

FOR HUMANITARIAN PURPOSES ONLY

Introduction

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

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

Methodology and limitations

Based on data collected from 160 community representatives inside Syria in December 2016 and beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous months (if any). An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. During analysis, data is triangulated through secondary information, including humanitarian reports, news and social media monitoring, and partner verification, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

Executive Summary

In December 2016 and early January 2017, REACH assessed the humanitarian situation in 43* communities in Syria currently facing restrictions in movement and access, 20 of which are classified as besieged. The profiled communities were located in Damascus, Dar'a, Homs and Rural Damascus governorates, and information was gathered through a total of 160 community representatives (CRs). **Across assessed indicators, the overall humanitarian situation in the assessed communities remained poor, with several communities becoming increasingly vulnerable in comparison to the situation in November, and improvements only reported in a few locations.**

- **Escalation in conflict was reported in Ash Shajara, Az Zabdani and Madaya, and the Wadi Burda communities, resulting in a drastic deterioration in the overall humanitarian situation in these locations.**
- **Among all assessed communities, only Khan Elshih received humanitarian aid in December.**
- **A truce agreement was reached in At Tall on 2 December, but no significant improvement in the humanitarian situation was reported** aside from the partial lifting of access restrictions on commercial vehicles and the resulting amelioration of the food situation.
- **Infrastructural damage to the Ein Elfije source, in the Wadi Burda area, affected all assessed communities in Damascus City, along with At Tall and the Wadi Burda communities.** In total, thirteen affected communities experienced decreased access to water, worse water quality, or both, in December.

List of Assessed Profiles December 2016

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

- **Az Zabdani, Madaya and Bqine**
- **Eastern Ghouta**
- **Wadi Burda**
- **Yarmouk**
- **Ash Shajara**
- **Homs (Al Waer)**
- **Damascus (Burza, Jobar and Tadamon)**
- **Ar Rastan, Talbiseh and Taldu**
- **Deir ez Zor City (Joura, Qosour)**
- **Hajar Aswad**
- **Khan Elshih**
- **Bait Jan**
- **At Tall**

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

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

December 2016



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	Az Zabdani	Madaya and Bqine*
UN classification	Besieged	Besieged
Estimated population¹:	160-165	44500-45500
Of which estimated IDPs¹:	None	8000-8500
% pre-conflict population remaining	1-25%	51-75%
% of population that are female	None	26-50%

SUMMARY

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

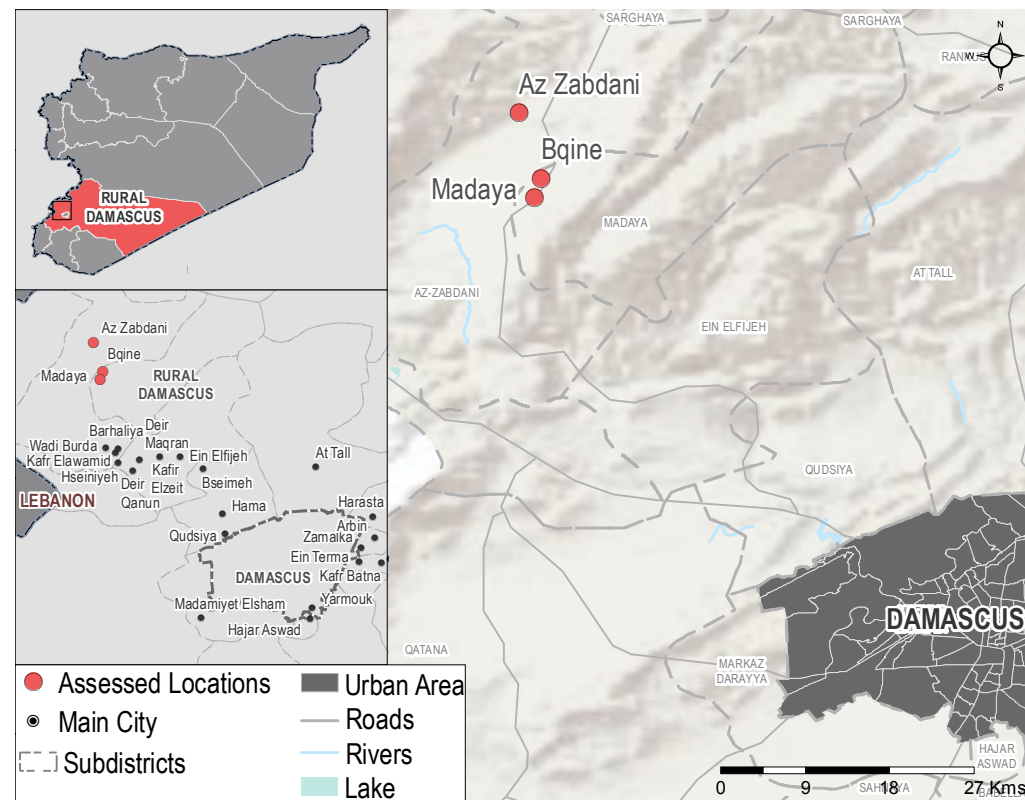
A significant intensification in hostilities in December 2016, coupled with continued access restrictions, negatively affected basic services, access to food and other commodities, as well as the health situations in Az Zabdani and Madaya. As the communities depended on remaining rations of aid from November, the overall humanitarian situation further deteriorated in December.

No formal entry points were available in either community and no commercial vehicles were able to enter, as has been the case since August 2016. Additionally, whereas a humanitarian convoy reached Madaya in late November, no deliveries were reported in December.

Despite the aid delivery in November, food insecurity in both communities remained critical as all shops and markets were forced to close in December due to security concerns. As such, no food, NFIs or fuel were available for purchase in either community. Populations in both Az-Zabdani and Madaya relied on distributions of remaining food rations, and both communities continued to report negative coping strategies to deal with the lack of food.

Conflict dynamics also affected access to basic services in both communities; all schools in Madaya closed in December due to security concerns. In both Az Zabdani and Madaya access to water remained insufficient, and access to electricity decreased as remaining stocks of fuel, integral to the use of generators, depleted.

Some medical items entered both communities with the aid delivery in November, but were quickly running out in December due to an increased number of injuries related to ongoing hostilities. **The only clinic in Madaya was forced to shut down after incurring structural damage due to shelling, and was replaced by an informal emergency care point with very limited operational capacity.**



CHANGES SINCE NOVEMBER

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

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of December 2016 and beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

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

ACCESS TO SERVICES

Water availability remained insufficient in Az Zabdani, first reported as such in November 2016. Access to water also reportedly further decreased in Madaya. Both communities reported minimal access to electricity as availability of fuel, integral to the use of generators, further decreased in December. In Madaya, where children had previously attended pre-conflict primary, secondary and high schools, no educational facilities were operating due to security concerns in December, following a significant escalation in conflict.

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

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

MOVEMENT OF INDIVIDUALS

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

People able to leave²

Both communities: None permitted.

No one could leave either community through formal access points, and no medical evacuations, reported in September 2016 in Madaya, occurred in December. However, significant escalations in conflict made it dangerous for populations to move inside the communities and restricted the functioning of various services.

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

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

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since November in Az Zabdani:	
Change since November in Madaya:	

Both communities: No commercial vehicles were able to enter.

Humanitarian vehicles

Change since November in Az Zabdani:	
Change since November in Madaya:	

Both communities: An aid convoy was able to enter Madaya in late November, with aid also being distributed to Az Zabdani, but no humanitarian deliveries were reported in December.

Goods entered

Both communities: No food, fuel, NFIs or medicine entered either community in December - a decrease in comparison to November when an aid convoy brought food baskets, flour, NFIs and medical items.

HEALTH SERVICES

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

Despite the delivery of some medical items with the aid convoy that reached Madaya in late November, both communities reported poor health situations in December. **Extensive injuries were reported following the escalation in hostilities, and despite an initial increase in available medical items, stocks were reportedly running low towards the end of the month.** In Madaya, an informal mobile emergency care point started operating as the only clinic in the community was forced to shut down after suffering structural damage.

Unavailable medical items³

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

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

Change in Az Zabdani since November	
Change in Madaya since November	

Most needed medical items⁴

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

🏠 Permanent medical facilities available

	AZ	M
Mobile clinics / field hospitals	✓	✗
Informal emergency care points	✗	✓
Pre-conflict hospitals	✗	✗
Pre-conflict clinics / surgeries	✗	✗
Change since November	↕	↓

Residents in Az Zabdani continued to have limited access to one mobile clinic, as was the case in previous months. **The mobile clinic in Madaya was forced to shut down after sustaining damage following increased hostilities. The clinic was replaced by an informal, mobile emergency care point with very limited capacity and only able to attend to emergency cases. Staff which had previously operated the clinic were now providing assistance through the emergency care point.**

💊 Medical services available

	AZ	M
Child immunization	✗	✗
Diarrhea management	✓	✗
Emergency care	✓	✓
Skilled childbirth care	✗	✗
Surgery ⁵	✗	✗
Diabetes care	✓	✗
Change since November	↕	↓

👤 Availability of medical personnel

Az Zabdani: Professionally trained doctors and nurses;

Madaya: Professionally trained doctors, nurses and midwives;

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

Change in Az Zabdani since November ↕

Change in Madaya since November ↕

⚠️ Unusual outbreaks of disease⁶

In Az Zabdani a diarrhea outbreak, first reported in November, was still observed in December. In Madaya, meningitis and kidney failure, first reported in October and November respectively, were still observed but no new cases or casualties were reported.

💡 Strategies used to cope with a lack of medical services

Az Zabdani: Recycling medical items;

Madaya: The community, which had not previously reported coping strategies, resorted to recycling medical items and carrying out operations without anaesthesia in December as medical services became more informal in nature following the closure of the mobile clinic. In Bqine, residents were also reportedly being treated by civilians without professional training.

🍲 FOOD

Change in food situation compared to November in both: ↓

🍲 Most common methods of obtaining food at the household level

Both communities: Receiving through food distributions from local councils.

🌾 Most common methods of obtaining bread at the household level

Both communities: Homemade.

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

Despite the humanitarian delivery in November, access to bread decreased further in both communities in December as the aid delivered was insufficient; all shops were closed following the escalation in conflict; and no flour or fuel could be procured from nearby communities because of the restrictions on movement.

Change in Az Zabdani since November ↓

Change in Madaya since November ↓

🍲 Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

⚠️ Deaths attributable to a lack of food⁶

Both communities: None reported.

💰 CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket⁷

Following the escalation in conflict in early December, all shops and markets in Madaya closed due to safety concerns. As no goods were available for purchase in the community, it was not possible to calculate a standard food basket price for December, for the first time since assessments of the community began in June 2016.

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




🍲 Core food item availability

Prior to the aid distribution in late November, food insecurity in both communities had reached critical levels and populations reported resorting to coping strategies including reducing meal size and skipping meals; these were also reported in December, as food which entered through the humanitarian delivery was insufficient.

All remaining core food items in Madaya became unavailable for purchase in December as shops and markets were forced to close due to increased hostilities. Populations in both communities relied on distributions of the remaining food rations from Madaya local council.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

No prices could be collected for any food, fuel, or hygiene and sanitation items in either community in December as shops and markets were forced to close due to escalation in conflict. Populations relied on distributions of food and certain hygiene and sanitation products from the remaining aid which had reached Madaya in late November.

	Item	Az Zabdani	Price changes since Nov.	Madaya	Price changes since Nov.	Nearby non-hard to reach communities ⁹
 Food Items	Bread private bakery (pack)	Not available	◆	Not available	◆	300
	Bread public bakery (pack)	Not available	◆	Not available	◆	63
	Rice (1kg)	Not available	◆	Not available	Available	525
	Bulgur (1kg)	Not available	◆	Not available	Available	250
	Lentils (1kg)	Not available	◆	Not available	Available	500
	Chicken (1kg)	Not available	◆	Not available	◆	1100
	Mutton (1kg)	Not available	◆	Not available	◆	4000
	Tomato (1kg)	Not available	◆	Not available	Available	198
	Cucumber (1kg)	Not available	◆	Not available	Available	275
	Milk (litre)	Not available	◆	Not available	◆	213
	Flour (1kg)	Not available	◆	Not available	◆	213
	Eggs (1)	Not available	◆	Not available	◆	50
	Iodised salt (500g)	Not available	◆	Not available	Available	100
	Sugar (1 kg)	Not available	◆	Not available	◆	495
Cooking oil (litre)	Not available	◆	Not available	Available	1225	
 WASH Items	Soap (1 bar)	Not available	◆	Not available	Available	100
	Laundry powder (1kg)	Not available	◆	Not available	Available	563
	Sanitary pads (9)	Not available	◆	Not available	Available	388
	Toothpaste (125ml)	Not available	◆	Not available	Available	388
	Disposable diapers (24 pack)	Not available	◆	Not available	◆	1200
 Fuel	Butane (cannister)	Not available	◆	Not available	◆	3250
	Diesel (litre)	Not available	Available	Not available	Available	218
	Propane (cannister)	Not available	◆	Not available	◆	600
	Kerosene (litre)	Not available	◆	Not available	Available	Not available
	Coal (kg)	Not available	◆	Not available	◆	400
	Firewood (tonne)	Not available	◆	Not available	◆	60000

WASH item availability / prices

Both communities: As was the case with food items, all hygiene and sanitation items became unavailable for purchase as shops and markets were forced to close in December. In Madaya, all sanitation and hygiene items had been sometimes available¹⁰ in November, but significantly more expensive than in nearby communities not considered besieged or hard to reach. In Az Zabdani, no such items have been available for purchase since October.

Fuel availability / prices

Both communities: All types of fuel became unavailable for purchase in December. Previously, diesel had been generally unavailable¹¹ in both communities in November, whereas kerosene could also occasionally be obtained in Madaya. **As both communities relied on generators, the continued depletion of fuel stocks had a negative impact on access to electricity, the functioning of water pumps, and also exacerbated hardship related to the colder winter weather.**

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

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

Endnotes

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

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

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

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

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

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

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

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

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

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

¹¹ Generally not available in markets (fewer than 6 days this month).


Syria Community Profile Update: Eastern Ghouta, Rural Damascus

December 2016



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	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	39000	143000	23300	18000	20000	14000	16750	4000	24000	12000
 Of which estimated IDPs¹	1930	19000	14300	5850	5270	6300	10000	1300	8500	2640
% pre-conflict population remaining	1-25%	26-50%	1-25%	51-75%	1-25%	51-75%	51-75%	1-25%	1-25%	1-25%
% of population that are female	1-25%	26-50%	1-25%	26-50%	1-25%	26-50%	1-25%	1-25%	1-25%	1-25%

SUMMARY

Information in this profile was gathered from ten communities: Duma, Arbin, Saqba, Harasta, Hammura, Kafr Batna, Ein Terma, Jisrein, Zamalka and Nashabiyeh. While the profile refers to the situation in December 2016, comparisons were made to changes observed since November, when the communities were last assessed.

In December, the overall situation in Eastern Ghouta remained largely unchanged, after having worsened in November due to greater insecurity. Continued restrictions on outward movement contributed to ongoing vulnerabilities in these communities.

Military control of Eastern Ghouta, an agricultural region east of Damascus, has been contested since 2012, with restrictions on access tightening

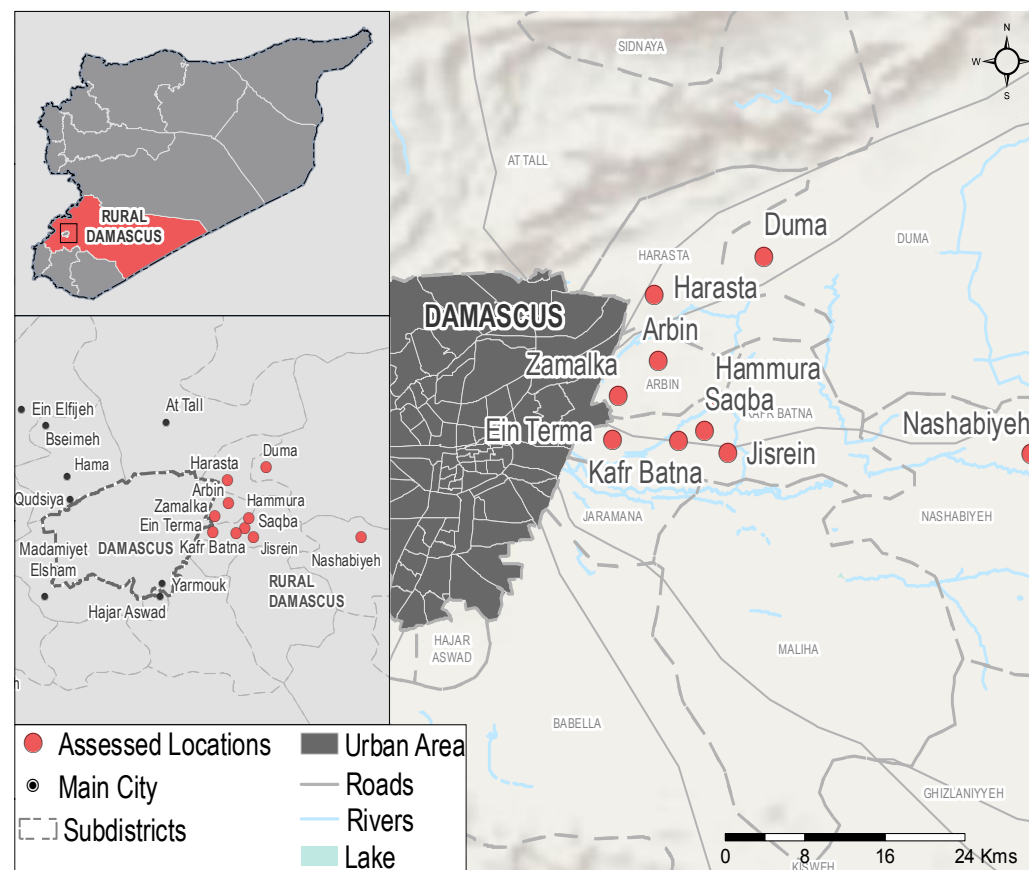
in mid-2013. **In November 2016, Nashabiyeh was re-classified by the UN from 'hard to reach' to besieged.** All other assessed communities have been classified as besieged since 2014.

Despite a local ceasefire agreement in May 2016, fighting resumed in June and continued to affect civilians until August, when conflict escalated further. Internal clashes between parties to the conflict in the Eastern Ghouta area decreased in September and remained minimal until November. After escalating in November, clashes continued to affect Eastern Ghouta and **conflict-related insecurity remained high this month.**

As had been the case since the communities were first assessed in June 2016, typically, residents were able to move between communities. However,

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movement outside the wider contiguous area via formal routes remained limited.

Although civilians were still able to use informal routes in December, these remained open only for those requiring urgent medical assistance.

No humanitarian aid entered the communities in Eastern Ghouta in December, as had been the case in November. This, in addition to lower amounts of medicine entering the communities informally compared to November, resulted in depleting stocks of available medical items. Across all assessed communities, the types and amounts of available medical items decreased. Consequently, some medical services became unavailable. Child immunization, in particular, became unavailable in all communities except Arbin, Kafr Batna and Nashabiyeh. Despite this, the health situation in Eastern Ghouta reportedly remained similar to that in November, with people being able to access services and facilities within the wider contiguous area, without restrictions.

Commercial vehicles access remained limited, and the amount of goods entering formally remained largely unchanged. Conversely, the amount of fuel items, which mainly enter the communities informally, decreased compared to November, leading to higher butane and diesel prices this month.

Food item availability has remained largely unchanged since the communities were first assessed in June 2016, and prices remained similar to those reported in November. The significant decrease in chicken and mutton prices this month was reportedly due to changes in land property. As a consequence, some farmers were no longer able to breed animals and were reportedly forced to sell their livestock at lower prices.

Overall, access to services improved across all Eastern Ghouta communities. Access to education increased, as schools re-opened after having remained closed the last week of November. Access to electricity also increased, as a new payment method for the use of

CHANGES SINCE NOVEMBER

Access Restrictions on Civilians



Commercial Vehicle Access



Humanitarian Vehicle Access



Access to Basic Services



Health Situation



Core Food Item Availability



Core Food Item Prices



Overall Humanitarian Situation



generators was introduced. In Jisrein, access to the water network was restored this month, after having been interrupted in November.

MOVEMENT OF CIVILIANS

People able to leave²

Change in # people able to leave compared to November:



As was the case since assessments began in June 2016, populations could generally move between communities within Eastern Ghouta most days, but very few people were permitted to leave the wider contiguous areas in December. These included some public sector employees and some retired individuals, who were allowed through checkpoints upon presenting documents and after being searched.

Travel between Eastern Ghouta communities remained the same from November to December, following increased access in October, due to fewer checkpoints between communities.

Reportedly, informal points continued to be used in December. Due to the high risks faced when trying to enter or exit informally, such routes were used only in extreme cases, such as for the evacuation of individuals in need of critical medical assistance.

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

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

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since November:



As was the case since assessments began in June 2016, commercial vehicles were able to travel within Eastern Ghouta in December without restrictions. However, movement into and out of Eastern Ghouta through formal entry and exit points remained limited. Restrictions included the search and confiscation of loads, as well as the payment of fees.

There has been no change in the number of commercial vehicles entering Eastern Ghouta communities since November, following a slight increase in the number of vehicles reportedly entering Duma from September to October.

Humanitarian vehicles

Change since November:



Able to enter: none reported.

No humanitarian aid has entered the communities of Eastern Ghouta since June 2016, with the exception of Duman and Harasta, which received aid in October 2016.

