

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 162 community representatives inside Syria at the end of June and beginning of July 2017, these updates refer to the situation in June 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 June and early July 2017, REACH assessed the humanitarian situation in 41* communities in Syria currently facing restrictions on movement and access, 17 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 162 community representatives (CRs). **Across assessed indicators, the humanitarian situation improved some 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 Burza and Qaboun in May had significantly different impacts on the humanitarian situations in each of these neighbourhoods in June.** In Burza, access restrictions were lifted, allowing unrestricted civilian movement as well as commercial access; this resulted in improved food security, as availability of items increased while prices decreased. Conversely, in Qaboun, access restrictions remained in place, negatively affecting remaining residents, and the overall situation in the neighbourhood remained critical.
- **Intensified hostilities negatively affected the humanitarian situation in Jober**, as increased risks related to travel and movement led to a decrease in the amounts of food and non-food items entering the neighbourhood in June.
- **Escalation in conflict in Deir ez Zor governorate continued to affect Abu Kamal and Sosa**; while increased civilian movement was reported, further casualties were also observed in June. Additionally, an increase in the price of the United States Dollar in relation to the Syrian Pound negatively affected prices of all items available in the communities.
- **Humanitarian aid reached Ar Rastan and Talbiseh, Deir ez Zor city (Joura, Qosour), Hama and Qudsiya, and Harasta (Eastern Ghouta), while no aid was delivered to the remaining 34 assessed locations.**

List of Assessed Profiles June 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**
- **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

June 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Abu Kamal	Sosa
 UN classification	Hard-to-reach	Hard-to-reach
Estimated population¹:	39000	26000
Of which estimated IDPs¹:	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, approximately 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 United Nations. REACH first assessed the locations in April 2017.

Hostilities affecting Abu Kamal and Sosa, which escalated in May, intensified further in June. Conflict-related insecurity, combined with rising commodity prices, resulted in deteriorating humanitarian situations in both communities.

Following an intensification in conflict in May, the group known as the Islamic State of Iraq and the Levant (ISIL) allowed movement from Abu Kamal and Sosa through formal access points to other areas under its control. Such movement increased further in June following the intensification in

conflict; additionally, informal routes were reported among residents attempting to leave ISIL-controlled territory.

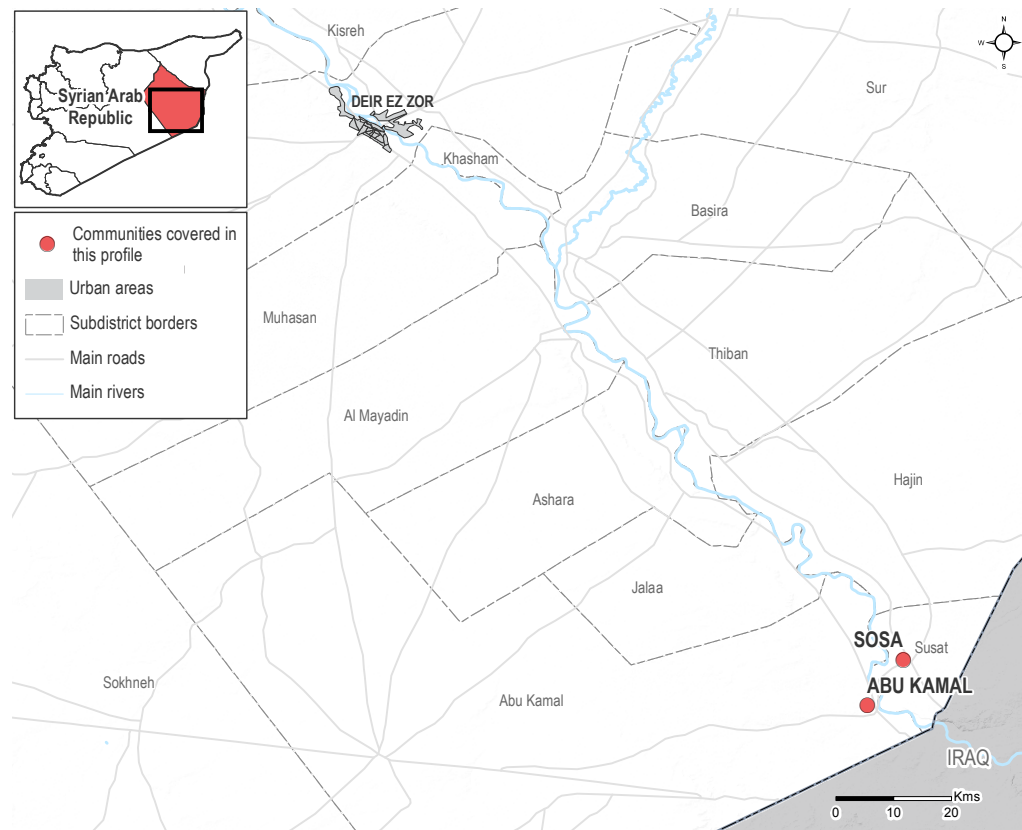
Food, fuels, NFIs and medical items entered the two communities via commercial vehicles, which originated from ISIL-controlled areas in Iraq. Entry of goods in this way has been reported since assessments first began.

At the time of data collection, ongoing hostilities had not had a negative effect on the availability of commodities in Abu Kamal and Sosa. However, **an increase in the exchange rate of the Syrian Pound to the United States Dollar resulted in higher prices across all assessed items in June.²**

Following additional repairs to the water network in Abu Kamal, access to drinking water was no longer reported as insufficient in June. Access to all other services, including medical assistance, remained unchanged between May and June in both communities.

CHANGES SINCE MAY

	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	↓	↓



METHODOLOGY

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

Coping strategies related to a lack of sufficient drinking water were no longer reported in Abu Kamal in June, an improvement from the previous two months. This was following repairs to the water network performed in the community in late May. Access to other basic services remained unchanged in both communities. While the electrical network was intermittently available, populations in both Abu Kamal and Sosa continued to rely on generators. No educational facilities were available in the communities, as parents did not approve of the curriculum offered, while all pre-conflict schools have been closed by ISIL.

		Abu Kamal	Sosa
WATER	Main source of drinking water (status)	Water network (water smelled bad, had a bad colour*)	Water network (water tasted bad, had a bad colour*)
	Available water to meet household needs (coping strategies)	Sufficient	Sufficient
	Access to water network per week	3-4 days	3-4 days
	Change since May	↑	◊
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 May	◊	◊
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 May	◊	◊

* 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 May: ↑

People able to leave³

Following an intensification in hostilities, formal access points opened in both Abu Kamal and Sosa in mid-May, allowing populations to leave the communities. This remained the case in June, with a further increase reported in the number of people traveling due to intensification in conflict. According to community representatives, everyone was allowed to leave the communities, upon presenting identification. However, travel was only allowed to other ISIL-controlled areas.

Further, in June, informal routes were reported for the first time since the communities were first assessed (April 2017). These were reportedly used by those attempting to leave ISIL-controlled territory, but such movement entailed considerable risks to life.

Movement inside Abu Kamal and Sosa remained unrestricted, but populations had to adhere to strict rules regarding clothing and behavior.

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

Formal access points: Verbal harassment, detention.

Informal access points: Detention, gunfire, landmines.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May in both communities: ◊

Both communities: As has been the case since assessments began in April 2016, some commercial vehicles continued to enter Abu Kamal and Sosa through formal access points in June. Various restrictions on access remained, including required fees, searches and confiscation of goods, and the handing over of documents. Most commercial vehicles entering were reportedly from Baghdad and Al Anbar governorate in Iraq. At the time of assessment,

community representatives did not report a decline in the number of commercial vehicles, despite intensified hostilities.

Humanitarian vehicles

Change since May 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 June. The amount of goods entering the communities has reportedly remained largely unchanged since assessments first began.

HEALTH SERVICES

Change since May in both communities: ◊

The overall health situation in Abu Kamal and Sosa, relating to the availability of medical facilities and services, did not change between May and June. Three hospitals, specialising in primary healthcare, obstetrics and surgeries, respectively, continued to operate in Abu Kamal. Although no healthcare facilities were reported in Sosa, residents remained able to seek services in Abu Kamal. **As all hospitals were private, some segments of the populations could not access medical care due to financial limitations. While there was no change in medical services available in the communities, a rising number of conflict-related casualties was reported in June.**

Unavailable medical items⁴

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

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

Change in both since May: ◊

Most needed medical items⁵

	Abu Kamal	Sosa
1. Heart medicine	Heart medicine	Heart medicine
2. Diabetes medicine	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 May	◊	◊

Medical services available

	AK	S
Child immunization	✗	✗
Diarrhoea management	✗	✗
Emergency care	✓	✗
Skilled childbirth care	✓	✗
Surgery ⁶	✓	✗
Diabetes care	✗	✗
Change since May	◊	◊

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 May ◊

Unusual outbreaks of disease⁷

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 May in both: ◊

Availability of assessed core food items has remained unchanged in Abu Kamal and Sosa since assessments began, with nearly all items generally available.⁸ However, in June, food security was negatively affected by price increases across all food items in both communities. This was due to fluctuations in the exchange rate of the US dollar used among traders in Deir ez Zor governorate and Iraq.

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: Flour, wheat and yeast unavailable, expensive or hard to access; fuel too expensive or hard to access.

Change in both since May ◊

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

While the food situation has remained stable, residents in both communities have reported reducing size of meals as a coping strategy since assessments began. According to community representatives, both men and women reduced meal size equally.

Deaths attributable to a lack of food⁷

Both communities: None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁹

	Abu Kamal	Sosa
Average cost (SYP) ¹⁰	56348	57710
Change since previous month	↑	↑




The cost of a standard food basket in Abu Kamal and Sosa increased between May and June by 9% and 10%, respectively. This was following an increase in the price of most assessed core food items which was largely tied to the fluctuations in the dollar exchange rate. The cost of a standard food basket remained similar between the two communities.

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, remained generally available in shops and markets in both Abu Kamal and Sosa. However, in contrast to previous assessment periods, price increases were observed across all core food items. This was reportedly due to the increased price of the dollar. Food items increased by an average 21% in Abu Kamal and 18% in Sosa, with the largest increases observed in the price of cucumbers and milk.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

	Item	Abu Kamal	Price changes since May ¹³	Sosa	Price changes since May ¹³
	Bread private bakery (pack)	350 ⁸	↑ +9%	400 ⁷	↑ +14%
	Bread public bakery (pack)	Not available	◇	Not available	◇
	Rice (1kg)	750 ⁸	↑ +11%	700 ⁷	↑ +8%
	Bulgur (1kg)	600 ⁸	↑ +9%	600 ⁷	↑ +9%
	Lentils (1kg)	850 ⁸	↑ +6%	850 ⁷	↑ +6%
	Chicken (1kg)	1400 ⁸	↑ +8%	1400 ⁷	↑ +8%
	Mutton (1kg)	3800 ⁸	↑ +9%	3800 ⁷	↑ +9%
	Tomato (1kg)	300 ⁸	↑ +33%	300 ⁷	↑ +20%
	Cucumber (1kg)	300 ⁸	↑ +50%	300 ⁷	↑ +50%
	Milk (litre)	300 ⁸	↑ +50%	300 ⁷	↑ +50%
	Flour (1kg)	300 ⁸	↑ +50%	300 ⁷	↑ +20%
	Eggs (1)	50 ⁸	↑ +25%	50 ⁷	↑ +25%
	Iodised salt (500g)	170 ⁸	↑ +13%	170 ⁷	↑ +13%
	Sugar (1 kg)	650 ⁸	↑ +8%	650 ⁷	↑ +8%
	Cooking oil (litre)	1000 ⁸	↑ +11%	1000 ⁷	↑ +11%
	Soap (1 bar)	300 ⁸	↑ +20%	300 ⁷	↑ +20%
	Laundry powder (1kg)	1500 ⁸	↑ +11%	1500 ⁷	↑ +11%
	Sanitary pads (9)	700 ⁸	↑ +8%	700 ⁷	↑ +8%
	Toothpaste (125ml)	700 ⁸	↑ +17%	700 ⁷	↑ +17%
	Disposable diapers (24 pack)	1950 ⁸	↑ +18%	1900 ⁷	↑ +15%
	Butane (cannister)	8500 ¹¹	↑ +13%	8500 ¹⁰	↑ +13%
	Diesel (litre)	200 ⁸	↑ +43%	200 ⁷	↑ +43%
	Propane (cannister)	8500 ¹¹	↑ +13%	8500 ¹⁰	↑ +13%
	Kerosene (litre)	200 ⁸	↑ +60%	200 ⁷	↑ +60%
	Coal (kg)	Not available	◇	Not available	◇
	Firewood (tonne)	55000 ¹²	↑ +22%	55000 ¹¹	↑ +22%

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.

WASH item availability / prices

Both communities: As was the case with food items, while the availability of assessed hygiene and sanitation products (soap, laundry powder, sanitary pads, toothpaste, disposable diapers) remained unchanged in June, prices were affected by the fluctuations in the exchange rate of the US dollar. On average, a 15% and 14% overall price increase was reported in Abu Kamal and Sosa, respectively.

Fuel availability / prices

Both communities: Diesel and kerosene remained generally available in Abu Kamal and Sosa, as has been the case since assessments of the communities began. Conversely, butane and propane were sometimes available.¹¹ Firewood remained generally unavailable,¹² due to lower seasonal demand. Fuels entered the communities via commercial vehicles, and some were also produced locally.

Fuel prices increased by an average of 30% in both communities between May and June.

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

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 75,000-80,000 individuals on Abu Kamal (including 17,000-17,500 IDPs), and 21,000-21,500 individuals in Sosa (including 500-600 IDPs).

² According to local actors, the price of 1 USD increased from 440 SYP in May to 495 SYP in June.

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

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

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

⁶ The 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 is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: May 2017' (link here).

¹⁰ \$1 = 515 SYP (UN operational rates of exchange as of 30 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.

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

June 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Ar Rastan	Talbiseh	Taldu
UN classification:	Hard-to-reach	Hard-to-reach	Hard-to-reach
Estimated population¹:	47000	41000	18000
Of which estimated IDPs¹:	9000	11000	640
% pre-conflict population remaining:	26-50%	26-50%	26-50%
% of population that are female:	26-50%	26-50%	26-50%
% of female-headed households	1-25%	1-25%	1-25%

SUMMARY

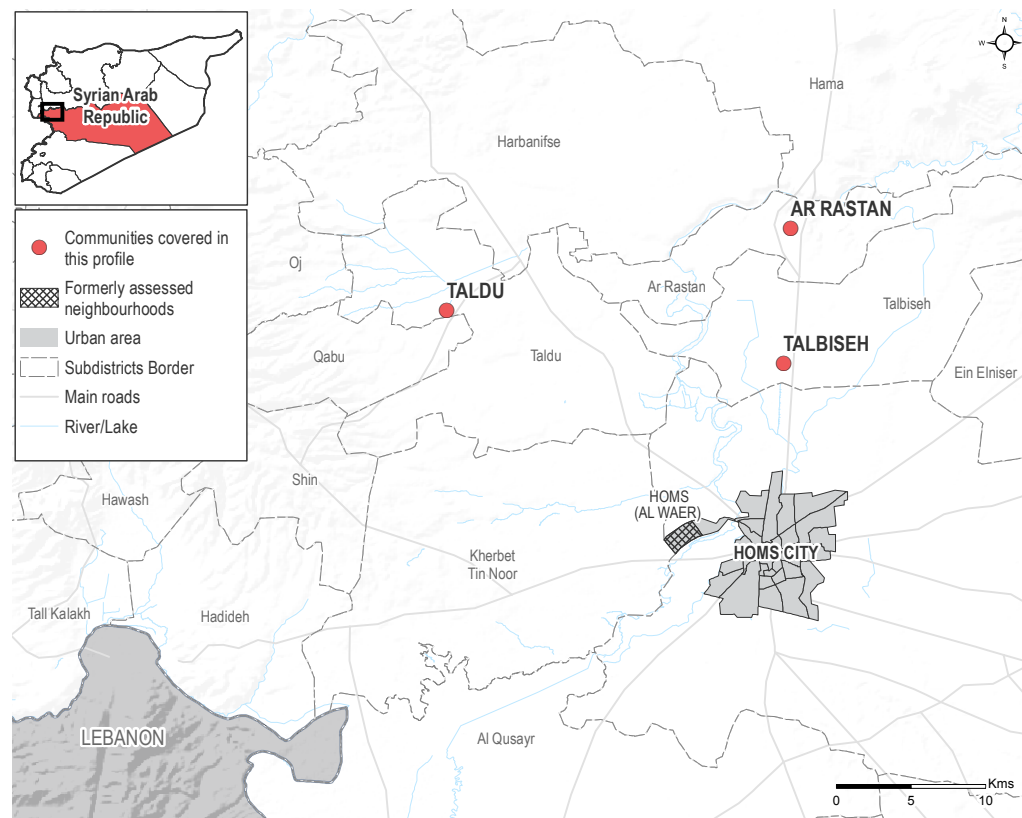
Situated between the cities of Homs and Hama, the communities of Ar Rastan, Talbiseh and Taldu have faced access restrictions since 2012. In early 2016, an escalation of conflict led to a deterioration in the humanitarian situation. The situation further deteriorated in October 2016, when conflict escalated again, before stabilising in November. In March 2017, all three communities faced a temporary tightening of access restrictions, leading to an increase in food prices. Such restrictions were loosened in April, when humanitarian aid entered all three communities.

In June, the overall humanitarian situation improved in Ar Rastan and Talbiseh, while it remained stable in Taldu. Improvements in Ar

Rastan and Talbiseh were due to the entering of humanitarian aid, including food, non-food and medical items. Further, access to bread significantly improved in all three communities, as distributions by local authorities and organisations were reportedly provided this month.

Civilian and commercial vehicle access to the wider contiguous area remained limited in June. Only 11-25% of the population were allowed through one formal route, and no commercial vehicles were allowed to enter.

However, humanitarian deliveries reached Ar Rastan and Talbiseh this month. This resulted in improvements to the health and food situations in the two communities. Further, skipping meals was



CHANGES SINCE MAY

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

no longer reported as a coping strategy in Talbiseh, for the first time since October 2016.

While the health situation remained unchanged in Taldu, core food item availability improved also in this community. As was the case in Ar Rastan and Talbiseh, distributions of bread by local authorities and organisations were reported in Taldu this month.

Access to basic services remained unchanged in all three communities. Available water was reportedly insufficient to meet household needs, as had been the case in May, and several coping strategies were reported to address water shortages. Further, household needs were reportedly higher due to rising temperatures. Electrical access remained similar to May, and no change in educational services has been reported since at least September 2016.

No other significant changes were reported in June in any of the three communities.

MOVEMENT OF CIVILIANS

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



People able to leave²

Since assessments began, residents have been able to move freely between the three communities. However, a risk of shelling was associated to moving in the area. This had been the case since assessments began.

Around 11-25% of residents from the three communities could enter and exit the wider contiguous area through one formal access point, open daily between 8 a.m. and 4 p.m. These included students and employees, who could travel upon presenting IDs at the checkpoint. As was the case in May, people with severe injuries were also reportedly able to leave through this formal route.

No informal access points were reportedly available in June, after being shut down in March.

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

All three communities: Shelling.

Taldu: Detention.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May in all three:



In June, commercial vehicles were free to travel between the three communities. However, no commercial vehicles entered the wider contiguous area through the only formal access point, as has been the case since

assessments began in June 2016.

Humanitarian vehicles

Change since May in Ar Rastan and Talbiseh:



Change since May in Taldu:



Humanitarian deliveries reached Ar Rastan and Talbiseh in June. Food, non-food and medical items were included in the delivery. Reportedly, all residents of these communities could access aid equally.

No humanitarian deliveries were reported in Taldu, where the last delivery had occurred in April, nor did residents of this community benefit from aid deliveries in other assessed areas.

ACCESS TO SERVICES

Water access in June continued to be reported as insufficient in all three communities, as had been the case since March. Reportedly, rising temperatures further increased water needs when compared to May. Closed wells remained the main source of drinking water in Taldu, as the water network in this area, though still functioning, has reportedly sustained damage. Additionally, barriers to accessing the network were present in May and June, due to local authorities. No change was reported in available volumes of water, access to electricity or education.

