

Syria Community Profile Update: Qaboun

December 2017

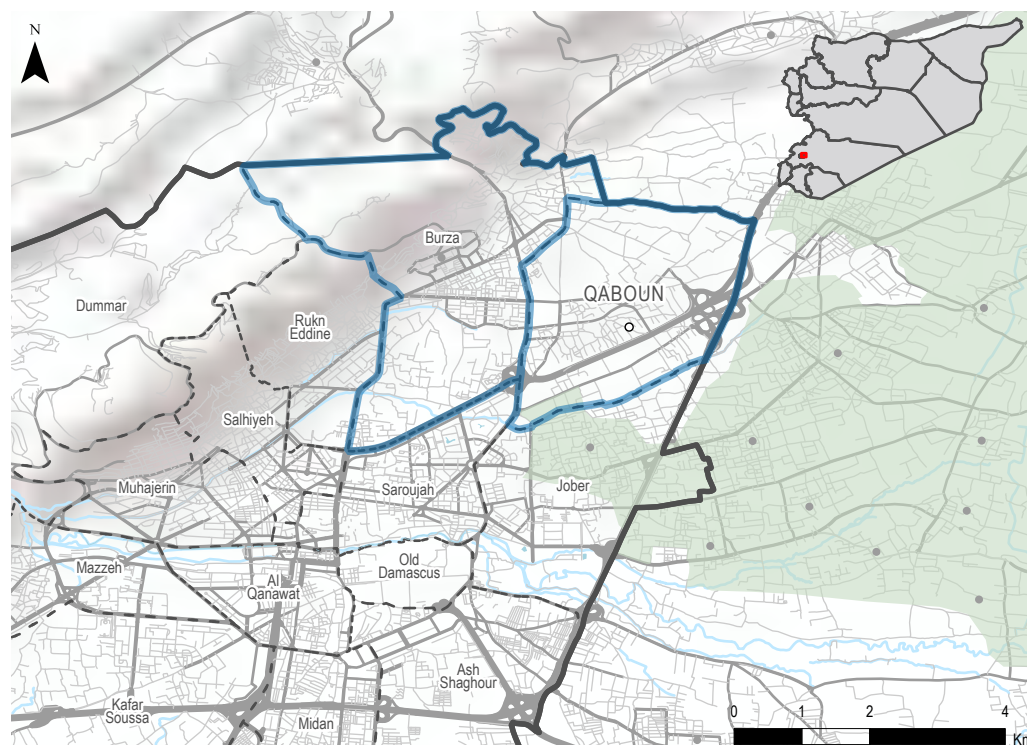


REACH Informing more effective humanitarian action

CONTEXT

Qaboun is a neighbourhood in eastern Damascus city that has, along with the adjacent neighbourhoods of Barza Al Balad and Tishreen, faced access restrictions since 2013. In early 2014, local ceasefires were reported in all three neighbourhoods, after which informal trade routes to nearby Eastern Ghouta were established. However, the ceasefires ended in February 2017, leading to the closure of the only formal access point into Qaboun, Barza and Tishreen, a notable escalation in conflict, and rapid deterioration of the humanitarian situation in the area. As such, Barza and Qaboun were re-classified as besieged by the United Nations (UN) in April 2017. By mid-May, the government controlled the entirety of Qaboun, and mass evacuations of residents to Idleb governorate were reported. In December 2017, Qaboun was once again re-classified from besieged to hard-to-reach (HTR). This profile details the humanitarian situation in Qaboun.

Qaboun, Damascus*



- Community Covered in Profile
- Community Not Covered in Profile
- Truce Community
- Opposition Area of Influence
- Damascus City Boundary
- Areas of Damascus

*Sourced from Live UA Map: 31 December 2017



DEMOGRAPHICS

	QABOUN
UN classification:	HTR
Estimated Population ¹	300-400
Of which estimated IDPs ¹	150-200
% of pre-conflict population remaining	1-25%
% of remaining population that are female	51-75%
% of female-headed households	1-25%

SUMMARY

In December, the humanitarian situation in Qaboun improved notably. The community experienced less stringent access restrictions on resident movement at formal points and an increase in commercial vehicle movement.

As a consequence, the availability of food, fuel, hygiene and medical items increased through the improved entry of goods via both commercial vehicles and through residents entering and leaving the community. This contributed to new livelihood opportunities in the community, including both unstable and stable work in selling goods, or in work at markets.

Despite the improved flow of goods to the area, the prices of goods did not yet decrease. Consequently, reducing meal size to cope with lack of food continued to be a strategy used due to the prohibitive cost of some food items.