Goods entered

In December, food, fuel, NFIs and medical supplies continued to enter Eastern Ghouta through commercial vehicles or by populations leaving and entering via formal or informal routes. Also, as had been the case since August 2016, all communities reported that food could be produced locally, including Ein Terma where, in contrast to November, some families started growing food in their gardens.

Compared to November, no major change in the amount of goods entering was reported in December. However, a decrease in the amount of fuel and medicine entering the communities informally was reported.

ACCESS TO SERVICES

Access to basic services increased in Eastern Ghouta communities from November to December. The water network remained unavailable in all communities except Jisrein, where network access was restored after being interrupted by infrastructural damage in November. None of the communities had access to the electricity network and all communities relied on generators as their main source of electricity, as had been the case since June 2016. An increase in daily access to electricity was reported in most communities, with the exceptions of Hammura, Kafr Batna, Nashabiyeh and Zamalka. This was due to a change in payment method for electricity usage, whereby households could pay according to their actual consumption, rather than having to pay a fixed fee per month. After shutting down for a week on 21 November due to a worsened security situation, schools across Eastern Ghouta re-opened in December, resulting in improved access to education this month.

ACCESS TO SERVICES*

	WATER			ELECTRICITY		EDUCATION		
	Main source of drinking water (Status**)	Available water to meet household needs (Coping strategies)	Access to water network per week	Access to electricity network per day	Access to electricity (Main source) per day	Available education facilities	Barriers to education	Change in number of children attending school since November
Arbin	⬇️ Closed wells (Safe to drink)	Sufficient	Network unavailable	⬆️ Network unavailable	8 - 12 hours (Generator)	⬆️ Informal schools set up since conflict began	All children accessed schools	Increase; schools were reopened after closing in November
Duma	⬇️ Closed wells (Safe to drink)	Sufficient	Network unavailable	⬆️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	All children accessed schools	Increase; schools were reopened after closing in November
Ein Terma	⬇️ Closed wells (Safe to drink)	Sufficient	Network unavailable	⬆️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	All children accessed schools	Increase; schools were reopened after closing in November
Hammura	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	All children accessed schools	Increase; schools were reopened after closing in November
Harasta	⬇️ Closed wells (Safe to drink)	Sufficient	Network unavailable	⬆️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	All children accessed schools	Increase; schools were reopened after closing in November
Jisrein	⬆️ Closed wells (Safe to drink)	Sufficient	1-2 days	⬆️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	All children accessed schools	Increase; schools were reopened after closing in November
Kafr Batna	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	8 - 12 hours (Generator)	⬆️ Informal schools set up since conflict began	All children accessed schools	Increase; schools were reopened after closing in November
Nashabiyeh	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	Facilities destroyed, routes to services unsafe, children drop out to get married	Increase; schools were reopened after closing in November
Saqba	⬇️ Closed wells (Safe to drink)	Sufficient	Network unavailable	⬆️ Network unavailable	4 - 8 hours (Generator)	⬆️ Informal schools set up since conflict began	All children accessed schools	Increase; schools were reopened after closing in November
Zamalka	⬇️ Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	⬇️ Network unavailable	8 - 12 hours (Generator)	⬆️ Informal schools set up since conflict began	All children accessed schools	Increase; schools were reopened after closing in November

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

🏠 Permanent medical facilities available

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

HEALTH SERVICES

Change in health situation compared to November:



Overall, no change was reported in the health situation in Eastern Ghouta communities in December, compared to November.

The number of functioning health facilities, as well as the availability of personnel, remained the same in December in all communities.

After escalating in November, conflict-related insecurity continue to affect Eastern Ghouta this month, and the capacity of health facilities remained under strain.

Available medical items decreased in types or amounts across all communities, due to depleting stocks and fewer items entering the communities informally. Consequently, the types of medical services available also decreased in a majority of communities.

in the number of available facilities compared to November, and that everyone could access facilities equally and without restriction. However, due to conflict-related insecurity remaining high in December, facilities were reportedly under strain, as had been the case in November.

Due to depleting stocks of medical items and fewer medical items entering informally this month, available medical services in Eastern Ghouta decreased compared to November. In particular, child immunization became unavailable across all communities except Arbin, Duma and Zamalka, as stocks of vaccine were entirely depleted.

Change since November



Change since November



🏠 Medical facilities and services

As had been the case since assessments began in June 2016, some medical facilities were functioning across the Eastern Ghouta communities, primarily in the form of mobile clinics, field hospitals and informal emergency care points (see table above). Communities reported that there was no significant change



Availability of medical personnel

There was no reported change in the number of available medical personnel in December, in comparison to October and November.

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

Surgeons were reportedly unavailable in Jisrein, Saqba and Zamalka, while anaesthesiologists were unavailable in Arbin, Ein Terma, Harasta, Nashabiyeh and Zamalka.



Unavailable medical items³

The amount of medicine available reportedly decreased in all communities compared to November, due to depleting stocks and fewer items entering through informal points.

Compared to November, a decrease in the types of medical items available was reported in Arbin, Harasta and Zamalka. All types of medical items assessed were reportedly available in Kafr Batna and Hammura. In Nashabiyeh only diabetes medicine was reportedly unavailable. In all other communities, three or more item types of items were unavailable.

Medical items commonly reported as unavailable across a majority of communities are outlined below.

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

Change since November



Most needed medical items⁴

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

1. Assistive devices
2. Heart medicine
3. Surgical equipment
4. Clean bandages
5. Antibiotics
6. Anaesthetics



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

In order to cope with the lack of medicine and medical equipment, individuals from all communities reportedly resorted to using expired medicine, sharing resources between medical facilities or using non medical items for treatment (e.g. wooden sticks as casts).

No strategies were reported in Hammura, Kafr Batna and Nashabiyeh.



Reported casualties this month

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

Change since November



 Medical services available

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

+ Unusual outbreaks of disease⁶


No known cases in all communities; this was also the case since August 2016.

through small farm or backyard production, as had been the case since June 2016.

Strategies to cope with a lack of food reportedly remained unchanged in all Eastern Ghouta communities. Skipping meals or reducing their size were reported as coping strategies in December, as had been the case since June 2016, when the communities were first assessed.

On average, there were no significant changes in the average food basket price from November to December within the communities of Eastern Ghouta. The average cost of a standard food basket in Eastern Ghouta was **106% more expensive than in nearby communities** not considered besieged or hard to reach.

FOOD

Change in food situation compared to November: 

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

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

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

Reportedly, the amount of food items entering Eastern Ghouta communities remained the same as in November. However, there was an increase in household production, as some families in Ein Terma started growing food in their backyards or gardens. Also people in a majority of communities reported obtaining food

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

All: Shops;

Across assessed communities in Eastern Ghouta, there were no commonly reported challenges to accessing bread in December, as had been the case since the communities were first assessed in June 2016.

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

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

+ Deaths attributable to a lack of food⁶

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



 **Food item availability / prices**

Food item availability has remained largely unchanged since August 2016, while prices in December were similar to those reported in November.

As had been the case since June, when the communities were first assessed, bread from public bakeries was unavailable in Eastern Ghouta in December. However, all other assessed food items were generally available¹¹ across all communities. Chicken mutton and flour were reportedly unavailable in Nashabiyeh, as had been the case in November. Cucumber remained unavailable in Jisrein, after having become unavailable in November for the first time since June 2016.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

 **Average cost of standard food basket⁷**

	Eastern Ghouta	Nearby areas ⁸
Average cost December (SYP) ⁹	50821	24699
Change since November ¹⁰		

WASH item availability / prices

In comparison to November, prices of assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) in Eastern Ghouta decreased, on average, by 6% compared to December. Prices were, however, on average 47% higher in comparison to nearby communities not considered besieged or hard to reach. No major discrepancies in prices were observed among assessed communities.

Across all assessed communities in Eastern Ghouta, core hygiene and sanitation items were available in markets at least 21 days this month, as had been the case for all items except disposable diapers since June 2016. Disposable diapers were an exception, as they went from generally available¹¹ to sometimes available¹² in Kafr Batna this month.

Fuel availability / prices

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

In comparison to November, prices of available fuel items in Eastern Ghouta increased, on average, by 10%, after having temporarily decreased in November. This was reportedly due to lower amounts of fuel entering the communities through informal points this month.

Prices were on average 71% higher in comparison to nearby communities not considered besieged or hard to reach.

The price of firewood remained unchanged this month, after experiencing an increase in November due to higher demand.

Strategies used to cope with a lack of fuel:

All communities reported using strategies to cope with a lack of fuel; difference among communities are outlined below.

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

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

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




CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX⁹

Food item availability and prices have remained largely unchanged since November 2016.

The price of tomato and cucumber increased significantly across assessed communities, due to the winter season and lower yields for local vegetable production.

Lower prices of chicken and mutton compared to November reportedly reflected changes in land property, whereby several farmers had no longer the possibility to keep or breed animals, and were forced to sell livestock at lower prices.

Food items were, on average, 96% more expensive than in nearby communities not classified as besieged or hard to reach.

	Item	Eastern Ghouta Average	Price change since November ¹⁰	Nearby non-hard to reach communities ⁹
	Bread private bakery (pack)	305	↓ -6%	300
	Bread public bakery (pack)	Not available	◇	63
	Rice (1kg)	670	◇	375
	Bulgur (1kg)	470	↓ -10%	275
	Lentils (1kg)	800	◇	250
	Chicken (1kg)	1700	↓ -19%	600
	Mutton (1kg)	3000	↓ -30%	3250
	Tomato (1kg)	415	↑ +89%	200
	Cucumber (1kg)	500	↑ +25%	200
	Milk (litre)	239	↑ +8%	125
	Flour (1kg)	358	◇	450
	Eggs (1)	65	◇	30
	Iodised salt (500g)	140	◇	50
	Sugar (1 kg)	539	◇	300
	Cooking oil (litre)	870	↓ -5%	450
	Soap (1 bar)	120	◇	75
	Laundry powder (1kg)	810	↓ -10%	1250
	Sanitary pads (9)	470	↓ -9%	475
	Toothpaste (125ml)	455	↓ -9%	200
	Disposable diapers (24 pack)	1760	◇	1250
	Butane (cannister)	13550	↑ +13%	6500
	Diesel (litre)	515	↑ +16%	300
	Propane (cannister)	Not available	◇	600
	Kerosene (litre)	Not available	◇	Not available
	Coal (kg)	Not available	◇	400
Firewood (tonne)	108500	◇	60000	

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

Endnotes

¹ Figures based on HNO 2017 population and IDP data (January 2016). Figures based on population estimates by local actors within the community assessed were Arbin: 42,000-43,000; Duma: 120,000-125,000; Ein Terma: 30,000-33,000; Hammura: 29,000-32,000; Harasta: 14,000-14,500; Jisrein: 18,000-20,000; Kafr Batna: 18,000-20,000; Nashabiyeh: 600-700; Saqba: 50,000-53,000; and Zamalka: 11,000-12,000.

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

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

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

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

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

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

([link here](#)).

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

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 1 Dec. 2016)

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

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

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


Syria Community Profile Update: Wadi Burda, Rural Damascus

December 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafir Elawamid
UN classification	Hard to reach	Hard to reach	Hard to reach	Hard to reach	Hard to reach	Hard to reach	Hard to reach	Hard to reach	Hard to reach
Estimated population (individuals)¹	3000-3500	4800	8000	9000	7300	6900	7300	3600	3100
 Of which estimated IDPs¹	800-1000	820	760	3100	2500	810	840	2810	560
% pre-conflict population remaining	76-100%	76-100%	76-100%	51-75%	51-75%	51-75%	51-75%	76-100%	76-100%
% of population that are female	26-50%	51-75%	26-50%	26-50%	26-50%	51-75%	26-50%	51-75%	51-75%

SUMMARY

Information in this profile was gathered from nine communities in the Wadi Burda region northwest of Damascus city: Barhaliya, Hseiniyeh, Kafir Elzeit, Deir Maqran, Ein Elfijeh, Suq Wadi Burda, Deir Qanun, Bseimeh and Kafir Elawamid. Of these, Ein Elfijeh is considered the most important community in the valley, as **the Elfijeh spring is the primary source of water to Damascus and the Wadi Burda region.** These nine communities, all classified by the UN as 'hard to reach', were profiled for the first time in August 2016. While this profile presents the situation in December 2016, comparisons were made to November, when the communities were last assessed.

hostilities in the region. A combination of sudden, severe access restrictions and conflict-related insecurity led to the closures of health facilities, schools and stores, widespread commodity shortages, and loss of access to both water and electricity networks.

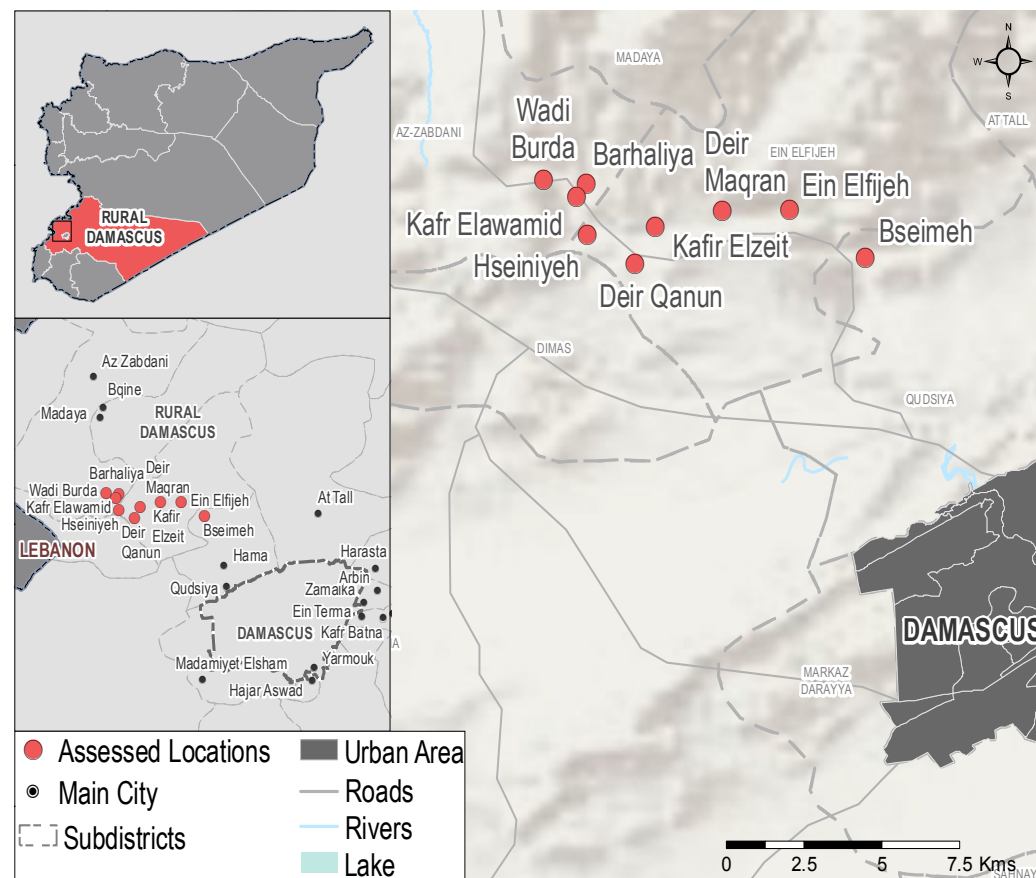
This cluster of communities, grouped due to the relative freedom of movement among communities, sits within an area of contested control and faces ongoing restrictions on movement and access into and out of the area. These restrictions, felt to varying degrees across communities, have become more severe during December.

In December, the humanitarian situation in Wadi Burda deteriorated sharply with the re-ignition of

Between August and December 2016, parties to the conflict adhered to a pair of agreements which sought to end the shelling in Wadi Burda, as well as to

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of December 2016 and beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods in which the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.



secure limited civilian access to commercial goods, medical items and baby formula, provided that the Wadi Burda communities continued to ensure an uninterrupted supply of water to Damascus. However, from late December onward, **damage to the Ein Elfijeh facility and the contamination of the Damascus water supply led to the breakdown of these agreements, sparking a sharp escalation in conflict and bringing stricter restrictions on both civilian movement and the entry of goods.** A followup agreement was negotiated on 13 January that would have permitted a team of engineers to repair the Ein Elfijeh facility and restore the water network, but within a day, this plan broke down and fighting resumed.

Due in part to conflict-related damage, **both the water and the electricity networks in Wadi Burda were non-functional by the end of December.** Residents began to rely primarily on closed wells for their water and on generators for their electricity, despite a shortage of fuel to run them. In both cases, these alternate sources were insufficient to meet household needs.

In most Wadi Burda communities, all schools and health facilities closed in late December due to conflict-related insecurity, destruction of facilities and the danger of traveling by road throughout the region. The only facilities that remained open were those in Deir Qanun and Kafir Elzeit, communities that were considered relatively safe compared to their neighbours. Many medical personnel in the region relocated to the still-operating health facilities in these two communities, bringing with them limited quantities of medical items, with the aim of centralising Wadi Burda's healthcare system in an area less vulnerable to conflict.

The imposition of access restrictions in December cut off the region's previous sources of commercial goods, leading to **widespread commodity shortages.** Many core food items, including bread, were reported to be wholly unavailable in markets, along with all types of fuel. **Shops and markets in four communities shut down altogether due to the intensity of the conflict.** The price of a food

CHANGES SINCE NOVEMBER

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

basket in late December was reported to be 25% higher than in November.

MOVEMENT OF CIVILIANS

🚶 People able to leave²

Change in # people able to leave compared to November:	↓
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All communities: None permitted to leave the area.

Restrictions on movement tightened substantially following the re-escalation of conflict in late December and the subsequent breakdown of the access agreements. **All formal entry and exit points were shut. Civilians were no longer permitted to cross, and those who approached the checkpoints were reportedly at risk of gunfire.** Local residents could still travel among the communities of Wadi Burda on most days, but were at risk of shelling and gunfire on the roads. In November, by contrast, women, children, students, employees, and men with prior approval from the authorities were permitted to enter and exit Wadi Burda through formal points upon showing identification.

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

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

All communities: Shelling, gunfire, detention.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since November:	↓
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Able to enter **Wadi Burda:** None reported.

Following the escalation in conflict, **commercial vehicles were no longer permitted to enter the Wadi Burda area,** which led to a decrease in the availability of goods on local markets. Commercial vehicles also largely stopped moving among Wadi Burda communities, due in part to the increased risk of traveling by road and in part to widespread shop closures in response to increased conflict. Even before the tightening of restrictions, the majority of commercial vehicles operating in the area had come from outside Wadi Burda and relied on the ability to cross through formal entry and exit points in order to operate.

In all previous months since August 2016, when the area was first assessed, vehicles carrying commercial goods had been allowed to move freely within the Wadi Burda communities. However, as of October, access to the wider area through formal entry and exit points had been limited only to pre-registered traders who could display documentation.

🚚 **Humanitarian vehicles**

Change since November:



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

📦 **Goods entered**

Prior to late December, goods continued to enter the Wadi Burda region via commercial vehicles, as well as via civilians leaving the community and bringing back items through formal points. Afterwards, the collapse of the Wadi Burda access agreements, combined with a lack of viable informal entry or exit points, **brought the entry of food, fuel, NFIs and medical items nearly to a halt.**




ACCESS TO SERVICES

Damage to the water pumping facilities in Ein Elfijeh on 22 December led to the breakdown of the Wadi Burda water network. From late December onward, most residents began to rely on closed wells for their water, but were unable to obtain enough to meet household needs. An agreement was reached on 13 January between parties to the conflict to allow a team of specialists to repair the Ein Elfijeh facility, but implementation has been unsuccessful.

Wadi Burda's electricity network was also taken out of service following conflict-related damage, and while many residents had access to generators, they had only enough fuel to operate for 1-2 hours per day.

Following the escalation in conflict, **all educational facilities closed in late December except for those in Deir Qanun and Kafir Elzeit,** which were perceived as relatively safer than other communities. However, the continued danger of traveling by road led to a decrease in the number of students attending school, even in these two communities.

ACCESS TO SERVICES*

	 WATER			 ELECTRICITY		 EDUCATION		
	Main source of drinking water (Status**)	Available water to meet household needs (Coping strategies)	Access to water network per week	Access to electricity network per day	Access to electricity (Main source) per day	Available education facilities	Barriers to education	Change in # children attending school since November
Barhaliya	↓ Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	↓ Network unavailable	1-2 hours (Generator)	↓ None	Closure of school facilities, routes unsafe	Decreased due to escalation in conflict
Hseiniyeh	↓ Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	↓ Network unavailable	1-2 hours (Generator)	↓ None	Closure of school facilities, routes unsafe	Decreased due to escalation in conflict
Kafir Elzeit	↓ Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	↓ Network unavailable	1-2 hours (Generator)	↓ Preconflict primary, secondary and high schools	Routes unsafe, lack of school supplies and teaching staff	Decreased due to escalation in conflict
Deir Maqran	↓ Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	↓ Network unavailable	1-2 hours (Generator)	↓ None	School facilities destroyed, routes unsafe	Decreased due to escalation in conflict
Ein Elfijeh	↓ Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	↓ Network unavailable	1-2 hours (Generator)	↓ None	Closure of school facilities, routes unsafe	Decreased due to escalation in conflict
Suq Wadi Burda	↓ Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	↓ Network unavailable	1-2 hours (Generator)	↓ None	Closure of school facilities, routes unsafe	Decreased due to escalation in conflict
Deir Qanun	↓ Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	↓ Network unavailable	1-2 hours (Generator)	↓ Preconflict primary, secondary and high schools	Routes unsafe, lack of school supplies and teaching staff	Decreased due to escalation in conflict
Bseimeh	↓ Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	↓ Network unavailable	1-2 hours (Generator)	↓ None	Closure of school facilities, routes unsafe	Decreased due to escalation in conflict
Kafr Elawamid	↓ Closed wells (Safe to drink)	Insufficient (Modify hygiene practices, i.e. bathe less)	Network unavailable	↓ Network unavailable	1-2 hours (Generator)	↓ None	School facilities destroyed, routes unsafe	Decreased due to escalation in conflict

*Arrows indicate change in access since November.

