Syria Community Profiles Update: May 2017

FOR HUMANITARIAN PURPOSES ONLY

Introduction

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

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

Methodology and limitations

Based on data collected from 163 community representatives inside Syria at the end of May and beginning of June 2017, these updates refer to the situation in May 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous months (if any). An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. During analysis, data is triangulated through secondary information, including humanitarian reports, news and social media monitoring, and partner verification, yet findings should be considered indicative rather than generalisable to 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 May and early June 2017, REACH assessed the humanitarian situation in 42* communities in Syria currently facing restrictions on movement and access, 18 of which are currently classified as besieged. The profiled communities were located in Damascus, Deir ez Zor, Homs and Rural Damascus governorates, and information was gathered through a total of 163 community representatives (CRs). **Across assessed indicators, the humanitarian situation improved in the locations which had most recently implemented truce agreements, while it declined in communities experiencing ongoing conflict and the tightest restrictions on movement and access.**

- **Ceasefires reached in early May in Burza and Jober, whilst leading to a de-escalation of conflict, resulted in mixed outcomes, as access restrictions played a key role in humanitarian impact.** In Jober, civilian mobility increased, while in Burza, extreme access restrictions remained in place, negatively affecting food security and health services.
- **Following a shift in control, the majority of residents in Qaboun (3,000-3,500 people) left the community in May;** for those remaining, the humanitarian situation remained critical.
- **Following the implementation of the Four Towns Agreement in Madaya, restrictions on movement and access to the community were partially lifted** for the first time since assessments began in June 2016. This resulted in an overall improvement to the humanitarian situation in the community.
- **Conflict escalated across all communities assessed in Deir ez Zor governorate (Abu Kamal, Joura, Qosour, Sosa), with several casualties reported.**
- **The humanitarian situation continued to improve in Al Waer and the Wadi Burda communities,** which had implemented local agreements in March and January 2017, respectively.

List of Assessed Profiles May 2017

PDF: Click on profile name to jump to factsheet

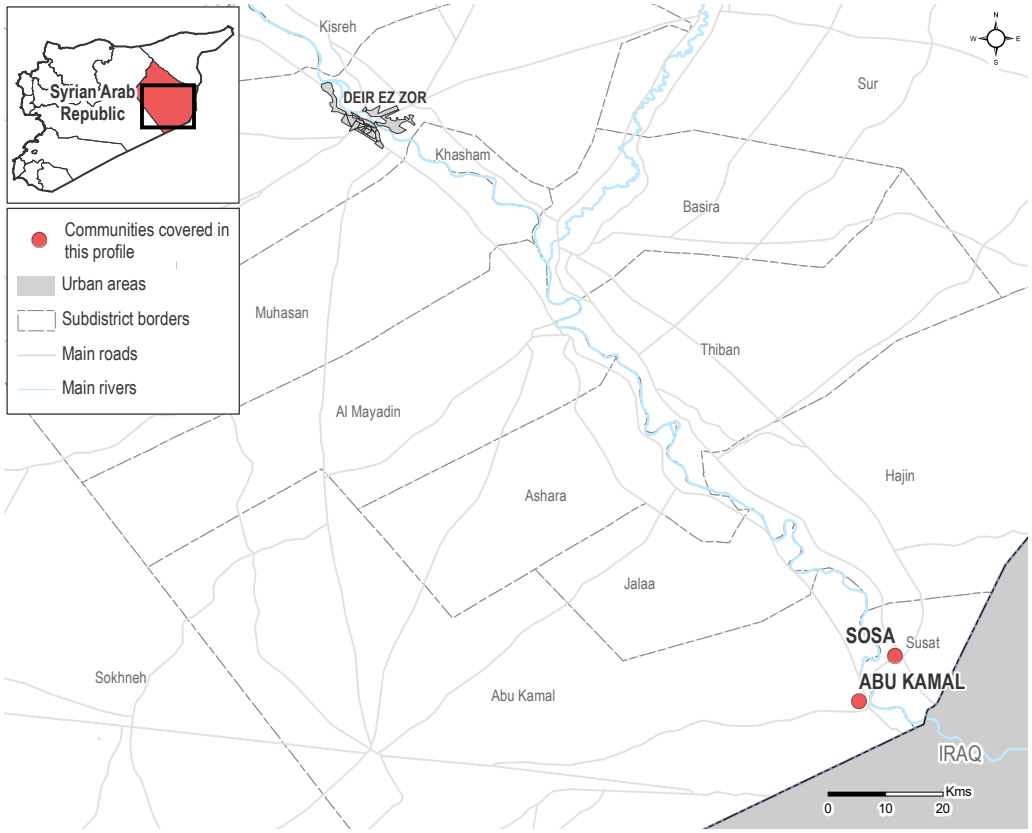
- **Abu Kamal and Sosa**
- **Ar Rastan, Talbiseh and Taldu**
- **At Tall**
- **Bait Jan**
- **Damascus (Burza, Jober, Tadamon)**
- **Deir ez Zor city (Joura, Qosour)**
- **Eastern Ghouta**
- **Hajar Aswad**
- **Homs (Al Waer)**
- **Khan Elshih**
- **Madaya and Bqine**
- **Qaboun**
- **Wadi Burda**
- **Yarmuk**

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

Syria Community Profile Update: Abu Kamal and Sosa, Deir ez Zor
May 2017

FOR HUMANITARIAN PURPOSES ONLY

	Abu Kamal	Sosa
UN classification	Hard-to-reach	Hard-to-reach
Estimated population[1]:	39000	26000
Of which estimated IDPs[1]:	7900	380
% pre-conflict population remaining	51-75%	76-100%
% of population that are female	51-75%	51-75%
% of female-headed households	1-25%	1-25%



SUMMARY

The communities of Abu Kamal and Sosa are located in south-eastern Deir ez Zor governorate, about 10km from the Iraqi border. Due to its location, Abu Kamal district is an important commercial zone. Abu Kamal and Sosa communities have faced access restrictions since mid-2014, and are currently classified as hard-to-reach by the UN. REACH first assessed the locations in April 2017.

Following a significant intensification in hostilities in May, the humanitarian situation in Abu Kamal and Sosa deteriorated. While access restrictions lessened as a consequence of developments in conflict dynamics, numerous civilian casualties were reported.

While in April residents in Abu Kamal and Sosa could only move between the two communities, in May, the group known as the Islamic State of Iraq and the Levant (ISIL) also authorized movement to the wider area under their control to avoid further casualties following intensification of hostilities. Commercial access remained unchanged, with restrictions still in place for vehicles, and no humanitarian deliveries were reported.

Across other assessed indicators, the situation remained largely stable in both communities compared to April; assessed food and non-food items, and fuels entered through commercial vehicles and most remained generally available in markets, with no price changes reported.

Following repairs to damages in the water network reported in April in Abu Kamal, access was restored in May - nonetheless, it remained insufficient to meet population needs for drinking water. There was no change in access to electricity or education in either community as compared to April.

The health situation also remained unchanged - while no medical facilities operated in Sosa, residents could access three hospitals in Abu Kamal, subject to financial constraints. All assessed medical items were reported as available.

CHANGES SINCE APRIL

	Abu Kamal	Sosa		Abu Kamal	Sosa
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[2]	↓	↓

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of May and beginning of June 2017, these updates refer to the situation in May 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable to 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. In view of predicted developments in conflict dynamics in Deir ez Zor governorate, REACH will expand coverage to additional communities facing access restrictions in the area in the coming months, where possible.

ACCESS TO SERVICES

Following repairs to the water network, access was restored in Abu Kamal in May and increased in comparison to April. However, populations continued to report coping strategies related to a lack of sufficient drinking water. In both communities, residents could intermittently access the electrical network, but continued to rely on generators as the main source of electricity, with no change in access since April. All educational facilities in Abu Kamal and Sosa remained closed, as has been the case since assessments began, as parents did not approve of the offered curriculum, while pre-conflict schools had been closed by ISIL.

		Abu Kamal	Sosa
WATER	Main source of drinking water (Status)	Water network (Water tasted bad, had a bad colour*)	Water network (Water tasted bad, had a bad colour*)
	Available water to meet household needs (Coping strategies)	Insufficient (Reduce consumption, modify hygiene practices i.e. bathe less)	Sufficient
	Access to water network per week	3-4 days	3-4 days
	Change since April	↑	↕
ELECTRICITY	Access to electricity network per day	1-2 hours	1-2 hours
	Access to electricity (Main source) per day	4-8 hours (Generator)	4-8 hours (Generator)
	Change since April	↕	↕
EDUCATION	Available education facilities	None	None
	Barriers to education	Parents don't approve of curriculum, pre-conflict schools closed by authorities	Parents don't approve of curriculum, pre-conflict schools closed by authorities
	Change since April	↕	↕

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

MOVEMENT OF CIVILIANS

Change in # people able to leave both communities compared to April: ↑

People able to leave[2]

Following increased hostilities experienced by both communities in May, formal access points opened in both Abu Kamal and Sosa mid-month, allowing all residents to travel to nearby communities. While according to community representatives such movement has intermittently been allowed in the past, this has not been the case since at least March 2017. While movement was unrestricted, residents had to continue to adhere to rules regarding clothing and behaviour.

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

Both communities: Verbal harassment, detention.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April in both communities: ↕

Both communities: Commercial vehicles continued to enter Abu Kamal and Sosa in April, as has been the case since assessments began in April 2016. At the time of assessment, community representatives did not report a decline despite intensified hostilities. Most of commercial vehicles entering were reportedly from Baghdad and Al Anbar governorate in Iraq. However, various restrictions on access remained, including required fees, searches and confiscation of goods, and the handing over of documents. Additionally, no goods were allowed to leave Abu Kamal and Sosa via commercial vehicles.

Humanitarian vehicles

Change since April in both communities: ↕

Both communities: None reported.

Goods entered

Both communities: Food, fuel, NFIs and medical items continued to enter Abu Kamal and Sosa via commercial vehicles in May. Some fuel was also locally produced. The amount of goods entering reportedly did not change between April and May.

HEALTH SERVICES

Change since April in both communities: ↕

Despite reported casualties related to increased hostilities, the overall health situation in Abu Kamal and Sosa did not change between April and May. Three hospitals, focusing on primary healthcare, obstetrics and surgeries respectively continued to operate in Abu Kamal. As all hospitals were private, some segments of the population could not access medical care due to financial limitations. No healthcare facilities were reported in Sosa, but residents remained able to seek services in Abu Kamal.

Unavailable medical items[3]

Abu Kamal: Anti-anxiety medication, heart, diabetes and blood pressure medicines.

Sosa: All assessed medical items were reported as unavailable in Sosa, as no medical facilities operated in the community.

Change in both since April	↕

Most needed medical items[4]

	Abu Kamal	Sosa
1.	Heart medicine	Heart medicine
2.	Diabetes medicine	Diabetes medicine
3.	Artificial limbs	Burn treatment

Permanent medical facilities available

	AK	S
Mobile clinics / field hospitals	✗	✗
Informal emergency care points	✗	✗
Pre-conflict hospitals	✓	✗
Pre-conflict clinics / surgeries	✗	✗
Change since April	◆	◆

Medical services available

	AK	S
Child immunization	✗	✗
Diarrhoea management	✗	✗
Emergency care	✓	✗
Skilled childbirth care	✓	✗
Surgery[5]	✓	✗
Diabetes care	✗	✗
Change since April	◆	◆

Availability of medical personnel

Abu Kamal: Professionally trained surgeons, doctors, nurses and midwives, dentists, anesthesiologists, pharmacists.

Sosa: None.

Others providing medical services (in both): Volunteers with informal medical training.

Change in both since April	◆

Unusual outbreaks of disease[6]

Both communities: None reported.

Strategies used to cope with a lack of medical services

Abu Kamal: None reported.

Sosa: Civilians without professional training treating patients, carrying out operations without anaesthesia, using non-medical items for treatment (e.g. wooden sticks as casts).

FOOD

Change in food situation compared to April in both:	◆

The food situation in both Abu Kamal and Sosa remained stable in May, with populations able to access bread from (private) bakeries, and all assessed core food items being generally available[7] in markets. No notable changes were reported in comparison to April.

Most common methods of obtaining food at the household level

Both communities: Purchasing from shops and markets, home production (backyard, roof).

Most common methods of obtaining bread at the household level

Both communities: Private bakeries.

Challenges to obtaining bread: Yeast unavailable, expensive or hard to access; fuel too expensive or hard to access.

Change in both since April	◆

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Notwithstanding an overall stable food situation, residents in both communities continued to report reducing size of meals as a coping strategy. According to community representatives, both men and women reduced meal size equally.

Deaths attributable to a lack of food[6]

Both communities: None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[8]

	Abu Kamal	Sosa
Average cost in May (SYP)[9]	51684	52597
Change since April	◆	◆

The average cost of a standard food basket remained similar between the two communities, and did not change in comparison to April.

Due to limitations in coverage across Deir ez Zor governorate, a standard food basket price could not be calculated for nearby communities not considered hard-to-reach for the purpose of comparison.

Food item availability / prices

Both communities: All assessed core food items, except bread from public bakeries, were generally available in shops and markets in both Abu Kamal and Sosa, as was the case in April. Additionally, no price changes were reported by community representatives. Due to limited coverage in Deir ez Zor governorate, it was not possible to collect price data from nearby communities not considered besieged or hard-to-reach for the purpose of comparison.

WASH item availability / prices

Both communities: All assessed hygiene and sanitation products (soap, laundry powder, sanitary pads, toothpaste) also remained generally available in both communities in May, similar to April. No price changes were reported.

Fuel availability / prices

Both communities: Diesel and kerosene were generally available in Abu Kamal and Sosa, as had also been reported in April, while butane and propane were sometimes available.[10] Firewood remained generally unavailable,[11] due to lower seasonal demand.

The relatively low price of diesel and kerosene could be ascribed to the communities' ability to produce their own fuels.

Strategies used to cope with a lack of fuel: No data.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[9]

	Item	Abu Kamal	Price changes since April[12]	Sosa	Price changes since April[12]
Food Items	Bread private bakery (pack)	320[7]	⇕	350[7]	⇕
	Bread public bakery (pack)	Not available	⇕	Not available	⇕
	Rice (1kg)	675[7]	⇕	650[7]	⇕
	Bulgur (1kg)	550[7]	⇕	550[7]	⇕
	Lentils (1kg)	800[7]	⇕	800[7]	⇕
	Chicken (1kg)	1300[7]	⇕	1300[7]	⇕
	Mutton (1kg)	3500[7]	⇕	3500[7]	⇕
	Tomato (1kg)	225[7]	⇕	250[7]	⇕
	Cucumber (1kg)	200[7]	⇕	200[7]	⇕
	Milk (litre)	200[7]	⇕	200[7]	⇕
	Flour (1kg)	200[7]	⇕	250[7]	⇕
	Eggs (1)	40[7]	⇕	40[7]	⇕
	Iodised salt (500g)	150[7]	⇕	150[7]	⇕
	Sugar (1 kg)	600[7]	⇕	600[7]	⇕
	Cooking oil (litre)	900[7]	⇕	900[7]	⇕
WASH Items	Soap (1 bar)	250[7]	⇕	250[7]	⇕
	Laundry powder (1kg)	1350[7]	⇕	1350[7]	⇕
	Sanitary pads (9)	650[7]	⇕	650[7]	⇕
	Toothpaste (125ml)	600[7]	⇕	600[7]	⇕
	Disposable diapers (24 pack)	1650[7]	⇕	1650[7]	⇕
Fuel	Butane (cannister)	7500[10]	⇕	7500[10]	⇕
	Diesel (litre)	140[7]	⇕	140[7]	⇕
	Propane (cannister)	7500[10]	⇕	7500[10]	⇕
	Kerosene (litre)	125[7]	⇕	125[7]	⇕
	Coal (kg)	Not available	⇕	Not available	⇕
	Firewood (tonne)	45000[11]	⇕	45000[11]	⇕

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

Endnotes

[1] Figures based on HNO 2017 population data (December 2016). Figures based on population estimates by local actors within the communities assessed were reportedly 80,000-85,000 individuals on Abu Kamal (including 17,000-17,500 IDPs), and 21,000-21,500 individuals in Sosa (including 500-600 IDPs).

[2] While some indicators suggest an improved humanitarian situation in May, reports of extensive protection issues related to ongoing hostilities indicate an overall deteriorating situation.

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

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

[5] 'Most needed' does not necessarily imply unavailability. 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.

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

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

[9] 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 2017' (link here).

[10] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017).

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

[12] Generally not available in markets (less than 7 days this month).

[13] Price fluctuations of 5% or less were not reported.

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

✓ Available ✓ Sometimes available ✗ Not available

⇑ Positive increase ⇕ No change ⇓ Negative decrease

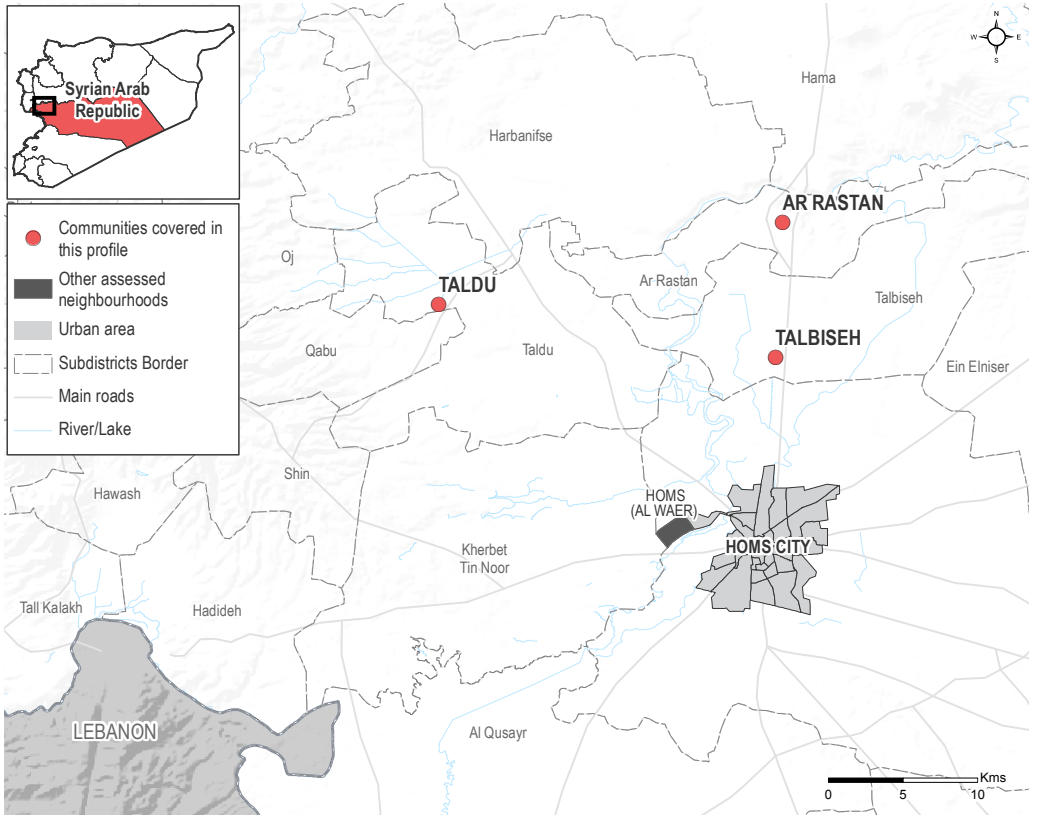
⇑ Negative increase ⇓ Positive decrease

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

May 2017

FOR HUMANITARIAN PURPOSES ONLY

	Ar Rastan	Talbiseh	Taldu
UN classification:	Hard-to-reach	Hard-to-reach	Hard-to-reach
Estimated population[1]:	47000	41000	18000
Of which estimated IDPs[1]:	9000	11000	640
% pre-conflict population remaining:	26-50%	26-50%	26-50%
% of population that are female:	26-50%	26-50%	26-50%
% of female-headed households	1-25%	1-25%	26-50%



SUMMARY

The communities of Ar Rastan, Talbiseh and Taldu, situated between the cities of Homs and Hama, have faced access restrictions since 2012. In early 2016, an escalation of the conflict led to a deterioration in the humanitarian situation in the three communities, but conditions remained relatively stable until another escalation of the conflict in Ar Rastan occurred in October 2016. Between October and February, the humanitarian situation did not significantly change.

In March, all three communities faced a sudden tightening of access restrictions, leading to an increase in food prices, increased pressure on civilian populations and a worsening of the humanitarian situation. The overall situation subsequently improved in April, with media reports noting discussions between representatives of the communities and the government. Access restrictions were loosened and humanitarian aid entered all three communities (some of which had not received aid since October 2016).

The overall humanitarian situation worsened in May in all three locations, due to the persisting lack of sufficient water that has been reported since March. Community representatives noted that in May rising temperatures increased demand, with populations reportedly borrowing money and purchasing water on credit to meet needs as well as reducing water consumption.

While humanitarian deliveries were reported in Taldu in April, **no humanitarian aid reached the three communities in May.** As has been the case since at least June 2016, commercial vehicles were

CHANGES SINCE APRIL

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

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of May and beginning of June 2017, these updates refer to the situation in May 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in neighbourhoods in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable to 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.

not permitted into the region, and while movement between the three communities was possible, it continued to involve the risk of shelling.

Some positive developments were noted in May; **the health situation improved across all three communities, due to the renewed availability of child immmunizations.** This service had previously become unavailable in April. Additionally, **more doctors were reported in Taldu.** Food prices also dropped by an average of 10% and the price of butane continued to decline in all three communities.

No other significant changes to the humanitarian situation were reported in the communities. Electrical access remained similar to April, and no change in educational services has been reported since at least September 2016.

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to April in all three: ⇕

People able to leave[2]

No change in access restrictions was reported in May, with 11-25% of residents across all three communities able to use one formal access point.

The last major changes occurred in March, with the temporary closure of the main access point near Talbiseh, and the long-term closure of informal routes and the only other formal access point in the region, located near Taldu. In March, only 1-10% of the populations in all three communities were able to use formal points because of these changes. In April, this number returned to 11-25%.

As has been the case since assessments began in June 2016, employees and students continued to be able to exit the communities through formal access points upon presenting identification. People with injuries were also reportedly able to exit the community, unless they perceived a risk of detainment.

Since assessments began, residents have been able to move freely between the three communities. However, risks associated with such movement, including shelling, have continued to be reported.

No informal routes have been reported in use in any community since access restrictions tightened in March.

Risks faced when trying to enter or exit

Formal: Detention.

Informal: Gunfire, shelling and landmines.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April in all three: ⇕

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

Humanitarian vehicles

Change since April in Ar Rastan and Talbiseh: ⇕

Change since April in Taldu: ↓

No humanitarian deliveries were reported entering any of the three communities in April. The last humanitarian deliveries entered Taldu in April, and Ar Rastan and Talbiseh in March.

ACCESS TO SERVICES

Water access in May continued to be reported as insufficient in all three communities, as had been the case since March. Rising temperatures also increased water needs when compared to previous months, and borrowing money, purchasing on credit and reducing water consumption were all reported as coping mechanisms in May. In Taldu, wells became the primary source of drinking water due to insufficient water on the network, although the network was still in use. No change in remaining services was reported in May. Electrical access had previously improved in April, when summer weather decreased demand and authorities lightened rationing on the power network. No changes to barriers to educational access (which are predominatly security-related) have been reported since at least September 2016, with reported challenges affecting boys and girls equally.

		Ar Rastan	Talbiseh	Taldu
WATER	Main source of drinking water (Status)	Water network (Safe to drink)*	Water network (Safe to drink)*	Wells (Safe to drink)*
	Available water to meet household needs (Coping strategies)	Insufficient	Insufficient	Insufficient
	Access to water network per week	1-2 days	1-2 days	1-2 days
	Change since April	↓	↓	↓
ELECTRICITY	Access to electricity network per day	2-4 hours	Network unavailable	1-2 hours
	Access to electricity (Main source) per day	8-12 hours (Network)	8-12 hours (Generator)	8-12 hours (Network)
	Change since April	⇕	⇕	⇕
EDUCATION	Available education facilities	Pre-conflict primary, secondary, high schools; informal schools set up since conflict began	Pre-conflict primary, secondary, high schools; informal schools set up since conflict began	Pre-conflict primary, secondary, high schools; informal schools set up since conflict began
	Barriers to education	Route to services unsafe, children required to work, facilities destroyed	Route to services unsafe, facilities destroyed, children required to work	Facilities destroyed, route to services unsafe, children required to work
	Change since April	⇕	⇕	⇕

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

✓ Available ✓ Sometimes available ✗ Not available
↑ Positive increase ⇕ No change ↓ Negative decrease
↑ Negative increase ↓ Positive decrease

Goods entered

The amount of food, non-food items (NFIs) and medicine entering Ar Rastan and Talbiseh did not change in April, after increasing in March following prior humanitarian deliveries. The quantity of these items declined in Taldu in May relative to April, due to the lack of humanitarian deliveries that month. No change was reported in the amount of fuel entering all three communities in May.

Food, NFIs, medicine and fuel continued to enter all three communities via civilians from nearby communities, as has been the case since assessments began in June 2016. Local production also supplemented the amount of food in Talbiseh and Taldu.

HEALTH SERVICES

Change since April in all three: ↑

The overall health situation improved in all three communities in April, primarily due to the renewed availability of child immunizations, after it became unavailable in March. In Taldu, the reported amount of medicine declined in May, compared to April, due to the lack of humanitarian aid. However, more doctors were reported in the community in May.