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

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

Goods entered

The amount of food, non-food and medical items entering increased in Ar Rastan and Talbiseh in June, due to humanitarian deliveries reaching the two communities. No change was reported in Taldu, where goods were mostly procured in nearby communities.

No change was reported in the amount of fuel entering the three communities in June. This continued to be obtained by residents from nearby communities. Local production supplemented the amount of food entering Talbiseh and Taldu, as had been the case in May.

HEALTH SERVICES

Change since May in Ar Rastan and Talbiseh:	↑
Change since May in Taldu:	◊

In June, the health situation improved in Ar Rastan and Talbiseh and stayed the same in Taldu, after having improved in all assessed communities in May.

The availability of medical facilities remained unchanged this month. However, due to humanitarian deliveries which reached Ar Rastan and Talbiseh, the amount of available medicine increased in these communities, compared to May.

No child immunization was available in June, in contrast to May. However, rounds of vaccination do not occur every month, and the last campaign had been reported in May. The last significant change to the availability of services occurred in December 2016, when diabetes care became unavailable in all three communities.

Reportedly, all residents in the three communities were able to access medical care equally, and no population group experienced particular issues in addressing their health concerns.

Strategies used to cope with a lack of medical services

No coping strategies were reported in June, as had been the case since October 2016.

Medical services available

	Ar Rastan	Talb.	Taldu
Child immunization	✗	✗	✗
Diarrhoea management	✓	✓	✓
Emergency care	✓	✓	✓
Skilled childbirth care	✓	✓	✓
Surgery ³	✓	✓	✓
Diabetes care	✗	✗	✗
Change since May	↓	↓	↓

Unavailable medical items⁴

All assessed items were reportedly available in the three communities, with the exception of diabetes and blood pressure medicine. These were available in Ar Rastan and Talbiseh, but only sometimes available in Taldu.

Change since May in Ar Rastan and Talbiseh	↑
Change since May in Taldu	◊

Unusual outbreaks of disease⁵

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

Permanent medical facilities available

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

Most needed medical items⁶

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

Availability of medical personnel

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

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

Change since May in all three	◊
-------------------------------	---

FOOD

Change since May 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

In June, skipping meals was no longer reported as a coping strategy in Talbiseh for the first time since October 2016. This was due to food aid being distributed in the community this month. However, the strategy was still reported in Ar Rastan and Taldu. Additionally, reducing the size of meals was reported in all three communities in June, as had been the case since October 2016.

Most common methods of obtaining food at the household level

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

Most common methods of obtaining bread at the household level

In contrast to May, distributions by local authorities, local charities or humanitarian organisations were the most common sources of bread in all three communities in June. As a result, access to bread significantly increased in Ar Rastan, Talbiseh and Taldu.

No issues accessing bread were reported in any of the three communities in June, as had been the case in May.

Changes since May in all three



Deaths attributable to a lack of food⁵

None reported across all three communities since September 2016.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Ar Rastan	Talb.	Taldu
Average cost (SYP) ⁸	25465	22538	24558
Change since previous month	↓	↓	↓

The price of a standard food basket significantly decreased in all three communities in June, compared to May. This was mainly due to bread being distributed by local authorities and organisations this month, and to lower bread prices in markets.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁸

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

	Item	Ar Rastan	Price change since May ¹⁰	Talbiseh	Price change since May ¹⁰	Taldu	Price change since May ¹⁰
Food Items 	Bread private bakery (pack)	125	↓ -38%	125	↓ -44%	100	↓ -50%
	Bread public bakery (pack)	Not available	◇	Not available	◇	Not available	◇
	Rice (1kg)	200	◇	150	↓ -40%	200	◇
	Bulgur (1kg)	200	◇	200	◇	200	◇
	Lentils (1kg)	450	↓ -10%	400	↓ -20%	500	↓ -17%
	Chicken (1kg)	1050	◇	1000	◇	1275	↑ +70%
	Mutton (1kg)	2900	◇	2800	◇	3300	↑ +10%
	Tomato (1kg)	175	↓ -30%	250	◇	175	↓ -22%
	Cucumber (1kg)	125	↓ -17%	125	↓ -17%	100	↓ -33%
	Milk (litre)	200	◇	200	◇	160	◇
	Flour (1kg)	250	◇	225	◇	200	◇
	Eggs (1)	40	↑ +14%	40	↓ -11%	35	↓ -22%
	Iodised salt (500g)	35	◇	35	◇	35	◇
	Sugar (1 kg)	360	◇	350	◇	350	◇
Cooking oil (litre)	850	◇	700	◇	750	◇	
WASH Items 	Soap (1 bar)	100	◇	100	◇	110	↑ +10%
	Laundry powder (1kg)	600	↓ -11%	600	↓ -8%	550	↓ -8%
	Sanitary pads (9)	650	◇	650	↑ +8%	650	◇
	Toothpaste (125ml)	250	◇	250	↑ +25%	250	↑ +11%
	Disposable diapers (24 pack)	1150	◇	1150	◇	1200	◇
Fuel 	Butane (cannister)	7100	◇	7000	↓ -7%	6700	◇
	Diesel (litre)	340	↓ -7%	345	◇	340	◇
	Propane (cannister)	Not available	◇	Not available	◇	Not available	◇
	Kerosene (litre)	Not available	◇	Not available	◇	Not available	◇
	Coal (kg)	Not available	◇	Not available	◇	Not available	◇
	Firewood (tonne)	Not available	◇	Not available	◇	Not available	◇

Due to limited coverage this month, 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.

Core food item availability

Prices of several assessed food items decreased in all three communities this month, compared to May. This was mostly due to the humanitarian distributions in Ar Rastan and Talbiseh, and the bread distributions carried out by local authorities and organisations. All assessed food items were generally available⁹ in markets in June, as had been the case in April and May. On average, compared to May, prices decreased by 6%, 9% and 5%, in Ar Rastan, Talbiseh and Taldu, respectively.

WASH item availability / prices

There was no significant change in the availability of assessed hygiene and sanitation items (soap, toothpaste, laundry powder, disposable diapers and sanitary pads) across the three communities in June. Prices remained also, on average, similar to those reported in May. Fluctuations observed in June depended on the availability and prices of items in nearby communities, where residents commonly obtained them.

Fuel availability / prices

The availability of fuel remained unchanged in June compared to May. Prices also remained the same in Taldu, this month. The price of butane decreased by 7% in Talbiseh, while the price of diesel dropped by 7% in Ar Rastan. The prices of these items had dropped also in May, compared to April.

Strategies used to cope with a lack of fuel:

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

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 is rather indicative of key medical items that speak to the trend in access to medical services in the area.

⁵ 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.

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

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

⁸ \$1 = 515 SYP (UN operational rates of exchange as of 30 June 2017).

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

¹⁰ Price fluctuations less than 5% were not reported.

Syria Community Profile Update: At Tall, Rural Damascus

June 2017



REACH Informing more effective humanitarian action

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 substantial access restrictions before a truce was reached on 2 December 2016. The truce resulted in the evacuation of 2,300 individuals and their families to Idleb governorate and comparative improvements 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 April 2017.

The humanitarian situation in At Tall, after improving in January and February, stabilised in March, and remained largely unchanged in April, May and June. Although no humanitarian vehicles have entered At Tall since January, commercial vehicles continued providing food, non-food items (NFIs), fuel and medical supplies to the community in June. 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 the electricity network incurred damage, access to basic services improved in May and stabilised in June, 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 June. The number of residents able to enter and exit the community via formal

FOR HUMANITARIAN PURPOSES ONLY

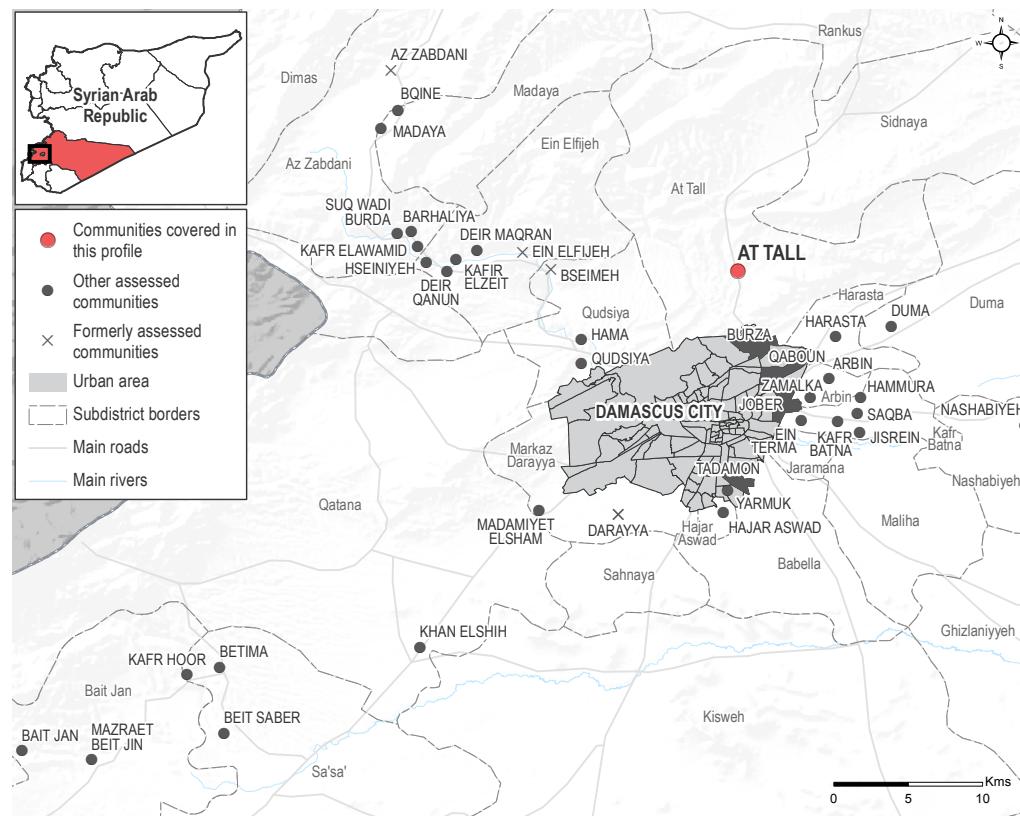
UN classification:	Hard-to-reach
Estimated population¹:	238650
Of which IDPs¹:	196260
% pre-conflict population remaining:	1-25%
% population female:	26-50%
% of female-headed households	1-25%

routes remained unchanged. Women affiliated with certain political groups reportedly continued to face verbal harassment at checkpoints, while the threat of conscription and detention continued to prevent men from obtaining medical care in nearby communities.

The health situation in At Tall remained largely unchanged in June, with the exception of child immunization services which were not provided this month.

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

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



METHODOLOGY

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

CHANGES SINCE MAY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May:



People able to leave²

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 June. 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 use some access points with documentation.

However, since the truce in December, detention and conscription have reportedly persisted as potential risks when exiting and entering the community throughout June. 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 May:



About the same number of commercial vehicles entered At Tall in June as in May. 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 May:



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

Goods entered

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

HEALTH SERVICES

Change in health situation compared to May:



After the number of private clinics increased in April, no new health facilities opened in May or June. Child immunization services became available in April for the first time since November 2016, but were not administered in June, because rounds of distributions took place in April and May. The number of assessed medical supplies remained stable in June after stocks increased slightly in April, due to increased commercial vehicles access following the truce agreement.

In June, low-income households continued to face barriers in accessing medical care due to prohibitive costs. Further, men with certain political affiliations were reportedly deterred from seeking treatment outside of At Tall 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 May	

ACCESS TO SERVICES*

Despite ongoing repairs to the water network in At Tall, no increase in the availability of drinking water was reported in June. After access to electricity decreased in April, following damage to generators supplying the main network due to overuse, access to electricity increased again in May, as the main network was repaired. The network remained functional in June. Educational access has not changed since December 2016, when some students reportedly left school due to a lack of school supplies, or to work. No 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 May.

** 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 May	

Most needed medical items⁵

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

Availability of medical personnel

Personnel available: Professionally trained doctors, nurses and midwives.

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

Change since May



Unavailable medical items⁴

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

Change since May



Strategies used to cope with a lack of medical services

None reported.

Unusual outbreaks of disease⁶:

None reported.

FOOD

Change in food situation compared to May:



Food availability remained similar in June, compared to May. 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 June.

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 generally available¹¹ at the market. In June, bread remained generally available and could be accessed everyday.

Change since May



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 June, as has been the case since February 2017.

Deaths attributable to a lack of food⁶

None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	At Tall	Nearby areas ⁸
Average cost (SYP) ⁹	31984	32220
Change since previous month 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 June, as was the case in May.

Food item availability / prices

Average prices of all assessed food items were generally identical to those recorded in May.

WASH item availability / prices

All assessed hygiene and sanitation items were reported as generally available¹¹ in June, as had also been the case in May. Prices remained the same over 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 and remained unchanged in June. Propane and firewood were reported unavailable in At Tall in June, as had been the case in May.

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 INDEX⁹

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

	Item	At Tall	Price change since May ¹⁰	Nearby non-hard-to-reach areas ⁸
Food Items 	Bread private bakery (pack)	100 ¹¹		100
	Bread public bakery (pack)	Not available		57
	Rice (1kg)	500 ¹¹		538
	Bulgur (1kg)	500 ¹¹		313
	Lentils (1kg)	500 ¹¹		488
	Chicken (1kg)	1350 ¹¹		1088
	Mutton (1kg)	5000 ¹¹		4000
	Tomato (1kg)	350 ¹¹		269
	Cucumber (1kg)	250 ¹¹		267
	Milk (litre)	250 ¹¹		213
	Flour (1kg)	150 ¹¹		233
	Eggs (1)	60 ¹¹		53
	Iodised salt (500g)	100 ¹¹		63
WASH Items 	Sugar (1 kg)	500 ¹¹		432
	Cooking oil (litre)	900 ¹¹		1225
	Soap (1 bar)	150 ¹¹		113
	Laundry powder (1kg)	2500 ¹¹		875
	Sanitary pads (9)	750 ¹¹		444
Fuel 	Toothpaste (125ml)	350 ¹¹		350
	Disposable diapers (24 pack)	2500 ¹¹		1525
	Butane (cannister)	3000 ¹²		2925
	Diesel (litre)	400 ¹²		288
	Propane (cannister)	Not available		2500
	Kerosene (litre)	400 ¹²		400
	Coal (kg)	400 ¹²		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 HNO 2017 population data (December 2016). Figures based on estimate by local actors within the community 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 a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

⁶ 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 is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: May 2017' ([link here](#)).

⁸ Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month. 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 30 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

June 2017




REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

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

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

	Bait Jan	Beit Saber	Betima	Kafr Hour	Mazraet Beit Jin
 UN classification	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach	Hard-to-reach
Estimated population (individuals)¹	1400	7200	7000	6500	2000
Of which estimated IDPs²	180 - 200	50 - 55	30 - 35	20 - 25	175 - 200
% pre-conflict population remaining	26 - 50%	76 - 100%	76 - 100%	76 - 100%	51 - 75%
% of population that are female	26 - 50%	51 - 75%	51 - 75%	51 - 75%	26 - 50%
% of female-headed households	1 - 25%	1 - 25%	1 - 25%	1 - 25%	1 - 25%

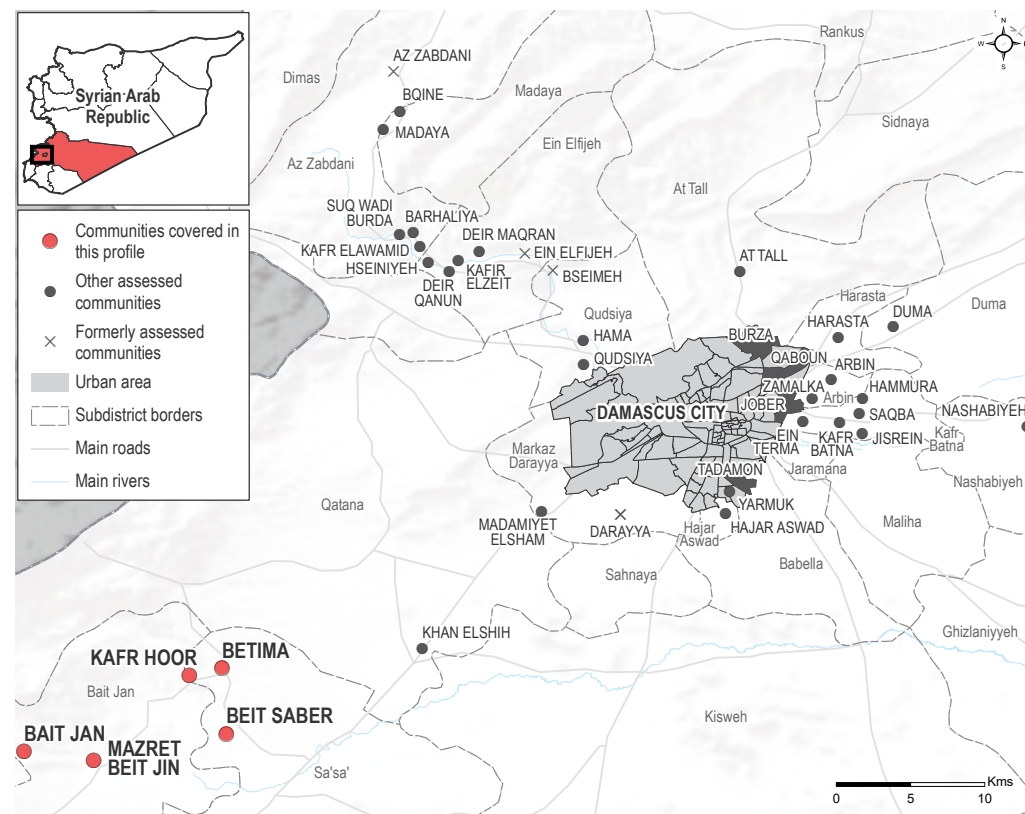
SUMMARY

The Bait Jan area is located in the southwest of Rural Damascus governorate, close to the Lebanese border, and has faced access restrictions since early 2013. This profile covers five communities in the area: Bait Jan, Beit Saber, Betima, Kafr Hour and Mazraet Beit Jin. These communities, all classified as hard-to-reach, were profiled for the first time in November 2016. **A truce agreement was signed in Beit Saber, Betima and Kafr Hour 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 Mazraet Beit Jin, resulting in tightened access restrictions on civilians and movement of goods into those communities.** This profile presents the situation in the Bait Jan communities during June 2017.

The humanitarian situation in the Bait Jan communities improved slightly in all assessed communities in June, regardless of truce status.

In truce communities, access to electricity improved due to loosened restrictions on



CHANGES SINCE MAY

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

METHODOLOGY

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

rationing by local authorities. Also, prices of some core items in all communities decreased.

Additionally, in Bait Jan and Mazraet Beit Jin (communities without a truce), availability of assessed food and hygiene items increased due to a slight increase in the flow of goods from truce communities within the Bait Jan area. Availability of items in other assessed communities remained the same. Additionally, with the passing of time after failed truce negotiations, tensions between local actors decreased.

Despite these positive changes, civilian movement remained restricted, and no humanitarian vehicles have reportedly entered any of the communities since they were first assessed in November 2016. Additionally, core medical items, such as anaesthetics and medical scissors, remained unavailable across the assessed communities.

MOVEMENT OF CIVILIANS

People able to leave³

Change in # people able to leave compared to May:

Movement restrictions on civilians in all communities remained unchanged. Before the breakdown of truce negotiations, 76-100% of residents from all communities had been able to use formal access points, upon presenting identification, since January.

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

Conversely, residents of Beit Saber, Betima and Kafr Hoor (truce communities) were able to move unrestricted outside of the Bait Jan area, upon presentation of identification.

No restrictions on travel between the five communities was reported in June, or since assessments first began.

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 May:

No change was reported regarding the entry of commercial vehicles to the Bait Jan communities in June.