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

🏠 Permanent medical facilities available

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafr Elawamid
Mobile clinics / field hospitals	✗	✗	✗	✗	✗	✗	✗	✗	✗
Informal emergency care points	✗	✗	✓	✗	✗	✗	✓	✗	✗
Pre-conflict hospitals	✗	✗	✗	✗	✗	✗	✗	✗	✗
Primary healthcare facilities	✗	✗	✓	✗	✗	✗	✓	✗	✗

HEALTH SERVICES

Change in health situation compared to November:



Following the escalation in conflict in late December, **the majority of health facilities in Wadi Burda stopped functioning apart from those in Deir Qanun and Kafir Elzeit**, which were perceived as relatively safer than other communities in the area. After their closure, **medical items and personnel from elsewhere in Wadi Burda were relocated to these two communities**. The remaining facilities in Deir Qanun and Kafir Elzeit aim to provide services to communities throughout Wadi Burda, but the danger of traveling by road makes access difficult.

No new cases of Guillain-Barré syndrome were reported since the September 2016 outbreak in Bseimeh, Suq Wadi Burda and Deir Qanun, which resulted in one death and five cases of paralysis. All cases remained largely untreated, as the specialised medicine and medical staff that would have been required to treat the syndrome were not permitted to enter, but the outbreak subsided with time.

🏠 Medical facilities and services

Until late December, health facilities continued to operate in most communities of Wadi Burda, particularly in the population centre of Ein Elfijeh. Nearly all of these sites subsequently

closed due to intensifying conflict, **leaving Deir Qanun and Kafir Elzeit as the only two communities with direct access to operational medical facilities**. Each of these communities retained both primary healthcare facilities and informal emergency care points; in Deir Qanun, private clinics were additionally available. In November, these primary health facilities had some of the largest capacities and provided some of the most advanced services available in the Wadi Burda area.

The availability of medical services declined sharply in December with the closure of medical facilities in other communities (see table on the following page). Surgery, child immunizations and skilled childbirth care were unavailable across all communities in Wadi Burda.

Despite the availability of some health services in a relatively central location in the valley, access remained difficult for all segments of the population in late December due to the new risks associated with travel among the Wadi Burda communities.

Change since November



👤 Availability of medical personnel

Due to the closure of health facilities and rapid displacement among the communities of Wadi Burda, it was not possible to determine

the precise numbers of medical personnel present in each community at the time of data collection. Though community representatives confirmed that trained medical professionals from less central communities had relocated to the operational medical facilities in Deir Qanun, the overall number of practising medical personnel reportedly declined from November to December.

Prior to the escalation of conflict, community representatives reported that at least one professionally trained doctor, nurse and pharmacist was present in all Wadi Burda communities assessed. Volunteers with informal medical training were also present in most communities.

Change since November



👜 Unavailable medical items³

Prior to late December, medical items continued to enter Wadi Burda via commercial vehicles and civilians crossing through formal checkpoints. Following the reignition of hostilities, no further supplies were permitted to enter. Medical personnel made an effort to relocate medical items to Deir Qanun from non-operational health facilities elsewhere in Wadi Burda, but beyond this effort, health facilities in Wadi Burda have not been resupplied since late December.

Deir Qanun and Kafir Elzeit are the only Wadi Burda communities in which medical items are currently available. In these communities, medical scissors are the only items reported to be consistently available. All other monitored items (anti-anxiety medication; contraception; heart, diabetes and blood pressure medicine; antibiotics; blood transfusion bags; clean bandages; anaesthetics; burn treatment) are only sometimes available due to the rationing of insufficient supplies.

Change since November



📋 Most needed medical items⁴

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

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

Medical services available

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Ein Elfijeh	Suq Wadi Burda	Deir Qanun	Bseimeh	Kafr Elawamid
Child immunization	✗	✗	✗	✗	✗	✗	✗	✗	✗
Diarrhea management	✗	✗	✓	✗	✗	✗	✓	✗	✗
Emergency care	✗	✗	✓	✗	✗	✗	✓	✗	✗
Skilled childbirth care	✗	✗	✗	✗	✗	✗	✗	✗	✗
Surgery ⁵	✗	✗	✗	✗	✗	✗	✗	✗	✗
Diabetes care	✗	✗	✓	✗	✗	✗	✓	✗	✗

Reported casualties this month

All reported deaths for the month of December in all communities were attributed to sickness and disease.

Change since November



Unusual outbreaks of disease⁶

No known cases in all communities; in particular, no new cases of Guillain-Barré syndrome were reported in December.

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

All communities: Sharing resources between medical facilities

FOOD

Change in food situation compared to November:



Most common methods of obtaining food at the household level

Barhaliya, Souq Wadi Burda, Deir Qanun, Kafir Elzeit, Kafr Elawamid: Purchasing from shops or markets

Ein Elfijeh, Bseimeh, Hseiniyeh, Deir Maqran: Receiving from family or friends

Following the escalation of conflict, all food stores in the latter four communities have reportedly closed due to the intensity of the fighting there.

Most common methods of obtaining bread at the household level

All communities: Homemade

Bread was reportedly difficult to obtain throughout Wadi Burda in December, with residents of all communities facing issues. Deir Qanun, Deir Maqran and Kafr Elawamid were the only communities where representatives did not report difficulty in obtaining bread from private or public bakeries; Deir Maqran and Kafr Elawamid were the only ones where they did not report difficulty in obtaining bread from shops. These exceptions aside, all Wadi Burda communities reported that bread, flour, wheat, yeast and cooking fuel were very hard to access.

Deaths attributable to a lack of food⁶

No known cases in any assessed community.

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Wadi Burda	Nearby areas ⁸
Average cost in December (SYP) ⁹	37912	29925
Change since November ¹⁰	↑	↑

Due to the unavailability of bread in markets and shops in Wadi Burda during late December, no standard core food basket price could be calculated for this period. **The price of a food basket excluding bread increased by 25% since November and is 27% higher than the price of an equivalent basket in nearby communities not considered besieged or hard to reach.**

Food item availability / prices

Restrictions on the movement of commercial vehicles led to **extensive food shortages throughout Wadi Burda in late December.** Bread, chicken, mutton, tomatoes, cucumbers, milk and eggs were absent from all communities, and the remainder of monitored food items were reported to be available for fewer than 6 days per month. All food items were unavailable in Ein Elfijeh, Bseimeh, Hseiniyeh and Deir Maqran due to the closure of shops and markets there.

The prices of those food items remaining in markets increased by an average of 30% during December. In particular, that of flour rose by 80%, likely connected to poor access to bread.

WASH item availability / prices

While the availability of hygiene items also decreased from November to December,

these items were **more widely available than food**, due to their longer shelf life and slower rate of stock depletion. Sanitary pads were the most widely available hygiene item, generally available in markets from 7 to 20 days per month. All other items, where present, were available for fewer than 6 days per month, except in Kafr Elawamid, where all items were reported to be available for 7 to 20 days per month.

As with food items, **all hygiene items were unavailable in Ein Elfijeh, Bseimeh, Hseiniyeh and Deir Maqran** due to the closure of shops and markets there. In addition, laundry powder was unavailable in Deir Qanun.

Following a sharp increase from September to November, the prices of assessed hygiene items remained stable from November to December, rising by an average of just 8%. Laundry powder and disposable diapers were the only items that saw noteworthy price increases.




Fuel availability / prices

For the first time since August 2016, when the communities were first assessed, all forms of fuel were reportedly unavailable in Wadi Burda markets. Prior to December, fuel had generally entered the community through informal means, an avenue that was wholly cut off by the imposition of access restrictions in late December.

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

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

	Item	Wadi Burda Average	Price change since November ¹⁰	Nearby non-hard to reach communities ⁹
	Food Items			
	Bread, private bakery (pack)	Not available	Available	300
	Bread, public bakery (pack)	Not available	◆	63
	Rice (1kg)	800 ¹²	↑ +33%	525
	Bulgur (1kg)	600 ¹²	↑ +20%	250
	Lentils (1kg)	600 ¹²	↑ +33%	500
	Chicken (1kg)	Not available	Available	1100
	Mutton (1kg)	Not available	Available	4000
	Tomato (1kg)	Not available	Available	198
	Cucumber (1kg)	Not available	Available	275
	Milk (litre)	Not available	Available	213
	Flour (1kg)	450 ¹²	↑ +80%	213
Eggs (1)	Not available	Available	50	
	WASH Items			
	Iodised salt (500g)	200 ¹²	↑ +6%	100
	Sugar (1 kg)	700 ¹²	↑ +40%	495
	Cooking oil (litre)	1200 ¹²	◆	1225
	Soap (1 bar)	150 ¹²	◆	100
	Fuel			
	Laundry powder (1kg)	2500 ¹²	↑ +25%	563
	Sanitary pads (9)	750 ¹¹	◆	388
	Toothpaste (125ml)	500 ¹²	◆	388
	Disposable diapers (24 pack)	3500 ¹²	↑ +17%	1200
	Butane (cannister)	Not available	Available	3250
	Diesel (litre)	Not available	Available	218
Propane (cannister)	Not available	Available	600	
Kerosene (litre)	Not available	Available	Not available	
Coal (kg)	Not available	Available	400	
Firewood (tonne)	Not available	Available	60000	

Endnotes

¹ Figures based on HNO 2017 population data (December 2016); when unavailable, figures based on data collected from local councils in the Wadi Burda region.

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

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

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

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

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

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

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

⁹ \$1 = 515 SYP (UN operational rate of exchange as of 31 Dec. 2016)

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

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

¹² Generally not available in markets (6 or fewer days this month)

Syria Community Profile Update: Yarmouk, Damascus

December 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

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

Overall, the humanitarian situation in Yarmouk in December 2016 remained largely similar to that in November. For the first time since the community was first assessed in June 2016, it was reported that water in Yarmouk had a bad colour. In addition, some food prices decreased, as a sales tax imposed in nearby areas in November was removed in December, although fuel prices increased due to high winter demand. Nevertheless, as in previous months, civilians remained affected by access restrictions and shortages in food, fuel and medicine.

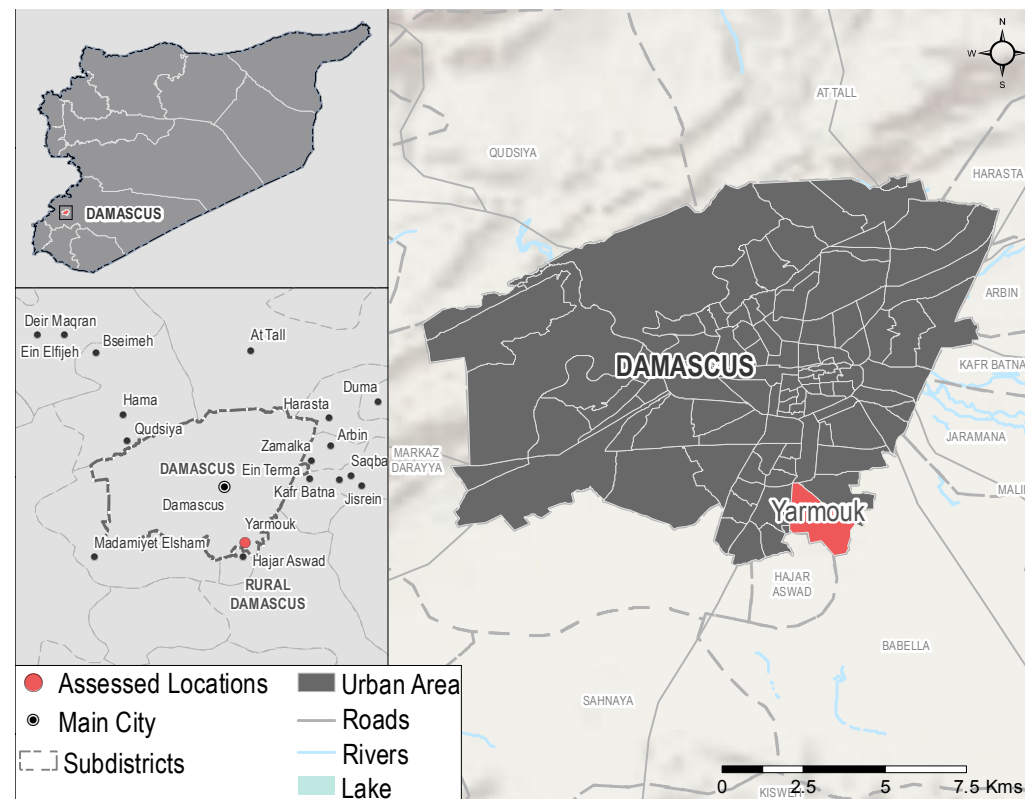
Access restrictions in December were the same as those in place in November, with only women, children and elders able to leave upon showing documentation. No commercial or humanitarian vehicles entered Yarmouk in December, as has been the case since the community was first assessed. The amount of goods entering Yarmouk, via civilians bringing them back from nearby communities, remained similar to November.

UN classification:	Besieged
Estimated population¹:	9800
Of which IDPs¹:	6000
% pre-conflict population remaining:	1-25%
% population female:	1-25%

Availability of items in markets remained similar from November to December, with all available items reportedly either generally or sometimes available. While many food and hygiene item prices decreased after the sales tax reduction in December, some food prices, particularly those of grains, were unaffected. This was because civilians often obtained these items from aid distributions in nearby communities.

With demand for fuel reportedly increasing due to the onset of winter, prices, especially that of butane, rose significantly in December. Residents reportedly sought to cope with the lack of fuel by using strategies such as burning furniture, clothes and plastic.

The health situation was similar to that in recent months. Medical facilities and personnel were present in the community, but some medical services and a number of medical items were unavailable, forcing residents to cope by recycling medical items and using expired medicine.



CHANGES SINCE NOVEMBER

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

METHODOLOGY

Based on data collected from community representatives inside Syria in December 2016 and the beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to November:



🚶 People able to leave²

As has been the case since October, approximately 11-25% of people were able to enter and leave Yarmouk through formal routes in December. These were mostly women, children and elderly people, who were permitted to leave upon presenting documentation.

Informal points used: Yes.

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

Gunfire, detention, verbal and sexual harassment.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since November:



Able to enter: None reported.

🚚 Humanitarian vehicles

Change since November:



Able to enter: None reported.

📦 Goods entered

As has been the case since the community was first assessed in June 2016, there was **no movement of either commercial or humanitarian vehicles into or out of Yarmouk in December**. Consequently, all goods (food, fuel, NFIs and medical items) could generally only enter and exit Yarmouk with civilians leaving and returning through

formal or informal routes, as they had in previous months. The quantity of all goods entering the community remained similar from November to December.

HEALTH SERVICES

Change in health situation compared to November:



🏠 Permanent medical facilities available

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

👤 Availability of medical personnel

Personnel available: Professionally trained doctors, nurses and midwives;

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

Change since November



📦 Unavailable medical items³

Items unavailable: Anti-anxiety medicine, clean bandages, blood transfusion bags;

Sometimes available: Burn treatment and anaesthetics.

Change since November



ACCESS TO SERVICES

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

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

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

💊 Medical services available

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

🩹 Most needed medical items⁵

1. Burn treatment
2. Clean bandages
3. Antibiotics

📦 Strategies used to cope with a lack of medical services

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

These coping strategies were also reportedly used in November.

⊕ Unusual outbreaks of disease⁶

No known cases; this was also reported in November.

Change in food situation compared to November:



Strategies used to cope with a lack of food

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

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

+ Deaths attributable to a lack of food⁶

No known cases, as was reported in November.

Most common methods of obtaining food at the household level

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

Civilians from Yarmouk have reportedly been bringing back items obtained from humanitarian distributions in the nearby communities of Yalda and Babella. This includes aid distributed by UNRWA in Yalda and Babella that was reportedly intended specifically for civilians arriving from Yarmouk. This has been the case since the community was first assessed in June 2016.

Most common methods of obtaining bread at the household level

Most common source: Shops in the community and in nearby neighbourhoods.

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

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

Change since November

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Yarmouk	Nearby areas ⁸
Average cost December (SYP) ⁹	23445	31320
Change since November		

The average cost of a standard food basket in Yarmouk remained similar from November to December, and was 26% cheaper than in nearby non-hard to reach communities in Damascus. This was likely because residents of Yarmouk were able to acquire food items such as rice and lentils from aid distributions in Yalda and Babella, and prices for these items were correspondingly lower. However, these items, although cheaper, were reportedly also of lower quality.

WASH item availability / prices

Compared to November, availability of assessed hygiene and sanitation items remained unchanged in December. Prices were on average 14% lower than in November, reportedly due to a sales tax decrease in areas from which these items were brought into the community and the opening of additional hygiene item shops in the community.

Fuel availability / prices

As has been the case since the community was first assessed, propane, kerosene and coal were unavailable in Yarmouk in November. With demand rising reportedly due to the onset of winter, prices for available fuels rose significantly, on average by 40%. This was driven by a 94% surge in butane prices and a 25% increase in firewood prices. Fuel prices in Yarmouk were on average 135% higher than in nearby non-hard to reach communities in December.

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

Availability of assessed items remained similar from November to December. The prices of a number of items fell in December, as a sales tax increase imposed in November in nearby communities from which civilians brought commodities into Yarmouk was reversed in December.

	Item	Yarmouk	Price change since Nov. ¹⁰	Nearby non-hard to reach areas ⁸	
Food Items	Bread private bakery (pack)	Not Available		185	
	Bread public bakery (pack)	Not Available		50	
	Rice (1kg)	250 ¹¹		500	
	Bulgur (1kg)	225 ¹¹		313	
	Lentils (1kg)	250 ¹¹		494	
	Chicken (1kg)	1000 ¹²		1231	
	Mutton (1kg)	3200 ¹²		3913	
	Tomato (1kg)	200 ¹²		161	
	Cucumber (1kg)	225 ¹²		300	
	Milk (litre)	250 ¹²		225	
	Flour (1kg)	275 ¹²		261	
	Eggs (1)	55 ¹²		42	
WASH Items	Iodised salt (500g)	200 ¹¹		140	
	Sugar (1 kg)	425 ¹¹		456	
	Cooking oil (litre)	750 ¹¹		800	
	Soap (1 bar)	100 ¹¹		111	
	Laundry powder (1kg)	600 ¹¹		681	
	Sanitary pads (9)	350 ¹¹		372	
	Toothpaste (125ml)	450 ¹¹		250	
	Disposable diapers (24 pack)	1500 ¹¹		2225	
	Fuel	Butane (cannister)	7000 ¹²		2688
		Diesel (litre)	550 ¹²		198
		Propane (cannister)	Not available		3500
		Kerosene (litre)	Not available		300
Coal (kg)		Not available		313	
Firewood (tonne)	125000 ¹²		75000		

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

December 2016

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). Figures based on population estimates by local actors within the community assessed were reportedly 9,000-10,000 individuals, including 600 IDPs.

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

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

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

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

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

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

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

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

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

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

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

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

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

The overall humanitarian situation in Ash Shajara deteriorated significantly in December, following escalations in conflict in recent weeks. Tightened access restrictions and security concerns impacted access to food, basic services, health care and other commodities in the community.

The number of people able to leave Ash Shajara reportedly decreased from 76-100% in November to 1-10% in December. Additionally, no commercial or humanitarian vehicles were allowed to enter the community. Significant risks associated with using the formal access point were reported for the first time, with women being particularly vulnerable.

As commercial vehicles were unable to enter and civilians could no longer bring goods from nearby communities, no food, fuel, NFIs or medicine entered Ash Shajara for the first time since September. The community was able to produce some food and fuel, but overall the availability of all food and non-food items decreased in December. Several core food items became unavailable in shops and markets, and

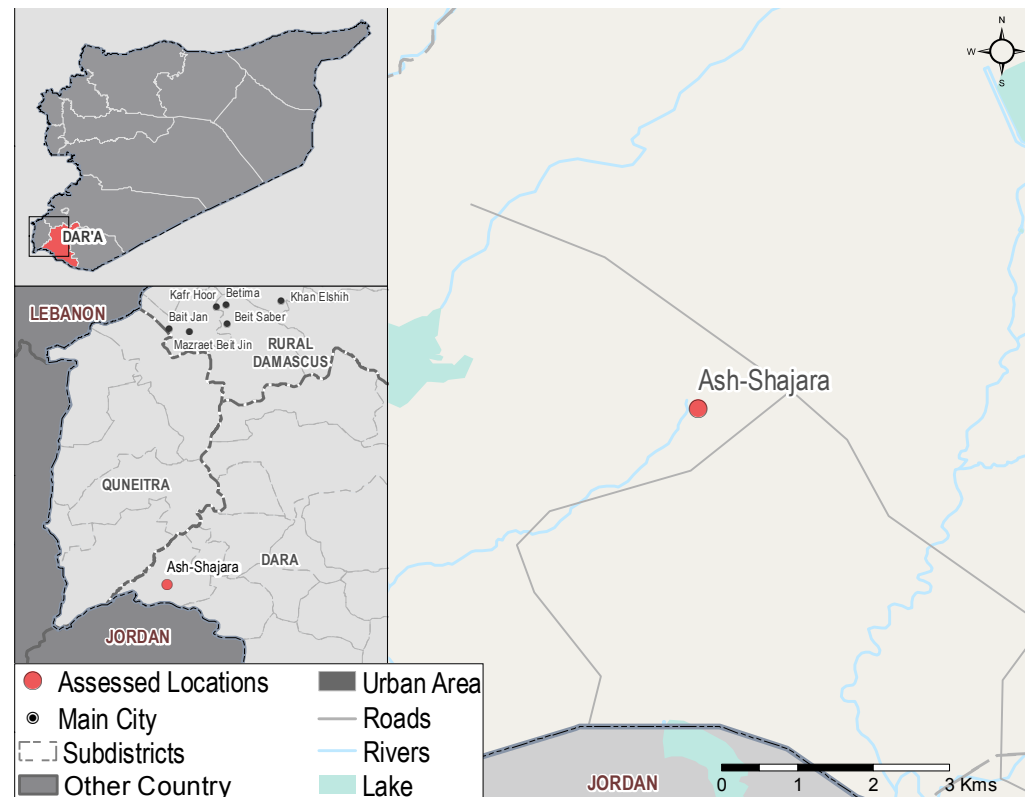


UN classification:	Hard to reach
Estimated population¹:	4200
Of which IDPs¹:	1140
% pre-conflict population remaining:	76-100%
% population female:	76-100%

prices of food, NFIs and fuel increased significantly in comparison to November as well as to nearby communities not considered hard to reach. For the first time since assessments began, populations resorted to skipping meals as a means of coping with the lack of food.

