500 ¹²	↑ +10%	538
	Bulgur (1kg)	350 ¹²	↔	363
	Lentils (1kg)	600 ¹²	↑ +8%	694
	Chicken (1kg)	1350 ¹²	↓ -19%	1269
	Mutton (1kg)	5000 ¹²	↓ -10%	4563
	Tomatoes (1kg)	175 ¹²	↔	147
	Cucumbers (1kg)	175 ¹²	↔	150
	Milk (1L)	275 ¹²	↔	263
🧴 WASH Items	Flour (1kg)	350 ¹²	↔	323
	Eggs (1 unit)	60 ¹²	↓ -17%	53
	Iodised salt (500g)	150 ¹²	↔	137
	Sugar (1kg)	400 ¹²	↓ -6%	410
	Cooking oil (1L)	900 ¹²	↑ +6%	869
	Soap (1 bar)	150 ¹²	↓ -6%	153
	Laundry powder (1kg)	850 ¹²	↔	869
	Sanitary pads (9 pack)	450 ¹²	↔	419
	Toothpaste (125ml)	250 ¹²	↔	263
	Disposable diapers (24 pack)	2350 ¹²	↔	2244
🛢️ Fuel	Butane (cannister)	3000 ¹²	↔	2955
	Diesel (1L)	Not available	Not available	288
	Propane (cannister)	Not available	Not available	4500
	Kerosene (1L)	Not available	Not available	363
	Coal (1kg)	Not available	500 ¹²	413
	Firewood (1T)	Not available	Not available	Not available

Endnotes

¹ Figures based on estimates by local actors within the community assessed. Figures based on HNO 2017 population data (August 2017) were reportedly 28,000 individuals, and 21,759 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 absence of child immunizations in a given month does not necessarily indicate a decline in medical services, as vaccinations in Syria are commonly administered in rounds, and therefore may not be available on a monthly basis.

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

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

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

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

⁸ Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: August 2017' ([link here](#)). As bread was unavailable in private and public bakeries in Qaboun, no prices were available for bread sold in bakeries in the community. The food basket price for Qaboun for June was therefore calculated using the reported price of bread sold in shops (100 SYP).

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

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

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

¹² Generally available in markets (more than 20 days this month).

Syria Community Profile Update: Yarmuk, Damascus

August 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

The Palestinian community of Yarmuk, located in the southern suburbs of Damascus, has faced a deteriorating humanitarian situation since early 2013 and was classified as besieged in 2014. Direct fighting between multiple parties present in the community intensified in 2016, leading to increased access restrictions in June and August of that year. The conflict further intensified in October and December, leading to an additional worsening of the overall humanitarian situation.

In May 2017, within the framework of a local agreement, negotiations began for the relocation of some fighters from Yarmuk. However, negotiations broke down shortly after, before any evacuations took place. In June, an estimated 1,000 individuals left the community prompted by fears of internal clashes.

Due to a temporary loss of coverage, no profile could be completed for Yarmuk in July. As such, direct comparisons to the previous month could not always be made (see methodology section).

In August, humanitarian conditions in Yarmuk remained relatively similar to those identified in previous months. There were no reports of further departures by large groups of people in August, and although more people were reportedly able to utilise informal routes to enter and exit the community, doing so remained dangerous.



UN classification:	Besieged
Estimated population¹:	6500-7500
Of which IDPs¹:	500-700
% of pre-conflict population remaining:	1-25%
% of population female:	1-25%
% of female-headed households	1-25%

Additionally, commercial and humanitarian vehicle access to Yarmuk continued to be prohibited.