In Beit Saber, Betima and Kafr Hoor (truce communities), commercial vehicle access remained unrestricted.

Conversely, commercial vehicles originating from outside the Bait Jan area have not been allowed to enter Bait Jan and Mazraet Beit Jin (communities without a truce) since April.

As no formal restrictions on internal commercial vehicle traffic between the five communities have been reported since assessments began, commercial vehicles reached Bait Jan and Mazraet Beit Jin after first entering areas covered by the truce agreement.

Humanitarian vehicles

Change since May:

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

Goods entered

The amount of goods entering the communities from outside the wider area was reportedly

the same in June as in May. However, in communities without a truce, availability of food items increased, due to an increased flow of goods from truce communities. Previously, the amount of goods entering Bait Jan and Mazraet Beit Jin had decreased, due to restrictions on commercial vehicle access following the breakdown of the truce in April, but stabilised afterwards.

HEALTH SERVICES

Change in health situation since May:

In June, no change to the health situation in the five communities was reported, as was the case in May.

Access to medical items in Bait Jan remained the same in May and June, after having decreased in April due to tightened access restrictions imposed on the communities without truce agreements. In Mazraet Beit Jin, there have been no facilities, staff or medical items reported since assessments began. Residents of Mazraet Beit Jin reportedly traveled to other Bait Jan communities to receive medical care.

Additionally, in Mazraet Beit Jin, Betima and Kafr Hoor, women reportedly traveled to other communities not considered hard-to-reach in the area to obtain skilled care during childbirth.

In all communities, regardless of truce status, anaesthetics and medical scissors remained unavailable in June.

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, volunteers with informal or no medical training.

Change since May

Unavailable medical items⁴

No medical items available: Mazraet Beit Jin

Unavailable medical items:

Burn treatment (Bait Jan); anaesthetics and medical scissors (all assessed communities).

Change since May

Most needed medical items⁵

1. Heart medicine
2. Diabetes medicine
3. Antibiotics

The most needed medical items across communities assessed in the Bait Jan area remained the same in June, and since February 2017.

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

Residents in Mazraet Beit Jin continued to seek medical services in other communities when necessary, as has been the case since assessments began in November 2016.

Unusual outbreaks of disease⁶

No reported cases in any of the five assessed communities in June, and since at least November 2016.

Medical services available

	Bait Jan	Beit Saber	Betima	Kafr Hoor	Mazraet Beit Jin
Child immunization	✓	✓	✓	✓	✗
Diarrhoea management	✓	✓	✓	✓	✗
Emergency care	✓	✓	✓	✓	✗
Skilled childbirth care	✓	✓	✗	✗	✗
Surgery ⁷	✓	✗	✗	✗	✗
Diabetes care	✓	✓	✓	✓	✗
Change since May	◇	◇	◇	◇	◇

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 May	◇	◇	◇	◇	◇



ACCESS TO SERVICES*

In June, access to services improved in Beit Saber, Betima and Kafr Hoor (truce communities), as official authorities loosened rationing restrictions on access to the electrical network for the second time since April 2017. Meanwhile, Mazraet Beit Jin and Bait Jan remained reliant on generators and solar panels. Regarding access to water and education, with the exception of a slight decrease in number of days the water network was available in all communities in April 2017, there have been no changes reported 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	↑ 4 - 8 hours	4 - 8 hours (network)	◇ Pre-conflict primary, secondary, and high schools	None reported
Betima	◇ Water network (safe to drink)	Sufficient	1 - 2 days	↑ 4 - 8 hours	4 - 8 hours (network)	◇ Pre-conflict primary, secondary, and high schools	None reported
Kafr Hoor	◇ Water network (safe to drink)	Sufficient	1 - 2 days	↑ 4 - 8 hours	4 - 8 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 May. ** Data collected is based on perceptions of local actors and and water safety cannot be guaranteed in the absence of water testing.

FOOD

Change in food situation compared to May in truce communities:	
Change in food situation compared to May in communities without a truce:	

In truce communities, the overall food situation remained unchanged in June. Conversely, an increased flow of goods from truce communities to communities without a truce led to an increase in the availability and stockpiles of food items in the latter communities, and an overall improvement in the food situation there. In all assessed communities, a price drop was reported for tomatoes and cucumbers due to increased seasonal availability.

Most common methods of obtaining food at the household level

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

Most common methods of obtaining bread at the household level

All communities: Shops

Until May, residents of Beit Saber, Betima and Kafr Hoor obtained bread mainly from public bakeries. This changed in June, with all assessed communities reporting shops as their principal source of bread; residents of Mazraet Beit Jin and Bait Jan have relied on shops at least since assessments began in November 2016.






Challenges to obtaining bread: No challenges were reported in any communities assessed in June, as has been the case since January 2017, due to the truce agreement.


Change since May	
------------------	---

Deaths attributable to a lack of food⁶

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

In June, skipping meals was not reported in any of the assessed communities, in contrast to April and May, when it was reported in Bait Jan and Mazraet Beit Jin. However, reducing meal size remained a coping strategy for residents of the two communities, where men and women reportedly ate less.

Before April 2017, no coping strategies had been reported for any of the communities assessed.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁸

	Truce	No truce	Nearby areas ⁹
Average cost (SYP) ¹⁰	37316	35953	32220
Change since previous month			

In June, there was no notable change in the average price of a food basket in the Bait Jan communities, regardless of truce status.

Food item availability / prices

Availability of items remained the same in truce communities, and increased in communities without a truce in June.

In Beit Saber, Betima and Kafr Hoor, all assessed food items were reported as generally available¹¹ in June, with the exception of bread from private bakeries. This has been the case since January 2017, following the truce agreement in these communities.

In Bait Jan and Mazraet Beit Jin, food availability improved slightly in June, as tensions reportedly decreased between local actors, and the situation stabilised. More goods entered by way of vehicles coming from truce communities, and all assessed items, other than bread from bakeries, became generally available; previously, these items had been reported as only sometimes available¹² in May.

In all five communities, the prices of assessed vegetables decreased for the second consecutive month, due to increased seasonal availability.

The average prices for tomatoes and cucumbers in Beit Saber, Betima and Kafr Hoor were 57% and 31% cheaper than reported prices in May, respectively. Meanwhile, in Bait Jan and Mazraet Beit Jin, tomatoes and cucumbers were 51% and 37% less expensive than in May, respectively.

Conversely, sugar prices in truce communities increased by an average of 9%, with the highest price rise recorded in Beit Saber (14%).

WASH item availability / prices

In June, soap and laundry powder became generally available in Bait Jan and Mazraet Beit Jin, having been previously reported as

only sometimes available in April and May. All other hygiene and sanitation items were reported generally available in all communities.

The price of disposable diapers decreased by an average of 6% in truce communities and 7% in Mazraet Beit Jin and Bait Jan. No other significant changes in price were reported in any of the assessed communities.

Fuel availability / prices

In June, fuel availability increased in Bait Jan community. Butane and diesel, which had previously been reported as only sometimes available, became generally available.

In all other communities, fuel availability remained the same, regardless of truce status. Butane and diesel have been the only fuel sources available since April 2017. Firewood became unavailable in April due to a decrease in seasonal demands, as it was mostly used for heating during colder months.




Prices of fuel in all assessed communities remained comparable to those of May. However, butane was reported as being 33% more expensive in Bait Jan and Mazraet Beit Jin than in truce communities, while the price of diesel was 11% higher in these two communities than in truce communities.

Strategies used to cope with a lack of fuel:

No coping strategies were reported in any of the assessed Bait Jan communities in June, as was the case in May. This was reportedly due to a decrease in seasonal demand, beginning in May and continuing through June.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES¹⁰

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

	Item	Truce communities	Price change since May ¹³	Non-truce communities	Price change since May ¹³	Nearby non-hard-to-reach areas ⁹
	Bread private bakery (pack)	Not available	◆	Not available	◆	100
	Bread public bakery (pack)	60 ¹¹	◆	Not available	◆	58
	Rice (1kg)	500 ¹¹	◆	550 ¹¹	◆	535
	Bulgur (1kg)	250 ¹¹	◆	275 ¹¹	◆	320
	Lentils (1kg)	517 ¹¹	◆	525 ¹¹	◆	525
	Chicken (1kg)	1017 ¹¹	◆	1000 ¹¹	◆	1120
	Mutton (1kg)	3333 ¹¹	◆	3500 ¹¹	◆	3925
	Tomato (1kg)	150 ¹¹	▼ -57%	173 ¹¹	▼ -51%	410
	Cucumber (1kg)	172 ¹¹	▼ -31%	165 ¹¹	▼ -37%	318
	Milk (litre)	200 ¹¹	◆	200 ¹¹	◆	215
	Flour (1kg)	258 ¹¹	◆	263 ¹¹	◆	233
	Eggs (1)	50 ¹¹	◆	50 ¹¹	◆	50
	Iodised salt (500g)	50 ¹¹	◆	50 ¹¹	◆	65
	Sugar (1 kg)	400 ¹¹	▲ 9%	425 ¹¹	◆	438
Cooking oil (litre)	1750 ¹¹	◆	1750 ¹¹	◆	1225	
	Soap (1 bar)	100 ¹¹	◆	100 ¹¹	◆	113
	Laundry powder (1kg)	442 ¹¹	◆	450 ¹¹	◆	875
	Sanitary pads (9)	442 ¹¹	◆	438 ¹¹	◆	444
	Toothpaste (125ml)	425 ¹¹	◆	425 ¹¹	◆	382
	Disposable diapers (24 pack)	1033 ¹¹	▼ -6%	1075 ¹¹	▼ -7%	1575
	Butane (cannister)	3000 ¹¹	◆	4000 ¹¹	◆	2925
	Diesel (litre)	225 ¹¹	◆	250 ¹¹	◆	280
	Propane (cannister)	Not available	◆	Not available	◆	2560
	Kerosene (litre)	Not available	◆	Not available	◆	400
	Coal (kg)	Not available	◆	Not available	◆	450
	Firewood (tonne)	Not available	◆	Not available	◆	70000

Endnotes

¹ Figures based on HNO 2017 population data (December 2016). 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 230 (Beit Saber), 160 (Betima) and 230 (Kafr Hoor) IDPs. No data was available for Bait Jan and Mazraet Beit Jin.

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

⁴ Some availability does not necessarily imply sufficiency. Likewise, the list is not intended to be a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.⁵ 'Most needed' does not necessarily imply unavailability. 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 'Most needed' does not necessarily imply unavailability. Furthermore, this list is not intended to be a comprehensive list of most needed medical items or medicines, but is rather indicative of needs that speak to the trend in the priorities of medical items in the area.

⁶ 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 is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: May 2017' ([link here](#)). As bread from bakeries was not available in all assessed Bait Jan communities, the food basket price for truce and non-truce communities was calculated using the reported price of bread sold in shops (70 SYP in truce communities, 75 SYP in non-truce communities) to allow for comparison between food basket prices.

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

¹⁰ \$1 = 515 SYP (UN operational rates of exchange as of 30 June 2017).

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

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

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

FOR HUMANITARIAN PURPOSES ONLY

	Burza	Jober	Tadamon
UN classification:	Besieged	Besieged	Hard-to-reach
Estimated population¹:	25000-30000	150-200	1200-1500
Of which estimated IDPs¹:	5000-7000	None	250-300
% pre-conflict population remaining:	51-75%	1-25%	1-25%
% of population that are female:	26-50%	None	1-25%
% of female-headed households	1-25%	None	1-25%

SUMMARY

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

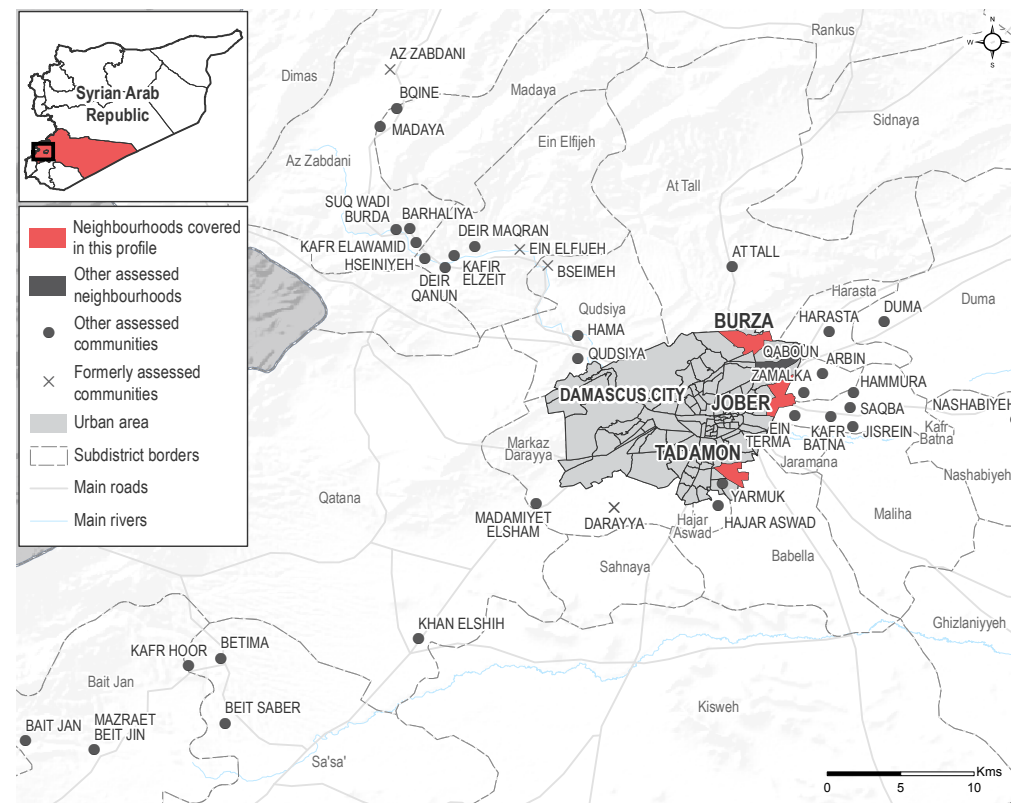
In June, the overall humanitarian situation improved for the second consecutive month in Burza, mostly due to the lifting of access restrictions to the neighbourhood. Conversely, the situation worsened in Jober, where an escalation of clashes prompted some residents to leave the community. The humanitarian situation remained overall unchanged in Tadamon.

Progressively tighter access restrictions and escalation of conflict affected Burza and Jober in the first half of 2017. In early May, a ceasefire was reached between parties to the conflict and the security situation stabilised in the two neighbourhoods. However, while the situation further improved in Burza after a formal truce agreement was signed on 22 May, clashes escalated again in Jober in June. The situation remained stable in Tadamon.

In June, access restrictions were lifted in Burza, and people and commercial vehicles were free to move in and out for the first time since assessments began in August 2016. This resulted in an overall improvement of the humanitarian situation, with significantly better access to food, non-food, and fuel. Further, the water network was fully reinstated this month. However, the health situation worsened, mostly

CHANGES SINCE MAY

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

due to the shutting down of the only available hospital, a decrease in available services and a lack of trained medical personnel.

Conversely, civilian movement decreased in Jober, where clashes escalated in June. The changing security situation prompted all women and children, who had temporarily left in April for safety reasons, to leave the community again. Further, a higher risk of shelling limited the ability of civilians to purchase food, non-food, medical items and fuel in nearby communities. As a result, the overall situation in the community worsened, compared to May, with lower commodity availabilities and higher prices in markets, and a decrease in available medical services and medicine. Further, all education facilities closed in June, as no school-aged children were left in the community.

In Tadamon, movement of residents remained partly restricted. Civilians were however able to access markets and services in nearby neighbourhoods, as had been the case since assessments began. However, in June available water became

insufficient to meet household needs, as a result of increasing temperatures and a higher demand. Further, a number of households permanently left the community this month. This was due to concerns that the security situation would soon worsen in the neighbourhood, as a result of conflict dynamics in the wider Damascus area.

MOVEMENT OF INDIVIDUALS

Change in # people able to leave compared to May in Burza:	↑
Change in # people able to leave compared to May in Jober and Tadamon:	◇

🚶 People able to leave²

Burza: Following the evacuation of fighters in and the signing of a truce agreement in May, all access restrictions to Burza were lifted in June. Everyone was reportedly allowed to leave and enter the community without restrictions. This was the first time residents were free to move to and from the neighbourhood since assessments began.

Jober: No formal entry points were available, as had been the case since the community was first assessed in June 2016. However, while 51-75% of the population were still able to leave or enter the community via informal routes, risks associated with such movement increased in June. This was due to a higher risk of shelling this month. As had been the case in April, intense clashes prompted several families to leave the neighbourhood. In particular, no women or children were left in Jober this month. At the time of writing, clashes were reportedly intensifying further in Jober, resulting in progressively increasing restrictions on the movement of civilians.

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

2016. In June, around 500 individuals left the community permanently. This was due to growing concerns that the security situation would deteriorate in the coming months, as a result of conflict dynamics in the Damascus area.

🚧 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 May in Burza:	↑
Change since May in Jober and Tadamon	◇

Burza: All vehicles could enter the community without restrictions for the first time since assessments began.

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

ACCESS TO SERVICES

Following the ceasefire agreement, access to the water network improved in Burza in June. Access to electricity in the same neighbourhood remained unchanged, after a significant improvement in May. No change in access to water or electricity was reported in Jober. Alternatively, water became insufficient to meet household needs in Tadamon this month, due to an increasing demand for water in the hot season. No school-aged children were left in Jober in June, while none attended classes in Burza, due to summer holidays. In Tadamon, barriers to accessing education persisted, although this month services were closed for holidays.

	Burza	Jober	Tadamon
💧 WATER	Main source of drinking water (status) Available water to meet household needs (coping strategies) Access to water network per week Change since May	Water network (water was safe to drink)* Sufficient 5-6 days ◇	Water trucking (water was safe to drink)* Insufficient (spend money usually spent on other things to buy water) Network unavailable ↓
💡 ELECTRICITY	Access to electricity network per day Access to electricity (main source) per day Change since May	Water network (water was safe to drink)* Sufficient 5-6 days ◇	Water trucking (water was safe to drink)* Insufficient (spend money usually spent on other things to buy water) Network unavailable ↓
🎒 EDUCATION	Available education facilities Barriers to education Change since May	Pre-conflict primary schools All school aged children accessed education ◇	None Parents do not approve of curriculum, services are too far, routes to services unsafe ◇

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

Humanitarian vehicles

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

All three communities: None reported this month. In Jober and Tadamon, this had been the case since assessments began. In Burza, the last humanitarian distribution, consisting only of bread, had occurred on 14 May.

Goods entered

Burza: For the first time since assessments began, food, non-food, medical items and fuel entered Burza via commercial vehicles. As a result, most assessed items became available in markets this month.

Jober: Goods entered Jober through civilians leaving the community and bringing items back, as had been the case since assessments began. Due to higher risks associated with entering or leaving the community through informal points, fewer goods entered the neighbourhood this month, compared to May.

Tadamon: No change was reported in Tadamon. Residents had access to markets in the nearby neighbourhoods of Yalda and Babella, where they purchased goods. This had been the case since assessments began.

HEALTH SERVICES

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

Burza: The only available field hospital was shut down by authorities this month. However, the facility stopped providing services in April already, due to a lack of medical supplies. Due to the evacuation of trained medical personnel in late May, skilled childbirth care became unavailable in June. However, the health situation improved, due to the

ability of residents to access medical services in nearby areas. Further, small quantities of medicine and medical items started entering Burza through commercial vehicles in June, for the first time since January.

Jober: The health situation worsened in Jober, compared to May. Due to higher risks associated with movement through informal routes, fewer medical items entered the community this month. Additionally, civilians without medical training were reportedly treating patients this month.

Tadamon: Residents coped 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: No trained doctors or surgeons were available in Burza in June, as they were reportedly evacuated in May, along with fighters. However, some dentists and pharmacists reopened their clinics this month.

Jober: Professionally trained nurses.

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

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

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

Unusual outbreaks of disease³

None reported in any of the three communities. This had been the case since December 2016.