Tightened access restrictions also negatively affected the overall health situation in Ash Shajara, as no medicine entered in December. Several medical items which had been available in November were no longer available in December; this led to a decrease in medical services available. An outbreak of diarrhea among small children was reported in December.

Water and electrical networks remained unavailable in the community, but populations reported a small increase in access to water following heavy rains. **For the first time since assessments began, fewer children attended schools in Ash Shajara in December due to security concerns related to increased hostilities.**



CHANGES SINCE NOVEMBER

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

METHODOLOGY

Based on data collected from community representatives inside Syria in December 2016 and the beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to November:



People able to leave²

Recent developments in conflict dynamics severely limited movement of civilians in December, with only 1-10% of residents able to leave the community through one formal access point. Some evacuations of severe medical cases were permitted, but cases of women being forced to give birth at the access point due to the inability to leave were also reported. The few residents who were able to use the access point were required to present identification and sometimes pay informal fees.

Informal points used: No.

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

Gunfire, detention; in particular women were targeted, facing insults, violence and sexual harassment.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since November:



Able to enter: None reported.

For the first time since the community was first assessed in September 2016, no commercial vehicles were allowed to enter Ash Shajara.

Humanitarian vehicles

Change since November:



Able to enter: None reported.

Goods entered

Following the effective closure of the only formal access point, no food, fuel, NFIs or medicine entered the community in December. The small number of civilians that could enter or leave Ash Shajara were not permitted to bring any goods, a method which had been reported since assessments of the community began.

HEALTH SERVICES

Change in health situation compared to November:



The change in access restrictions affecting the community had a negative impact on the previously stable health situation in Ash Shajara, as no medicine or medical items were able to enter in December. However, it was also reported that some private dental clinics and pharmacies were operating, and that volunteers had received medical training increasing the overall number of medical personnel. A diarrhea outbreak among small children was reported in December.

Permanent medical facilities available

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

Availability of medical personnel

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

ACCESS TO SERVICES*

The community reported a slight increase in access to water following heavy rains and decreased consumption during the winter months. For the first time since assessments began, there was a decrease in the number of children able to attend schools as a result of intensified hostilities and related safety concerns.

WATER	↑	Main source of drinking water (Status)	Water trucking private (Safe to drink)**
		Sufficiency of available water to meet household needs (Coping strategies used)	Sufficient
		Access to water network per week	1-2 days
ELECTRICITY	◊	Access to electricity network per day	Network unavailable
		Access to electricity (Main source) per day	4-8 hours per day (Solar alternative sources)
EDUCATION	↓	Available education facilities	Pre-conflict primary, secondary, high schools
		Barriers to education	Route to services unsafe, shelling

*Arrows indicate change in access since November.

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

Others providing medical services:

Dentists, veterinarians, pharmacists, anaesthesiologists, volunteers with informal medical training.

Change since November



Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✗
Skilled childbirth care	✓
Surgery ³	✓
Diabetes care	✓
Change since November	↓

Unavailable medical items⁴

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

Change since November



Most needed medical items⁵

1. Diabetes medicine
2. Heart medicine
3. Antibiotics

Strategies used to cope with a lack of medical services

Using expired medicine, as was first reported by the community in November 2016. Additionally, in December populations sometimes resorted to using medicine not intended for a given condition, or lowering the doses needed.

✦ Unusual outbreaks of disease⁶

In December, an outbreak of diarrhea and vomiting was reported among small children, for the first time since assessments began. The illness was reportedly unresponsive to treatment, but its cause could not be verified.

FOOD

Change in food situation compared to November:



👛 Most common methods of obtaining food at the household level

Purchasing from local farmers, shops and markets, and backyard production.

🌾 Most common methods of obtaining bread at the household level

Most common source: Homemade.

Challenges to obtaining bread: Bread unavailable in bakeries and shops, flour unavailable, civilians prevented from bringing bread and flour from nearby communities, not enough electricity.

Change since November



👛 Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Populations continued to reduce meal size, which has been reported since the community was first assessed in September 2016. Additionally, skipping meals was reported for the first time in December.

✦ Deaths attributable to a lack of food⁶

None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

👛 Average cost of standard food basket⁷

For the first time since the community was first assessed, it was not possible to calculate the price of a standard food basket in Ash Shajara due to the unavailability of most core food items.

🧴 WASH item availability / prices

Soap was the only item which remained generally available⁹ in markets, whereas all other hygiene and sanitation products became only sometimes available⁹ in December. On average, such items were 45% more expensive than in November and 74% more expensive than in nearby communities not considered hard to reach.

🛢️ Fuel availability / prices

There was a significant decrease in fuel availability in Ash Shajara in December as no fuel was permitted to enter, and existing stocks depleted. The only remaining source of fuel was firewood, produced within the community. It was sometimes available⁹ in markets in December. Increased demand and decreasing supply raised the price by 23% in comparison to November, and firewood was 59% more expensive than in nearby communities.

Strategies used to cope with a lack of fuel: Burning plastics, burning furniture without use, burning agriculture apparels and other productive assets. Additionally, the community reported resorting to other informal methods of producing fuel, including burning animal waste.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX¹⁰

Following the effective closure of access points to the community, there was a significant decrease in the availability of food and fuel in Ash Shajara in December. Remaining core food items were on average 86% more expensive than in nearby communities not considered hard to reach. All sanitation and hygiene products remained available, but were prohibitively priced.

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

	Item	Ash Shajara	Price change since Nov. ¹¹	Nearby non-hard to reach areas ¹²
🍞 Food Items	Bread private bakery (pack)	Not available	⬇️	225
	Bread public bakery (pack)	Not available	⬇️	113
	Rice (1kg)	900 ⁹	⬆️ +89%	433
	Bulgur (1kg)	400 ⁹	⬆️ +45%	208
	Lentils (1kg)	450 ⁹	⬆️ +58%	325
	Chicken (1kg)	Not available	Available	842
	Mutton (1kg)	3500 ⁹	⬆️ +17%	3033
	Tomato (1kg)	Not available	Available	117
	Cucumber (1kg)	Not available	Available	325
	Milk (litre)	150 ⁸	⬇️	182
	Flour (1kg)	400 ¹³	⬆️ +33%	233
	Eggs (1)	Not available	Available	43
	Iodised salt (500g)	475 ⁹	⬆️ +138%	125
🧴 WASH Items	Sugar (1 kg)	Not available	Available	425
	Cooking oil (litre)	Not available	Available	817
	Soap (1 bar)	135 ⁸	⬆️ +108%	75
	Laundry powder (1kg)	1700 ⁹	⬆️ +26%	750
	Sanitary pads (9)	650 ⁹	⬆️ +44%	417
🛢️ Fuel	Toothpaste (125ml)	450 ⁹	⬆️ +20%	258
	Disposable diapers (24 pack)	1800 ⁹	⬆️ +29%	1333
	Butane (cannister)	Not available	Available	4700
	Diesel (litre)	Not available	Available	275
	Propane (cannister)	Not available	⬇️	Not available
	Kerosene (litre)	Not available	⬇️	Not available
	Coal (kg)	Not available	Available	650
Firewood (tonne)	65000 ⁹	⬆️ +23%	41000	



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). Figures based on population estimates by local actors within the community assessed were reportedly 9,500-11,500 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 The availability of surgery does not necessarily imply treatment by a doctor formally trained in the relevant procedure, or the use of anaesthesia or appropriate clinical equipment. Community members without professional medical backgrounds may have been informally trained by medical personnel to carry out emergency procedures.

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

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

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

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

⁸ Generally available in markets (21+ days this month).

⁹ Sometimes available in markets (7 – 20 days this month).

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

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

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

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

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Al Waer, located to the west of the city of Homs, has faced access restrictions since 2013, which tightened in mid-2014. Classified by the UN as besieged since May 2016, the humanitarian situation in Al Waer worsened as conflict increased in subsequent months, before improving due to a truce agreement in September 2016. This agreement saw the evacuation of parts of the population in mid-September, as well as fewer restrictions on commercial and humanitarian vehicles entering the community. Aid was also delivered to the community in October. **However, in November clashes intensified once again in Al Waer, and commercial and humanitarian vehicles were no longer permitted to enter the community. Clashes continued in December and no humanitarian or commercial vehicles were permitted to enter for the second consecutive month. As a result of these developments, the overall humanitarian situation in Al Waer further deteriorated. Access restrictions on vehicle movement prevented food, fuel, NFIs and medical items from entering the community for the second month in a row. Moreover, the escalation of clashes led to further reduction in access to education due to security risks and to a slight decrease in access to electricity.**

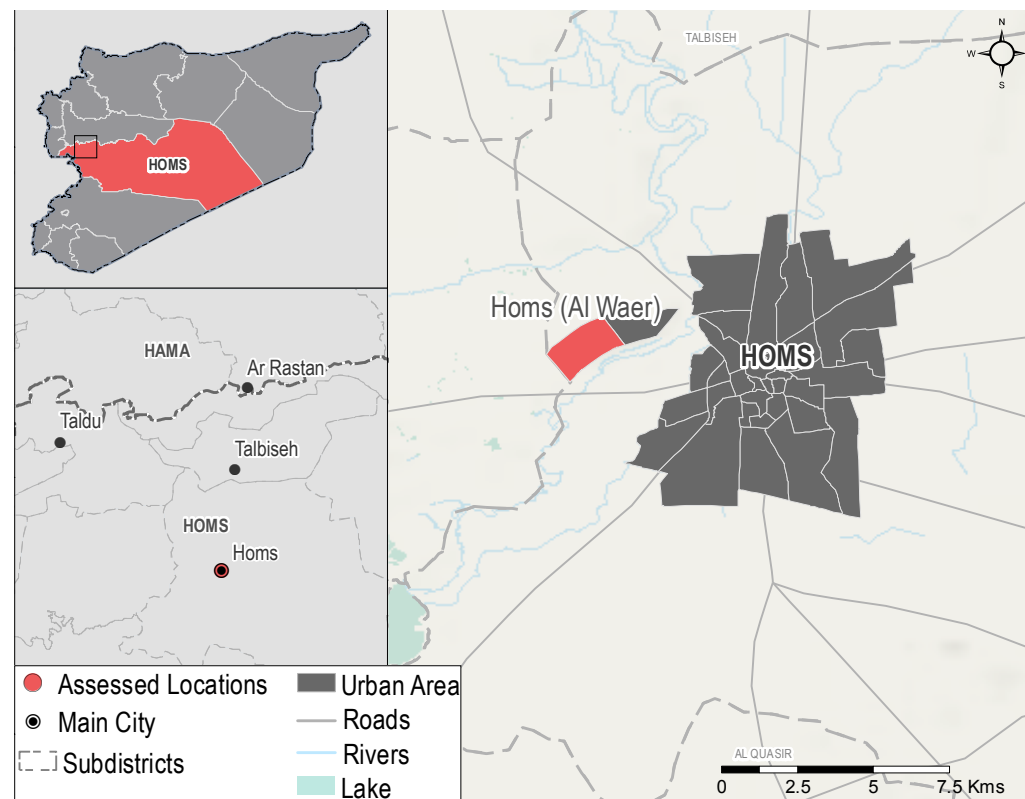
As has been the case since the community was first assessed in June 2016, only 1-10% of the population was able to enter or leave the community upon showing required documentation.



UN classification:	Besieged
Estimated population¹:	50000
Of which IDPs¹:	25000
% pre-conflict population remaining:	1-25%
% population female:	26-50%

The combination of besiegement with lower winter temperatures in Al Waer led to a decrease in food and fuel availability as well as a rise in prices in December. In particular, **butane and firewood prices were respectively 169% and 88% higher than in November. Meanwhile, some food items such as chicken, tomato and cucumber, became unavailable for the first time since assessments began. Prices for mutton and milk registered a steep increase of 436% and 233% respectively. Skipping or reducing meals as a strategy to try and cope with a lack of food, which had resumed in November, continued in December.**

The health situation also worsened in December, primarily due to the escalation of clashes and the inability of medical items to enter the community. While the types and numbers of medical facilities did not change that month, diabetes care became unavailable along with most medical items.



CHANGES SINCE NOVEMBER

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

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of December 2016 and beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to November:



🚶 People able to leave²

As was the case in October and November, 1-10% of the population, mostly university students and public sector employees, could enter and leave Al Waer through formal points in December, upon presenting required documentation and proper authorisation. For the first time since assessments of the community began, retired employees were allowed to leave in order to collect their pension.

Informal points used: Following shelling and the fear of harassment in November, no informal point of access or exit was reported in December.

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

None reported.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since November:



Able to enter: None reported.

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

🚚 Humanitarian vehicles

Change since November



Able to enter: None reported.

Humanitarian vehicles were not allowed to enter Al Waer in December. The last time a humanitarian vehicle entered the area was

in October, when an inter-agency convoy delivered aid consisting of food items and NFIs for 70,000 people.

📦 Goods entered

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

HEALTH SERVICES

Change in health situation compared to November:



The overall health situation in Al Waer worsened due to reductions in the availability of medical items and services. Some medical facilities were destroyed during clashes in November but the types of medical facilities available remained the same. There was no reported destruction of medical facilities in December.

Nevertheless, the increased access restrictions on goods resulted in no medical items entering the community in December for the second consecutive month, causing a sharp decrease in availability, with most items reported as unavailable.

Due to this decrease in the availability of medical items, the number of medical services available decreased from November to December, with diabetes care becoming completely unavailable.

🏠 Permanent medical facilities available

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

ACCESS TO SERVICES

Access to water remained similar to that reported since June 2016 when assessments began. However, access to the electricity network decreased slightly in December compared to November. **The number of children attending school reportedly fell further from November to December due to increased security risks.**

💧 WATER*	🔻	Main source of drinking water (Status)	Water network (Safe to drink)
		Sufficiency of available water to meet household needs (Coping strategies used)	Sufficient
		Access to water network per week	7 days
💡 ELECTRICITY	🔻	Access to electricity network per day	2 - 4 hours
		Access to electricity (Main source) per day	2 - 4 hours (Main network)
🏫 EDUCATION	🔻	Available education facilities	Pre-conflict primary, secondary, high schools
		Barriers to education	Fear of shelling

*Arrows indicate change in access since November.

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

💊 Medical services available

Child immunization	✗
Diarrhea management	✗
Emergency care	✓
Skilled childbirth care	✓
Surgery ³	✓
Diabetes care	✗

Change since November



🚫 Unavailable medical items⁴

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

Sometimes available: Clean bandages, burn treatment.

Change since November



🏠 Most needed medical items⁵

1. Diabetes medicine
2. Heart medicine
3. Blood transfusion bags

👤 Availability of medical personnel

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

Others providing medical services: Dentists, pharmacists.

Change since November



🏠 Strategies used to cope with a lack of medical services

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

⊕ Unusual outbreaks of disease⁶

FOOD

Change in food situation compared to November:



Most common methods of obtaining food at the household level

Purchasing from shops, markets or local farmers.

Most common methods of obtaining bread at the household level

Most common source: Homemade.

Challenges to obtaining bread: Bread not available in shops, wheat expensive or hard to access.

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

Change since November



Strategies used to cope with a lack of food

Reducing meal size



Skipping meals



Days without eating



Eating non-food plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

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

Deaths attributable to a lack of food⁶

No known cases, as was reported in previous months.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Al Waer	Nearby areas
Average cost December (SYP) ⁸	25160	No info
Change since November	◊	N/A

The average cost of a standard food basket, excluding bread due to its unavailability, did not change from November to December. It was not possible to calculate prices in nearby non-besieged areas due to limited coverage that month.

WASH item availability / prices

The availability and prices of all assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) were reportedly unchanged from November to December, as has been the case since October. Unlike food and fuel, the prices of sanitation and hygiene items were less affected by the increased access restrictions, due to existing stocks available in the community from previous months.

Fuel availability / prices

With fuel no longer able to enter the community and lower winter temperatures, the already high prices of available fuels increased dramatically in December. **Prices of butane and firewood became particularly high, respectively increasing by 169% and 88%.**

Strategies used to cope with a lack of fuel: Burning clothes, plastic, and furniture with use.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁸

Prices of some food items in Al Waer increased significantly in December with mutton and milk respectively 436% and 233% higher than in November. Chicken, tomato and cucumber all became unavailable for the first time since assessments began. This was due to tight restrictions on the entry of commercial and humanitarian vehicles.

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

	Item	Al Waer	Price change since November ¹²
Food Items	Bread private bakery (pack)	Not Available	◊
	Bread public bakery (pack)	Not Available	◊
	Rice (1kg)	350 ⁹	◊
	Bulgur (1kg)	300 ⁹	◊
	Lentils (1kg)	500 ⁹	◊
	Chicken (1kg)	Not available	Available
	Mutton (1kg)	15000 ¹⁰	↑ +436%
	Tomato (1kg)	Not available	Available
	Cucumber (1kg)	Not available	Available
	Milk (litre)	2000 ⁹	↑ +233%
WASH Items	Flour (1kg)	350 ⁹	◊
	Eggs (1)	55 ¹⁰	◊
	Iodised salt (500g)	300 ⁹	◊
	Sugar (1 kg)	500 ⁹	◊
	Cooking oil (litre)	1000 ⁹	◊
	Soap (1 bar)	75 ⁹	◊
	Laundry powder (1kg)	1000 ⁹	◊
	Sanitary pads (9)	350 ⁹	◊
	Toothpaste (125ml)	300 ⁹	◊
	Disposable diapers (24 pack)	2500 ⁹	◊
Fuel	Butane (cannister) ¹³	72500 ¹¹	↑ +169%
	Diesel (litre)	3500	↑ +14%
	Propane (cannister)	Not Available	◊
	Kerosene (litre)	Not Available	◊
	Coal (kg)	4500 ⁹	◊
	Firewood (tonne)	375000 ⁹	↑ +88%

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



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

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

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

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

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

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

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

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

⁸ \$1 = 515 SYP (UN operational rates of exchange as of 1 January 2016).

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

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

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

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

¹³ In December, prices of butane reportedly ranged from 65000 to 80000 SYP.

FOR HUMANITARIAN PURPOSES ONLY

	Burza	Jober	Tadamon
UN classification:	Hard to reach	Besieged	Hard to reach
Estimated population¹:	30000-35000	500-600	1800-2000
Of which estimated IDPs¹:	12000-14000	None	250-300
% pre-conflict population remaining:	76-100%	1-25%	1-25%
% of population that are female:	76-100%	1-25%	1-25%

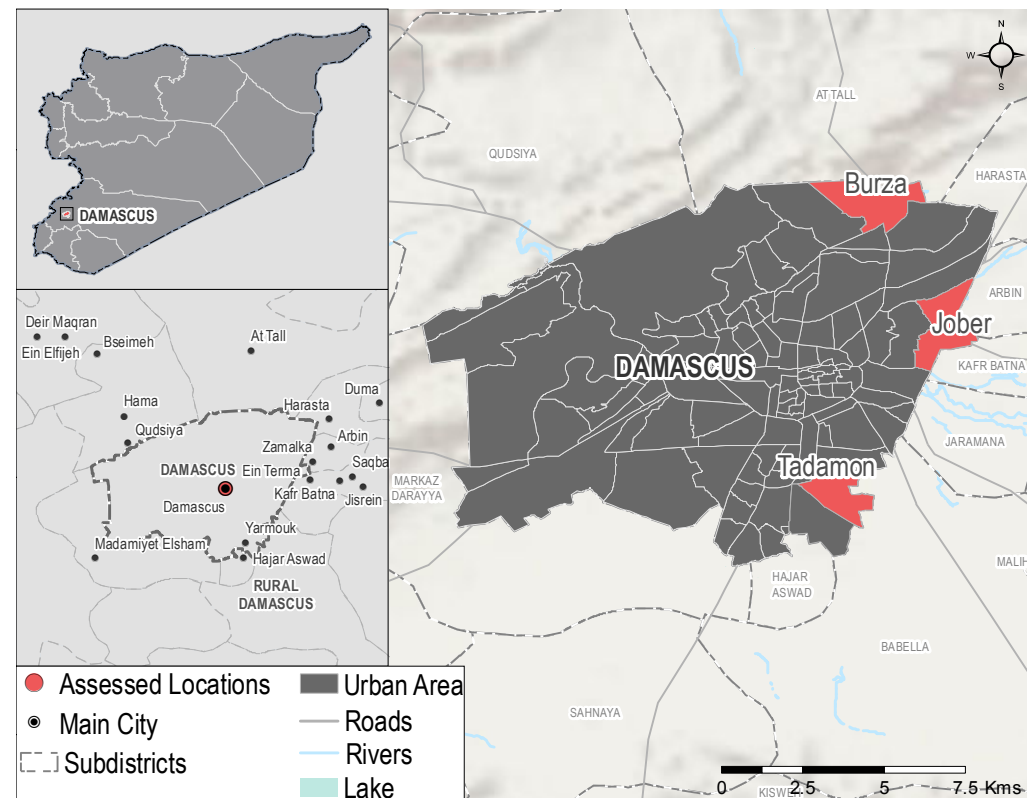
SUMMARY

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

Overall, the humanitarian situation in Burza worsened from November to December, while it remained similar in Jober and Tadamon. Access to water decreased in all three communities due to damage to the water network at its source in Wadi Burda. In addition, Burza experienced reduced access to electricity and increased restrictions on the entry of medical items into the community.

