

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 collaboration with 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 operational and strategic 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 remotely from 112 community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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 community assessments (if any). 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.

Executive Summary

In June and early July 2016, REACH and SIRF members profiled 16 UN-classified besieged locations and 10 other communities considered hard to reach, gathering information through a total of 112 community representatives. The 26 communities assessed¹ were located in Rural Damascus, Homs, Damascus and Deir ez Zor governorates.

- In June, no humanitarian assistance was received in the besieged areas of Madaya, Az Zabdani, Al Waer, Jisreen, and Saqba, nor in the communities of Khan Elshih, Hajar Aswad, Jobar and Tadamon, which are classified as hard to reach.
- The communities of Madaya, Az Zabdani, Al Waer, Darayya, Madamiyet Elsham and Khan Elshih, indicated critical levels of food insecurity; populations in these communities have reportedly adopted emergency coping strategies such as skipping meals and eating weeds or non-food plants in order to cope with the lack of food or resources.
- In order to cope with the lack of medical provisions, populations in the communities of Darayya, Madamiyet Elsham, Talbiseh, Yarmouk, Qudsiya, Khan Elshih, Al Waer and the communities assessed in Eastern Ghouta, have resorted to recycling medical items such as bandages, needles and syringes, using non-medical items such as wooden sticks for treatment, or operating without anesthetics.
- Across indicators assessed in June, populations within **Madaya, Az Zabdani, Darayya, Al Waer, Madamiyet Elsham and Yarmouk suggest critical levels of vulnerability and are in need of emergency humanitarian assistance.** Situations reported within **Khan Elshih, Hajar Aswad and At Tall** have not yet reached the same levels of urgency, however **information collected highlights the ongoing deterioration of the humanitarian situation and the need for a timely humanitarian response.**

List of Assessed Profiles June 2016

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

- **Madaya, Az Zabdani and Bqine**
- **Eastern Ghouta**
- **Darayya and Madamiyet Elsham**
- **Yarmouk**
- **Homs (al Waer)**
- **Deir ez Zor (Joura and Qosour)**
- **Damascus (Jobar and Tadamon)**
- **Ar Rastan, Talbiseh and Taldu**
- **Hajar Aswad**
- **Khan Elshih**
- **Hama and Qudsiya**
- **At Tall**

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

June 2016



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	Az Zabdani	Madaya
UN classification	Besieged	Besieged
Estimated population¹	130-160	43000-48000 (Madaya and Bqine)
Of which estimated IDPs	None	15000-22000 (Madaya and Bqine)
% 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 commercial traffic, humanitarian assistance, and civilian movement since July 2015. Az Zabdani has been classified as besieged by the UN since November 2015. Madaya and Bqine, which sit within a contiguous area, have been classified as besieged since January 2016.

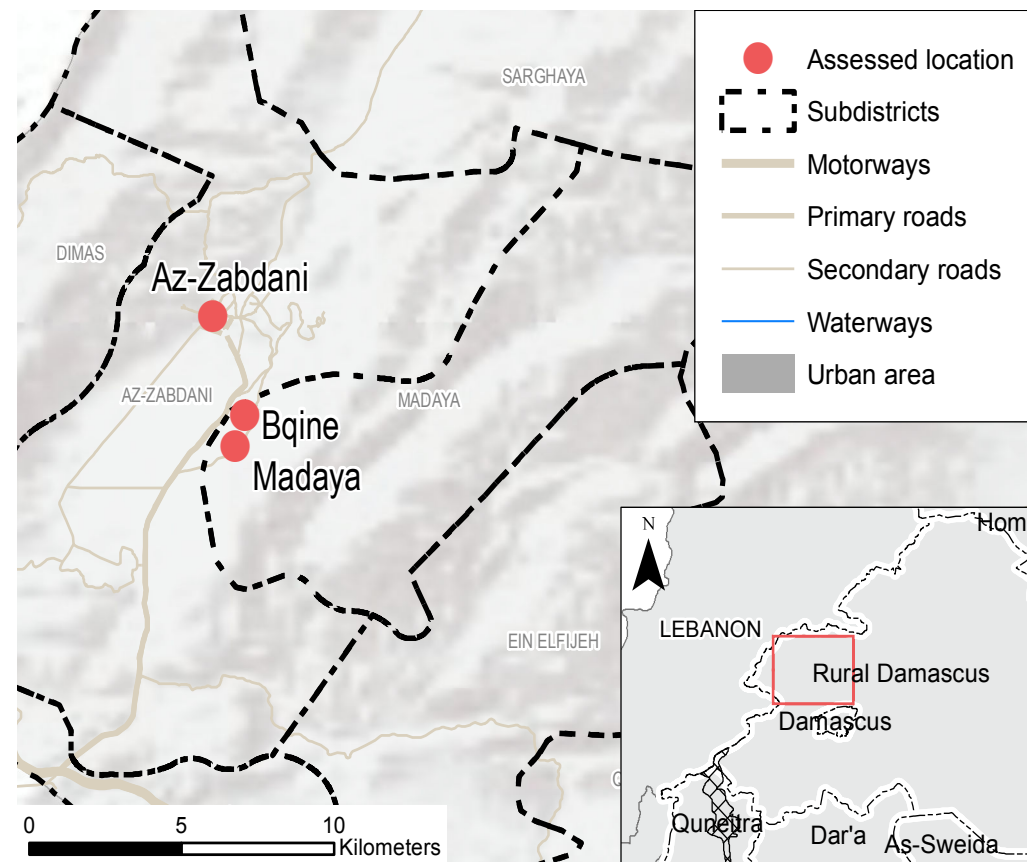
While this profile presents the situation in Az-Zabdani, Madaya and Bqine during June 2016, comparisons were made by community representatives to the situation observed in May. Additionally, comparisons have also been drawn with March, the last month in which the communities were assessed. During May 2016, the population within Az Zabdani was reportedly displaced due to conflict dynamics, and moved into surrounding communities such as Madaya. As such, population estimates decreased from 700 during the prior assessment (March 2016) to between 130 and

160 in the most recent assessment (June 2016).

Restrictions on civilian movement remained the same in Madaya as has been the case since the community was first assessed in January, with no one able to leave through formal entry / exit points.

Thanks to a ceasefire agreement, multi-sectoral humanitarian assistance, including surgical assistance, was delivered to Madaya during the first quarter of 2016. However, in June, **no formal aid was reportedly delivered in either community.**

The food security situation was critical in both communities with all core food items reportedly unavailable or inaccessible due to prohibitive prices. Food shortages have intensified given the recent population increase within Madaya. Finally, deaths attributable to causes related to a lack of food were reported in Madaya during June.



METHODOLOGY

Based on data collected remotely from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.

CHANGES SINCE MAY

	Az Zabdani	Madaya		Az Zabdani	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	↓	↓

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

ACCESS TO SERVICES

	Az Zabdani	Madaya
WATER	Main source of drinking water Access to water network per week	Water trucking (private) Water network unavailable
ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	1-2 hours 1-2 hours (Main network)
EDUCATION	Available education facilities Barriers to education Change in number of children attending school	None There are no children left in the village, lack of teaching staff, lack of school supplies About the same
		None Facilities destroyed, lack of teaching staff About the same

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to May in both communities:

People able to leave²

Az Zabdani: Due to ongoing conflict dynamics, groups of people were forcibly displaced out of Az Zabdani. However, following a local truce agreement, 200 people were allowed to remain.

Madaya: No one was allowed to leave through formal points, while due to increased risks to life, fewer people used informal routes. While no one reportedly left the community, people were reported to have moved into Madaya from neighbouring communities due to forced displacement.

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

Az Zabdani: No risks

Madaya: Landmines, gunfire, shelling, detention

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May in Az Zabdani:

Change since May in Madaya:

Able to enter **Az Zabdani:** None reported

Able to enter **Madaya:** None reported

Humanitarian vehicles

Change since May in Az Zabdani:

Change since May in Madaya:

Az Zabdani: None reported

Madaya: None reported

Goods entered

Az Zabdani: No food items or NFIs entered the community through either formal or informal routes during June. Fuel, medicine and medical items entered the community through informal entry points.

Madaya: Food, fuel and NFIs were all purchased from armed groups. Medicine and medical items entered the community through informal points

In both communities it was reported that the quantity of goods entering during June decreased in comparison to May.

HEALTH SERVICES

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

Reported deaths this month³

	AZ	M
Deaths reportedly attributable to causes related to a lack of food	No known cases	Yes
Change since May		
Deaths attributable to sickness / disease	No known cases	Yes
Change since May		
Unusual illness breakouts	No known cases	No known cases

Permanent medical facilities available

	AZ	M
Mobile clinics / field hospitals		
Informal emergency care points		
Pre-conflict hospitals		
Pre-conflict clinics / surgeries		
Change since May		

In Madaya, the functionality of mobile clinics was limited due to the unavailability of fuel, electricity and medical items.

Unavailable medical items⁴

Az Zabdani: Clean bandages, blood transfusion bags, heart and diabetes medicine, burn treatment, anaesthetics, medical scissors, antibiotics;

Sometimes available: diabetes medicine, blood pressure medication, antibiotics.

Change since May



Madaya: Medical scissors and anesthetics;

Sometimes available: antibiotics, clean bandages, diabetes, heart and blood pressure medication, blood transfusion bags, contraception.

Change since May



Most needed medical items⁵

	Az Zabdani	Madaya
1.	Antibiotics	Clean bandages
2.	Clean bandages	Antibiotics
3.	Heart medicine	Anaesthetics

Availability of medical personnel

Az Zabdani: Trained nurses.

Madaya: Professionally trained surgeons, doctors and midwives.

Others providing medical services: Pharmacists, veterinarians, anesthesiologists, herbalists, medical or pharmacy students and volunteers with no or informal training.

Change since May in Az Zabdani



Change since May in Madaya



Medical services available

	AZ	M
Child immunization	✗	✓
Diarrhea management	✓	✓
Emergency care	✓	✓
Skilled childbirth care	✗	✗
Surgery ⁶	✗	✓
Diabetes care	✓	✓
Change since May	◊	◊

Strategies used to cope with a lack of medical services

Az Zabdani: Recycling medical items (eg. bandages, syringes, needles)

Madaya: Recycling medical items (eg. bandages, syringes, needles) and using non-medical items for treatment

FOOD

Change in food situation compared to May in both:



Most common methods of obtaining food at the household level

Purchasing from local farmers, backyard production, bartering

Most common methods of obtaining bread at the household level

Az Zabdani: Homemade

Madaya: Bread was not available

Bread became unavailable in Madaya, as the

lack of humanitarian aid during June meant that no bread or flour or yeast entered the community.

In Az Zabdani, community members reported a progressive depletion of the supplies on which they had been relying to make their own bread.

Change in availability since May



Strategies used to cope with a lack of food

	AZ	M
Reducing meal size	✓	✓
Skipping meals	✗	✓
Days without eating	✗	✗
Eating weeds	✗	✓
Food from garbage	✗	✗

✓ 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 basket in June⁷

	AZ	M	Nearby areas ⁸
Average cost June (SYP) ⁹	No info	No info	19808
Change since May	No info	No info	No info

The average price of a standard core food basket could not be calculated for either community as no food items were reported as available on markets.

Food items previously available that became unavailable in June

Az Zabdani: cucumber, milk, eggs, salt

Madaya: bread, salt, sugar, cooking oil

Some core food items (mutton, chicken, rice, flour) were reportedly available on occasion in Madaya during June; however, the prices were exceedingly high and consequently inaccessible for purchase.

WASH item availability / prices

Both communities: key hygiene and sanitation items were all reportedly unavailable for purchase.




Fuel availability / prices

Both communities: diesel was the only available fuel source reported in Az Zabdani during June and firewood was the only source reportedly available in Madaya.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

The food security situation in both communities remains at critical levels, with none of the core food items assessed in June available or accessible to populations.

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	Az Zabdani	Change since March	Madaya	Change since March	Nearby non-hard to reach community
	Bread private bakery (pack)	Not available ¹⁰	◆	Not available ¹⁰	Available	50
	Bread public bakery (pack)	Not available ¹⁰	◆	Not available ¹⁰	◆	400
	Rice (1kg)	Not available ¹⁰	◆	No info	Available	275
	Bulgur (1kg)	Not available ¹⁰	◆	Not available ¹⁰	Available	350
	Lentils (1kg)	Not available ¹⁰	No info	Not available ¹⁰	No info	800
	Chicken (1kg)	Not available ¹⁰	◆	No info	◆	3250
	Mutton (1kg)	Not available ¹⁰	◆	No info	◆	125
	Tomato (1kg)	Not available ¹⁰	No info	Not available ¹⁰	No info	120
	Cucumber (1kg)	Not available ¹⁰	Available	Not available ¹⁰	Available	130
	Milk (litre)	Not available ¹⁰	Available	Not available ¹⁰	◆	113
	Flour (1kg)	Not available ¹⁰	◆	No info	◆	35
	Eggs (1)	Not available ¹⁰	Available	Not available ¹⁰	No info	43
	Iodised salt (500g)	Not available ¹⁰	Available	Not available ¹⁰	Available	363
	Sugar (1 kg)	Not available ¹⁰	◆	Not available ¹⁰	Available	575
Cooking oil (litre)	Not available ¹⁰	◆	Not available ¹⁰	Available	135	
	Soap (1 bar)	Not available ¹⁰	Available	Not available ¹⁰	◆	575
	Laundry powder (1kg)	Not available ¹⁰	◆	Not available ¹⁰	Available	300
	Sanitary pads (9)	Not available ¹⁰	◆	Not available ¹⁰	◆	225
	Toothpaste (125ml)	Not available ¹⁰	◆	Not available ¹⁰	◆	1350
	Disposable diapers (24 pack)	Not available ¹⁰	◆	Not available ¹⁰	◆	1350
	Butane (cannister)	Not available ¹⁰	◆	Not available ¹⁰	◆	2050
	Diesel (litre)	1200	No info	Not available ¹⁰	Not available	No info
	Propane (cannister)	Not available ¹⁰	◆	Not available ¹⁰	◆	No info
	Kerosene (litre)	Not available ¹⁰	◆	Not available ¹⁰	◆	No info
	Coal (kg)	Not available ¹⁰	Available	Not available ¹⁰	◆	350
	Firewood (tonne)	Not available ¹⁰	Available	60000	Not available	No info

Footnotes

¹ Figures based on recent estimates from local councils, however according to the last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016), the population in Az Zabdani was reported to be 700 and in Madaya and Bqine, 43000.

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 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.

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 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 background may have been informally trained by medical personnel to carry out emergency procedures.

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

⁸ Nearby community assessed in Rural Damascus governorate not considered besieged/hard to reach: Kisweh.

⁹ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016).

¹⁰ Not available = item not on markets in June.


Syria Community Profile Update: Eastern Ghouta, Rural Damascus

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	Duma	Arbin	Saqba	Harasta	Hammura	Kafr Batna	Ein Terma	Jisrein	Zamalka	Zabadin*
Estimated population (individuals)¹	143000	39000	23000	21000	18000	16750	10000	11750	3000	None
Of which estimated IDPs	800-1000	500-600	3500	300-500	1500-2000	4000-5000	1700-2000	600-800	350-400	NA
 % pre-conflict population remaining	26-50%	51-75%	51-75%	1-25%	26-50%	1-25%	1-25%	26-50%	1-25%	0%
% of population that are female	26-50%	51-75%	51-75%	1-25%	26-50%	1-25%	1-25%	26-50%	1-25%	0%

All assessed communities classified as besieged by the UN

SUMMARY

Information in this profile was gathered from nine communities within the Eastern Ghouta region, east of Damascus city: Harasta, Hammura, Jisrein, Saqba, Duma, Arbin, Zamalka, Kafr Batna, and Ein Terma. All have been classified by the UN as besieged since 2014.

While the profile refers to the situation in June 2016, comparisons were made by community representatives to the situation observed in May, and where possible, comparisons have also been drawn with March, when the communities were last assessed.

During June, the community of Zabadin was removed from the official UN list of besieged locations due to a change in military control; populations within Zabadin reportedly left and consequently, the community was not assessed this month. For the remainder of the communities in Eastern Ghouta, Rural Damascus governorate, military control has been contested since 2012, with restrictions on access tightening in mid-2013.

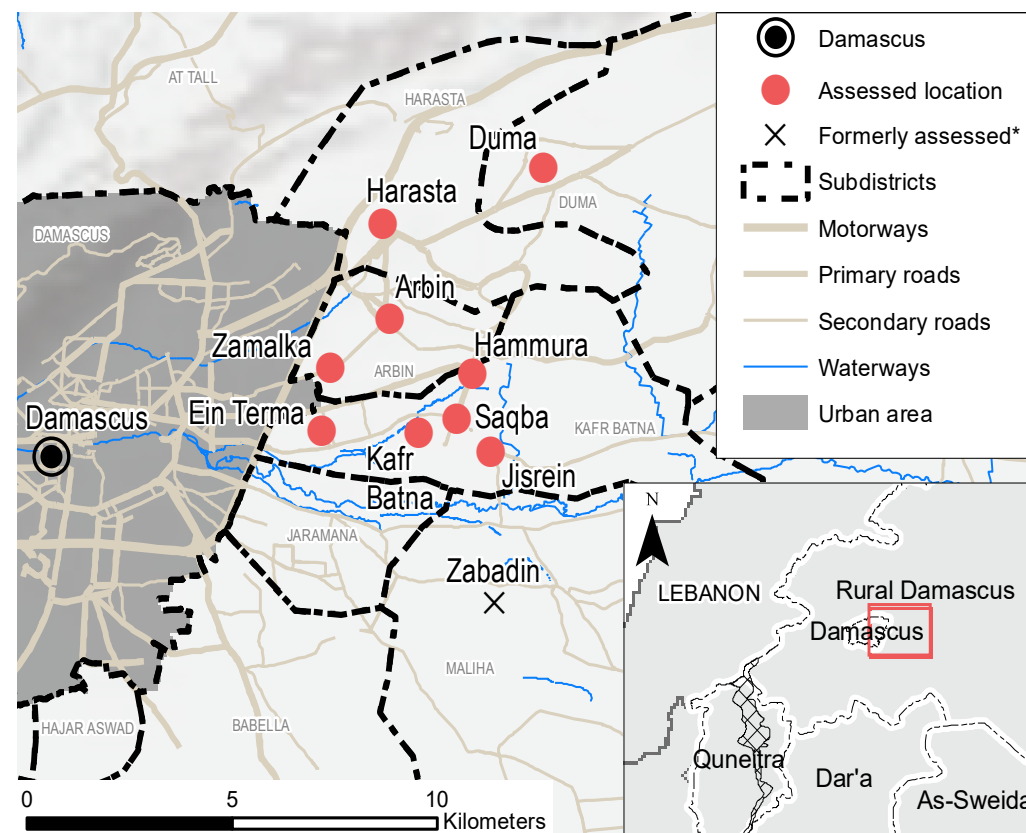
A local ceasefire agreement between parties to the conflict was declared in May, however by mid-June clashes had commenced again in the region, affecting populations' ability to move within Eastern Ghouta and increasing the burden faced by medical services.