Strategies used to cope with a lack of medical services

Burza: None.

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

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 May	↓	↓	↕

Skilled childbirth care became unavailable in Burza, due to the unavailability of trained doctors. Reportedly, women travelled to nearby communities in order to access this service. This was also the case in Tadamon, while no women were left in Jober this month.

Although no child immunization services were provided in Jober this month, this was because rounds of vaccinations are not provided on a monthly basis and the last round of vaccine in the community had been administered in May.

Unavailable medical items⁵

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 and anti-anxiety medicine.

Change since May in Burza:	↑
Change since May in Jober:	↓
Change since May in Tadamon:	↕

Permanent medical facilities available

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

Most needed medical items⁶

	Burza	Jober	Tadamon
1.	Heart medicine	Clean bandages	Clean bandages
2.	Diabetes 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:	◊

Nearly all assessed food items became available in Burza this month, following the lifting of access restrictions and the entering of commercial vehicles. This was the first improvement in Burza after five months of progressively worsening access to food. Conversely, in Jober the food situation deteriorated, after temporarily improving in May. This was due to higher risks associated with travelling to nearby areas and a lower amount of food entering. No change was reported in Tadamon, as had been the case since assessments began.

Most common methods of obtaining food at the household level

All three: Purchasing from shops and markets.

Most common methods of obtaining bread at the household level

All three communities: Shops;

Challenges to obtaining bread (Burza): None reported for the first time since December 2016.

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 May	↑
Change in availability in Jober and Tadamon since May	◊

Deaths attributable to a lack of food³

No reported cases in any of the three neighbourhoods, as had been the case since the communities were first assessed in June 2016.

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 basket⁷

	Burza	Jober	Tad.	Nearby areas ⁸
Average cost (SYP) ⁹	30909	87314	28070	32544
Change since previous month	No info	↑	◊	◊

Burza: It was not possible to compare the price for a standard food basket between May and June, due to unavailability of most core food items in May. The price of a food basket in June was reportedly similar to that reported in nearby non-besieged communities.

Jober: The price of a standard food basket increased by 6% in June, compared to May, and was 168% higher than that reported in nearby communities not considered besieged or hard-to-reach.

Tadamon: The average price of a standard food basket remained unchanged since May, and was lower compared to the one reported in non-besieged communities.

Food item availability / prices

Burza: Availability of assessed core food items increased in June, for the first time since December 2016. On average, prices of assessed food items were similar to those reported in nearby non-besieged areas.

Jober: In June, availability of food decreased in Jober, as several assessed items became sometimes available,¹⁰ as opposed to generally available.¹¹ Prices were on average 12% lower than in May. This was mainly due to a sharp drop in the prices of tomato and cucumber, whose availability increased this month. However, prices were on average 95% higher than those in nearby non-besieged communities.

Tadamon: Fluctuations observed in June depended on the availability and prices of items in nearby communities, where residents most commonly obtained their food. On average, reported prices decreased, due to a sharp increase in the availability of tomato and cucumber in June. Prices were 9% lower than in nearby non-besieged areas.

WASH item availability / prices

Burza: All assessed hygiene and sanitation items (soap, laundry powder, toothpaste, sanitary pads, disposable diapers) became generally available¹¹ in Burza, in June. This was due to the lifting of access restrictions this month, allowing for the entry of commercial vehicles into the neighbourhood. Prices were, on average, similar to those reported in nearby areas.

Jober: In Jober, availability of hygiene and sanitation items decreased in June, while their prices increased by 18%, on average. This was a result of fewer goods entering via civilians

leaving the community and bringing items back. Prices were on average 82% higher than in nearby areas.

Tadamon: In Tadamon, no significant change in availabilities or prices was reported in June, compared to May. Prices remained 9% lower than those reported in non-besieged communities.

Fuel availability / prices

Burza: Fuel entered Burza for the first time since December 2016. All fuel items had been unavailable in the community since March 2017, with the exception of diesel, which became temporarily available in April. Prices on markets were reportedly 7% higher than those in nearby areas. As a result, no strategies to cope with a lack of fuel were reported this month.

Jober: The availability of diesel decreased in June, compared to May, and its price increased by 32%. The price of diesel was also 777% higher than the one reported in non-besieged communities. Conversely, the price of firewood decreased in June, due to a lower demand for this item compared to May.

Tadamon: No significant change was reported in Tadamon, where the price of fuel items remained 54% higher, on average, than the one reported in nearby areas.




Strategies used to cope with a lack of fuel:

Burza: None reported;

Jober and Tadamon: Burning furniture in use and not in use, burning clothes, burning plastics.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

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

	Item	Burza	Price change since May ¹²	Jober	Price change since May ¹²	Tadamon	Price change since May ¹²	Nearby non-hard-to-reach areas ⁸
	Bread private bakery (pack)	Not available	◆	Not available	◆	Not available	◆	185
	Bread public bakery (pack)	Not available	◆	Not available	◆	Not available	◆	50
	Rice (1kg)	500 ¹¹	Not available	1250 ¹⁰	▲ +14%	250	◆	553
	Bulgur (1kg)	325 ¹¹	Not available	900 ¹⁰	◆	250	▼ -17%	331
	Lentils (1kg)	500 ¹⁰	Not available	850 ¹⁰	▲ +6%	500	◆	646
	Chicken (1kg)	1200 ¹⁰	Not available	Not available	Available	Not available	◆	1355
	Mutton (1kg)	6000 ¹¹	Not available	Not available	Available	Not available	◆	6575
	Tomato (1kg)	150 ¹¹	Not available	200 ¹⁰	▼ -88%	150	▼ -63%	156
	Cucumber (1kg)	150 ¹⁰	Not available	300 ¹⁰	▼ -73%	150	▼ -50%	163
	Milk (litre)	250 ¹¹	Not available	350 ¹⁰	▲ +8%	250	◆	250
	Flour (1kg)	325 ¹¹	Not available	425 ¹⁰	◆	300	◆	284
	Eggs (1)	50 ¹¹	Not available	100 ¹⁰	◆	55	◆	50
	Iodised salt (500g)	150 ¹⁰	Not available	300 ¹⁰	◆	150	◆	143
	Sugar (1 kg)	350 ¹¹	▼ -65%	1250 ¹⁰	◆	400	◆	360
Cooking oil (litre)	850 ¹¹	Not available	1350 ¹⁰	◆	750	◆	868	
	Soap (1 bar)	150 ¹¹	Not available	200 ¹¹	▲ +33%	125 ¹¹	◆	154
	Laundry powder (1kg)	850 ¹¹	Not available	1900 ¹¹	◆	650 ¹¹	◆	890
	Sanitary pads (9)	450 ¹¹	▼ -47%	650 ¹¹	▲ +18%	300 ¹¹	◆	470
	Toothpaste (125ml)	250 ¹¹	Not available	550 ¹¹	▲ +10%	450 ¹¹	◆	274
	Disposable diapers (24 pack)	2350 ¹¹	Not available	4000 ¹¹	▲ +25%	1650 ¹¹	◆	2263
	Butane (cannister)	3000 ¹¹	Not available	Not available	◆	3900 ¹¹	◆	2963
	Diesel (litre)	300 ¹¹	Not available	2500 ¹⁰	▲ +32%	500 ¹¹	▼ -17%	285
	Propane (cannister)	4000 ¹¹	Not available	Not available	◆	Not available	◆	4250
	Kerosene (litre)	Not available	◆	Not available	◆	Not available	◆	325
	Coal (kg)	400 ¹¹	Not available	Not available	◆	Not available	◆	313
	Firewood (tonne)	Not available	◆	200000 ¹¹	▼ -11%	125000 ¹¹	◆	Not available

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

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

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

⁷ Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: May 2017' (link here). The price of a food basket was calculated using the price of bread from shops (100 SYP in Burza, 700 SYP in Jober, 150 SYP in Tadamon).

⁸ Nearby communities in Damascus which are not considered besieged/hard to reach: Ayoubiya, Jalaa, Zahreh, Midan Wastani. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. May).

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 30 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

June 2017



REACH Informing more effective humanitarian action

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. The communities have experienced a deteriorating humanitarian situation since assessments began in June 2016, due to extreme access restrictions and ongoing hostilities between parties to the conflict.

The humanitarian situation in Joura and Qosour remained critical in June, after having deteriorated during the previous months. The communities were affected by tight access restrictions and clashes. Further, stocks of food, fuel and medical items remained critically low.

No formal or informal entry routes to Joura and Qosour were available in June, as had been the case since assessments began. **Further, movement remained limited inside the neighbourhoods, due to risks of rape and harassment for women, and risks of detention and conscription for men.**

In June, food remained scarce and the few items available on markets were prohibitively priced. As a result, deaths due to a lack of food were again reported in June, as had been the case since September 2016. Limited amounts of food and non-food items continued to enter Joura and Qosour via airdrops in June. As had been the case in previous

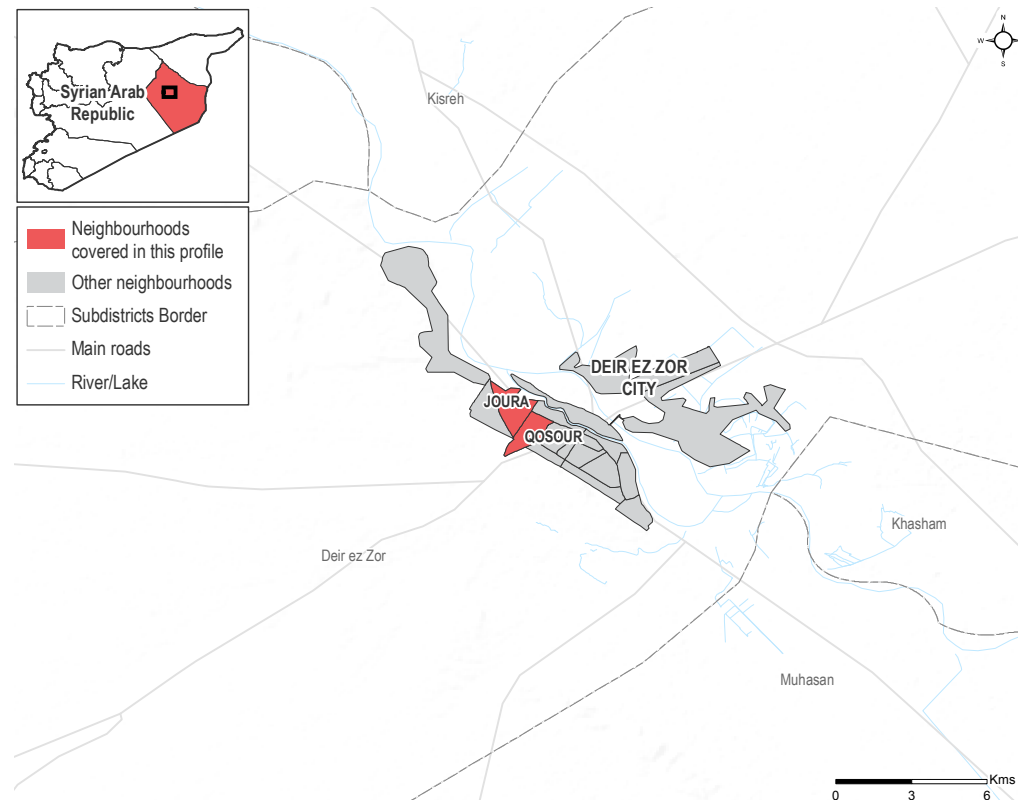
UN classification:	
UN classification:	Besieged
Estimated population ¹ :	100000-120000
Of which IDPs ¹ :	None
% pre-conflict population remaining:	26-50%
% population female:	26-50%
% female-headed households:	26-50%

months, airdrop deliveries reached only small parts of the civilian population.

Some diesel and kerosene were produced locally, after the discovery of an oil source in February 2017. However, these were resold on markets at prohibitive prices. As a result, less than 20% of residents had access to electricity in June, as had been the case in May. Further, drinking water remained insufficient and reportedly made people sick, and no school facilities were functioning.

No medical items entered Joura and Qosour in June, for the sixth consecutive month, resulting in a further deterioration of the health situation.

Access to formal medical services remained extremely limited, as security concerns related to seeking assistance at the only available medical facility remained high.




CHANGES SINCE MAY

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

METHODOLOGY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May: 

People able to leave²


No access routes to or from Joura and Qosour have been reported since assessments of the communities began in June 2016. Residents could move between the two neighbourhoods, but had to cross checkpoints to do so. As was the case in May, in June, men were being targeted for detention and conscription at checkpoints, while women faced risks of harassment, detention and rape.

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

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


MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May: 


Able to enter: None reported.

Humanitarian vehicles

Change since May: 

Able to enter: None reported.

Humanitarian airdrops

Change since May: 


In June, airdrops reportedly continued to deliver some food items and NFIs (soap, detergent). Aid was distributed unevenly, only reaching small portions of the civilian population.

Goods entered

While limited amounts of food and NFIs reached the communities via airdrops in June, the exact contents and quantities of such deliveries were not reported.

No medical items were delivered since January 2017 and no fuel entered Joura and Qosour through formal routes since June 2016. Limited quantities of diesel and kerosene were produced locally, after the discovery of a petroleum source in February 2017.

HEALTH SERVICES

Change in health situation compared to May: 


As stocks of medicine continued to deplete due to the lack of medical deliveries, the health situation in Joura and Qosour remained critical in June. As was the case in May, men were largely unable to seek medical care at the only available military hospital due to risks of detention. Only residents with sufficient financial resources or good relations with local authorities could access formal medical services.

Contraception continued to be one of the most needed medical items due to a 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 May: 

Most needed medical items³

1. Antibiotics
2. Artificial limbs
3. Contraception

ACCESS TO SERVICES*

After a progressive depletion of fuel stocks to run generators, less than 20% of the populations were able to access electricity, as had been the case in May. Access to drinking water remained insufficient, with available water reportedly making people sick. No educational facilities operated in Joura or Qosour in June, as had been the case since assessments began.

 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)
		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 May.

** 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 May	

Unavailable medical items⁴

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

Sometimes available: blood transfusion bags.

Change since May: 

Medical services available

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

Strategies used to cope with a lack of medical services

Various coping strategies have been reported since October 2016. In June, these included undergoing operations without anaesthesia and using non-medical items for treatment.

✚ Unusual outbreaks of disease⁶

Community representatives continued to report cholera, hepatitis and human papillomavirus (HPV) in Joura and Qosour.⁷ Due to the informal nature of medical services in the communities, availability of detailed and verifiable medical information remained limited.

FOOD

Change in food situation compared to May:



Due to ongoing extreme access restrictions facing the communities and the uneven distribution of food rations delivered via airdrops, food insecurity remained critical in June. 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 May



✚ Deaths attributable to a lack of food⁶

Deaths related to a lack of food have been reported in the two neighbourhoods since September 2016. The number reported in June was the same as in May, after having increased between March and May.

🍲 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 basket⁸

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 assessed core food items.

🍲 Food item availability / prices

As had 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. Prices for these items were prohibitively high.

🧴 WASH item availability / prices

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

🚰 Fuel availability / prices

Diesel and kerosene appeared on markets in February, after the discovery of a local petroleum source. Availability of these items remained however extremely limited.

Strategies used to cope with a lack of fuel: Burning plastics, clothes and waste; burning furniture in and not in use; burning agriculture apparels and other productive assets.

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

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

	Item	Joura/Qosour	Price change since May 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	◆	
🧴 WASH Items	Iodised salt (500g)	500 ¹¹	◆	
	Sugar (1 kg)	Not available	◆	
	Cooking oil (litre)	9000 ¹¹	◆	
	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 June from nearby communities not considered besieged or hard-to-reach.

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

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

⁵ 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 from community representatives has not been verified by medical professionals.

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

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 30 June 2017). Due to limited coverage in May, core food item and NFI prices could not be collected from nearby communities not considered besieged or hard-to-reach. As such, no comparisons could be done for this assessment.

¹⁰ 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

June 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

	Arbin	Duma	Ein Terma	Hammura	Harasta	Jisrein	Kafr Batna	Nashabiyeh	Saqba	Zamalka
UN classification	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged	Besieged
Estimated population (individuals)¹	39000	153900	23300	18000	20000	14000	19500	4000	24000	12000
 Of which estimated IDPs¹	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 June 2017, comparisons were made to changes observed since May, when the communities were last assessed.

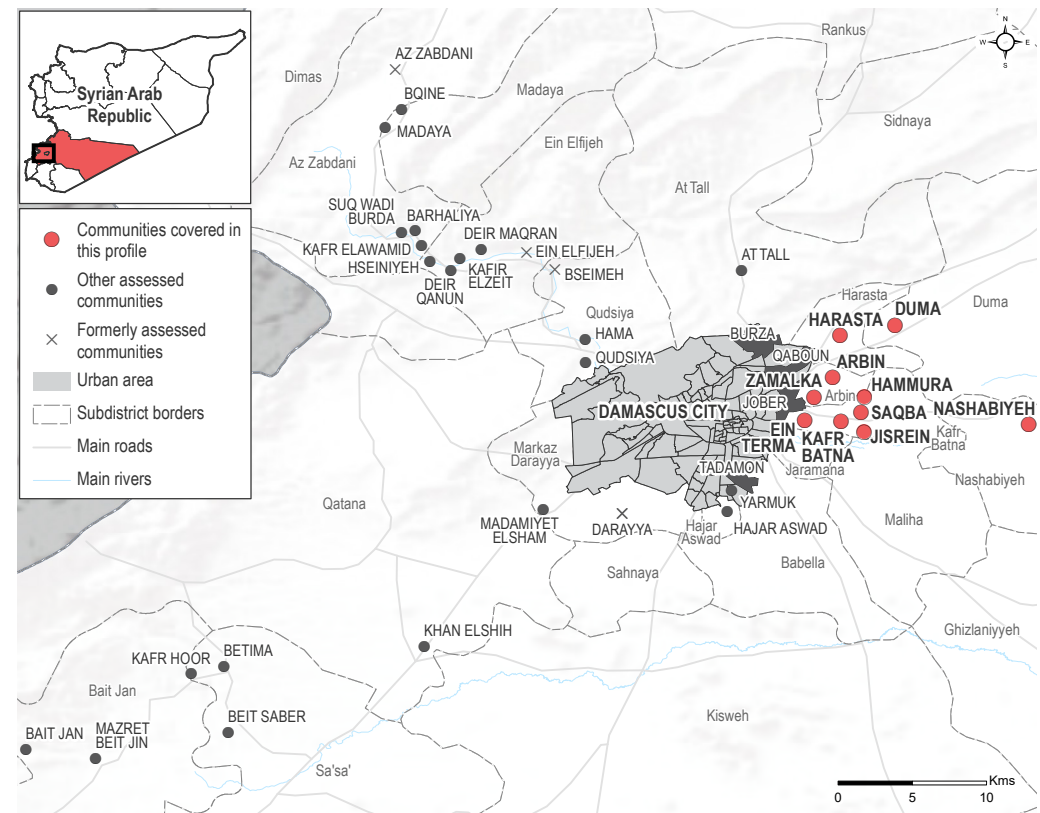
Military control of Eastern Ghouta, an agricultural region east of Damascus, has been contested since 2012. In mid-2013, access restrictions to the area tightened. In 2016, Nashabiyeh was re-classified by the United Nations from hard-to-reach to besieged, following an escalation of conflict. All other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

In June, the overall humanitarian situation in Eastern Ghouta remained unchanged, compared to May. Clashes continued in the area, in particular near Ein Terma, and the mobility of people and vehicles remained limited across the area. On 19 June, a humanitarian convoy reached Harasta. However, aid was reportedly insufficient to meet population needs and was not distributed to other assessed communities. Further, no medical items entered Eastern Ghouta this month, except Harasta, resulting in a decrease of available medicine across the area.

After the creation of new checkpoints within Eastern Ghouta in the first week of May, due to an escalation of internal clashes, movement of residents across the area remained limited in June.

METHODOLOGY

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



Access to the wider area through the only formal route in Duma remained unchanged in June. Only 1-10% of the population were able to leave and enter, and some commercial vehicles were allowed despite heavy restrictions, as was the case in May.