Similar to November, access to Burza, Jober and Tadamon remained limited in December. Burza experienced comparatively lighter restrictions, as all civilians were able to exit and enter the community on weekdays. No formal exit points were available in Jober, and civilians were able to enter and exit Tadamon only twice a week upon presenting documents.

As has been the case since assessments began, civilians leaving the communities and bringing back items remained the main source of goods in all three neighbourhoods in December. While amounts of food, fuel and sanitation and hygiene items entering all three neighbourhoods remained unchanged from November, new access restrictions in December prohibited civilians from bringing medical items into Burza, causing their availability there to reduce.



CHANGES SINCE NOVEMBER

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

METHODOLOGY

Based on data collected from community representatives inside Syria in December 2016 and the beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in neighbourhoods in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

Other than reduced medical item availability in Burza, the health situation remained relatively stable across the three communities in December. Medical facilities and services were limited in Burza and Jober, and unavailable in Tadamon. However, residents of Tadamon could easily access medical services outside the community, as has been the case since the community was first assessed.

Access to water decreased in all three neighbourhoods in December due to contamination and water network damage caused by clashes near the source in Wadi Burda. Access to electricity also reduced in Burza, with the main network periodically shut off in the community. Access to education, meanwhile, remained unchanged from November to December in all three communities.

With the onset of winter leading to higher demand for fuel, prices increased in all three neighbourhoods. Food and NFI prices generally increased in Burza and remained relatively similar and Jober and Tadamon, although there were seasonal fluctuations in the prices of some items in these communities as well.

ACCESS TO SERVICES

All three neighbourhoods experienced decreased access to water in December due to contamination and water network damage caused by clashes near the source in Wadi Burda. As a result, the amount of water available became insufficient in all three neighbourhoods, and in Burza, residents were forced to switch to public water trucking as the main source of water in the community. Burza also experienced reduced access to electricity, as a result of increased power outages due to the periodic shutting off of electricity to the neighbourhood. Access to education remained unchanged from November to December in all three neighbourhoods.

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to November in Burza:	◆
Change in # people able to leave compared to November in Jober:	◆
Change in # people able to leave compared to November in Tadamon:	◆

🚶 People able to leave²

Restrictions on movement in the neighbourhoods of Burza, Jober and Tadamon remained similar to November. However, the risk of verbal harassment and detention at formal entry points in Burza were reported in December but not November.

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

Jober: No formal entry points were available, as has been the case since the community was first assessed in June 2016. The percentage of the population able to enter and leave the community through informal points remained the same as in November: 25-50%.

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

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

Burza: Detention, verbal harassment;

Jober: Gunfire, shelling;

Tadamon: Gunfire, verbal harassment, detention.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since November in Burza:	◆
Change since November in Jober:	◆
Change since November in Tadamon:	◆

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

🚚 Humanitarian vehicles

Change since November in Burza:	◆
Change since November in Jober:	◆
Change since November in Tadamon:	◆

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

	Burza	Jober	Tadamon	
💧 WATER	Main source of drinking water (Status) Available water to meet household needs (Coping strategies) Access to water network per week Change since November*	Public water trucking (Water tastes bad)** Insufficient (Reduce drinking water consumption) 3-4 days ↓	Water network (Safe to drink)** Insufficient (Reduce drinking water consumption; spend additional money on buying water) 1-2 days ↓	Closed well (Water is a bad colour)** Insufficient (Spend additional money buying water; modify hygiene practices, e.g. bathing less) Network unavailable ↓
💡 ELECTRICITY	Access to electricity network per day Access to electricity (Main source) per day Change since November*	4-8 hours 4-8 hours (Network) ↓	Network unavailable 2-4 hours (Generator) ◆	Network unavailable 2-4 hours (Generator) ◆
🎒 EDUCATION	Available education facilities Barriers to education Change since November*	Pre-conflict primary schools, informal schools set up since conflict began None reported ◆	Informal schools set up since conflict began Facilities destroyed, routes to services unsafe, lack of teaching staff ◆	None Parents do not approve of curriculum, services are too far, routes to services unsafe ◆

*Arrows indicate change in access since November

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

Goods entered

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

Burza: The amount of food, fuel and NFIs entering the community in December remained similar to November. This amount was lower than in October, when humanitarian vehicles had been permitted to enter the community. In contrast with November, new access restrictions restricted the entry of medical items through access points in December, and, as a result, no medical items could be brought into the community.

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

Others providing medical services:

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

Although the types of personnel available in Jobber did not change, their number decreased from November, as some doctors travelled to areas reportedly in greater need of medical assistance.

Change since November in Jobber:	↓
Change since November in Burza and Tadamon:	◊

Strategies used to cope with a lack of medical services

Burza and Tadamon: None reported.

Jobber: Recycling medical items (e.g. bandages, syringes and needles), using expired medicine and using non-medical items for treatment (e.g. wooden sticks as casts). These strategies were reportedly also used in November.

Medical services available

	Burza	Jobber	Tadamon
Child immunization	✓	✗	✗
Diarrhea management	✓	✗	✗
Emergency care	✓	✓	✗
Skilled childbirth care	✓	✗	✗
Surgery ³	✓	✗	✗
Diabetes care	✗	✗	✗
Change since November	◊	◊	◊

No changes in the availability of medical services were reported in any of the three neighbourhoods, compared to November.

+ Unusual outbreaks of disease⁴

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

Most needed medical items⁵

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

Unavailable medical items⁶

Burza: Contraception, clean bandages, heart medicine, antibiotics, burn treatment, anaesthetics, medical scissors;

Jobber: Contraception, anti-anxiety, heart, diabetes and blood pressure medicine, antibiotics, anaesthetics, medical scissors;

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

Change since November in Burza	↓
Change since November in Jobber and Tadamon	◊

Availability of medical items decreased in Burza, as new access restrictions prohibited the entry of medical items into the community.

Permanent medical facilities available

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

FOOD

Change in food situation in Burza compared to November:	◊
Change in food situation in Jobber compared to November:	◊
Change in food situation in Tadamon compared to November:	◊

Most common methods of obtaining food at the household level

All neighbourhoods: Purchasing from shops and markets.

Most common methods of obtaining bread at the household level

All three neighbourhoods: Shops;

Challenges to obtaining bread (Burza): None reported.

HEALTH SERVICES

Change in health situation in Burza compared to November:	↓
Change in health situation in Jobber compared to November:	◊
Change in health situation in Tadamon compared to November:	◊

Availability of medical personnel

Burza: Professionally trained surgeons, nurses and midwives;

Jobber: Professionally trained doctors and nurses;

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

Challenges to obtaining bread (Jobber and Tadamon): Flour and wheat too expensive/hard to access, electricity/fuel insufficient or too expensive/hard to access, bread unavailable in bakeries.

Change in availability since November



+ Deaths attributable to a lack of food⁴

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

👛 Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Reported strategies used to cope with a lack of food remained the same from November to December.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket⁷

	Burza	Jobber	Tad.	Nearby areas ⁸
Average cost November (SYP) ⁹	37809	47496	29683	31805
Change since November	↓	◇	◇	◇

Burza: The reported cost of a standard food basket in December was 7% lower than in November, and was 19% more expensive than in nearby non-hard to reach communities.

Jobber: The cost of a standard food basket was similar to the price reported in November. This price was 49% higher than that in nearby non-hard to reach communities.

Tadamon: The average price of a food basket in Tadamon in December remained similar to that in November, and was 7% cheaper than in nearby non-hard to reach communities.

🚰 WASH item availability / prices

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

🛢️ Fuel availability / prices

Diesel, butane and firewood were available across all three neighbourhoods in December, as was the case in November. Fuel prices generally increased in all three communities, due to increased demand with the onset of winter, although butane prices in Jobber fell slightly, reportedly due to a small increase in availability in the community. Fuel prices in all three neighbourhoods were on average more than double those of nearby non-hard to reach areas.

Strategies used to cope with a lack of fuel (Burza): Burning agricultural apparel and other productive assets;




Strategies used to cope with a lack of fuel (Jobber and Tadamon): Burning furniture with use or without use, burning plastics.

Coping strategies had not been reported from Burza in November, when this indicator was first assessed. The reported coping strategies in Jobber and Tadamon were also used in November.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

Prices of food items in December increased from November on average by 8% in Burza and Tadamon and 2% in Jober, although these relatively small average increases masked volatility in the prices of some individual food items. The general increase in the prices of vegetables in all three communities, and some other food items in Burza, was likely due to rising fuel and transportation costs in winter, while the reduced prices of some items in Jober may have reflected the steady improvement in the security situation there since the end of clashes in early November. Food prices were 19% higher in Burza and Jober than in nearby non-hard to reach areas, while prices in Tadamon remained similar to those in nearby areas.⁸

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 November ¹²	Jober	Price change since November ¹²	Tadamon	Price change since November ¹²	Nearby non-hard to reach areas ⁸
	Bread private bakery (pack)	Not available	◆	Not available	◆	Not available	◆	185
	Bread public bakery (pack)	Not available	◆	Not available	◆	Not available	◆	50
	Rice (1kg)	550 ¹⁰	◆	625 ¹¹	◆	250 ¹¹	◆	500
	Bulgur (1kg)	350 ¹⁰	▲ +17%	400 ¹¹	▲ +14%	225 ¹¹	◆	313
	Lentils (1kg)	500 ¹⁰	▲ +25%	600 ¹¹	▼ -8%	450 ¹¹	◆	494
	Chicken (1kg)	1500 ¹⁰	▲ +7%	Not available	◆	Not available	◆	1231
	Mutton (1kg)	4200 ¹⁰	▼ -7%	3500 ¹¹	▼ -22%	Not available	◆	3913
	Tomato (1kg)	250 ¹⁰	▲ +25%	200 ¹¹	▲ +33%	200 ¹⁰	▼ -11%	161
	Cucumber (1kg)	350 ¹⁰	▲ +40%	225 ¹¹	▲ +29%	250 ¹⁰	▲ +25%	300
	Milk (litre)	250 ¹¹	◆	250 ¹¹	◆	250 ¹¹	◆	225
	Flour (1kg)	325 ¹⁰	◆	325 ¹¹	▼ -7%	300 ¹¹	◆	261
	Eggs (1)	60 ¹⁰	◆	65 ¹¹	▲ +18%	60 ¹¹	◆	42
	Iodised salt (500g)	150 ¹⁰	▼ -25%	200 ¹¹	◆	200 ¹⁰	◆	140
	Sugar (1 kg)	550 ¹⁰	▲ +10%	500 ¹¹	▼ -9%	450 ¹⁰	◆	456
	Cooking oil (litre)	900 ¹⁰	▲ +6%	850 ¹¹	▼ -15%	750 ¹⁰	◆	800
	Soap (1 bar)	150 ¹⁰	▲ +50%	150 ¹⁰	◆	100 ¹⁰	▼ -33%	111
	Laundry powder (1kg)	800 ¹⁰	▼ -6%	700 ¹⁰	◆	600 ¹⁰	▼ -20%	681
	Sanitary pads (9)	450 ¹⁰	◆	350 ¹⁰	◆	350 ¹⁰	▲ +17%	372
	Disposable diapers (24 pack)	300 ¹⁰	▲ +50%	400 ¹⁰	◆	450 ¹⁰	◆	250
	Toothpaste (125ml)	2500 ¹⁰	▲ +14%	2300 ¹⁰	◆	1600 ¹⁰	◆	2225
	Butane (cannister)	15000 ¹¹	▲ +50%	15000 ¹⁰	▼ -6%	7500 ¹¹	▲ +108%	2688
	Diesel (litre)	425 ¹⁰	◆	550 ¹⁰	◆	550 ¹¹	▲ +10%	198
	Propane (cannister)	5000 ¹¹	▲ +43%	Not available	◆	Not available	◆	3500
	Kerosene (litre)	Not available	◆	Not available	◆	Not available	◆	300
	Coal (kg)	350 ¹⁰	◆	Not available	◆	Not available	◆	313
Firewood (tonne)	140000 ¹⁰	▼ -7%	120000 ¹⁰	▲ +41%	130000 ¹⁰	▲ +30%	75000	

Endnotes

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

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

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

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

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

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

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: July 2016' (link here). As bread was unavailable in private and public bakeries in all three neighbourhoods, no prices were available for bread sold in bakeries. However, food basket prices were calculated using the reported price of bread sold in shops (Burza 200 SYP. Jober: 350 SYP. Tadamon: 200 SYP). While the food basket price for Tadamon in November was reported as 26,008 SYP in November, it has been amended to 29,808 SYP based on new information about the price of lentils in November.

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

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

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

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

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

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

December 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Ar Rastan	Talbiseh	Taldu
UN classification:	Hard to reach	Hard to reach	Hard to reach
Estimated population¹:	47000	41000	18000
Of which estimated IDPs¹:	9000	11000	640
% pre-conflict population remaining:	26-50%	26-50%	26-50%
% of population that are female:	26-50%	26-50%	26-50%

SUMMARY

The communities of Ar Rastan, Talbiseh and Taldu, situated in the Al Houleh region between the cities of Homs and Hama, have faced access restrictions since 2012. However, since early 2016 the communities have experienced a deterioration in the humanitarian situation following an intensification of conflict.

Overall, **the humanitarian situation remained the same as in November across all three communities. Notable rises were reported in the cost of some core food items in Taldu and Talbiseh and fuel prices in the three communities in December, attributed to a reduction in humanitarian aid reaching the communities.**

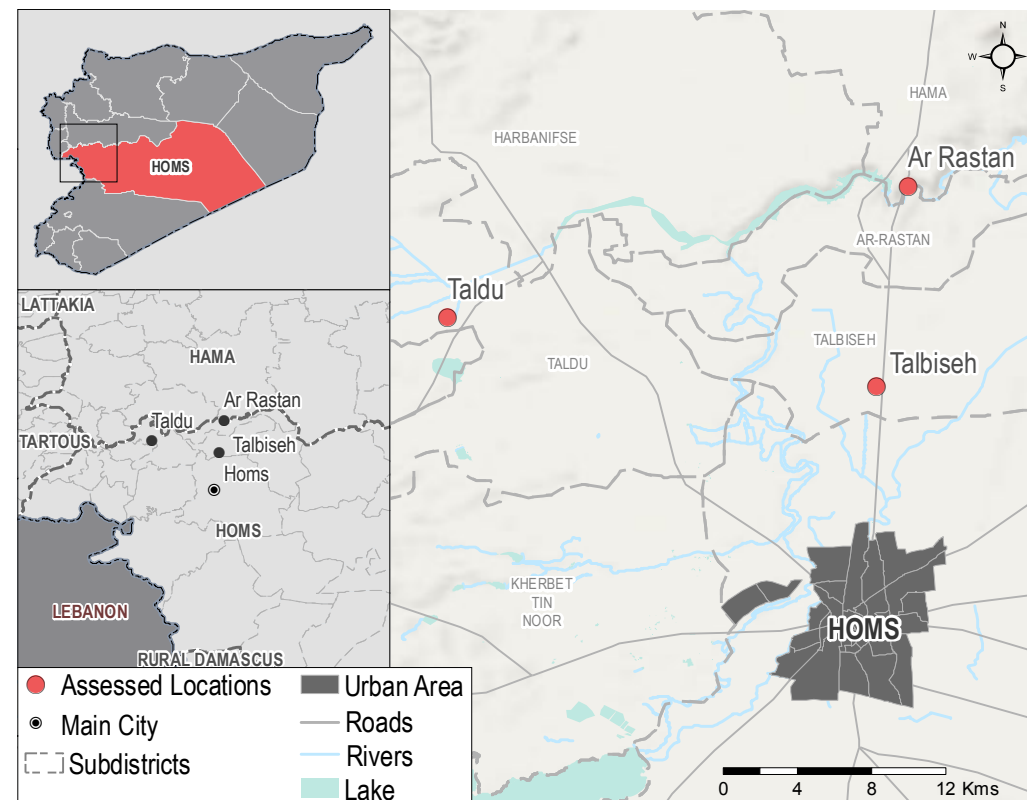
No changes were reported to access to services such as water and electricity and these remained

the same as in November. Access to health services also remained the same across the assessed communities since November, despite the lack of aid entering the communities in December.

As has been the case since September, populations were able to move between the three communities, but unable to leave the wider contested area unless obtaining official permission. Commercial vehicles were unable to enter any of the communities in December, which has remained unchanged since the three communities were first assessed in June.

The price of several core food items increased in Talbiseh and Taldu in December. In Taldu, key staple foods reduced in availability in shops.

Overall there was no change to food availability in Talbiseh and Ar Rastan, with exception of bread for which availability worsened as compared with



CHANGES SINCE NOVEMBER

	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 December 2016 and beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in neighbourhoods in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

November. In Ar Rastan, which last received aid in November, despite several price increases, there was a slight reduction in food prices overall.

No significant changes in availability or price were reported for hygiene and sanitation items in all three communities, while sharp rises were reported in fuel prices across all three communities.

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to November in Ar Rastan:	◆
Change in # people able to leave compared to November in Talbiseh:	◆
Change in # people able to leave compared to November in Taldu:	◆

🚶 People able to leave²

In December, the same amount of people were reportedly able to leave or enter the communities as in November.

In Ar Rastan, 1-10% of the population could enter/leave, and 11-25% of the populations in Talbiseh and Taldu in December.

As was the case in October and November, civilians could travel between the three communities at any time of the week through both formal and informal routes. However, the movement between communities, in particular to and from Ar Rastan, remained dangerous due to the prevalence of shelling.

Despite the absence of travel restrictions, only employees and students were allowed to leave the wider contested area, upon presenting documents at check points.

Due to insecurity, apart from individuals with official permission, no one else reportedly tried to leave the wider contested area through either formal or informal entry/exit points in December; this has been the case since September.

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

Ar Rastan: Shelling;

Talbiseh: Shelling;

Taldu: Shelling.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since November in Ar Rastan:	◆
Change since November in Talbiseh:	◆
Change since November in Taldu:	◆

As has been the case since the communities were first assessed in June 2016, no commercial vehicles were reportedly allowed to enter any of the three communities in December. Commercial goods however could still enter the area informally.

🚚 Humanitarian vehicles

Change since November in Ar Rastan:	↓
Change since November in Talbiseh:	◆
Change since November in Taldu:	◆

No humanitarian aid vehicles were allowed to enter the communities in December, resulting in decreased amounts of food, NFIs, medicine and medical items, especially in Talbiseh and Taldu which last received aid deliveries in October.

📦 Goods entered

As had been the case since June, when the communities were first assessed, food, NFIs, fuel and medical items continued to enter Ar Rastan, Talbiseh and Taldu through civilians permitted to leave and bring goods back from neighbouring communities in December.

ACCESS TO SERVICES

Overall, access to services have remained largely unchanged compared to September 2016, with water trucking as the main source of drinking water and access to the water network on average 1-2 days per week. The availability of water in Ar-Rastan improved in December with sufficient water available to meet household needs, which was not the case in November due to the breakdown of piping.

	Ar Rastan	Talbiseh	Taldu
💧 WATER	Main source of drinking water (Status)	Water network (Safe to drink)**	Water network (Safe to drink)**
	Available water to meet household needs (Coping strategies)	Sufficient	Sufficient
	Access to water network per week	1-2 days	1-2 days
	Change since November*	▲	◆
💡 ELECTRICITY	Access to electricity network per day	2-4 hours	2-4 hours
	Access to electricity (Main source) per day	4-8 hours (Generator)	2-4 hours (Network)
	Change since November*	◆	◆
🎒 EDUCATION	Available education facilities	Pre-conflict primary and secondary facilities; informal schools set up since conflict began	Pre-conflict primary and secondary facilities; informal schools set up since conflict began
	Barriers to education	None reported	Route to services unsafe, children need to work, lack of teaching staff
	Change since November*	◆	◆

*Arrows indicate change in access since November

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

However, it was reported that less goods entered Talbiseh and Taldu overall in December. The decrease was attributed to poor weather conditions which resulted in fewer people travelling to other communities to bring back goods. No change was reported in the amount of fuel entering the three communities in December.

	Ar Rastan	Talb.	Taldu
Child immunization	✓	✓	✓
Diarrhea management	✓	✓	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✓	✓	✓
Surgery ⁴	✓	✓	✓
Diabetes care	✗	✗	✗
Change since November	↓	↓	↓

Availability of medical personnel

Ar Rastan: Professionally trained doctors, nurses and midwives.

Talbiseh and Taldu: Professionally trained surgeons, doctors, nurses and midwives.