Access to healthcare increased for residents of Qaboun. More medical items entered the community in December, and the majority of residents were reportedly able to obtain the authorisation to travel via formal routes, which allowed them to receive medical care in nearby areas. Inside Qaboun, professionally trained doctors and nurses from the Syrian Arab Red Crescent (SARC) continued to provide medical care.

Students have been able to attend school in neighbouring areas since the beginning of the academic year, as there were no functioning facilities in Qaboun. Meanwhile, the electricity and water network remained stable and adequate to meet population needs, with access to the former having gradually improved since the truce agreement in May 2017.

1. ACCESS & MOVEMENT

Communities that are classified as besieged or HTR are characterised by unique access restrictions that impact civilian movement in and out of the community, commercial and humanitarian vehicle access, entry of goods, supply chains, power and control dynamics, and protection issues. The economy is unable to function normally due to the inability to use usual trade routes or foster competition. Prices soar and supplies dwindle, leading to an unsustainable and ultimately precarious situation. Furthermore, in areas of conflict or contested control, the average resident faces increased protection concerns. These can include risks such as conflict-related violence, physical, psychological, or gender-based violence, increased surveillance, harassment, detention, and conscription. Risks associated with crossing checkpoints can also limit or decrease mobility and create constraints for certain residents to access services in other areas. For this reason, this profile first considers access restrictions and their impact on other sectors.



MOVEMENT OF CIVILIANS

In previous months, heavy movement restrictions had been placed on residents of Qaboun. However in December, for the first time since assessments began in April 2017, these were significantly lifted.

The ability of residents to move in and out of Qaboun increased, and 76-100% of all residents could utilise formal access points, compared to only 11-25% in November. Prior to November, no one was permitted to formally exit and enter the community except for a small number of medical cases that were escorted by the Syrian Arab Red Crescent (SARC) to nearby areas for treatment. Furthermore, there were no risks reported with the use of formal access point, as has been the case since assessments began, although residents were required to hand in their identification when leaving the community to ensure their return.

Informal access points² remained unavailable as a method of entering and exiting the area.



MOVEMENT OF GOODS AND ASSISTANCE

For the first time since assessments began, commercial vehicle access was permitted to Qaboun in December. This had significant, positive implications for the entry of food, fuel, non-food items (NFIs), and medical supplies and equipment into the community. However, access was conditional on drivers showing or handing over documents to authorities.

Conversely, no humanitarian vehicle entry or aid delivery was reported in December. From July to November, SARC had been providing humanitarian deliveries to the area. However, although SARC medical personnel were still reportedly operating in the community, SARC did not provide any new aid deliveries in December.

2. FOOD & MARKETS



ACCESS TO FOOD

Due to the increase in both commercial vehicle access and resident mobility in and out of Qaboun, more food entered the area, leading to an increase in the availability of food items for residents.

However, bread from public and private bakeries continued to be unavailable, although residents could purchase bread from shops.

Despite improvements in availability, the price of food was not yet affected. Therefore, as many items were prohibitively expensive, residents who lacked sufficient money to purchase food continued to report reducing meal size as a coping strategy, as has been the case since assessments began.

COMMONLY³ REPORTED STRATEGIES

TO COPE WITH A LACK OF FOOD

QABOUN

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

CHANGE SINCE NOVEMBER





ACCESS TO MARKETS

The price of a standard basket of goods⁴ remained stable this month compared with November and was 28% less expensive than in surrounding areas not considered besieged or HTR.

AVERAGE PRICE OF STANDARD FOOD BASKET

BASKET	QABOUN	NEARBY AREAS ⁷
Average price (SYP) ⁵	18,965	26,311

CHANGE SINCE NOVEMBER⁶

◆ ◆



FOOD ITEM AVAILABILITY & PRICES

Although food availability increased in December, the average price of all assessed food items increased slightly by 9%. The increase in price was largely due to rises in the price of tomatoes (+50%), cucumbers (+40%), bulgur (+16%) and chicken (+15%), which fluctuated in line with normal market activity and seasonal availability. The average price of all assessed food items was 7% less expensive than in nearby areas not considered besieged or HTR.



WASH ITEM AVAILABILITY & PRICES

The average price of assessed hygiene items remained stable this month, with all items reported as generally available (21+ days per month). The only notable change observed was an 11% increase in the price of toothpaste. The average price of all assessed hygiene items was roughly the same as in nearby areas not considered besieged or HTR.



FUEL ITEM AVAILABILITY & PRICES

Access to fuel is especially critical for people living in besieged and HTR areas, which often face high levels of conflict and unique access restrictions. The transport of goods via commercial vehicles, provision of medical services such as ambulances, functionality of bakeries, and the powering of well pumps and electric generators in the absence of functioning networks.