Some humanitarian vehicles were permitted to enter the region, delivering food, NFIs and health items to the communities of Duma, Ein Terma and Hammura. Despite permission, vehicles still faced restrictions and in some cases part of the aid intended for the communities was blocked prior to delivery. Furthermore, populations reported that the quantity of assistance was insufficient to meet their needs.

Restrictions on civilian movement within the communities however remained largely the same as May. While populations were commonly able to move between locations within the Eastern Ghouta region, they were generally unable to leave the wider contested area.

METHODOLOGY

Based on data collected remotely from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.



*Zabadin was removed from the UN's list of besieged locations in June 2016 following a change of military control. The community was not assessed in June; local actors reported there is no one remaining.

Following humanitarian deliveries in June, the majority of communities reported an **increase in the availability of medical items, which remain however insufficient in all communities**. However, with an increase in conflict-related casualties, **the capacity of health services to cope with population needs did not improve**.

While none of the communities assessed have access to the main electricity network, **all communities reported increased access to electricity during June, due to an increased availability of solar panels**.

The food situation in Eastern Ghouta has improved since communities were last assessed (March 2016). Given the region's reliance on agricultural production and the increased access to crops coming into season, populations in all communities reported an increased availability of wheat, and consequently, of bread. For the same reason, **summer fruits and vegetables also became more available, and their prices have decreased** relative to previous months. Reflecting these improvements, communities did not indicate resorting to extreme coping strategies such as eating weeds in order to deal with a lack of food, as was reported in previous assessments.

Despite this, **prices of food items sold on markets remained high and were on average 172% more expensive** than in Kisweh, a nearby community in Rural Damascus, not considered hard to reach.

Overall, the entry of humanitarian assistance and the increased availability of food items appears to have improved the situation in terms of food security. However populations are still resorting to extreme strategies to cope with a lack of medical items and face constant risk to life given the ongoing security dynamics.

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

MOVEMENT OF CIVILIANS

People able to leave²

Change in # people able to leave compared to May:

With the exception of some public sector employees, **no one was permitted to leave the wider contiguous area of Eastern Ghouta during June**. Although it was possible for civilians to travel between communities within Eastern Ghouta, **it was reportedly very dangerous to do so due to the prevalence of shelling and gunfire**.

Some informal points were reportedly used to travel out of the area, even though it was reported that such routes were often closed as well as extremely risky.

During June, the number of people entering and exiting Eastern Ghouta through informal routes increased when compared to May, due to the re-opening of many routes which had previously been closed.

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

High risk associated to life; gunfire, landmines, shelling, detention, sexual harassment / violence towards women, other types of harassment, confiscation of documents, conscription.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May:

Vehicles carrying commercial goods were generally unable to enter the Eastern Ghouta region through formal entry and exit points.

Some vehicles were able to enter one day a week through one entry point. However vehicles faced restrictions on quantity and contents of their cargo and were required to pay fees. It was reportedly common for portions of loads to be removed prior to entry.

Humanitarian vehicles

Change since May:

With the exception of Jisreen and Saqba, some vehicles carrying humanitarian aid were reportedly permitted to enter all communities assessed during June. However in all cases, vehicles faced conditions on the contents and quantity of their loads; vehicles were commonly searched and part of their contents was often removed prior to entry.

In June 2016, an inter-agency convoy was permitted to enter the community of Duma, delivering food parcels for 24,000 people as well as health supplies and NFIs.

Similarly, a convoy delivered food and health supplies to the communities of Ein Terma and Hammura in late June. This convoy had previously been delayed due to ongoing negotiations. However, communities receiving aid during June reported that this was insufficient to meet population needs.

At the time of writing (July 2016) it was reported that convoys had been approved to enter the communities of Kafr Batna, Ein Tarma, Saqba, Hammura and Jisreen in the coming months.

Goods entered

Food, NFIs and fuel all generally entered the Eastern Ghouta region in commercial vehicles and via informal routes. With the exception of Arbin and Zamalka, all assessed communities reported that food could be produced within their community, however farming was reportedly somewhat inhibited by the lack of availability of seeds and other inputs. In June, medicine and medical equipment entered the assessed communities primarily through informal channels and commercial vehicles.

In comparison to the previous month, the quantity of goods entering locations during June varied among communities assessed; these differences are outlined below.

Duma, Arbin, Harasta, Hammura, Ein Terma: increase in the amount of food, NFIs and medical items entering; quantity of fuel remained the same




Saqba: quantity of all goods (food, NFIs, fuel and medical items) remained the same;

Kafr Batna: quantity of food, NFIs and fuel remained the same; decrease in medical items entering;

Jisreen: decrease in the quantity of food and medical items entering; amount of fuel and NFIs remained the same;

Zamalka: increase in food, NFIs and medical items entering; decrease in the quantity of fuel.

ACCESS TO SERVICES

		Duma	Arbin	Saqba	Harasta	Hammura	Kafr Batna	Ein Terma	Jisrein	Zamalka
 WATER	Main source of drinking water	Closed wells	Water trucking (private)	Water trucking (private)	Closed wells	Closed wells	Water trucking (private)	Water trucking (private)	Water trucking (private)	Closed wells
	Access to water network per week	Network unavailable	Network unavailable	Network unavailable	Network unavailable	Network unavailable	Network unavailable	Network unavailable	Network unavailable	Network unavailable
 ELECTRICITY	Access to electricity network per day	Network unavailable	Network unavailable	Network unavailable	Network unavailable	Network unavailable	Network unavailable	Network unavailable	Network unavailable	Network unavailable
	Access to electricity (main source) per day	4 - 8 hours (generator)	4 - 8 hours (generator)	8 - 12 hours (generator)	+12 hours (generator)	4 - 8 hours (generator)	8 - 12 hours (generator)	4 - 8 hours (generator)	8 - 12 hours (generator)	8 - 12 hours (generator)
 EDUCATION	Available education facilities	Informal schools set up since the conflict began	Informal schools set up since the conflict began	Informal schools set up since the conflict began	Informal schools set up since the conflict began	Informal schools set up since the conflict began	Informal schools set up since the conflict began	Informal schools set up since the conflict began	Informal schools set up since the conflict began	Informal schools set up since the conflict began
	Barriers to education	Facilities destroyed, routes unsafe	Lack of teaching staff, lack of school supplies	Lack of teaching staff, lack of school supplies	Routes unsafe, lack of school supplies	Lack of teaching staff, lack of school supplies	Facilities destroyed, routes unsafe	Facilities destroyed, routes unsafe	Routes unsafe, services too far away	Facilities destroyed, lack of teaching staff
	Change in number of children attending school	About the same	About the same	Fewer children	Fewer children	About the same	About the same	Fewer children	Fewer children	Fewer children

HEALTH SERVICES

In June, the entry of medicine and medical items through informal routes and humanitarian aid deliveries increased populations' access to medical items in most assessed locations in Eastern Ghouta.

In general, the number of functioning health services remained similar between months, as did the number of available medical personnel.

However, an increase in conflict-related casualties due to an escalation in clashes in late June increased the burden on the limited health facilities still functioning and the available medical items.

Change in health situation compared to May:



Availability of medical personnel

At least one professionally trained doctor, surgeon, nurse and midwife were reported present in the majority of communities assessed, in addition to volunteers with no or informal training. There were no surgeons reported available in Harasta.

In the majority of communities, the numbers of medical personnel available remained the same in June when compared to May. In Duma however, the number of trained physicians decreased after the death of one of their doctors.

Change since May



Unavailable medical items³

Access to medical items increased in some communities in June (Duma, Harasta, Hammura and Ein Terma) when compared to May due to the entry of some supplies through either humanitarian assistance or informal routes. In all other communities, availability remained unchanged.

The reported unavailability of specific medicine and medical items during June was generally consistent across the majority of communities.

Unavailable across a majority of communities: anti-anxiety medicine, antibiotics, blood transfusion bags, anesthetics, contraception

Sometimes available across a majority of communities: clean bandages, heart medicine, diabetes medicine, blood pressure medicine

Change since May



🏠 Permanent medical facilities available

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

🩹 Most needed medical items⁴

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

1. Clean bandages
2. Heart medicine
3. Burn treatment
4. Artificial limbs
5. Diabetes medicine
6. Antibiotics

🏠 Medical facilities and services

Some medical facilities were functioning across the Eastern Ghouta region, primarily in the form of mobile clinics / field hospitals and informal emergency care points (see table above). In Kafr Batna and Saqba, some services were only available on occasion, due to a lack of medical staff, equipment and medicines.

Available medical services varied between communities in Eastern Ghouta (see table below). Emergency care was available in all communities assessed; however, services were particularly limited in Arbin, Harasta, Duma and Ein Terma.

With the exception of Duma, all communities reported that there was no significant change in medical services available in comparison to May. In Duma, it was reported that the functionality of the dialysis machine had decreased during June due to a lack of necessary materials.

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

Across communities assessed in Eastern Ghouta, it was reported that people commonly **recycled medical items such as bandages, syringes and needles, carried out operations without anesthesia, and used non-medical items such as wooden sticks for treatment**, in order to cope with the lack of medicines and medical equipment.

📊 Reported casualties this month

Overall, most communities assessed reported that the number of deaths which occurred in June was about the same as in May; in Arbin and Jisrein it was reported to have decreased (see table on the following page).

However, there was an increase in the number of conflict-related deaths in late June after fighting re-commenced within Eastern Ghouta.

Four communities (Duma, Hammura, Ein Terma, Zamalka and Jisrein) reported that people had died from sickness and disease during June.

Change since May



🩹 Medical services available

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

Reported deaths this month⁶

	Duma	Arbin	Saqba	Harasta	Hammura	Kafr Batna	Ein Terma	Jisrein	Zamalka
Deaths reported attributable to causes related to a lack of food	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases
Deaths attributable to sickness / disease	Yes	No known cases	No known cases	No known cases	Yes	No known cases	Yes	Yes	Yes
Unusual illness breakouts	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases	No known cases

FOOD

Change in food situation compared to January:



Most common methods of obtaining food at the household level

1. Purchasing from shops or markets
2. Purchasing from local farmers
- = 3. Small farm production
- = 3. Receiving through food distributions

During June, **all communities** reported the ability of inhabitants to purchase food from shops, markets or local farmers.

The communities of **Duma, Arbin, Harasta, Ein Terma and Zamalka** reported obtaining food through small farm production.

Food distributions were common methods of obtaining food in the communities of **Duma, Arbin, Harasta, Hammura and Kafr Batna**.



Most common methods of obtaining bread at the household level

Arbin, Hammura, Kafr Batna, Ein Terma, Jisrein and Zamalka: Shops

Duma, Saqba, Harasta: Private bakeries

Most commonly reported challenges to obtaining bread across Eastern Ghouta:

There were no commonly reported challenges to accessing bread during June across any of the assessed communities in Eastern Ghouta.

With the exception of Harasta and Zamalka, where it was reported that the access to bread remained largely the same, all other communities reported an increase in access to bread between May and June. In these communities, it was reported that this was a consequence of the increased wheat crop yield during summer months and of the subsequent increased availability of flour.



Strategies used to cope with a lack of food

	All communities
Reducing meal size	✓
Skipping meals	✓
Days without eating	✗
Eating weeds	✗
Food from garbage	✗

✓ 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 basket

	Eastern Ghouta	Nearby areas ⁸
Average cost June (SYP) ⁹	54259	19808
Change since May	No info	No info

The average cost of a standard food basket in Eastern Ghouta was **174% more expensive than in the nearby community of Kisweh**, not considered besieged/hard to reach.



Food items

During June, bread from public bakeries was unavailable, and chicken was only sometimes available across all communities assessed in Eastern Ghouta. However, the remaining assessed core food items were reportedly available in markets in all communities at least 21 days per month.

Prices of many food items decreased when compared to May, due to increased crop yields in the region during June.

However, on average, prices of available food items across the Eastern Ghouta region were **172% higher** than prices in nearby communities, such as Kisweh, which are not besieged or hard to reach.



WASH Items

In June, the price of assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) in Eastern Ghouta was 89% higher in comparison to nearby communities not considered besieged or hard to reach.

Across all assessed communities in Eastern Ghouta, the aforementioned hygiene and sanitation items were available in markets at least 21 days per month.



Fuel

Butane, diesel and firewood were the only fuel sources available in Eastern Ghouta during June. While diesel and firewood were reportedly generally available in markets (more than 21 days per month), butane was reportedly only available in markets sometimes (between 7 and 21 days per month). The reported price of butane was **more than 580% higher** than the price reported in nearby comparison 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.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES⁹

	Item	Eastern Ghouta Average ¹⁰	Neighbouring non-hard to reach communities
	Bread private bakery (pack)	380	78
	Bread public bakery (pack)	Not available ¹¹	50
	Rice (1kg)	630	400
	Bulgur (1kg)	450	275
	Lentils (1kg)	650	350
	Chicken (1kg)	1775	800
	Mutton (1kg)	5000	3250
	Tomato (1kg)	150	125
	Cucumber (1kg)	420	120
	Milk (litre)	230	130
	Flour (1kg)	500	113
	Eggs (1)	65	35
	Iodised salt (500g)	320	43
	Sugar (1 kg)	650	363
	Cooking oil (litre)	1400	575
	Soap (1 bar)	140	135
	Laundry powder (1kg)	770	575
	Sanitary pads (9)	680	300
	Toothpaste (125ml)	750	225
	Disposable diapers (24 pack)	2000	1350
	Butane (cannister)	14000	2050
	Diesel (litre)	450	No info
	Propane (cannister)	Not available ¹¹	No info
	Kerosene (litre)	Not available ¹¹	No info
	Coal (kg)	Not available ¹¹	350
	Firewood (tonne)	65000	No info

Footnotes

¹ Figures based on the last comprehensive quarterly UN update of People in Need (PIN) across all besieged areas (June 2016). Figures for the communities of Zamalka were not available, figures presented here reflect estimations from local actors.

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 background 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: April 2016' (link here).

⁸ Nearby community assessed in Rural Damascus governorate not considered besieged/hard to reach: Kisweh.

⁹ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016).

¹⁰ No accurate comparisons could be made to food price data collected during the last assessment in this community.

¹¹ Not available = item not on markets in June.

Syria Community Profile Update: Darayya and Madamiyet Elsham Rural Damascus



REACH Informing more effective humanitarian action

June 2016

FOR HUMANITARIAN PURPOSES ONLY

	Darayya	Madamiyet Elsham
UN classification:	Besieged	Besieged
Estimated population¹:	8000-12000	38000-40000
Of which estimated IDPs:	0-0	12000 - 12500
% pre-conflict population remaining:	1-25%	1-25%
% of population that are female:	76-100%	26-50%

SUMMARY

Darayya and Madamiyet Elsham (ME) are small urban areas in the Western Ghouta region, 4km southwest of the centre of Damascus city. Both communities have faced access restrictions since late 2012. While this profile presents the situation in Darayya and Madamiyet Elsham during June 2016, comparisons were made by community representatives to the situation observed in May, and where possible, comparisons have also been drawn with March, when the communities were last assessed.

In June, humanitarian assistance reached both communities. On 9 June, a UN/SARC inter-agency humanitarian convoy delivered food, medicine, NFIs and WASH supplies for a limited number of beneficiaries in Darayya. This was the first time the UN was able to deliver food assistance to the besieged town since November 2012. Distribution was delayed until 14 June due to conflict-related insecurity.

Madamiyet Elsham received multisectoral assistance on 1 June, immediately following a local truce agreement. This included food rations, wheat

flour, and medicine for 25,000 people. An additional convoy of food assistance for a total of 45,000 people reached the town on 3 June.

Due to the truce, access restrictions for civilians has since improved in Madamiyet Elsham. An estimated 1-10% of the population were given official permission to leave. Commercial vehicle access was allowed, albeit extremely limited.

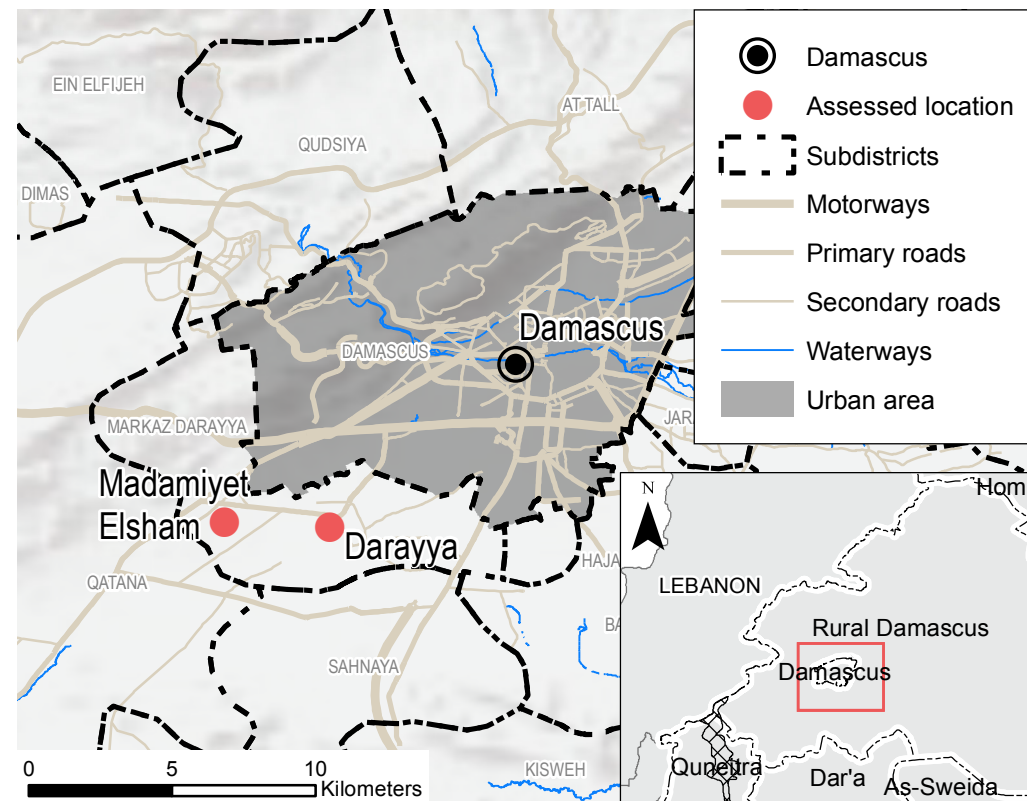
Food security remains critical in both communities. Almost all core food items were reportedly unavailable, with the exception of aid distributions, which were reported as insufficient. Hygiene, sanitation and fuel items were similarly unavailable. Access to basic services also remained limited in both communities.

Despite some improvement in the availability of medical items and medicine since March, **medical assistance was insufficient to meet population needs.**

Overall the humanitarian situation remains critical in both communities.

METHODOLOGY

Based on data collected remotely from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.