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

Change since November	
	◊

Unavailable medical items⁵

Ar Rastan: Clean bandages, blood transfusion bags, antibiotics

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

Taldu: Anti-anxiety medication, contraception, clean bandages, burn treatment, medical scissors;

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

Change in Ar Rastan since November	↑
Change in Talbiseh since November	◊
Change in Taldu since November	◊

Most needed medical items⁶

	Ar Rastan	Talbiseh	Taldu
1. Antibiotics	Antibiotics	Antibiotics	Antibiotics
2. Surgical equipment	Surgical equipment	Surgical equipment	Surgical equipment
3. Assistive devices	Assistive devices	Blood transfusion bags	

As was the case in November, surgical equipment was one of the most needed medical items in all three communities.

Permanent medical facilities available

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

FOOD

Change in food situation in Ar Rastan compared to November:	↑
Change in food situation in Talbiseh compared to November:	↓
Change in food situation in Taldu compared to November:	↓

Most common methods of obtaining food at the household level

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

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

No change was reported in Ar Rastan, Talbiseh or Taldu and it was reported that populations continue to reduce meal sizes and skip meals.

Deaths attributable to a lack of food⁴

No known cases in all three neighbourhoods, as was reported in September, October and November.

HEALTH SERVICES

Change since November in Ar Rastan:	◊
Change since November in Talbiseh:	◊
Change since November in Taldu:	◊

The health situation remained largely unchanged in Ar Rastan, Talbiseh and Taldu in December, despite a decrease in medical items entering Ar Rastan in December.

Unusual outbreaks of disease³

None reported in all three communities; this has been the case since September.

Strategies used to cope with a lack of medical services

No coping strategies were reported in any of the three communities in December.

Medical services available

While most medical services were available in Ar Rastan, Talbiseh and Taldu, diabetes treatment became unavailable.

Medical aid last entered Ar Rastan in November and was last delivered in October to Talbiseh and Taldu.

Most common methods of obtaining bread at the household level

All three communities: Private bakeries.

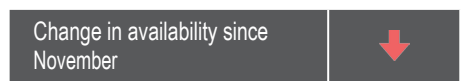
Ar Rastan: Flour too expensive/hard to access, electricity/fuel too expensive/hard to access;

Talbiseh: Flour too expensive/hard to access, electricity/fuel too expensive/hard to access;

Taldu: Flour too expensive/hard to access.

Challenges to obtaining bread were reported in all three communities, as had been the case in October and November.

Despite aid entering Ar Rastan in November and price of core food items decreasing in markets in December, access to bread reportedly worsened in the community. This was due to the rising prices of fuel and the absence of any aid deliveries in December. Furthermore, there were fewer bread distributions by local councils in all three communities in December. In Taldu, depletion of stocks caused flour to become more expensive and hard to access.



CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Ar Rastan	Talbiseh	Taldu
Average cost (SYP) ⁸	32060	32660	33135
Change since November ⁹	↕	↕	↑

During December, the price of a standard food basket increased by 8% in Taldu and was slightly higher in Ar Rastan and Talbiseh.

Food item availability / prices

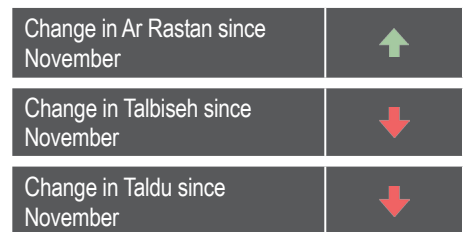
Items unavailable in all communities: Bread (public bakeries).

In Talbiseh the price of chicken, flour, eggs and salt increased.

In all three communities bread (public bakeries) remained unavailable and a lower availability of bread from private bakeries was reported in all three communities, compared to November.

Cucumber, previously unavailable in all three communities became available in Talbiseh and Ar Rastan but remained unavailable in Taldu. Conversely, in Taldu there was a dip in the availability of some food items in December, with rice and bulgur only sometimes available in shops¹⁰.

Most other core food items remained generally available in all three communities, with the exception of flour which became less available¹¹.



WASH item availability / prices

All assessed sanitary and hygiene items (soap, toothpaste, laundry powder, and diapers) remained available in December in all three communities, as had been the case in October and November. The price of laundry powder

and sanitary pads increased by 8% in Taldu, while in Ar Rastan disposable diapers were 10% less expensive than last month. No significant availability or price changes were reported for other non-food items.

Fuel availability / prices

In December as was the case in October and November, diesel, butane and firewood were the only available fuel sources available across the three communities. The price of diesel increased slightly across all three communities, while the price of firewood rose sharply in all three communities since November.




It was reported that demand for fuel and in particular firewood and butane canisters increased due to falling winter temperatures, resulting in sharp price rises of more than 50% in some cases, in December.

Strategies used to cope with a lack of fuel (All communities): Burning clothes, plastics and waste.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

In December, prices of available food items in Ar Rastan decreased on average by less than 5% in comparison to December. In Talbiseh and Taldu however, food prices were on average 10% and 7% higher than the previous month. Due to limited coverage in December, it was not possible to collect prices for comparison from nearby non-hard to reach communities for the month of December.

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		Talbiseh		Taldu		
	Price	Price change since November ⁹	Price	Price change since November ⁹	Price	Price change since November ⁹	
Food Items 	Bread private bakery (pack)	250 ¹⁰	◆	250 ¹⁰	◆	250 ¹⁰	◆
	Bread public bakery (pack)	Not available	◆	Not available	◆	Not available	◆
	Rice (1kg)	200 ¹²	↓ -20%	250 ¹²	◆	250 ¹⁰	↓ -9%
	Bulgur (1kg)	225 ¹²	↑ 13%	225 ¹²	◆	225 ¹⁰	◆
	Lentils (1kg)	650 ¹²	↑ 8%	600 ¹²	◆	650 ¹²	↑ 8%
	Chicken (1kg)	900 ¹²	↑ 20%	950 ¹²	↑ 36%	950 ¹²	↑ 27%
	Mutton (1kg)	3000 ¹²	◆	3000 ¹²	↑ 5%	3000 ¹²	◆
	Tomato (1kg)	250 ¹²	↓ -17%	250 ¹²	↓ -23%	250 ¹²	↓ -29%
	Cucumber (1kg)	300 ¹²	Not available	300 ¹²	◆	Not available	◆
	Milk (litre)	130 ¹²	◆	130 ¹²	◆	130 ¹²	◆
	Flour (1kg)	300 ¹¹	↑ 20%	300 ¹²	↑ 20%	300 ¹¹	↑ 20%
	Eggs (1)	75 ¹²	↑ 36%	75 ¹⁰	↑ 36%	80 ¹²	↑ 45%
	Iodised salt (500g)	40 ¹²	↓ -70%	40 ¹²	↑ 14%	40 ¹²	↑ 14%
	Sugar (1 kg)	400 ¹²	↓ -11%	425 ¹²	↑ 6%	425 ¹²	◆
	Cooking oil (litre)	1000 ¹²	◆	1000 ¹²	↑ 5%	1000 ¹²	◆
WASH Items 	Soap (1 bar)	85 ¹²	↓ -6%	90 ¹²	◆	90 ¹²	◆
	Laundry powder (1kg)	600 ¹²	◆	600 ¹²	◆	650 ¹²	↑ 8%
	Sanitary pads (9)	600 ¹²	◆	650 ¹²	◆	650 ¹²	↑ 8%
	Disposable diapers (24 pack)	1800 ¹²	↓ -10%	1800 ¹²	↓ -5%	2000 ¹²	◆
	Toothpaste (125ml)	250 ¹²	◆	250 ¹²	◆	250 ¹²	◆
Fuel 	Butane (cannister)	10500 ¹²	↑ 50%	10500 ¹²	↑ 62%	11000 ¹²	↑ 77%
	Diesel (litre)	400 ¹²	↑ 7%	400 ¹²	↑ 7%	400 ¹²	↑ 8%
	Propane (cannister)	Not available	◆	Not available	◆	Not available	◆
	Kerosene (litre)	Not available	◆	Not available	◆	Not available	◆
	Coal (kg)	Not available	◆	Not available	◆	Not available	◆
Firewood (tonne)	125000 ¹²	↑ 67%	75000 ¹²	↑ 53%	130000 ¹²	↑ 63%	

Endnotes

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

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

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

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

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

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

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

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

⁹ Price fluctuations less than 5% were not reported.

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

¹¹ Generally unavailable in markets (less than 7 days this month).

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

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

The city of Deir ez Zor, located in eastern Syria, has experienced heavy conflict since June 2012. The besieged neighbourhoods of Joura and Qosour in particular, have faced severe access restrictions since January 2015. Over the past year, a gradual deterioration of the security situation also negatively affected resident populations.

The overall humanitarian situation in Deir ez Zor deteriorated further in December as fewer airdrops, on which the community relies for accessing goods, occurred in December. Access restrictions, health services and access to basic services remained unchanged.

As has been the case since the community was first assessed in June 2016, residents were unable to leave as neither formal or informal routes were reportedly available. Commercial and humanitarian vehicles remained unable to enter Deir ez Zor in December, as has been the case since August 2016.

As the number of airdrops reportedly decreased in December; no NFIs or medicine entered Deir ez Zor, while the amount of food items entering was at its lowest since assessments began in June 2016. As a result, the overall availability of food decreased in the community, with reportedly only a handful of core food items still available in shops and markets in December. Remaining items were prohibitively priced, and populations had to resort to additional

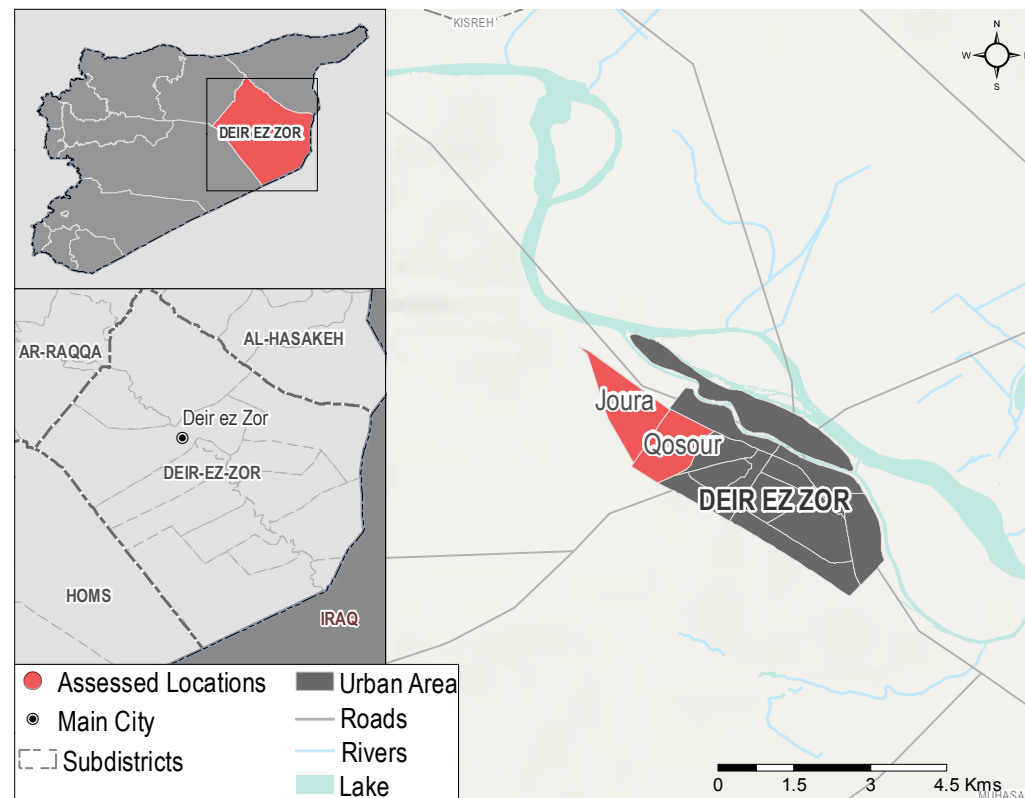


UN classification:	Besieged
Estimated population¹:	110000
Of which IDPs¹:	52200
% pre-conflict population remaining:	51-75%
% population female:	26-50%

coping strategies related to a lack of food, including reducing meal size or skipping meals altogether. The community continued to report deaths attributable to a lack of food.

Populations in Deir ez Zor continued to rely on spring water, delivered via the water network and without adequate processing, in December. Access remained insufficient and the unprocessed water reportedly made residents sick. Despite a marginal increase, the community continued to have minimal access to electricity through the use of generators and the main network.

The health situation in Deir ez Zor remained relatively unchanged in December, with a military facility providing some services. Access to the facility however remained very restricted due to the cost of treatment and various security concerns. Other informal services - including emergency care - were occasionally also available.



CHANGES SINCE NOVEMBER

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

METHODOLOGY

Based on data collected from community representatives inside Syria in December 2016 and beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to November:



People able to leave²

As has been the case since the community was first assessed in June 2016, no formal or informal entry points were reported in December and populations were unable to leave the community.

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

No risks were reported as no one attempted to enter or leave the community.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since November:



Able to enter: None reported.

Humanitarian vehicles

Change since November:



Able to enter: None reported.

Humanitarian airdrops

Change since November:



There was reportedly a decrease in the number of airdrops, and a corresponding decrease in the amount of food that entered the community.

Goods entered

While some food was able to enter the community via airdrops, no NFIs or medical items entered Deir ez Zor in December, in

contrast to November. The only source of fuel remained local production through the processing of crude oil, as has been the case since September.

HEALTH SERVICES

Change in health situation compared to November:



Access to information pertaining to health services in Deir ez Zor remained limited, but reportedly a military hospital provided some services in the community. However, access to the facility remained limited in December for a majority of residents. In addition to midwives, nurses reportedly provided some services in the community for a couple of days in December. Additionally, it was reported that one representative from the Syrian Red Crescent was providing emergency care in the community in December.

Permanent medical facilities available

Mobile clinics / field hospitals	No info
Informal emergency care points	No info
Pre-conflict hospitals	✓
Pre-conflict clinics / surgeries	No info
Change since November	

Availability of medical personnel

Personnel available: Professionally trained nurses and midwives;

Others providing medical services: Volunteers with informal or no medical training.

Change since November



ACCESS TO SERVICES*

As had been the case since June 2016, populations in Deir ez Zor relied on surface water delivered through the main water network without proper treatment, and reported sickness following consumption. Access remained insufficient to meet household needs. A slight increase in access to electricity was observed in December, due to fluctuations in fuel supply and the corresponding operation of generators. Schools in the community were closed in December due to mid-year holidays.

WATER		Main source of drinking water (Status**)	Surface water / unprotected spring (People got sick after drinking water)
		Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient (Reduce drinking water consumption, modify hygiene practices, bathe less, drink water used for cleaning or other purposes than drinking)
		Access to water network per week	1-2 days
ELECTRICITY		Access to electricity network per day	< 1 hour
		Access to electricity (Main source) per day	1-2h (Generator)
EDUCATION		Available education facilities	Pre-conflict primary schools
		Barriers to education	Routes to schools unsafe, lack of teaching staff, lack of school supplies

*Arrows indicate change in access since November

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

Unavailable medical items³

Contraception, blood transfusion bags, antibiotics, medical scissors.

Change since November

No info

Most needed medical items⁴

- Heart medicine
- Diabetes medicine
- Antibiotics

Strategies used to cope with a lack of medical services

In December the community reported resorting to carrying out operations without anaesthesia and using non-medical items for treatment, such as wooden sticks as casts, in the absence of formal health services.

Medical services available

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

Surgery is reportedly only available to civilians who are able to pay for treatment at the hospital.

+ Unusual outbreaks of disease⁶

A skin disease, first reported in November and thought to be the result of using contaminated water, was still observed in December (but reports could not be verified by medical professionals).

FOOD

Change in food situation compared to November:



🍷 Most common methods of obtaining food at the household level

As the amount of food obtained from airdrops decreased in December, populations relied on purchasing food from shops and markets and bartering.

🌾 Most common methods of obtaining bread at the household level

Most common source: Shops.

Challenges to obtaining bread: Flour, wheat and yeast too expensive/hard to access; electricity/fuel insufficient or too expensive/hard to access.

Change since November



+ Deaths attributable to a lack of food⁶

As has been the case in November, the community continued to report deaths related to a lack of food.

👛 Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket⁷

The average cost of a standard food basket for Joura and Qosour could not be calculated, for the first time since assessments began, as most core food items were not available in shops or markets.

🚰 WASH item availability / prices

The only hygiene and sanitation products that remained sometimes available⁹ in Joura and Qosour in December were soap and laundry powder; disposable diapers were no longer available in contrast to November.

🛢️ Fuel availability / prices

No fuel except firewood remained available in markets in December; firewood was generally unavailable⁹ and its price had increased by 57% in comparison to November.

Strategies used to cope with a lack of fuel: The communities continued reporting burning furniture to cope with insufficient fuel; additionally, in December, burning waste and burning other productive assets were reported.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX¹⁰

There was a significant decrease in the availability of core food items in December, as less food entered the community via airdrops. Rice and milk became unavailable, whereas most remaining items became generally unavailable⁹. Remaining food items were on average 28% more expensive than in November.

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	Joura/Qosour	Price change since November ¹¹	
🍷 Food Items	Bread private bakery (pack)	850 ⁸	↑ +89%	
	Bread public bakery (pack)	600 ⁸	↑ +71%	
	Rice (1kg)	Not available	Available	
	Bulgur (1kg)	3500 ⁹	↑ +40%	
	Lentils (1kg)	Not available	◆	
	Chicken (1kg)	Not available	◆	
	Mutton (1kg)	11000 ¹²	◆	
	Tomato (1kg)	Not available	◆	
	Cucumber (1kg)	Not available	◆	
	Milk (litre)	Not available	Available	
	Flour (1kg)	Not available	◆	
	Eggs (1)	500 ⁹	↑ +25%	
🚰 WASH Items	Iodised salt (500g)	500 ⁹	↓ -50%	
	Sugar (1 kg)	Not available	◆	
	Cooking oil (litre)	9000 ⁹	↑ +20%	
	🛢️ Fuel	Soap (1 bar)	1900 ⁸	◆
		Laundry powder (1kg)	12000 ⁸	◆
		Sanitary pads (9)	Not available	◆
		Toothpaste (125ml)	Not available	◆
		Disposable diapers (24 pack)	Not available	Available
		Butane (cannister)	No info	No info
	Diesel (litre)	Not available	No info	
	Propane (cannister)	Not available	No info	
	Kerosene (litre)	Not available	◆	
Coal (kg)	Not available	◆		
Firewood (tonne)	55000 ⁹	↑ +57%		

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

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). Figures based on estimates by local actors within communities assessed were reportedly 100,000-120,000 individuals.

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

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

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

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

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

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

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

⁹ Generally not available in markets (less than 7 days this month).

¹⁰ \$1 = 515 SYP (UN operational rates of exchange as of 1 January 2017). Due to limited coverage in December, 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.

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

December 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

The community of Hajar Aswad, situated just south of Damascus City, has faced access restrictions since early 2013. In 2014, the community faced critical levels of food insecurity before a local truce agreement in the area was reached. The security situation in the community has been stable since it was first assessed in June 2016. While this profile refers to the situation in December 2016, comparisons were made by community representatives to changes observed since November, when the community was last assessed.

Overall, the humanitarian situation appears to have remained relatively unchanged in Hajar Aswad between November and December. Residents remained affected by severe restrictions on the movement of people and goods, lack of humanitarian aid and poor access to basic services.

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

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

No humanitarian or commercial vehicles were permitted to enter Hajar Aswad in December, as has been the case since the community was first



UN classification:	Besieged
Estimated population¹:	4500
Of which IDPs¹:	320
% pre-conflict population remaining:	1-25%
% population female:	1-25%

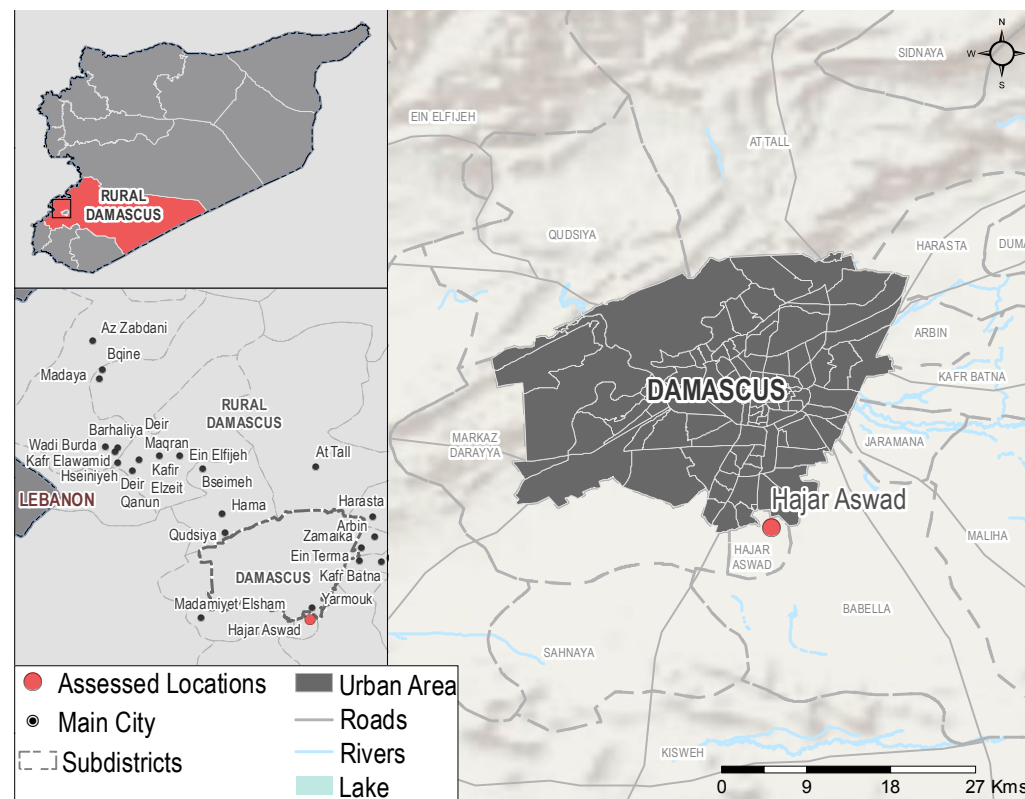
assessed. The limited amounts of goods (food, NFIs and medical items) that entered were brought to Hajar Aswad by civilians leaving the community and purchasing items in the nearby neighbourhoods of Yalda and Babella.