The average price and availability of all fuel items remained stable in December, with all items reported as generally available (21+ days per month). **Therefore, no coping strategies to deal with a lack of fuel were reported, as has been the case since May 2017.** The average price of all assessed fuel items was comparable to that of nearby areas not considered besieged or HTR.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX (SYP)

	Item	Qaboun	Price change since November ⁶	Nearby areas not considered HTR ⁷
	Bread private bakery (pack)	Not available	◆ No info	148
	Bread public bakery (pack)	Not available	◆ No info	63
	Bread shops (pack)	75	◆	76
	Rice (1kg)	285	◆	405
	Bulgur (1kg)	260	◆ 16%	322
	Lentils (1kg)	250	◆	506
	Chicken (1kg)	750	◆ 15%	781
	Mutton (1kg)	4,000	◆	4,063
	Tomatoes (1kg)	150	◆ 50%	119
	Cucumbers (1kg)	175	◆ 40%	141
	Milk (1L)	225	◆	219
	Flour (1kg)	290	◆	278
	Eggs (1 unit)	45	◆ 13%	45
	Iodised salt (500g)	100	◆	125
	Sugar (1kg)	285	◆	400
	Cooking oil (1L)	600	◆	631
	Soap (1 bar)	100	◆	131
	Laundry powder (1kg)	600	◆	650
	Sanitary pads (9 pack)	450	◆	425
	Toothpaste (125ml)	250	◆ 11%	245
	Disposable diapers (24 pack)	1,400	◆	1,362
	Butane (cannister)	2,800	◆	2,763
	Diesel (1L)	290	◆	270
	Propane (cannister)	450	◆	450
	Kerosene (1L)	400	◆	363
	Coal (1kg)	350	◆	369
Firewood (1T)	50,000	◆	50,000	

3. LIVELIHOODS



ACCESS TO LIVELIHOODS

Access to livelihood opportunities improved in December with the opening of formal commercial routes. In November, business and trade were the most common sources of income. Meanwhile, in December, stable and unstable employment, such as trading goods from small stands at market places, also became main sources of income. This was because **new work opportunities arose after commercial vehicles entered the area.**

4. ACCESS TO SERVICES

Access to services in besieged and HTR areas is often reduced due to restrictions on civilian movement, limitations on the entry of goods and vehicles, and rationing of the main water and electricity networks.



HEALTHCARE

AVAILABLE MEDICAL SERVICES

AVAILABLE MEDICAL SERVICES	QABOUN
Child immunisation ⁸	✓
Diarrhoea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery ⁹	✗
Diabetes care	✓

CHANGE SINCE NOVEMBER



Healthcare provision improved in December, as increased commercial vehicle access led to a notable increase in the availability of assessed medical items. Trained doctors and a team of nurses from SARC served the community of Qaboun in December, as has been the case since nurses arrived in July and doctors arrived in September. Although there continued to be a mobile clinic¹⁰ operating inside the community, more complex care, such as advanced surgical

procedures or skilled childbirth services, required going to nearby communities. Red Crescent nurses assisted pregnant women who needed to give birth with travel if needed.

The most needed medical supplies were surgical equipment, antibiotics, and assistive devices¹¹, as has been the case since September. However, despite the lack of some types of trained personnel (such as surgeons, midwives, and anaesthesiologists) and medical facilities, no negative strategies were reported in December to deal with a lack of medical supplies or services.

AVAILABLE MEDICAL FACILITIES

AVAILABLE MEDICAL FACILITIES	QABOUN
Mobile clinics/field hospitals	✓
Informal emergency care points	✗
Pre-conflict hospitals	✗
Primary healthcare facilities	✗

CHANGE SINCE NOVEMBER



AVAILABILITY OF MEDICAL PERSONNEL

After nurses first entered the community in July 2017 and trained doctors entered in September, the availability of types of medical personnel has remained constant due to the continued presence of SARC in the area, but nonetheless limited.



EDUCATION

ACCESS TO EDUCATION

ACCESS TO EDUCATION	QABOUN
Available education facilities	✓
Barriers to education	✗

CHANGE SINCE NOVEMBER



All school-aged children accessed education services in the month of December. However, as there were no functioning educational facilities in Qaboun, children attended schools in nearby areas as has been the case since September.

ELECTRICITY

Access to electricity has gradually increased since the community reached a truce agreement in May 2017. In December, Qaboun continued to have access to the main electricity network for more than 12 hours per day as has been the case since October.

ACCESS TO ELECTRICITY	QABOUN
Access to electricity network	✓
Main source of electricity	Network
Access to main source of electricity	Over 12 hours
CHANGE SINCE NOVEMBER	◊

WATER

Residents continued to be able to utilise the water network seven days per week, with access to water remaining sufficient and water reported as safe to drink.