No changes to the type of medical services or permanent medical facilities were reported across the three communities in May. The last significant change to the overall medical situation occurred in December 2016, when diabetes care became unavailable throughout all three communities.

Medical services available

Child immunizations became available in May, after being reported as unavailable in April (for the first time since assessments began in June 2016).

	Ar Rastan	Talb.	Taldu
Child immunization	✓	✓	✓
Diarrhoea management	✓	✓	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✓	✓	✓
Surgery[3]	✓	✓	✓
Diabetes care	✗	✗	✗
Change since April	↑	↑	↑

Unavailable medical items[4]

Available (all communities): Antibiotics, contraception, burn treatment, clean bandages, blood transfusion bags, anti-anxiety medication, anaesthetics, medical scissors;

Sometimes available (all communities): Heart, blood pressure and diabetes medicine.

Heart medicine: Sometimes available in Ar Rastan and Talbiseh, available in Taldu.

Change since April in Ar Rastan and Talbiseh	↕
Change since April in Taldu	↓

Strategies used to cope with a lack of medical services

No coping strategies have been reported in any of the communities since October 2016, when residents in Ar Rastan reported using surgery without anaesthetics.

Permanent medical facilities available

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

Most needed medical items[5]

	Ar Rastan	Talbiseh	Taldu
1.	Assistive devices	Surgical equipment	Assistive devices
2.	Surgical equipment	Assistive devices	Surgical equipment
3.	Artificial limbs	Heart medicine	Artificial limbs

Availability of medical personnel

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

Taldu: Professionally trained doctors, nurses and midwives.

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

Change since April in Ar Rastan and Talbiseh	↕
Change since April in Taldu	↑

Unusual outbreaks of disease[6]

None reported in any of the communities since at least October 2016.

FOOD

Change in food situation since April in all three: ↕

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Resorting to reducing meal sizes and skipping meals have been reported in parts of the populations across all three communities since assessments began in June 2016, with the exception of October 2016 when fewer strategies were reported in Talbiseh and Taldu following humanitarian deliveries. These coping strategies were reportedly still in place in May in all three communities, as not all people were able to receive aid or pay the market price for food. In these cases, it was stated some men and women ate less so children could eat more.

Most common methods of obtaining food at the household level

Since June 2016, purchasing from shops and farmers has been the most common method of obtaining food in all three communities.

Most common methods of obtaining bread at the household level

Private bakeries were the most common source of bread in all communities in May 2017, as has generally been the case since August 2016.

No community reported any issues accessing bread every day in May.

Changes since April in all three	↕

Deaths attributable to a lack of food[3]

None reported across all three communities since at least September 2016.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[7]

	Ar Rastan	Talb.	Taldu	Nearby areas[8]
Average cost (SYP)[9]	29834	31213	31333	34035
Change since April	↓	↕	↕	↕

The price of a standard food basket did not significantly change in any community except Ar Rastan, where it dropped by 10% compared to April. This was primarily due to the decline in the price of lentils and bread in the community.

The cost of a standard food basket dropped by an average of 7% in all communities in April, having remained largely stable in Ar Rastan and Talbiseh since January. The standard food basket price in Taldu was more volatile, with price changes also noted in March due to changes in access restrictions that month.

The prices of a standard food basket in Ar Rastan, Talbiseh and Taldu were comparable to those of nearby communities not considered hard-to-reach. In April, the food basket cost in nearby communities had increased by 38%, reportedly due to the rising prices of bread and rise in those locations.

Core food item availability

The most significant trend across the three communities in May was an average 58% drop in the price of cucumbers and an average 32% drop in the price of tomatoes, attributed to the June harvest of those vegetables. Other notable trends were an average 10% increase in the price of a litre of milk and an average 15% decrease in the price of eggs. All assessed food items were reported generally available[10] in markets, as was also the case in April.

Previously, overall food item prices dropped in April due to the reduced access restrictions and fluctuated in prior months due to these changes.

WASH item availability / prices

There was no significant change in availability or prices of assessed hygiene and sanitation items across the three communities in May. The largest change was a 10% increase in the price of soap and a 10% decrease in the price of toothpaste, both in Taldu. Similar to April, all assessed hygiene and sanitation items were reported generally available in markets.

Fuel availability / prices

The price of butane dropped by an average of 13% across assessed communities in May, continuing a decline observed in April of all available fuel item prices. The price of diesel continued to decline in Taldu but did not significantly change in the remaining communities. Since April, both commodities have continued to be reported as generally available in markets.

Strategies used to cope with a lack of fuel: All three communities continued to report burning plastic to address fuel shortages, as has been the case since at least November 2016.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[9]

	Item	Ar Rastan	Price change since April[11]	Talbiseh	Price change since April[11]	Taldu	Prince change since April[11]	Nearby areas[8]
Food Items	Bread private bakery (pack)	200[10]	↓ -11%	225[10]	↑ +13%	200[10]	↕	170
	Bread public bakery (pack)	Not available	↕	Not available	↕	Not available	↕	150
	Rice (1kg)	200[10]	↕	250[10]	↕	200[10]	↕	500
	Bulgur (1kg)	200[10]	↕	200[10]	↕	200[10]	↓ -11%	250
	Lentils (1kg)	500[10]	↓ -17%	500[10]	↓ -17%	600[10]	↕	517
	Chicken (1kg)	1050[10]	↕	1000[10]	↕	750[10]	↕	938
	Mutton (1kg)	2900[10]	↓ -7%	2800[10]	↓ -7%	3000[10]	↕	1950
	Tomato (1kg)	250[10]	↓ -29%	250[10]	↓ -23%	225[10]	↓ -44%	258
	Cucumber (1kg)	150[10]	↓ -63%	150[10]	↓ -50%	150[10]	↓ -60%	355
	Milk (litre)	195[10]	↑ +11%	190[10]	↑ +9%	165[10]	↑ +10%	173
	Flour (1kg)	250[10]	↕	225[10]	↓ -10%	200[10]	↓ -33%	190
	Eggs (1)	35[10]	↓ -30%	45[10]	↓ -10%	45[10]	↓ -10%	57
	Iodised salt (500g)	35[10]	↕	35[10]	↕	35[10]	↕	70
	Sugar (1 kg)	375[10]	↓ -6%	350[10]	↓ -13%	350[10]	↓ -13%	308
	Cooking oil (litre)	850[10]	↕	700[10]	↓ -18%	750[10]	↓ -25%	958
WASH Items	Soap (1 bar)	100[10]	↕	100[10]	↕	100[10]	↑ +11%	60
	Laundry powder (1kg)	675[10]	↕	650[10]	↕	600[10]	↓ -14%	575
	Sanitary pads (9)	650[10]	↕	600[10]	↓ -8%	650[10]	↓ -13%	200
	Disposable diapers (24 pack)	1200[10]	↕	1150[10]	↕	1200[10]	↕	1350
	Toothpaste (125ml)	250[10]	↕	200[10]	↕	225[10]	↓ -10%	500
Fuel	Butane (cannister)	7200[10]	↓ -15%	7500[10]	↓ -12%	6700[10]	↓ -11%	14000
	Diesel (litre)	365[10]	↓ -38%	360[10]	↕	340[10]	↓ -15%	388
	Propane (cannister)	Not available	↕	Not available	↕	Not available	↕	Not available
	Kerosene (litre)	Not available	↕	Not available	↕	Not available	↕	400
	Coal (kg)	Not available	↕	500[10]	↕	Not available	↕	375
	Firewood (tonne)	Not available	↕	Not available	↕	Not available	↕	30000

Endnotes

[1] Figures based on HNO 2017 population data (December 2016). Figures based on estimates by local actors within communities assessed were reportedly 77,000-80,000 including 7,000-8,000 IDPs (Ar Rastan), 50,000-52,000 including 3,000-4,000 IDPs (Talbiseh), and 13,000-14,000 including 500-700 IDPs (Taldu).

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

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

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

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

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

[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 2017' (link here).

[8] Nearby communities in Homs governorate which are not considered besieged or hard-to-reach: Farqalas and Qazhal.

[9] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017).

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

[11] Price fluctuations less than 5% were not reported.

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

Syria Community Profile Update: At Tall, Rural Damascus
May 2017

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

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

The humanitarian situation in At Tall, after improving in January and February, stabilised in March, and remained largely unchanged in April and May. Although no humanitarian vehicles have entered At Tall since December, commercial vehicles continued providing food, non-food items (NFIs), fuel and medical supplies to the community in May. Around 26-50% of the population were able to enter and exit At Tall, thereby transporting goods into the community. **After declining slightly in April as parts of the electricity network collapsed, access to basic services improved again in May following repairs to the main network.**

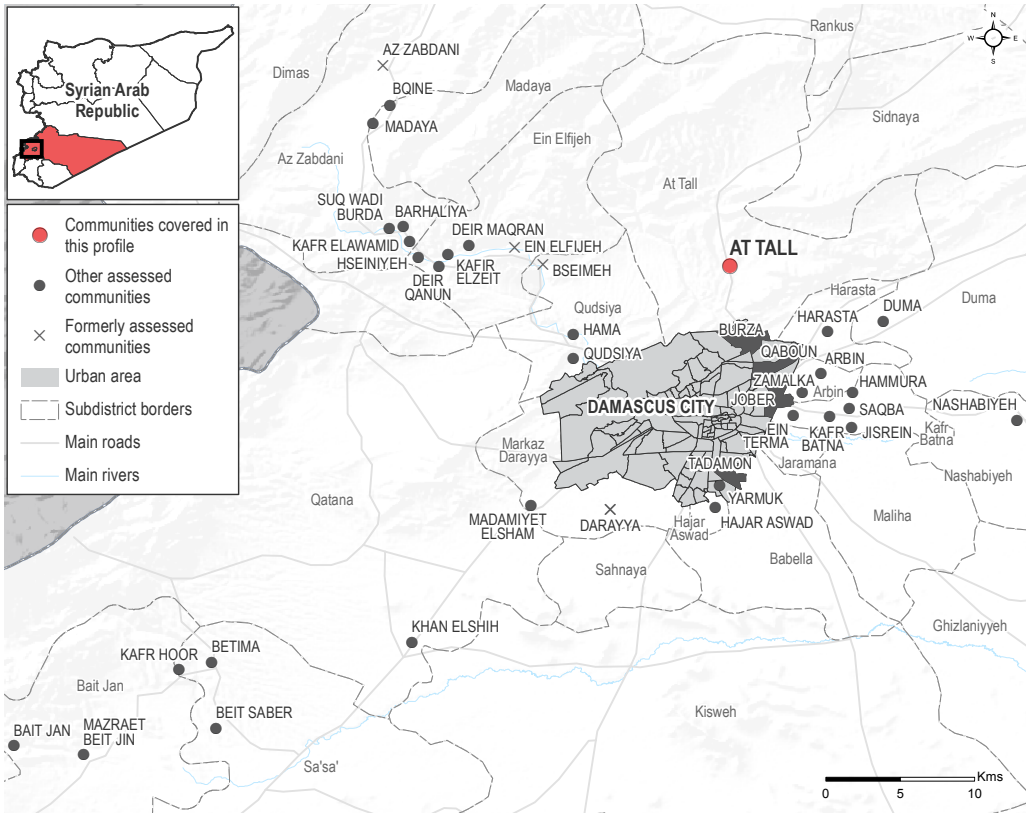
Commercial vehicles meeting certain requirements, such as forfeiting portions of loads or paying fees, could access At Tall in May. The number of residents able to enter and exit the community via formal routes remained unchanged. Women affiliated with certain political groups reportedly continued to face verbal harassment at checkpoints, whilst the threat of conscription and detention continued to prevent men from obtaining medical care in nearby communities.

After improving in April with the opening of new health clinics and child immunization services becoming available, the health situation remained unchanged in May.

Access to educational facilities has remained stable since November 2016, although fewer children were reported in school in May due to the summer break. Repairs to At Tall's water network began in February, but no further improvement in access was reported in May.

After fluctuating considerably in April due to a decrease in local vegetable production, food prices stabilised in May. No major increases or decreases in food and NFI prices were reported.

UN classification:	Hard-to-reach
Estimated population[1]:	238650
Of which IDPs[1]:	196260
% pre-conflict population remaining:	1-25%
% population female:	26-50%
% of female-headed households	1-25%



CHANGES SINCE APRIL

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

METHODOLOGY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to April:	⇕

People able to leave[2]

Overall, access through formal routes improved following the truce agreement, with around 26-50% of the population able to formally enter and exit At Tall since December 2016. After the number of people accessing formal routes increased slightly in April due to a decrease in perceived risks associated with their use, travel restrictions remained unchanged in May. Students and employees could use formal access points on workdays, while women and children were unrestricted upon presentation of documents. Men not perceived as security threats by the authorities could reportedly access some routes with documentation.

However, since the truce in December, detention and conscription have reportedly persisted as potential risks when exiting and entering the community throughout May. Some women affiliated with certain political groups were deterred from leaving At Tall due to perceived risks associated with accessing formal entry and exit points.

Informal points used: None reported.

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

Verbal harassment, detention, conscription

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April:	⇕

About the same number of commercial vehicles entered At Tall in May as in April. Vehicles entering At Tall remained subject to searches and fees. It was also reported that a portion of goods was usually taken by authorities, and drivers had to present documentation.

Humanitarian vehicles

Change since April:	⇕

No humanitarian vehicles entered At Tall in May, as has been the case since January.

Goods entered

In May, similar amounts of food, NFIs, fuel and medicine entered At Tall via commercial vehicles and individuals transporting items from nearby communities as in April.

HEALTH SERVICES

Change in health situation compared to April:	⇕

After the number of private clinics increased in April, no new health facilities opened in May. Child immunization services remained available after becoming available in April, for the first time since November 2016. The number of assessed medical supplies stabilised in May after stocks increased slightly in April as commercial vehicles continued to enter the community following the truce agreement.

In May, low-income households continued to face barriers in accessing medical care due to prohibitive costs, while men with certain political affiliations were reportedly deterred from seeking treatment outside of their community because they feared using formal exit and entry points.

Permanent medical facilities available

Mobile clinics / field hospitals	✗
Informal emergency care points	✗
Pre-conflict hospitals	✓
Primary healthcare facilities	✓
Private Clinics	✓
Change since April	⇕

ACCESS TO SERVICES*

Despite ongoing repairs to the water network in At Tall, no increase in the availability of drinking water was reported in May. After access to electricity decreased in April, following damage sustained by generators supplying the main network due to overuse, access to electricity increased again in May following the repair of the main network. Educational access has not changed since December 2016, when some students reportedly left school due to a lack of school supplies, or to work. Fewer children were reported attending school this month due to the summer break.

WATER	⇕	Main source of drinking water (Status)	Water trucking (Safe to drink)**
		Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient (Spend money usually spent on other things to buy water)
		Access to water network per week	1 - 2 days per week
ELECTRICITY	↑	Access to electricity network per day	2 - 4 hours
		Access to electricity (Main source) per day	2 - 4 hours (Main network)
EDUCATION	⇕	Available education facilities	Pre-conflict primary, secondary, high schools
		Barriers to education	In December it was reported that some children had to drop out of school to work. They have not returned to school since.

*Arrows indicate change in access since April.

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

Medical services available

Child immunization	✓
Diarrhoea management	✓
Emergency care	✓
Skilled childbirth care	✓
Surgery[3]	✓
Diabetes care	✓
Change since April	⇕

Unavailable medical items[4]

All assessed medical items were available in At Tall in May.

Change since April	⇕

Most needed medical items[5]

1. Clean bandages
2. Diabetes medicine
3. Antibiotics

Availability of medical personnel

Personnel available: Professionally trained doctors, nurses and midwives.

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

Change since April	⇕

Strategies used to cope with a lack of medical services

None reported.

Unusual outbreaks of disease:

None reported.

✓ Available ✓ Sometimes available ✗ Not available ↑ Positive increase ⇕ No change ↓ Negative decrease ↑ Negative increase ↓ Positive decrease

FOOD

Change in food situation compared to April:	⇕

Food availability remained similar in May, compared to April. Increased commercial vehicle access and humanitarian aid deliveries in January led to an improvement in the food situation following the truce. As the flour stocks in the community have increased since January, there were no issues in accessing bread in At Tall in May.

Most common methods of obtaining food at the household level

Purchasing from shops and markets.

Most common methods of obtaining bread at the household level

Most common source: Private bakeries

Other sources: In April, the availability of bread increased due to a rise in flour stocks and bread was reported available at the market on at least 21 days. In May, bread remained generally available and could be accessed everyday.

Change since April	⇕

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

No negative coping strategies were reported in At Tall in May, as has been the case since February 2017.

Deaths attributable to a lack of food[6]

None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[7]

	At Tall	Nearby areas[8]
Average cost May (SYP)[9]	31984	32962
Change since April[10]	⇕	⇕

The average cost of a standard food basket in At Tall was comparable to that in nearby areas not considered hard-to-reach in May, as was the case in April.

Food item availability / prices

Average prices of all assessed food items were generally similar to those recorded in April, with slight decreases in the price of rice and cucumbers.

WASH item availability / prices

All assessed hygiene and sanitation items were reported generally available[11] in May, as had also been the case in April. Prices remained the same in these two months, but were significantly higher than those in nearby communities not considered hard-to-reach.

Fuel availability / prices

After decreasing in April due to a seasonal lack of demand, fuel prices stabilised in May. Propane and firewood were reported unavailable in At Tall in May, as had been the case in April.

Strategies used to cope with a lack of fuel: Since April, no strategies to cope with a lack of fuel, such as burning plastics or waste, have been reported in the community.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[9]

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

	Item	At Tall	Price change since April[10]	Nearby non-hard-to-reach areas[9]
Food Items	Bread private bakery (pack)	100[11]	⇕	100
	Bread public bakery (pack)	Not available	⇕	58
	Rice (1kg)	500[11]	↓ -9%	535
	Bulgur (1kg)	500[11]	⇕	320
	Lentils (1kg)	500[11]	⇕	525
	Chicken (1kg)	1350[11]	⇕	1120
	Mutton (1kg)	5000[11]	⇕	3925
	Tomato (1kg)	350[11]	⇕	410
	Cucumber (1kg)	250[11]	↓ -17%	318
	Milk (litre)	250[11]	⇕	215
	Flour (1kg)	150[11]	⇕	233
	Eggs (1)	60[11]	⇕	50
	Iodised salt (500g)	100[11]	⇕	65
	Sugar (1 kg)	500[11]	⇕	438
	Cooking oil (litre)	900[11]	⇕	1225
WASH Items	Soap (1 bar)	150[11]	⇕	113
	Laundry powder (1kg)	2500[11]	⇕	875
	Sanitary pads (9)	750[11]	⇕	444
	Toothpaste (125ml)	350[11]	⇕	382
	Disposable diapers (24 pack)	2500[11]	⇕	1575
Fuel	Butane (cannister)	3000[12]	⇕	2925
	Diesel (litre)	400[12]	⇕	280
	Propane (cannister)	Not available	⇕	2560
	Kerosene (litre)	400[12]	⇕	400
	Coal (kg)	400[12]	⇕	450
	Firewood (tonne)	Not available	⇕	Not available

Endnotes

[1] Figures based on HNO 2017 population data (December 2016). Figures based on estimate by local actors withing communities assessed were reportedly 900,000-915,000 individuals, including 600,000-650,000 IDPs.

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

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

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

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

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

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

[8] Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Kisweh.

[9] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017).

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

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

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

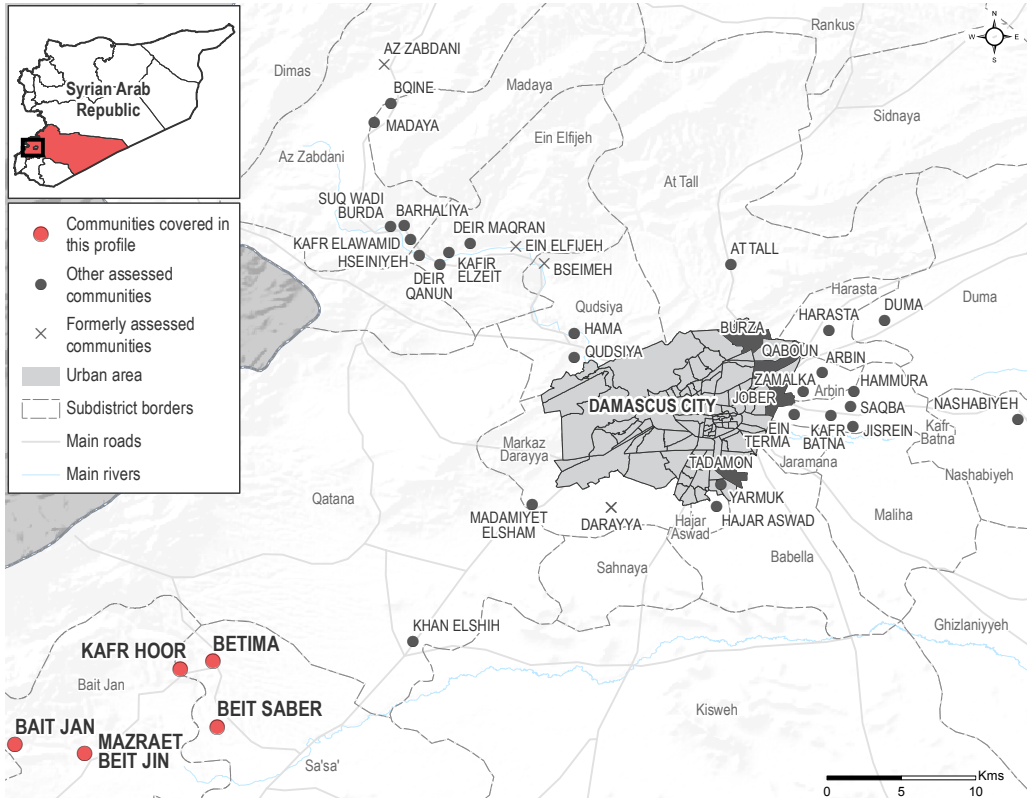
Syria Community Profile Update: Bait Jan, Rural Damascus

May 2017

FOR HUMANITARIAN PURPOSES ONLY

Communities with a truce agreement: Beit Saber, Betima and Kafr Hoor
Communities without a truce agreement: Bait Jan and Mazraet Beit Jin

	Bait Jan	Beit Saber	Betima	Kafr Hoor	Mazraet Beit Jin
UN classification	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach
Estimated population (individuals)[1]	1400	7200	7000	6500	2000
Of which estimated IDPs[2]	180 - 200	150 - 200	50 - 55	25 - 30	100 - 150
% pre-conflict population remaining	26 - 50%	76 - 100%	76 - 100%	76 - 100%	51 - 75%
% of population that are female	26 - 50%	51 - 75%	51 - 75%	51 - 75%	26 - 50%
% of female-headed households	1 - 25%	1 - 25%	1 - 25%	1 - 25%	1 - 25%



SUMMARY

The Bait Jan area is located in the southwest of Rural Damascus governorate, close to the Lebanese border, and has faced access restrictions since early 2013. This profile covers five communities in this area: Bait Jan, Beit Saber, Betima, Kafr Hoor and Mazraet Beit Jin. These communities, all classified as hard-to-reach, were profiled for the first time in November 2016. **A truce agreement with Beit Saber, Betima and Kafr Hoor was signed in January 2017,** which resulted in the lifting of access restrictions on people and vehicles, leading to notable improvements to the humanitarian situation in all Bait Jan communities in January and February 2017. **In April, truce negotiations faltered in the two remaining communities, Bait Jan and Mazreat Beit Jin, precipitating increased access restrictions and a return of shelling in the two communities.** This profile presents the situation in the Bait Jan communities during May 2017, with comparisons made to April.

The humanitarian situation in the Bait Jan communities did not significantly change in May. The humanitarian situation last changed in

CHANGES SINCE APRIL

	Truce communities	No Truce		Truce communities	No Truce
Access Restrictions on Civilians	◆	◆	Health Situation	◆	◆
Commercial Vehicle Access	◆	◆	Core Food Item Availability	◆	◆
Humanitarian Vehicle Access	◆	◆	Core Food Item Prices	◆	◆
Access to Basic Services	◆	◆	Overall Humanitarian Situation	◆	◆

METHODOLOGY

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

April, but only in the communities without a truce agreement (Bait Jan and Mazraet Beit Jin), due to increased access restrictions negatively impacting food and fuel prices, as well as access to medicine in those communities.

The most significant change was a decrease in the price of vegetables across all five communities (a change reported widely across Syria) and a drop in the price of butane in Bait Jan and Mazraet Beit Jin. No other significant change in access restrictions for civilians, commercial traffic, humanitarian deliveries, health and other services provision or food access was reported in May.

MOVEMENT OF CIVILIANS

People able to leave[3]

Change in # people able to leave compared to April: ⇕

No change in restrictions on movement for civilians was reported in any of the five assessed communities in May.

As has been the case since truce negotiations broke down in Bait Jan and Mazraet Beit Jin in early April, only a small number of civilians from these communities were able to use formal access points to enter or exit the wider area.

Elsewhere, between 76-100% of all residents from Beit Saber, Betima and Kafr Hoor have been able use formal access points after identification checks since January, with the onset of the truce agreement in these communities.

Prior to April, the same access restrictions were applied to all five communities, and between 76-100% of residents in Bait Jan and Mazraet Beit Jin were able to use formal access points. This ended with the breakdown in truce negotiations.

