

URBAN AREA HUMANITARIAN PROFILE: QAMISHLI

SYRIA CRISIS

FOOD, HEALTH AND WATER ASSESSMENT

AUGUST 2014

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About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH was created in 2010 to facilitate the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information, please visit: www.reach-initiative.org. You can write to us at: geneva@reach-initiative.org and follow us @REACH_info.

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LIST OF ACRONYMS

IDP	Internally Displaced Person
KI	Key Informants
PYD	Partiya Yekîtiya Demokrat (Kurdish Democratic Union Party)
NGO	Non-Governmental Organisations
SINA	Syria Integrated Needs Analysis

GEOGRAPHIC CLASSIFICATIONS

Governorate	Highest form of governance below the national level
District	Sub-division of a governorate in which government institutions operate
Sub-District	Sub-division of a district composed of towns and villages
City	Urban centre located within a sub-district
Neighbourhood	Lowest administrative unit within a city

INTRODUCTION

*This assessment presents an analysis of **data collected by REACH** enumerators between 22 and 30 July 2014 in **Qamishli city**. The findings from this assessment highlight **sector specific – Food, Health and Water – humanitarian needs and gaps** in order to inform the relief response for **affected populations** in Qamishli city. This assessment does not aim to provide detailed programmatic information; it is designed to share with a broad audience a concise overview of the current situation in the city of Qamishli and to guide further assessments.*

The city of Qamishli is located in the Kurdish-majority, oil-rich governorate of Hasakeh in the northeast of Syria close to both the Iraqi and Turkish borders. The city, traditionally referred to as the Kurdish capital of Syria¹, is currently divided in two non-contiguous zones that are controlled by different entities (Map 1).

- (1) To the **West and East**, the Kurdish Democratic Union Party (PYD) controls most of the city. This zone (A) hosts an estimated **210,000 inhabitants**, and partly encompasses the other zone.
- (2) To the **South**, near the airport, but also in an enclave located in the middle of the Kurdish zone, the Regime controls a smaller but more densely populated zone (B) which hosts approximately **263,000 individuals**.

Whilst humanitarian needs in the two assessed zones are reportedly different, both are affected by the volatility of the security context which constrains and often blocks access to basic utilities and services. Despite the fact that both zones reportedly coexist in relative stability, the presence of a third-party armed group in the surrounding countryside³ has created considerable security risks. The resulting **blockade of main access roads** connected to the rest of Syria has forced Qamishli's residents to **rely primarily on supplies from Iraq and Turkey**, as well as on **airlifted aid delivery**².

Humanitarian needs in the two assessed zones are reportedly different and impacted by the volatility of the security context outside the city which constrains access to basic goods, utilities and services. Each zone also hosts internally displaced people³ (IDPs), notably from the sub-districts of Deir ez-Zor and Ar Raqqa who are more vulnerable and face more severe barriers to service access than host populations. Furthermore, refugee camps located near Qamishli recently experienced an influx of Iraqi refugees, which will likely impact the level of service provision and humanitarian needs in and around the city⁴ as more people compete for a limited amount of already scarce resources.

*As part of the presentation of findings for each of the sectors covered by this assessment, suggested **priority interventions** are included to **inform aid actors** in planning timely and appropriate relief response for affected populations in Qamishli city.*

¹ [Conflict Intensifies in Kurdish Area of Syria](#) Al Monitor (5 April, 2013)

² [Syria Crisis Response, Situation Update](#) WFP (19 March – 1 April, 2014)

³ [Hasakah residents fear ISIS rally in east Syria](#) Al Monitor (24 June, 2014)

⁴ [Thousands find shelter in Iraqi Kurdistan after escaping Mount Sinjar](#) UNHCR/Thomson Reuters Foundation (12 August, 2014)

METHODOLOGY

The methodology applied for this assessment was a phased approach which included **primary data collection and analysis between 22 and 30 July 2014 as well as a secondary data review which was used to triangulate and validate the primary data.**

Due to access and security constraints, a combination of purposive and convenience sampling was deemed the most appropriate methodology for this assessment. Respondents were chosen on the basis of availability of access as well as subjective judgements by enumerators, meaning that a degree of bias is inherent to this exercise. The two main data collection methods used were Key Informant (KI) interviews as well as direct observations from the field carried out by a trained REACH enumerator. These methods were designed to enforce, supplement and validate findings from primary and secondary data.

The enumerator who participated in the assessment in Qamishli city had previously been trained by an interagency team of trainers during the Syria Integrated Needs Assessment (SINA)⁵ carried out in 2013. This training took the shape of a multi-sector training to ensure a comprehensive understanding of key terms, methodologies, tools, and underlying factors for each assessed sector, as well as humanitarian principles and assessment techniques such as triangulation and interviewing.

REACH designed and provided a multi-sector questionnaire to the enumerator based on data collection tools adapted from the SINA to ensure that data could be compared where appropriate. The questionnaire includes an evaluation of needs, priorities and severity in the sectors of food, health, and water. Key Informants were asked to rank severity on a seven-point scale, from 0, meaning “normal situation”, to 6, indicating a “catastrophic” humanitarian situation (Table 1). Two questionnaires focusing on (1) the Kurdish, PYD-controlled zone and (2) the Regime-controlled zone of Qamishli city were completed for this assessment. For the purpose of clarity, these areas have been renamed zone A (Kurdish, PYD-controlled) and zone B (government-controlled) (Map 1).