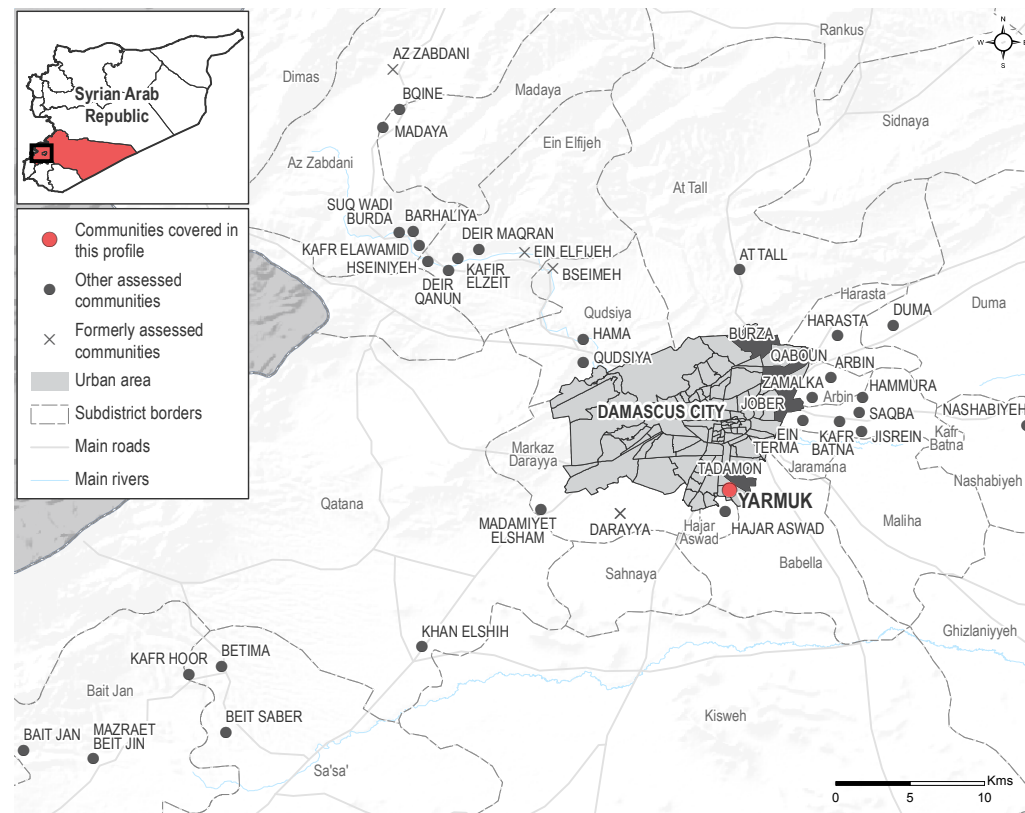
As was the case in previous months, residents relied on access to nearby communities in order to purchase goods, including food, fuel, hygiene items and medicine. As such, decreases in core food prices in nearby communities resulted in lower reported food prices in Yarmuk in August.

Insufficient access to water persisted in August, after it was reported in June for the first time since assessments in Yarmuk began.

Although professionally trained anesthesiologists were no longer present in Yarmuk in August, treatments for diabetes and burns became accessible to residents who were able to obtain the required medicine from nearby communities.

CHANGES SINCE JULY

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



METHODOLOGY

Based on data collected from community representatives inside Syria between the end of August and the beginning of September 2017, these updates refer to the situation in August 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information outlining developments that have occurred since the previous month; this allowed for comparisons to be drawn between the situation in July and August in Yarmuk, despite the community not having been directly assessed in July. Where possible during analysis, comparisons are also made with findings from previous periods during which the community has been assessed. An improvement or deterioration from the month prior may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources. However, findings should be considered indicative rather than generalisable to the whole community, as representative sampling, which entails larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties in obtaining data from certain locations.

MOVEMENT OF CIVILIANS

Change since July:



Formal access points:

Approximately 11-25% of Yarmuk residents remained able to exit and enter the community via formal access point upon presenting identification, as was the case in previous months. This group included women, children and the elderly. However, risks associated with accessing formal checkpoints persisted, with verbal and sexual harassment, as well as confiscation of documents, reported. Following the departure of a large number of Yarmuk residents in June, who left out of fear that control over the area might change hands, no further mass displacements were reported in August.

Informal access points used²:

Yes. The percentage of people who were able to use informal routes to enter and exit the community rose to 76-100% between June and August, though gunfire, verbal and sexual harassment continued to be reported as associated risks.

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

Formal: Confiscation of documents, verbal and sexual harassment.

Informal: Gunfire, verbal and sexual harassment.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Able to enter: None reported.

Change since July:



Humanitarian vehicles

Able to enter: None reported.

No humanitarian vehicles have entered Yarmuk other than in April 2017, when a small delivery took place that only reached parts of the population.

Change since July:



Goods entered

The amount of goods that entered the community in August remained stable. All food, fuel, hygiene items and medicine were brought in by residents travelling to nearby communities to obtain needed goods, as was the case in previous months.

HEALTH SERVICES

Change since July:



The health situation in Yarmuk remained relatively stable in August compared to July, after it improved with the opening of a new primary healthcare facility in June. The number of medical facilities did not change further in August and available medical services continued to include simple surgeries.

As was the case in previous months, access to medical care was reportedly limited for some people with perceived political and religious affiliations, both when accessing facilities within the community or when utilising formal routes in order to seek care elsewhere.

In a negative development, anaesthesiologists were reportedly absent from the community for the first time since assessments started in June 2016, as they had left the community. Conversely, diabetes care and medicine as well as burn treatment became available in August, though only to people who were able to bring the items required for treatment from other communities.

ACCESS TO SERVICES*

Access to services remained stable in August. However, the amount of water available continued to be insufficient due to a seasonal increase in demand, after this was first reported in June 2017. Prior to June, water shortages had not occurred in any of the assessed months. Similarly, generators continued to be used for 4-8 hours a day, as opposed to the 2-4 hours reported in months prior to June, as increased seasonal demand for electricity persisted. Lastly, while school attendance was paused in August due to summer break, systemic barriers to education remained present in Yarmuk.

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

*Arrows indicate change in access since July.