No restrictions on access between the five communities has been reported since assessments began in November 2016, but shelling was once again reported in Bait Jan and Mazraet Beit Jin following the failure of the truce negotiations in April.

Informal entry points: None reported.

Risks faced when trying to enter or exit

All communities: None reported.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April: ⇕

No change to the amount of, or restrictions on, commercial traffic entering the five communities was reported in May. From January through March, it was reported that commercial vehicles freely accessed all five communities after a truce agreement was reached with Beit Saber, Betima and Kafr Hoor. After truce negotiations with the remaining two communities (Bait Jan and Mazraet Beit Jin) broke down in early April, official authorities no longer permitted access to commercial vehicles from outside to enter Bait Jan and Mazraet Beit Jin, with with no change reported in regard to the other communities.

As has been the case since these communities were first assessed in November 2016, no formal restrictions on commercial vehicle traffic between the five communities was reported. However, it was reported that shelling was renewed around Bait Jan and Mazraet Beit Jin after truce negotiations broke down in April.

Humanitarian vehicles

Change since April: ⇕

No humanitarian vehicles have entered the Bait Jan communities since at least November 2016 when assessments began.

Goods entered

No change in the amount of goods entering the communities was reported in May. The amount entering Bait Jan and Mazraet Beit Jin previously decreased in April due to the increased access restrictions. These access restrictions did not affect commercial traffic between the five communities, but prevented any vehicle from outside from entering the two communities without truce agreements. Prior to that, no change had been reported in any community since January, when access restrictions were lifted in all communities following the truce agreement.

HEALTH SERVICES

Change in health situation since April: ⇕

No change to the health situation in the five communities was reported in May. Access to medical items previously declined in Bait Jan in April, due to the increased access restrictions imposed on the communities without truce agreements. As Mazreat Beit Jin community representatives have not reported any medical staff, facilities or goods in the community since assessments began, the situation did not change there due to these increased access restrictions.

As has been the case since the communities were first assessed in November 2016, while community representatives in Mazraet Beit Jin stated no medical items or facilities were available in the community, no issues in accessing medical care in nearby communities were reported. Several community respondents in multiple communities have stated residents in all five communities have access to healthcare across all five communities when necessary.

The last change to the health situation in all communities occurred in January and February, when increasing amounts of medical items entered the area through commercial traffic following the truce agreement.

Unusual outbreaks of disease[6]

No known cases across all communities, which has not changed since November 2016.

Availability of medical personnel

All communities: Professionally trained doctors, nurses and midwives;

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

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

Change since April ⇕

Unavailable medical items[4]

No medical items available:
Mazraet Beit Jin

Unavailable (in Bait Jan):
Burn treatment.

Unavailable (in all communities):
Anaesthetics and medical scissors.

The amount of medical items in the five communities did not change in May, after a decrease was reported in Bait Jan in April due to the imposition of access restrictions on the community. No medical items have been reported available in Mazraet Beit Jin since assessments began, but community representatives reported no issues in accessing medical supplies from other communities in the Bait Jan area. The overall availability of medical items in the remaining communities has not changed since access increased with the onset of the truce.

Change since April: ⇕

Most needed medical items[5]

Across communities assessed in the Bait Jan area, the most needed medical items in May have not changed since November:

1. Diabetes medicine
2. Heart medicine
3. Antibiotics

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

None reported across all communities; residents in Mazraet Beit Jin continued to seek medical services in other communities when necessary, as has been the case since November 2016.

Medical services available

	Bait Jan	Beit Saber	Betima	Kafr Hoor	Mazraet Beit Jin
Child immunization	✓	✓	✓	✓	✗
Diarrhea management	✓	✓	✓	✓	✗
Emergency care	✓	✓	✓	✓	✗
Skilled childbirth care	✓	✓	✗	✗	✗
Surgery[7]	✓	✗	✗	✗	✗
Diabetes care	✓	✓	✓	✓	✗
Change since April	◆	◆	◆	◆	◆

Permanent medical facilities available

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

ACCESS TO SERVICES*

No changes to service provision were reported in any community in May. Electrical access previously improved for communities connected to the electrical network in April, due to official authorities easing rationing restrictions on the network. No other changes to service provision have been reported in any community since assessments began in November 2016.

	WATER			ELECTRICITY		EDUCATION	
	Main source of drinking water (Status**)	Available water to meet household needs (Coping strategies)	Access to water network per week	Access to electricity network per day	Access to electricity (Main source) per day	Available education facilities	Barriers to education
Bait Jan	◆ Closed wells and water network (Safe to drink)	Sufficient	1 - 2 days	◆ Network unavailable	1 - 2 hours (Generators; Solar panels)	◆ Pre-conflict primary, secondary, and high schools	None reported
Beit Saber	◆ Water network (Safe to drink)	Sufficient	1 - 2 days	◆ 1 - 2 hours	2 - 4 hours (Network)	◆ Pre-conflict primary, secondary, and high schools	None reported
Betima	◆ Water network (Safe to drink)	Sufficient	1 - 2 days	◆ 1 - 2 hours	2 - 4 hours (Network)	◆ Pre-conflict primary, secondary, and high schools	None reported
Kafr Hoor	◆ Water network (Safe to drink)	Sufficient	1 - 2 days	◆ 1 - 2 hours	2 - 4 hours (Network)	◆ Pre-conflict primary, secondary, and high schools	None reported
Mazraet Beit Jin	◆ Closed wells and water network (Safe to drink)	Sufficient	1 - 2 days	◆ Network unavailable	1 - 2 hours (Generators; Solar panels)	◆ Pre-conflict primary and secondary schools	None reported

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

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

FOOD

Change in food situation compared to April:	⬍

In Bait Jan and Mazraet Beit Jin, assessed food prices were between 25-125 SYP more expensive than prices in communities with a truce agreement, likely due to the increased access restrictions imposed in April.

Most common methods of obtaining food at the household level

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

As has been the case since assessments began in November 2016, all five communities reported that populations could purchase food from shops, markets or local farmers, as well as rely on home production.

Most common methods of obtaining bread at the household level

Bait Jan and Mazraet Beit Jin: Shops.

Beit Saber, Betima and Kafr Hoor: Private bakeries.

Challenges to obtaining bread: No challenges were reported in any community in May 2017.

Change since April	⬍

Deaths attributable to a lack of food[6]

All communities: None reported since assessments began in November 2016.

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Men and women have been reported using coping strategies in Bait Jan and Mazraet Beit Jin since the faltering of truce talks in April, with no change reported in May. No coping strategies have been reported in use in the remainig communities since assessments began in November 2016.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[8]

	Bait Jan Average	Nearby areas[9]
Average cost May (SYP)[10]	36319	32962
Change since April	⬍	⬍

The average price of a standard food basket from the Bait Jan communities and nearby non-hard-to-reach communities has not notably changed since January 2017. In May, the price of a standard food basked in the Bait Jan communities was 10% higher than in nearby communities not considered hard-to-reach.

Food item availability / prices

The price of assessed fresh vegetables decreased across all five communities in May, as has been reported in many communities across Syria and may be related to the expected start of harvest season for many vegetables in June. Additionally, the reported price of sugar decreased in the three communities with a truce agreement. The prices of all remaining food items changed by 5% or less from April.

The price of flour, lentils, bulgur, rice and bread were reported between 5-20% higher in Bait Jan and Mazraet Beit Jin than in the remaining communities with a truce agreement, with all remaining food items showing no significant change between regions.

No food item was reported generally available[10] in Bait Jan and Mazraet Beit Jin in May for the first time since assessments began. All food items were reported as sometimes available[11] in May. However, this was only a slight decline in availability from April, and attributed to the continuing access restrictions that limit commercial traffic to the two communities.

WASH item availability / prices

As had been the case since April, soap and laundry powder were reported sometimes available[11] in Bait Jan and Mazraet Beit Jin. All other hygiene and sanitation items were reported generally available[12] in all communities.

On average, prices of assessed items remained similar to previous months, with no systematic price differences between the Bait Jan communities and nearby communities not considered hard-to-reach.

Fuel availability / prices

Since April, butane and diesel were the only fuel sources available across Bait Jan communities, with firewood reportedly no longer available due to a lack of seasonal demand.

Due to the access restrictions, the price of fuels remained higher and availability of fuels remained lower in Bait Jan and Mazraet Beit Jin than in the remaining communities. All fuel items were generally available[11] in communities with a truce agreement, and only sometimes available in Bait Jan and Mazraet Beit Jin.[12] The prices of butane and diesel were reported 28% and 11% higher from April in the communities with and without access restrictions, respectively.

Beyond a slight drop in fuel prices in Bait Jan and Mazraet Beit Jin, prices remained similar to April. Butane prices had previously increased by over 60% in March, which was attributed to a general fuel shortage that was affecting many communities in Rural Damascus.

Strategies used to cope with a lack of fuel:

No coping strategies were reported in any community in May. While prior to March this was the case in all five communities, the imposition of access restriction led to the burning of plastics and waste in Bait Jan Mazraet Beit Jin in March and April. Reportedly, the decrease in fuel prices and warm weather led to the reduction in reported coping strategies in these communities in May.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES[10]

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

	Item	Bait Jan average	Price change since April[13]		Nearby non-hard-to-reach communities[9]
Food Items	Bread private bakery (pack)	72[12]	⇕		100
	Bread public bakery (pack)	Not available	⇕		58
	Rice (1kg)	520[12]	⇕		535
	Bulgur (1kg)	260[12]	⇕		320
	Lentils (1kg)	520[12]	⇕		525
	Chicken (1kg)	1035[12]	⇕		1120
	Mutton (1kg)	3500[12]	⇕		3925
	Tomato (1kg)	350[12]	↓	-29%	410
	Cucumber (1kg)	255[12]	↓	-47%	318
	Milk (litre)	200[12]	⇕		215
	Flour (1kg)	260[12]	⇕		233
	Eggs (1)	50[12]	⇕		50
	Iodised salt (500g)	50[12]	⇕		65
	Sugar (1 kg)	395[12]	↓	-14%	438
	Cooking oil (litre)	1750[12]	⇕		1225
WASH Items	Soap (1 bar)	100[12]	⇕		113
	Laundry powder (1kg)	437[12]	⇕		875
	Sanitary pads (9)	445[12]	⇕		444
	Toothpaste (125ml)	440[12]	⇕		382
	Disposable diapers (24 pack)	1120[12]	⇕		1575
Fuel	Butane (cannister)	3340[12]	↓	-9%	2925
	Diesel (litre)	235[12]	⇕		280
	Propane (cannister)	Not available	⇕		2560
	Kerosene (litre)	Not available	⇕		400
	Coal (kg)	Not available	⇕		450
	Firewood (tonne)	Not available	⇕		70000

Endnotes

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

[2] Figures based on estimates by local actors within communities assessed. Figures based on HNO 2017 population data (December 2016) were reportedly 50-65 (Beit Saber), 25-35 (Betima), 25-35 (Kafr Hoor), 180-200 (Bait Jan) and 5,000-5,150 (Mazraet Beit Jin) IDPs.

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

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

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

[6] 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] 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: April 2017' (link here).

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

[10] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017).

[11] Sometimes available in markets (7-21 days this month)

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

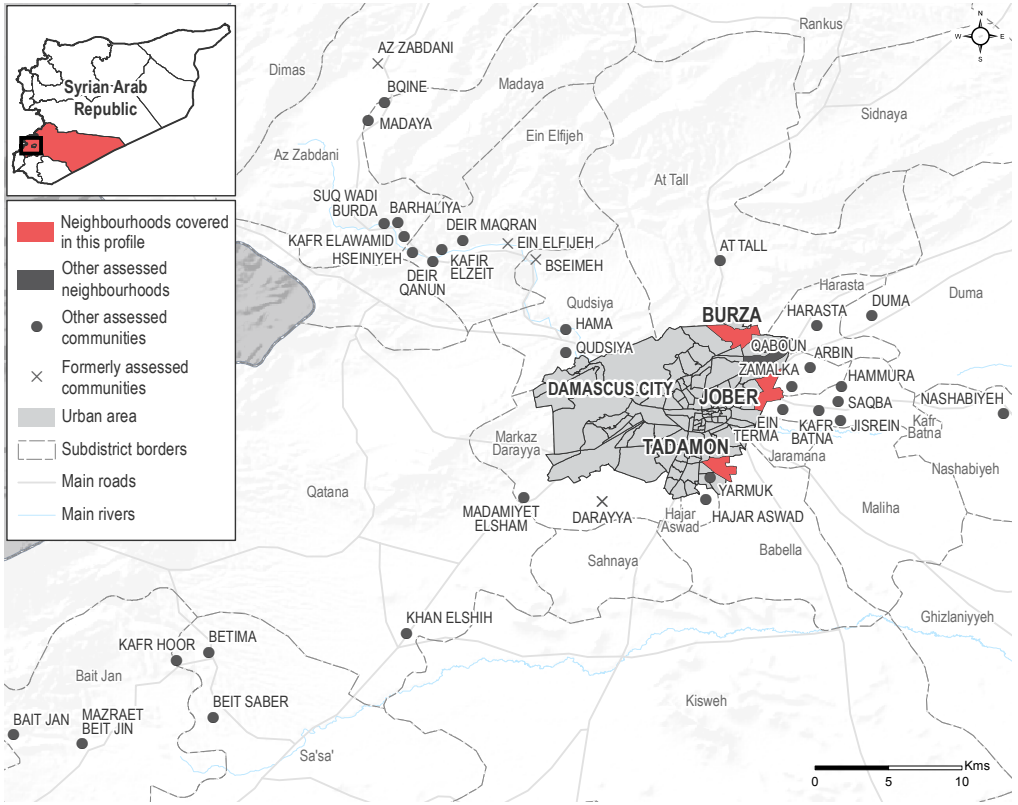
[13] Price fluctuations of 5% or less were not reported.

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

May 2017

FOR HUMANITARIAN PURPOSES ONLY

	Burza	Jober	Tadamon
UN classification:	Besieged	Besieged	Hard-to-reach
Estimated population[1]:	30000-32000	250-350	1800-2000
Of which estimated IDPs[1]:	6000-8000	None	250-300
% pre-conflict population remaining:	51-75%	1-25%	1-25%
% of population that are female:	26-50%	1-25%	1-25%
% of female-headed households	1-25%	1-25%	1-25%



SUMMARY

Located in eastern Damascus governorate, the neighbourhoods of Burza, Jober and Tadamon have faced access restrictions since mid-2013. Burza, previously considered as 'hard-to-reach', was reclassified as 'besieged' in April 2017. While the profile refers to the situation in May 2017, comparisons were made to changes observed since April, when the neighbourhoods were last assessed.

Overall, in May the humanitarian situation improved in Burza, where it nonetheless remained critical, and Jober, compared to April. Conversely, no change was reported in Tadamon.

While the humanitarian situation remained relatively stable from June 2016 to December 2016, progressively tighter access restrictions and escalation of conflict have affected Burza and Jober in the first half of 2017. In early May, a ceasefire was reached between parties to the conflict and the security situation stabilised again in Damascus city.

In May, access to basic services improved in all three communities. Cessation of hostilities in Burza and the return of some families to Jober resulted in the reopening of some school facilities in the two neighbourhoods, while better access to water trucking services was reported in Tadamon. Further, access to electricity improved in Burza following the ceasefire.

In Burza, a humanitarian distribution of bread bags took place on 14 May. However, no other goods were allowed into the neighbourhood this month. Further, Burza remained entirely isolated from other areas and civilian movement was not allowed except within the framework of planned

CHANGES SINCE APRIL

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

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of May and beginning of June 2017, these updates refer to the situation in May 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in neighbourhoods in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable to 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.

evacuations. Persisting access restrictions resulted in a worse food situation, compared to April, as well as in poorer access to medicine, hygiene and sanitation items, and fuel. In particular, among assessed items, only sugar and sanitary pads were available on markets this month.

Conversely, civilian mobility improved in Jober, due to lower risks associated with using informal access points. As a result, several families returned from Eastern Ghouta this month. Populations reported having better access to food, NFIs, fuel and medical services in May, compared to April, due to more civilians being able to leave the community and bring items back.

As conflict de-escalated, caseloads reduced in both Burza and Jober in May. However, the health situation remained critical in Burza, due to the depletion of medical item stocks and the evacuation of some medical personnel. No change was reported in Tadamon.

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to April in Burza and Jober:	↑
Change in # people able to leave compared to April in Tadamon:	↕

People able to leave[2]

Burza: Following the ceasefire in early May, four evacuations occurred during this month, with around 6,000 people leaving the neighbourhood. Access restrictions remained otherwise unchanged, as no one was allowed to enter or exit the community, except as part of planned evacuations. As had been the case in April, the neighbourhood remained completely isolated from nearby areas.

Jober: While no formal entry points were available, as had been the case since the community was first assessed in June 2016, risks associated with using informal routes decreased in May, compared to April. De-escalation of conflict in the neighbourhood prompted several families to return to Jober, with marked a change from April when no women or children were left in the community.

Tadamon: As had been the case since assessments began in June 2016, women, children and the elderly were allowed to move through formal entry points twice per week, upon presenting documents. The number of people allowed to leave through both formal and informal routes has remained the same (26-50%) since September 2016.

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

Burza: None;

Jober: Gunfire, shelling;

Tadamon: Gunfire, verbal harassment, detention.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April in all three:	↕

All neighbourhoods: None reported. This was the case since assessments began.

Humanitarian vehicles

Change since April in Burza:	↑
Change since April in Jober and Tadamon:	↕

Burza: On 14 May, humanitarian aid vehicles entered the neighbourhood and distributed bread bags to residents. This was the first distribution reported since October 2016.

Jober and Tadamon: None reported. This had been the case since assessments began.

ACCESS TO SERVICES

De-escalation of conflict in Burza and Jober resulted in the reopening of schools in both neighbourhoods this month. Schools had ceased to operate in March due to security risks in Burza and to the departure of all school-aged children from Jober. Children in Tadamon, where no facilities were available, could access schools in nearby communities, as had been the case since assessments began. Access to water improved in Tadamon in May as access to water trucking, the main source of drinking water, increased. Residents reportedly resorted to closed wells for other household needs. No change in access to water was reported in Burza and Jober since February. Further, restrictions on the supply of electricity through the main network were lifted in Burza as a result of the ceasefire in early May and access significantly improved.

		Burza	Jober	Tadamon
WATER	Main source of drinking water (Status)	Water network (Water was safe to drink)*	Water network (Water was safe to drink)*	Water trucking (Water was safe to drink)*
	Available water to meet household needs (Coping strategies)	Sufficient	Sufficient	Sufficient
	Access to water network per week	3-4 days	5-6 days	Network unavailable
	Change since April	↕	↕	↑
ELECTRICITY	Access to electricity network per day	>12 hours	Network unavailable	Network unavailable
	Access to electricity (Main source) per day	>12 hours (Network)	2-4 hours (Generator)	2-4 hours (Generator)
	Change since April	↑	↕	↕
EDUCATION	Available education facilities	Pre-conflict primary schools	Pre-conflict primary schools	None
	Barriers to education	All school aged children accessed education	All school aged children accessed education	Parents do not approve of curriculum, services are too far, routes to services unsafe
	Change since April	↑	↑	↕

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

Goods entered

Burza: With the exception of a humanitarian distribution of bread in mid-May, no food, non-food, fuel or medical items entered Burza this month. This had been the case since the closure of all formal access points in February for food and non-food items, while fuel and medical items had not entered since January 2017 and December 2016, respectively. As a result, nearly all of the items assessed were unavailable on markets this month. Populations reportedly resorted to coping strategies such as reducing the size of meals and using electricity instead of fuel.

Jober: Reduction in hostilities in May resulted in fewer risks associated with entering or leaving the community informally. Consequently, a higher number of residents were able to leave the neighbourhood and bring goods back, compared to April. Higher availabilities and lower prices on markets were thus reported this month.

Tadamon: No significant changes were reported in Tadamon, where residents would access markets in the nearby neighbourhoods of Yalda and Babella. This had been the case since assessments began.

HEALTH SERVICES

Change in health situation in Burza and Tadamon:	↕
Change in health situation in Jober:	↑

Burza: Cessation of hostilities in the aftermath of the ceasefire resulted in lower caseloads in May, compared to April. However, due to persisting bans on the entry of medical items, as well as to a futher decrease in available medical personnel, the health situation remained critical in Burza. As was the case in March and April, although medical facilities were available in the neighbourhood, these were reportedly unable to provide most health services.

Jober: The health situation in Jober improved compared to April, when a decrease in available personnel and medical items, as well as ongoing clashes had negatively affected residents. The improvement of the security situation in May resulted in lower caseloads as well as improved access to some services, such as child immunization.

Tadamon: Residents could cope with a lack of services by accessing medical care in nearby communities, as had been the case since assessments began in June 2016. Barriers to accessing medical services persisted for people living in some parts of the neighbourhood and people with certain political affiliations.

Availability of medical personnel

Burza: Professionally trained surgeons and nurses;

Jober: Professionally trained nurses;

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

Others providing medical services: Volunteers with informal medical training.

Change since April in Burza:	↓
Change since April in Jober and Tadamon:	↕

Unusual outbreaks of disease[3]

None reported in all three communites; this had been the case since December 2016.

Strategies used to cope with a lack of medical services

Burza: None;

Jober: Using expired medicine;

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

Medical services available

	Burza	Jober	Tadamon
Child immunization	✗	✓	✗
Diarrhoea management	✗	✗	✗
Emergency care	✓	✓	✗
Skilled childbirth care	✓	✗	✗
Surgery[4]	✗	✗	✗
Diabetes care	✗	✗	✗
Change since April	↕	↑	↕

No change in available services was reported in Burza and Tadamon in May. In Jober, after a reduction of available services was reported in April, child immunization services became available in May. This was reportedly due to SARC's distribution of vaccines in April in Eastern Ghouta, where residents of Jober were able to obtain it.

Women in need of childbirth care reportedly had to travel to nearby communities to cope with the lack of services in Jober and Tadamon.

Unavailable medical items[5]

Burza: Contraception, anti-anxiety medication, blood transfusion bags, clean bandages, antibiotics, heart, diabetes and blood pressure medicine;

Jober: Anti-anxiety, heart and diabetes medicine, contraception, blood transfusion bags, clean bandages, burn treatment;

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

Change since April in Burza:	↓
Change since April in Jober and Tadamon:	↕

Permanent medical facilities available

	Burza	Jober	Tad.
Mobile clinics / field hospitals	✓	✗	✗
Informal emergency care points	✗	✓	✗
Pre-conflict hospitals	✗	✗	✗
Primary healthcare facilities	✓	✗	✗
Change since April	↕	↕	↕

Most needed medical items[6]

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

FOOD

Change in food situation in Burza:	↓
Change in food situation in Jober:	↑
Change in food situation in Tadamon:	↕

The food situation worsened in Burza for the fifth consecutive month, despite SARC's distribution of bread bags in mid-May. Ongoing access restrictions resulted in lower food availabilities, with nearly all core items assessed being unavailable on markets this month. Conversely, the food situation improved in Jober, where the improvement in the security situation in May allowed civilians to travel more easily to nearby areas in order to obtain food. No change was reported in Tadamon, as had been the case since assessments began.

Most common methods of obtaining food at the household level

Burza: Home production in backyards and roofs;
Jober and Tadamon: Purchasing from shops and markets in nearby areas.

Most common methods of obtaining bread at the household level

Burza: Humanitarian distribution;

Challenges to obtaining bread (Burza): Bread unavailable in bakeries, flour unavailable.

Access to bread temporarily improved in mid-May due to SARC's distribution of bread bags among resident populations. Barriers to accessing bread remained otherwise similar to those reported in April.

Challenges to obtaining bread (Jober and Tadamon): Bread unavailable in bakeries, flour too expensive/hard to access, electricity/ fuel too expensive/hard to access.

Change in availability in Burza since April	↑
Change in availability in Jober and Tadamon since April	↕

Deaths attributable to a lack of food[3]

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

Strategies used to cope with a lack of food

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

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

Reported strategies used to cope with a lack of food remained unchanged since December 2016.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[7]

	Burza	Jober	Tad.	Nearby areas[8]
Average cost May (SYP)[9]	No info	82032	28070	30878
Change since April	No info	↓	↕	↕

Burza: It was not possible to calculate the price for a standard food basket in May, due to unavailability of most core food items; this had been the case since February;

Jober: In May, the reported cost of a standard food basket was 34% lower than in April, and was 166% higher than in nearby communities not considered besieged or hard-to-reach. In April's profile, the price of a standard food basket was misreported (62,162 SYP) and has since been corrected (123,565 SYP).

Tadamon: The average price of a standard food basket remaind unchanged compared to April, and was 9% lower than in nearby non-hard-to-reach communities.

Food item availability / prices

Burza: Availability of assessed core food items further decreased in May, with only sugar available on markets this month. As such, no price comparisons could be made to April or to prices reported in nearby communities.

Jober: In May, availability of food items improved in Jober. Chicken, tomato, mutton and cucumber became available after becoming unavailable in either March or April. As a result of higher availabilities, prices of most assessed items decreased, compared to April. This was due to an improved security situation and greater freedom of movement in the neighbourhood, whose residents could more easily obtain food from nearby areas. Nonetheless, prices remained on average 76% higher than in nearby communities not considered besieged.

Tadamon: On average, prices of food items remained unchanged compared to April, and fluctuations observed in May depended on the availability and prices of items in nearby communities, where residents most commonly obtained their food. On average, reported prices were similar to those in nearby communities not considered hard-to-reach.