On 19 June, a temporary route was opened into Harasta to allow the entry of a humanitarian convoy. The delivery, consisting of food, non-food, hygiene and medical items, only reached the towns of Harasta, Modira and Msraba, and was reportedly insufficient to meet needs.

With the exception of Harasta, no change was reported in the amount of food, non-food, sanitation and hygiene items entering the assessed communities through commercial vehicles. No fuel entered the wider contiguous area in June, for the sixth consecutive month, and diesel was produced locally by processing plastics.

As no medical items entered Eastern Ghouta communities in June, with the exception of Harasta, the availability of medicine decreased across most of the communities assessed. No other significant change was reported in the health situation, with all communities having access to some functioning facilities and services.

Compared to May, no change was reported in access to food. Most food items remained available on markets, despite significantly higher prices than those reported in non-besieged communities, and populations were generally able to produce food in backyards and gardens.

Similarly, no change was reported in access to services. The availability of drinking water was reportedly sufficient to meet household needs, while access to electricity remained unreliable due to persisting fuel shortages and difficulty in running generators. Finally, while the availability of functioning schools remained unchanged, facilities remained closed this month due to summer holidays.

CHANGES SINCE MAY

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

MOVEMENT OF CIVILIANS

🚶 People able to leave²

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

When clashes erupted between different groups in Eastern Ghouta in late April, new checkpoints were created inside the area. Although the frequency of clashes lessened soon afterwards, the checkpoints remained in place in May and June. Populations were required to show identification to move between different areas of Eastern Ghouta, and reportedly faced risks of shelling.

In addition, detention and questioning at checkpoints was reported as a risk for men because of perceived affiliations, and movement of some individuals between areas of Eastern Ghouta was prohibited by local authorities, as was the case in May. Women continued to be afraid of moving within some areas of Arbin, Jisrien, Kafr Batna and Zamalka, which was related to a perceived lack of personal safety in these areas.

After the reopening of Al Wafideen access point near Duma in early May, movement

outside of the wider contiguous area remained largely unchanged. 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 the Eastern Ghouta communities were first assessed. These included some public sector employees, students and some retirees. Reported risks of accessing the checkpoint included physical and verbal harassment, harassment of women, confiscation of documents and conscription.

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

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

All assessed communities: gunfire, shelling, detention.

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

Harasta: landmines.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 Vehicles carrying commercial goods

Change since May: ◆

Some commercial vehicles were allowed into Eastern Ghouta in June, as had been the case since the reopening of Al Wafideen access point in early May. Vehicles were allowed through the checkpoint only on certain days, upon presenting required documentation, and were subject to the payment of fees, as well as the searching and confiscation of loads.

🚚 Humanitarian vehicles

Change since May: ◆

On 19 June, an inter-agency aid convoy reached the towns of Harasta, Modira and Msraba. The convoy consisted of 40 trucks carrying food, non-food, hygiene and medical items. Reportedly, none of the aid reached other towns in Eastern Ghouta. Further, while all parts of the population in Harasta reportedly accessed aid, the delivery was insufficient to meet needs.

📦 Goods entered

In June, food and non-food items entered Eastern Ghouta through commercial vehicles crossing Al Wafideen checkpoint, as had been the case in May. However, no medical supplies were provided via commercial vehicles this month. The entry of fuel from outside of the Eastern Ghouta communities was not permitted, as had been the case in the five preceding months, and could only be produced locally. In Harasta, a significant amount of goods, including medicine, was delivered through the humanitarian distribution of 19 June.

ACCESS TO SERVICES*

In June, all children across Eastern Ghouta were on summer break, and, as such, schools were not operating. However, no change was reported in terms of availability of services or barriers to accessing education, which continued to include destroyed facilities and a lack of safe routes to access schools across assessed communities. Access to electricity remained poor, due to persisting fuel shortages. As had been the case in April and May, hours of access significantly fluctuated on a daily basis in June, depending on the amount of fuel available to run generators. No change in access to water was reported, and all communities reported that available water was sufficient to meet household needs. Water was considered safe to drink in all communities except those where populations relied on closed wells as their main source of drinking water, as opposed to water trucking. Access to electricity was worse in Nashabiyeh, compared to other communities, as the generator-run electrical system was out of use, and only a 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	Overall, 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 May. **Data collected is based on perceptions of local actors and water safety cannot be guaranteed in the absence of water testing.

🏠 Permanent medical facilities available

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

HEALTH SERVICES

Change in health situation compared to May:

The health situation in Eastern Ghouta deteriorated in June, compared to May. While no significant change in available facilities or services was reported, available stocks of medical items started depleting in a majority of communities, as no medical supplies entered through commercial vehicles this month.

Some residents of Arbin and Zamalka experienced barriers to receiving medical care. In particular, the elderly and people living in certain locations within the two communities were unable to access available facilities.

Women also faced difficulties in addressing their medical needs. This was the case in Ein Terma, Harasta, Jisrein and Nashabiyeh, and was due to a lack of services treating women-specific conditions within these communities.

No outbreaks of disease were reported this month, and the number of deaths due to disease reportedly decreased in Duma, Ein Terma and Harasta. Previously, an outbreak of measles among children was reported in April, as was a lack of child immunizations for that month.


🏠 Medical facilities and services

Some medical facilities were functioning across all Eastern Ghouta communities in June (see table above), with no change reported compared to May.

The availability of medical services remained largely unchanged. No child immunization services were provided this month, as rounds of vaccinations are not provided on a monthly basis. The last round of vaccine had been distributed in May.

In Nashabiyeh, populations were reportedly able to access diarrhoea management services this month, in contrast to May. However, the availability of this service depended on the ability of populations to procure the needed supplies from nearby towns.

As had been the case in April and May, only simple surgery could be carried out in Harasta, Ein Terma and Jisrein. Patients from these communities were sent to other locations in Eastern Ghouta when more advanced surgical interventions were needed.


Change since May 

👤 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 reportedly increased in Saqba, as additional surgeons and doctors were hired by some facilities this month.

In all remaining communities, no change was reported in the number of trained personnel or volunteers with informal or no medical training.


Change since May 

👜 Unavailable medical items³

Availability of medical items decreased in most communities assessed in June, compared to May. This was due to no medical supplies entering the wider contiguous area through commercial vehicles, in contrast to May. In particular, the availability of heart medicine decreased across several of the communities assessed. Medical supplies only entered Harasta this month, as part of the humanitarian delivery of 19 June.

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

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

Change since May 

🩹 Most needed medical items⁴

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

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

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

No change was reported in June, compared to April and May. Adopted strategies included sharing resources between medical facilities, recycling medical items (e.g. bandages, syringes, needles) or using expired medicine. Such strategies had been reported across all communities in April, for the first time since assessments began.


✚ Unusual outbreaks of disease⁵

None reported in June.

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 May: 

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 June, residents in all communities were reportedly able to purchase food from shops, markets and local farmers, or produce it on roofs or backyards. In Harasta, residents were also able to obtain food from the humanitarian distribution of 19 June.


Most common methods of obtaining bread at the household level

All: Shops.

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

Access to bread, which had improved in May after worsening in March and April, remained

unchanged in June. No barriers were reported this month and bread was generally available in markets.

Change in availability in Eastern Ghouta since 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

Reducing meal size and skipping meals continued to be reported in assessed Eastern Ghouta communities. This has been the case since the area was first assessed in June 2016.

Deaths attributable to a lack of food⁶

No reported cases in any of the communities assessed. This had been the case since since assessments began.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Eastern Ghouta	Nearby areas ⁸
Average cost (SYP) ⁹	84086	32220
Change since previous month ¹⁰		

On average, the cost of a standard food basket remained unchanged in June, compared to May, after significantly increasing in the first half of 2017. The price of a food basket was 161% higher than that reported in nearby communities not considered besieged or hard-to-reach⁸.

Food item availability / prices

All assessed food items were generally available¹¹ in markets in June. While availabilities had decreased in April, and prices significantly increased in the same month, the reopening of Al Wafideen route and the entering of commercial vehicles in May resulted in an improvement of the food situation. Since then, prices decreased by a further 8%, but were 225% higher than in nearby communities not considered besieged or hard-to-reach⁸.

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) remained unchanged this month. However, prices were 52% higher than those in nearby communities not considered besieged⁸.

Fuel availability / prices

Fuel availability in the Eastern Ghouta area remained extremely limited in June. No fuel entered the assessed communities for six consecutive months and populations resorted to producing diesel locally by processing plastics.




Beside diesel, the only other available source of fuel was reportedly firewood.

Prices of available fuel items remained unchanged compared to May but were 596% 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 INDEX⁹

	Item	Eastern Ghouta average	Price change since May ¹⁰	Nearby non-hard-to-reach communities ⁸
	Bread private bakery (pack)	650	◆	100
	Bread public bakery (pack)	650	◆	57
	Rice (1kg)	1245	▲ +9%	538
	Bulgur (1kg)	850	◆	313
	Lentils (1kg)	820	◆	488
	Chicken (1kg)	3400	▲ +42%	1088
	Mutton (1kg)	5000	▲ +27%	4000
	Tomato (1kg)	210	▼ -86%	269
	Cucumber (1kg)	450	▼ -59%	267
	Milk (litre)	325	◆	213
	Flour (1kg)	450	▼ -55%	233
	Eggs (1)	99	◆	53
	Iodised salt (500g)	500	◆	63
	Sugar (1 kg)	1200	◆	432
	Cooking oil (litre)	1350	◆	1225
	Soap (1 bar)	150	◆	113
	Laundry powder (1kg)	1590	▼ -6%	875
	Sanitary pads (9)	500	◆	444
	Toothpaste (125ml)	500	◆	350
	Disposable diapers (24 pack)	2880	▼ -6%	1525
	Butane (cannister)	Not available	◆	2925
	Diesel (litre)	2000	◆	288
	Propane (cannister)	Not available	◆	2500
	Kerosene (litre)	Not available	◆	400
	Coal (kg)	Not available	◆	450
	Firewood (tonne)	207500	◆	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 is rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

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

⁸ Nearby communities in Rural Damascus governorate which are not considered besieged/hard to reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. May).

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 30 June 2017)

¹⁰ 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

June 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

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

The overall situation in Hajar Aswad did not change in June: civilian movement remained restricted, and commercial and humanitarian vehicle access prohibited. Basic services were limited, and barriers to accessing adequate healthcare were still reported. Meanwhile, the availability of core food, hygiene and fuel items remained stable.

Women, children and the elderly with identification could use formal routes on average twice a week to enter and exit Hajar Aswad. Men and women faced verbal harassment at checkpoints, while women were reportedly subject to sexual harassment as well. This was also the case in previous assessed months. **Since at least March 2017, detention at checkpoints was reported as a barrier to men attempting to seek healthcare in nearby communities, as well as to using formal routes in general.** Meanwhile, some women could seek medical care in nearby areas for childbirth, as has been the case since at least February 2017.

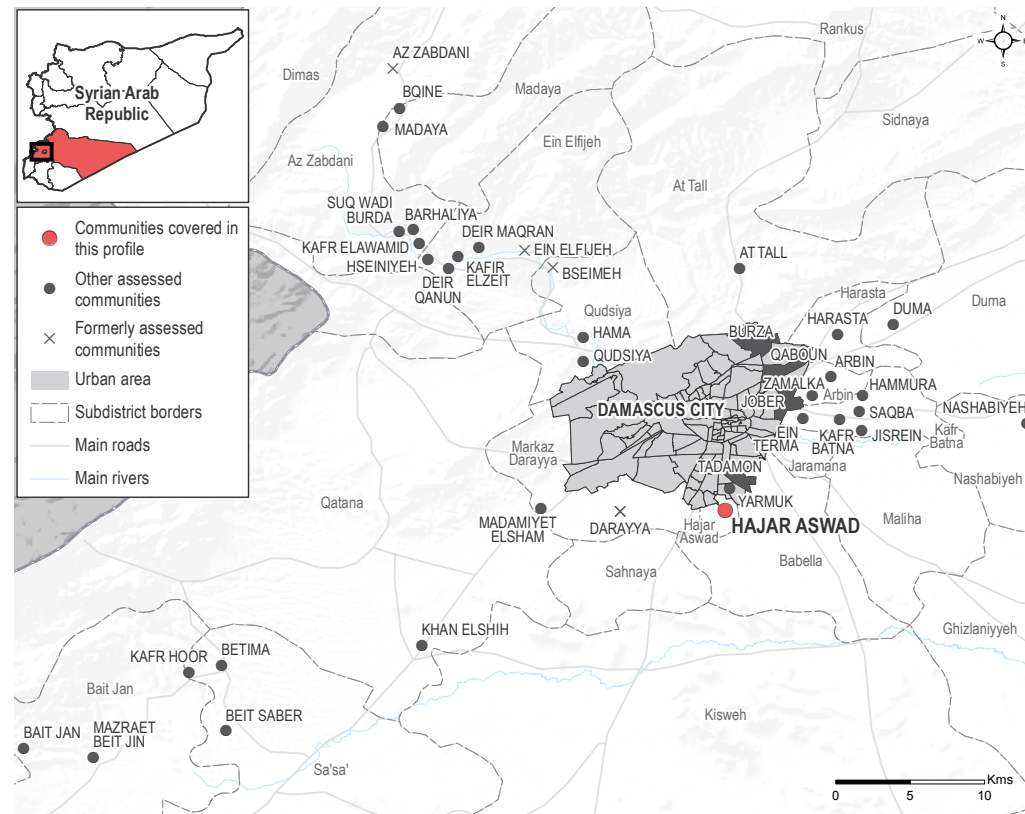
Commercial and humanitarian vehicles have been prohibited from accessing Hajar Aswad

UN classification:	Hard-to-reach
Estimated population¹:	4500
Of which IDPs¹:	320
% pre-conflict population remaining:	1-25%
% population female:	1-25%
% of female-headed households	1-25%

since at least June 2016, when assessments of the community began. Residents of the community have relied instead on purchasing items in the nearby towns of Yalda and Babella.

No major changes to basic services were reported in June, as was the case in May. Water and electricity networks have been unavailable since the community was first assessed. **Water supplies remained insufficient, and negative coping strategies were reported. Meanwhile, electricity remained limited.**

There was no reported change in the price and availability of core food items, with the exception of tomatoes and cucumbers, whose prices dropped by 57% and 30%, respectively. Conversely, the price of sanitary pads rose for the second consecutive month, rising by 33% in June. Meanwhile fuel price remained stable, and propane was reported available for the first time since assessments began.



METHODOLOGY

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

CHANGES SINCE MAY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May:



People able to leave²

Between 11-25% of the population were able to enter and exit the community via formal access points in June 2017. This range has been reported 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 transfers³) from nearby areas. Men have avoided using 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, verbal harassment of men and women, sexual harassment of women, detention.

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May:



Able to enter: None reported.

Humanitarian vehicles

Able to enter: None reported.

Change since May:



Goods entered

Residents of Hajar Aswad were reportedly able to obtain and transport goods from the nearby communities of Yalda and Babella, as

has been the case since assessments began. For the second consecutive month, goods brought back did not include humanitarian aid, as no distributions took place.

HEALTH SERVICES

Change in health situation compared to May:



Access to medical facilities and services in Hajar Aswad has not significantly changed since assessments began. In June, health facilities remained limited, and assessed medical items were only sometimes available.

Men continued to face additional barriers to healthcare due to the reported risk of detention at checkpoints when trying to exit the community. This has been the case since at least March 2017.

Meanwhile, some women were able to access better medical services during childbirth by traveling to nearby communities, though care received in these areas was not childbirth-specific. This has been the case since at least February 2017. In the absence of skilled childbirth care inside Hajar Aswad, women unable to exit reportedly gave birth at home with midwives.

Permanent medical facilities available

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

Availability of medical personnel

Personnel available: Professionally trained nurses and midwives.

ACCESS TO SERVICES*

Access to services remained limited in Hajar Aswad in June. Access to water was insufficient, as in previous months. Consequently, the coping strategy of using money intended for other purposes to purchase drinking water was reported for the second consecutive month. Meanwhile, the strategy of bathing less has not been reported since April due to the need to bathe more during warmer months. Electricity remained limited to a few hours a day, and barriers to education persisted, though no children attended school due to summer break.

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 May.

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

Others providing medical services:

Pharmacists, volunteers with informal medical training.

Change since May



Medical services available

Child immunization	✗
Diarrhoea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery ⁴	✗
Diabetes care	✓
Change since May	

Strategies used to cope with a lack of medical services

Recycling medical items (e.g. bandages, syringes, needles), sharing resources between medical facilities.

Reuse of medical items and sharing of medical resources have been reported since December 2016 and January 2017, respectively.

Unavailable medical items⁵

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

Change since May



Most needed medical items⁶

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 May:



🍷 Most common methods of obtaining food at the household level

Purchasing from shops and markets in neighbouring communities.

Residents of Hajar Aswad could purchase food from the communities of Yalda and Babella, as has been the case since assessments began.

🌾 Most common methods of obtaining bread at the household level

Most common source: purchasing from shops in nearby communities.

Challenges to obtaining bread: Flour, wheat and yeast unavailable or too expensive or hard to access; electricity or fuel insufficient, too expensive or hard to access; bakeries not functioning (since assessments began).

Change since May



👛 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. Men continued to

eat less, so that women and children could eat more, as has been the case since at least February 2017.⁷

+ Deaths attributable to a lack of food⁸

None reported.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICE

💰 Average cost of standard food basket⁹

	Hajar Aswad	Nearby areas ¹⁰
Average cost (SYP) ¹¹	32782	32962
Change since previous month ¹²	◆	◆

In June, there was no change in the average cost of a standard food basket in Hajar Aswad, as prices of all included items remained stable.

🍷 Food item availability / prices

All assessed items, except bread from bakeries, reportedly remained sometimes available¹² in markets in June. Meanwhile, prices remained the same as in May, with the exception of a 57% and 33% decrease in the price of tomatoes and cucumbers, respectively. This was due to seasonal supply and availability.

🧴 WASH item availability / prices

Overall, the price of hygiene items remained the same in June as was reported in May. The price of soap, after having fluctuated during April and May, did not change. However, the price of sanitary pads increased for the second consecutive month, by 33% in June. Overall, reported prices and availability of hygiene items have remained stable since November 2016.

🛢️ Fuel availability / prices

The prices and availability for all assessed fuels, except for propane, remained the same in June, after having decreased in May due to

lower seasonal demand. Propane, which is reportedly rarely used by community members, was available in markets for the first time since assessments began in June 2016.¹⁴

Strategies used to cope with a lack of fuel:

None reported, for the second consecutive month.

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX¹⁰

	Item	Hajar Aswad	Price change since May ¹⁰	Nearby non-hard-to-reach areas ⁹
🍷 Food Items	Bread private bakery (pack)	Not available	◆	100
	Bread public bakery (pack)	Not available	◆	57
	Rice (1kg)	400 ¹³	◆	538
	Bulgur (1kg)	250 ¹³	◆	313
	Lentils (1kg)	250 ¹³	◆	488
	Chicken (1kg)	1400 ¹³	◆	1088
	Mutton (1kg)	5000 ¹³	◆	4000
	Tomato (1kg)	350 ¹³	▼ -57%	269
	Cucumber (1kg)	300 ¹³	▼ -30%	267
	Milk (litre)	250 ¹³	◆	213
	Flour (1kg)	300 ¹³	◆	233
	Eggs (1)	60 ¹³	◆	53
	Iodised salt (500g)	200 ¹³	◆	63
	Sugar (1 kg)	400 ¹³	◆	432
🧴 WASH Items	Cooking oil (litre)	700 ¹³	◆	1225
	Soap (1 bar)	150 ¹³	◆	113
	Laundry powder (1kg)	1000 ¹³	◆	875
	Sanitary pads (9)	300 ¹³	▲ +33%	444
	Toothpaste (125ml)	400 ¹³	◆	350
🛢️ Fuel	Disposable diapers (24 pack)	1500 ¹³	◆	1525
	Butane (cannister)	3200 ¹³	◆	2925
	Diesel (litre)	400 ¹³	◆	288
	Propane (cannister)	2500 ¹³	Not available	2500
	Kerosene (litre)	400 ¹³	◆	400
	Coal (kg)	450 ¹³	◆	450
	Firewood (tonne)	Not available	◆	Not available

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 is rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

⁷ This indicator was first assessed in February 2017. While it is likely that men have been eating less so that women and children can eat more before the assessment of this indicator began, there was no data collected for months before February. Findings must therefore be considered indicative of each assessed month, rather than generalisable.