CHANGES SINCE MAY

	D	ME		D	ME
Access Restrictions on Civilians	◆	▲	Health Situation	◆	◆
Commercial Vehicle Access	◆	▲	Core Food Item Availability	◆	▲
Humanitarian Vehicle Access	▲	▲	Core Food Item Prices	No info	No info
Access to Basic Services	▼	▼	Overall Humanitarian Situation	◆	◆

ACCESS TO SERVICES

	Darayya	Madamiyet Elsham
WATER	Main source of drinking water Access to water network per week	Open wells Water network unavailable
ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	Network unavailable Less than 1 hour (Generator)
EDUCATION	Available education facilities Barriers to education Change in number of children attending school	Informal schools set up since conflict began Facilities destroyed, lack of teaching staff Fewer children due to conflict-related insecurity; and school holidays
		Pre-conflict primary and secondary schools and high schools Facilities destroyed, route to school unsafe Fewer children due to school holidays

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to May in Darayya:	
Change in # people able to leave compared to May in ME:	

People able to leave²

Darayya: No one was able to enter or exit the community through either formal or informal routes during June.

Madamiyet Elsham: An estimated 1-10% of the population were given official permission to leave. The increase since the previous month was due to a local truce agreement in June. Local sector employees were able to exit through formal entry/exit points on weekdays (excluding holidays), upon showing documentation. An exception was also made for students to leave to sit exams. Informal routes were reportedly not used.

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

Darayya: No formal or informal routes were reportedly used.

Madamiyet Elsham: No risks faced through formal routes due to the local truce agreement. Some gunfire reported on informal routes.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May in Darayya:	
Change since May in ME:	

Able to enter **Darayya**: None reported

Able to enter **Madamiyet Elsham**: At certain prescribed times. Drivers were searched and required to show documents upon entry. Reportedly, parts of the load were usually taken, and a fee was usually required.

Humanitarian vehicles

Change since May in Darayya:	
Change since May in ME:	

Darayya: On 9 June, a UN/SARC inter-agency humanitarian convoy entered Darayya.

Madamiyet Elsham: An interagency aid convoy entered the community on 1 June.

Goods entered

Darayya: On June 9, an interagency convoy delivered food for 2,400 beneficiaries, in addition to medicine, vaccines, NFIs and WASH supplies for 4,000 beneficiaries in Darayya, supplementing a convoy that entered on 1 June. This was the only reported source of food, and was the first humanitarian food assistance received by the community since November 2012.

Madamiyet Elsham: Entry of food and NFIs was through a combination of commercial and humanitarian vehicles, though shipments of both were limited. The aid convoy on 1 June delivered 6000 food baskets specialized for sohour (Ramadan meal taken before daybreak), which were distributed locally on 14 June.

Medicine and medical equipment was able to enter through formal routes upon payment of fees.

Overall there was a reported increase in food, NFIs, and medicine and medical equipment entering both communities due to aid convoys. These were however reported as insufficient to meet the needs of the population.

HEALTH SERVICES

Change in health situation in Darayya compared to May:	
Change in health situation in ME compared to May:	

Reported deaths this month³

	D	ME
Deaths reportedly attributable to causes related to a lack of food	No known cases	No known cases
Change since May		
Deaths attributable to sickness / disease	No known cases	Yes
Change since May		
Unusual illness breakouts	No known cases	No known cases

Permanent medical facilities available

	D	ME
Mobile clinics / field hospitals		
Informal emergency care points		
Pre-conflict hospitals		
Pre-conflict clinics / surgeries		
Change since May		

Mobile clinics/ field hospitals were sometimes available in Darayya, depending on availability of medical supplies.

Unavailable medical items⁴

Darayya: Anti-anxiety medication, clean bandages, blood transfusion bags;
Sometimes available: Heart medicine, blood pressure medicine, anaesthetics.

Change since May



Madamiyet Elsham: Clean bandages, blood transfusion bags .

Change since May



Most needed medical items⁵

	D	ME
1.	Clean bandages	Clean bandages
2.	Blood transfusion bags	Blood transfusion bags
3.	Anaesthetics	Anaesthetics

Medical services available

	D	ME
Child immunization	✓	✗
Diarrhea management	✓	✓
Emergency care	✓	✓
Skilled childbirth care	✓	✓
Surgery ⁶	✓	✓
Diabetes care	✓	✓
Change since May	↑	↔

Availability of medical personnel

Darayya: Professionally trained surgeons, doctors and midwives.

Madamiyet Elsham: Professionally trained surgeons, doctors, nurses and midwives.

Others providing medical services: Dentists, pharmacists, anaesthesiologists, medicine or pharmacy students, veterinarians in Madamiyet Elsham, and volunteers with informal or no training in Darayya.

Change since May



Strategies used to cope with a lack of medical services

Darayya: Recycling medical items i.e. bandages, syringes, needles; using non-medical items for treatment

Madamiyet Elsham: Recycling medical items; using non-medical items for treatment.

FOOD

Change in food situation compared to May in Darayya:	↔
Change in food situation compared to May in ME:	↑

Most common methods of obtaining food at the household level

Darayya: Purchasing from local farmers, home production (backyard or roof), food distributions.

Madamiyet Elsham : Purchasing from shops and markets, food distributions.



Most common methods of obtaining bread at the household level

Darayya: Humanitarian aid distribution.

Madamiyet Elsham: Government or local authority distribution.

Challenges to obtaining bread: flour expensive or hard to access; electricity or fuel insufficient, bread unavailable in bakeries.



Strategies used to cope with a lack of food

	D	ME
Reducing meal size	✓	✓
Skipping meals	✗	✗
Days without eating	✗	✗
Eating weeds	✗	✗
Food from garbage	✗	✗

✓ 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 basket in June⁷

	D	ME	Nearby areas ⁸
Average cost June (SYP) ⁹	No info	No info	19808
Change since March	No info	No info	No info

The average price of a standard food basket could not be calculated for either community as almost no food items were reported accessible for populations to purchase.

While there was a reported increase in availability of food after the entry of the humanitarian convoy, the quantity of food aid provided to Darayya was insufficient to meet population needs.



Food items previously unavailable that became available in June

Madamiyet Elsham: tomato, cucumber, milk.

In general, on markets, food items became less available for purchase in both communities.



WASH item availability / prices

Both communities: None of the hygiene items assessed (soap, laundry powder, sanitary pads, and toothpaste) were available for purchase in either community in June. There was no notable change in availability in Darayya, and a slight improvement in Madamiyet Elsham since May, due to humanitarian assistance.






Fuel availability / prices

Both communities: No fuel was able to enter either community in June. This was a reported decrease in comparison to May in Darayya, while in Madamiyet Elsham this was the case also in May.

Further, only firewood was generally available (more than 20 days per month) in both communities, while diesel was sometimes available (7-20 days per month) in Darayya.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

In June, prices of available food items, WASH items and fuel in both Darayya and Madamiyet Elsham were difficult to gauge due to the high number of items that were unavailable for sale. Where items were available and prices were reported, a general increase in prices was observed when compared to prices reported in March. Overall however, it was reported that food and NFI availability increased, due to the delivery of humanitarian aid in both communities. Food insecurity in both communities remained critical, with populations entirely depending on humanitarian aid distributions for food.

	Item	Darayya	Change since March	Madamiyet Elsham	Change since March	Neighbouring non-hard to reach communities
	Bread private bakery (pack)	Not available ¹⁰	Available	Not available ¹⁰	Available	50
	Bread public bakery (pack)	Not available ¹⁰	◆	Not available ¹⁰	◆	78
	Rice (1kg)	6500 ¹¹	↑ +15%	Not available ¹⁰	Available	400
	Bulgur (1kg)	6500 ¹¹	↑ +54%	Not available ¹⁰	Available	275
	Lentils (1kg)	6000 ¹¹	No info	Not available ¹⁰	No info	350
	Chicken (1kg)	Not available ¹⁰	◆	1400	↓ -29%	800
	Mutton (1kg)	Not available ¹⁰	◆	15000 ¹²	↑ +70%	3250
	Tomato (1kg)	Not available ¹⁰	◆	500 ¹²	No info	125
	Cucumber (1kg)	Not available ¹⁰	Available	500 ¹²	No info	120
	Milk (litre)	Not available ¹⁰	Available	300 ¹²	No info	130
	Flour (1kg)	Not available ¹⁰	◆	Not available ¹⁰	Available	113
	Eggs (1)	Not available ¹⁰	Available	50 ¹¹	↓ -50%	35
	Iodised salt (500g)	Not available ¹⁰	Available	Not available ¹⁰	Available	43
	Sugar (1 kg)	15000 ¹²	↑ +73%	Not available ¹⁰	Available	363
	Cooking oil (litre)	Not available ¹⁰	Available	Not available ¹⁰	Available	575
	Soap (1 bar)	Not available ¹⁰	Available	Not available ¹⁰	Available	135
	Laundry powder (1kg)	No info	No info	Not available ¹⁰	Available	575
	Sanitary pads (9)	Not available ¹⁰	◆	Not available ¹⁰	Available	300
	Toothpaste (125ml)	Not available ¹⁰	◆	Not available ¹⁰	Available	225
	Disposable diapers (24 pack)	Not available ¹⁰	No info	2000	No info	1350
	Butane (cannister)	Not available ¹⁰	◆	Not available ¹⁰	Available	2050
	Diesel (litre)	2500 ¹¹	↑ +50%	Not available ¹⁰	Available	No Info
	Propane (cannister)	Not available ¹⁰	◆	Not available ¹⁰	◆	No Info
	Kerosene (litre)	Not available ¹⁰	◆	Not available ¹⁰	◆	No Info
	Coal (kg)	Not available ¹⁰	Available	Not available ¹⁰	◆	350
Firewood (tonne)	100,000 ¹²	↑ +25%	100,000 ¹²	↑ +50%	No Info	

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.

Footnotes

¹ Figures based on the last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016). The population in Darayya was reported to be 4,000, and in Madamiyet Elsham, 45,000. However, Darayya local council reported 8300 persons, and Key Informants reported numbers of up to 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 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.

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 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 background may have been informally trained by medical personnel to carry out emergency procedures.

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

⁸ Nearby community assessed in Rural Damascus governorate not considered besieged/hard to reach: Kisweh.

⁹ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016).

¹⁰ Not available = item not on markets in June.

¹¹ Sometimes available on markets in June (7-20 days a month).

¹² Generally available on markets in June (21-30 days a month).

Syria Community Profile Update: Yarmouk, Damascus

June 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 have deteriorated.

While this profile presents the situation in Yarmouk during June 2016, comparisons were made by community representatives to changes observed since May. Additionally, comparisons have been drawn to March, when Yarmouk was last assessed.

In April 2016, direct fighting between parties to the conflict escalated significantly within the community, and inhabitants continued to be affected by these conflict dynamics throughout June.

Consequently, compared to the previous assessment in March, there were more reported casualties due to security-related casualties. In addition, doctors from neighbouring communities who normally provided medical services within the community were prevented from entering during June. Moreover those in need of healthcare were often blocked from accessing services due to insecurity.

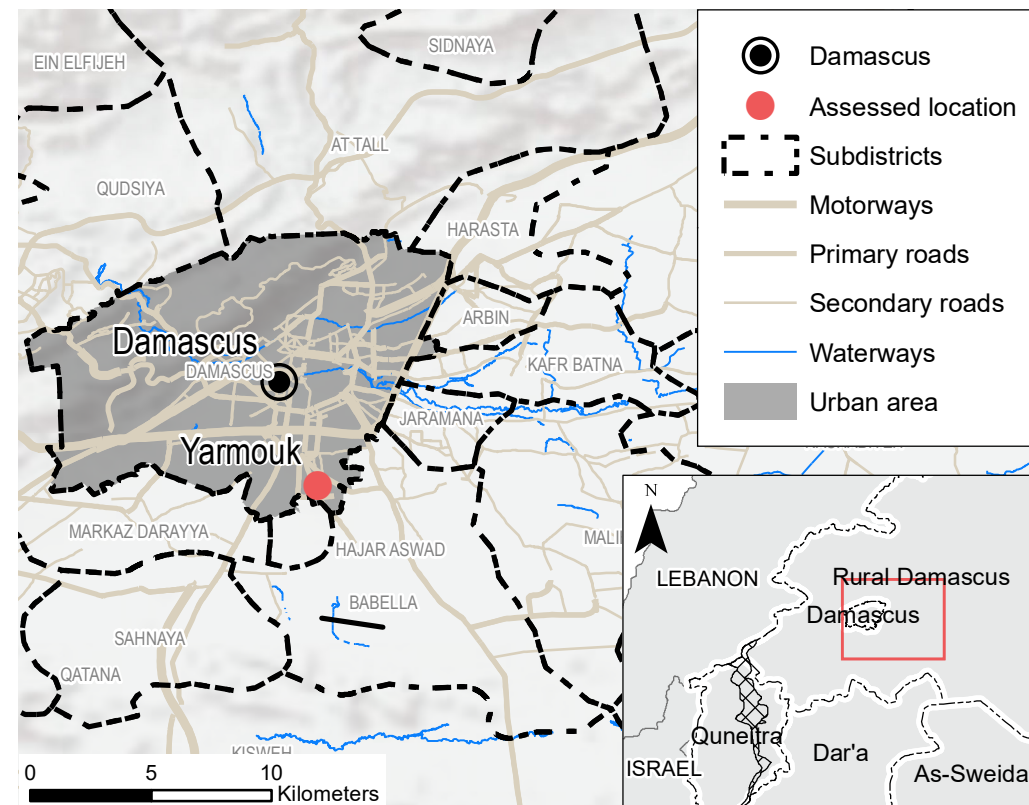
No vehicles carrying commercial goods or humanitarian assistance were permitted to enter Yarmouk during June, as was the case in March. However, it was reported that the majority of people living in Yarmouk were able to access the immediately

UN classification:	Besieged
Estimated population¹:	10000 individ.
Of which IDPs:	2000-2500
% pre-conflict population remaining:	1-25%
% population female:	26-50%

contiguous neighbourhoods of Yalda, Babilla, and Beit Sehm (YBB), where humanitarian vehicles have regular access. Insecurity was a significant barrier to civilian movement. Nonetheless, it was reported that a larger number of people were allowed to travel to YBB and Hajar Aswad during June, compared to May.

Fewer children were able to access schools during June when compared to May due to insecurity and escalation of the conflict. Prices of core food items and fuel sources also reportedly rose for conflict-related reasons; **prices were on average 25% higher than in nearby communities not considered hard to reach.**

Overall, the situation in Yarmouk has worsened since May. The escalation of conflict has impacted all sectors with fewer health personnel and services available to assist an increased number of security-related casualties. Also, access to food and humanitarian assistance remained severely limited due to ongoing insecurity.






METHODOLOGY

Based on data collected remotely from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.


CHANGES SINCE MAY

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	↓

ACCESS TO SERVICES

 WATER	Main source of drinking water	Water trucking (private)
	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 (generator)
 EDUCATION	Available education facilities	Informal schools set up since the conflict began
	Barriers to education	Route to services unsafe, children need to work
	Change in number of children attending school	Decreased (escalation of conflict)

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May: 

People able to leave²

Compared to May, due to the escalation of conflict within Yarmouk, more civilians were permitted to leave to neighbouring communities via formal routes during June. Informal routes were closed due to the increased insecurity.

An estimated 60-70% of the population were able to move from Yarmouk into the neighbouring communities of YYB and Hajar Aswad, but they were not able to move beyond this perimeter.

It is important to note that while there was an increase in outward movement, overall access restrictions on civilians remained a net neutral due to higher restrictions.

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

Gunfire, sexual harassment towards women, verbal harassment, detention.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May: 

Able to enter: None reported

Humanitarian vehicles

Change since May: 

Able to enter: None reported



Goods entered

While no humanitarian or commercial vehicles were able to enter the community of Yarmouk itself, people were able to travel to YBB and Hajar Aswad to collect aid, food items and some fuel, and return to the area. During June all assessed goods (food items, NFIs, fuel and medical items) entered the community in this manner.

HEALTH SERVICES

Change in health situation compared to May: 

Reported deaths this month³

Deaths reportedly attributable to causes related to a lack of food	No known cases
Change since May	
Deaths attributable to sickness / disease	No known cases
Change since May	
Unusual illness breakouts	None


Permanent medical facilities available

Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
Change since May	

Availability of medical personnel

Personnel available: Professionally trained doctors, nurses, and midwives

Others providing medical services: pharmacists, dentists, anesthesiologists, and volunteers with informal or no training


Change since May 

During June, availability of medical personnel decreased in comparison to May as physicians who usually travel from surrounding

neighbourhoods were prevented from entering Yarmouk due to the escalation of conflict. Similarly, civilians living in close proximity to the clashes were limited in their ability to access medical facilities due to insecurity.

Unavailable medical items⁴








Contraception, clean bandages, blood transfusion bags, burn treatment, anaesthetics

Change since May 

Most needed medical items

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

Medical services available⁵

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery ⁶	
Diabetes care	
Change since May	

The availability of child immunization was dependent on access to vaccines. Additionally, surgery was only available to those who could access hospitals given the ongoing clashes.

Strategies used to cope with a lack of medical services

Recycling medical items (e.g. bandages, syringes, needles) and transporting some critical cases to neighbouring villages

FOOD

Change in food situation compared to May:



Most common methods of obtaining food at the household level

Purchasing from shops/markets, backyard production

Most common methods of obtaining bread at the household level

Most common source: Not available

Challenges to obtaining bread: Bread unavailable in private and public bakeries, not enough wheat, electricity or fuel available

Change since May



CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket in June⁷

	Yarmouk	Nearby areas ⁸
Average cost June (SYP) ⁹	17007	19808
Change since May	No info	No info

The average cost of a standard food basket, excluding bread due to unavailability, was 14% less expensive than in nearby communities not considered besieged or hard to reach¹⁰.

Strategies used to cope with a lack of food

Reducing meal size	✓
Skipping meals	✗
Days without eating	✗
Eating weeds	✗
Food from garbage	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Core food item availability

Items unavailable: Bread (private and public bakeries), chicken, and mutton

Change since May



WASH item availability / prices

Key hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste, and disposable diapers) were reportedly available in Yarmouk during June; however, residents reported an increase in price on all goods since May due to the escalation of the conflict.

Fuel availability / prices

Butane, diesel and firewood were the only available fuel sources in June; **the price of butane was 49% higher than in nearby communities.**

Footnotes

¹ Figures based on the last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016). Local actors however estimate that in June 2016 the population in Yarmouk may be up to 10 500.

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

³ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain communities, therefore,

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

	Item	Yarmouk ¹¹	Nearby non-hard to reach areas	
Food Items	Bread private bakery (pack)	Not available ¹²	78	
	Bread public bakery (pack)	Not available ¹²	50	
	Rice (1kg)	300	400	
	Bulgur (1kg)	250	275	
	Lentils (1kg)	250	350	
	Chicken (1kg)	Not available ¹²	800	
	Mutton (1kg)	Not available ¹²	3250	
	Tomato (1kg)	225	125	
	Cucumber (1kg)	300	120	
	Milk (litre)	250	130	
	Flour (1kg)	400	113	
	Eggs (1)	60	35	
	Iodised salt (500g)	100	43	
	Sugar (1 kg)	400	363	
WASH Items	Cooking oil (litre)	700	575	
	Soap (1 bar)	100	135	
	Laundry powder (1kg)	700	575	
	Sanitary pads (9)	250	300	
	Toothpaste (125ml)	200	225	
	Disposable diapers (24 pack)	1400	1350	
	Fuel	Butane (cannister)	4000	2050
		Diesel (litre)	450	No info
		Propane (cannister)	Not available ¹²	No info
		Kerosene (litre)	Not available ¹²	No info
Coal (kg)		Not available ¹²	350	
Firewood (tonne)	95000	No info		

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.