WASH item availability / prices

The availability of assessed hygiene and sanitation items (soap, laundry powder, toothpaste, sanitary pads, disposable diapers) was critically low in Burza, and only sanitary pads remained sometimes available[10] in markets.

In Jober, similarly to food items, better access to hygiene and sanitation items was reported in May, compared to April, as availability and prices improved this month. Prices decreased by an average 27%, yet remained 57% higher than those reported in non-besieged communities.

In Tadamon, no significant change in availabilities or prices was reported in May, compared to April.

Fuel availability / prices

No fuel was reportedly available in Burza this month. With the exception of diesel, which became temporarily available in April with prohibitively high prices, all other fuel items had been unavailable since March.

Compared to April, no significant changes in access to fuel were reported in Jober, where prices remained 453% higher than those reported in nearby communities not considered besieged.

In Tadamon, fuel prices were 128% higher than in nearby communities, while the price of diesel marginally increased after decreasing in April, due to changing availabilities in close by neighbourhoods.

Strategies used to cope with a lack of fuel:

Burza: Using electricity;

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[9]

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

	Item	Burza	Price change since April[12]	Jober	Price change since April[12]	Tadamon	Price change since April[12]	Nearby non-hard-to-reach areas[8]
Food Items	Bread private bakery (pack)	Not available		Not available		Not available		181
	Bread public bakery (pack)	Not available		Not available		Not available		53
	Rice (1kg)	Not available	Available	1100[11]	-41%	250[11]		500
	Bulgur (1kg)	Not available	Available	900[11]	-18%	300[11]	+9%	1042
	Lentils (1kg)	Not available	Available	800[11]		500[11]	+11%	588
	Chicken (1kg)	Not available		2400[11]	Not available	Not available		1256
	Mutton (1kg)	Not available		4000[11]	Not available	Not available		4256
	Tomato (1kg)	Not available		1700[11]	Not available	400[11]		247
	Cucumber (1kg)	Not available		1100[11]	Not available	300[11]	-40%	275
	Milk (litre)	Not available		325[11]	-7%	250[10]		256
	Flour (1kg)	Not available		1000[11]		300[11]		301
	Eggs (1)	Not available		100[11]	-31%	55[10]		58
	Iodised salt (500g)	Not available		300[11]		150[11]		140
	Sugar (1 kg)	1000[10]	Not available	1250[11]	-61%	400[11]		444
	Cooking oil (litre)	Not available		1300[11]	-53%	750[11]		850
WASH Items	Soap (1 bar)	Not available	Available	150[11]	-40%	125[11]		146
	Laundry powder (1kg)	Not available	Available	1850[11]		650[11]	+8%	888
	Sanitary pads (9)	850[10]	+125%	550[11]	-35%	300[11]		438
	Toothpaste (125ml)	Not available		500[11]	-9%	450[11]		245
	Disposable diapers (24 pack)	Not available		3200[11]	-47%	1650[11]		2188
Fuel	Butane (cannister)	Not available		Not available		3800[11]		2960
	Diesel (litre)	Not available	Available	1900[11]	-24%	600[11]	+9%	290
	Propane (cannister)	Not available		Not available		Not available		4500
	Kerosene (litre)	Not available		Not available		Not available		350
	Coal (kg)	Not available		Not available		Not available		350
	Firewood (tonne)	Not available		225000[11]	+18%	125000[11]		50000

Endnotes

[1] Figures based on estimates by local actors within neighbourhoods assessed. The last HNO 2017 population data (December 2016) provides the following population estimates: Burza (88,387), Jober (2,000), Tadamon (691).

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

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

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

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

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

[7] Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: April 2017' (link here). As bread was unavailable in private and public bakeries in all three neighbourhoods, no prices were available for bread sold in bakeries. However, food basket prices were calculated using the reported price of bread sold in shops (Jober: 500 SYP. Tadamon: 200 SYP).

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

[9] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017).

[10] Sometimes available in markets (7-20 days this month).

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

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

Syria Community Profile Update: Deir ez Zor City (Joura, Qosour), Deir ez Zor
May 2017

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

The city of Deir ez Zor, located in eastern Syria, has experienced heavy conflict since June 2012. The neighbourhoods of Joura and Qosour were recognized as besieged in January 2015. Since assessments began in June 2016, the communities have experienced a deteriorating humanitarian situation due to extreme access restrictions and ongoing hostilities between the various parties to the conflict present in the area. This profile reflects the humanitarian situation in Deir ez Zor city in May, with community representatives making comparisons to April; the communities were last assessed in March 2017.

The humanitarian situation in Joura and Qosour continued to deteriorate in May, with on-going access restrictions and violent clashes leading to a reported 25 civilian casualties. Furthermore, stocks of food and medical items, and access to electricity decreased throughout the period.

No formal or informal entry routes to Joura and Qosour were available in May, as has been the case since assessments of the communities began. Further, **conflict dynamics continued to limit movement inside the neighbourhoods, with women reportedly subject to harassment and rape, while men reported risks of detention and conscription.**

Limited amounts of food and non-food items continued to enter Joura and Qosour via airdrops in May; however, as has been the case in previous months, it was reported that such deliveries did not reach large portions of the civilian population. Indeed, **food security deteriorated further in May in Joura and Qosour, with a higher number of deaths related to a lack of food reported.**

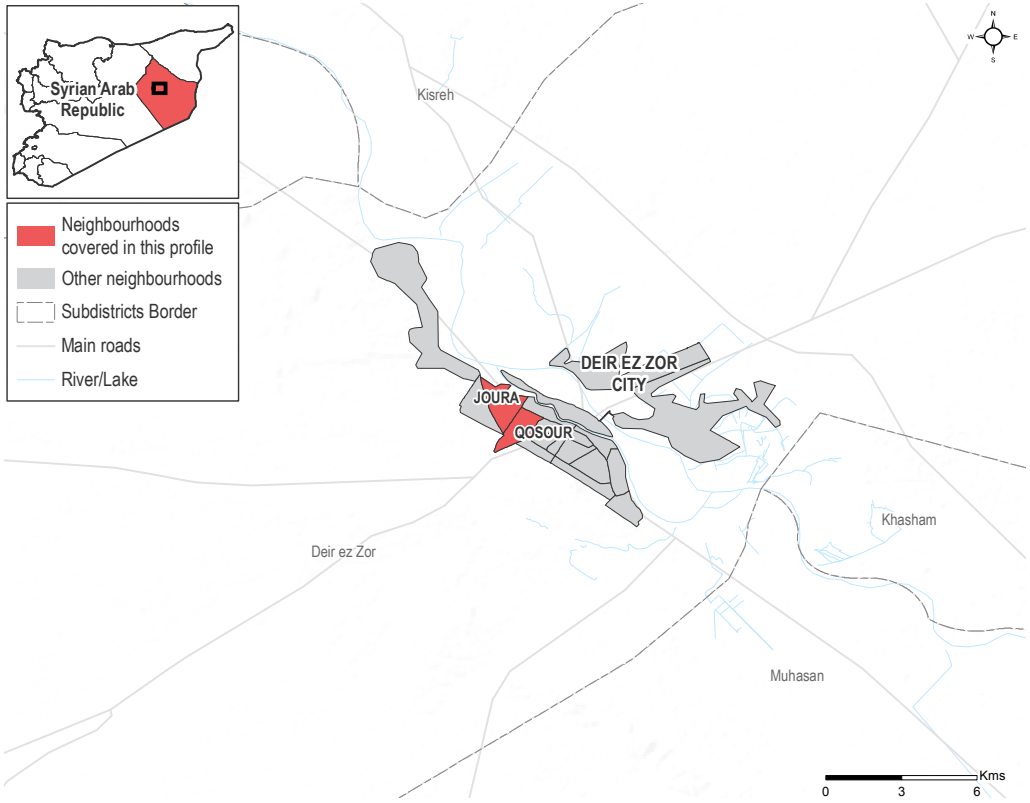
While some diesel and kerosene continued to be produced locally in the communities, it was resold at prohibitive prices and a majority of residents did not have access to functioning generators (and electricity) in May due to the lack of fuel. Similarly, drinking water remained insufficient and of poor quality, and no schools operated in the neighbourhoods.

No medical items entered Joura and Qosour in May, for the fifth consecutive month, further negatively affecting the health situation. Access to formal medical services remained extremely limited, due to security concerns related to seeking assistance at the only available medical facility.

UN classification:	Besieged
Estimated population[1]:	100000-120000
Of which IDPs[1]:	None
% pre-conflict population remaining:	26-50%
% population female:	26-50%
% female-headed households:	26-50%

CHANGES SINCE APRIL

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



METHODOLOGY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to April:	⇕

People able to leave[2]

No access routes to or from Joura and Qosour have been reported since assessments of the communities began in June 2016; this remained the case in May. Although residents could move between the two neighbourhoods, they faced checkpoints while doing so. Risks associated with their use (detention, conscription) prevented many men from internal travel. Women in Joura and Qosour have consistently reported feeling unsafe around checkpoints and other areas with armed actors present, due to risks of rape, detention and harassment.

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

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

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April:	⇕

Able to enter: None reported.

Humanitarian vehicles

Change since April:	⇕

Able to enter: None reported.

Humanitarian airdrops

Change since April:	⇕

In May, airdrops reportedly continued to deliver some food items (bread, eggs) and NFIs (soap, detergent). However the exact contents and quantities of such deliveries remained contested as aid was distributed unevenly and only reached small portions of the civilian population.

Goods entered

While limited amounts of food and NFIs reached the communities via airdrops in May, no medical items have been delivered since January 2017.

A local petroleum source, first discovered in February 2017, continued to produce limited quantities of diesel and kerosene. No fuel has entered Joura and Qosour through formal routes since assessments began in June 2016.

HEALTH SERVICES

Change in health situation compared to April:	↓

As stocks of medicine continued to deplete due to the lack of medical deliveries, the health situation in Joura and Qosour deteriorated further in May. Additionally, men in particular remained largely unable to seek medical services at the only available, military, hospital due to risks of detention or disappearances. Overall, only residents with sufficient financial means or good relations with local authorities could access formal medical services.

Contraception continued to be reported among the most needed medical items due to the high reported prevalence of rape.

Availability of medical personnel

Personnel available: Professionally trained surgeons, nurses and midwives;

Others providing medical services: Anaesthesiologists; volunteers with informal or no medical training.

Change since April	⇕

ACCESS TO SERVICES*

Due to continuously depleting fuel stocks, the number of functioning generators available in the communities decreased further, with less than 20% of the populations reporting access to electricity. Access to drinking water also remained insufficient, and water continued to be reported as of poor quality. As has been the case since assessments began, no educational facilities operated in Joura or Qosour in May.

WATER	⇕	Main source of drinking water (Status**)	Surface water / unprotected spring (People got sick after drinking water)
		Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient (Modify hygiene practices, bathe less, reduce drinking water consumption, drink water used for cleaning or other purposes than drinking)
		Access to water network per week	1-2 days
ELECTRICITY	↓	Access to electricity network per day	Network unavailable
		Access to electricity (Main source) per day	No electricity available
EDUCATION	⇕	Available education facilities	None
		Barriers to education	Facilities destroyed, routes to schools unsafe, lack of teaching staff

*Arrows indicate change in access since April

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

Permanent medical facilities available

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

Unavailable medical items[3]

Anti-anxiety medication, clean bandages, burn treatment, anaesthetics, heart, diabetes and blood pressure medicine.

Sometimes available: blood transfusion bags.

Change since April	⇕

Most needed medical items[4]

1. Antibiotics
2. Artificial limbs
3. Contraception

Medical services available

Child immunization	✗
Diarrhoea management	✗
Emergency care	✓
Skilled childbirth care	✓
Surgery[5]	✓
Diabetes care	✗
Change since April	⇕

Strategies used to cope with a lack of medical services

As a result of the poor availability of formal medical services, populations had to undergo operations without anaesthesia and to use non-medical items for treatment. The communities have reported various coping strategies since October 2016.

Unusual outbreaks of disease[6]

Due to the informal nature of medical services in the communities, availability of detailed and verifiable medical information remained difficult to obtain. However, community representatives continued to report cholera, hepatitis and HPV in Joura and Qosour.[7]

FOOD

Change in food situation compared to April: ↓

Due to the continued extreme access restrictions facing the communities and the uneven distribution of food rations delivered via airdrops, food insecurity deteriorated in Joura and Qosour in May. Further, the amount of bread distributed in the neighbourhoods reportedly decreased further in May. As has been the case since February, all assessed strategies to cope with a lack of food were reported in the communities.

Most common methods of obtaining food at the household level

Receiving from food distributions (airdrops), bartering.

Most common methods of obtaining bread at the household level

Most common source: Public bakeries.

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

Change since April ↓

Deaths attributable to a lack of food[6]

Deaths related to a lack of food have been reported in the two neighbourhoods since September 2016. According to community representatives, the number reported in May was higher than in April, as well as in March, when the communities were last assessed.

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[8]

It has not been possible to calculate a standard food basket price for Deir ez Zor since December 2016, due to the unavailability of most core food items.

Food item availability / prices

As has been the case since February, the only remaining core food items in Joura and Qosour were bread from public bakeries, bulgur, eggs, salt and cooking oil. All items were reported to be prohibitively priced.

WASH item availability / prices

Soap and laundry powder entered the communities via airdrops, and were resold in markets at prohibitive prices. In the absence of sanitary pads, women continued to resort to the use of cloth.

Fuel availability / prices

Following the discovery of a petroleum spot which allowed for some local production, diesel and kerosene appeared in markets in February; however, availability remained extremely limited in May.

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[9]

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

	Item	Joura/Qosour	Price change since March[9]
Food Items	Bread private bakery (pack)	Not available	↔
	Bread public bakery (pack)	600[11]	↔
	Rice (1kg)	Not available	↔
	Bulgur (1kg)	3500[11]	↔
	Lentils (1kg)	Not available	↔
	Chicken (1kg)	Not available	↔
	Mutton (1kg)	Not available	↔
	Tomato (1kg)	Not available	↔
	Cucumber (1kg)	Not available	↔
	Milk (litre)	Not available	↔
	Flour (1kg)	Not available	↔
	Eggs (1)	500[11]	↔
	Iodised salt (500g)	500[11]	↔
	Sugar (1 kg)	Not available	↔
	Cooking oil (litre)	9000[11]	↔
WASH Items	Soap (1 bar)	1900[12]	↔
	Laundry powder (1kg)	12000[11]	↔
	Sanitary pads (9)	Not available	↔
	Toothpaste (125ml)	Not available	↔
	Disposable diapers (24 pack)	Not available	↔
Fuel	Butane (cannister)	Not available	↔
	Diesel (litre)	700[11]	↔
	Propane (cannister)	Not available	↔
	Kerosene (litre)	1900[11]	↔
	Coal (kg)	Not available	↔
	Firewood (tonne)	Not available	↔

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

REACH Informing more effective humanitarian action

SIRF Syria INGO Regional Forum

✓ Available ✓ Sometimes available ✗ Not available

↑ Positive increase ↔ No change ↓ Negative decrease

↑ Negative increase ↓ Positive decrease

Endnotes

[1] Figures based on estimates by local actors within communities assessed. The last HNO 2017 population data (December 2016) estimates that population figures within Deir ez Zor City are 110,000 individuals, inclulding 52,200 IDPs.

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

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

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

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

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

[7] Information collected rom community representatives has not been verified by medical professionals.

[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: April 2017'
(link here).

[9] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017). Due to limited coverage in May, core food item and NFI prices were unable to be collected from nearby communities not considered besieged or hard-to-reach. As such, no comparisons were able to be calculated for this assessment.

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

[11] Generally not available in markets (less than 7 days this month).

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

Syria Community Profile Update: Eastern Ghouta, Rural Damascus
May 2017

FOR HUMANITARIAN PURPOSES ONLY

	Arbin	Duma	Ein Terma	Hammura	Harasta	Jisrein	Kafr Batna	Nashabiyeh	Saqba	Zamalka
UN classification	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged
Estimated population (individuals)[1]	39000	153900	23300	18000	20000	14000	19500	4000	24000	12000
Of which estimated IDPs[1]	1930	29900	14300	5850	5270	6300	5770	1300	8500	2640
% pre-conflict population remaining	51-75%	1-25%	1-25%	1-25%	1-25%	51-75%	51-75%	1-25%	26-50%	1-25%
% of population that are female	1-25%	1-25%	1-25%	26-50%	1-25%	51-75%	26-50%	1-25%	26-50%	1-25%
% of female-headed households	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	None	1-25%	1-25%

SUMMARY

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

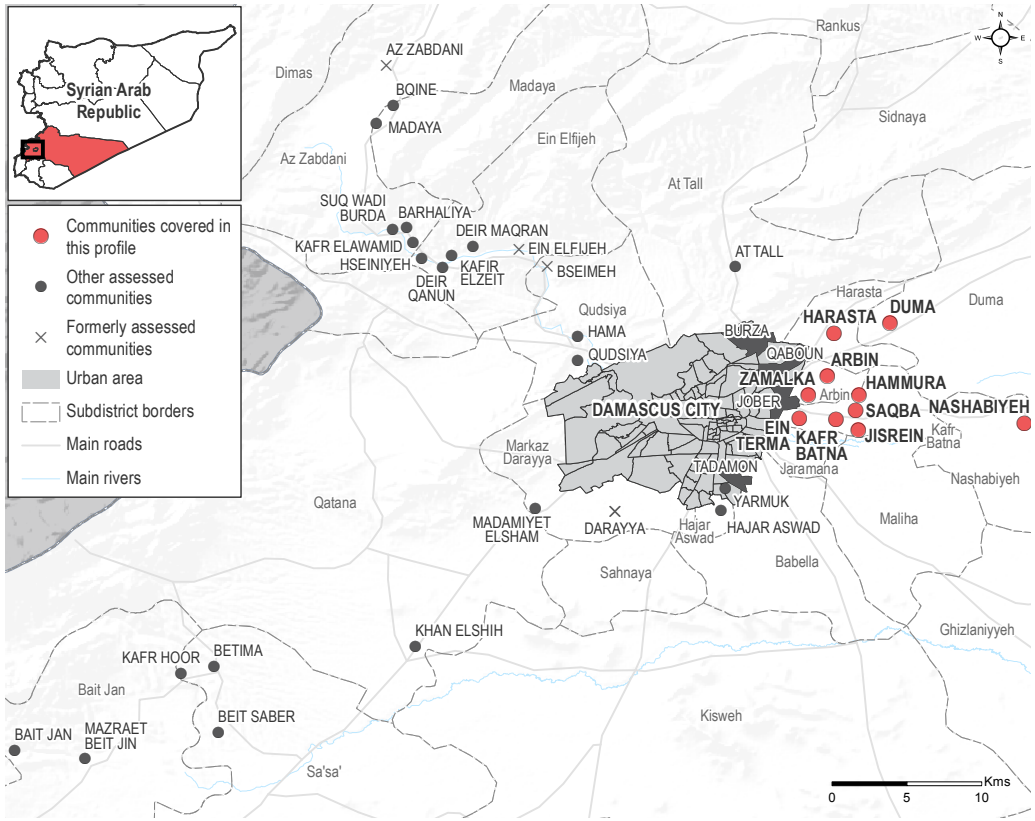
Military control of Eastern Ghouta, an agricultural region east of Damascus, has been contested since 2012, with restrictions on access tightening in mid-2013. In November 2016, Nashabiyeh was re-classified by the United Nations from hard-to-reach to besieged, following an escalation of clashes. All other assessed communities have been classified as besieged since 2014.

In May, the overall humanitarian situation in Eastern Ghouta improved, compared to April. An escalation of internal clashes in the first week of the month negatively affected access to healthcare and services during this period, as well as mobility inside the area; however, the reopening of the only formal access point to Eastern Ghouta and the improvement in commercial vehicle access resulted in an overall improvement of the food and health situation.

Infighting within Eastern Ghouta escalated on 28 April and negatively affected the humanitarian situation in particular during the first week of May. As checkpoints were created between different areas in Eastern Ghouta and security risks increased, movement of residents was restricted during this

METHODOLOGY

Based on data collected from community representatives inside Syria at the end of May and beginning of June 2017, these updates refer to the situation in May 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalisable to 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.



period. The communities of Arbin and Zamalka were most heavily affected, as people could rarely leave their residence due to high security risks. Access to education services worsened across most of the communities assessed, at this time, as schools were temporarily shut down due to security concerns. Although checkpoints remained in place for the remainder of the month, security risks subsided after the first week of May because of the de-escalation of clashes.

In contrast, access restrictions into the Eastern Ghouta area decreased, as the Al Wafideen route was reopened on 2 May. A humanitarian delivery was allowed into Duma on the same day, including food, non-food items and medicine, while commercial vehicle access was permitted for the first time since March.

While goods delivered through the humanitarian convoy, with the exception of vaccine, were distributed exclusively in Duma, the entry of commercial vehicles resulted in higher availabilities of food, non-food and medical items across all communities. Significantly, no challenges to accessing bread were reported this month, in contrast to April. Further, prices of most assessed items decreased, after having progressively increased between February and April. Prices remained however significantly higher than those reported in nearby communities not considered besieged or hard-to-reach.

Restrictions on the entry of fuel remained unchanged, with no fuel entering for the fifth consecutive month. Fuel shortages remained critical, as only locally produced diesel and firewood were available on markets.

As a result of vaccine being distributed across all assessed communities, child immunization services became available this month. Availability of medicine also increased due to more medical items entering, compared to April. An outbreak of measles, first reported in February, was no longer reported in May.

CHANGES SINCE APRIL

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 leave[2]

Change in # people able to leave compared to April: ↓

When clashes erupted between different groups in Eastern Ghouta in late April, mobility was significantly reduced in the area. In particular, while people had been able to move without restrictions between communities in April, in May new checkpoints were created and populations were required to show identification. Further, a significant increase in the risk of shelling and gunfire in relation to travel was reported. While risks decreased after the first week of May, when clashes de-escalated, the new restrictions remained in place during the entire reporting period.

In Arbin and Zamalka, escalation of conflict negatively affected movement of residents at the beginning of May, when populations reportedly could not move inside the two communities due to security concerns. Further, as had been reported in March and April, women felt unsafe moving through certain areas in Arbin, Jisrein, Kafr Batna and Zamalka due to harassment.

Due to the reopening of Al Wafideen access point in early May, movement outside of the wider contiguous area marginally improved compared to April. However, the percentage of the population who were allowed to move through the checkpoint remained low; only 1-10% were allowed to leave upon presenting document and after being searched, as had been the case since assessments began. These included some public sector employees, students and some retired individuals.

No informal routes were available, after having been rendered unserviceable in March.

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

Duma: Violence towards women, verbal and physical harassment, detention, confiscation of documents, conscription;

Other communities: Shelling, gunfire, detention.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April: ↑

With the reopening of Al Wafideen checkpoint in early May, commercial vehicles were allowed into Eastern Ghouta for the first time since March. Vehicles were allowed through the checkpoint only on certain days, upon presenting documents, and were subject to the payment of fees as well as the searching and confiscation of loads.

Further, in May some commercial vehicles started circulating again within the wider contiguous area; this is in contrast to April, when, in order to cope with low fuel availabilities, vehicles had stopped circulating between Eastern Ghouta communities.

Humanitarian vehicles

Change since April: ↑

On 2 May, an inter-agency aid convoy reached the town of Duma for the first time since October 2016. The convoy consisted of 56 trucks carrying food, non-food items and medical supplies sufficient for 35,000 people. Reportedly, none of the aid reached other towns in Eastern Ghouta, with the exception of vaccine, which was distributed across all communities.

Goods entered

In May, food, non-food and medical items entered Eastern Ghouta for the first time since March, through commercial vehicles crossing Al Wafideen checkpoint. In Duma, a significant amount of goods was also delivered through a humanitarian distribution on 2 May. The reopening of the only formal route into Eastern Ghouta had thus positive effects of availabilities and prices of goods on markets this month. However, fuel was not allowed into the wider contiguous area since February, and could only be produced locally.

Available · Sometimes available · Not available

Positive increase · No change · Negative decrease

Negative increase · Positive decrease

ACCESS TO SERVICES*

After closing in March and reopening in April, schools in Eastern Ghouta were again shut down for about one week in early May, due to security concerns. As a result, access to education worsened in May, compared to April. Schools in Harasta were an exception to this, as they were reportedly unaffected by escalation of clashes. Access to electricity remained poor, after worsening in March and April due to fuel shortages. Local councils had already reduced the number of hours of electricity provided with subscriptions in March and raised prices per kilowatt in April. Further, hours of access significantly fluctuated on a daily basis, depending on the amount of fuel available to run generators. No change in access to water was reported in May, as had been the case in April, and all communities reported that available water was sufficient to meet household needs. Water was considered safe to drink in all those communities that relied mainly on water trucking, while it reportedly smelled or tasted bad in Arbin, Kafr Batna and Zamalka, where populations mostly relied on closed wells. As had been the case since January, access to services was worse in Nashabiyeh compared to other communities, as the generator-run electrical system was out of use and only few households could rely on solar alternatives.