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

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

CHANGES SINCE NOVEMBER

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



METHODOLOGY

Based on data collected from community representatives inside Syria in December 2016 and the beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to November:



People able to leave²

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

Informal points used: Yes.

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

Shelling, gunfire, detention, verbal and sexual harassment.

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

HEALTH SERVICES

Change in health situation compared to November:



Permanent medical facilities available

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

Availability of medical personnel

Personnel available: Professionally trained nurses and midwives;

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

Change since November	◆
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Unavailable medical items³

Items unavailable: Clean bandages, blood transfusion bags and anaesthetics;

Sometimes available: Contraception, antibiotics, burn treatment, medical scissors, anti-anxiety, heart, diabetes, and blood pressure medicine.

Change since November	◆
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ACCESS TO SERVICES

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

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

*Arrows indicate change in access since November.

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

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since November:



Able to enter: None reported.

Humanitarian vehicles

Change since November:



Able to enter: None reported.

Goods entered

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

Most needed medical items⁴

1. Antibiotics
2. Diabetes medicine
3. Clean bandages

Medical services available

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

Strategies used to cope with a lack of medical services

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

This coping strategy was reportedly not used in November. However, with the continued restrictions on the entry of medical items into the community since the community was first assessed, residents began resorting to the use of this coping strategy in December for the first time since August 2016.

Unusual outbreaks of disease⁶

None reported; this was also the case in November.

FOOD

Change in food situation compared to November:



Most common methods of obtaining food at the household level

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

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

Most common methods of obtaining bread at the household level

Most common source: Shops in nearby neighbourhoods.

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

Change since November



Strategies used to cope with a lack of food

Reducing meal size



Skipping meals



Days without eating



Eating non-food plants



Eating food waste



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Deaths attributable to a lack of food⁶

No known cases, as was reported in previous months.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Hajar Aswad	Nearby areas ⁸
Average cost December (SYP) ⁹	31832	37506
Change since November		

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

WASH item availability / prices

All assessed hygiene and sanitation items were reported as sometimes available¹⁰ in December, as was the case in November. This was a decrease from October, when all items were reported as generally available¹⁰ due to a temporary increase in availability in nearby communities. Prices of all assessed hygiene and sanitation items remained the same between November and December, and were 22% higher than in nearby communities.

Fuel availability / prices

Firewood became available in December, with traders bringing it into the community to meet increased demand due to the intensification of winter. Otherwise, fuel availability in December was similar to November, with butane and diesel reported as sometimes available¹¹ in markets, and kerosene briefly available¹³ after a small amount was brought in through informal routes. Only the price of butane changed in December, increasing

by 13%. Fuel prices in Hajar Aswad were on average 75% higher than in nearby non-hard to reach communities.

Strategies used to cope with a lack of fuel: Burning plastic; burning furniture with or without use; burning clothes. Burning clothes had not previously been used as a coping strategy, and was adopted for the first time in December to cope with the increased need for fuel for heating as temperatures decreased. The other coping strategies used in December were reportedly also used in October and November.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

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

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

	Item	Hajar Aswad	Price change since Nov. ¹²	Nearby non-hard to reach areas ⁸	
	Bread private bakery (pack)	Not Available		300	
	Bread public bakery (pack)	Not Available		63	
	Rice (1kg)	350 ¹¹		525	
	Bulgur (1kg)	280 ¹¹	12%	250	
	Lentils (1kg)	250 ¹¹		500	
	Chicken (1kg)	1200 ¹¹		1100	
	Mutton (1kg)	5000 ¹¹		4000	
	Tomato (1kg)	200 ¹¹		198	
	Cucumber (1kg)	200 ¹¹		275	
	Milk (litre)	250 ¹¹		213	
	Flour (1kg)	300 ¹¹		213	
	Eggs (1)	60 ¹¹		50	
	Iodised salt (500g)	200 ¹¹		100	
	Sugar (1 kg)	400 ¹¹		495	
	Cooking oil (litre)	700 ¹¹		1225	
	Soap (1 bar)	150 ¹⁰		100	
	Laundry powder (1kg)	1000 ¹⁰		563	
	Sanitary pads (9)	250 ¹⁰		388	
	Toothpaste (125ml)	350 ¹⁰		388	
	Disposable diapers (24 pack)	1500 ¹⁰		1200	
		Butane (cannister)	4500 ¹¹	13%	3250
		Diesel (litre)	550 ¹¹		218
		Propane (cannister)	Not Available		600
Kerosene (litre)		550 ¹³		Not Available	
Coal (kg)		Not Available		400	
Firewood (tonne)	80000		60000		



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

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

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

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

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

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

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

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: July 2016' ([link here](#)). As bread was unavailable in private and public bakeries in Hajar Aswad, no prices were available for bread sold in bakeries in the community. However, the food basket price for Hajar Aswad for November and December was calculated using the reported price of bread sold in shops (300 SYP).

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

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

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

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

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

¹³ There were reports from within the community that small amounts of kerosene were available in markets for a brief period in December for 550 SYP, as was the case in November. This data was not included in the November report because it was anticipated at the time that its availability in November was not indicative of availability in future months.

Syria Community Profile Update: Khan Elshih, Rural Damascus

December 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

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

Overall, the humanitarian situation in Khan Elshih improved in December. Following the truce agreement, access restrictions were reduced in mid-December, with some civilians as well as commercial and humanitarian vehicles able to enter and leave the community. With food, fuel, hygiene and medical items able to enter the community for the first time since early October, access to food, health services and basic services all improved.

Nevertheless, and although reduced from November when no civilians could enter or leave Khan Elshih, access restrictions on civilian movement remained tight in December. Only 1-10% of the population, mostly students and medical evacuees, could leave the community through formal routes and none could do so through informal routes.

However, access restrictions on commercial and humanitarian vehicles decreased in December, with **both types of vehicles able to enter the community for the first time since assessments began in June 2016.** Although the frequency of entry was limited to a few days per week for each trader, this nonetheless led to greater amounts of food, fuel, medical and hygiene and sanitation items entering.



UN classification:	Besieged
Estimated population¹:	9000-9500
Of which IDPs¹:	100-200
% pre-conflict population remaining:	26-50%
% population female:	51-75%

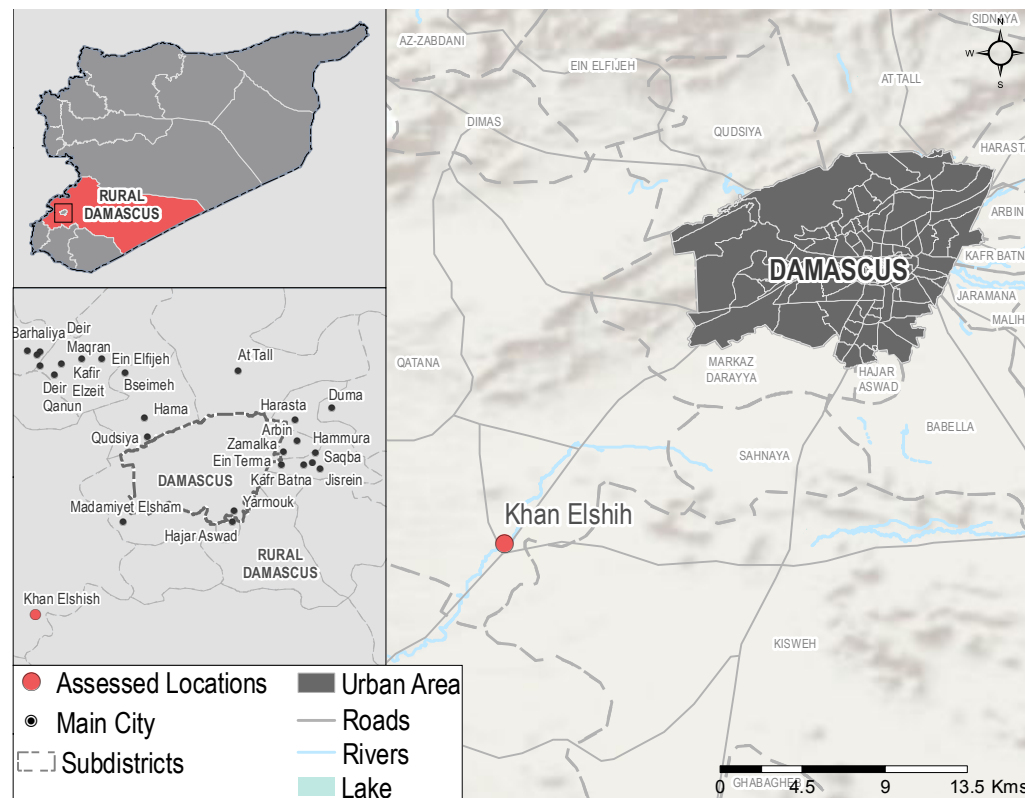
As a result of more goods entering the community, availability in markets increased significantly, with 17 previously unavailable assessed items becoming available in December. Food prices were similar to those in nearby non-hard to reach communities, while fuel and hygiene items were more expensive.

Access to all assessed basic services increased from November to December. UNRWA distributed 20 litres of diesel to most families in the community, increasing the availability of fuel needed to run generators and water pumps and thus increasing access to water and electricity. In addition, with the improved security situation, no barriers to accessing education in the community were reported.

The health situation in the community in December improved from November, when no medical facilities or services had been available. Private clinics reopened and UNRWA opened a new mobile clinic. The increased entry of medical items meant that no items were reportedly unavailable, and no coping strategies for medical item shortages were used in December. A number of medical services became available in December, although some, such as surgery, remained unavailable due to the departure of some medical personnel from the community following the truce agreement.

CHANGES SINCE NOVEMBER

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



METHODOLOGY

Based on data collected from community representatives inside Syria in December 2016 and the beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to November: 

People able to leave²

The only formal route into Khan Elshih reopened in mid-December, for the first time since early October, after a truce was agreed in late November. Only 1-10% of the population, consisting of students and medical evacuees, were able to use these formal routes to enter and leave the community, with the former required to show documentation at access points.


Informal points used: No.

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

None reported.


MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since November: 

For the first time since the community was first assessed in June 2016, commercial vehicles were allowed into Khan Elshih from mid-December onwards. However, there were restrictions that limited the number of times each trader's vehicles could enter to a few days per week.

Humanitarian vehicles


Change since November: 

Humanitarian vehicles, carrying food and limited amounts of medicine and NFIs, were also able to enter Khan Elshih for the first time since assessments began. However, the aid from these vehicles was reportedly being distributed unevenly, based on political affiliation.

Goods entered

In contrast with November, when no civilians or goods were able to enter the community, the reduction of restrictions on civilian and vehicle movement enabled the entry of goods in December. As a result, the amount of food entering the community increased, while amounts of hygiene and medical items entering increased slightly. In addition, UNRWA distributed 20 litres of diesel each to most families in the community.

HEALTH SERVICES




Change in health situation compared to November: 

Permanent medical facilities available

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







With the cessation of fighting and the renewed entry of medical items, a number of private clinics in the community re-opened. UNRWA also established a mobile clinic.

Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery ³	
Diabetes care	
Change since November	

ACCESS TO SERVICES

Access to all assessed basic services in Khan Elshih reportedly increased in December. Due to UNRWA's provision of fuel to most families in the community, there was more fuel available to operate generators and water pumps and thus increased access to water and electricity. However, the main water and electricity networks remained unavailable. With the reduction of security risks from November to December, a number of schools re-opened, and there were no reported barriers to accessing education in December.

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

*Arrows indicate change in access since November.

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

While no medical services had been available in November, some became available in December due to the opening of medical facilities and the entry of medical items after the truce agreement.

Unavailable medical items⁴

No medical items were reportedly unavailable from mid-December onwards, due to reduced access restrictions following the truce agreement.

Change since November: 

Most needed medical items⁵

1. Antibiotics
2. Diabetes medicine
3. Heart medicine

Availability of medical personnel

Personnel available: Professionally trained doctors and midwives;

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

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

Change since November: 

Strategies used to cope with a lack of medical services

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

Unusual outbreaks of disease⁶

None reported; this was also the case in November.

FOOD

Change in food situation compared to November:



Most common methods of obtaining food at the household level

Purchasing from shops and markets; food distributions.

Most common methods of obtaining bread at the household level

Purchasing from shops and markets.

In contrast with October and November, bread became available in shops in Khan Elshih in December, although it was still not available from public and private bakeries.

Challenges to obtaining bread: None reported.

Change since November



Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Skipping meals, which had been used as a coping strategy in November, was no longer reported. However, residents still reported reducing meal sizes and have been doing so since assessments began in June 2016.

Deaths attributable to a lack of food⁶

No known cases, as was reported in previous months.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Khan Elshih	Nearby areas ⁸
Average cost December (SYP) ⁹	38634	37563
Change since November	No info	◆

The cost of a standard food basket in Khan Elshih in December was roughly similar to that in nearby communities. The price of a food basket was not calculated for Khan Elshih in November, as only two of the five food basket items had been available that month.

WASH item availability / prices

All assessed hygiene and sanitation items, which had been unavailable in Khan Elshih in November, were reportedly generally available¹⁰ in December after restrictions on goods entering the community reduced. The prices of these items were on average 77% higher than in nearby non-hard to reach communities, mostly due to the high prices of laundry powder and disposable diapers in Khan Elshih.

Fuel availability / prices

Some fuels were reportedly sometimes available¹¹ in markets in Khan Elshih for the first time since early October, when fighting had intensified. Propane and coal, however, remained unavailable. The prices of available fuels were on average 36% higher than in nearby non-hard to reach communities.

Strategies used to cope with a lack of fuel: Burning plastic; burning furniture without use. These strategies were also used in November. Burning waste and furniture with use, which had been reported in November, was no longer done in December.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

Availability of food items and NFIs increased significantly from November to December, with 17 assessed items becoming available following the reduction of access restrictions on civilians and vehicles after the truce agreement. All assessed food items other than milk and bread from bakeries were reportedly sometimes available.¹⁰ Food prices in Khan Elshih were reportedly similar to those in nearby non-hard to reach communities.

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

	Item	Khan Elshih	Price change since Nov. ¹⁰	Nearby non-hard to reach areas ⁸	
Food Items	Bread private bakery (pack)	Not Available	◆	290	
	Bread public bakery (pack)	Not Available	◆	75	
	Rice (1kg)	400 ¹¹	↓ -43%	550	
	Bulgur (1kg)	300 ¹¹	↓ -54%	250	
	Lentils (1kg)	300 ¹¹	↓ -54%	500	
	Chicken (1kg)	1380 ¹¹	Not Available	1000	
	Mutton (1kg)	4500 ¹¹	Not Available	4050	
	Tomato (1kg)	150 ¹¹	Not Available	168	
	Cucumber (1kg)	200 ¹¹	Not Available	200	
	Milk (litre)	Not Available	◆	225	
	Flour (1kg)	190 ¹¹	Not Available	225	
	Eggs (1)	60 ¹¹	Not Available	48	
	Iodised salt (500g)	150 ¹¹	↓ -25%	118	
WASH Items	Sugar (1 kg)	500 ¹¹	Not Available	500	
	Cooking oil (litre)	900 ¹¹	Not Available	1025	
	Soap (1 bar)	100 ¹²	Not Available	100	
	Laundry powder (1kg)	2000 ¹²	Not Available	600	
	Sanitary pads (9)	500 ¹²	Not Available	400	
	Toothpaste (125ml)	350 ¹²	Not Available	375	
	Disposable diapers (24 pack)	2500 ¹²	Not Available	1400	
	Fuel	Butane (cannister)	3500 ¹¹	Not Available	2950
		Diesel (litre)	400 ¹¹	Not Available	200
		Propane (cannister)	Not Available	◆	Not Available
Kerosene (litre)		400 ¹¹	Not Available	Not Available	
Coal (kg)		Not Available	◆	Not Available	
Firewood (tonne)	7000 ¹¹	Not Available	58500		



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease



Negative increase



Positive decrease

Endnotes

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

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

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

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

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

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

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

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

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

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

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

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

Syria Community Profile Update: Bait Jan, Rural Damascus

December 2016



REACH Informing more effective humanitarian action

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	Bait Jan	Beit Saber	Betima	Kafr Hoor	Mazraet Beit Jin
UN classification	Hard to reach	Hard to reach	Hard to reach	Hard to reach	Hard to reach
Estimated population (individuals)¹	1400	7200	7000	6500	2000
Of which estimated IDPs²	95-100	150-200	30-40	20-25	175-200
% pre-conflict population remaining	26 - 50%	76 - 100%	76 - 100%	76 - 100%	51 - 75%
% of population that are female	26 - 50%	51 - 75%	51 - 75%	51 - 75%	26 - 50%

SUMMARY

The area of Bait Jan is located in the southwest of Rural Damascus governorate, close to the Lebanese border, and has faced access restrictions since early 2013. **Information in this profile was gathered from five communities: Bait Jan, Beit Saber, Betima, Kafr Hoor and Mazraet Beit Jin. The communities, all classified as hard to reach, were profiled for the first time in November 2016.** Due to local conflict dynamics, the communities of Bait Jan and Mazraet Beit Jin have experienced more hostilities. This profile presents the situation in Bait Jan during December, with comparisons made to November.

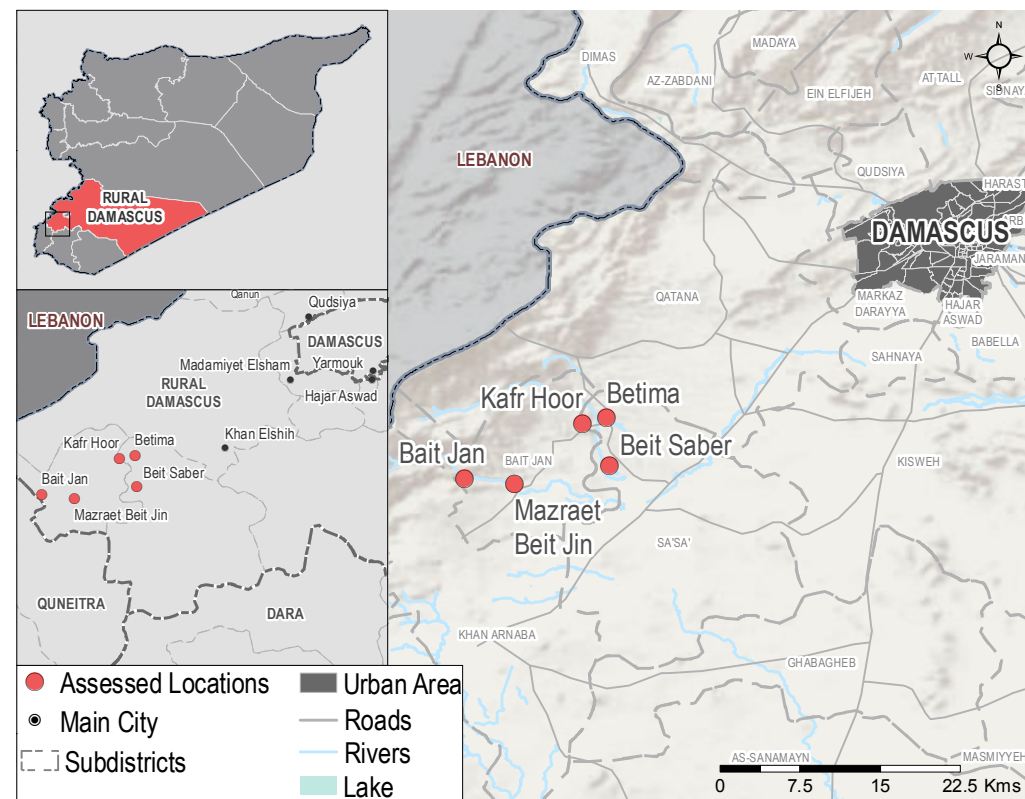
Despite some shelling reported in Bait Jan and Mazraet Beit Jin in December, and slightly increased access restrictions for civilians, the overall humanitarian situation remained relatively unchanged across the five communities in comparison to November, when the communities were first assessed.

Residents in all the Bait Jan communities continued to report being able to move freely within the area.

Two formal access points allowed government employees, students and women and children to leave the communities, although **the number of people allowed to leave decreased below 10% across all Bait Jan communities in December due to increased risks of detention and conscription.**

As was the case in November, some commercial vehicles could enter the Bait Jan area from outside in December, but faced restrictions including document requirements and payment of fees. No humanitarian deliveries entered Bait Jan last month, and reportedly no such deliveries have occurred in the past.*

Food and non-food items continued to enter all Bait Jan communities via commercial vehicles in December, and food was also produced in the community. All core food items remained available across the five communities except for bread from private bakeries. In Bait Jan and Mazraet Beit Jin flour was unavailable and residents relied on bread from shops instead, similar to November.



METHODOLOGY

Based on data collected from community representatives inside Syria at the end of December 2016 and beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

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

Fuel was not permitted into the communities via formal access points but did enter informally, and butane, diesel and firewood were available in markets. However, **all communities continued to report coping strategies to address fuel shortages, and the colder winter weather led to an average increase of 47% in fuel prices compared to November.**

Access to basic services remained unchanged in December, with the communities of Beit Saber, Betima and Kafr Hoor being able to access the water and electricity networks, whereas Bait Jan and Mazraet Beit Jin relied on closed wells, generators and solar panels.