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.

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 medicine, 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 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: May 2016' (link here).

⁸ Nearby communities assessed in Damascus governorate which are not considered besieged/hard to reach: Dummar Gharbiya, Dummar Sharqiya and Mazzeh 86.

⁹ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016).

¹⁰ A relatively low food basket price might be due to the inability to include key items such as bread in the calculations.

¹¹ No accurate comparisons could be made to food price data collected during the last assessment of this community.

¹² Not available = item not on markets in June.

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Al Waer, located to the west of the city of Homs, has faced access restrictions since October 2013, which tightened in mid-2014. In December 2015, a multi-stage truce agreement was reached, through which food supplies and humanitarian aid were able to enter the community. Several violations of the local truce agreement have since been reported. The UN classified Al Waer as besieged on 23rd of May 2016. While this profile presents the situation in Al Waer during June 2016, comparisons were made by community representatives to the situation observed in May, and where possible, comparisons have also been drawn with April, when the community was last assessed.

In June, fewer people were able to leave the community when compared to May as an escalation of conflict at that time had prompted more civilians to move out of the area. Overall, **access restrictions for civilians were limited**, with the majority of the population unable to leave.

Similarly, since May, **fewer commercial vehicles were able to enter**. However, there was an increase in food and clothing items entering via informal routes or through civilians permitted to leave and re-enter the community, (mostly public and private sector employees).

An interagency convoy entered the community on June 16, the first able to enter Al Waer since May. While the convoy delivered multi-sector assistance, it only provided for 37500 individuals, that is half of the population. At the time of writing (July 2016) two additional convoys had been permitted to enter. Both brought multi-sectoral assistance, however medical items

METHODOLOGY

Based on data collected from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.



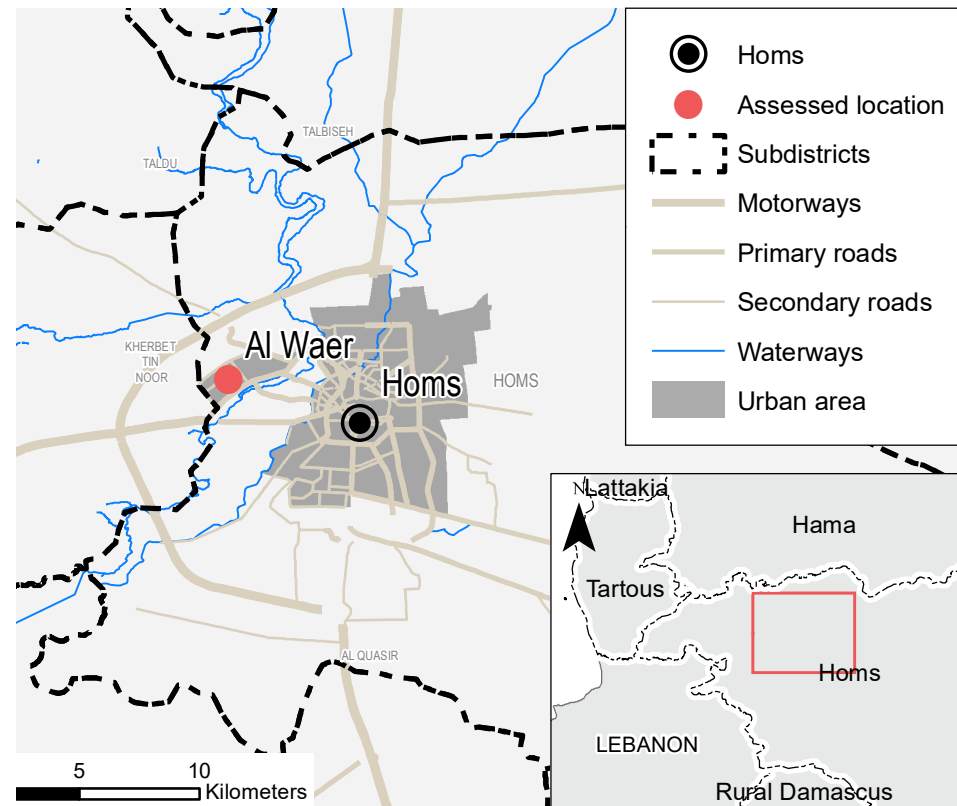
UN classification:	Besieged
Estimated population¹:	75000 individuals
Of which IDPs:	65000-70000
% pre-conflict population remaining:	1-25%
% population female:	26-50%

such as diarrheal and midwifery kits were removed prior to entry.

The increased access restrictions on medical items and medicine, as well as fuel impacted the ability of health services to function, resulting in an overall worsening of their capacity to meet population needs.

Prices of available core food items increased by 76% compared to the prices reported in April, when the community was last assessed. Further, items such as bread and eggs were still unavailable on markets. Furthermore, this month, for the first time since the community was first assessed, **populations reported eating weeds as a coping strategy against the lack of food.**


Overall, **the humanitarian situation appears to have deteriorated both in comparison to May and to April**, due to increased restrictions on vehicles and fuel entering, limited medical services, and the increasing prices and unavailability of food.



CHANGES SINCE MAY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May: 

People able to leave²

Due to an escalation in conflict during May, more civilians were permitted to move out of the area at that time, however this was not the case during June and as such a decrease in the number of people able to enter and exit Al Waer was reported.




During June, only 1-10% of people were able to leave, however these were mostly public and private sector employees and university students on weekdays, upon showing documents and pre-registering with officials. In contrast to the previous month, private sector employees were able to obtain leave permits.

Informal points used: Yes

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

It was reported that populations attempting to leave Al Waer during June faced the risk of detention or were warned that if they left, they would be unable to return to their homes. As such, many civilians faced with this risk chose not to leave the community.

ACCESS TO SERVICES

 WATER	Main source of drinking water	Water network
	Access to water network per week	7 days
 ELECTRICITY	Access to electricity network per day	4-8 h
	Access to electricity (main source) per day	4-8 h
 EDUCATION	Available education facilities	Informal schools set up since conflict began open; pre-conflict education facilities closed due to school holiday
	Barriers to education	All children able to access schools
	Change in number of children attending school	Remained the same since April

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May: 

No vehicles carrying commercial goods were permitted to enter Al Waer through formal points during June. This was a reduction from the previous month, as 5 trucks were reportedly able to enter in May.

Humanitarian vehicles

Change since May: 

An interagency convoy entered Al Waer on June 16 (the first since March 2016). While it delivered multi-sector assistance for 37,500 individuals, this figure corresponds to only half of the total population. At the time of writing (July 2016) two additional convoys had been permitted to enter Homs. Both delivered multi-sectoral assistance, however medical items such as diarrheal and midwifery kits were removed prior to entry.

Goods entered

There was an increase in food entering in June in comparison to May. Some food, bread, and clothing was carried by those civilians permitted to enter and exit through formal routes, though payment of a fee was required. Other food entered through informal routes. Medicine and medical equipment reportedly did not enter for the past three months, leading to depleting stocks of medical items.

HEALTH SERVICES

Change in health situation compared to May: 



Permanent medical facilities available

Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
Change since May	

Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery ⁶	
Diabetes care	
Change since May	


Reported deaths this month³

Deaths reportedly attributable to causes related to a lack of food	No known cases
Change since May	
Deaths attributable to sickness / disease	No known cases
Change since May	
Unusual illness breakouts	None

Availability of medical personnel

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

Others providing medical services: pharmacists, dentists.

Change since May 

The number of professionally trained medical personnel increased in June due to the recent graduation of nurses. Vaccines and drugs were available in April, when the community was last assessed, following an aid delivery containing medical items in March. However, since then, no medical items or assistance had been permitted to enter the community, and medical facilities were reportedly in critical shortage in June.

Unavailable medical items⁴

Unavailable items: contraception, antibiotics, burn treatment, medical scissors.

Sometimes available: blood pressure medicine, heart medicine, diabetes medicine, anesthetics

Change since May



Most needed medical items⁵

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

Strategies used to cope with a lack of medical services

Due to a shortage of medical items, populations in Al Waer reported resorting to recycling medical items such as bandages, syringes, and needles in order to cope.

FOOD

Change in food situation compared to May:



Most common methods of obtaining food at the household level

Purchasing from local farmers, home and backyard production, receiving through friends and family, receiving through food distribution.

Strategies used to cope with a lack of food

Reducing meal size	✓
Skipping meals	✓
Days without eating	✗
Eating weeds	✓
Food from garbage	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Most common methods of obtaining bread at the household level

Most common source: Homemade. Despite bread unavailability on markets, flour that entered through the aid delivery in June allowed families to make bread at home, increasing bread availability compared to the previous month.

Challenges to obtaining bread: Bread was unavailable in shops and bakeries, flour and yeast were too expensive or hard to access, wheat unavailable, electricity and fuel unavailable or hard to access.

Change since May



CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket in June⁷

	Al Waer	Nearby areas ⁸
Average cost April (SYP) ⁹	69812	25697
Change since April	↑	No info

Although data was unavailable for the month of May, there was a 76% increase in the cost of the average food basket since the community was last assessed in April. The cost excludes bread, due to unavailability. Further, the average cost was 172% higher than in nearby communities not considered besieged or hard to reach.

Core food item availability

Items unavailable: bread (private and public bakeries), chicken, tomato, cucumber, eggs

Items that became available in June: salt

Change since May



WASH item availability / prices

There was a noticeable increase in hygiene item availability, specifically laundry powder and disposable diapers, accompanied by a drop in prices by an average of 33% when compared to prices reported in April, when the community was last assessed.

Following the delivery of aid, in June, traders reported to have larger stocks of hygiene and sanitation items, such as toothpaste and laundry powder, which was cited as a reason why a reduction in market prices was experienced.




Fuel availability / prices

Butane, diesel, coal and firewood were the only fuel sources reportedly available in Al Waer in June; prices were on average 511% higher than in nearby communities not considered besieged or hard to reach.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

In June, prices of available food items in Al Waer were on average 102% higher than in nearby communities in Homs governorate which are not considered besieged or hard to reach. Further, when compared to prices of core food items reported in April, when the community was last assessed, on average prices increased by 100%

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	Change since April	Nearby non-hard to reach areas ⁸
Food Items 	Bread private bakery (pack)	Not available ¹⁰	◆	175
	Bread public bakery (pack)	Not available ¹⁰	◆	250
	Rice (1kg)	1500	↑ +200%	369
	Bulgur (1kg)	2000	↑ +25%	250
	Lentils (1kg)	1500	↑ +300%	550
	Chicken (1kg)	Not available	◆	950
	Mutton (1kg)	9000	◆	2750
	Tomato (1kg)	Not available	Available	300
	Cucumber (1kg)	Not available	◆	275
	Milk (litre)	800 ¹¹	↑ +60%	100
	Flour (1kg)	3000 ¹¹	↑ +131%	300
	Eggs (1)	Not available	◆	51
	Iodised salt (500g)	1500	Available	30
	Sugar (1 kg)	1000	↓ -17%	444
WASH Items 	Cooking oil (litre)	1200	↑ +20%	925
	Soap (1 bar)	300	↑ +50%	73
	Laundry powder (1kg)	1000	↓ -33%	712
	Sanitary pads (9)	800	↑ +20%	350
	Toothpaste (125ml)	300	↓ -40%	213
Fuel 	Disposable diapers (24 pack)	3000	No info	1300
	Butane (cannister)	70000	Not available	16125
	Diesel (litre)	3500 ¹¹	↑ +94%	850
	Propane (cannister)	Not available	◆	No info
	Kerosene (litre)	Not available	◆	No info
	Coal (kg)	8000 ¹¹	↑ +60%	No info
Firewood (tonne)	250000 ¹¹	↑ +25%	No info	

Footnotes

¹ Figures based on the last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016). Local actors however estimate that PiN in June 2016 April be 70 000 - 80 000 in Al Waer.

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 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

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 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 background may have been informally trained by medical personnel to carry out emergency procedures.

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

⁸ Nearby communities in Homs governorate which are not considered besieged/hard to reach: Makrumiyeh, Zmeimer, Ghelwet Elzakam, and Deir Fool.

⁹ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016).

¹⁰ Not available = item not on markets in June.

¹¹ Generally available on markets in June (16- 21 days a month).

Syria Community Profile Update: Deir ez Zor City (Joura, Qosour), Deir ez Zor

June 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Located in eastern Syria on the southern banks of the Euphrates River and surrounded largely by desert, the city of Deir ez Zor has experienced heavy conflict since June 2012. Joura and Qosour neighbourhoods¹, located in the city centre, have faced access restrictions since January 2015, with security and access to services having progressively worsened since then.

While this profile presents the situation in Joura and Qosour during June 2016, comparisons were made by community representatives to the situation observed in May, and where possible, comparisons were also drawn with April, when the community was last assessed. In June, **restrictions on the movement of civilians remained tight; with populations generally unable to leave Joura and Qosour.**

Restrictions on vehicles carrying commercial goods remained tight: **no commercial vehicles were able to enter the neighbourhoods during June.** Following an airdrop pilot by WFP in February, **airdrops continued on a regular basis over besieged parts of Deir ez Zor city in June.** At the time of writing (July 2016) 82 air drops had been delivered into the communities. Despite this, the food situation reportedly did not improve.

No permanent medical facilities or services were available due to a lack of medical personnel,



UN classification: Besieged
Estimated population²: 80000 individuals
Of which IDPs: None
% pre-conflict population remaining: 51-75%
% population female: 26-50%

medical items and fuel. Services were further placed under strain by reported caseloads of conflict-related casualties.

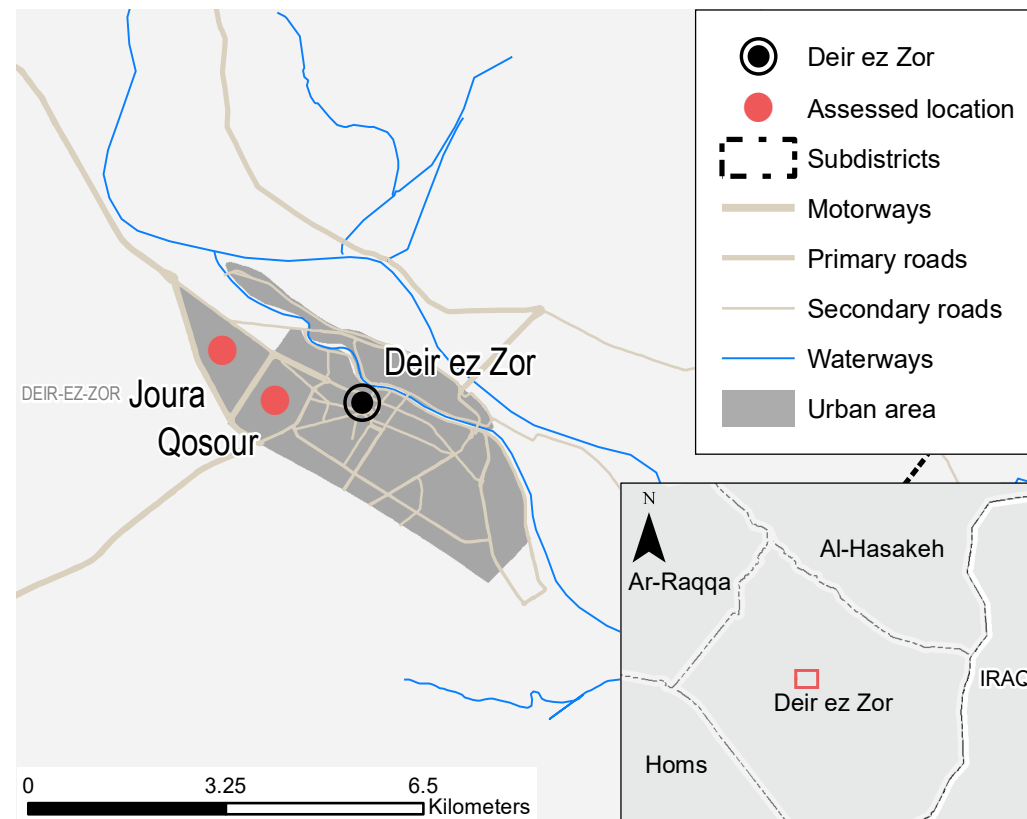
Availability of core food items on markets decreased slightly since May, despite reported airdrops. In addition to this, **prices for items available on markets continued to be extremely high in June, restricting residents' access to food; this led to populations looking for food in the garbage to deal with the lack of food.**

Access to basic services also worsened, as **neither the water network nor the electricity network were accessible in the two neighbourhoods.**

Although recent airdrops appear to have provided some relief to affected populations in Joura/Qosour, continuing high prices of food items as well as shortages of fuel and a deterioration of health services have led to a **worsening of the overall humanitarian situation.**

METHODOLOGY




Based on data collected from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.




CHANGES SINCE MAY

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

ACCESS TO SERVICES

 WATER	Main source of drinking water	Directly from the river
	Access to water network per week	0 days
 ELECTRICITY	Access to electricity network per day	Network unavailable
	Access to electricity (main source) per day	4-2 h (car battery)
 EDUCATION	Available education facilities	Pre-conflict primary schools
	Barriers to education	Route to services unsafe, lack of teaching staff and school supplies
	Change in number of children attending school	No information

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May: 

People able to leave³

As was the case in May, during June movement of civilians was severely restricted, with the vast majority of the population unable to leave their own neighbourhoods.

Informal points used: None reported

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

In general, populations did not attempt to either enter or exit their neighbourhoods during June.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May 

Able to enter: None reported

Humanitarian airdrops

Change since April: 

As of 20 June, WFP completed 59 high altitude airdrops in Deir-Ez-Zor, delivering 958 metric tons of food commodities, including chickpeas, beans, rice, as well as vegetable oil, lentils, bulgur, wheat, salt and sugar. Issues with the delivered aid included the fact that some of the dropped goods were sold on markets in Joura/ Qosour instead of being freely distributed.

Goods entered

Some food entered the community through the aforementioned airdrops. Fuel did not enter in this manner and very limited amounts of medical items and medicine entered the communities during June.

A few people were reportedly able to access specific medications through personal contacts to local authorities.

HEALTH SERVICES

Change in health situation compared to May: 

Reported deaths this month⁴

Deaths reportedly attributable to causes related to a lack of food	No info
Change since April	No info
Deaths attributable to sickness / disease	No info
Change since April	No info
Unusual illness breakouts	No info

Permanent medical facilities available

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

Availability of medical personnel

Personnel available: Professionally trained nurse, professionally trained midwife

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

Change since May 

Most needed medical items⁵

1. Diabetes medicine
2. Heart medicine
3. Antibiotics

Medical items available⁶

Items available: clean bandages, blood transfusion bags, burn treatment;

Sometimes available: diabetes medication, blood pressure medicine, antibiotics

Change since May:

No info

Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery ⁷	
Diabetes care	
Change since May	

FOOD

Change in food situation compared to May 

Most common methods of obtaining food at the household level

Purchasing from local farmers, bartering

Most common methods of obtaining bread at the household level

Most common source: Shops

Challenges to obtaining bread: flour and yeast unavailable, not enough electricity / fuel

Change in availability since May 

Strategies used to cope with a lack of food

Reducing meal size	✓
Skipping meals	✗
Days without eating	✓
Eating weeds	✗
Food from garbage	✓

✓ 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 basket in June⁸

	Joura/Qosour	Nearby areas ⁹
Average cost June (SYP) ¹⁰	9300	36915
Change since April	↓	No info

The average cost of a standard food basket, excluding sugar and lentils due to unavailability in Joura/Qosour, decreased by 14% in comparison to the prices reported when the community was last assessed in April. Despite the decrease, which may be linked to aid goods being sold on markets, the average cost of the food basket was still 60% higher than in nearby non-hard to reach areas in Deir ez Zor governorate.