	WATER			ELECTRICITY		EDUCATION	
	Main source of drinking water (Status**)	Available water to meet household needs (Coping strategies)	Access to water network per week	Access to electricity network per day	Access to electricity (Main source) per day	Available education facilities	Barriers to education
Arbin	Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	Network unavailable	4 - 8 hours (Generator)	Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
Duma	Water trucking (Safe to drink)	Sufficient	Network unavailable	Network unavailable	4 - 8 hours (Generator)	Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
Ein Terma	Water trucking (Safe to drink)	Sufficient	1-2 days	Network unavailable	4 - 8 hours (Generator)	Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
Hammura	Water trucking (Safe to drink)	Sufficient	Network unavailable	Network unavailable	4 - 8 hours (Generator)	Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
Harasta	Water trucking (Safe to drink)	Sufficient	Network unavailable	Network unavailable	4 - 8 hours (Generator)	Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
Jisrein	Water trucking (Safe to drink)	Sufficient	1-2 days	Network unavailable	2 - 4 hours (Generator)	Informal schools set up since conflict began	Route to services is unsafe; children need to work
Kafr Batna	Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	Network unavailable	4 - 8 hours (Generator)	Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe
Nashabiyeh	Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	Network unavailable	No usable electricity source	Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe; lack of teaching staff
Saqba	Water trucking (Safe to drink)	Sufficient	Network unavailable	Network unavailable	4 - 8 hours (Generator)	Informal schools set up since conflict began	Route to services is unsafe; children need to work
Zamalka	Closed wells (Smells/tastes bad)	Sufficient	Network unavailable	Network unavailable	4 - 8 hours (Generator)	Informal schools set up since conflict began	Facilities destroyed; route to services is unsafe

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

Available
Sometimes available
Not available
Positive increase
No change
Negative decrease
Negative increase
Positive decrease

Permanent medical facilities available

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

HEALTH SERVICES

Change in health situation compared to April: ↑

Overall, the health situation in Eastern Ghouta improved in May, despite a temporary worsening in the first week of the month. Infighting between armed groups in the area had negative effects on the medical situation in early May. In Arbin, surgery became temporarily unavailable due to shelling that damaged the surgical section of its field hospital. Further, residents of Arbin and Zamalka were unable to access medical care in this period, due to security concerns over leaving their houses. In addition to this, worse mobility conditions affected parts of the population who had been previously able to travel to other communities to access needed services. This was particularly the case for women in need of skilled childbirth care or services treating female-specific conditions in Ein Terma, Harasta, Jisrein and Nashabiyeh.

However, the situation improved later in the month, as security conditions also improved. The entry of medical items through commercial vehicles in May as well as the distribution of vaccine across all Eastern Ghouta communities resulted in a higher number of available services and greater availability of medicine, compared to April. Further, the outbreak of measles that had been reported in February, March and April was contained in May and no new cases were reported.

Medical facilities and services

As had been the case since assessments began in June 2016, some medical facilities were functioning across all Eastern Ghouta communities in May (see table above), with no change reported compared to April.

The availability of medical services increased this month, as child immunization became available in all communities assessed. Vaccine entered the area through a humanitarian convoy on 2 May and was later redistributed in the wider contiguous area. No other services became available this month, after diarrhoea management became unavailable in Nashabiyeh, and diabetes care became unavailable in Arbin, Kafr Batna and Zamalka, in April.

As had been the case in April, only simple surgery could be carried out in Harasta, Ein Terma and Jisrein, and patients were sent to other towns when in need of more advanced surgical interventions.

Barriers to accessing healthcare persisted in Nashabiyeh, where people with physical constraints (e.g. with disabilities, injured) and people who lived in certain locations in the community (e.g. people who lived far from facilities, people who lived in certain neighbourhoods) could not travel to the nearest available services in other communities.

Change since April: ↑

Availability of medical personnel

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

The number of available trained medical personnel, as well as the number of volunteers with informal or no medical training remained unchanged since January across most communities.

Change since April: ↕

Unavailable medical items[3]

Availabilities of medical items increased in all communities assessed in May, compared to April. This was the case for vaccine, in particular, after the humanitarian distribution of 2 May.

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

Sometimes available across a majoriy of communities: Blood transfusion bags.

Change since April: ↑

Most needed medical items[4]

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

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

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

After coping strategies were reported across all assessed communities in April for the first time since assessments began, no change was reported in May. Adopted strategies included sharing resources between medical facilities, recycling medical items (e.g. bandages, syringes, needles) or using expired medicine.

Unusual outbreaks of disease[5]

Most cases of measles, first reported in February in Ein Terma, as well as in March and April across all assessed communities, had reportedly been treated in May. Further, the number of new cases significantly reduced this month. This was due both to greater amounts of medicine entering Eastern Ghouta as well as to seasonal factors.

Medical services available

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

FOOD

Change in food situation compared to April: ↑

Most common methods of obtaining food at the household level

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

In May, as had been the case since the communities were first assessed, all communities reported that residents were able to purchase food from shops, markets and local farmers, or produce it at home. In Duma, residents were also able to obtain food through the humanitarian distribution of 2 May.

Most common methods of obtaining bread at the household level

All: Shops.

Most commonly reported challenges to obtaining bread: Flour too expensive or hard to access, wheat too expensive or hard to access, yeast too expensive or hard to access.

Access to bread, which had worsened in March and April, significantly improved in May. In contrast to April, when all communities had reported barriers to accessing bread, no barriers existed in May and bread was generally available in markets.

Similarly, due to higher flour availabilities after the reopening of Al Wafideen checkpoint, bakeries that had been shut down in April were reopened in May.

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Strategies to cope with a lack of food remained reportedly unchanged in Eastern Ghouta since assessments began.

Deaths attributable to a lack of food[6]

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

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[7]

	Eastern Ghouta	Nearby areas[8]
Average cost May (SYP)[9]	82151	32962
Change since April[10]	↓	↕

On average, the cost of a standard food basket decreased by 31% in May compared to April, but was 149% higher than in nearby communities not considered besieged or hard-to-reach.

Food item availability / prices

While some food items had become unavailable in April, all assessed food items were generally available[11] in markets during the month of May. This was due to the reopening of Al Wafideen route and the entering of commercial vehicles for the first time since March.

Further, prices of most food items decreased compared to April, although they remained on average 205% higher than those reported in nearby communities.

WASH item availability / prices

Similar to food, the availability and prices of assessed sanitation and hygiene items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) were positively affected by the improved mobility of commercial vehicles.

Prices decreased by 30%, on average, compared to April, although they were 53% higher than those in nearby non-besieged communities.

Fuel availability / prices

Fuel availability in the Eastern Ghouta area remained unchanged in May after decreasing for five consecutive months. Despite the entry of commercial vehicles into Eastern Ghouta, restrictions on fuel persisted in May and the only remaining fuel sources were diesel and firewood.

Diesel continued to be produced locally through the altering of plastics as had been the case since February.

Prices of available fuel items remained unchanged compared to April and were 579% higher than in nearby communities not considered besieged or hard-to-reach.

Strategies used to cope with a lack of fuel:

All communities: Burning furniture not in use, burning productive assets, burning plastics and waste.

CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX[9]

	Item	Eastern Ghouta average	Price change since April[10]		Nearby non-hard-to-reach communities[8]
Food Items	Bread private bakery (pack)	650	↓	-17%	100
	Bread public bakery (pack)	Not available	↕		58
	Rice (1kg)	1140	↓	-37%	535
	Bulgur (1kg)	850	↓	-15%	320
	Lentils (1kg)	830	↓	-6%	525
	Chicken (1kg)	2400	Not available		1120
	Mutton (1kg)	3933	↕		3925
	Tomato (1kg)	1533	Not available		410
	Cucumber (1kg)	1100	↑	+32%	318
	Milk (litre)	315	↕		215
	Flour (1kg)	990	↕		233
	Eggs (1)	100	↓	-35%	50
	Iodised salt (500g)	500	↑	+50%	65
	Sugar (1 kg)	1200	↓	-59%	438
	Cooking oil (litre)	1330	↓	-50%	1225
WASH Items	Soap (1 bar)	150	↓	-42%	113
	Laundry powder (1kg)	1700	↓	-23%	875
	Sanitary pads (9)	500	↓	-38%	444
	Toothpaste (125ml)	500	↕		382
	Disposable diapers (24 pack)	3060	↓	-46%	1575
Fuel	Butane (cannister)	Not available	↕		2925
	Diesel (litre)	1900	↕		280
	Propane (cannister)	Not available	↕		2560
	Kerosene (litre)	Not available	↕		400
	Coal (kg)	Not available	↕		450
	Firewood (tonne)	209500	↕		Not available

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

Endnotes

[1] Figures based on HNO 2017 population and IDP data (December 2016). Figures based on population estimates by local actors within the community assessed were Arbin: 42,500-43,500; Duma: 122,000-128,000; Ein Terma: 31,000-33,000; Hammura: 30,000-33,000; Harasta: 18,000-19,000; Jisrein: 18,000-20,000; Kafr Batna: 18,000-20,000; Nashabiyeh: 500-700; Saqba: 50,000-53,000; and Zamalka: 11,500-12,500.

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

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

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

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

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

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

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

[9] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017)

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

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

Syria Community Profile Update: Hajar Aswad, Rural Damascus
May 2017

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

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

The overall situation in Hajar Aswad remained the same in May, with movement of people and goods severely restricted. Access to medical services and supplies was also limited. Meanwhile, the price for the majority of assessed core food items stayed constant, while fuel prices decreased.

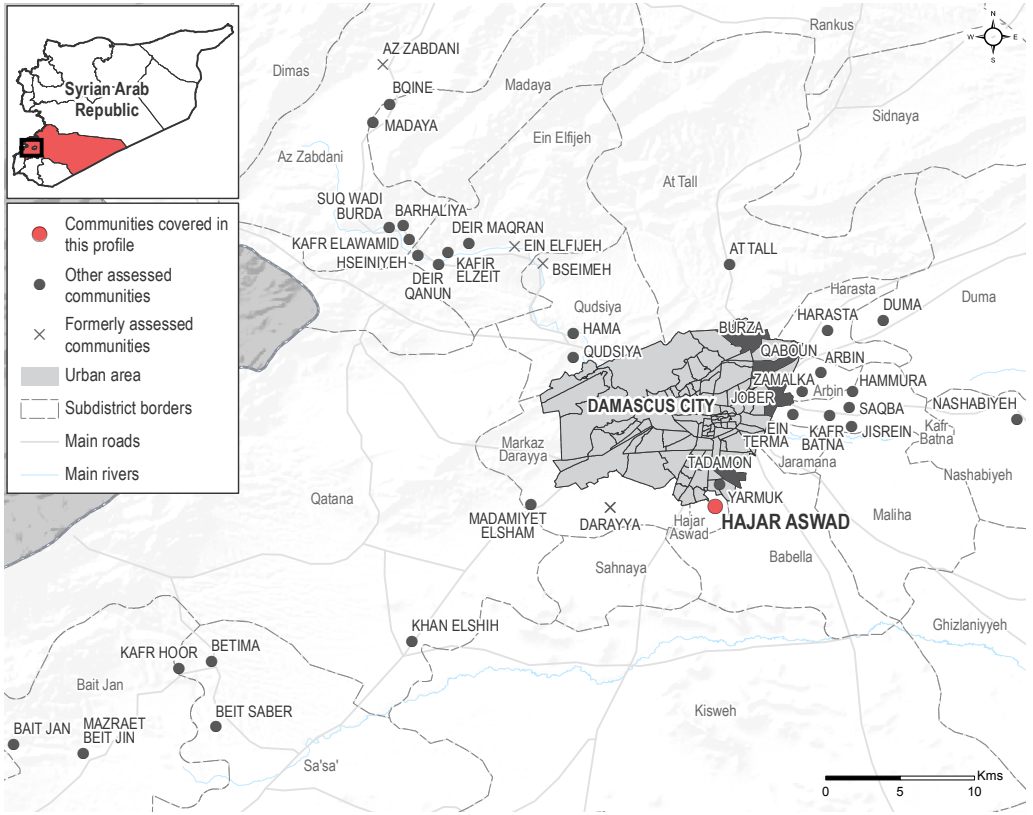
Women, children and the elderly presenting identification remained able to enter and exit the community twice a week via formal routes. Verbal harassement of men and women, including sexual harassement for the latter group, were reported at checkpoints, as was the case in April. However, physical violence towards women has not been reported since February. **For the third consecutive month, threat of detention was reported as a barrier to men seeking healthcare outside of Hajar Aswad and, more broadly, to accessing formal routes.** In contrast, women have been able to seek medical care in nearby areas for childbirth since at least February 2017.

Humanitarian and commercial vehicles have been prevented from entering Hajar Aswad since assessments began. Residents of the community could purchase items in the nearby towns of Yalda and Babella, but, unlike in April, could not obtain items from aid distributions in the two towns. However, the number of items able to enter was reportedly unaffected.

Residents continued to rely on wells and generators for water and electricity in May, as the water and electricity networks remained unavailable. **Water supplies reportedly stayed insufficent, and electricity extremely limited.** Meanwhile, children faced several barriers to education, including damaged facilities, a shortage of teaching staff, and some children - especially boys - being required to work for economic reasons.

Fuel prices decreased overall in May due to lower seasonal demand. Although prices increased for some core food items, they overall stayed similar to previous months. Meanwhile, the price of some hygiene items rose.

UN classification:	Hard-to-reach
Estimated population[1]:	4500
Of which IDPs[1]:	320
% pre-conflict population remaining:	1-25%
% population female:	1-25%
% of female-headed households	1-25%



CHANGES SINCE APRIL

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

METHODOLOGY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to April:	⇕

People able to leave[2]

Approximately 11-25% of the population utilised formal routes in May, a rate which has remained consistent since the community was first assessed in June 2016. Women, children and the elderly with identification were permitted to leave on average twice a week, and reportedly used these routes to buy goods and collect remittances (hawala transfers[3]) from nearby areas. Meanwhile, men avoided formal routes due to the reported risk of detention at checkpoints.

Informal points used: Yes.

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

Shelling, gunfire, detention, verbal harrassment of men and women, sexual harassment of women.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April:	⇕

Able to enter: none reported

Humanitarian vehicles

Able to enter: none reported

Change since April:	⇕

Goods entered

In May, goods entered via individuals obtaining items from the nearby communities of Yalda and Babella, as has been the case since assessments began. In contrast to April, goods entered did not include those from aid distributions in Yalda and Babella, as there was no distribution in those communities in May.

HEALTH SERVICES

Change in health situation compared to April:	⇕

The health situation in Hajar Aswad with regards to access to medical facilities and services has remained relatively stable since June 2016. All assessed medical items remained sometimes available in May, after a reported decrease in the availability of several assessed medical items in April.

Men have continued to face barriers to healthcare due to the reported risk of detention at checkpoints, as has been the case since March 2017. In contrast, some women were able to access improved generalised care during childbirth from nearby communities in May and since at least February 2017.

Permanent medical facilities available

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

Availability of medical personnel

Personnel available: Professionally trained nurses and midwives.

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

Change since April	⇕

ACCESS TO SERVICES*

In May, access to water, electricity and education remained unchanged in Hajar Aswad. However, as water supplies remained insufficient, the coping strategy of using money intended for other purposes to purchase drinking water was reported, while the former coping strategy of bathing less was not reported, due to an increased need for bathing in warm weather. Generators and closed wells were the main sources of electricity and water, respectively. Additionally, the number of children attending school remained the same.

WATER	⇕	Main source of drinking water (Status)	Closed wells (Safe to drink)**
		Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient (spend money usually spent on other things to buy water)
		Access to water network per week	Network unavailable
ELECTRICITY	⇕	Access to electricity network per day	Network unavailable
		Access to electricity (Main source) per day	2-4 hours per day (Generators)
EDUCATION	⇕	Available education facilities	Pre-conflict primary, secondary, high schools
		Barriers to education	Facilities destroyed, children need to work (primarily boys), lack of teaching staff

*Arrows indicate change in access since April.

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

Medical services available

Child immunization	✗
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery[4]	✗
Diabetes care	✓
Change since April	⇕

Strategies used to cope with a lack of medical services

Recycling medical items (e.g. bandages, syringes, needles, etc.), sharing resources between medical facilities. Reusing medical items and sharing resources between medical facilities have been reported since December and January, respectively.

Unavailable medical items[5]

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

Change since April	⇕

Most needed medical items[6]

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

Unusual outbreaks of disease

None reported since December 2016.

FOOD

Change in food situation compared to April: ⬍

Most common methods of obtaining food at the household level

Purchasing from shops and markets in neighbouring communities.

In May, food could be purchased from the towns of Yalda and Babella. However, residents of Hajar Aswad could not procure food items from aid distributions in the communities in May, as none occurred, in contrast to all other assessed months except March 2017.

Most common methods of obtaining bread at the household level

Most common source: purchasing from shops in nearby communities

Challenges to obtaining bread: There have been no functioning bakeries in Hajar Aswad since it was first assessed. Reported barriers to obtaining bread have included prohibitive prices for flour and yeast and lack of availability of wheat. People have reportedly been able to buy bread in Yalda and Babella since September 2016.

Change since April	⬍

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Reducing meals has been reported since Hajar Aswad was first assessed. Meanwhile, skipping meals altogether has not been reported since August 2016, though in May, some men ate less to ensure enough food for women and children.

Deaths attributable to a lack of food[7]

None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICE

Average cost of standard food basket[8]

	Hajar Aswad	Nearby areas[9]
Average cost May (SYP)[10]	32782	32962
Change since April[11]	⬍	⬍

There was no notable increase in the average cost of a standard food basket in Hajar Aswad in May. The price of a basket remained comparable to that of nearby areas not considered hard-to-reach for the third consecutive month.

Food item availability / prices

In May, all assessed items, except bread from bakeries, reportedly remained sometimes available[11] in markets. A 20% increase in the price of cucumbers and flour was reported, as was a 14% increase in the price of rice. While sugar decreased by 11%, after having risen 13% in April, the reported price of iodised salt was 167% higher in Hajar Aswad than in communities not considered hard-to-reach.

WASH item availability / prices

In May, the price of soap increased by 50%, after having decreased by 33% in April, while sanitary pads were 20% more expensive after having decreased in April by 31%. Despite these fluctuations, the price and availability of hygiene items has stayed relatively constant since November 2016.

Fuel availability / prices

The prices for several assessed fuels decreased in May, due to lower seasonal demand. Prices of diesel and kerosene dropped by 20% in May, with price decreases reported for two consecutive months. However, diesel remained 45% more expensive in Hajar Aswad than in nearby non-hard-to-reach areas. Also, the price of coal decreased by 10%, and firewood was unavailable for the third consecutive month.

Strategies used to cope with a lack of fuel:
None reported, for the first time since at least November 2016.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[10]

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

	Item	Hajar Aswad	Price change since April[10]		Nearby non-hard-to-reach areas[9]
Food Items	Bread private bakery (pack)	Not available	⬍		100
	Bread public bakery (pack)	Not available	⬍		58
	Rice (1kg)	400[12]	↑	+14%	535
	Bulgur (1kg)	250[12]	⬍		320
	Lentils (1kg)	250[12]	⬍		525
	Chicken (1kg)	1400[12]	⬍		1120
	Mutton (1kg)	5000[12]	⬍		3925
	Tomato (1kg)	350[12]	⬍		410
	Cucumber (1kg)	300[12]	↑	+20%	318
	Milk (litre)	250[12]	⬍		215
	Flour (1kg)	300[12]	↑	+20%	233
	Eggs (1)	60[12]	⬍		50
	Iodised salt (500g)	200[12]	⬍		65
	Sugar (1 kg)	400[12]	↓	-11%	438
	Cooking oil (litre)	700[12]	⬍		1225
WASH Items	Soap (1 bar)	150[12]	↑	+50%	113
	Laundry powder (1kg)	1000[12]	⬍		875
	Sanitary pads (9)	300[12]	↑	+20%	444
	Toothpaste (125ml)	400[12]	⬍		382
	Disposable diapers (24 pack)	1500[12]	⬍		1575
Fuel	Butane (cannister)	3200[12]	⬍		2925
	Diesel (litre)	400[12]	↓	-20%	280
	Propane (cannister)	Not available	⬍		2560
	Kerosene (litre)	400[12]	↓	-20%	400
	Coal (kg)	450[12]	↓	-10%	450
	Firewood (tonne)	Not available	⬍		Not available

✓ Available ✓ Sometimes available ✗ Not available

⬍ Positive increase ⬍ No change ↓ Negative decrease

↑ Negative increase ↓ Positive decrease

Endnotes

[1] Figures based on population estimates by local actors within communities assessed. The last HNO population data (December 2016) estimates that the population in Hajar Aswad is 4,900-5,000 individuals, including 700-1,000 IDPs.

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

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

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

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

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

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

[8] Calculation of average cost of food basket based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: April 2017' (link here). As bread was unavailable in private and public bakeries in Hajar Aswad, no prices were available for bread sold in bakeries in the community. The food basket price for Hajar Aswad for May was therefore calculated using the reported price of bread sold in shops (300 SYP).

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

[10] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017).

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

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

Syria Community Profile Update: Al Waer, Homs Governorate
May 2017

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Al Waer, located to the west of the city of Homs, has faced access restrictions since 2013, which tightened in mid-2014. Classified by the United Nations as besieged since May 2016, the humanitarian situation in Al Waer worsened in subsequent months, before improving due to a truce agreement in September 2016. However in November, clashes intensified once again, and all access in and out of the community was closed. As a result, the humanitarian situation continued to deteriorate in the following months.

On 14 March 2017, a second truce agreement was signed ending the fighting in Al Waer, relaxing access restrictions on civilians and commercial vehicles. The deal involved the evacuation of fighters and residents willing to leave to Idleb, Jarablus or rural Homs, with transport provided weekly since the truce agreement. **The last evacuation occurred on 18 May, and community representatives estimated that between 4,000 and 6,000 residents remained in Al Waer** (out a population of 30,000-35,000 in March, before the implementation of the agreement).

The overall humanitarian situation in Al Waer continued to improve in May. Following the final evacuation, access restrictions on civilian movement and commercial traffic were lifted, and all food and non-food items, fuel and medical items were allowed into the community. For the first time since assessments of the community began in June 2016, no coping strategies related to a lack of food were reported.

UN classification:	Besieged
Estimated population[1]:	4000-6000
Of which IDPs[1]:	2500-3500
% pre-conflict population remaining:	1-25%
% population female:	1-25%
% of female-headed households	1-25%

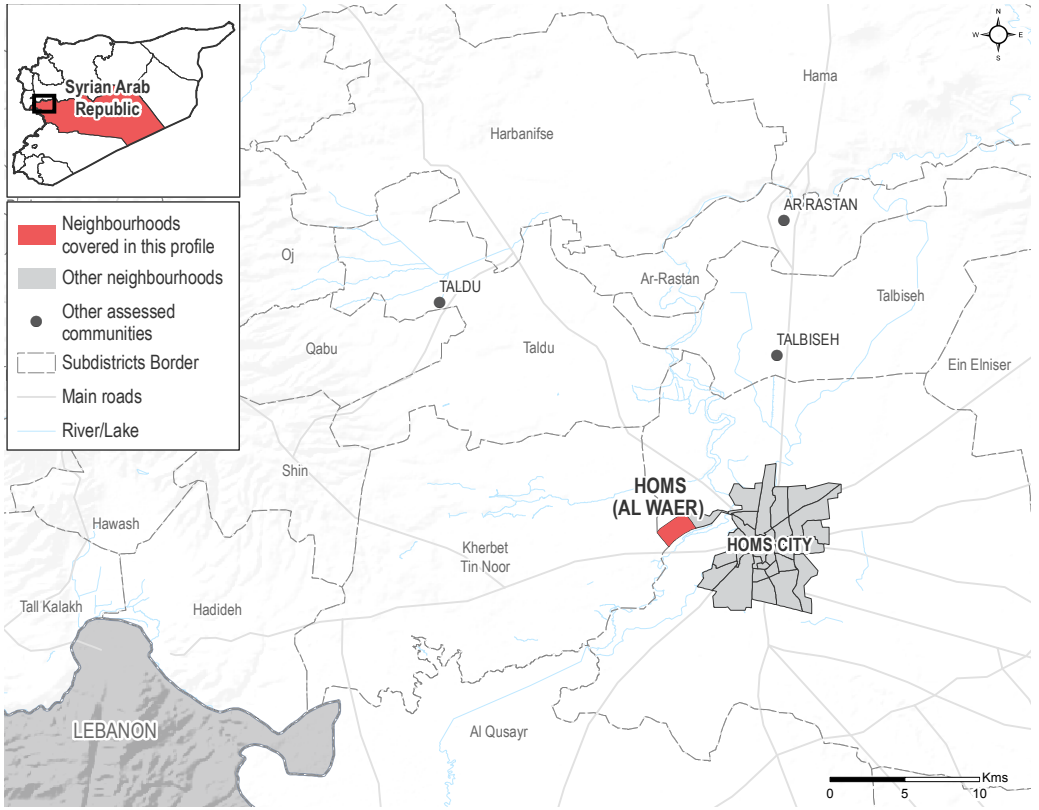
There was also an improvement in the overall health situation in the community, as residents were able to access medical treatment outside the community. This was notwithstanding a decrease in the number of medical facilities and staff in Al Waer following the evacuations.

Other notable changes included additional hours of power from the electrical network, and a decrease in price of assessed non-food items and fuels. All foods were reported generally available in the community, but on average prices did not decrease in May. However, **significant price volatility compared to April was reported, which could partly be attributed to the changes in population numbers and access restrictions in the community.**

No other significant changes were reported in the community, with water networks functioning since repairs were completed in April. All students remaining in Al Waer were able to attend schools.

CHANGES SINCE APRIL

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



METHODOLOGY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to April:	↑

People able to leave[2]

Access restrictions were significantly lessened following the final evacuation on 18 May, with community representatives reporting that all remaining residents were able to enter and leave the community whenever they wanted without any checks.