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

¹⁰ Nearby communities in Rural Damascus governorate which are

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

¹¹ \$1 = 515 SYP (UN operational rates of exchange as of 30 June 2017).

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

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

¹⁴ Due to an error in reporting, it was previously stated in the May 2017 profile that propane had not been available for the third consecutive month; in fact, propane has not been available since at least June 2016, when Hajar Aswad was first assessed.

Syria Community Profile Update: Khan Elshih, Rural Damascus

June 2017



REACH Informing more effective humanitarian action

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 substantial access restrictions before a truce was reached in late November 2016. Over 3,000 residents were evacuated to Idlib governorate and a general improvement in the humanitarian situation has been witnessed since the onset of the truce, causing the United Nations to reclassify Khan Elshih from besieged to hard-to-reach in April 2017.

In June, the humanitarian situation remained unchanged compared to the situation in May. Although no humanitarian deliveries occurred in Khan Elshih in June, commercial vehicles continued to enter, providing food, NFIs, medical supplies and fuel to the community. Restrictions on quantities of goods brought into the community via commercial vehicles remained in place.

Medical stocks remained unchanged in June, 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 remained the main source of water in Khan Elshih, and generators continued to provide electricity to the community.

The number of residents using formal access points in Khan Elshih remained unchanged in May and June, 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.

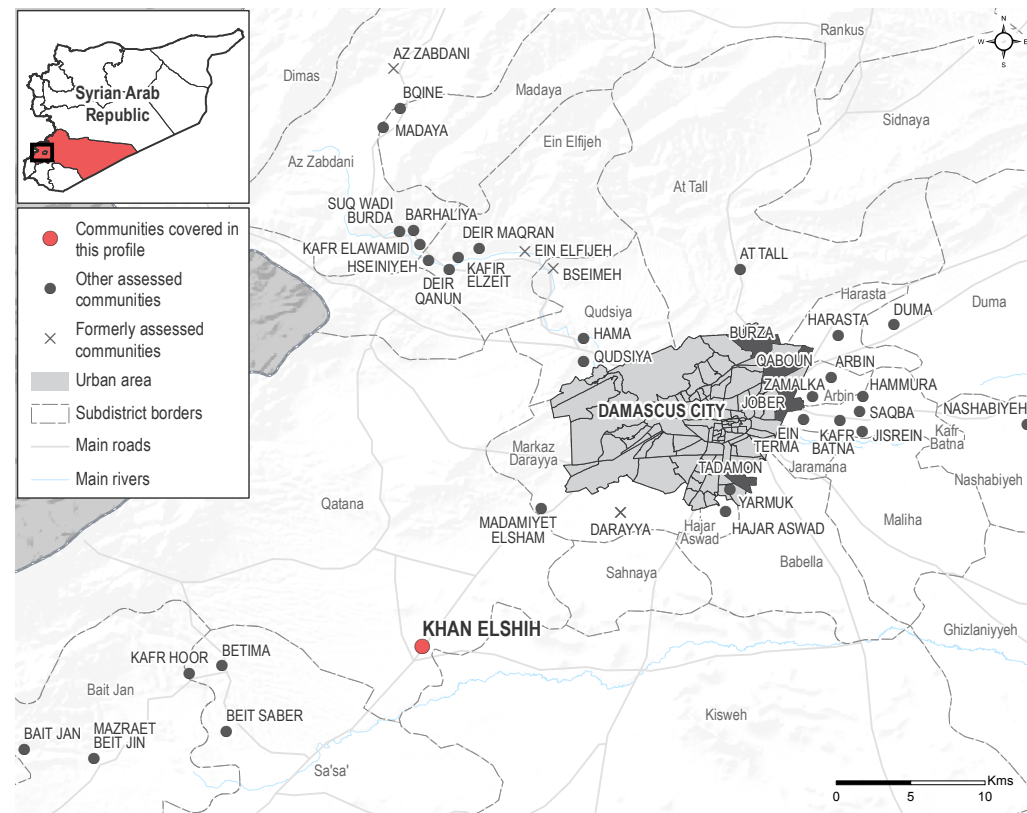
FOR HUMANITARIAN PURPOSES ONLY

	UN classification:	Hard-to-reach
	Estimated population¹:	9000-9500
	Of which IDPs¹:	100-200
	% pre-conflict population remaining:	26-50%
	% population female:	51-75%
	% of female-headed households	1-25%

The health situation in Khan Elshih has remained largely stable, after improving slightly in April, when medical stocks increased due to 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 and June, after considerable fluctuations in April due to a decrease in local vegetable production. No shifts in food availability and no negative food-based coping strategies were reported in June.

In June, no coping strategies to deal with a lack of fuel were reported for the second time in a row since assessments began. This increase in the availability of fuel occurred due to a seasonal lack of demand, coupled with a gradual increase in NFI availability following the truce.



CHANGES SINCE MAY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May: 

People able to leave²

The ability of civilians to leave the community improved following the truce in late November. Approximately 11-25% of the population have been able to enter and exit Khan Elshih using formal routes since then. The number of people accessing formal routes in June remained the same as in May, 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, in contrast to May, a risk of detention reportedly deterred some men 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, conscription, detention.


MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods

Change since May : 

The number of commercial vehicles entering Khan Elshih in June remained largely the same as in May. 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 has been the case since April, fees were usually required for entry.

Humanitarian vehicles


Change since May: 

No humanitarian aid has entered Khan Elshih since February. However, local NGOs continued operating on the ground, providing food to low-income families.

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 May: 

No skilled childbirth services or surgeries were available in June, as has been the case since conflict escalated in October 2016. Patients were transferred to hospitals in Damascus for such services. Child immunization services were not available in June, as immunization rounds were provided in April and May.







All assessed medical items continued to be available in June, thanks to improved commercial vehicle access following the truce. However, low-income families continued to have limited access to specialised healthcare services outside of Khan Elshih due to prohibitive travel costs. Some men still reported fears of detention and conscription at checkpoints, preventing them from seeking medical care outside of the community in June.

Permanent medical facilities available

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

ACCESS TO SERVICES*








Access to water services in Khan Elshih has reportedly been insufficient since temperatures began rising in April 2017, with the main water network being unavailable since August 2016. Closed wells and trucking remained the primary methods of water delivery. Though repairs to the electrical network began in February, generators remained the main source of power in June. While no barriers to education were reported in June, children were on summer break.

 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 May.

** 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 ³	
Diabetes care	
Change since May	

Unavailable medical items⁴

All assessed medical items were reported as available in June.

Change since May	
-------------------------	---

Most needed medical items⁵

- Clean bandages
- Antibiotics
- Blood transfusion bags

Availability of medical personnel

Personnel available: Professionally trained doctors, nurses and midwives;

Others providing medical services: Dentists and pharmacists.

Change since May	
-------------------------	---

Strategies used to cope with a lack of medical services

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

Unusual outbreaks of disease⁶

None reported.

FOOD

Change in food situation compared to May:



Most common methods of obtaining food at the household level

The most common methods of obtaining food in June were 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 May



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 food⁶

None reported, as has been the case since assessments of the community began in June 2016.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Khan Elshih	Nearby areas ⁸
Average cost (SYP) ⁹	24897	32220
Change since May ¹⁰		

The cost of a standard food basket in Khan Elshih remained largely unchanged in June, and was substantially lower than the cost of a standard food basket in nearby communities not considered hard-to-reach.

Food item availability / prices

All assessed food items were reportedly sometimes available,¹¹ except for bread from private bakeries, which was generally available.¹² After considerable price fluctuations in April, the prices of most assessed food items stabilised in May and June. However, there was a 33% and 23% decrease in the price of cucumbers and iodised salt, respectively, compared to May 2017.

WASH item availability / prices

All assessed hygiene and sanitation items were reported as generally available¹² in June, with no price changes since December 2016. However, such items were still on average more expensive than those in nearby non-hard-to-reach communities.

Fuel availability / prices

The availability of 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 and thus offer. Coal became available in February, and prices stabilised in May and June after dropping by 58% in April due to lower seasonal demand.

Strategies used to cope with a lack of fuel: In May, for the first time since the assessment began, no strategies to cope with a lack of fuel were reported. This remained the case in June. 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 in June.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICE INDEX⁹

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

	Item	Khan Elshih	Price change since May ¹⁰	Nearby non-hard-to-reach areas ⁹
	Food Items			
	Bread private bakery (pack)	100 ¹²		100
	Bread public bakery (pack)	70 ¹¹		57
	Rice (1kg)	400 ¹¹		538
	Bulgur (1kg)	300 ¹¹		313
	Lentils (1kg)	300 ¹¹		488
	Chicken (1kg)	1350 ¹¹		1088
	Mutton (1kg)	5000 ¹¹		4000
	Tomato (1kg)	350 ¹¹		269
	Cucumber (1kg)	300 ¹¹	-33%	267
	Milk (Litre)	60 ¹¹		213
	Flour (1kg)	150 ¹¹		233
Eggs (1)	60 ¹¹		53	
Iodised salt (500g)	130 ¹¹	-23%	63	
	WASH Items			
	Sugar (1 kg)	500 ¹¹		432
	Cooking oil (litre)	900 ¹¹		1225
	Soap (1 bar)	100 ¹²		113
	Laundry powder (1kg)	2000 ¹²		875
	Sanitary pads (9)	500 ¹²		444
	Fuel			
	Toothpaste (125ml)	350 ¹²		350
	Disposable diapers (24 pack)	2500 ¹²		1525
	Butane (cannister)	3000 ¹¹		2925
	Diesel (litre)	400 ¹¹		288
	Propane (cannister)	Not available		2500
	Kerosene (litre)	400 ¹¹		400
Coal (kg)	500 ¹¹		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 estimates by local actors within the community assessed. HNO 2017 population data (December 2016) estimates the population of the community to be 12,000, with 3,000 IDPs, although this may not account for recent evacuations from the community.

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

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

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

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

⁶ 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 is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: May 2017' ([link here](#)).

⁸ Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month. 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 30 June 2017).

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

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

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

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

June 2017



REACH Informing more effective humanitarian action

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

Madaya and Bqine*, which sit within a contiguous area, are located 40km northwest of Damascus city. The mountainous communities have faced restrictions on movement since July 2015, and were classified as besieged by the UN in January 2016. 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 Zabdani² in early 2016; all remaining population left the community in April 2017.

The overall humanitarian situation in Madaya, which had improved in May following the implementation of a local truce agreement and the subsequent partial lifting of access restrictions, remained stable in June, with no major changes observed.

As was reported in May, an estimated 26-50% of the population, including women, children, workers and students, could use formal access points to leave and enter the community in June. Commercial vehicles were permitted to enter Madaya for the second consecutive month, but continued to face restrictions, including fees, documentation requirements, searches and confiscation of loads. No humanitarian aid was delivered to Madaya in June, with the most recent delivery last reported in March 2017.

Food, fuels, NFIs and medicine entered the community via commercial vehicles and civilians bringing such items from nearby locations. Since

UN classification:	Besieged
Estimated population¹:	40500-42500
Of which IDPs¹:	8700-9400
% pre-conflict population remaining:	51-75%
% population female:	26-50%
% of female-headed households	26-50%

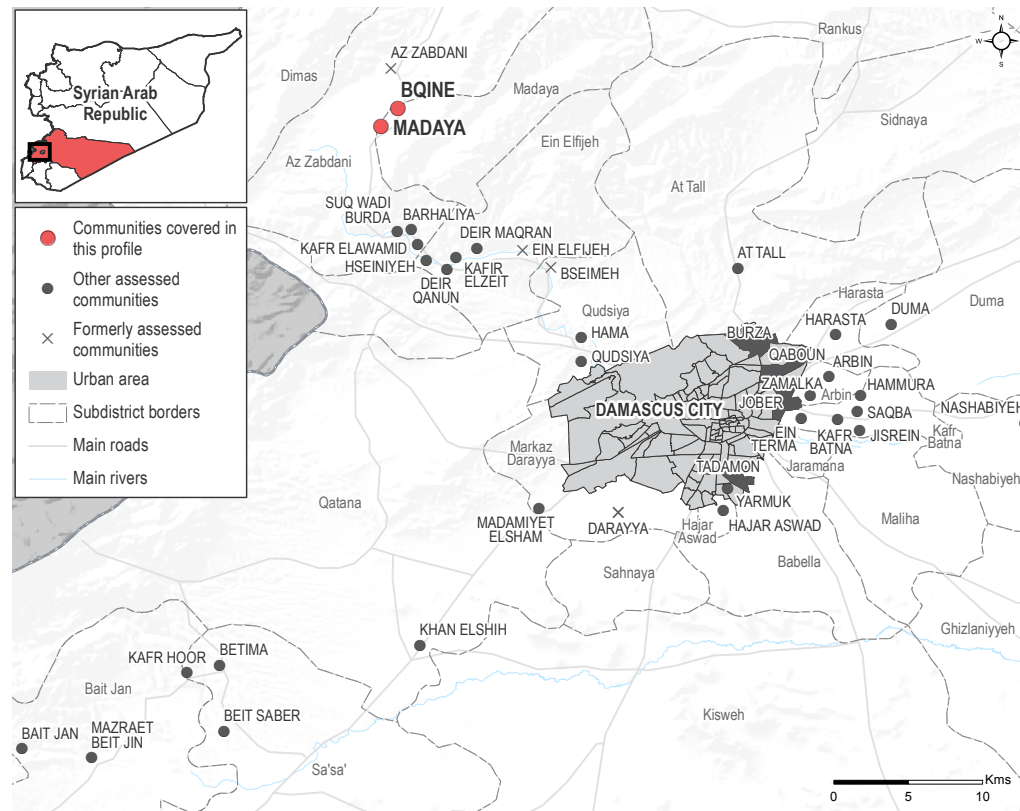
May, when markets first reopened in Madaya, all assessed core food items (except bread from bakeries) have been available. In June, additionally, as more fuels entered the community, kerosene became available in Madaya. While food prices were similar to those in nearby communities, NFIs and fuels remained more expensive in Madaya.

The medical situation in the community, which improved significantly in May, remained largely unchanged in June. One public primary healthcare facility, and various public clinics, offered services. While residents could also seek assistance in Damascus, some remained hesitant to do so due to perceived risks of detention or conscription.

Access to basic services, including electricity, water and education, did not change in June. Repairs to the electrical and water networks, as well as to educational facilities, had markedly improved access in May. In June, all school children remained on summer break.

CHANGES SINCE MAY

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




METHODOLOGY

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

People able to leave³

In June, for the second consecutive month, populations in Bqine and Madaya could use two formal access points to leave and enter the communities. These points, one in Madaya and one in Bqine, opened on 30 April, following the implementation of the Four Towns Agreement⁴ earlier that month. Prior to this, no movement had been permitted since assessments of the locations began in June 2016.

While formally all residents were permitted to leave and enter the communities upon presenting identification, due to perceived security concerns only an estimated 26-50% of the populations did so in June, as was also the case in May. Using formal access points reportedly continued to involve risks of harassment, detention and conscription.

As has been the case since the cessation of hostilities in April, no security risks associated to movement within the communities were reported in June. Additionally, no further relocations of populations were reported.


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 May: 

For the second consecutive month, some commercial vehicles entered Madaya in June. Prior to May 2017, no commercial access had been permitted since at least June 2016. Vehicles were 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 May: 

No humanitarian aid entered Madaya in June. Aid deliveries were last reported in March 2017.

Goods entered

Food, NFIs and medical items entered Madaya in June via commercial vehicles and with civilians bringing goods from nearby communities (Sidnayah and Damascus city). Further, for the first time since assessments began, small quantities of fuel were allowed to enter the community via commercial vehicles, in addition to being brought in by civilians.







HEALTH SERVICES

Change in health situation compared to June: 

The medical situation in Madaya, which had significantly improved between April and May following the partial lifting of access restrictions, remained largely unchanged in June. While no immunization services were available in June, this did not indicate an overall deterioration in the health situation, as immunizations are generally administered periodically in rounds.

ACCESS TO SERVICES*

Access to all basic services, which improved in May following the implementation of the local truce agreement, remained stable in June. While residents in the community were able to reconnect to the main water and electrical networks, access to drinking water continued to be reported as insufficient. Additionally, access to electricity was limited to 2-4 hours daily. Following reparations to school facilities in May, no barriers to education were reported; however, all children were on summer break in June.


	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 May.

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

Unavailable medical items⁵

All assessed medical items remained sometimes available in June.

Change since May: 


Most needed medical items⁶

- Clean bandages
- Antibiotics
- Blood transfusion bags

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 May: 

Permanent medical facilities available

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

Following the cessation in hostilities and the entry of medical items and return of some medical personnel to Madaya, one public primary healthcare clinic resumed operations in the community in May. Further, several private clinics opened in May as well as in June. However, access to such facilities remained limited to those with sufficient funds.

Medical services available

Child immunization	✗
Diarrhoea management	✓
Emergency care	✓
Skilled childbirth care	✗
Surgery ⁷	✗
Diabetes care	✓
Change since May	↓

Emergency care, diabetes care and diarrhoea management, which had become available in Madaya in May, remained available in June. No immunization round was administered in June, representing a decrease relative to the previous month. Childbirth care remained unavailable in the community, with women seeking professional assistance in nearby communities instead. While residents could access medical assistance in nearby communities, men were hesitant to use the formal access points for this purpose, due to continued perceived risks of detention and conscription.


+ Unusual outbreaks of disease⁸

None reported in June. Following the lifting of access restrictions in May, those suffering from meningitis and kidney failure (outbreaks first reported in October and November 2016, respectively) were evacuated or able to seek treatment in nearby communities.

Strategies used to cope with a lack of medical services

None reported.

FOOD

Change in food situation compared to May: 

Food security, which improved significantly in Madaya in May following the partial lifting of access restrictions and re-opening of markets, remained stable in June. All assessed core food items, with the exception of bread from bakeries, were reportedly sometimes available.⁹ No negative coping strategies related to a lack of food were reported in the community, for the second consecutive month.

🍷 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 May 

+ Deaths attributable to a lack of food⁸

None reported.

👛 Strategies used to cope with a lack of food

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



✓ Reportedly used as a coping strategy

✗ Not reportedly used as a coping strategy

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

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket¹⁰

	Madaya	Nearby areas ¹¹
Average cost (SYP) ¹²	30133	32220
Change since prior month		

The price of a standard food basket in Madaya did not change between May and June. Additionally, the price remained similar to that of a food basket in nearby communities not considered besieged.

🍷 Food item availability / prices

All assessed core food items remained sometimes available in Madaya in June, as had been the case in May, when hostilities stopped and access restrictions were partially lifted for the first time. Markets also reopened in May, for the first time since December 2016. While residents could buy bread from shops, it was not yet available in bakeries (public and private), which were still under repair.

There was a notable decrease in the price of assessed vegetables (cucumber, tomato) compared to May, reportedly due to increased seasonal supply. Overall, prices of food items in Madaya remained similar to those in nearby communities.

🚰 WASH item availability / prices

All assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste, disposable diapers) became generally available¹³ in May, and remained as such in June. They continued to be more expensive than in nearby communities not considered besieged, however, with an average price difference of 42%.





























🚰 Fuel availability / prices

In addition to May, when fuel was first allowed to enter Madaya with civilians from nearby communities, in June small quantities of fuel also entered via commercial vehicles. This was reported for the first time since assessments of the community first began in June 2016.

In June, kerosene became sometimes available in markets, in addition to butane, propane, diesel and coal, all of which had become available in May following the partial lifting of access restrictions. Fuels prices remained higher than in nearby communities not considered besieged, but the average price difference decreased between May and June.