ACCESS TO WATER	QABOUN
Access to water network	✓
Main source of water	Network
Water safe to drink ¹²	✓
Access to water network/week	7 days
Water sufficient to meet HH needs	Sufficient
Coping strategies used	✗
CHANGE SINCE NOVEMBER	◊

5. SUMMARY OF CHANGES SINCE PREVIOUS MONTH

QABOUN			
Access Restrictions on Civilians	↓	Access to Healthcare	↑
Commercial Vehicle Access	↑	Access to Education	◊
Humanitarian Vehicle Access	↓	Access to Electricity	◊
Core Food Item Availability	↑	Access to Water	◊
Core Food Item Prices	◊*	Overall Humanitarian Situation	↑

*Despite food prices rising by 9%, this was in line with normal market fluctuations and thus not interpreted as a significant negative increase. Therefore, no overall change was reported in the above table for core food item prices in December.

ENDNOTES

1. Population estimates provided by Community Representatives. Population estimates from the HNO 2018 population data (September 2017) were reportedly 2,500, with no IDPs.
2. The fact that some informal routes may exist does not mean that they are safe or free to use.
3. Only strategies that are used by the majority of the population in a given community are reported, meaning that additional strategies may also be in use.
4. Calculation of the average price of a food basket is based on the World Food Programme's standard basket of dry goods (link here). The food basket includes 37 kg of bread, 19 kg of rice, 19 kg of lentils, 5 kg of sugar, and 7 kg of vegetable oil, and provides 1,930 kcal a day for a family of five for a month. In communities where bread from bakeries is not available, the price of bread from shops is used to calculate the food basket price.
5. 1 USD = 434 SYP (UN operational rate of exchange as of 1 December 2017).
6. Price fluctuations of 5% or less were not reported.
7. Nearby communities in Damascus which are not considered besieged/hard-to-reach: Jalaa, Midan Wastani, Ayoubiyah and Zahreh. Due to different data collection cycles in these areas, price data from nearby communities is from the month prior to the month featured in this profile and is only meant to serve as a reference point.
8. The absence of child immunisations in a given month does not necessarily indicate a decline in access to medical services, as vaccinations in Syria are commonly administered in rounds and therefore may not be available on a monthly basis.
9. The availability of surgery does not mean that procedures were carried out by formally trained medical personnel or that anaesthetics and appropriate surgical equipment were used.
10. The informal emergency care point reported in previous months was re-categorised as a mobile clinic in December after additional information was acquired from CRs on the nature of the facility.
11. An item being listed as among the 'most needed' does not necessarily indicate that it is unavailable in the community.
12. As reported by CRs.

BACKGROUND

In order to inform a more evidence-based response to address the needs of vulnerable communities across Syria, REACH, in partnership with the Syria INGO Regional Forum (SIRF) and other humanitarian actors, regularly monitors the humanitarian situation within communities facing restrictions on civilian movement and humanitarian access. The Syria Community Profiles, which commenced in June 2016, intend to provide aid actors with an understanding of the humanitarian situation within these communities by assessing availability of and access to food, non-food items, healthcare, water, education and humanitarian assistance, as well as the specific conditions associated with limited freedom of movement. The list of assessed communities is not intended to be exhaustive of all the areas in Syria facing limited freedom of movement and access. With greater partner input and collaboration, the number of assessed communities will be expanded when feasible.

METHODOLOGY

Data presented in the Community Profiles is collected through contact with community representatives (CRs) residing within assessed communities, who are responsible for gathering sector-specific data on their areas of expertise (e.g. health, education and so forth). Data for this round was gathered during the end of December and beginning of January 2018 and refers to the situation in December 2017. Each community has a minimum of three and up to six CRs. The network continues to expand with ongoing collaboration with SIRF and other partners.

During analysis, data is triangulated through secondary information, including humanitarian reports, news and social media monitoring, and partner verification. Comparisons are made to findings from previous assessments (where possible) and follow up is conducted with CRs to build a thorough understanding of situational developments within communities. In the case of some profiles, multiple communities are presented together; decisions to do so are based on geographical proximity, or on similarities in the access restrictions faced by populations.

Due to the inherent challenges of data collection inside Syria, representative sampling, entailing larger-scale data collection, remains difficult. Consequently, information is to be considered indicative rather than generalisable across the population of each assessed community. Furthermore, an improvement or deterioration in the situation between months may not necessarily indicate a trend, but rather a distinct development specific to the month assessed. The exclusion or inclusion of assessed communities is influenced by the availability of CRs within communities and, therefore, the list of assessed communities should not be considered representative of all areas within Syria facing acute vulnerability. Finally, the level of information presented in each profile varies due to difficulties in obtaining data from certain communities.

About REACH

REACH is a joint initiative of two international non-governmental organisations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to, and within the framework of, inter-agency aid coordination mechanisms. For more information, please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter: @REACH_info.