Prior to this evacuation, access restrictions had remained the same since the signing of the truce agreement on 14 March, when students, public sector employees, retirees, women, children and men who did not perceive a risk of detainment were able to use the formal access point. Between 76-100% of civilians had been able to use the formal point since April, after registering with the authorities.

No informal points have been reportedly used since November 2016.

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

No risks reported.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April:	↑

Following the final evacuation on 18 May, there was a notable increase in the number of vehicles allowed to enter Al Waer, with fuel and medicine permitted into the community, but searches and documentation requirements remained in place.

Humanitarian vehicles

Change since April:	↔

As has been the case since October 2016, no humanitarian vehicles delivered aid to Al Waer in April. One humanitarian NGO began operations in Al Waer after the truce, but focused on medical evacuations for residents with special medical concerns.

Goods entered

An increase in all food, non-food, fuel and medical items was reported in May, due to the relaxed access restriction for civilians and commercial traffic. Since the implementation of the truce agreement on 14 March, commercial vehicles were permitted to bring in some food and non-food items. **However, for the first time since assessments began, fuel and medical items were permitted to enter the community via commercial vehicles after the final evacuation on 18 May.**

HEALTH SERVICES

Change in health situation compared to April:	↑

Following the reduced access restrictions after the final evacuation on 18 May, residents were reportedly able to seek medical treatment outside Al Waer and commercial vehicles were allowed to bring medical items into the community. This mitigated the effects of the closure of all but one healthcare facility (a public hospital) and the departure of many medical workers from Al Waer due to the evacuations.

Due to these changes, all assessed medical services and items were reported available, and no coping strategies were reported for the first time since assessments began.

ACCESS TO SERVICES

Electrical access continued to improve in May, with a further increase in the operating hours of the electrical network reported. The network was reactivated after the truce agreement in March. Water access did not change from April, when authorities repaired damaged water pipes. All children in Al Waer were reported as accessing schools in May, but it was noted that fewer children were reported in the community than in April due to the evacuations.

WATER*	↔	Main source of drinking water (Status)	Water network (Safe to drink)**
		Sufficiency of available water to meet household needs (Coping strategies used)	Sufficient
		Access to water network per week	7 days
ELECTRICITY*	↑	Access to electricity network per day	8 - 12 hours
		Access to electricity (Main source) per day	8 - 12 hours (Main network)
EDUCATION*	↔	Available education facilities	Pre-conflict primary, secondary, high schools

*Arrows indicate change in access since April.

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

Permanent medical facilities available

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

Following the final evacuation on 18 May and the departure of many medical workers, several medical facilities closed in May. However, one public hospital was operating in May, with residents additionally able to access healthcare facilities outside Al Waer.

Unusual outbreaks of disease[3]

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

Strategies used to cope with a lack of medical services

None reported.

Change since April	↑

Unavailable medical items[4]

All assessed medical items reported available.

Most needed medical items[5]

1. Heart medicine
2. Diabetes medicine
3. Antibiotics

Availability of medical personnel

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

Change since April	↓

✓ Available
✓ Sometimes available
✗ Not available

↑ Positive increase
↔ No change
↓ Negative decrease

↑ Negative increase
↓ Positive decrease

Medical services available

Child immunization	No data
Diarrhoea management	No data
Emergency care	No data
Skilled childbirth care	No data
Surgery[6]	No data
Diabetes care	No data
Change since April	No data

It was not possible to collect data as to the specific services offered by the remaining hospital in Al Waer in May. However, all residents were able to leave the community to seek medical treatment in nearby areas, where all medical services were reportedly available.

FOOD

Change in food situation compared to April:	↑

Deaths attributable to a lack of food[5]

None reported since January.

Most common methods of obtaining food at the household level

Purchasing from markets.

Most common methods of obtaining bread at the household level

Most common source: Public bakeries

Challenges to obtaining bread: No issues, bread accessed every day.

Change since April	↕

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

For the first time since assessments began, no coping strategies related to a lack of food were reported in Al Waer.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[7]

	Al Waer	Nearby areas[9]
Average cost May (SYP)[8]	14526	31375
Change since April	↑	↕

The average cost of a standard food basket in Al Waer increased by 2,179 SYP in May, after decreasing by 33,819 SYP since the truce agreement was signed in March. In nearby assessed communities not considered besieged or hard-to-reach, the average cost of a standard food basket did not significantly change, and was 116% higher than in Al Waer.

Food item availability / prices

All food items were reported generally available[10] in Al Waer for the first time since the community was first assessed.

Significant price fluctuations were observed across assessed food items, with a 43% volatility rate compared to April. Price increases were reported in several goods including rice, lentils and bulgur. Price decreased were reported in dairy, egg and bread prices. While notable, these changes were minor in comparison to the decrease reported in these goods since the truce agreement.

While the prices of goods included in the food basket were much cheaper in Al Waer than in nearby communities not considered besieged or hard-to-reach, many meat, vegetables and other assessed foods were more expensive in Al Waer, and overall food prices were on average 1% cheaper than in those nearby communities.

WASH item availability / prices

All assessed hygiene and sanitation items were generally available[10] in Al Waer in May. While the price of toothpase increased in Al Waer and decreased in nearby communities not considered besieged or hard-to-reach, the average price of all remaining WASH items decreased by approximately 40% in both Al Waer and nearby communities.

Fuel availability / prices

Prices of available fuel items decreased on average by 75% in May, continuing a decline that began with the end of the siege in March. Notably, while the cost of diesel in Al Waer was within 100 SYP of the cost in nearby communities not considered besieged or hard-to-reach, the price of butane and coal was approximately 50% cheaper in Al Waer than in those communities.

Propane, kerosene and firewood continued to be reported unavailable in Al Waer, with all other fuel items generally available[10] in the community.

Strategies used to cope with a lack of fuel:

No coping strategies were reported in May for the first time since assessments began.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[8]

	Item	Al Waer	Price change since April[12]		Nearby non-hard-to-reach areas[9]
Food Items	Bread private bakery (pack)	200[10]	↓	-60%	125
	Bread public bakery (pack)	75[10]	↓	-6%	90
	Rice (1kg)	100[10]	↑	+100%	463
	Bulgur (1kg)	75[10]	↑	+50%	Not available
	Lentils (1kg)	150[10]	↑	+150%	550
	Chicken (1kg)	2000[10]	↑	+100%	975
	Mutton (1kg)	3500[10]	↑	+17%	2775
	Tomato (1kg)	250[10]	↓	-44%	550
	Cucumber (1kg)	350[10]	↑	+17%	225
	Milk (litre)	350[10]	↓	-29%	200
	Flour (1kg)	200[10]	↓	-33%	200
	Eggs (1)	30[10]	↓	-25%	50
	Iodised salt (500g)	50[10]	↕		60
	Sugar (1 kg)	350[10]	↓	-13%	425
	Cooking oil (litre)	700[10]	↕		650
WASH Items	Soap (1 bar)	100[10]	↓	-50%	55
	Laundry powder (1kg)	500[10]	↓	-29%	925
	Sanitary pads (9)	200[10]	↕		Not available
	Toothpaste (125ml)	200[10]	↑	+100%	250
	Disposable diapers (24 pack)	1000[10]	↓	-50%	2000
Fuel	Butane (cannister)[13]	2815[10]	↓	-78%	6750
	Diesel (litre)	300[10]	↓	-80%	400
	Propane (cannister)	Not available	↕		Not available
	Kerosene (litre)	Not available	↕		Not available
	Coal (kg)	350[10]	↓	-65%	700
	Firewood (tonne)	Not available	↕		60000

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

Endnotes

[1] Figures based on population estimates by local actors within the community. Their assessments in March estimated 30,000-35,000 individuals, including 20,000-25,000 IDPs. Figures based on HNO 2017 population data estimate 50,000 residents, and approxiamtely 25,000 IDPs (December 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 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 2017' (link here).

[8] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017).

[9] Nearby communities in Homs governorate which are not considered besieged/hard-to-reach: Farqalas and Qazhal.

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

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

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

Syria Community Profile Update: Khan Elshih, Rural Damascus
May 2017

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Khan Elshih is a largely Palestinian-populated community located southwest of Damascus, that has been affected by access restrictions since March 2013. Conflict escalated dramatically in October 2016, which led to a substantial tightening of access restrictions before a truce was reached in late November 2016. Over 3,000 individuals and their families were evacuated to Idleb governorate and a general improvement in the humanitarian situation has been witnessed since the onset of the truce, causing the UN to reclassify Khan Elshih from besieged to hard-to-reach in April 2017.

In May, the humanitarian situation remained unchanged compared to the situation in April. Although no humanitarian vehicles entered Khan Elshih in May, commercial vehicles continued providing food, NFIs, medical supplies and fuel to the community. Medical stocks remained unchanged in May (after a slight increase in April), as did access to water, electricity and education. No barriers to accessing education were reported, although no children attended school due to the summer break. Water trucking was the main source of water in At Tall, and generators continued to provide electricity to the community.

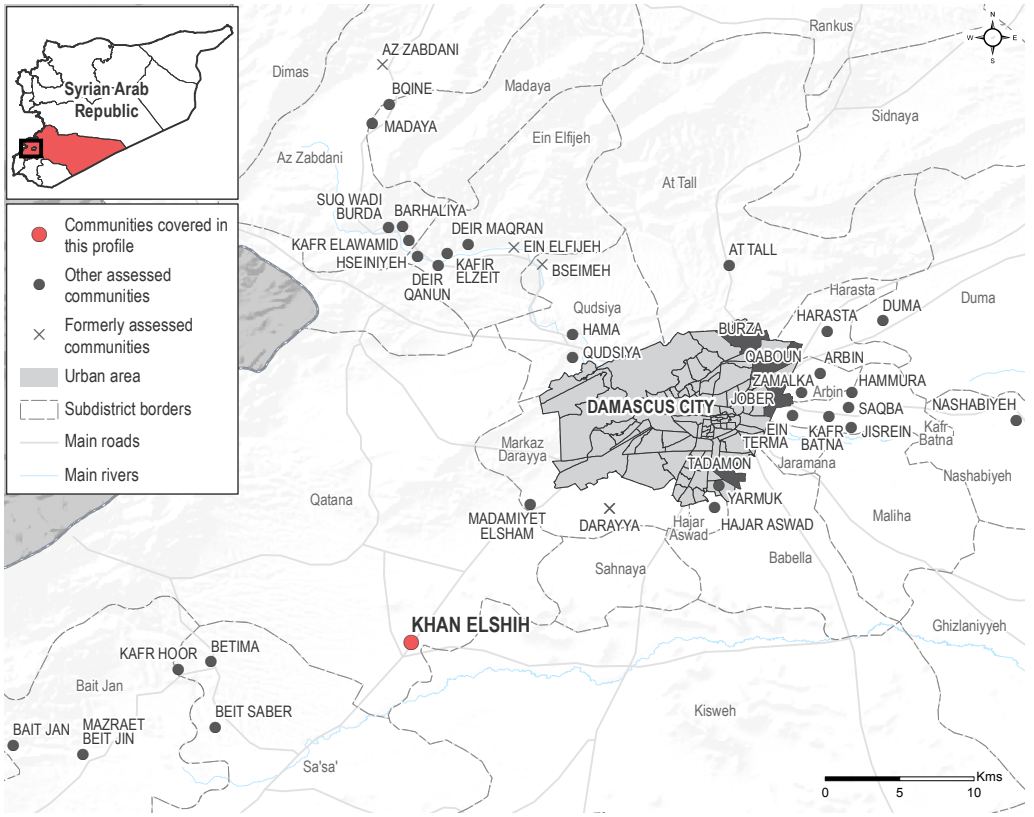
The number of residents accessing formal access points in Khan Elshih remained unchanged in May, after increasing slightly in April, when groups with certain political affiliations could move more freely. Women reportedly continued to face verbal and sexual harassment at checkpoints. Restrictions on the quantities of goods brought into the community via commercial vehicles remained.

UN classification:	Hard-to-Reach
Estimated population[1]:	9000-9500
Of which IDPs[1]:	100-200
% pre-conflict population remaining:	26-50%
% population female:	51-75%
% of female-headed households	1-25%

The health situation in Khan Elshih also remained unchanged after improving slightly in April, when medical stocks increased due to improved commercial vehicle access. Nonetheless, the threat of conscription and detention reportedly continued to hinder men from seeking medical care in nearby communities.

Food prices stabilised in May, after considerable fluctuations in April due to a decrease in local vegetable production. No major increases in food prices were reported, with the exception of a 30% increase in the price of salt. As was the case in April, no negative food-based strategies to cope with a lack of food were reported in May.

For the first time since assessments began, fuel was reported sufficient to meet community needs and no coping strategies to deal with a lack of fuel were reported. This occurred due to a seasonal lack of demand coupled with a gradual increase in NFI availability following the truce.



CHANGES SINCE APRIL

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

METHODOLOGY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to April:	⇕

People able to leave[2]

The ability of civilians to leave and enter the community improved following the truce on 30 January, with approximately 11-25% of the population using formal routes to enter and exit Khan Elshih under certain conditions since then. The number of people accessing formal routes in May remained the same after a slight increase in April, when groups with certain political affiliations were permitted to move more freely than in March.

Access for women, children and individuals with certain political affiliations remained unrestricted, upon presentation of identification documents. Employees and students could use formal routes on workdays. However, perceived risks of harassment associated with accessing checkpoints reportedly deterred some women from exiting Khan Elshih via formal routes. As was the case in April, individuals using formal entry and exit points also reported risks of conscription.

Informal points used: None reported.

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

Verbal harassment of women, conscription.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April :	⇕

The number of commercial vehicles entering Khan Elshih in May remained largely the same as in April. Limitations on the amount of goods permitted to enter Khan Elshih per vehicle stayed in place. Vehicles also remained subject to searches while drivers were required to present identification documents. As was the case in April, fees were usually required for vehicles to enter Khan Elshih.

Humanitarian vehicles

Change since April:	⇕

No humanitarian vehicles entered Khan Elshih in May. However, local NGOs operated on the ground, as was the case in previous months.

Goods entered

Food, fuel, NFIs, medicine and medical equipment entered Khan Elshih through commercial vehicles and civilians bringing items from nearby communities.

HEALTH SERVICES

Change in health situation compared to April:	⇕

No skilled childbirth services or surgeries were available in May, as had been the case since conflict escalated in October 2016. Patients were transferred to hospitals in Damascus when these services were required. Child immunization services continued to be available in May, as had been the case in April.

All assessed medical items continued to be available in May after stocks increased thanks to improved commercial vehicle access, following the truce. However, low-income families continued to have limited access to healthcare, and some men still reported fears of detention and conscription at checkpoints, preventing them from seeking medical care outside of Khan Elshih in May.

Permanent medical facilities available

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

ACCESS TO SERVICES*

Access to water services in Khan Elshih has reportedly been insufficient since April 2017[3], with the main water network still unavailable. Trucking remained the primary method of water delivery. Though repairs to the electrical network began in February, generators remained the main source of power in May. All school-aged children continued to have access to schools, but no children were reported in school this month due to the Ramadan holiday.

WATER	⇕	Main source of drinking water (Status)	Closed wells (Safe to drink)**
		Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient to meet household needs (Spend money usually spent on other things to buy water)
		Access to water network per week	Network unavailable
ELECTRICITY	⇕	Access to electricity network per day	Less than 1 hour
		Access to electricity (Main source) per day	2-4 hours (Generators)
EDUCATION	⇕	Available education facilities	Pre-conflict primary, secondary, high schools UNRWA schools
		Barriers to education	None reported

* Arrows indicate change in access since April.

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

Medical services available

Child immunization	✓
Diarrhoea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery[4]	✗
Diabetes care	✓
Change since April	⇕

Unavailable medical items[5]

All assessed medical items were reported available in May.

Change since April	⇕

Most needed medical items[6]

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

Availability of medical personnel

Personnel available: Professionally trained doctors, nurses and midwives;

Others providing medical services: Dentists and pharmacists.

Change since April	⇕

Strategies used to cope with a lack of medical services

None reported, since the onset of the truce in December 2016.

Unusual outbreaks of disease[7]

None reported.

FOOD

Change in food situation compared to April:	⇕

Most common methods of obtaining food at the household level

The most common methods of obtaining food in May were purchasing from shops and markets, as well as receiving food from humanitarian distributions run by local NGOs operating inside Khan Elshih.

Most common methods of obtaining bread at the household level

Purchasing from shops and markets.

Since March 2017, bread has been available in public bakeries, in addition to private bakeries.

Challenges to obtaining bread: None reported.

Change since April	⇕

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Since April 2017, no strategies related to a lack of food have been reported.

Deaths attributable to a lack of food[7]

None reported, as has been reported since assessments of the community began.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[8]

	Khan Elshih	Nearby areas[9]
Average cost May (SYP)[10]	24897	32962
Change since April[11]	⇕	⇕

The cost of a standard food basket in Khan Elshih remained largely unchanged in May, and was 24% cheaper than in nearby communities not considered hard-to-reach. The prices of rice, lentils and cooking oil were 25%, 43% and 27% cheaper respectively than in nearby communities in May, leading to this difference in the food basket price.

Food item availability / prices

All assessed food items were reportedly sometimes available,[12] except for bread from private bakeries, which was generally available.[13] After considerable price fluctuations in April, the prices of the majority of assessed food items stabilised in May. There was however a slight decrease in the price of bread from public bakeries and a 30% increase in iodised salt compared to April 2017, as commercial vehicles continue to enter the community following the truce.

WASH item availability / prices

All assessed hygiene and sanitation items were reported as generally available[13] in May, with no price changes since December 2016. However, WASH items were still on average 83% more expensive than those in nearby non-hard-to-reach communities.

Fuel availability / prices

Coal became available in February, and prices stabilised in May after dropping by 58% in April due to lower seasonal demand. The availability of other assessed fuels has remained the same since December, apart from firewood which has not been sold in the community since April due to a seasonal lack of demand.

Strategies used to cope with a lack of fuel: For the first time since the assessment began, no strategies to cope with a lack of fuel were reported. The increasing availability of fuel since the signing of the truce, coupled with low seasonal demands, resulted in the community having a sufficient amount of fuel.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICE INDEX[9]

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

	Item	Khan Elshih	Price change since March[11]		Nearby non-hard- to-reach areas[9]
Food Items	Bread private bakery (pack)	100[13]	⇕		100
	Bread public bakery (pack)	70[12]	↓	-13%	58
	Rice (1kg)	400[12]	⇕		535
	Bulgur (1kg)	300[12]	⇕		320
	Lentils (1kg)	300[12]	⇕		525
	Chicken (1kg)	1350[12]	⇕		1120
	Mutton (1kg)	5000[12]	⇕		3925
	Tomato (1kg)	350[12]	⇕		410
	Cucumber (1kg)	300[12]	⇕		318
	Milk (Litre)	60[12]	⇕		215
	Flour (1kg)	150[12]	⇕		233
	Eggs (1)	60[12]	⇕		50
	Iodised salt (500g)	130[12]	↑	+30%	65
	Sugar (1 kg)	500[12]	⇕		438
	Cooking oil (litre)	900[12]	⇕		1225
WASH Items	Soap (1 bar)	100[13]	⇕		113
	Laundry powder (1kg)	2000[13]	⇕		875
	Sanitary pads (9)	500[13]	⇕		444
	Toothpaste (125ml)	350[13]	⇕		382
	Disposable diapers (24 pack)	2500[13]	⇕		1575
Fuel	Butane (cannister)	3000[12]	⇕		2925
	Diesel (litre)	400[12]	⇕		280
	Propane (cannister)	Not available	⇕		2560
	Kerosene (litre)	400[12]	⇕		400
	Coal (kg)	500[12]	⇕		450
	Firewood (tonne)	Not available	⇕		Not available

Endnotes

[1] Figures based on estimates by local actors within communities assessed. The last HNO population data (December 2016) estimates that figures within Khan Elshih community are up to 12,000, including 3,000 IDPs.

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

[3] An error in April's profile stated that water was sufficient in Khan Elshih in April.

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

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

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

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

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

[9] Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Kisweh.

[10] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017).

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

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

[13] Generally available in markets (more than 20 days this month).

Syria Community Profile Update: Madaya and Bqine*, Rural Damascus
May 2017

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Madaya and Bqine*, which sit within a contiguous area, are located 40km northwest of Damascus city. The mountainous communities have faced restrictions on movement since July 2015, and were classified as besieged by the UN in January 2016. Az Zabdani, which was assessed by REACH between June 2016 and March 2017, had been classified as besieged since November 2015. The civilian population was evacuated from Az Zabdani[2] in early 2016; all remaining population left the community in April 2017.

The humanitarian situation in Madaya improved in May, as restrictions on movement and access to and from the community were finally relaxed as a consequence of the implementation of the Four Towns Agreement.[3] All types of goods, most of which had been prevented from formally entering Madaya since assessments began in 2016, became available in May; the medical situation improved, and access to all basic services increased.

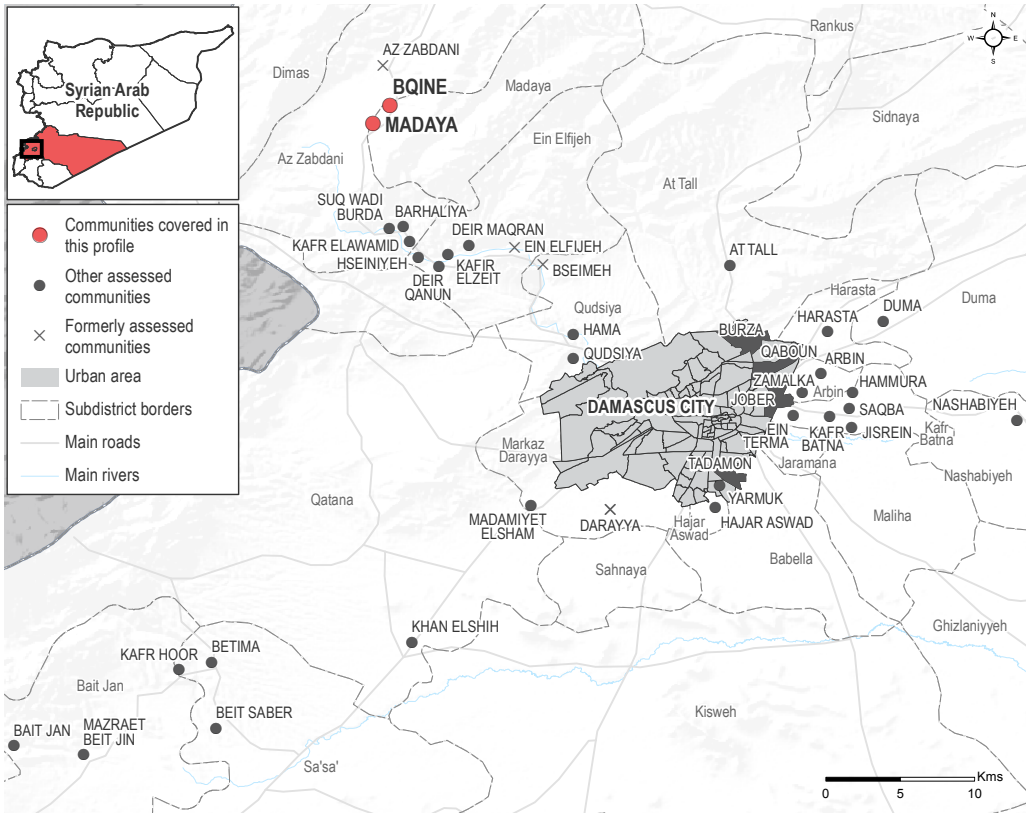
On 30 April, two formal access points became operational in Madaya, a development reported for the first time since assessments of the community began. Additionally, some commercial vehicles were able to enter the community. While these faced restrictions, it was the first time commercial access was reported since assessments began. Humanitarian aid, which last reached Madaya in March, did not enter in May.

Following the opening of formal access points, food, NFIs and medical items were able to enter Madaya via commercial vehicles and civilians bringing such items from nearby communities. Shops and markets, which had been closed since December 2016, reopened in May. Fuel, which had been in critically low supply in the community since assessments began, entered in May via residents bringing it back from nearby communities.

Following a shift in local control, repairs were made to the electrical and water networks, increasing populations' access to both. However, access to drinking water remained insufficient to meet household needs, with negative coping strategies reported. Further, repairs were made to some educational facilities, and security risks were no longer a perceived barrier to education (however all schoolchildren were on holidays during May).

The overall health situation also improved, as two public clinics (and several private ones) were able to resume operations, following the entry of medical aid and the return of some medical personnel to the community in May.

UN classification:	Besieged
Estimated population[1]:	40500-42500
Of which IDPs[1]:	8700-9400
% pre-conflict population remaining:	51-75%
% population female:	26-50%
% of female-headed households	26-50%



CHANGES SINCE APRIL

Access Restrictions on Civilians	↓	Health Situation	↑
Commercial Vehicle Access	↑	Core Food Item Availability	↑
Humanitarian Vehicle Access	◆	Core Food Item Prices	No data
Access to Basic Services	↑	Overall Humanitarian Situation	↑

METHODOLOGY

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

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to April: ↑

People able to leave[4]

Following the implementation of the Four Towns Agreement, two formal access points opened on 30 April, one in Madaya and one in Bqine. For the first time since assessments began in June 2016, residents were able to leave and enter the communities, with an estimated 26-50% using the access points during May. However, such movement reportedly involved various risks, inlcuding harassment, detention and conscription.