The health situation across all five communities remained stable, with small quantities of medicine and medical items entering via commercial vehicles as well as informally. Populations could move across the Bait Jan communities to access medical services according to needs.

MOVEMENT OF CIVILIANS

People able to leave³

Change in # people able to leave compared to November: 

Populations in the Bait Jan area continued to be able to move across communities without restrictions in December. **However, fewer people were able to leave the area through the two existing formal access points in comparison to November; only 10% or less across all five communities. Decrease in movement towards the wider area was largely motivated by an increased risk of conscription or detention at the formal access points.**

Despite decreased numbers, students and government employees from all of the five communities could use the formal entry points on weekdays upon presentation of identification in December. Women and children could also occasionally leave the area with documentation.

Informal entry points: None reported.

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

All communities: Detention, conscription.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since November: 

As was the case in November, commercial vehicles could move freely across the communities in the Bait Jan area. Some commercial vehicles could also enter the communities from the wider area through formal entry points, but faced restrictions, including: only being allowed entry on certain days, payment of fees, vehicles searched before entry, presentation and handing over of documents.

Humanitarian vehicles

Change since November: 

Able to enter: None reported.

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

Goods entered









Food, non-food items and a limited quantity of medicine were able to enter all Bait Jan communities via commercial vehicles through formal points in December, as was the case in November. Fuel was not allowed to enter communities through formal points but did enter informally, as did some medical items. The amount of goods entering the Bait Jan area in December was reportedly similar to that in November.

HEALTH SERVICES


























Change in health situation compared to November: 

The health situation across the Bait Jan communities remained largely unchanged between November and December. Small quantities of medicine and medical items were able to enter through commercial vehicles in December, and some entered informally. Residents in Mazraet Beit Jin, where no medical facilities were reported, remained able to access the medical facilities in other Bait Jan communities.

CHANGES SINCE NOVEMBER

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

Permanent medical facilities available

	Bait Jan	Beit Saber	Betima	Kafr Hoor	Mazraet Beit Jin
Mobile clinics / field hospitals					
Informal emergency care points					
Pre-conflict hospitals					
Primary healthcare facilities					
Change since November					

Availability of medical personnel

Mazraet Beit Jin: None reported;

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

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

Change since November



Unavailable medical items⁴

Unavailable across a majority of communities:

Antibiotics, anaesthetics and medical scissors.

Medical services available

	Bait Jan	Beit Saber	Betima	Kafr Hoor	Mazraet Beit Jin
Child immunization	✓	✓	✓	✓	✗
Diarrhea management	✓	✓	✓	✓	✗
Emergency care	✓	✓	✓	✓	✗
Skilled childbirth care	✓	✓	✗	✗	✗
Surgery ⁶	✓	✗	✗	✗	✗
Diabetes care	✓	✓	✓	✓	✗
Change since November	◆	◆	◆	◆	◆

All medical items were reported as unavailable in Mazraet Beit Jin, where there were no medical facilities, but residents could access medicine and medical items from the other Bait Jan communities. Overall, the quantity and types of available medical items stayed the same in December.

Change since November



Most needed medical items⁵

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

1. Heart medicine
2. Diabetes medicine
3. Antibiotics

Unusual outbreaks of disease⁷

No known cases across all communities.

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

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

FOOD

Change in food situation compared to November:



Most common methods of obtaining food at the household level

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

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

Most common methods of obtaining bread at the household level

Bait Jan and Mazraet Beit Jin: Shops.

Beit Saber, Betima and Kafr Hoor: Public bakeries.

Challenges to obtaining bread: Residents in Beit Saber, Betima and Kafr Hoor reported no challenges in accessing bread, as was also the

case in November. In Bait Jan and Mazraet Beit Jin bread remained unavailable in public and private bakeries; however, residents were able to bring bread from other Bait Jan communities and sell it in shops.

Change since November



Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

All communities: None reported.

Deaths attributable to a lack of food⁷

All communities: None reported.

ACCESS TO SERVICES*

Communities across Bait Jan continued to report sufficient access to water in December. As was the case in November, populations in Beit Saber, Betima and Kafr Hoor were able to access the main water network whereas residents of Bait Jan and Mazraet Beit Jin relied on closed wells. Access to electricity also remained the same in December, with most communities connected to the electricity network and Bait Jan and Mazraet Beit Jin relying on generators and solar panels. The difference in access to water and electricity networks was ascribed to the geographical location of Bait Jan and Mazraet Beit Jin, as well as local conflict dynamics. As was reported in November when the communities were first assessed, all children could access schools without any challenges.

	WATER			ELECTRICITY		EDUCATION		
	Main source of drinking water (Status**)	Available water to meet household needs (Coping strategies)	Access to water network per week	Access to electricity network per day	Access to electricity (Main source) per day	Available education facilities	Barriers to education	Change in number of children attending school since November
Bait Jan	◆ Closed wells (Safe to drink)	Sufficient	2-3 days	◆ Network unavailable	1-2 hours (Generators; Solar panels)	◆ Pre-conflict primary, secondary, and high schools	None reported	About the same
Beit Saber	◆ Main water network (Safe to drink)	Sufficient	2-3 days	◆ 1-2 hours	1-2 hours (Main network)	◆ Pre-conflict primary, secondary, and high schools	None reported	About the same
Betima	◆ Main water network (Safe to drink)	Sufficient	2-3 days	◆ 1-2 hours	1-2 hours (Main network)	◆ Pre-conflict primary, secondary, and high schools	None reported	About the same
Kafr Hoor	◆ Main water network (Safe to drink)	Sufficient	2-3 days	◆ 1-2 hours	1-2 hours (Main network)	◆ Pre-conflict primary, secondary, and high schools	None reported	About the same
Mazraet Beit Jin	◆ Closed wells (Safe to drink)	Sufficient	2-3 days	◆ Network unavailable	1-2 hours (Generators; Solar panels)	◆ Pre-conflict primary and secondary schools	None reported	About the same

*Arrows indicate change in access since November

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

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁸

	Beit Jan	Nearby areas ⁹
Average cost December (SYP) ¹⁰	36976	38342
Change since November ¹¹	◆	◆

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

Food item availability / prices

There was no reported change in the availability of core food items across the Bait

Jan communities from November to December. Bread from private bakeries remained unavailable in all communities across Bait Jan, as was the case in November. Bread from public bakeries was also unavailable in Bait Jan and Mazraet Beit Jin, where residents continued to purchase bread from shops instead.¹¹ All other core food items were generally available¹² across the communities, except for flour, which was not available in Bait Jan and Mazraet Beit Jin and only sometimes available¹³ in Beit Saber, Betima and Kafr Hoor.

WASH Item availability / prices

Similarly, all hygiene and sanitation items remained available across the Bait Jan communities in December. Soap, sanitary pads and disposable diapers were reportedly generally available in most of the communities, whereas laundry powder and toothpaste were sometimes available. There was a marginal average increase in price of sanitation and hygiene items in Bait Jan in December, but prices remained similar to those in nearby communities not considered hard to reach.

Fuel availability / prices

Similar to November, butane, diesel and firewood remained the only fuel sources available in the Beit Jan communities in December. Butane and diesel were sometimes available across all communities; firewood was generally available in Beit Saber, Betima and Mazraet Beit Jin but only sometimes available in Beit Jan and Kafr Hoor. **Although fuel availability remained the same as November, prices increased by 47% since the previous months and were on average 52% more expensive than in nearby communities; the price of butane increased by 119% since November.** The increase in price reflected an increase in demand associated with colder winter temperatures.




Strategies used to cope with a lack of fuel: In December, all communities reported resorting to burning plastics, waste, and agriculture apparel and other productive assets to address shortages in fuel. In Beit Jan and Mazraet Beit Jin residents additionally reported burning furniture.

Local conflict dynamics have exposed Beit Jan and Mazraet Beit Jin to more hostilities and tighter access restrictions, and these two communities generally faced more challenges in accessing sufficient fuel.

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.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES¹⁰

There was no significant change in the average price of core food items across the Beit Jan communities in December in comparison to November; certain price fluctuations were reportedly ascribed to the seasonal availability of goods. Food items remained comparably priced to those in nearby communities not considered hard to reach, as many could be produced within the Beit Jan communities.

	Item	Bait Jan average	Price change since November ¹⁴	Nearby non-hard to reach communities ⁹
	Bread private bakery (pack)	Not available	Not available	300
	Bread public bakery (pack)	60 ¹²	◆	63
	Rice (1kg)	515 ¹²	▼ -6%	525
	Bulgur (1kg)	245 ¹²	◆	250
	Lentils (1kg)	530 ¹²	◆	500
	Chicken (1kg)	1230 ¹²	◆	1100
	Mutton (1kg)	3200 ¹²	▼ -9%	4000
	Tomato (1kg)	165 ¹²	▲ +62%	198
	Cucumber (1kg)	290 ¹²	◆	275
	Milk (litre)	200 ¹²	▼ -9%	213
	Flour (1kg)	245 ¹³	◆	213
	Eggs (1)	62 ¹²	▲ +24%	50
	Iodised salt (500g)	61 ¹²	▼ -6%	100
	Sugar (1 kg)	465 ¹²	▼ -16%	495
	Cooking oil (litre)	1740 ¹²	▲ +8%	1225
	Soap (1 bar)	75 ¹²	◆	100
	Laundry powder (1kg)	470 ¹³	▲ +19%	563
	Sanitary pads (9)	485 ¹²	▲ +20%	388
	Toothpaste (125ml)	415 ¹³	◆	388
	Disposable diapers (24 pack)	1250 ¹²	▲ +6%	1200
	Butane (cannister)	7570 ¹³	▲ +119%	3250
	Diesel (litre)	261 ¹³	▲ +7%	218
	Propane (cannister)	Not available	Not available	600
	Kerosene (litre)	Not available	Not available	Not available
	Coal (kg)	Not available	Not available	400
Firewood (tonne)	61000 ¹²	▲ +15%	60000	

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). Figures based on estimates by local actors within communities assessed were reportedly 1,800-2,200 (Beit 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 (December 2016) were reportedly 230 (Beit Saber), 160 (Betima) and 230 (Kafr Hoor) IDPs. No data was available for Beit Jan and Mazraet Beit Jin.

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

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

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

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

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

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

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

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

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

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

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

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

Syria Community Profile Update: At Tall, Rural Damascus

December 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

At Tall is located in the Qalamoun mountains, 11km north of Damascus and has faced military encirclement and access restrictions since the end of 2013. After conflict escalated in November 2016, a truce agreement was reached on 2 December, which resulted in the evacuation of 2300 people and in an improvement of the security situation. This profile presents the situation in December 2016, with comparisons made to November, when the community was last assessed.

The overall humanitarian situation in At Tall, which had worsened during November, partly improved in December. Restrictions on vehicle movement eased, and prices and availability of goods, largely returned to pre-November levels. Conversely, fewer people were able to move in or out of the community, and access to services significantly deteriorated, compared to November.

As the security situation improved in At Tall in December, civilians reportedly no longer faced risks of shelling or violence when entering or leaving the community; however, a higher risk of forced conscription for adult males was reported, which resulted in fewer people moving through checkpoints, compared to November. Restrictions on commercial vehicles reportedly eased since August 2016, as loads were no longer confiscated and more types of items were allowed to enter compared to November.

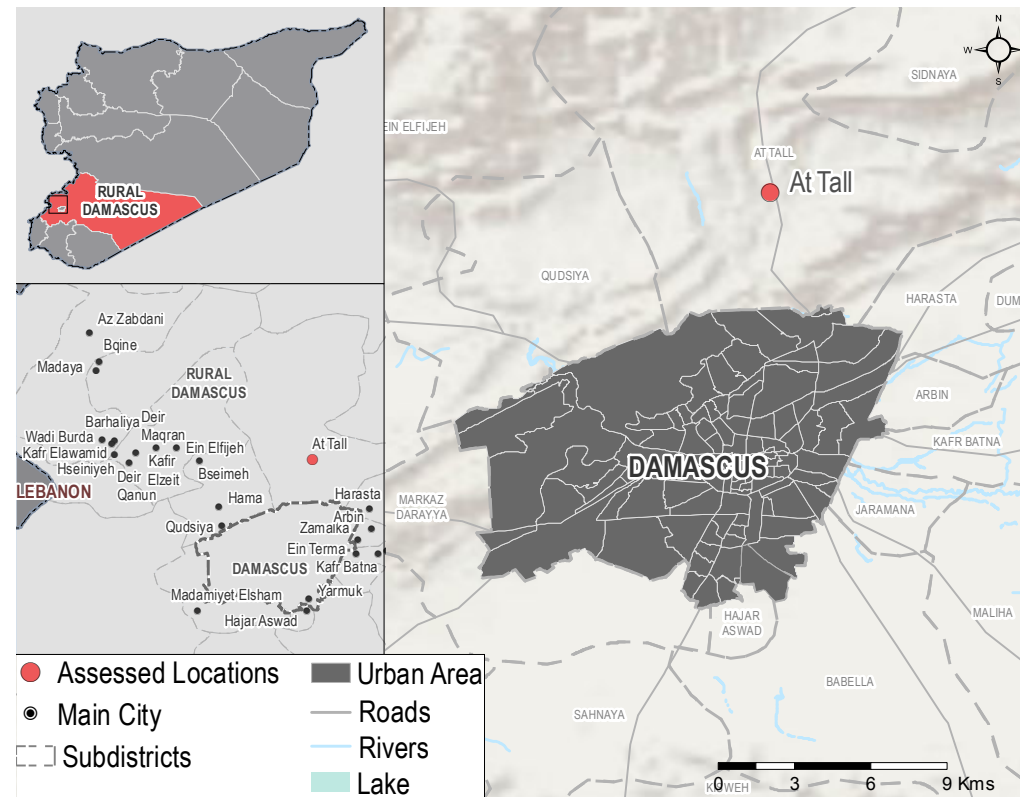


UN classification:	Hard to reach
Estimated population¹:	238650
Of which IDPs¹:	196260
% pre-conflict population remaining:	1-25%
% population female:	26-50%

As a consequence of eased access restrictions, the amount of goods entering the community increased compared to November. This resulted in an overall improvement of the food situation, with a lowering of prices and increased availabilities. Also, medicine and fuel, which reportedly had not entered At Tall in November, were again allowed in December. Despite the eased access restrictions, a local tax kept prices higher than in nearby communities not considered hard to reach, as had been the case since June 2016.

The health situation remained stable, with availability of medical items increasing, and availability of medical personnel decreasing due to some medical staff being evacuated. As no surgeons were present in At Tall in December, surgery also became unavailable.

Access to water and education significantly worsened since the first time the community was assessed in June 2016, as the water network was damaged and became unavailable, and stocks of school supplies were reportedly depleting.



CHANGES SINCE NOVEMBER

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

METHODOLOGY

Based on data collected from community representatives inside Syria in December and beginning of January 2017, these updates refer to the situation in December 2016. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable for the whole community as representative sampling, entailing larger scale data collection, remains challenging in areas with restricted movement and access. Finally, the level of information on each community varies due to difficulties obtaining data from certain locations.

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to November:



People able to leave²

A decrease in hostilities in the aftermath of the truce agreement did not result in higher numbers of people leaving and entering the community. Restrictions remained largely unchanged: as was the case in previous months, employees and students were allowed through checkpoints on workdays, and women and children were allowed to move any day of the week, upon presentation of documents. However, a lower number of people attempted to enter or exit the community; reportedly this was due to a much higher risk of forced conscription.

Informal points used: None reported.

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

Detention and conscription.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since November:



As had been the case since August 2016, some commercial vehicles were able to enter At Tall. Their number increased in December, after a momentary decrease in November due to escalating violence. Vehicles were still allowed to enter only on certain days, and traders were required to present documentation and pay fees. However, confiscation of loads reportedly did not occur in December, in contrast to November.

Change since November



Humanitarian vehicles

Change since November:



Able to enter: None reported.

Goods entered

In November increased hostilities and access restrictions had led to a decrease in the amount and types of goods allowed into At Tall, compared to October. In December, as a result of the truce agreement, a greater amount of food and non-food items entered, and medicine and fuel were allowed again into the community, mostly through commercial vehicles. The amount of goods entering thus mostly returned to October levels.

HEALTH SERVICES

Change in health situation compared to November:



The overall health situation in At Tall remained similar to that reported since June 2016. While medicine availability had temporarily decreased in November, the amount of medical items increased again in December. Conversely, the number and types of medical personnel available decreased, as well as the types of available medical services, which had temporarily increased during November. Reportedly, as was the case in previous months, people suffering from a lack of income or resources were unable to access medical facilities.

Unavailable medical items³

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

Change since November



ACCESS TO SERVICES*

Access to water and education worsened in December, for the first time since the community was assessed in June 2016. The targeting of Fije water source resulted in the main network becoming unavailable and, consequently, poorer access to water. Reportedly, depletion of school supplies and increased demand for workers resulted in fewer children attending school this month.

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

*Arrows indicate change in access since November

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

Due to increased access of commercial vehicles carrying medical items this month, blood transfusion bags and clean bandages became sometimes available.

Most needed medical items⁴

- Heart medicine
- Diabetes medicine
- Antibiotics

Availability of medical personnel

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

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

Change since November



Some medical staff were evacuated as part of the truce agreement, due to their political affiliation. Surgeons and anaesthesiologists were no longer available this month, and the number of both doctors and nurses decreased.

Permanent medical facilities available

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

Medical services available

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

As a result of the evacuation of several medical personnel in the aftermath of the truce agreement, surgery became unavailable in December. Child immunization, which had been provided temporarily by local NGOs in November, became again unavailable, as had been the case since June 2016.

+ **Unusual outbreaks of disease⁶**
None reported

FOOD

Change in food situation compared to November:



🍲 Most common methods of obtaining food at the household level

Purchasing from shops and markets;

As the security situation improved, and commercial vehicles access increased, a greater amount of food items entered At Tall in December, compared to November. As a result, food items were more widely available and cheaper when compared to November. Despite this, prices remained prohibitive for part of the population.

🌾 Most common methods of obtaining bread at the household level

Most common source: Shops.

Challenges to obtaining bread: No issues reported.

Bread and flour became more widely available in December, resulting increased access to bread since the community was first assessed.

Change since November



+ **Deaths attributable to a lack of food⁶**
None reported.

👛 Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Despite higher food availabilities and lower food item prices, coping strategies that had been reported in November, for the first time since June 2016, were still reported in December due to prohibitive prices and the lack of financial resources affecting part of the population.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

👛 Average cost of standard food basket⁷

	At Tall	Nearby areas ⁸
Average cost December (SYP) ⁹	31799	24699
Change since November	↓	↓

The average cost of a standard food basket in At Tall decreased by 26% compared to November, and was 29% higher than in nearby areas not considered hard to reach. The food basket price was calculated using the reported price of bread sold in shops in At Tall.¹⁰

🚰 WASH item availability / prices

Hygiene and sanitation item prices decreased by 7%, on average, due to greater amounts entering At Tall in December through commercial vehicles. Prices were on average 87% more expensive than in nearby communities not considered hard to reach.

🚰 Fuel availability / prices

In December, coal became available for the first time since the community was first assessed and firewood became available again for the first time since August 2016. Fuel prices decreased by an average 26% compared to November, due to greater amounts entering the community both formally and informally.

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

Due to greater amounts of food items entering At Tall, food item prices decreased by an average 17% in December, compared to November, and were 66% more expensive than in nearby communities not considered hard to reach.

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

	Item	At Tall	Price change since Nov. ¹²	Nearby non-hard to reach areas ⁸
Food Items 🍲	Bread private bakery (pack)	Not Available	◆	300
	Bread public bakery (pack)	Not Available	◆	63
	Rice (1kg)	600 ¹¹	↓ -20%	375
	Bulgur (1kg)	450 ¹¹	↓ -18%	275
	Lentils (1kg)	400 ¹¹	↓ -20%	250
	Chicken (1kg)	1300 ¹¹	↑ +8%	600
	Mutton (1kg)	5000 ¹¹	↓ -23%	3250
	Tomato (1kg)	200 ¹¹	↓ -50%	200
	Cucumber (1kg)	250 ¹¹	↓ -38%	200
	Milk (litre)	250 ¹¹	◆	125
	Flour (1kg)	500 ¹¹	↓ -44%	450
	Eggs (1)	60 ¹¹	◆	30
	Iodised salt (500g)	100 ¹¹	◆	50
	Sugar (1 kg)	500 ¹¹	↓ -17%	300
WASH Items 🚰	Cooking oil (litre)	900 ¹¹	◆	450
	Soap (1 bar)	150 ¹¹	◆	75
	Laundry powder (1kg)	2500 ¹¹	◆	1250
	Sanitary pads (9)	750 ¹¹	↓ -21%	475
	Toothpaste (125ml)	350 ¹¹	↓ -13%	200
	Disposable diapers (24 pack)	2500 ¹¹	◆	1250
Fuel 🚰	Butane (cannister)	5000 ¹¹	↓ -62%	6500
	Diesel (litre)	500 ¹¹	↓ -17%	300
	Propane (cannister)	Not Available	◆	600
	Kerosene (litre)	Not Available	◆	Not available
	Coal (kg)	1500 ¹¹	◆	400
	Firewood (tonne)	80000 ¹¹	◆	60000

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). Figures based on estimate by local actors withing communities assessed were reportedly 900,000-920,000 individuals, including 600,000-650,000 IDPs.

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

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

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

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

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

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

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

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 31 December 2016).

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

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

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