Core food item availability

Items unavailable: bulgur, chicken, mutton, milk, flour, eggs

Items that became available in June: cucumber, sugar

Change since April ↓

WASH item availability / prices

During June, toothpaste and laundry powder were not available in either neighbourhood. The price of soap increased by 11% between April and June and was over 600% more expensive than in nearby areas not considered besieged/hard to reach. In general, prices of available hygiene and sanitation items were on average 87% higher than these comparative communities.

Fuel availability / prices

Firewood was the only available fuel source in June and experienced an 86% increase in price since the community was assessed in April. Over the same period, diesel became unavailable in markets.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX¹⁰

In June, prices of available food items in Joura/Qosour were on average 79% higher than in nearby communities in Deir ez Zor governorate which are not considered besieged/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	Joura/Qosour	Change since April	Neighbouring non-hard to reach areas	
Food Items 🍲	Bread private bakery (pack)	850 ¹²	↑ +41%	425	
	Bread public bakery (pack)	250 ¹²	↑ +60%	Not available	
	Rice (1kg)	1500 ¹²	↓ -66%	600	
	Bulgur (1kg)	Not available ¹¹	Available	417	
	Lentils (1kg)	800	No info	1000	
	Chicken (1kg)	Not available ¹¹	✖	1267	
	Mutton (1kg)	Not available ¹¹	Available	3600	
	Tomatoes (1kg)	Not available ¹¹	No info	700	
	Cucumber (1kg)	1200	Not available	200	
	Milk (litre)	Not available ¹¹	✖	200	
	Flour (1kg)	Not available ¹¹	Available	300	
	Eggs (1)	Not available ¹¹	✖	No info	
	Iodised salt (500g)	850	+24%	110	
	Sugar (1 kg)	4000	Not available	600	
WASH Items 🧼	Cooking oil (litre)	6000	↑ +8%	900	
	Soap (1 bar)	2800 ¹²	↑ +11%	350	
	Laundry powder (1kg)	Not available ¹¹	Available	1400	
	Sanitary pads (9)	Not known	Not available	625	
	Toothpaste (125ml)	Not available ¹¹	✖	400	
	Disposable diapers (24 pack)	8000	No info	2200	
	Fuel 🛢️	Butane (cannister)	Not known	Not available	22300
		Diesel (litre)	Not available ¹¹	Available	147
		Propane (cannister)	Not available ¹¹	✖	21000
		Kerosene (litre)	Not available ¹¹	✖	130
Coal (kg)		Not available ¹¹	✖	No info	
Firewood (tonne)	350000 ¹²	↑ +86%	43300		

Footnotes

¹ The neighbourhoods of Joura and Qosour are locally understood to be one contiguous area. Therefore, the communities will be referred to as Joura/Qosour for the purpose of this profile.

² Figures based on the last comprehensive quarterly UN update of People in Need (PIN) across all besieged areas (June 2016).

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 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.

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

⁸ Calculation of average cost of food basket 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: May 2016' (link here).

⁹ Nearby communities assessed in Deir ez Zor governorate not considered besieged/hard to reach: Abu Kamal, Hatla, Tiba.

¹⁰ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016).

¹¹ Not available = item not on markets in June.

¹² Sometimes available on markets in June (7-20 days a month)

Syria Community Profile Update: Jober and Tadamon, Damascus

June 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Jober	Tadamon
UN classification:	Hard to reach	Hard to reach
Estimated population¹:	350	1200
Of which estimated IDPs:	No IDPs	200-300
% pre-conflict population remaining:	1-25%	1-25%
% of population that are female:	1-25%	51-75%

SUMMARY

The two neighbourhoods of Tadamon and Jober in Damascus governorate remain areas of concern due to conflict-related insecurity, restrictions preventing citizens from exiting the area as well as limited humanitarian access.

While this profile refers to the situation in June 2016, comparisons were made by community representatives to the situation observed in May. Where possible, comparisons have also been drawn with January, the date of the most recent prior assessment.

Jober, which has experienced access restrictions since mid-2013, has been contested given its strategic location and close proximity to besieged suburbs in Eastern Ghouta.

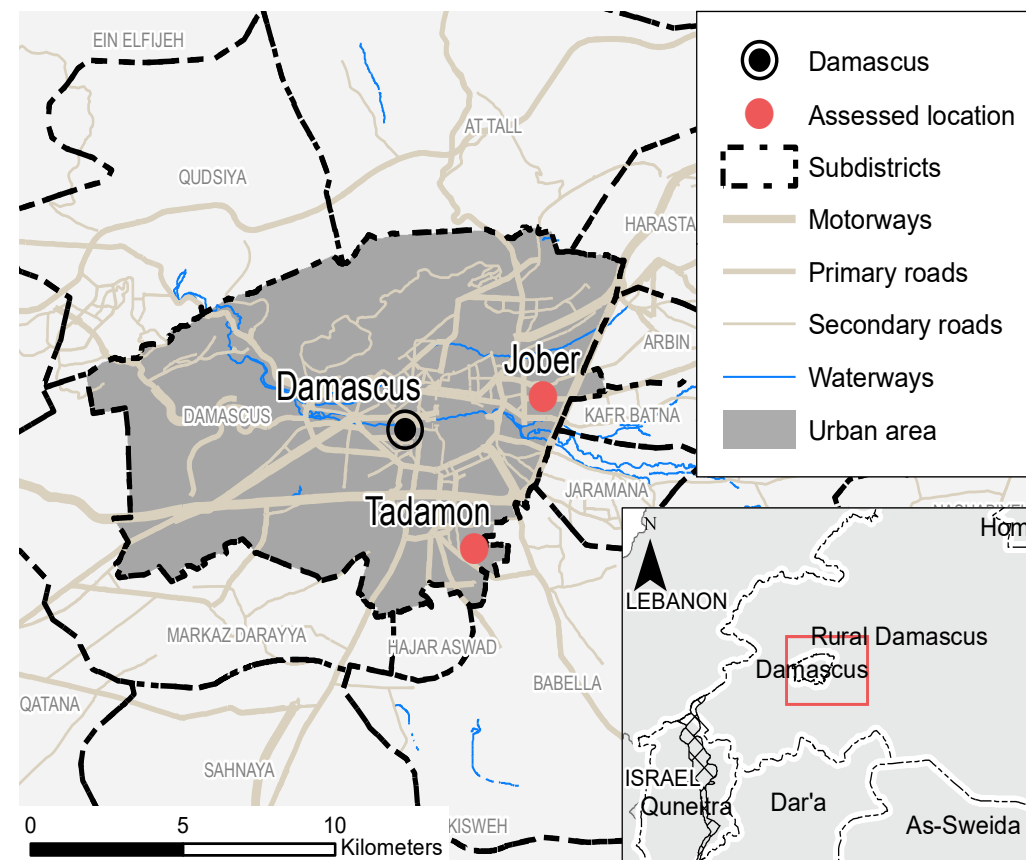
In June, populations within **both communities reported restrictions on their freedom of movement**, including checkpoints, as well as gunfire, detention and harassment upon attempts

to leave.

Civilians in both communities heavily rely on the procurement of goods and services from outside their respective neighbourhoods. **There are no permanent medical facilities or medical personnel in Tadamon**, access to which depends almost entirely on the ability of civilians to leave the area. This is also the case for accessing education facilities, since no functioning schools were left in Tadamon due to destruction and a lack of teaching staff. Informal schools were instead set up in Jober.

Access to electricity remained difficult, with both communities relying on generators, while water availability reportedly decreased in Jober due to the hot weather and the increased needs of the population.

Overall, the humanitarian situation in June 2016 remained similar to that in May.



METHODOLOGY

Based on data collected remotely from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.

CHANGES SINCE MAY

	Jober	Tadamon		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	◆	◆

ACCESS TO SERVICES

	Jober	Tadamon
WATER	Main source of drinking water Access to water network per week	Closed wells Network unavailable
ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	Network unavailable 4-2 hours (Generator)
EDUCATION	Available education facilities Barriers to education Change in number of children attending school	Informal schools set up since conflict began Route to services unsafe, lack of teaching staff Fewer children due to summer holidays
		None Facilities destroyed, lack of teaching staff About the same

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to May in both:

People able to leave²

Jober: About 1-10% of the population was reported able to enter and exit the community through informal entry points in June, in the absence of any formal entry locations.

Tadamon: In Tadamon, women and children were reportedly able to exit through formal entry points, after presenting the required documents. Overall, this was only 1-25% of the population.

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

In both communities: Gunfire

Tadamon: Various forms of harassment, including physical harassment of women; confiscation of documents; detention

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May in both:

Able to enter **Jober:** No vehicles allowed

Able to enter **Tadamon:** No vehicles allowed

Humanitarian vehicles

Change since May in both:

Jober: No vehicles allowed

Tadamon: No vehicles allowed

Goods entered

Both communities relied heavily on individual civilians leaving and returning through entry/exit points for the provision of goods. This was reportedly true for food, fuel, NFIs, medicine and medical equipment. No change in the amount of goods entering the communities was reported in comparison to May, except in Jober where fewer medicine and less medical equipment reportedly entered.

HEALTH SERVICES

Change in health situation in both compared to May:

Reported deaths this month³

	Jober	Tadamon
Deaths reportedly attributable to causes related to a lack of food	No known cases	No known cases
Change since May		
Deaths attributable to sickness / disease	Yes	No known cases
Change since May		
Unusual illness breakouts	No known cases	No known cases

Permanent medical facilities available

	Jober	Tadamon
Mobile clinics / field hospitals		
Informal emergency care points		
Pre-conflict hospitals		
Pre-conflict clinics / surgeries		
Change since May		

Unavailable medical items⁴

Jober: anti-anxiety medication, blood-transfusion bags, heart medicine, diabetes medicine, burn treatment;

Sometimes available: clean bandages, blood pressure medicine, antibiotics, anaesthetics.

Change since May:

Tadamon: No functioning health facilities; no items reported available

Change since May:

Most needed medical items⁵

	Jober	Tadamon
1.	Clean bandages	Antibiotics
2.	Blood transfusion bags	Clean bandages
3.	Antibiotics	Heart medicine

Medical services available

	Jober	Tadamon
Child immunization	✗	✗
Diarrhea management	✓	✗
Emergency care	✓	✗
Skilled childbirth care	✗	✗
Surgery ⁶	✗	✗
Diabetes care	✗	✗
Change since May	◊	◊

Availability of medical personnel

Jober: Professionally trained doctors and nurses

Tadamon: No medical personnel available

Others providing medical services: Pharmacists, volunteers with informal medical training, medical/pharmacy students (only in Jober)

Change since May	◊
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Strategies used to cope with a lack of medical services

Jober: None

Tadamon: People get treatment in nearby villages, including Yelda, Babila and Hajar Aswad

FOOD

Change in food situation compared to May: ◊

Most common methods of obtaining food at the household level

During June, both communities reported the ability of inhabitants to purchase food from shops or markets. Both also relied on home production.

Jober: Purchasing from shops/markets, purchasing from local farmers, home production, personal farms.

Tadamon: Purchasing from shops and markets, home production, growing on roofs, receiving food from family and friends.

Most common methods of obtaining bread at the household level

Jober: Homemade

Tadamon: Shops

Challenges to obtaining bread: While in Jober no issues were reported, common challenges in Tadamon included the following: bread unavailable in private/public bakeries, wheat unavailable, not enough electricity/fuel available, electricity/fuel too expensive/hard to access.

Strategies used to cope with a lack of food

	Jober	Tadamon
Reducing meal size	✓	✓
Skipping meals	✗	✗
Days without eating	✗	✗
Eating weeds	✗	✗
Food from garbage	✗	✗

✓ 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 basket in June⁷

	Jober	Tadamon	Nearby areas ⁸
Average cost June (SYP) ⁹	38665	17007	16960
Change since January	↑	↓	No info

In Tadamon the average cost of a standard food basket, excluding bread due to unavailability, decreased by 10000 SYP since data on core food prices was last collected (January 2016). In Jober however, the average price of a standard food basket increased by approximately 5000 SYP when compared to January.

The average cost of a food basket was significantly higher in Jober, when comparing food items prices in this area to those in neighbouring communities not considered besieged or hard to reach. This was also the case in Tadamon, although average price differences were less marked.

Overall, availability of food items remained similar in Jober, while a significant increase in availability compared to January was recorded in Tadamon; this was reportedly due to a favourable season for growing vegetables and was reflected in a general decrease in food prices.

WASH item availability / prices

Both communities: all assessed hygiene and sanitation items were available in June. In comparison to prices reported in January, when the communities were last assessed, prices of assessed hygiene and sanitation items mostly increased in Jober, and mostly decreased in Tadamon.




Fuel availability / prices

Both communities: diesel, butane and firewood were the only available fuel sources in June in both communities. In comparison to neighbouring communities, prices of butane were 583% and 95% more expensive in Jober and Tadamon, respectively.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

In June, prices of available food items in Jober were on average 176% more expensive than in nearby communities in Damascus governorate not considered hard to reach (Dummar Gharbiya, Dummar Sharqiya and Mazzeh 86). In Tadamon, prices across available food items were on average 38% lower than in those same non-hard to reach communities; this relatively lower difference was attributed to an increase in crop yields.

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	Jober	Change since January ¹¹	Tadamon	Change since January ¹¹	Neighbouring non-hard to reach communities
	Bread private bakery (pack)	400	↑ +60%	Not available ¹⁰	Available	78
	Bread public bakery (pack)	Not available ¹⁰	Available	Not available ¹⁰	Available	50
	Rice (1kg)	650	↓ -7%	250	↓ -75%	400
	Bulgur (1kg)	500	↑ +150%	250	↑ +11%	275
	Lentils (1kg)	700	No info	300	No info	350
	Chicken (1kg)	2000	↑ +167%	Not available ¹⁰	Available	800
	Mutton (1kg)	5000	↑ +53%	Not available ¹⁰	Available	3250
	Tomato (1kg)	150	↓ -50%	225	↓ -50%	125
	Cucumber (1kg)	400	↑ +45%	300	↓ -40%	120
	Milk (litre)	250	↑ +25%	250	↓ -29%	130
	Flour (1kg)	500	↑ +100%	400	↓ -43%	113
	Eggs (1)	60	↑ +71%	40	↓ -33%	35
	Iodised salt (500g)	300	↑ +233%	100	↔	43
WASH Items 	Sugar (1 kg)	650	↑ +86%	400	↔	363
	Cooking oil (litre)	1500	↑ +150%	700	↑ +56%	575
	Soap (1 bar)	125	↑ +39%	100	↑ +33%	135
	Laundry powder (1kg)	750	↓ -32%	700	↑ +600%	575
	Sanitary pads (9)	700	↑ +57%	250	↓ -29%	300
Fuel 	Toothpaste (125ml)	650	↑ +137%	200	↓ -20%	225
	Disposable diapers (24 pack)	2100	No info	1400	No info	1350
	Butane (cannister)	14000	↑ +211%	4000	↓ -11%	2050
	Diesel (litre)	450	↑ +13%	450	No info	No info
	Propane (cannister)	No info	No info	Not available ¹⁰	No info	No info
	Kerosene (litre)	Not available ¹⁰	No info	Not available ¹⁰	No info	No info
Coal (kg)	Not available ¹⁰	Available	Not available ¹⁰	No info	No info	
Firewood (tonne)	65000	↑ +8%	95000	No info	No info	

Footnotes

¹ Figures based on local actor estimates from June 2016. The most recent Siege Watch Quarterly Report (May 2016) estimates the population of Jober as 300. The last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016) estimates that there are 164,602 within hard to reach locations inside Damascus (Al Qadam, Al Isali, Burza, Qaboun, Jober, Tadamon, Joret Al Shribati).

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 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.

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

⁸ Nearby communities assessed in Rural Damascus governorate that are not considered besieged/hard to reach: Dummar Gharbiya, Dummar Sharqiya and Mazzeh 86.

⁹ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016)

¹⁰ Not available = item not in markets in June

¹¹ Due to the amount of time that passed since the last assessment, these percentages indicate long-term trends rather than short-term fluctuations.

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

June 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:	110000 indiv.	84000 indiv.	71000 indiv.
Of which estimated IDPs:	7000-8000	9000-10 000	300-500
% 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 are located within the northwestern region of Homs governorate between Homs and Hama cities. Since 2012, access restrictions have been placed on the city of Ar Rastan and the town of Talbiseh, as well as on communities such as Taldu in the surrounding Al Houleh region.

During the first half of 2016, conditions in the Al Houleh region deteriorated: the intensification of conflict resulted in increased restrictions on civilian movement and on the entrance of goods such as food and medical items.

The community of Taldu was profiled for the first time in June 2016; as such, reported changes with regards to the situation in May are based solely on comparisons made by community representatives. In the case of Ar Rastan and Talbiseh, such comparisons were complemented, wherever possible, by data collected in April, date at which these communities were last assessed.

In June, restrictions on civilian movement were

similar across all communities, with populations allowed to move between locations but generally not able to leave the wider contested area.

Commercial vehicle access remained extremely limited, with no vehicles reportedly able to enter. Some vehicles carrying humanitarian aid entered Ar Rastan, Talbiseh and Taldu this month, however all deliveries faced restrictions.