In addition to the relocations which took place in mid-April, whereby 2,500 residents from Madaya and 700 from Bqine were evacuated, a further 500 individuals left Madaya during May. **Following these developments in April and May, the number of female-headed households increased in both Madaya and Bqine.**

For the second consecutive month, no security risks associated to movement within the communities were reported in May.

Informal points used: None reported.

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

Verbal and physical harassment, detention, conscription.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April: ↑

For the first time since assessments of the communities began, commercial vehicles entered Bqine and Madaya in May following the opening of the two access points. Commercial access was however subject to the payment of fees, documentation requirements, searches, confiscation of parts of shipments and restrictions on time and days of entry.

Humanitarian vehicles

Change since April: ↔

No humanitarian vehicles entered Madaya in May. The last time the community received aid was in March 2016.

Goods entered

For the first time since assessments began, food, NFIs and medical items could enter Madaya in May, via commercial vehicles and with civilians bringing goods from nearby communities (Sidnayah and Damascus city). While no fuel entered via commercial vehicles, it was brought into the community by civilians.

HEALTH SERVICES

Change in health situation compared to April: ↑

There was a marked improvement in the health situation in Madaya in May, relative to April. Following the lifting of access restrictions, medical items entered the community, enabling the re-opening of medical facilities and resumption of medical services. Additionally, some medical personnel returned to the community as the security situation improved.

Unavailable medical items[5]

All assessed medical items became sometimes available in May.

Change since April	↑

ACCESS TO SERVICES*

Access to all basic services significantly improved in May. Following repairs to the network, access to electricity, which had previously been minimal, was restored in the community. Similarly, the water network became available in Madaya in May, for the first time since assessments began in June 2016. However, access remained insufficient, and residents continued to report related negative coping strategies. **Additionally, in May, schools became operational following repairs and an improved security situation, for the first time since December 2016.** However, all children were on summer vacation.

WATER	↑	Main source of drinking water (Status)	Water network (Safe to drink)**
		Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient (Spend money usually spent elsewhere to buy water)
		Access to water network per week	1-2 days
ELECTRICITY	↑	Access to electricity (Main source), per day	2-4 hours (Main network)
		Access to electricity network, per day	2-4 hours
EDUCATION	↑	Available education facilities	Pre-conflict primary, secondary and high schools
		Barriers to education	None reported

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

Most needed medical items[6]

1. Antibiotics
2. Heart medicine
3. Clean bandages

Availability of medical personnel

Personnel available: Professionally trained doctors, nurses and midwives.

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

Change since April	↑

Permanent medical facilities available

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

Two public primary healthcare clinics opened in May, one in Madaya and one in Bqine. This was a marked improvement compared to April, when the only exisiting facility had to cease operations due to lack of staff and supplies. Prior to April, residents in Madaya had limited

✓ Available ✓ Sometimes available ✗ Not available
↑ Positive increase ↔ No change ↓ Negative decrease
↑ Negative increase ↓ Positive decrease

access to medical assistance at one mobile clinic. Further, in May, an estimated 5-7 private clinics opened in the community, however access was limited to those with sufficient financial resources.

Medical services available

Child immunization	✓
Diarrhea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery[7]	✗
Diabetes care	✓
Change since April	↑

Following the re-opening of medical facilities in Madaya, some medical services resumed, representing an improvement from April when no medical assistance was available in the community. However, childbirth care remained unavailable, and women had to seek assistance in nearby communities. While residents could seek medical assistance in nearby communities, men were hesitant to use the formal access points for this purpose, due to perceived risks of detention and conscription.

Unusual outbreaks of disease[8]

Following the lifting of access restrictions, those suffering from meningitis and kidney failure (outbreaks first reported in October and November 2016, respectively) could either be evacuated or seek treatment in nearby communities.

Strategies used to cope with a lack of medical services

None reported.

FOOD

Change in food situation compared to April:	↑

Food security improved significantly in Madaya in May, as food items entered the community and markets and shops reopened for the first time since December 2016. All assessed core food items, with the exception of bread from bakeries, became available, and no negative coping strategies were reported in the community.

Most common methods of obtaining food at the household level

Purchasing from shops and markets.

Most common methods of obtaining bread at the household level

Most common source: Shops.

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

Change since April	↑

Deaths attributable to a lack of food[8]

None reported.

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Following the improvement in food security, no coping strategies related to a lack of food were reported in May, for the first time since assessments of Madaya began in June 2016.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[9]

	Madaya	Nearby areas[10]
Average cost May (SYP)[11]	30133	32962
Change since April	No info	↕

For the first time since assessments of the community began, a complete food basket price could be calculated for Madaya in May. A standard food basket was 8% more expensive than in nearby communities not considered besieged or hard-to-reach.

Food item availability / prices

All assessed core food items became sometimes available[12] in May, following the cessation in hostilities and partial lifting of access restrictions. Shops and markets reopened in May, for the first time since December 2016 when they were closed due to conflict-related security concerns.

While bread from bakeries (public and private) remained unavailable, other assessed food items were similarly priced to those in nearby communities.

WASH item availability / prices

All assessed hygiene and sanitation products (soap, laundry powder, sanitary pads, toothpaste, disposable diapers) became generally available[13] in May. They were however on average 39% more expensive than in nearby communities.

Fuel availability / prices

Fuel, which has been formally prevented from entering Madaya since assessments began in June 2016, was brought into the community in May from nearby communities. Butane, propane, diesel and coal all became sometimes available in markets following the lifting of access restrictions. Fuels prices were on average 20% higher than in nearby communities not considered besieged or hard to reach.

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[9]

	Item	Madaya	Price change since April	Nearby non-hard-to-reach areas[8]
Food Items	Bread private bakery (pack)	Not available	Not available	100
	Bread public bakery (pack)	Not available	Not available	58
	Rice (1kg)	550[12]	Not available	535
	Bulgur (1kg)	450[12]	Not available	320
	Lentils (1kg)	400[12]	Not available	525
	Chicken (1kg)	1400[12]	Not available	1120
	Mutton (1kg)	5000[12]	Not available	3925
	Tomato (1kg)	300[12]	Not available	410
	Cucumber (1kg)	250[12]	Not available	318
	Milk (litre)	250[12]	Not available	215
	Flour (1kg)	150[12]	Not available	233
	Eggs (1)	60[12]	Not available	50
	Iodised salt (500g)	100[12]	Not available	65
	Sugar (1 kg)	450[12]	Not available	438
	Cooking oil (litre)	800[12]	Not available	1225
WASH Items	Soap (1 bar)	100[13]	Not available	113
	Laundry powder (1kg)	2000[13]	Not available	875
	Sanitary pads (9)	500[13]	Not available	444
	Toothpaste (125ml)	400[13]	Not available	382
	Disposable diapers (24 pack)	2500[13]	Not available	1575
Fuel	Butane (cannister)	3200[12]	Not available	2925
	Diesel (litre)	400[12]	Not available	280
	Propane (cannister)	3000[12]	Not available	2560
	Kerosene (litre)	Not available	Not available	400
	Coal (kg)	500[12]	Not available	450
	Firewood (tonne)	Not available	Not available	Not available

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

Endnotes

[1] Figures based on estimate by local actors withing communities assessed. The last HNO population data (December 2016) estmates that figures within Madaya are up to 51,100, including 1,800 IDPs.

[2] Prior to the departure of all remaining population, REACH assessed Az Zabdani together with Madaya and Bqine between June 2016 and March 2017.

[3] The Four Towns Agreement was a deal between parties to the conflict, affecting, among others, humanitarian access to the communities of Az Zabdani and Madaya (Rural Damascus governorate) and Foah and Kafraya (Idleb governorate).

[4] 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.

[5] 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.

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

[7] 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] 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.

[9] 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 2017' (link here). As bread was unavailable in private and public bakeries in Madaya, no prices were available for bread sold in bakeries in the community. However, the food basket price for Hajar Aswad for May was calculated using the reported price of bread sold in shops (100 SYP).

[10] Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Kisweh.

[11] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017).

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

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

Syria Community Profile Update: Qaboun, Damascus Governorate
May 2017

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Qaboun is a neighbourhood in eastern Damascus city which has, along with the adjacent neighbourhoods of Burza and Tishreen, faced access restrictions since 2013. In early 2014, semi-official truces were reported in all three neighbourhoods. Due to the proximity of these communities to Eastern Ghouta, tunnels were constructed linking these two areas to facilitate the transport of goods between them. The unofficial ceasefires in the neighbourhoods ended in February 2017 when the only formal access point into Qaboun, Burza and Tishreen was shut down, effectively putting the three neighbourhoods under siege. However, this profile focuses only to the situation in Qaboun, and not the Burza or Tishreen neighbourhoods as Burza is assessed in another profile.

This renewed escalation of conflict not only cut off Eastern Ghouta's main supply route but also caused the humanitarian situation in Qaboun to deteriorate rapidly as neither civilians nor food, NFIs or medical items were able to enter the community in March and April. Qaboun was officially classified by the UN as besieged in May. By mid-May, official authorities were reportedly in control of the entire neighbourhood and negotiations for evacuation began.

The shift in control led to a mass evacuation of Qaboun's population to Idleb Governorate, with less than 50 individuals reamaining in Qaboun at the time of data collection in late May as they did not wish to evacuate. Anyone wishing to leave the community was permitted to do so. Entering the community was not possible for civilians or commercial vehicles in May, but three humanitarian food deliveries were permitted to enter the community during the evacuation.

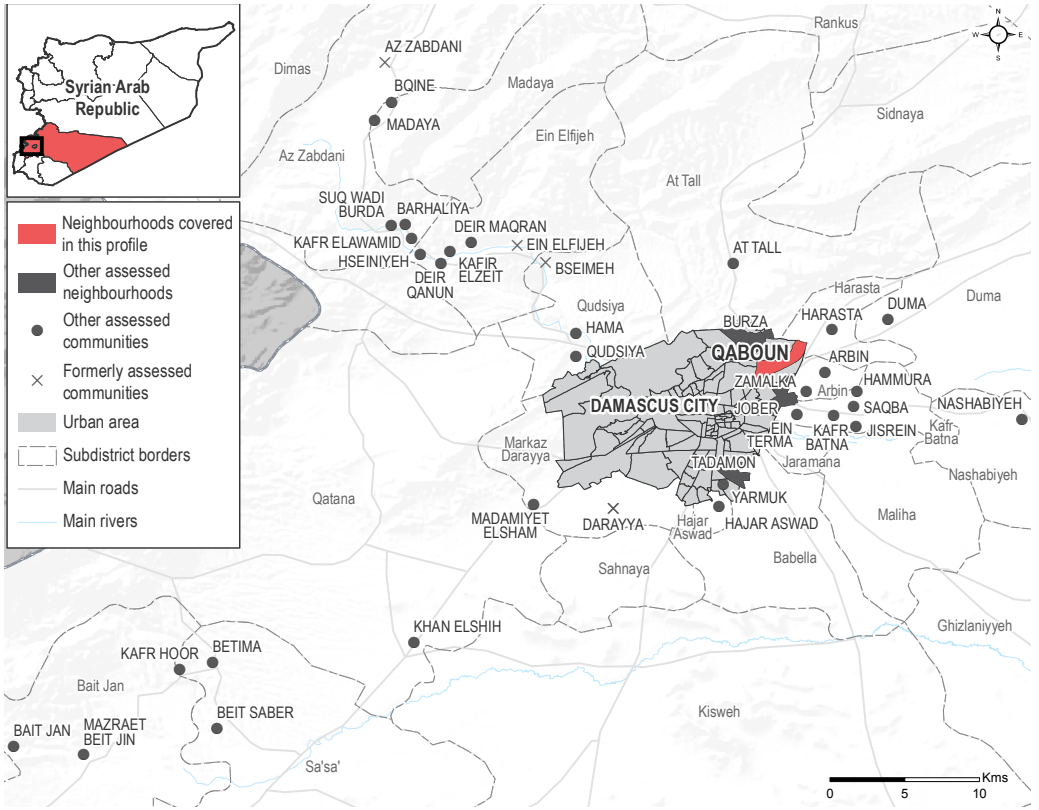
The humanitarian situation was reportedly critical in March and April, and continued to rapidly deteriorate in May due to the effects of the siege. The prices of available food items were on average triple the price in nearby non-hard-to-reach communities in April, before **all assessed food items became unavailable in May. Additionally, all assessed fuel items as well as all hygiene and sanitation products, apart from sanitary pads, were reportedly unavailable on markets. Indeed, no items have been permitted into the community since the closure of formal and informal routes in February with the exception of three food aid deliveries in May.**

The shift in power resulted in the **closure of Qaboun's last remaining medical facility and all**

UN classification:	Besieged
Estimated population[1]:	25-50
Of which IDPs[1]:	None
% pre-conflict population remaining:	1-25%
% population female:	1-25%
% of female-headed households	None

CHANGES SINCE APRIL

Access Restrictions on Civilians	↓	Health Situation	↓
Commercial Vehicle Access	↕	Core Food Item Availability	↓
Humanitarian Vehicle Access	↑	Core Food Item Prices	No Data
Access to Basic Services	↓	Overall Humanitarian Situation	↓



METHODOLOGY

Based on data collected from community representatives inside Syria at the end of May and beginning of June 2017, these updates refer to the situation in May 2017. Information collected provides an understanding of how limited freedom of movement and restrictions on access affect humanitarian needs in communities in Syria. Participants provide information comparatively to the previous month. Where possible during analysis, comparisons are also made to findings from previous periods the community has been assessed. An improvement or deterioration from the previous month may not indicate a trend but rather distinct circumstances specific to the month assessed. When possible, information presented has been triangulated with other available sources prior to inclusion, yet findings should be considered indicative rather than generalizable to 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.

medical stocks were looted by the authorities, leaving them completely depleted. All medical staff was evacuated in May.

Access to basic services continued to decline as the electrical network remained shut down in May, as has been the case since March. Schools continued to be closed in May due to the security situation, and water was reportedly insufficient in the neighbourhood as the authorities damaged water tanks and pipes connecting tanks to the main network from residential buildings. Although this overview covers the humanitarian situation in May, at the time of writing it was reported that further pre-conflict residents had left Qaboun as the dire humanitarian condition has made the neighbourhood unsuitable for habitation.

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to April:	↑

People able to leave[2]

In contrast to April where no one reportedly attempted to enter or leave Qaboun, as has been the case since the last remaining formal access point was closed on 17 February in Burza, everyone who wanted to leave Qaboun was evacuated to Idleb in May with a maximum of 50 individuals remaining in Qaboun at the time of data collection. This marks a major decrease in population size compared to April when it was estimated that 3,000 - 3,500 individuals were living in Qaboun. Entry to the community has remained restricted by official authorities since the shift in control in February.

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

No risks associated with exiting the community were reported.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April:	↕

No commercial vehicles have been allowed to enter Qaboun since the closure of the formal access point in Burza on 17 February.

Humanitarian vehicles

Change since April	↑

In contrast to previous months since February 2017, humanitarian aid entered the community three times in May during the evacuations.

Goods entered

Following the gradual depletion of all goods in Qaboun after the last formal access point was closed in February, the Syrian Red Crescent was able to enter Qaboun three times in May to provide food for residents. No NFIs or medicine reportedly entered Qaboun in May.

HEALTH SERVICES

Change in health situation compared to April:	↓

After the health situation declined in April due to the progressive depletion of medical supplies in the neighbourhood since the closure of the formal access point in February, it worsened in May as the last medical facility was shut down by the authorities. Following the shift in control, the last remaining medical items were seized by the authorities and the hospital was closed. The families remaining in Qaboun were unable to seek medical help in neighbouring communities as all re-entry points were closed off. The last remaining medical personnel were evacuated from the neighbourhood in May.

Permanent medical facilities available

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

ACCESS TO SERVICES*

In contrast to April where water was reported sufficient in Qaboun, access to the water network decreased to one to two days per week in May as the authorities removed water tanks from buildings and destroyed pipes connecting houses to the main water network. The electricity network remained unavailable in April, as it shut down in March. As was the case in April, no children were able to attend school in May due to the destruction and shut down of facilities following the deterioration in the security situation.

WATER	↓	Main source of drinking water (Status)	Water network (Safe to drink)**
		Sufficiency of available water to meet household needs (Coping strategies used)	Insufficient (no coping strategies reported)
		Access to water network per week	1 - 2 days
ELECTRICITY	↕	Access to electricity network per day	Network unavailable
		Access to electricity (Main source) per day	1 - 2 hours (Generator)
EDUCATION	↕	Available education facilities	None
		Barriers to education	Facilities destroyed, routes unsafe, lack of school supplies

Arrows indicate change in access since April.

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

Most needed medical items[5]

1. Antibiotics
2. Diabetes medicine
3. Heart medicine

Strategies used to cope with a lack of medical services

In contrast to April, no strategies to cope with a lack of medical services were reported as the community has been almost entirely evacuated.

Unusual outbreaks of disease[6]

None reported in May, with no change from April indicated.

Availability of medical personnel

Personnel available: No medical personnel was reportedly left in Qaboun in May.

Others providing medical services: No one provided medical services in May.

Change since April	↓

Unavailable medical items[4]

All assessed medical items were unavailable in Qaboun in May as all remaining stocks were looted and the last hospital was closed down, while no additional medical supplies were able to enter the neighbourhood.

Change since April	↓

Medical services available

Child immunization	✗
Diarrhoea management	✗
Emergency care	✗
Skilled childbirth care	✗
Surgery[3]	✗
Diabetes care	✗
Change since April	↕

FOOD

Change in food situation compared to April:	↓

Food decreased in Qaboun in April and continued to decrease in May due to the further depletion of food stocks since the closure of both formal and informal access points to the neighbourhood in February.

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

Both men and women reportedly reduced the size of their meals to cope with food shortages in May.

Deaths attributable to a lack of food[6]

None reported in May, with no change from April indicated.

Most common methods of obtaining food at the household level

Meal distributions were the most common means of obtaining food in May as markets and shops have shut down in Qaboun.

Most common methods of obtaining bread at the household level

Most common source: Bread was unavailable in May.

Challenges to obtaining bread: Bread was unavailable in May due to the further depletion of food stocks since the closure of formal and informal access points to the region in February.

Change since April	↓

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[7]

In contrast to April where the cost of a standard food basket in Qaboun was 275% higher than in nearby neighbourhoods not considered hard-to-reach, all core food items were reported unavailable in Qaboun in May. It has therefore not been possible to calculate a standard food basket price for Qaboun this month.

Food item availability / prices

While most core food basket items were reported available in markets in Qaboun in April - although average prices nearly tripled those in nearby communities not considered besieged or hard-to-reach - no assessed food items were reported available in May. The dramatic decrease in food item availability occurred due to the depletion of stocks within the community as well as the departure of a vast majority of the community's population.

WASH item availability / prices

As opposed to April when soap, laundry powder and sanitary pads were reportedly available in Qaboun, only sanitary pads remained available in May. The price of sanitary pads dropped by 33% due to a lack of demand as the fighting in Qaboun led to most, if not all, women evacuating the neighbourhood.

Fuel availability / prices

No fuel items were available in Qaboun in May due to the depletion of stocks in the community as well as the closing down of markets and the lack of demand as a vast majority of community members was evacuated by the end of May.

Strategies used to cope with a lack of fuel:

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[8]

	Item	Qaboun	Price change since April[10]	Nearby non-hard-to-reach areas[9]
Food Items	Bread private bakery (pack)	Not available	◆	181
	Bread public bakery (pack)	Not available	◆	53
	Rice (1kg)	Not available	Available	500
	Bulgur (1kg)	Not available	Available	322
	Lentils (1kg)	Not available	Available	588
	Chicken (1kg)	Not available	◆	1256
	Mutton (1kg)	Not available	Available	4256
	Tomato (1kg)	Not available	◆	247
	Cucumber (1kg)	Not available	◆	275
	Milk (litre)	Not available	◆	256
	Flour (1kg)	Not available	◆	301
	Eggs (1)	Not available	◆	58
	Iodised salt (500g)	Not available	◆	140
	Sugar (1 kg)	Not available	Available	444
	Cooking oil (litre)	Not available	Available	850
WASH Items	Soap (1 bar)	Not available	Available	146
	Laundry powder (1kg)	Not available	Available	888
	Sanitary pads (9)	500[11]	↓ -33%	438
	Toothpaste (125ml)	Not available	◆	245
	Disposable diapers (24 pack)	Not available	◆	2188
Fuel	Butane (cannister)	Not available	◆	2960
	Diesel (litre)	Not available	Available	290
	Propane (cannister)	Not available	◆	4500
	Kerosene (litre)	Not available	◆	350
	Coal (kg)	Not available	◆	350
	Firewood (tonne)	Not available	◆	50000

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

Endnotes

[1] Figures based on population estimates by local actors within the community.

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

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

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

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

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

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

[8] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017).

[9] Nearby communities in Homs governorate which are not considered besieged/hard-to-reach: Jalaa, Midan Wastani, Ayoubiyah, Zahreh.

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

[11] Generally unavailable in markets (<6 days this month).

Syria Community Profile Update: Wadi Burda, Rural Damascus
May 2017

FOR HUMANITARIAN PURPOSES ONLY

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	Suq Wadi Burda	Deir Qanun	Kafr Elawamid
UN classification	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach
Estimated population (individuals)[1]	5000-5500	4800	8000	9000	6900	7300	3100
Of which estimated IDPs[1]	2800-3000	820	760	3100	810	840	560
% pre-conflict population remaining	76-100%	76-100%	76-100%	51-75%	51-75%	51-75%	76-100%
% of population that are female	26-50%	51-75%	26-50%	26-50%	51-75%	51-75%	51-75%
% of female-headed households	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%	1-25%

SUMMARY

Information in this profile was gathered from seven communities within the Wadi Burda region, northwest of Damascus city: Barhaliya, Hseiniyeh, Kafir Elzeit, Deir Maqran, Suq Wadi Burda, Deir Qanun and Kafr Elawamid. These seven communities, all classified by the UN as hard-to-reach, were profiled for the first time in August 2016. Assessements of Bseimeh and Ein Elfijeh ceased in January, as no populations reportedly remained following a shift in control across the Wadi Burda area. While this profile presents the situation in May, comparisons were made to April.

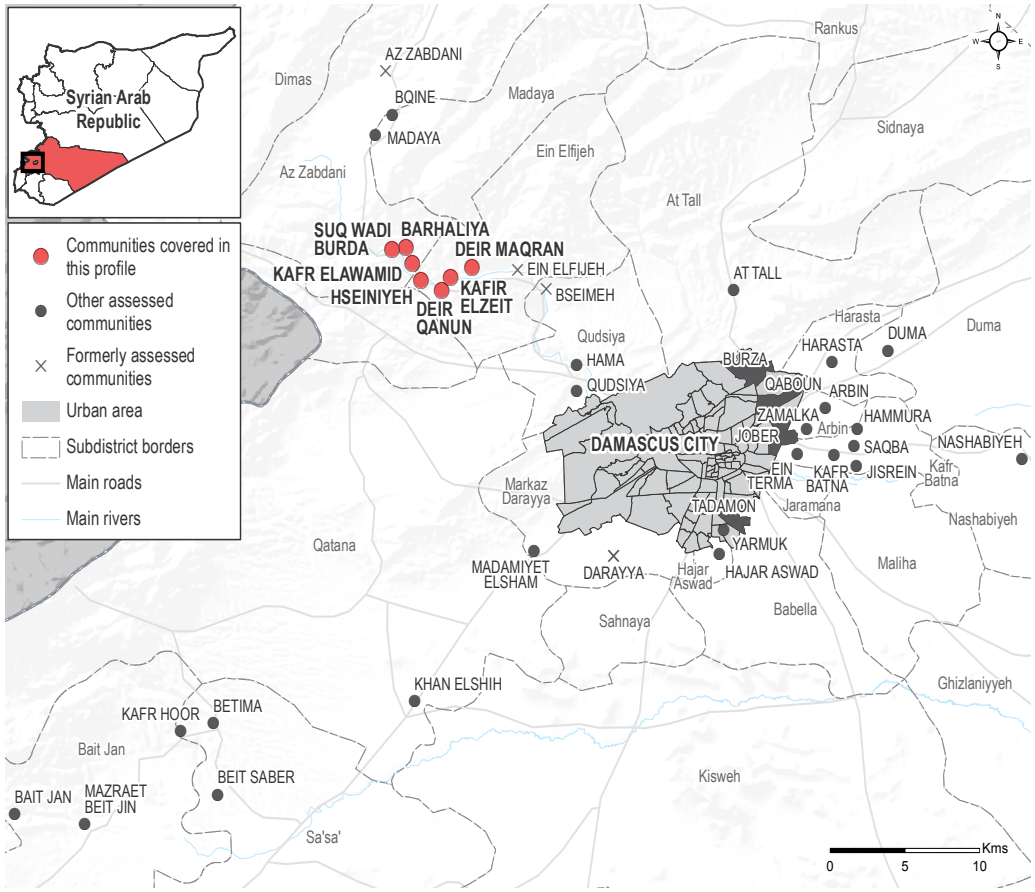
A significant improvement across all indicators was first observed in Wadi Burda in February, following the signing of a local truce agreement on 30 January. This followed a period of intense hostilities and tight access restrictions which commenced in December 2016, and negatively impacted the security and humanitarian situations across the whole Wadi Burda area.

In May, the overall humanitarian situation in Wadi Burda improved further, for the fourth consecutive month since the implementation of the truce agreement. This was largely due to the entry of a second humanitarian delivery, as well as additional repairs to the water network which increased access to drinking water.