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

Permanent medical facilities available

Mobile clinics / field hospitals ³	
Informal emergency care points	
Pre-conflict hospitals	
Primary healthcare facilities	
Change since July	

Medical services available

Child immunization ⁴	
Diarrhoea management	
Emergency care	
Skilled childbirth care	
Surgery ⁵	
Diabetes care	
Change since July	

Availability of medical personnel

Personnel available: Professionally trained doctors, nurses and midwives.

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

Change since July



Strategies used to cope with a lack of medical services

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

Unavailable medical items⁶
Unavailable: Blood transfusion bags, clean bandages and anaesthetics.

Change since July



Most needed medical items⁷
 Anaesthetics, clean bandages and antibiotics.

Unusual outbreaks of disease⁸
 None reported in August or since assessments began.

FOOD

Change since July:



The food situation in Yarmuk in August remained largely unchanged compared to previous months. All food items continued to be brought into the community by residents traveling to nearby communities, including Yalda, Babella and Beit Sahm.

Most common methods of obtaining food at the household level

Purchasing from shops and markets in Yarmuk and nearby communities.

Most common methods of obtaining bread at the household level

Most common source: Shops.

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

Change since July



Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Men and women continued to eat less so that children could eat more in August.

Deaths attributable to a lack of food³

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

Change since July



CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁹

	Yarmuk	Nearby areas ¹⁰
Average cost (SYP) ¹¹	26045	33409
Change since previous month	↓	◇

The price of a standard food basket decreased by 13% compared to the previously assessed month. This price change was reportedly the result of fluctuations in food prices in the neighbouring communities where food items

were bought, as well as the exchange rate of the US Dollar.

The price of a standard food basket in Yarmuk remained approximately 22% lower than in nearby communities not considered hard-to-reach or besieged.

Food item availability / prices

Overall, the availability of assessed core food items did not change in August. However, prices changed significantly in August compared to June, when prices were last recorded.

Lentils decreased in price by 58% over the two-month period, and iodised salt by 33%. Simultaneously, rice, cucumbers, milk and eggs became 60%, 16.7% and 10% more expensive, respectively.

Significant price changes can be attributed to market fluctuations in nearby communities from which food items were obtained, and to changes in the exchange rate of the US dollar.

WASH item availability / prices

All assessed hygiene items remained generally available¹² in August, as they have been in most months since September 2016. Likewise, no changes in price were reported in August compared to June.

Fuel availability / prices

As was the case in previous months, the only types of fuel available in Yarmuk in August were butane, diesel and firewood, which all continued to be generally available¹¹. There were no significant changes in price compared to the last assessed month, when diesel decreased in price.




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

Compared to June, burning furniture not in use

was no longer a strategy used to cope with a lack of fuel in August, although burning plastics continued to be reported.

CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX⁹

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

	Item	Yarmuk	Price change since July	Nearby non-hard-to-reach areas ¹⁰
 Food Items	Bread private bakery (pack)	Not available	Not available	198
	Bread public bakery (pack)	Not available	Not available	50
	Rice (1kg)	400 ¹²	Not available	538
	Bulgur (1kg)	250 ¹²	Not available	363
	Lentils (1kg)	250 ¹²	Not available	649
	Chicken (1kg)	1100 ¹³	Not available	1269
	Mutton (1kg)	4000 ¹³	Not available	4563
	Tomato (1kg)	150 ¹²	Not available	147
	Cucumber (1kg)	175 ¹²	Not available	150
	Milk (1L)	250 ¹³	Not available	263
	Flour (1kg)	300 ¹²	Not available	323
	Eggs (1 unit)	55 ¹²	Not available	53
	Iodised salt (500g)	100 ¹²	Not available	137
	Sugar (1kg)	375 ¹²	Not available	410
Cooking oil (1L)	750 ¹²	Not available	869	
 WASH Items	Soap (1 bar)	125 ¹²	Not available	153
	Laundry powder (1kg)	650 ¹²	Not available	869
	Sanitary pads (9 pack)	300 ¹²	Not available	419
	Toothpaste (125ml)	450 ¹²	Not available	263
	Disposable diapers (24 pack)	1600 ¹²	Not available	2244
 Fuel	Butane (cannister)	3800 ¹²	Not available	2955
	Diesel (1L)	500 ¹²	Not available	288
	Propane (cannister)	Not available	Not available	4500
	Kerosene (1L)	Not available	Not available	363
	Coal (1kg)	Not available	Not available	413
	Firewood (1T)	120000 ¹²	Not available	Not available

Endnotes

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

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

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

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 and sanitised clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

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

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

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

⁹ Calculation of average cost of food basket is based on the World Food Programme (WFP)'s standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: August 2017' (link here). As bread was unavailable in private and public bakeries in Yarmuk, the food basket price for Yarmuk was calculated using the reported price of bread sold in shops (150 SYP).

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

¹¹ \$1 = 515 SYP (UN operational rates of exchange as of 1 September 2017).

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

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