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

	Item	Madaya	Price change since May	Nearby non-hard-to-reach areas ⁸
Food Items 	Bread private bakery (pack)	Not available		100
	Bread public bakery (pack)	Not available		57
	Rice (1kg)	550 ⁹		538
	Bulgur (1kg)	450 ⁹		313
	Lentils (1kg)	400 ⁹		488
	Chicken (1kg)	1400 ⁹		1088
	Mutton (1kg)	5000 ⁹		4000
	Tomato (1kg)	150 ⁹	 -50%	269
	Cucumber (1kg)	200 ⁹	 -20%	267
	Milk (litre)	250 ⁹		213
	Flour (1kg)	150 ⁹		233
	Eggs (1)	60 ⁹		53
	Iodised salt (500g)	100 ⁹		63
	Sugar (1 kg)	450 ⁹		432
WASH Items 	Cooking oil (litre)	800 ⁹		1225
	Soap (1 bar)	100 ¹³		113
	Laundry powder (1kg)	2000 ¹³		875
	Sanitary pads (9)	500 ¹³		444
	Toothpaste (125ml)	400 ¹³		350
Fuel 	Disposable diapers (24 pack)	2500 ¹³		1525
	Butane (cannister)	3200 ⁹		2925
	Diesel (litre)	400 ⁹		288
	Propane (cannister)	3000 ⁹		2500
	Kerosene (litre)	400 ⁹	Not available	400
	Coal (kg)	500 ⁹		450
	Firewood (tonne)	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 estimates by local actors within communities assessed. The last HNO population data (December 2016) estimates 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 fact that some informal points exist does not imply their safety, security, or the financial capacity of any notable portion of the population to pay the fees required to use them.

⁴ The 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 (Idlib 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 a comprehensive assessment of all medical needs, but is rather indicative of key medical items that speak to the trend in access to medical services in the area.

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

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

¹⁰ Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: May 2017' (link here). As bread was unavailable in private and public bakeries in Madaya, no prices were available for bread sold in bakeries

in the community. However, the food basket price for Madaya for June was calculated using the reported price of bread sold in shops (100 SYP).

¹¹ Nearby communities in Rural Damascus governorate which are not considered besieged/hard-to-reach: Deir Ali and Kisweh. Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month (i.e. May).

¹² \$1 = 515 SYP (UN operational rates of exchange as of 30 June 2017).

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

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. This profile focuses only on the situation in Qaboun, as Burza is assessed in another profile.

This renewed escalation of conflict not only cut off the main supply route from Eastern Ghouta, but also caused the humanitarian situation in Qaboun to deteriorate rapidly as neither civilians nor food, non-food (NFIs) or medical items were able to enter the community in March and April. Qaboun was officially classified by the United Nations as besieged in May. By mid-May, official authorities reportedly controlled the entire neighbourhood and negotiations for the evacuation of fighters and their families began. The shift in control led to a mass evacuation of Qaboun's population to Idleb Governorate, with less than 50 individuals remaining in Qaboun in late May.

In June, the situation improved slightly following the truce agreement in mid-May as food items entered the community and access

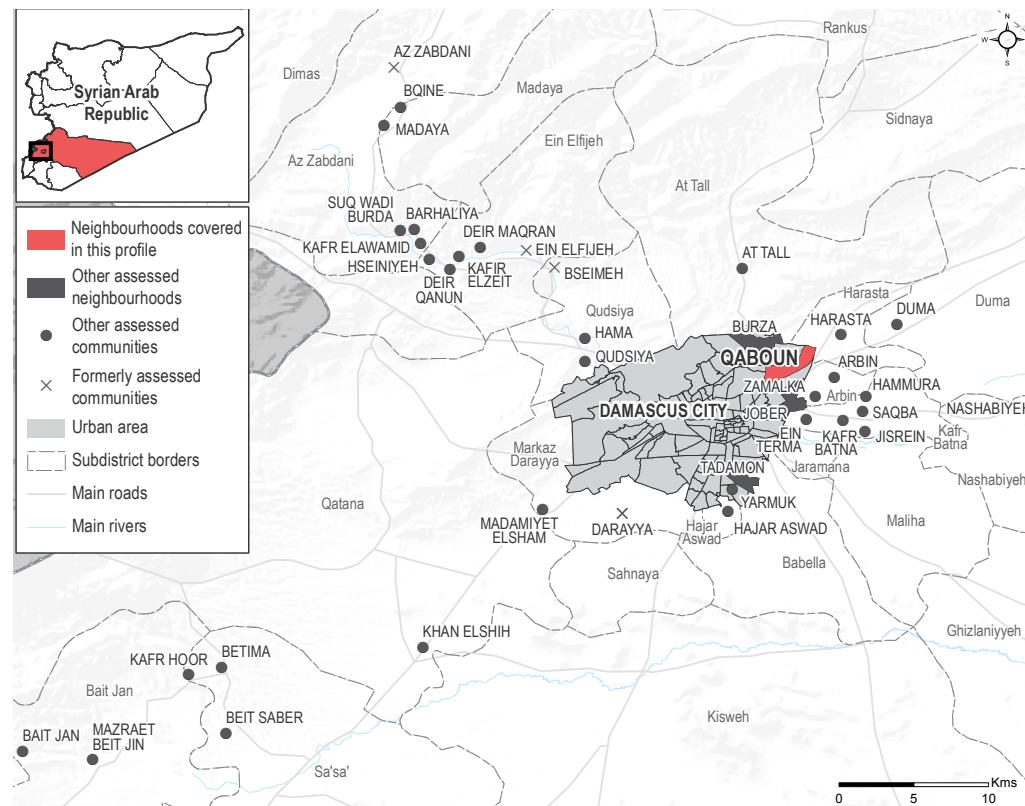
UN classification:	Besieged
Estimated population¹:	50-75
Of which IDPs¹:	20-25
% pre-conflict population remaining:	1-25%
% population female:	26-50%
% of female-headed households	1-25%

to the main water and electricity networks was restored. Nonetheless, the overall humanitarian situation in Qaboun remained critical.

After a drastic drop in May due to the mass evacuation to Idleb, Qaboun's population grew by around 25 internally displaced persons in June. Families trying to flee Eastern Ghouta through informal routes via Qaboun were forced to stay in the neighbourhood, as they were unable to exit the community due to the imposed siege.

After all assessed food items became unavailable in May, the food situation improved in June, although no commercial or humanitarian vehicles were able to access the neighbourhood. Food and hygiene items were received in Qaboun through informal channels, while most fuel items remained unavailable.

Access to basic services improved in June, as the authorities repaired damaged water tanks and pipes connecting buildings to the main water



CHANGES SINCE MAY

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

network. Although this resulted in an increase in available drinking water, **water continued to be insufficient to meet household needs**. The electricity network was also repaired in June, as a result of the May truce agreement. Despite improvements in access to other basic services, all educational facilities remained closed due to their destruction and security concerns resulting from active conflict in adjacent areas.

The health situation remained critical in June, following the closure of Qaboun's last remaining medical facility and the depletion of all medical stocks due to looting in May. All medical staff were evacuated in May and have not returned since. **Tight restrictions on movement hindered community members from seeking medical attention in nearby neighbourhoods.**

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May:	↓
--	---

🚶 People able to leave²

In contrast to May, when everyone who wished to leave the community was evacuated to Idlib, entry to the neighbourhood was restricted by official authorities in June, with no one permitted to enter or exit Qaboun. Nonetheless, the population increased by around 25 individuals, as several female-headed households attempted to flee from Eastern Ghouta to Idlib via Qaboun using informal routes. These families were forced to remain in Qaboun, due to strict exit restrictions associated with the siege imposed on the neighbourhood.

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

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

MOVEMENT OF GOODS AND ASSISTANCE

Vehicles carrying commercial goods	↔
Change since May:	↔

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 May	↓
-------------------------	---

No humanitarian vehicles entered Qaboun in June. The last time humanitarian aid entered Qaboun was in May during the evacuations.

📦 Goods entered

In June, food and hygiene items were received by community members via informal methods, as tight restrictions on movement hindered commercial vehicles and civilians from transporting food into Qaboun.

HEALTH SERVICES

Change in health situation compared to May:	↓
--	---

After declining dramatically in May following the gradual depletion of all assessed medical supplies since the onset of the siege, the health situation deteriorated further in June. Following the shift in control in May, the last remaining medical items were seized by the authorities and the hospital was closed. All medical personnel were evacuated from the neighbourhood and none have returned since. All medical facilities remained shut down. With the closure of all exit points in Qaboun in June, residents in need of medical care were unable to find medical assistance outside of the community.

🏠 Permanent medical facilities available

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

ACCESS TO SERVICES*

In June, authorities repaired tanks and pipes connecting houses to the main water network. These had been destroyed in May. The availability of drinking water therefore increased in June, although it remained insufficient to meet household needs. After having been unavailable since March, the electricity network was fixed by the authorities in June. As was the case in April and May, no children were able to attend school in June due to the destruction of facilities, a lack of school supplies and unsafe routes to services.

WATER	↑	Main source of drinking water (status)	Water network (safe to drink)**
		Sufficiency of available water to meet household needs (coping strategies used)	Insufficient (reduce drinking water consumption)
		Access to water network per week	3 - 4 days
ELECTRICITY	↑	Access to electricity network per day	4 - 8 hours
		Access to electricity (main source) per day	4 - 8 hours (main network)
EDUCATION	↔	Available education facilities	None
		Barriers to education	Facilities destroyed, routes unsafe, lack of school supplies

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

🩹 Most needed medical items³

- Heart medicine
- Antibiotics
- Diabetes medicine

🩺 Strategies used to cope with a lack of medical services

As was the case in May, no strategies to cope with a lack of medical services were reported in June, as the community has been almost entirely evacuated.

⚠️ Unusual outbreaks of disease⁴

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

👤 Availability of medical personnel

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

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

Change since May	↔
-------------------------	---

👜 Unavailable medical items⁵

All assessed medical items were unavailable in Qaboun in June. All remaining stocks were looted, while no additional medical supplies were able to enter the neighbourhood.

Change since May	↔
-------------------------	---

🩹 Medical services available

Child immunization	✗
Diarrhoea management	✗
Emergency care	✗
Skilled childbirth care	✗
Surgery ⁶	✗
Diabetes care	✗
Change since May	↔

FOOD

Change in food situation compared to May:



Food availability decreased dramatically in Qaboun in May due to the gradual depletion of food stocks since the onset of the siege. In June, food entered the community through informal channels, and residents were therefore able to purchase food from shops.

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 June, as was the case in May.

Deaths attributable to a lack of food⁴

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

Most common methods of obtaining food at the household level

Purchasing food from shops was the most common means of obtaining food in June. In contrast to May, no food distributions were reported.

Most common methods of obtaining bread at the household level

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

Challenges to obtaining bread: Bread

became unavailable in May due to the depletion of flour stocks, following the onset of the siege. In June, residents were able to purchase bread in shops that was received in Qaboun through informal channels.

Change since May



CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁷

	Qaboun	Nearby areas ⁸
Average cost (SYP) ⁹	30952	32544
Change since May ¹⁰	No data	No data

In comparison to May, when all food items were unavailable, most of them became available in June. As such, it became possible to calculate a standard food basket price for Qaboun. In June, its price was slightly lower than the price of a standard food basket in nearby communities not considered hard to reach.

Food item availability / prices

While no assessed food items were reported available in May, a majority of them became available again in June, as food entered the community through informal routes. Prices were not substantially different from prices in nearby communities.

WASH item availability / prices

As opposed to May when only sanitary pads were available in Qaboun, all assessed WASH items were available in June as they entered the community through irregular channels. Prices did not substantially differ from those in nearby communities.

Fuel availability / prices

In June, butane informally entered Qaboun, after no fuel items were available in the neighbourhood in May.

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

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁸

	Item	Qaboun	Price change since May ¹⁰	Nearby non-hard-to-reach areas ⁸	
Food Items	Bread private bakery (pack)	Not available	Not available	185	
	Bread public bakery (pack)	Not available	Not available	50	
	Rice (1kg)	550 ¹³	Not available	553	
	Bulgur (1kg)	350 ¹³	Not available	331	
	Lentils (1kg)	500 ¹³	Not available	646	
	Chicken (1kg)	Not available	Not available	1355	
	Mutton (1kg)	5500 ¹²	Not available	6575	
	Tomato (1kg)	200 ¹³	Not available	156	
	Cucumber (1kg)	200 ¹³	Not available	163	
	Milk (litre)	Not available	Not available	250	
	Flour (1kg)	325 ¹³	Not available	284	
	Eggs (1)	60 ¹³	Not available	50	
	Iodised salt (500g)	150 ¹¹	Not available	143	
WASH Items	Sugar (1 kg)	400 ¹³	Not available	360	
	Cooking oil (litre)	850 ¹³	Not available	868	
	Soap (1 bar)	150 ¹³	Not available	154	
	Laundry powder (1kg)	850 ¹³	Not available	890	
	Sanitary pads (9)	500 ¹³	◆	470	
	Toothpaste (125ml)	250 ¹¹	Not available	274	
	Disposable diapers (24 pack)	2300 ¹³	Not available	2263	
	Fuel	Butane (cannister)	3000 ¹³	Not available	2963
		Diesel (litre)	Not available	Not available	285
		Propane (cannister)	Not available	Not available	4250
Kerosene (litre)		Not available	Not available	325	
Coal (kg)		Not available	Not available	313	
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.



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 the community assessed.

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

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

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

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

⁷ Calculation of average cost of food basket is based on WFP's standard food basket of essential commodities. The basket includes 37 kg of bread, 19 kg rice, 19 kg lentils, 5 kg of sugar and 7 kg of vegetable oil, providing 1,930 kcal a day for a family of five during a month. Available at: WFP, VAM Food Security Analysis, 'Syria Market Price Watch Bulletin: May 2017' ([link here](#)). As bread was unavailable in private and public bakeries in Qaboun, no prices were available for bread sold in bakeries in the community. The food basket price for Qaboun for June was therefore calculated using the reported price of bread sold in shops (75 SYP).

⁸ Due to different time periods for data collection in these areas, price data from nearby communities refers to prices reported in the preceding month. Nearby communities in Damascus governorate which are not considered besieged/hard-to-reach: Ayoubiya and Zahreh.

⁹ \$1 = 515 SYP (UN operational rates of exchange as of 30 June 2017).

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

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

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: Wadi Burda, Rural Damascus

June 2017



REACH Informing more effective humanitarian action

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	5000-5500	11000-11500	12000-12500	8500-9000	15000-15500	3500-4000
 Of which estimated IDPs¹	2800-3000	1500-2500	3000-3200	3500-4000	5500-6000	9500-9700	1000-1200
% 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 United Nations as hard-to-reach, were profiled for the first time in August 2016. Assessments of Bseimeh and Ein Elfijeh ceased in January 2017, as no populations reportedly remained following a shift in control across the Wadi Burda area. While this profile presents the situation in June, comparisons were made to the month of May.

A significant improvement across all indicators was first observed in Wadi Burda in February 2017,

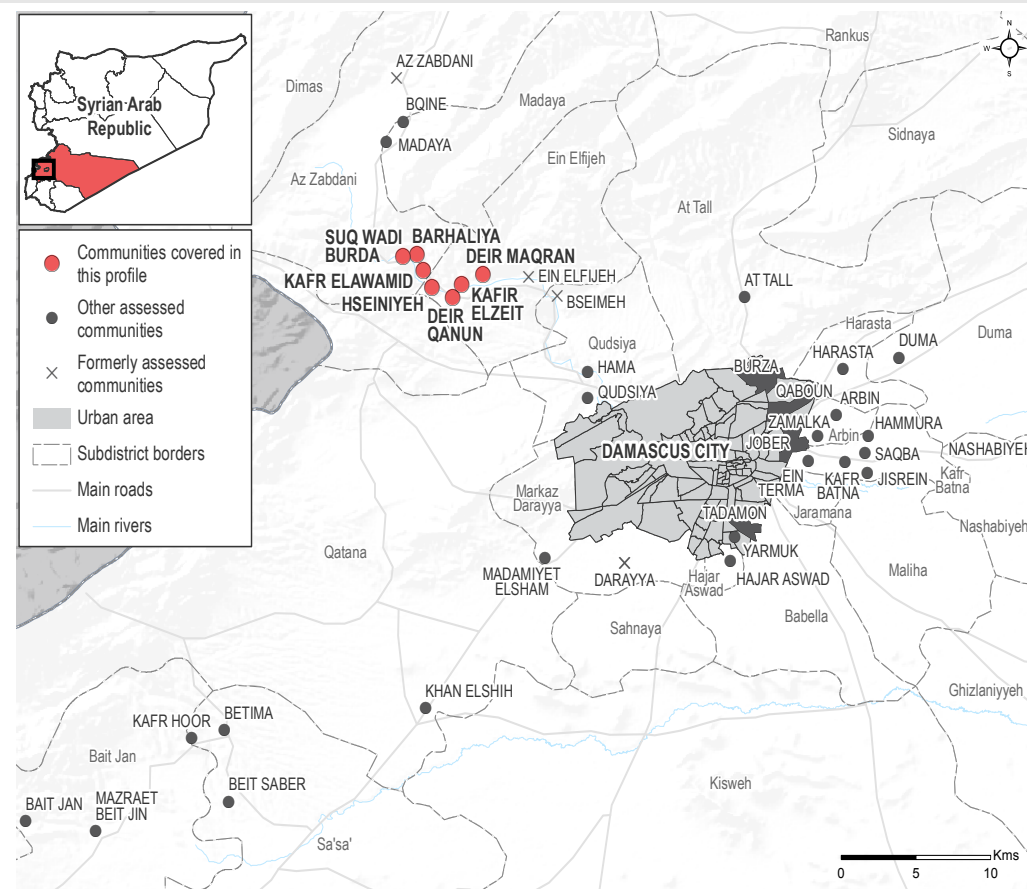
following the signing of a local truce agreement on 30 January. This followed a period of intense hostilities and tight access restrictions which commenced in December 2016, and negatively impacted the security and humanitarian situations across the whole Wadi Burda area.

The overall humanitarian situation across assessed communities in Wadi Burda, which had steadily improved between February and May, remained largely unchanged in June. While no humanitarian deliveries entered this month, this did not significantly affect the availability of goods and services inside the communities.

An estimated 26-50% of the Wadi Burda populations could travel outside the wider contiguous area via formal access points, as has been the case since

METHODOLOGY

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



CHANGES SINCE MAY

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

February. These included employees, students, women and children. **While movement between the assessed communities continued to be unrestricted, men in particular remained wary of both internal and external travel due to a perceived risk of detention.**

Food, fuels, NFIs and medical items continued to enter Wadi Burda via commercial vehicles, as well as through civilians bringing such goods from nearby communities. While commercial access to Wadi Burda has been permitted since February, traders continued to face various restrictions in June, including fee and documentation requirements, searches of loads and confiscation of goods, and limitations on time of entry as well as on size of loads. **In contrast to May, no humanitarian aid was delivered to Wadi Burda in June. However, reportedly this did not have a substantive negative impact on the overall amount of goods entering the communities.**

Access to basic services, which had progressively improved across Wadi Burda in the months following the implementation of the truce agreement, did not change in June. Access to drinking water through the water network remained sufficient to meet household needs, while populations continued to rely on generators for electricity, as further repairs to the main network were ongoing. As was the case

in May, all school-aged children in Wadi Burda were on summer break in June.

While child immunization services were not administered in the communities in June, the overall health situation remained stable. Private clinics were available in all communities, in addition to primary healthcare facilities, but could only be accessed by those with sufficient financial means. Skilled childbirth care remained unavailable across Wadi Burda, with women having to travel to Damascus for such services. While severe medical cases could also be transferred to nearby locations, men were hesitant to seek medical services outside Wadi Burda due to continued perceived security risks associated with such movement.

MOVEMENT OF CIVILIANS

🚶 **People able to leave²**

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

All communities: In June, an estimated 26-50% of the populations across the assessed communities were able to travel outside Wadi Burda, relying on three formal access points. Employees and students were able to use the access points during weekdays

upon presenting identification, while women and children could travel on specific days, depending on local authorities' discretion. This has largely been the case since February, when access restrictions previously imposed on Wadi Burda were partially lifted following the implementation of the truce agreement.