Restrictions on civilian movement have remained unchanged since March, with an estimated 26-50% of Wadi Burda residents using formal access points to leave and enter the area. These included

METHODOLOGY

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



CHANGES SINCE APRIL

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	↑

students, employees, women and children. Although populations could move freely across assessed communities, perceived heightened risks of detention were reported in May. While commercial access was not altered in May, with several restrictions still in place, **humanitarian vehicles were allowed to enter Wadi Burda on 6 May, for the first time since March, delivering food, NFIs and medical items.**

In addition to goods that were delivered via the humanitarian convoy, food, fuels, NFIs and medicine also continued to enter Wadi Burda through commercial vehicles and civilians, who were procuring such items from nearby communities. **Following the progressively increasing movement of goods, no negative coping strategies related to lack of food or fuel were reported in the communities in May, for the third and second consecutive month, respectively.**

As a result of additional repairs to the water network, access to drinking water further increased in all Wadi Burda communities in May. Access to electricity remained unchanged, with populations mainly relying on generators, with intermittent access to the electrical network. While no barriers to education were reported in any of the communities, notably all children were on summer break in May.

The overall health situation, which improved progressively between February and April, remained largely unchanged in May. While permanent medical facilities were available in all of the assessed communities, segments of the populations continued to report that financial constraints limited their access to health services. Additionally, childbirth care remained unavailable in Wadi Burda, while men were hesitant to travel outside the community to seek medical assistance due to perceived security risks associated with such movement.

MOVEMENT OF CIVILIANS

People able to leave[2]

Change in # people able to leave compared to April: ↔

All communities: Three formal access points, allowing movement to and from Wadi Burda, continued to be reported in May. As has been the case since the communities implemented the truce agreement, employees and students were able to use these during weekdays upon presenting identification, while women and children could leave at the discretion of local authorities. For the fourth consecutive month, an estimated 26-50% of Wadi Burda residents could use the formal access points.

While populations could move between all assessed Wadi Burda communities unrestrictedly, some security concerns related to perceived risks of detention were reported in May.

In contrast to previous months following the truce agreement, no additional relocations or population movement was reported in May.

Informal points used: None reported.

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

All communities: Conscription and verbal harassment; in particular, women continued to feel unsafe when using the access points due to the risk of harassment. Further, in May, detention was also reported as a perceived risk related to travelling into and out of Wadi Burda.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since April: ↔

The number of commercial vehicles entering the Wadi Burda area remained unchanged in May, compared to March and April. Traders continued to be restricted in the size of loads they were allowed to bring each week. Implemented restrictions also remained, and included documentation requirements, the payment of fees, limitations on day and times of entry, searches and partial confiscation of loads.

Humanitarian vehicles

Change since April: ↑

A humanitarian convoy consisting of 20 trucks entered Wadi Burda on 6 May, delivering food, NFIs and medical items. This was an improvement since April, when no humanitarian deliveries occured. However, the aid quantities were limited, and were solely directed towards poorer families, excluding other sections of the population. Overcrowding at distribution points was also reported.

Prior to the entry of aid on 6 May, the last humanitarian delivery occured in March (which was also the first time aid entered Wadi Burda since assesments of the community began in August 2016).

Goods entered

As has been the case since the opening of access points in February, food, fuels, NFIs and medicine continued to enter Wadi Burda in May via commercial vehicles and civilians travelling and bringing back goods from nearby communities.

The delivery of food, NFIs and medical items via the humanitarian convoy additionally increased the amount of such goods entering the communities compared to April, while the amount of fuel remained unchanged.

ACCESS TO SERVICES*

Access to drinking water increased further in May, following additional repairs to the main water network. Access to water has progressively been increasing across all assessed communities since the implementation of the truce agreement, and community representatives predicted that repairs would finalize shortly, with a view to restoring full access. While residents in all communities were able to connect to the electrical network, such access remained intermittent, and generators continued to be reported as the main source of electricity in Wadi Burda in May. Repairs to the network were reportedly planned. Pre-conflict primary, secondary and high-schools were available in all Wadi Burda communities (except in Hseiniyeh, where no high-schools were reported), with no barriers to education reported; however, following the end of the school year, children did not attend classes in May.

	WATER			ELECTRICITY			EDUCATION		
	Main source of drinking water (Status**)	Available water to meet household needs (Coping strategies)	Access to water network per week	Access to electricity network per day	Access to electricity (Main source) per day		Available education facilities	Barriers to education	Change in # of children attending school (since April)
Barhaliya	↑ Water network (Safe to drink)	Sufficient	5-6 days	↕ 1-2 hours	2-4 hours (Generator)	↕	Pre-conflict primary, secondary and high schools	None reported	All school-aged children on summer vacation
Hseiniyeh	↑ Water network (Safe to drink)	Sufficient	5-6 days	↕ 1-2 hours	2-4 hours (Generator)	↕	Pre-conflict primary and secondary schools	None reported	All school-aged children on summer vacation
Kafir Elzeit	↑ Water network (Safe to drink)	Sufficient	5-6 days	↕ 1-2 hours	2-4 hours (Generator)	↕	Pre-conflict primary, secondary and high schools	None reported	All school-aged children on summer vacation
Deir Maqran	↑ Water network (Safe to drink)	Sufficient	5-6 days	↕ 1-2 hours	2-4 hours (Generator)	↕	Pre-conflict primary, secondary and high schools	None reported	All school-aged children on summer vacation
Suq Wadi Burda	↑ Water network (Safe to drink)	Sufficient	5-6 days	↕ 1-2 hours	2-4 hours (Generator)	↕	Pre-conflict primary, secondary and high schools	None reported	All school-aged children on summer vacation
Deir Qanun	↑ Water network (Safe to drink)	Sufficient	5-6 days	↕ 1-2 hours	2-4 hours (Generator)	↕	Pre-conflict primary, secondary and high schools	None reported	All school-aged children on summer vacation
Kafr Elawamid	↑ Water network (Safe to drink)	Sufficient	5-6 days	↕ 1-2 hours	2-4 hours (Generator)	↕	Pre-conflict primary, secondary and high schools	None reported	All school-aged children on summer vacation

*Arrows indicate change in access since April.

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

✓ Available
✓ Sometimes available
✗ Not available

↑ Positive increase
↕ No change
↓ Negative decrease

↑ Negative increase
↓ Positive decrease

Permanent medical facilities available

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

HEALTH SERVICES

Change in health situation compared to April: ⇕

The overall medical situation across the assessed Wadi Burda communities remained largely unchanged in May, having progressively improved since February following the implementation of the truce agreement.

Since March, all assessed medical items have been available in all of the Wadi Burda communities. Although quantities of medical items increased slightly in May, with the entry of the humanitarian convoy, the overall access to health services remained largely unchanged.

While there were plans to restore childbirth services in the communities, according to community representatives, such services remained unavailable in May, and women had to travel to Damascus to for seek skilled assistance. Some severe medical cases which were not able to receive appropriate services inside the communities had to travel to Damascus for this purpose as well.. However, men in the communities continued to avoid such movement due to the perceived risks of detention and conscription.

Since February, when the health situation in Wadi Burda started to improve, private clinics have opened in all of the assessed communities in addition to public healthcare facilities; however, due to prohibitive costs, only certain parts of the populations have been able to access these.

Medical facilities and services

The type and number of medical facilities remained unchanged in May, with private clinics reported in all communities, in addition to primary healthcare facilities. The availability of medical facilities in Wadi Burda has not changed since the implementation of the truce agreement in February.

Child immunizations, which became available in April, remained as such in May. Skilled childbirth care remained unavailable in all assessed communities, as has been the case since December 2016.

Change since April ⇕

Availability of medical personnel

No change was reported in the overall number of available medical personnel in Wadi Burda in May. Trained doctors and nurses continued to be present across all of the assessed communities. Additionally, pharmacists were reported in most of the communities, while dentists were also present in Hseiniyeh and Deir Qanun, and midwives as well as medical and pharmacy students in Deir Qanun.

Due to the availability of sufficient skilled personnel, volunteers providing medical assistance have not been reported in the communities since March.

Change since April ⇕

Unavailable medical items[3]

For the third consecutive month since March, all assessed medical items were available across the Wadi Burda communities in May. Additionally, following the entry of medical items via the humanitarian delivery, the overall amount available in the communities increased.

Change since April ↑

Most needed medical items[4]

Across communities assessed in Wadi Burda, the most needed medical items in May were reportedly:

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

Unusual outbreaks of disease[5]

None reported.

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

All communities: None reported, as has been the case since January.

Medical services available

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

FOOD

Change in food situation compared to April:	◆

The food situation in Wadi Burda remained largely unchanged in May, after having progressively improved since February. All core food items (except bread from public bakeries) were generally available,[7] and no coping strategies related to the lack of food were reported for the third consecutive month.

Most common methods of obtaining food at the household level

All communities: Receiving from food distributions, purchasing from shops and markets.

Most common methods of obtaining bread at the household level

All communities: Private bakeries.

Private bakeries started operating across all assessed communities in April, and access remained unchanged in May. No barriers to obtaining bread every day were reported.

Change since April	◆

Strategies used to cope with a lack of food

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

✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

No strategies related to a lack of food were reported in any of the Wadi Burda communities, as has been the case since March.

Deaths attributable to a lack of food[5]

No cases reported across Wadi Burda.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[8]

	Wadi Burda	Nearby areas[9]
Average cost in May (SYP)[10]	32150	32962
Change since April	◆	◆

The price of a standard food basket in Wadi Burda remained unchanged in May, for the fourth consecutive month since access restrictions were relaxed at the end of January. It also remained similar to the price of a standard food basket in nearby communities not considered hard-to-reach.

Food item availability / prices

Availability of assessed core food items in markets remained largely unchanged between April and May. All items were generally available, with the exception of bread from public bakeries (such bakeries were not yet operating). The price of fresh vegetables (tomatoes and cucumber), which had previously increased due to nationwide shortages, decreased in May by 25% and 29%, respectively. Although marginal increases in the price of mutton and salt were reported, overall price levels remained stable in Wadi Burda.

Core food items in the assessed communities remained on average 12% more expensive than in nearby areas not considered hard-to-reach.

WASH item availability / prices

Price and availability of assessed hygiene and sanitation products (soap, laundry powder, sanitary pads, toothpaste, disposable diapers) remained unchanged between April and May, with all items generally available. While these items were on average 77% more expensive than in nearby communities, this price gap decreased in May (from 135% in April).

Fuel availability / prices

Butane remained generally available, while diesel, kerosene and coal remained sometimes available[11] in Wadi Burda in May. Firewood, which became unavailable in April, due to lower seasonal demand, remained as such in May. Prices decreased by an average 7% compared to April, but remained 15% higher than in nearby commmunities not considered hard-to-reach.

Strategies used to cope with a lack of fuel:

For the second consecutive month, no negative coping strategies related to a lack of fuel were reported across the assessed communities.

CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX[10]

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

	Item	Wadi Burda average	Price change since April[12]		Nearby non-hard-to-reach communities[9]
Food Items	Bread, private bakery (pack)	100[7]	⇕		100
	Bread, public bakery (pack)	Not available	⇕		58
	Rice (1kg)	550[7]	⇕		535
	Bulgur (1kg)	493[7]	⇕		320
	Lentils (1kg)	493[7]	⇕		525
	Chicken (1kg)	1450[7]	⇕		1120
	Mutton (1kg)	5000[7]	↑	+11%	3925
	Tomato (1kg)	264[7]	↓	-25%	410
	Cucumber (1kg)	214[7]	↓	-29%	318
	Milk (litre)	250[7]	⇕		215
	Flour (1kg)	150[7]	⇕		233
	Eggs (1)	60[7]	⇕		50
	Iodised salt (500g)	150[7]	↑	+16%	65
	Sugar (1 kg)	500[7]	⇕		438
	Cooking oil (litre)	800[7]	⇕		1225
WASH Items	Soap (1 bar)	150[7]	⇕		113
	Laundry powder (1kg)	2500[7]	⇕		875
	Sanitary pads (9)	750[7]	⇕		444
	Toothpaste (125ml)	400[7]	⇕		382
	Disposable diapers (24 pack)	3000[7]	⇕		1575
Fuel	Butane (cannister)	3000[7]	↓	-6%	2925
	Diesel (litre)	400[11]	↓	-11%	280
	Propane (cannister)	Not available	⇕		2560
	Kerosene (litre)	400[11]	↓	-11%	400
	Coal (kg)	450[11]	⇕		450
	Firewood (tonne)	Not available	⇕		Not available

Endnotes

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

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

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

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

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

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

[7] Generally available in markets (more than 20 days this month)

[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: April 2017' (link here).

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

[10] $1 = 515 SYP (UN operational rate of exchange as of 1 June 2017)

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

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

✓ Available
✓ Sometimes available
✗ Not available

↑ Positive increase
⇕ No change
↓ Negative decrease

↑ Negative increase
↓ Positive decrease

Syria Community Profile Update: Yarmuk, Damascus
May 2017

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

The Palestinian community of Yarmuk, located in the southern suburbs of Damascus, has faced a deteriorating humanitarian situation since early 2013, and was classified as besieged in 2014. In April 2016, direct fighting between multiple parties present in the community intensified significantly, leading to increased access restrictions in June and August. The conflict further intensified in October and December, leading to an additional worsening of the overall situation, including damage to the main water source, later repaired in March 2017.

In May, as part of a local truce agreement, negotiations for the evacuation of some fighters began on the 8th and were reportedly ongoing at the time of writing. Meanwhile, a separate truce agreement reached in early June resulted in the planned evacuation of more fighters. No further details were available at the time of writing.

Overall, the humanitarian situation in Yarmuk declined in May. No humanitarian or commercial vehicles were allowed entry, and the medical situation deteriorated in comparison to the previous month. Meanwhile, access to basic services remained limited, though availability of commodities improved.

Women reportedly continued to face the threat of sexual harrassment when moving in public spaces. In addition, they were obliged to cover their faces and wear black cloaks, and did not feel safe in certain areas of the community. Meanwhile, risks of verbal and sexual harrassment and confiscation of documents, while attempting to enter and exit Yarmuk, persisted.

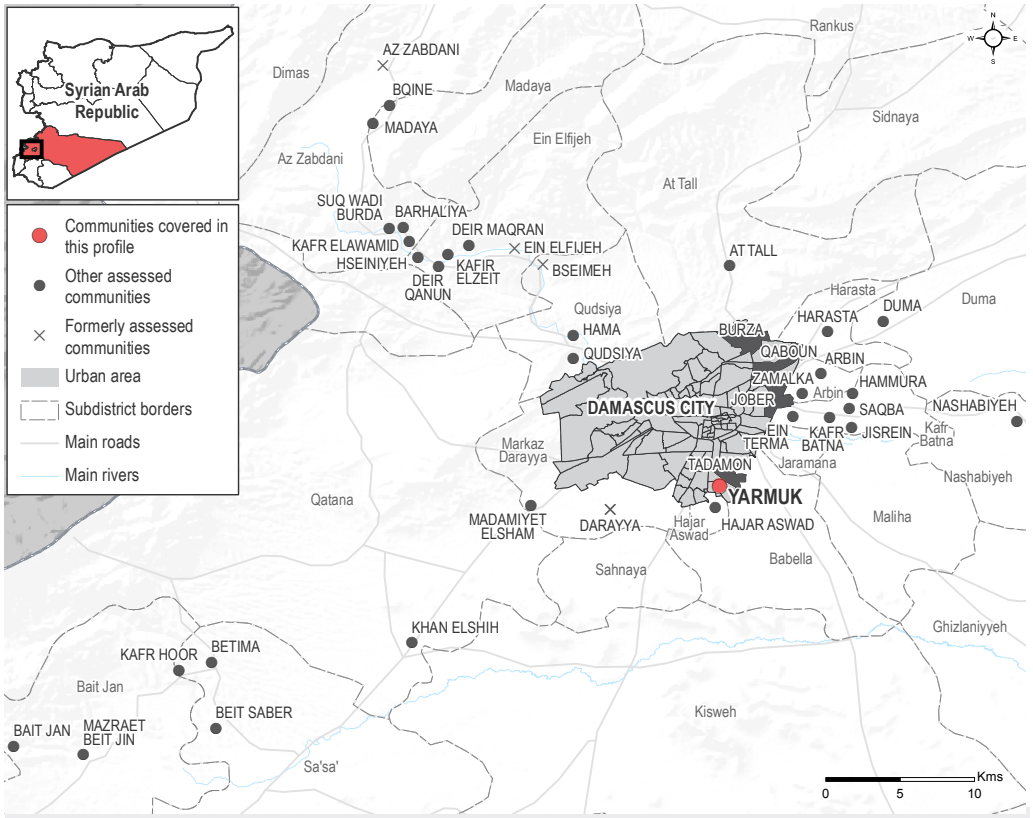
The closure of primary healthcare facilities in May due to lack of necessary staff, as well as anaesthetics becoming unavailable, placed further strain on the health situation in Yarmuk. Access to basic services remained unchanged, with water supplies reportedly sufficient, but limited access to electricity and barriers to education.

Meanwhile, availability of assessed fuel and core food items increased, although some fuel items remained unavailable, and prices for several food items increased.

UN classification:	Besieged
Estimated population[1]:	7500-8500
Of which IDPs[1]:	600-700
% pre-conflict population remaining:	1-25%
% population female:	1-25%
% of female-headed households	1-25%

CHANGES SINCE APRIL

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



METHODOLOGY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to April:	⇕

People able to leave[2]

In May, around 11-25% of the population were able to enter and exit the community, as was the case in most assessed months since August 2016. Previously, in January and February 2017, access reportedly tightened temporarily due to a shift in authorities at formal checkpoints.

In general, women, children and elderly people who provided identification have been able to use formal routes a few times per month since assessments began, including in May. Meanwhile, residents have been accessing informal routes since at least July 2016.

Verbal harassment persisted as reported risks for men and women using formal and informal access points. Women also reportedly faced sexual harassment and felt unsafe in certain areas of the community. They also continued to be required to wear black cloaks and cover their faces in public.

Informal points used: Yes.

Risks faced when trying to enter or exit

Formal: Confiscation of documents, verbal harrassment of men and women, sexual harassment of women
Informal: Gunfire, verbal and sexual harassment.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Able to enter: None reported

Change since April:	⇕

Humanitarian vehicles

No humanitarian vehicles were permitted entry into Yarmuk in May, as has been the case in all assessed months except for April 2017. In April, while a humanitarian delivery took place on the 23rd, supplies only reached areas of the community under certain administration and military control, and the vast majority of the population did not receive any aid.

Change since April:	↓

Goods entered

In May, the amount of goods entering Yarmuk remained similar to that of the past four months. Previously, a decrease in goods allowed into the community occurred in February, due to the tightening of access restrictions. Goods entered via residents leaving Yarmuk and purchasing items from nearby areas.

HEALTH SERVICES

Change in health situation compared to April:	↓

For the first time since October 2016, the health situation in May deteriorated notably with the closure of primary healthcare facilities. These facilities were previously operational for a few days per week, with medical staff traveling to the community from nearby areas. However, medical staff reportedly did not come to Yarmuk in May.

Residents' access to medical care continued to vary between locations within Yarmuk in May, while access to care in neighbouring areas was reportedly influenced by political and religious affiliation. Anaesthetics were reported as sometimes available to a small part of the community in April due to the aid delivery that month, but were unavailable in May. Other medical items continued to enter Yarmuk via civilians bringing them from nearby areas. In comparison to April, the range of reported deaths stayed the same.[3]

ACCESS TO SERVICES*

There were no reported changes in access to services in May. Previously, access to and quality of water improved in March, following repairs to the Ein Al-Fijeh water spring and procurement of additional water trucks in Yarmuk. Residents continued to rely on generators for electricity, and access to schools has remained the same for the past eight months, with many children reportedly attending informal schools, due to parents' disapproval of the curriculum available in pre-conflict schools in certain areas of the community.

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

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

Permanent medical facilities available

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

Availability of medical personnel

Personnel available: Professionally trained doctors, nurses and midwives.

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

Medical services available

Child immunization	✗
Diarrhoea management	✓
Emergency care	✓
Skilled childbirth care	✓
Surgery[6]	✓
Diabetes care	✗
Change since April	⇕

Strategies used to cope with a lack of medical services

Recycling medical items (e.g. bandages, syringes, needles) has been reported since

assessments began in June 2016, while using expired medicine was first reported in November 2016.

Unavailable medical items[4]

Unavailable: Burn treatment, clean bandages, blood transfusion bags, anaesthetics, anti-anxiety and diabetes medicine.

Change since April	↓

Most needed medical items[5]

1. Clean bandages
2. Anaesthetics
3. Antibiotics

Unusual outbreaks of disease

None reported, as has been the case since at least June 2016.

FOOD

Change in food situation compared to April:	↕

Most common methods of obtaining food at the household level

Purchasing from shops and markets.

As has been the case in previous months, availability of food depended on the ability of residents to enter and exit the community to bring items from nearby, non-besieged areas.

Civilians from Yarmuk were reportedly able to purchase food in the nearby communities of Yalda and Babella in May, as was the case previously. However, in contrast to past months, food items could not be obtained from aid distributions in the two communities, as there were no humanitarian deliveries in Yalda and Babella in May.

Most common methods of obtaining bread at the household level

Most common source: Shops in the community.

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

Unlike in previous assessed months, residents of Yarmuk were unable to obtain bread from aid distributions in Yalda and Babella in May.

Change since April	↕

Strategies used to cope with a lack of food

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

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

In some families, men and women reportedly ate less, so that children could eat more.

Deaths attributable to a lack of food[3]

None reported, as has been the case since at least June 2016.

Change since April	↕

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket[7]

	Yarmuk	Nearby areas[8]
Average cost May (SYP)[9]	28070	29627
Change since April	↕	↕

In April, there was no notable change in the price of a standard food basket in Yarmuk, and no significant price difference was reported between Yarmuk and neighbouring areas of Damascus City not considered besieged. Bulgur and rice were notably less expensive than in nearby, non-besieged areas, with prices lower by 71% and 50%, respectively.

Food item availability / prices

In contrast to the previous three months, there was a slight increase in availabilty reported for assessed food items in May. The price of cucumbers dropped by 50%, but the price of lentils, chicken and mutton increased by 11%, 9% and 9%, respectively. After rising 60% in April, the price of tomatoes remained the same in May, but was 62% higher than prices in non-hard-to-reach areas of Damascus.

WASH item availability / prices

The availability of assessed hygiene and sanitation items remained largely unchanged in Yarmuk in May, as was the case in April and since September 2016. The price of all assessed items remained the same except for toothpaste, which experienced an 11% decrease. On average, hygiene items were 7% cheaper than those in nearby areas not considered hard-to-reach.

Fuel availability / prices

The overall availability of assessed fuel items in Yarmuk increased in May due to lower seasonal demands. However, propane, kerosene and coal having remained unavailable since assessments began in June 2016. Both butane and diesel were generally available[11], in contrast to April when they were reported only sometimes available[12]. However, after declining by 27% in April, there was a rise of 9% in the price of diesel, most likely due to persisting access restrictions in the community. Meanwhile, firewood was 150% more expensive in Yarmuk than in nearby areas not considered besieged.

Strategies used to cope with a lack of fuel: Burning plastics and furniture not in use.

Despite the increase in availability of fuel, negative coping strategies were still reported in May, and have been since at least October 2016.

REACH Informing more effective humanitarian action

SIRF Syria INGO Regional Forum

✓ Available
✓ Sometimes available
✗ Not available

↑ Positive increase
↕ No change
↓ Negative decrease

↑ Negative increase
↓ Positive decrease

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX[9]

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

	Item	Yarmuk	Price change since April[10]		Nearby non-hard-to-reach areas[8]
Food Items	Bread private bakery (pack)	Not available	◆		181
	Bread public bakery (pack)	Not available	◆		53
	Rice (1kg)	250[11]	◆		500
	Bulgur (1kg)	300[11]	◆		1042
	Lentils (1kg)	500[11]	▲	+11%	588
	Chicken (1kg)	1200[12]	▲	+9%	1256
	Mutton (1kg)	3800[12]	▲	+9%	4256
	Tomato (1kg)	400[11]	◆		247
	Cucumber (1kg)	250[11]	▼	-50%	275
	Milk (litre)	250[12]	◆		256
	Flour (1kg)	300[11]	◆		301
	Eggs (1)	55[11]	◆		58
	Iodised salt (500g)	150[11]	◆		140
	Sugar (1 kg)	400[11]	◆		444
	Cooking oil (litre)	750[11]	◆		850
WASH Items	Soap (1 bar)	125[11]	◆		146
	Laundry powder (1kg)	650[11]	◆		888
	Sanitary pads (9)	300[11]	◆		438
	Toothpaste (125ml)	450[11]	▼	-11%	245
	Disposable diapers (24 pack)	1650[11]	◆		2188
Fuel	Butane (cannister)	3800[11]	◆		2960
	Diesel (litre)	600[11]	▲	+9%	290
	Propane (cannister)	Not available	◆		4500
	Kerosene (litre)	Not available	◆		350
	Coal (kg)	Not available	◆		350
	Firewood (tonne)	125000[11]	◆		50000

Endnotes

[1] Figures based on population estimates by local actors within communities assessed. The last HNO population data (December 2016) estimates that the population in Yarmuk is about 9,800, including 6,000 IDPs.

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

[3] 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.

[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 2017'(link here). As bread was unavailable in private and public bakeries in Yarmuk, the food basket price for Yarmuk was calculated using the reported price of bread sold in shops (150 SYP).

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

[9] $1 = 515 SYP (UN operational rates of exchange as of 1 June 2017).

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

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

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