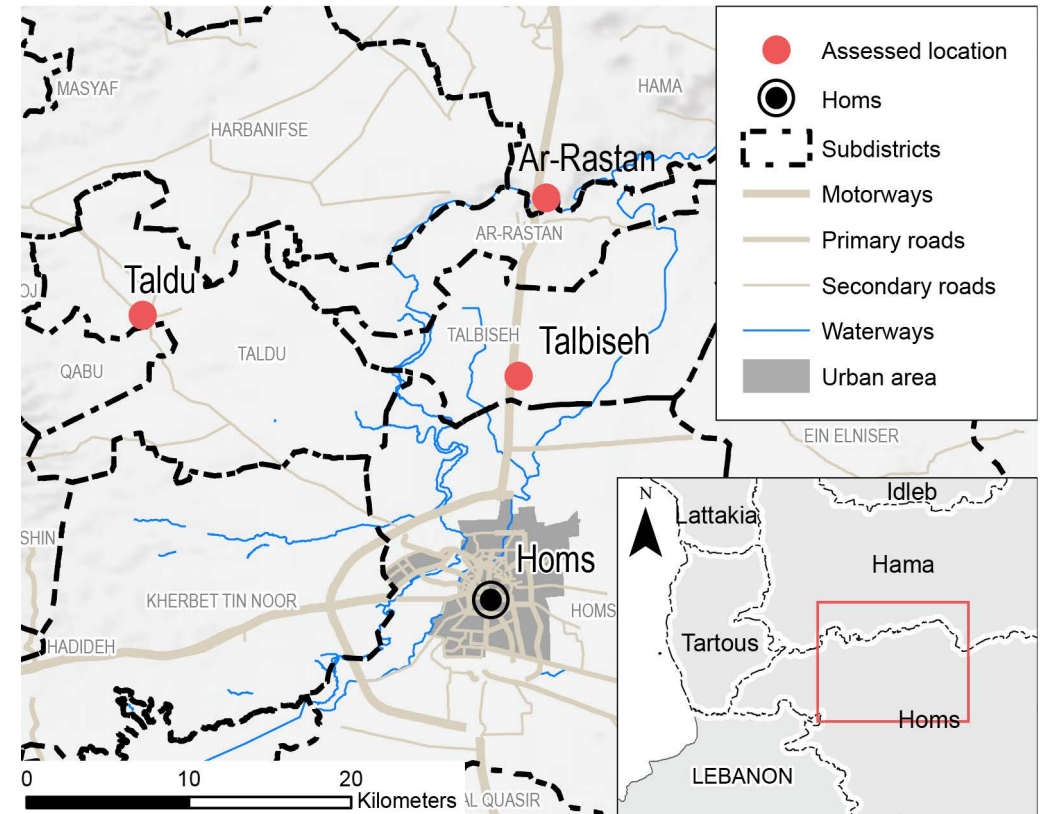
Prices of available food items in Ar Rastan and Talbiseh decreased in comparison to the prior assessment in April, reportedly due to humanitarian deliveries and increased crop yields in the region. More fuel entered communities through informal routes during June in comparison to May; this led to an increase in its availability and a decrease in its price.

Despite the delivery of some medical items through humanitarian distributions, the ability of medical services to cope with population needs remained largely the same in comparison to May across all three communities.

Overall, no significant changes in the humanitarian situation were reported in Ar Rastan, Talbiseh or Taldu between May and June 2016.

METHODOLOGY

Based on data collected from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.



CHANGES SINCE MAY

	Ar R.	Talbiseh	Taldu		Ar R.	Talbiseh	Taldu
Access Restrictions on Civilians	◆	◆	◆	Health Situation	◆	◆	◆
Commercial Vehicle Access	◆	◆	◆	Core Food Item Availability	◆	◆	◆
Humanitarian Vehicle Access	▲	▲	▼	Core Food Item Prices	▼	▼	No info
Access to Basic Services	◆	◆	◆	Overall Humanitarian Situation	◆	◆	◆

ACCESS TO SERVICES

	Ar Rastan	Talbiseh	Taldu
WATER	Main source of drinking water Access to water network per week	Water trucking (private) 1-2 days	Water trucking (private) 1-2 days
ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	2-4 hours 4-8 hours (Generator)	4-8 hours 4-8 hours (Main network)
EDUCATION	Available education facilities Barriers to education Change in number of children attending school	Informal schools set up since conflict began Facilities destroyed, route to services is unsafe, children need to work About the same	Informal schools set up since conflict began Route to services is unsafe, lack of teaching staff, children need to work About the same

Ar Rastan

	Ar Rastan	Talbiseh	Taldu
WATER	Main source of drinking water Access to water network per week	Water trucking (private) 1-2 days	Water trucking (private) 1-2 days
ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	2-4 hours 4-8 hours (Generator)	4-8 hours 4-8 hours (Main network)
EDUCATION	Available education facilities Barriers to education Change in number of children attending school	Informal schools set up since conflict began Facilities destroyed, children need to work, route to services is unsafe About the same	Informal schools set up since conflict began Route to services is unsafe, lack of teaching staff, children need to work About the same

Talbiseh

	Ar Rastan	Talbiseh	Taldu
WATER	Main source of drinking water Access to water network per week	Water trucking (private) 1-2 days	Water trucking (private) 1-2 days
ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	2-4 hours 4-8 hours (Generator)	4-8 hours 4-8 hours (Main network)
EDUCATION	Available education facilities Barriers to education Change in number of children attending school	Informal schools set up since conflict began Facilities destroyed, children need to work, route to services is unsafe About the same	Informal schools set up since conflict began Route to services is unsafe, lack of teaching staff, children need to work About the same

Taldu

	Ar Rastan	Talbiseh	Taldu
WATER	Main source of drinking water Access to water network per week	Water trucking (private) 1-2 days	Water trucking (private) 1-2 days
ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	2-4 hours 4-8 hours (Generator)	4-8 hours 4-8 hours (Main network)
EDUCATION	Available education facilities Barriers to education Change in number of children attending school	Informal schools set up since conflict began Facilities destroyed, children need to work, route to services is unsafe About the same	Informal schools set up since conflict began Route to services is unsafe, lack of teaching staff, children need to work About the same

MOVEMENT OF INDIVIDUALS

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



People able to leave²

In all three communities, approximately 1-10% of the population was able to travel outside of the wider contested area through formal routes during June. However, these were generally only public sector employees and students, who were permitted to leave on certain days, upon presenting documentation.

While the general population was unable to leave the wider contested areas, they were able to move to nearby communities within their respective sub-districts. However it was often dangerous to do so due to the risk of landmines, shelling, gunfire and detention.

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

All communities: Shelling, gunfire, physical and sexual harassment, detention, conscription, confiscation of documents.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May in Ar Rastan:

Change since May in Talbiseh:

Change since May in Taldu:

All communities: No vehicles carrying commercial goods were reportedly able to enter in June.

Humanitarian vehicles

Change since May in Ar Rastan:

Change since May in Talbiseh:

Change since May in Taldu:

All communities: During June, some aid convoys were permitted to enter the three areas, however these were only conditionally approved.

In all three communities aid vehicles were only allowed entry on certain days, loads were searched before entering and only part of the planned deliveries was allowed through.

Populations in Ar Rastan and Talbiseh reported facing barriers to receiving such deliveries as distribution points were overcrowded.

Goods entered

During June, food, NFIs and medical items entered all three communities through humanitarian deliveries. In addition to this, food, NFIs and fuel also entered the communities through informal routes.

People who were able to travel in and out of the wider contested area through formal routes were sometimes permitted to bring back goods such as food items, bread, and clothes. However they were reportedly required to pay a fee of between 1000 - 5000 SYP.

Due to higher associated risk to life, informal routes out of the three communities were rarely used by civilians to transport food items.

HEALTH SERVICES

Change in health situation in Ar Rastan compared to May:



Change in health situation in Talbiseh compared to May:



Change in health situation in Talbiseh compared to May:



Reported deaths this month³

	AR	Talbiseh	Taldu
Deaths reportedly attributable to causes related to a lack of food	No known cases	No known cases	No known cases
Change since May			
Deaths attributable to sickness / disease	No known cases	No info	No known cases
Change since May		No info	
Unusual illness breakouts	No known cases	No known cases	No known cases

Permanent medical facilities available

	AR	Talb.	Taldu
Mobile clinics / field hospitals	✓	✓	✓
Informal emergency care points	✓	✓	✓
Pre-conflict hospitals	✗	✗	✗
Pre-conflict clinics / surgeries	✗	✗	✓
Change since May	◊	◊	◊

In Taldu, medical personnel working in pre-conflict clinics and surgeries were often required to assist in field hospitals within neighbouring communities. Consequently these facilities were only available 2-3 days per week.

Unavailable medical items⁴

All communities: Contraception, clean bandages, diabetes medicine, antibiotics, burn treatment, anaesthetics, medical scissors, blood pressure medication;

Sometimes available: Blood transfusion bags

Change since May	◊
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Most needed medical items⁵

1. Surgical equipment
2. Anaesthetics
3. Assistive devices
4. Antibiotics

Medical services available

	AR	Talb.	Taldu
Child immunization	✓	✓	✓
Diarrhea management	✓	✓	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✓	✓	✗
Surgery ⁶	✓	✓	✓
Diabetes care	✓	✓	✗
Change since May	◊	◊	◊

Availability of medical personnel

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

Taldu: Professionally trained doctors, nurses and midwives

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

Change since May	◊
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Strategies used to cope with a lack of medical services

Talbiseh: Recycling medical items (eg. bandages, syringes and needles)

Ar Rastan and Taldu: None

FOOD

Change in food situation compared to May in all communities:



Most common methods of obtaining food at the household level

All three communities: purchasing from shops, markets or local farmers, receiving through food distributions

Most common methods of obtaining bread at the household level

Ar Rastan and Talbiseh: Private bakeries

Taldu: Shops

Challenges to obtaining bread: Yeast, electricity and fuel too expensive or hard to access

Change in availability since May



Strategies used to cope with a lack of food

	AR	Talbiseh	Taldu
Reducing meal size	✓	✓	✓
Skipping meals	✓	✗	✗
Days without eating	✗	✗	✗
Eating weeds	✗	✗	✗
Food from garbage	✗	✗	✗

✓ 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

	AR	Talb.	Taldu	Nearby areas ⁸
Average cost June ⁹	38421 SYP	38421 SYP	38247 SYP	33862 SYP
Change since May	◊	◊	No info	No info

In all three communities, the cost of a standard food basket was over 4000 SYP more expensive than in nearby communities not considered hard to reach.

In Ar Rastan and Talbiseh, there was no significant change in the cost of a standard food basket compared to prices reported in May.

WASH item availability / prices

All three communities: Most hygiene and sanitation items were available in June, and the prices of most of them decreased to varying degrees since May; the most significant changes were seen in the prices of soap in Talbiseh and toothpaste in Taldu, which both dropped by 50%.


Fuel availability / prices

In all three communities, diesel and butane were the only available fuel sources in June; access to these increased when compared to May, as a greater amount of these entered these communities through informal channels. Reflecting the change in availability, prices for these items decreased notably, with the price of butane canisters dropping by an average of 59% across Ar Rastan and Talbiseh, when compared to May.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁸

Similar trends were seen in the prices of available food items in Ar Rastan and Talbiseh when compared to April, when the communities were last assessed. There was a notable decrease in prices in June, reportedly due to increased accessibility through food distributions and crop yields in the region. Taldu was assessed for the first time in June, therefore no comparison was made to the prior month. Prices were generally similar across all three communities, however they were on average approximately 10% higher in Taldu.

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	Change since April	Talbiseh	Change since April	Taldu	Change since April	Neighbouring non-hard to reach communities
	Bread private bakery (pack)	250	↓ -29%	250	↓ -29%	250	No info	175
	Bread public bakery (pack)	Not available ¹⁰	↔	Not available ¹⁰	↔	Not available ¹⁰	No info	250
	Rice (1kg)	350	↔	300	↓ -8%	350	No info	369
	Bulgur (1kg)	200	↓ -33%	200	↓ -33%	250	No info	250
	Lentils (1kg)	650	No info	700	No info	600	No info	550
	Chicken (1kg)	1000	↑ +11%	1000 ¹¹	↑ +11%	1200	No info	950
	Mutton (1kg)	2900	↑ +7%	2900	↑ +4%	3000	No info	2750
	Tomato (1kg)	300	No info	350	No info	300	No info	300
	Cucumber (1kg)	250	↓ -44%	200	↓ -50%	250	No info	275
	Milk (litre)	100	↔	100	↔	100	No info	100
	Flour (1kg)	300	↓ -25%	300	↔	300	No info	300
	Eggs (1)	50	↓ -23%	50	↓ -23%	65	No info	51
	Iodised salt (500g)	30 ¹¹	↓ -54%	25	↓ -62%	30	No info	30
	Sugar (1 kg)	400	↔	400	↔	425	No info	444
	Cooking oil (litre)	900	↓ -10%	900	↓ -10%	1000	No info	925
	Soap (1 bar)	50	↔	50	↓ -33%	65	No info	73
	Laundry powder (1kg)	550	↓ -31%	700	↓ -22%	650	No info	712
	Sanitary pads (9)	Not available ¹⁰	Available	Not available ¹⁰	Available	Not available ¹⁰	No info	350
	Toothpaste (125ml)	250	↓ -17%	200	↓ -33%	250	No info	213
	Disposable diapers (24 pack)	2000	No info	2000	No info	2300	No info	No info
	Butane (cannister)	7500	↓ -63%	8000	↓ -56%	9000	No info	16125
	Diesel (litre)	550	↓ -31%	500	↓ -33%	650	No info	850
	Propane (cannister)	Not available ¹⁰	↔	Not available ¹⁰	↔	Not available ¹⁰	No info	Not available
	Kerosene (litre)	Not available ¹⁰	↔	Not available ¹⁰	↔	Not available ¹⁰	No info	Not available
	Coal (kg)	Not available ¹⁰	↔	Not available ¹⁰	↔	Not available ¹⁰	No info	Not available
Firewood (tonne)	Not available ¹⁰	↔	Not available ¹⁰	↔	Not available ¹⁰	No info	Not available	

Footnotes

¹ Figures based on the last comprehensive quarterly UN update of People in Need (PIN) across all besieged areas (January 2016). Local actors however estimate that PIN in June 2016 may be 90 000 - 95 000 in Ar Rastan, 55 000 - 60 000 in Talbiseh and 12 000 - 15 000 in the community of Taldu.

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

³ Reported deaths are based on reported incidents within the community. There is better access to health reports in certain 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.

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 medicine, 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 background may have been informally trained by medical personnel to carry out emergency procedures.

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

⁸ Nearby communities which are not considered hard to reach: Makrumiyeh, Zmeimer, Ghelwet Elzakam, and Deir Fool.

⁹ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016).

¹⁰ Not available = item not in markets in June.

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

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. While this profile refers to the situation in June 2016, comparisons were made by community representatives to the situation observed in May and, where possible, comparisons have also been drawn to March, when the community was last assessed.

Hajar Aswad continues to be affected by escalating conflict in the neighbouring besieged Palestinian community of Yarmuk. In June, there was reportedly an increase in deaths attributable to security incidents in Hajar Aswad and residents reportedly faced risks of gunfire and detention when moving within and around the neighbourhood.

In comparison to both May and the prior assessment in March, restrictions on civilian movement from Hajar Aswad remained largely the same in June; a portion of the population were permitted to move between neighbouring communities of Yalda, Babila and Beit Saham (YBB) and Yarmuk, but were unable to move beyond this perimeter.

As was the case in May, **vehicles carrying commercial goods or humanitarian assistance**

METHODOLOGY

Based on data collected remotely from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.

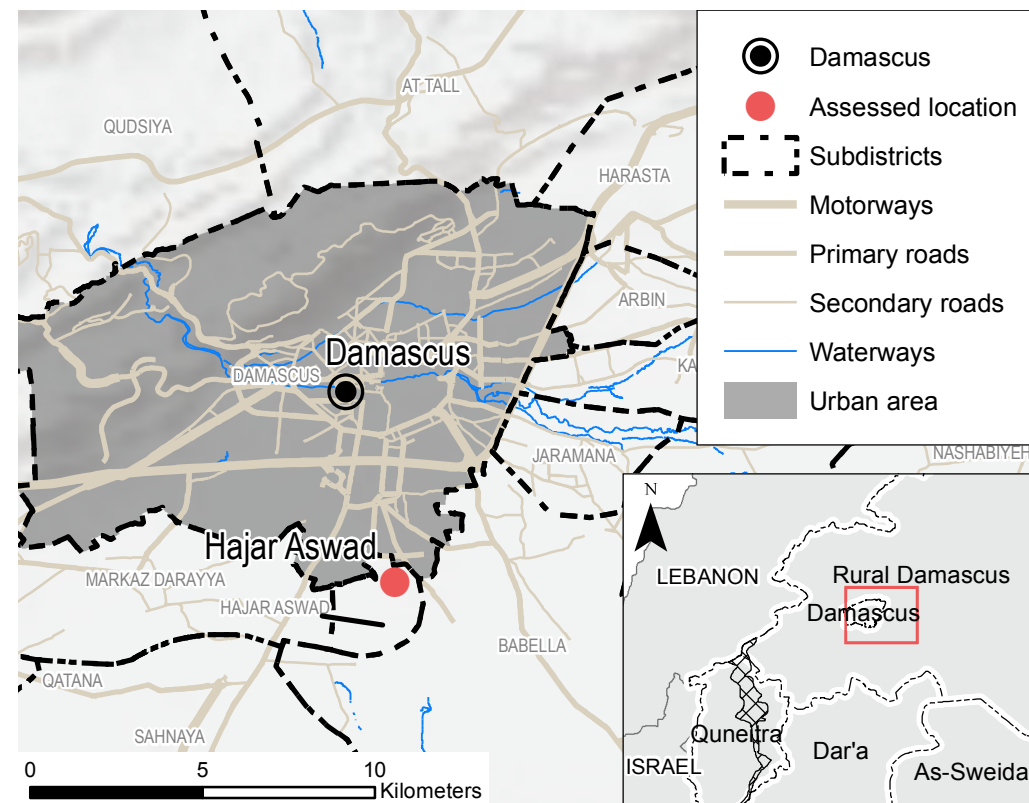
UN classification: Hard to reach
Estimated population¹: 8000-8200
Of which IDPs: 1000-1500
% pre-conflict population remaining: 1-25%
% population female: 1-25%

were permitted to enter Hajar Aswad during June. Limited amounts of food, NFIs, and fuel were able to enter with civilians entering or exiting the community.

Overall movement of goods remained the same since May, with the exception of medicine and medical equipment. The depletion of medicines and medical supplies due to restrictions on entry, has resulted in an overall worsening of the health system's capacity to meet population needs.

Availability of core food items on markets remained largely the same since prior assessment in March. Although food prices increased, they were on average only 3% higher when compared to March.




Overall, **the humanitarian situation appears to have deteriorated since the community was last assessed in March,** due to a depletion in medical supplies and an increase in core food item prices as a result of limited mobility into and out of the community.




CHANGES SINCE MAY

	Hajar Aswad		Hajar Aswad
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	↓

ACCESS TO SERVICES

 WATER	Main source of drinking water Access to water network per week	Private water trucks Water network unavailable
 ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	Electricity network unavailable 2-4 h (generator)
 EDUCATION	Available education facilities Barriers to education Change in number of children attending school	Informal schools set up since conflict began Facilities destroyed, parents don't approve of curriculum Fewer children attending school due to school holidays

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May: 

People able to leave²

1-10% of people were able to leave in June, mostly women and children on weekdays (except for holidays), upon showing documentation.

Informal points used: None reported

MOVEMENT OF GOODS AND ASSISTANCE


Vehicles carrying commercial goods

Change since May: 

Able to enter: None reported

Humanitarian vehicles

Able to enter: None reported

Change since May: 

Goods entered



There was no movement of either commercial or humanitarian vehicles into or out of Hajar Aswad during the month of June. Limited amounts of food, NFIs, and fuel were able to enter with civilians permitted to enter and exit the community.

Medicine and medical supplies entered informally, requiring the payment of fees. Overall, the amount of movement of goods was the same as May.

HEALTH SERVICES

Change in health situation compared to May: 

Reported deaths this month³

Deaths reportedly attributable to causes related to a lack of food	No known cases
Change since May	
Deaths attributable to sickness / disease	No known cases
Change since May	
Unusual illness breakouts	None

Permanent medical facilities available


Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
Change since May	

Availability of medical personnel

There was a decrease in available medical personnel, as one of the doctors left the community due to conflict-related instability.