Similarly, populations remained able to move across the seven Wadi Burda communities unrestricted. However, men in particular reported perceived risks of detention in relation to internal as well as external travel.

Informal points used: None reported.

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

All communities: Verbal harassment, conscription and detention. While risks of conscription and detention were mainly reported by men, women have reported harassment at checkpoints since access restrictions were partially lifted in February.

MOVEMENT OF GOODS AND ASSISTANCE

🚚 **Vehicles carrying commercial goods**

Change since May: ◆

The number of commercial vehicles entering the Wadi Burda has remained largely stable since March. As was the case in previous months, some commercial access was permitted in June, but traders were restricted in the size of loads they were allowed to bring. Additionally, restrictions upon entering the Wadi Burda area included documentation requirements, payment of fees, searches and confiscation of loads, and restrictions on time of entry.

🚚 **Humanitarian vehicles**

Change since May: ↓

No humanitarian aid entered the Wadi Burda communities in June. This was in contrast to May, when a humanitarian convoy delivered food, NFIs and medical items to Wadi Burda. However, the quantity of aid delivered in May was reportedly limited, with the delivery only benefiting sections of the population, and overcrowding was reported at distribution points.

Prior to the entry of aid in May, the last humanitarian delivery to Wadi Burda occurred in March (and was also the first time aid entered the communities since assessments 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 June via commercial vehicles and civilians travelling and bringing back goods from nearby communities.

While no aid was delivered to the communities in June, there was no notable decrease in the overall amount of goods entering Wadi Burda, as civilians were able to bring larger quantities of all types of goods from nearby communities.

ACCESS TO SERVICES*

Access to basic services, which had progressively improved following the implementation of the truce agreement in the assessed Wadi Burda communities, remained unchanged between May and June. As a result of prior repairs to the water network, populations in all seven communities were able to access the network 5-6 days per week, and meet household needs for drinking water. While intermittent access to the electrical network was also reported in all communities, populations continued to rely on generators as the main source of electricity. Further repairs to the main network were reportedly undergoing. Functional primary, secondary and high-schools were reported in all assessed communities, with the exception of Hseiniyeh (where no high-schools existed). While no barriers to education were reported in Wadi Burda, in June, all children were on summer break, as was also the case 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 May. ** Data collected is based on the perceptions of local actors. Water safety cannot be guaranteed in the absence of formal water testing.

🏠 Permanent medical facilities available

	Barhaliya	Hseiniyeh	Kafir Elzeit	Deir Maqran	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 May:



The overall medical situation across Wadi Burda, which had progressively improved between February and April, remained largely unchanged in June.

Since March, all assessed medical items have been available in all of the Wadi Burda communities.

Skilled childbirth care remained unavailable in the communities in June, and women had to travel to Damascus to seek skilled assistance. Medical cases which were not able to receive appropriate services inside the communities were also able to travel to Damascus for this purpose, but community representatives reported that medical evacuations were restricted to daylight hours. **Men in the assessed communities remained wary of seeking medical assistance outside Wadi Burda, due to the perceived risks of detention and conscription associated with the use of formal access points.**

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

Child immunizations, which became available in April, were no longer administered in June. While this represented a relative decrease in the type of services available to Wadi Burda populations, according to community representatives it was not indicative of a deterioration in the overall health situation in Wadi Burda, as immunizations are normally offered periodically in rounds.

The type and number of medical facilities across assessed locations remained unchanged in June, with private clinics reported in all communities, in addition to primary healthcare facilities. The availability of medical facilities in Wadi Burda has remained stable since the implementation of the truce agreement in February.

Change since May



👤 Availability of medical personnel

The overall number of medical personnel across Wadi Burda remained unchanged in June. Trained doctors and nurses continued to be present across all of the assessed

📋 Most needed medical items⁴

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

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

⚠️ Unusual outbreaks of disease⁵

None reported.

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

All communities: None reported, as has been the case since January 2017.

communities. Additionally, pharmacists were reported in most of the communities, while dentists were also present in Hseiniyeh and Deir Qanun, midwives in Deir Qanun, and medical and pharmacy students in Deir Maqran.

Change since May



📋 Unavailable medical items³

All assessed medical items were reportedly available across the Wadi Burda communities in June, as had been the case since March. While no medicine entered via aid deliveries in June, the overall amount of medical items entering Wadi Burda remained largely unchanged, thanks to more items being brought by civilians travelling to nearby communities.

Change since May



Medical services available

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

FOOD

Change in food situation compared to May:



The food situation in Wadi Burda, which improved in February following the partial lifting of access restrictions, has remained largely unchanged since April. All core food items were generally available⁷ in shops and markets in June, and no coping strategies related to a lack of food were reported, for the fourth consecutive month.

Most common methods of obtaining food at the household level

All communities: Purchasing from shops and markets.

Most common methods of obtaining bread at the household level

All communities: Private bakeries.

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

Change since 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

Following an improvement in food security due to the partial lifting of access restrictions, no coping strategies related to a lack of food have been reported across Wadi Burda since March.

+ Deaths attributable to a lack of food⁵

No cases reported across Wadi Burda.

CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

Average cost of standard food basket⁸

	Wadi Burda	Nearby areas ⁹
Average cost (SYP) ¹⁰	31870	32220
Change since previous month	◆	◆

The price of a standard food basket in Wadi Burda remained unchanged in June, as has been the case since access restrictions were partially lifted at the end of January. Further, it remained similar to the price of a standard food basket in nearby communities not considered hard-to-reach.

Food item availability / prices

Despite the lack of humanitarian deliveries in June, availability of assessed core food items in markets remained unchanged in June. All items were generally available, with the exception of bread from public bakeries, which were not yet

functioning in the communities. While prices remained overall stable, notable decreases were noted in the price of cucumbers and tomatoes, due to seasonal supply, as well as salt. Core food items across Wadi Burda were marginally more expensive than in nearby locations not considered hard-to-reach.

WASH item availability / prices

Similar to food items, the price and availability of assessed hygiene and sanitation products (soap, laundry powder, sanitary pads, toothpaste, disposable diapers) remained largely unchanged between May and June, with all items generally available. A small increase in the price of laundry powder was reported.

Fuel availability / prices




No change was reported in fuel availability between May and June, with butane generally available, while diesel, kerosene and coal remained sometimes available.¹¹ Firewood, which became unavailable in April, due to lower seasonal demand, remained unavailable in June. No price changes were observed, relative to May.

Strategies used to cope with a lack of fuel:

No negative coping strategies related to a lack of fuel were have been reported across the assessed communities since April 2017.

CORE FOOD ITEM / NFI PRICE AND AVAILABILITY INDEX¹⁰

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

	Item	Wadi Burda average	Price change since May ¹²	Nearby non-hard-to-reach communities ⁹
	Bread, private bakery (pack)	100 ⁷	◆	100
	Bread, public bakery (pack)	Not available	◆	57
	Rice (1kg)	543 ⁷	◆	538
	Bulgur (1kg)	500 ⁷	◆	313
	Lentils (1kg)	500 ⁷	◆	488
	Chicken (1kg)	1450 ⁷	◆	1088
	Mutton (1kg)	5000 ⁷	◆	4000
	Tomato (1kg)	150 ⁷	▼ -43%	269
	Cucumber (1kg)	200 ⁷	▼ -7%	267
	Milk (litre)	250 ⁷	◆	213
	Flour (1kg)	150 ⁷	◆	233
	Eggs (1)	60 ⁷	◆	53
	Iodised salt (500g)	100 ⁷	▼ -33%	63
	Sugar (1 kg)	500 ⁷	◆	432
	Cooking oil (litre)	757 ⁷	◆	1225
	Soap (1 bar)	150 ⁷	◆	113
	Laundry powder (1kg)	2357 ⁷	◆ -6%	875
	Sanitary pads (9)	750 ⁷	◆	444
	Toothpaste (125ml)	400 ⁷	◆	350
	Disposable diapers (24 pack)	3000 ⁷	◆	1525
	Butane (cannister)	3000 ⁷	◆	2925
	Diesel (litre)	400 ¹¹	◆	288
	Propane (cannister)	Not available	◆	2500
	Kerosene (litre)	400 ¹¹	◆	400
	Coal (kg)	450 ¹¹	◆	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 the following population figures: Deir Maqran - 9,000 (3,100 IDPs); Deir Qanun - 7,300 (840 IDPs); Hseiniyeh - 4,800 (820 IDPs); Kafr Elawamid - 3,100 (560 IDPs); Kafir Elzeit - 8,000 (760 IDPs); Suq Wadi Burda - 6,900 (810 IDPs). No HNO population data was available for Barhaliya.

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

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

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

⁵ 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.

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

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

¹⁰ \$1 = 515 SYP (UN operational rate of exchange as of 30 June 2017)

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

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

FOR HUMANITARIAN PURPOSES ONLY

SUMMARY

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

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

The overall humanitarian situation in Yarmuk improved slightly in June in comparison to May, following the opening of a new healthcare facility, and a decrease in some food item prices. However, residents continued to face various challenges, including access to water, which was reported as insufficient for the first time since the community was first assessed in June 2016.

Aside from the departure of some individuals from Yarmuk in June, restrictions on movement



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

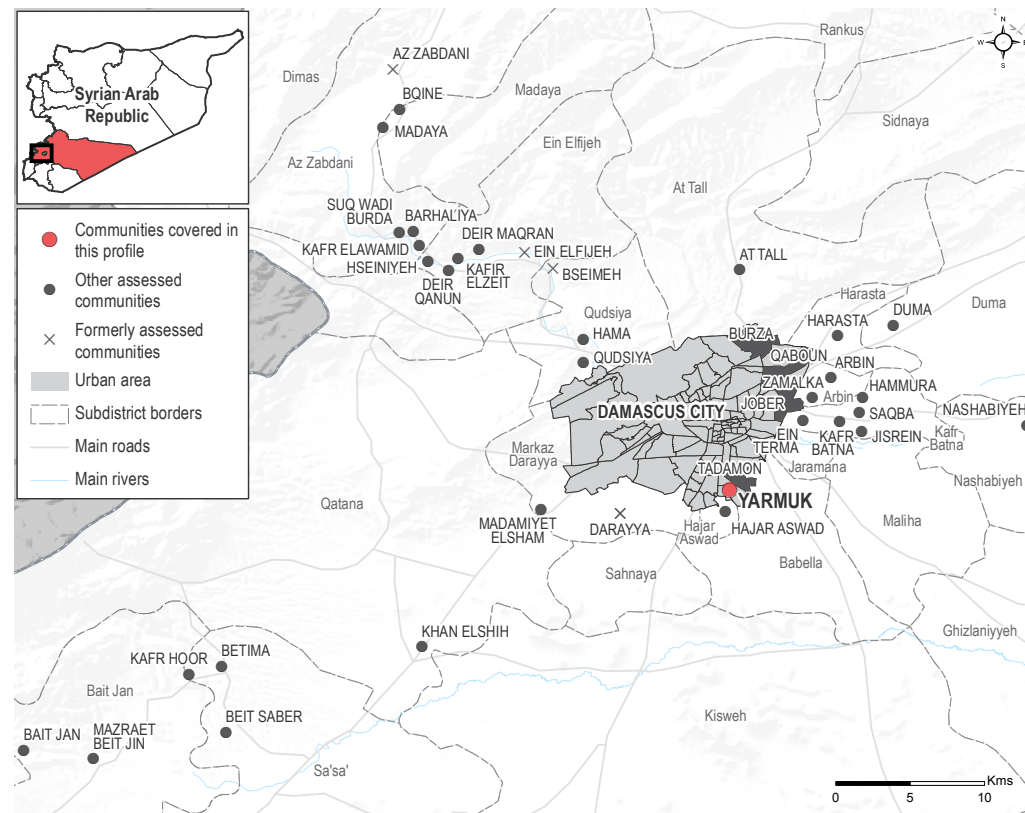
remained unchanged in the community, with only 11-25% of residents able to use the only formal access point. While informal routes were also used, considerable risks associated with such movement continued to be reported. Commercial access to the community remained prohibited, and no humanitarian deliveries occurred in June.

Food, fuels, NFIs and medicine continued to enter Yarmuk via civilians bringing such items from nearby communities. While food prices fluctuated considerably, there was an overall decrease in June (due to increased seasonal availability of some items), and food security remained stable.

Following a deterioration in May, the health situation in the community improved in June, as a primary healthcare facility opened, and more nurses were reported.

CHANGES SINCE MAY

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



METHODOLOGY

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

MOVEMENT OF CIVILIANS

Change in # people able to leave compared to May:



People able to leave²

In June, an estimated 11-25% of the population in Yarmuk could use the formal access point to leave and enter the community, as has been the case in most months since assessments began in June 2016. Those able to travel included women, children and the elderly, upon presentation of identification. Additionally, an estimated 51-75% of the population relied on informal routes to leave and enter the area.

Further, in June, some Yarmuk residents left the community, prompted by fears that a change in control over the area might be impending, following developments in local conflict dynamics. While numbers could not be confirmed, people reportedly left to the neighbouring communities of Yalda, Babella and Damascus city.

As has been previously reported, girls and women continued to feel unsafe moving around certain areas of Yarmuk, reporting risks of sexual harassment, and were forced to comply with a strict dress code imposed by the so-called Islamic State of Iraq and the Levant (ISIL).

Informal points used: Yes.

Risks faced when trying to enter or exit

Formal: Confiscation of documents, verbal harassment 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 May:



Humanitarian vehicles

Able to enter: None reported.

No humanitarian aid has entered Yarmuk since assessments began, except for a minor delivery in April 2017, which only reached small portions of the population.

Change since May:



Goods entered

Food, fuels, NFIs and medicine continued to enter Yarmuk via civilians leaving and bringing such items from nearby communities. There was no notable change between the quantity of goods entering the community in June and that of previous months.

HEALTH SERVICES

Change in health situation compared to May:



The overall health situation in Yarmuk improved in June, following the opening of a new primary healthcare facility. The situation had previously deteriorated in May, when a primary healthcare facility was shut down and the number of medical personnel decreased. Following the opening of the new facility, a higher number of nurses was reported in Yarmuk in June. Available medical services remained unchanged, with only simple surgeries offered inside the community.

As has been reported in previous months, populations' access to medical assistance was constrained by political and religious affiliations. This applied both to accessing services inside Yarmuk, as well as leaving the community to seek assistance in nearby areas.

ACCESS TO SERVICES*

For the first time since assessments of the community began, drinking water in Yarmuk was reported as insufficient in June. This was reportedly attributed to increased seasonal demand related to higher temperatures, rather than a change in water availability. Further, while electricity usage increased, this was also prompted by a higher demand to run generators, rather than a change in the type or amount of electricity available. While access to education, including available facilities and reported barriers, remained unchanged, children normally attending schools in Yarmuk remained on summer break in June.

WATER	Main source of drinking water (status)	Private water trucking (safe to drink)**
	Sufficiency of available water to meet household needs (coping strategies used)	Insufficient (spend money usually spent elsewhere 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	4-8 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 May.

**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 ³	
Informal emergency care points	
Pre-conflict hospitals	
Primary healthcare facilities	
Change since May	

Medical services available

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

Availability of medical personnel

Personnel available: Professionally trained doctors, nurses and midwives.

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

Change since May



Strategies used to cope with a lack of medical services

Recycling medical items (e.g. bandages, syringes, needles), reported since assessments began in June 2016; using expired medicine, first reported in November 2016.

📦 Unavailable medical items⁵

Unavailable: Clean bandages, blood transfusion bags, burn treatment, anaesthetics, and diabetes medicine.

Change since May



🩹 Most needed medical items⁶

1. Clean bandages
2. Antibiotics
3. Anaesthetics

⚡ Unusual outbreaks of disease⁷

None reported, as has been the case since at least June 2016.

FOOD

Change in food situation compared to May:



The overall food situation in Yarmuk remained largely stable in June, with food entering the community via civilians procuring such items in nearby locations (Yalda, Babella, Beit Sahn).

🛒 Most common methods of obtaining food at the household level

Purchasing from shops and markets in Yarmuk and neighbouring communities.

🌾 Most common methods of obtaining bread at the household level

Most common source: Shops.

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.

Change since May



🍲 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 food³

None reported; this has been the case since at least June 2016.

Change since May



CORE FOOD ITEM / NFI AVAILABILITY AND PRICES

💰 Average cost of standard food basket⁸

	Yarmuk	Nearby areas ⁹
Average cost (SYP) ¹⁰	29845	32544
Change since previous month	↑	↑

The price of a standard food basket in Yarmuk, which had remained relatively stable in previous months, increased by 6% between May and June. This was largely attributable to the increase in the price of lentils, an item

which weighs heavily in the food basket price calculation. An increase was also observed in the average price of a standard food basket calculated in nearby communities not considered besieged.

🍲 Food item availability / prices

While availability of assessed core food items remained unchanged in June, prices continued to fluctuate. The largest drop was observed in the prices of assessed vegetables (cucumbers, tomatoes), and was attributable to seasonal supply. Bulgur, milk, eggs and sugar also decreased in prices, while, conversely, lentils were 20% more expensive than in May. On average, the price of core food items decreased by 10% in Yarmuk in June.

🧴 WASH item availability / prices

All assessed hygiene and sanitation items (soap, laundry powder, sanitary pads, toothpaste and disposable diapers) were generally available¹¹ in Yarmuk in June, as has largely been the case since September 2016. The only reported price change was an increase of 13% in the price of toothpaste, which had previously decreased by 11% in May.

🚰 Fuel availability / prices

There was no change in the availability of assessed fuels in Yarmuk in June, with butane, diesel and firewood generally available.¹¹ Propane, kerosene and coal remained unavailable in the community. Diesel decreased in price by 17% in June compared to May, when a 9% increase had been observed. Fuel prices in Yarmuk remained, however, considerably higher than in nearby communities not considered besieged.

Strategies used to cope with a lack of fuel: Burning plastics and furniture not in use.



Available



Sometimes available



Not available



Positive increase



No change



Negative decrease






Negative increase



Positive decrease

CORE FOOD ITEM/NFI PRICE AND AVAILABILITY INDEX⁹

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

	Item	Yarmuk	Price change since May ¹²	Nearby non-hard-to-reach areas ⁹
Food Items 	Bread private bakery (pack)	Not available	◆	185
	Bread public bakery (pack)	Not available	◆	50
	Rice (1kg)	250 ¹¹	◆	553
	Bulgur (1kg)	250 ¹¹	▼ -17%	331
	Lentils (1kg)	600 ¹¹	▲ +20%	646
	Chicken (1kg)	1200 ¹²	◆	1355
	Mutton (1kg)	3800 ¹²	◆	6575
	Tomato (1kg)	150 ¹¹	▼ -63%	156
	Cucumber (1kg)	150 ¹¹	▼ -40%	163
	Milk (litre)	225 ¹²	▼ -10%	250
	Flour (1kg)	300 ¹¹	◆	284
	Eggs (1)	50 ¹¹	▼ -9%	50
	Iodised salt (500g)	150 ¹¹	◆	143
	Sugar (1 kg)	375 ¹¹	▼ -6%	360
WASH Items 	Cooking oil (litre)	750 ¹¹	◆	868
	Soap (1 bar)	125 ¹¹	◆	154
	Laundry powder (1kg)	650 ¹¹	◆	890
	Sanitary pads (9)	300 ¹¹	◆	470
	Toothpaste (125ml)	450 ¹¹	▲ +13%	274
Fuel 	Disposable diapers (24 pack)	1600 ¹¹	◆	2263
	Butane (cannister)	3800 ¹¹	◆	2963
	Diesel (litre)	500 ¹¹	▼ -17%	285
	Propane (cannister)	Not available	◆	4250
	Kerosene (litre)	Not available	◆	325
	Coal (kg)	Not available	◆	313
Firewood (tonne)	125000 ¹¹	◆	Not available	

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

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

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

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

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

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

¹⁰ \$1 = 515 SYP (UN operational rates of exchange as of 30 June 2017).

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

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

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