Personnel available: Professionally trained nurses and midwives


Others providing medical services: Pharmacists, dentists, herbalists. Volunteers with informal or no medical training

Change since May 

Unavailable medical items⁴

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








Limited movement of medical provisions in to or out of the community resulted in depleted stocks of available medicine and medical supplies

Change since May 

Most needed medical items⁵

- Clean bandages
- Blood transfusion bags
- Anaesthetics

Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery ⁶	
Diabetes care	
Change since May	

Strategies used to cope with a lack of medical services

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

FOOD

Change in food situation compared to May:



Most common methods of obtaining food at the household level

Purchasing from shops, markets, local farmers

Most common methods of obtaining bread at the household level

Most common source: Shops

Challenges to obtaining bread: Bread unavailable in shops and bakeries, electricity and fuel too expensive or hard to access, wheat unavailable

Change since May



CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁶

	Hajar Aswad	Nearby areas ⁷
Average cost June (SYP) ⁸	17007	20090
Change since March	↑	↓

The average cost of a standard food basket in Hajar Aswad, excluding bread and lentils due to unavailability, increased by 5% since March. However, food item availability reportedly increased, and fuel became available.

The cost of a food basket in Hajar Aswad (excluding bread due to unavailability) was approximately 10% lower than the average cost in nearby communities not considered besieged or hard to reach⁹.

Strategies used to cope with a lack of food

Reducing meal size	✓
Skipping meals	✗
Days without eating	✗
Eating weeds	✗
Food from garbage	✗

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Core food item availability

Prices of assessed food items on average increased by 3% since prices were last assessed in March.

Items unavailable: bread in private and public bakeries; chicken and mutton unknown

Items that became available in June: flour

Change since March



WASH item availability / prices

The availability of assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, and toothpaste) in Hajar Aswad increased during June in comparison to March; average prices for soap and laundry powder decreased by 13% in this same time frame. Prices for hygiene and sanitation items were on average 12% lower in Hajar Aswad compared to Kisweh, a non-hard to reach community in Rural Damascus.

Fuel availability / prices

Diesel and firewood also increased in availability in June when compared to March. Furthermore, the price of butane decreased by 125%. This indicates that fuel has become cheaper and more readily available.

Footnotes

¹ Figures based on the last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016). Local actors however estimate that PiN in June 2016 may be 8000.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁸

	Item	Hajar Aswad	Change since March	Nearby non-hard to reach areas
Food Items	Bread private bakery (pack)	Not available ¹⁰	◇	78
	Bread public bakery (pack)	Not available ¹⁰	◇	50
	Rice (1kg)	250 ¹²	↓ -60%	400
	Bulgur (1kg)	250 ¹²	↑ +20%	275
	Lentils (1kg)	300 ¹²	No info	350
	Chicken (1kg)	No info	No info	800
	Mutton (1kg)	No info	No info	3250
	Tomato (1kg)	225 ¹²	No info	125
	Cucumber (1kg)	300 ¹²	↑ +17%	120
	Milk (litre)	250 ¹²	↓ -40%	130
	Flour (1kg)	400 ¹²	Not available	113
	Eggs (1)	40 ¹²	↓ -25%	35
	Iodised salt (500g)	100 ¹²	↑ +60%	43
	Sugar (1 kg)	400 ¹²	↓ -25%	363
WASH Items	Cooking oil (litre)	700 ¹²	↑ +79%	575
	Soap (1 bar)	100 ¹¹	↓ -75%	135
	Laundry powder (1kg)	700 ¹¹	↑ +50%	575
	Sanitary pads (9)	250 ¹¹	Not available	300
	Toothpaste (125ml)	200 ¹⁰	Not available	225
Fuel	Butane (cannister)	4000 ¹¹	↓ -125%	2050
	Diesel (litre)	450 ¹¹	Not available	No info
	Propane (cannister)	Not available ¹⁰	◇	No info
	Kerosene (litre)	Not available ¹⁰	◇	No info
	Coal (kg)	Not available ¹⁰	◇	350
	Firewood (tonne)	95000 ¹¹	No info	No info

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.

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 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.

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 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 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: June 2016' (link here).

⁷ Nearby communities assessed in Rural Damascus governorate which are not considered besieged/hard to reach: Kisweh

⁸ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016).

⁹ A relatively low food basket price might be due to the inability to include key items such as bread in the calculations.

¹⁰ Not available = item not on markets in June.

¹¹ Sometimes available on markets in June (7-20 days a month)

¹² Generally available on markets in June (21+ days a month)

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. There exists only one road for entry into and exit from Khan Elshih. Due to insecurity, however, this road is considered too dangerous for civilian use.

While this profile refers to the situation in June 2016, comparisons were made by community representatives with the situation in May, and where possible, comparisons were also drawn with March, when the community was last assessed.

During June 2016, **access restrictions on civilians remained tight, with very few people able to enter or leave the community** through formal routes, as was the case during March.

METHODOLOGY

Based on data collected remotely from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.

UN classification:	Hard to Reach
Estimated population¹:	17000 individ.
Of which IDPs:	1000-1500
% pre-conflict population remaining:	1-25%
% population female:	1-25%

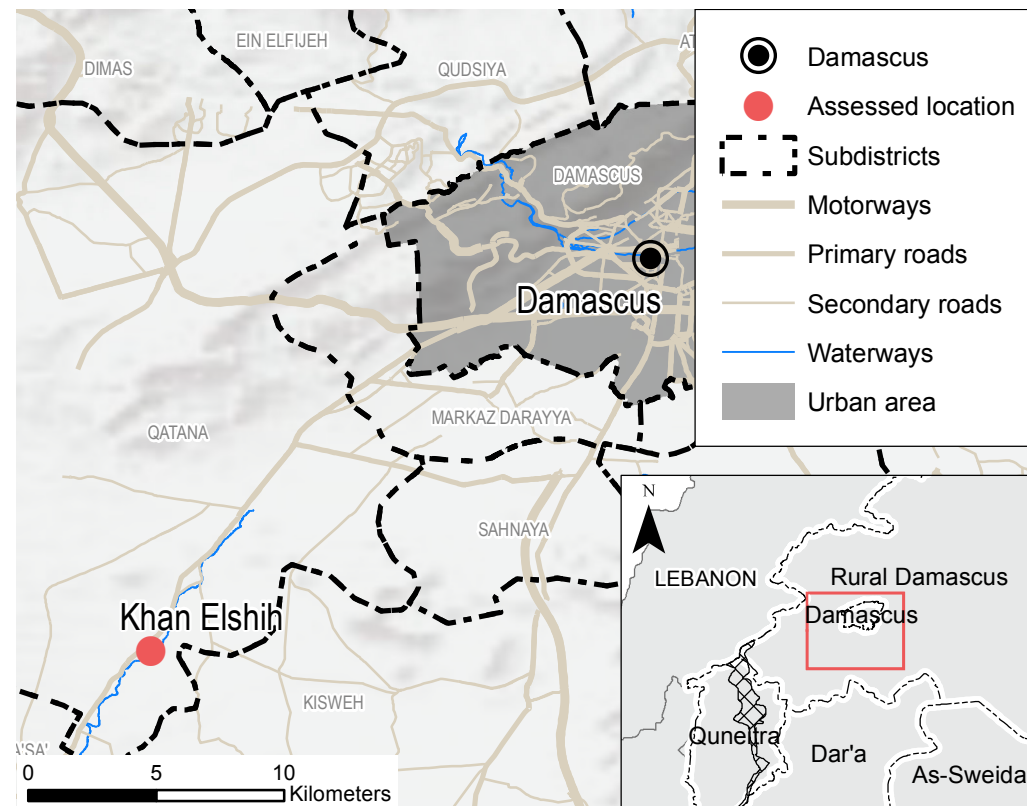
Vehicle access also remained extremely limited, with no commercial vehicles reported entering during June. Similarly, no humanitarian aid was able to enter.

Due to ongoing **access restrictions on medical items and medicine**, the availability of such items decreased this month, affecting the ability of health services to function. Conflict-related casualties reportedly placed health services under strain.

Nearly all core food items were reportedly available on markets within the community, with the exception of bread in public and private bakeries. It was reported however that **access to bread had improved since May**, with civilians able to procure bread via informal routes from a nearby community.

Diesel, coal and firewood were on average 41% more expensive than in March, and butane and kerosene were generally unavailable. Access to electricity during June improved when compared to March, with populations reporting being able to access the main network for up to 8 hours a day (instead of the 2 hours a day reported in March).




Overall, **the humanitarian situation appears to have been deteriorating in Khan Elshih during June**, as health services are under strain, and restrictions on civilian movement and entry of goods have resulted into higher food prices.




CHANGES SINCE MAY

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	↓

ACCESS TO SERVICES

 WATER	Main source of drinking water	Water trucking (private)
	Access to water network per week	Network unavailable
 ELECTRICITY	Access to electricity network per day	4-8 hours
	Access to electricity (main source) per day	4-8 hours (main network)
 EDUCATION	Available education facilities	Pre-conflict primary
	Barriers to education	Route to services unsafe, lack of school supplies
	Change in number of children attending school	No change

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May: 

People able to leave²

Only women and children were able to leave Khan Elshih through formal means during June; they were however required to present documentation in order to leave.

Informal routes were also available, however they were generally perceived as riskier, and were only used by a small portion of the population.

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

Gunfire, verbal harassment, shelling, detention

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May: 

Able to enter: None reported

Humanitarian vehicles

Change since May: 

Able to enter: None reported



Goods entered

During June reportedly all food items, NFIs, fuel and medical items entered the community through informal routes. However, when compared to May, the amount of goods that entered reportedly decreased.

HEALTH SERVICES

Change in health situation compared to May: 

Reported deaths this month³

Deaths reportedly attributable to causes related to a lack of food	No known cases
Change since May	
Deaths attributable to sickness / disease	No known cases
Change since May	
Unusual illness breakouts	None

Permanent medical facilities available

Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
Change since May	

Availability of medical personnel

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

Others providing medical services: Pharmacists, dentists, anesthesiologists, medical students and volunteers with informal or no training.

Change since May 

Unavailable medical items⁴

Sometimes available: Clean bandages, antibiotics, blood transfusion bags

Change since May 

Most needed medical items⁵

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

Medical services available

Child immunization	
Diarrhea management	
Emergency care	
Skilled childbirth care	
Surgery ⁶	
Diabetes care	
Change since May	

Strategies used to cope with a lack of medical services

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

FOOD

Change in food situation compared to May:



Most common methods of obtaining food at the household level

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

Most common methods of obtaining bread at the household level

Most common source: Shops

Challenges to obtaining bread: While bread from bakeries remained unavailable during June, bread produced in a nearby community was able to enter through informal routes and was available for purchase in some shops.

Change since May



Strategies used to cope with a lack of food

Reducing meal size	✓
Skipping meals	✓
Days without eating	✗
Eating weeds	✗
Food from garbage	✗

✓ 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 basket in June⁷

	Khan Elshih	Nearby areas ⁸
Average cost June (SYP) ⁹	22408	26431
Change since May	No info	No info

The average cost of a standard food basket in the communities assessed, excluding bread due to its unavailability, was 15% lower than in nearby communities not considered besieged or hard to reach¹⁰.

Core food item availability

Items unavailable: bread (private and public bakeries)

WASH item availability / prices

Assessed hygiene and sanitation items were available in Khan Elshih in June; however residents reported a notable increase in prices compared to May due to inflation.

Fuel availability / prices

Butane, diesel and firewood were the only available fuel sources in June; prices were on average 30% higher than in nearby communities and had increased notably since March.

Footnotes

¹ Figures based on the last UN update of People in Need (PiN) across all besieged areas (June 2016). Local actors however estimate that PiN in June may be 12000 in Khan Elshih.

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁸

In June, prices of available food items in Khan Elshih were on average 20% higher than in nearby communities in rural Damascus governorate not considered besieged/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	Khan Elshih	Change since March	Nearby non-hard to reach areas ¹¹
Food Items	Bread private bakery (pack)	Not available ¹¹	Available	78
	Bread public bakery (pack)	Not available ¹¹	◆	50
	Rice (1kg)	500	↓ -58%	400
	Bulgur (1kg)	200	↓ -91%	275
	Lentils (1kg)	300	No information	350
	Chicken (1kg)	1500	◆	800
	Mutton (1kg)	2900	↓ -27%	3250
	Tomato (1kg)	125	No information	125
	Cucumber (1kg)	250	↓ -37%	120
	Milk (litre)	150	↓ -25%	130
	Flour (1kg)	200	↓ -20%	113
	Eggs (1)	50	◆	35
	Iodised salt (500g)	100	↓ -50%	43
	Sugar (1 kg)	400	↑ +14%	363
WASH Items	Cooking oil (litre)	800	↑ +7%	575
	Soap (1 bar)	100	↓ -33%	135
	Laundry powder (1kg)	350	↓ -46%	575
	Sanitary pads (9)	250	↓ -81%	300
	Toothpaste (125ml)	200	↓ -76%	225
Fuel	Disposable diapers (24 pack)	1350	No information	1350
	Butane (cannister)	3000	↓ -62%	2050
	Diesel (litre)	300	↓ -40%	No info
	Propane (cannister)	Not available ¹¹	No information	No info
	Kerosene (litre)	Not available ¹¹	No information	No info
	Coal (kg)	Not available ¹¹	No information	350
Firewood (tonne)	60000	↑ +20%	No info	

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.

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 medicine, but rather indicative of needs that reflect trends in 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 background may have been informally trained by medical personnel to carry out emergency procedures.

⁷ Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. 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: May 2016' (link here).

⁸ Nearby neighbourhoods in Rural Damascus governorate which is not considered besieged/hard to reach: Kisweh.

⁹ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016)

¹⁰ A relatively low food basket price might be due to the inability to include key items such as bread in the calculations.

¹¹ Not available = item not on markets in June

Syria Community Profile Update: Hama and Qudsiya, Rural Damascus

June 2016



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Hama	Qudsiya
UN classification:	Hard to reach	Hard to reach
Estimated population¹:	15000 indiv.	25000 indiv.
Of which estimated IDPs:	3000-3800 ind.	11000 indiv.
% pre-conflict population remaining:	1%-25%	76%-100%
% of population that are female:	26%-50%	26%-50%

SUMMARY

Hama and Qudsiya are located northwest of Damascus. Both communities continue to face access restrictions despite a reported truce agreement in November 2015.

While this profile presents the situation in Hama and Qudsiya during June 2016, comparisons were made by community representatives to the situation observed in May, and where possible, comparisons have also been drawn with March, when the community was last assessed.

Restrictions on movement of civilians have remained similar since March. Although civilians are usually granted permission to leave Qudsiya, they are typically required to leave their documents at exit points. In both communities, attempting to leave can be risky due to potential conscription and confiscation of documents, as well as detention in Hama and harassment in Qudsiya.

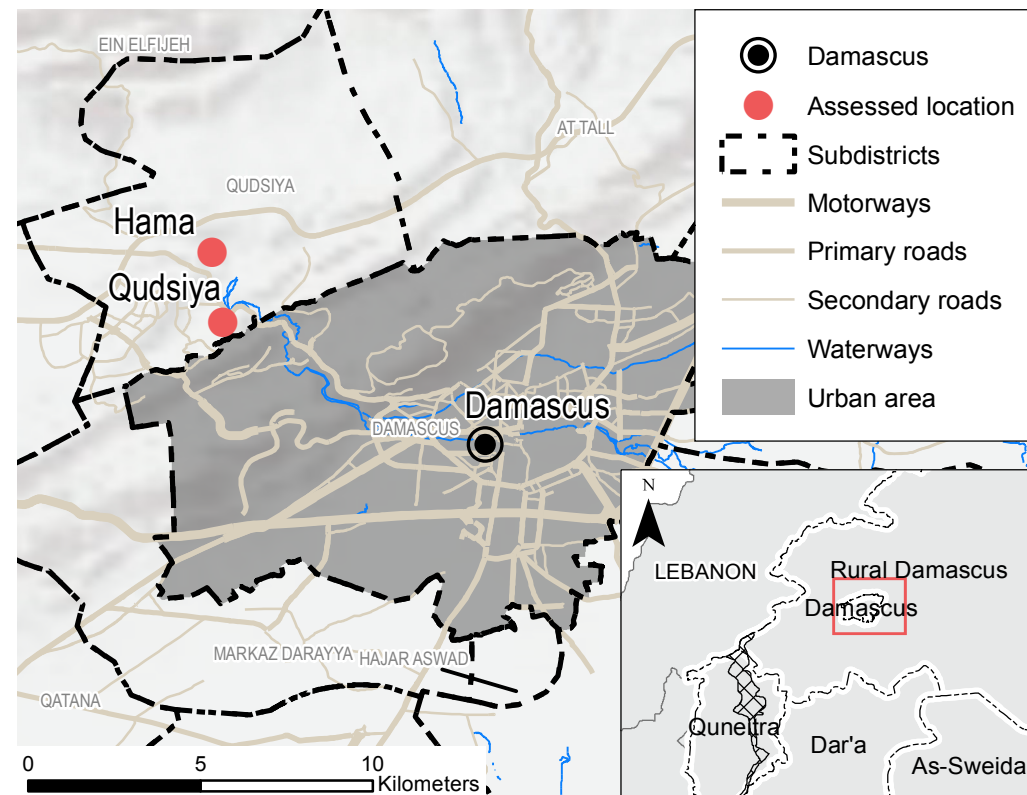
Freedom of movement of vehicles carrying commercial goods has also remained similar since March, with vehicles able to enter both communities, albeit with restrictions. **Humanitarian aid reportedly entered both communities more frequently in June** than in May, however restrictions on access were reported in Hama.

Some medical facilities and professionally trained medical personnel were available in both communities during June, however populations faced **unequal ability to access health services in Qudsiya**. Also, overall, limited access to medicines was reported in both communities, particularly to those needed to treat chronic diseases such as heart disease, diabetes and high blood pressure.

Overall, across indicators assessed in June 2016, **the humanitarian situation in Hama and Qudsiya has remained largely the same** in comparison to May.

METHODOLOGY

Based on data collected remotely from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.



CHANGES SINCE MAY

	Hama	Qudsiya		Hama	Qudsiya
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	◆	◆

ACCESS TO SERVICES

	Hama	Qudsiya
WATER	Main source of drinking water Access to water network per week	Water network 7 days
ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	4-8 hours 4-8 hours (Main network)
EDUCATION	Available education facilities Barriers to education Change in number of children attending school	Pre-conflict primary, secondary, and high schools Lack of teaching staff and supplies Fewer children due to school holidays

Qudsiya

	Hama	Qudsiya
WATER	Main source of drinking water Access to water network per week	Water network 7 days
ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	4-8 hours 4-8 hours (Main network)
EDUCATION	Available education facilities Barriers to education Change in number of children attending school	Pre-conflict primary, secondary, and high schools Lack of teaching staff and supplies Fewer children due to school holidays

HEALTH SERVICES

Change in health situation in Hama compared to May:	
Change in health situation in Qudsiya compared to May:	

Reported deaths this month³

	Hama	Qudsiya
Deaths reportedly attributable to causes related to a lack of food	No known cases	No known cases
Change since March		
Deaths attributable to sickness / disease	No	Yes
Change since March		
Unusual illness breakouts	No info	Yes; skin diseases

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to May:



People able to leave²

Hama: Similar to the previous month, approximately 1-10% of the population were allowed to leave Hama upon receiving official permission from local authorities. Public servants were allowed to leave during the working week.

Qudsiya: Movement of individuals reportedly remained the same since May; in June, 11-25% were allowed to leave through formal points, given official permission. Secondary school and university students were allowed to leave for exams, while civilians in general were allowed to leave in urgent situations, with permission from local authorities.

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

Hama: Verbal harassment, detention

Qudsiya: Sexual harassment, violence towards women

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change in both since May:



Able to enter **Hama:** Some commercial vehicles were allowed entry through formal points; typical restrictions to entering included the payment of transit fees.

Able to enter **Qudsiya:** Some vehicles were allowed to enter through formal entry points; typical restrictions included the requirement to pay transit fees, vehicle searches, and removal of items from loads prior to entry.

Humanitarian vehicles

Change in both since:



Hama: Some humanitarian vehicles were allowed entry through formal points, though only on certain days and at certain times. Medicine and medical equipment, food, and NFIs entered through humanitarian deliveries.

Qudsiya: All humanitarian vehicles reportedly able to enter without restrictions, fees, or searching of trucks. Medicine and medical equipment and NFIs entered through humanitarian vehicles during June.

Goods entered

Hama: Overall, during the month of June, there was an increase in the amount of food, medical equipment and NFIs entering the community. No significant changes in the quantity of fuel entering was reported in comparison to May.

Qudsiya: The amount of fuel and medical equipment entering the community were unchanged compared to May, with some fuel also entering through informal routes. It was reported that while the quantity of food entering increased, NFIs decreased in June.

Permanent medical facilities available

	Hama	Qudsiya
Mobile clinics / field hospitals		
Informal emergency care points		
Pre-conflict hospitals		
Pre-conflict clinics / surgeries		
Change since May		

Unavailable medical items⁴

Hama: Medical scissors, heart medicine, diabetes medicine, burn treatment; **sometimes available:** anaesthetics, blood pressure medicine, antibiotics, blood transfusion bags, clean bandages.

Change since May



Qudsiya: Transfusion bags, blood pressure medicine;

sometimes available: heart medicine, antibiotics, anaesthetics.

Change since May



Most needed medical items⁵

	Hama	Qudsiya
1.	Diabetes	Antibiotics
2.	Antibiotics	Heart medication
3.	Anaesthetics	Anaesthetics

Medical services available

	Hama	Qudsiya
Child immunization	✓	✗
Diarrhea management	✓	✓
Emergency care	✓	✓
Skilled childbirth care	✓	✓
Surgery ⁶	✓	✓
Diabetes care	✓	✓
Change since March	◆	◆

In Qudsiya, despite the availability of some medical services, a lack of income and resources was a barrier preventing parts of the population from accessing such services. This was not the case in Hama, where the entire community was reportedly able to access medical services equally. Both communities reported no significant change in the availability of medical services from May to June.

Availability of medical personnel

Hama: Professionally trained surgeons, doctors, and nurses.

Others providing medical services: Volunteers with informal medical training.

Qudsiya: Professionally trained surgeons, doctors, nurses and midwives.

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

Change since May



Strategies used to cope with a lack of medical services

Hama: None reported.

Qudsiya: Recycling medical items

FOOD

Change in food situation compared to May in both:



Most common methods of obtaining food at the household level

Hama: Purchasing from shops and markets

Qudsiya: Purchasing from shops and markets, receiving food through distributions

Most common methods of obtaining bread at the household level

Hama: Private bakeries

Qudsiya: Private bakeries

Challenges to obtaining bread: flour expensive or hard to access, electricity or fuel insufficient, wheat expensive or hard to access.

Strategies used to cope with a lack of food

	Hama	Qudsiya
Reducing meal size	✓	✗
Skipping meals	✗	✗
Days without eating	✗	✗
Eating weeds	✗	✗
Food from garbage	✗	✗

✓ 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 basket in June⁷

	Hama	Qudsiya	Nearby areas ⁸
Average cost June (SYP) ⁹	21208	29000	19727
Change since March	↑	↑	No info

In Qudsiya the average cost of a standard food basket was 10000 SYP higher than in nearby communities which are not considered hard to reach, based on items available at both locations. In Hama price differences were far less significant.

Overall, while availability of food items remained similar in both communities, compared to prices reported in March, the average price of a standard food basket, excluding bread due to unavailability, increased both in Hama and Qudsiya by 58% and 5% respectively.

WASH item availability / prices

Hama: There were no notable changes in availability of assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste, and disposable diapers) between March, when the community was last assessed, and June, however prices for all items except sanitary pads significantly increased.

Qudsiya: No notable changes in availability of the aforementioned assessed hygiene and sanitation items; however an overall increase in prices, except for sanitary pads and soap, was reported.




Fuel availability / prices

Both communities: Diesel, butane and firewood were the only available fuel sources in June; access to these resources reportedly decreased in comparison to May due to the risks associated to having fuel enter through informal channels. Price of butane were twice as high as in the nearby non-hard to reach area of Kisweh, while not enough information was available to compare prices of other fuel sources.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

In June, prices of available food items in Hama and Qudsiya were on average 40% and 47% higher, respectively, than in the nearby Rural Damascus community of Kisweh, which is 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	Hama	Change since March	Qudsiya	Change since March	Neighbouring non-hard to reach communities
	Bread private bakery (pack)	250	↑ +40%	Not available ¹⁰	Available	78
	Bread public bakery (pack)	Not available ¹⁰	Available	Not available ¹⁰	Available	50
	Rice (1kg)	500	↑ +55%	600	◇	400
	Bulgur (1kg)	300	↑ +42%	500	↑ +60%	275
	Lentils (1kg)	250	No info	500	No info	495
	Chicken (1kg)	1300	↑ +50%	3500	↑ +60%	800
	Mutton (1kg)	6000	↑ +86%	4500	↑ +42%	3250
	Tomatoes (1kg)	250	No info	450	No info	137
	Cucumber (1kg)	350	↑ +63%	350	↑ +60%	120
	Milk (litre)	250	↑ +56%	350	↑ +29%	130
	Flour (1kg)	450	↑ +80%	350	↑ +43%	113
	Eggs (1)	50	↑ +50%	45	↓ -56%	35
	Iodised salt (500g)	100	◇	100	↑ +70%	43
	Sugar (1 kg)	350	↑ +71%	450	↑ +11%	363
	Cooking oil (litre)	800	↑ +76%	900	↑ +11%	575
	Soap (1 bar)	75	↑ +73%	100	◇	135
	Laundry powder (1kg)	800	↑ +56%	1500	↑ +47%	575
	Sanitary pads (9)	300	◇	1000	↓ -40%	300
	Toothpaste (125ml)	400	↑ +63%	500	↑ +25%	225
	Disposable diapers (24 pack)	3000	No info	3000	No info	1350
	Butane (cannister)	4000	↓ -13%	4000	↑ +13%	2050
	Diesel (litre)	450	↑ +56%	400	◇	No info
	Propane (cannister)	Not available ¹⁰	Available	Not available ¹⁰	◇	No info
	Kerosene (litre)	Not available ¹⁰	◇	Not available ¹⁰	◇	No info
	Coal (kg)	Not available ¹⁰	◇	Not available ¹⁰	◇	350
Firewood (tonne)	100000	↑ +65%	150000	↑ +73%	No info	

Footnotes

¹ Figures based on the last comprehensive quarterly UN update of People in Need (PiN) across all besieged and hard to reach areas (June 2016).

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 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.

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 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 background may have been informally trained by medical personnel to carry out emergency procedures.

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

⁸ Nearby community assessed in Rural Damascus governorate not considered besieged/hard to reach: Kisweh.

⁹ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016).

¹⁰ Not available = item not on markets in June.

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. **In June, community representatives reported that populations in areas around At Tall were now facing similar restrictions on access. As such, this profile reflects the situation within the wider contiguous area this month.** While this profile presents the situation in At Tall during June 2016, comparisons were made by community representatives to the situation in May; where possible, comparisons were also drawn with March, when the community was last assessed.

Restrictions on civilian movement and vehicles carrying commercial goods or humanitarian aid remained largely unchanged during June, when compared to May: only few members of the community were permitted to leave and return and no vehicles, commercial or humanitarian, were able to enter.

Aid vehicles were reportedly able to access communities in areas outside of At Tall on occasion, and civilians who were permitted to temporarily leave At Tall were reportedly able to travel to these locations to receive assistance or collect goods.

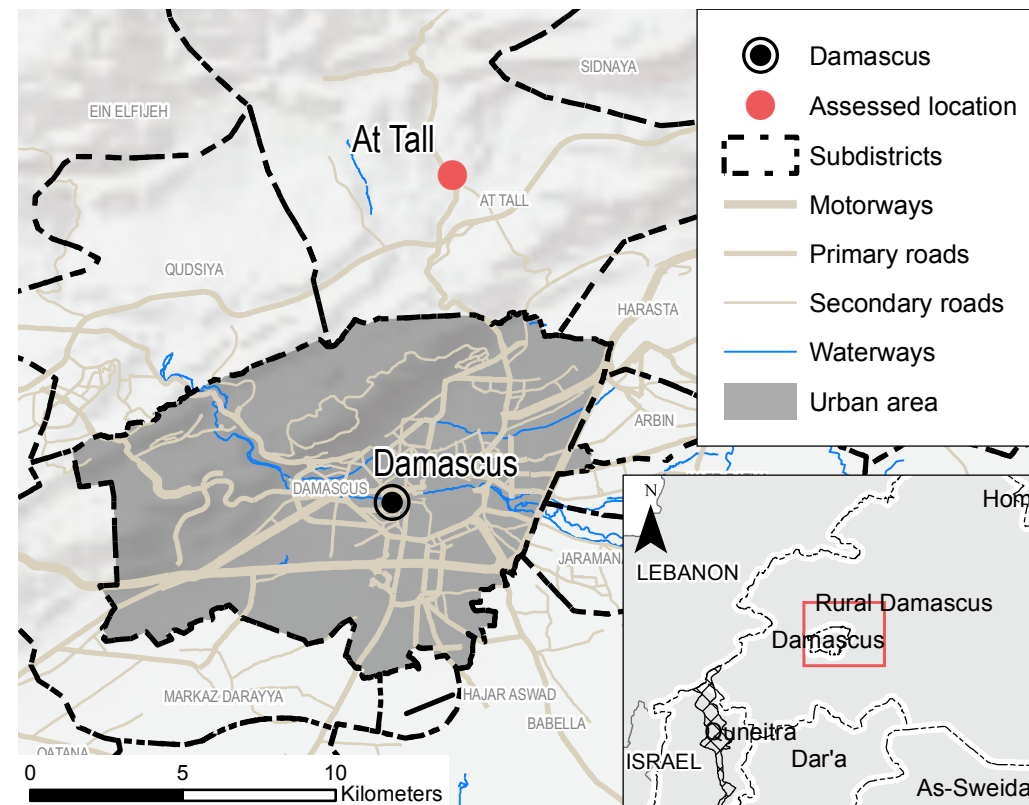


UN classification:	Hard to reach
Estimated population¹:	900000 indiv.
Of which IDPs:	60000-65000
% pre-conflict population remaining:	1-25%
% population female:	26-50%

Food and NFIs primarily entered the community in this manner during June. **However, limited amounts of medicine and medical items entered the community, and the capacity of available medical services to cope with the population's needs decreased.** Furthermore, from May to June there was a reported increase in the number of people affected by illnesses or diseases in At Tall.

Since March, increase in prices were reported for food, hygiene and sanitation items, NFIs and fuel, accompanied by a decrease in availability of items such as bread, flour, butane and coal.

Overall, it appears that the humanitarian situation in At Tall is deteriorating due to limited access to, and prohibitive prices of, NFIs and core food items, in addition to weakening health services.




METHODOLOGY

Based on data collected remotely from community representatives inside Syria in June and beginning of July 2016, these updates refer to the situation in June 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.

CHANGES SINCE MAY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May: 

People able to leave²

Only an estimated 11-25% of the population was able to leave At Tall through formal points in June. Permission to leave was generally limited to public sector employees and university students on weekdays.




The restrictions on movement experienced by populations in At Tall have not reportedly changed since the community was last assessed in March. However, in June, community representatives reported that such restrictions had been extended to populations inhabiting the areas surrounding At Tall.

Informal routes were not reportedly used to enter or exit At Tall during June.

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


Detention, sexual harassment and violence towards women, verbal harassment, physical harassment

ACCESS TO SERVICES

 WATER	Main source of drinking water Access to water network per week	Water network 1-2 days
 ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day	2-4 h 2-4 h (main network)
 EDUCATION	Available education facilities Barriers to education Change in number of children attending school	Pre-conflict secondary and high schools Services too far, lack of school supplies Fewer children attending school during June due to school holidays


MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May: 

Able to enter: None reported

Humanitarian vehicles

Change since May: 

Some humanitarian vehicles were permitted to enter areas in proximity of At Tall, though civilians were required to travel to these communities in order to receive assistance. **The aid procured in this manner was not sufficient to meet population needs, and civilians faced challenges accessing it due to overcrowding at distribution points.**

Goods entered

Limited amounts of food and non-food items were able to enter with those civilians permitted to exit and enter the community; entering fuel and medical items through formal routes was reportedly more difficult and required the payment of a fee at entry points. Some medical items reportedly entered through a local organisation.

HEALTH SERVICES

Change in health situation compared to May: 

Permanent medical facilities available


Mobile clinics / field hospitals	
Informal emergency care points	
Pre-conflict hospitals	
Pre-conflict clinics / surgeries	
Change since May	

Availability of medical personnel



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

Others providing medical services:

Anesthesiologists, pharmacists, dentists, volunteers with informal training, and medical students

Change since May 


Reported deaths this month³

Deaths reportedly attributable to causes related to a lack of food	No known cases
Change since May	
Deaths attributable to sickness / disease	Yes
Change since May	
Unusual illness breakouts	Yes

Unavailable medical items⁴

Items available: Anti-anxiety medicine, clean bandages, contraception, burn treatment, medical scissors, antibiotics, and heart, diabetes and blood pressure medicine;

Sometimes available: blood transfusion bags, anaesthetics

Change since May 

Most needed medical items⁵

1. Antibiotics
2. Anaesthetics
3. Clean bandages

Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✓
Surgery ⁶	✓
Diabetes care	✓
Change since May	↕

Bread could not be accessed from public or private bakeries within the community itself during June. However, access to bread increased when compared to May because civilians who were permitted to leave At Tall could bring back bread purchased from the nearby community of Hama, not considered hard to reach.

Challenges to obtaining bread: Bread unavailable in shops or in private and public bakeries, flour unavailable, insufficient electricity or fuel available.

Change since May ↑

FOOD

Change in food situation compared to May: ↕

Most common methods of obtaining food at the household level

The most common methods of obtaining food in June were reportedly purchasing from shops and receiving goods through food distributions.

Most common methods of obtaining bread at the household level

Most common source of bread: Nearby community (bread was not available for purchase within At Tall during June).

Strategies used to cope with a lack of food

Reducing meal size	✓
Skipping meals	✗
Days without eating	✗
Eating weeds	✗
Food from garbage	✗

✓ 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

	At Tall	Nearby areas ⁸
Average cost June (SYP) ⁹	30758	19808
Change since March	↑	No info

In June, the average cost of a standard food basket, excluding bread due to unavailability, increased by 30% when compared to prices in March, when the community was last assessed. Further, the average price was approximately 55% (11000 SYP) higher than the nearby community of Kisweh, Rural Damascus governorate, not considered besieged/hard to reach.

Core food item availability / prices

In June, prices of available food items in At Tall were on average 49% higher than in the nearby non-hard to reach community of Kisweh, Rural Damascus governorate. In particular, prices of chicken (1kg) and mutton (1kg) were 338% and 85% more expensive than in Kisweh, respectively.

Further, when compared to prices of available core food items reported in March, there was an average increase of 25%. Notably, the price of chicken had increased by 71%.

Core food items unavailable in June: bread (private and public bakeries), milk

Items that became unavailable in June: flour

Change since May ↑

WASH item availability / prices

All assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) were reportedly available in At Tall during June. However, prices of these increased by 26% since March and were 115% higher than prices reported in Kisweh during June, on average.

Prices of sanitary pads, laundry powder and toothpaste were particularly high in comparison to reported prices of the same items in Kisweh: 233%, 161% and 122% higher, respectively.

Fuel availability / prices




Butane, diesel, and firewood were the only available fuel sources in June. While all were reported as 'generally available' (available between 7 to 21 days per month), the price of butane increased by 80% between March and June. Notable price increases were reportedly due to inflation across markets.

In comparison to Kisweh, the price of butane was 388% higher in At Tall during June.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

In June, prices of available food items were 25% higher in At Tall when compared to prices of core food items reported in March, when the community was last assessed. Further, bread (both public and private), milk, and coal became unavailable over the period from March to June.

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	Change since March	Nearby non-hard to reach area
	Bread private bakery (pack)	Not available ¹⁰	Available	78
	Bread public bakery (pack)	Not available ¹⁰	Available	50
	Rice (1kg)	700	↑ +14%	400
	Bulgur (1kg)	500	↑ +20%	275
	Lentils (1kg)	500	↑ +30%	350
	Chicken (1kg)	3500	↑ +71%	800
	Mutton (1kg)	6000	↑ +33%	3250
	Tomato (1kg)	350	↑ +9%	125
	Cucumber (1kg)	400	↑ +13%	120
	Milk (litre)	Not available ¹⁰	Available	130
	Flour (1kg)	850	Not Available	113
	Eggs (1)	50	◇	35
	Iodised salt (500g)	60	↑ +17%	43
	Sugar (1 kg)	550	↑ +36%	363
	Cooking oil (litre)	800	↑ +6%	575
	Soap (1 bar)	200	↑ +13%	135
	Laundry powder (1kg)	1500 ¹¹	↑ +17%	575
	Sanitary pads (9)	1000	↑ +65%	300
	Toothpaste (125ml)	500	↑ +25%	225
	Disposable diapers (24 pack)	1500	↑ +10%	1350
	Butane (cannister)	10000	Not available	2050
	Diesel (litre)	500	↓ -10%	No info
	Propane (cannister)	Not available ¹⁰	◇	No info
	Kerosene (litre)	Not available ¹⁰	◇	No info
	Coal (kg)	Not available ¹⁰	Available	350
	Firewood (tonne)	125000	Not available	No info

Footnotes

¹ Figure based on recent population estimates from local councils of the area they consider affected by access and movement restrictions. However, according to the last comprehensive quarterly UN update of People in Need (PiN) across all besieged areas (June 2016), the population in At Tall was reported to be 220 000.

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 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.

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

⁸ Nearby community in Rural Damascus governorate which is not considered besieged/hard to reach: Kisweh.

⁹ \$1 = 485 SYP (UN operational rates of exchange as of 30 June 2016)

¹⁰ Not available = item not on markets in June

¹¹ Sometimes available on markets in June (7-20 days a month)