The REACH enumerator selected KI based on their knowledge of sector-specific issues. These included individuals such as local leaders working with private or public service providers.⁶ To increase the reliability of data collected through KI interviews, enumerators were asked to triangulate their findings through different sources familiar with the context in Qamishli city, across the food, water and health sectors.

To ensure further data consistency, the REACH assessment team conducted a remote debriefing during August 2014, to review and validate the completed questionnaires. The focus of this debriefing was to further elaborate on these findings and to ensure that any apparent inconsistency in the data was clarified, rectified, or altogether discarded. The REACH assessment staff also conducted shorter interviews with KI from other organisations to cross-check the information shared by the enumerator.⁷

Due to the recurrence of population movements and the ongoing limited access to Qamishli city, population numbers are difficult to estimate. For this reason, the population and displacement figures provided in this factsheet should be interpreted as informal estimates only.

The main limitation for this assessment is the reliance on a limited number of KI interviews as the primary data collection method. This constrained the analysis of results, despite the checks and balances set by REACH during the triangulation process. Despite this, the limitations and difficulties of movement in the assessed areas currently make KI interviews the most feasible and accessible source of information.

⁵ [Assessment Working Group for Northern Syria](#), 31/12/13

⁶ KI usually include, but are not limited to, local council, relief committees, and health and education officials, along with community leaders.

⁷ The information relative to the organisations and contacts remains confidential.

Map 1: Assessed zones of Qamishli city, 30 July 2014⁸

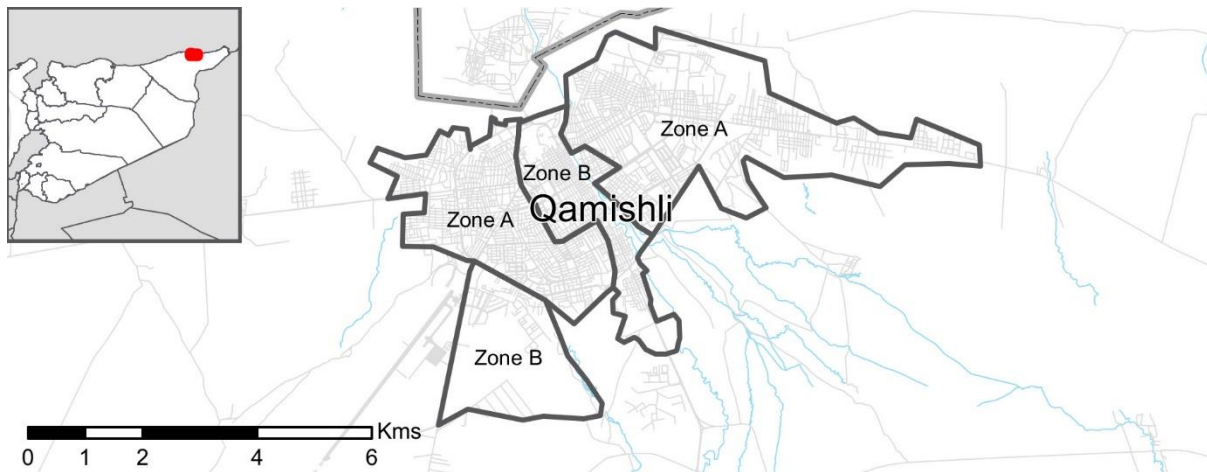


Table 1: Severity Scale, from 6 (“Catastrophic situation”) to 0 (“No problem”)

6	Catastrophic situation for <sector name>. Affected population faces life-threatening conditions causing high level of suffering, irreversible damages to health status and deaths. Large number of deaths are reported directly caused by the current <sector name> conditions and will result in many more deaths if no immediate <sector name> assistance is provided.
5	Critical situation for <sector name>. Affected population faces life-threatening conditions causing high level of suffering, irreversible damages to health status and deaths. Deaths are already reported , directly caused by the current <sector name> conditions, and more deaths are expected if no immediate <sector name> assistance is provided.
4	Severe situation for <sector name>. Affected population faces life-threatening conditions causing high level of suffering and irreversible damages to health , which can result in deaths if no humanitarian assistance is provided.
3	Situation of major concern for <sector name>. Majority of people are facing <Sector name> problems or shortages causing discomfort and suffering which can result in irreversible damages to health, but they are not life threatening . Affected population will not be able to cope with the <Sector name> current conditions if the situation persists and no humanitarian assistance is being provided .
2	Situation of concern for <sector name>. Many people are facing <sector name> problems or shortages causing discomfort and suffering , but they are not life threatening . Affected population is feeling the strain of the situation but can cope with the current situation with local resources .
1	Situation of minor concern for <sector name>, but conditions may turn concerning . Few people are facing problems or shortages in <sector name> but they are not life threatening . Affected population is feeling the strain of the situation but can cope with the current situation with local resources .
0	Normal situation for <sector name>. Population is living under normal conditions . All <sector name> needs are met .

⁸ Map data: REACH and © OpenStreetMap contributors.

PRIORITY GROUPS

- For each assessed zone, KI identified different priority groups in need of immediate assistance. **All priority groups were reported to be IDPs.** The groups most in need of assistance in both zones were IDPs living with other households, residing in **collective shelters and residing with host families.** IDPs who are living in rented accommodations were also one of the groups in immediate need of assistance in Qamishli city, as accommodation costs can represent an additional **financial burden which IDPs cannot sustain over long periods of time** (Table 2).

Table 2: Groups most in need of assistance in assessed zones of Qamishli city, 30 July 2014

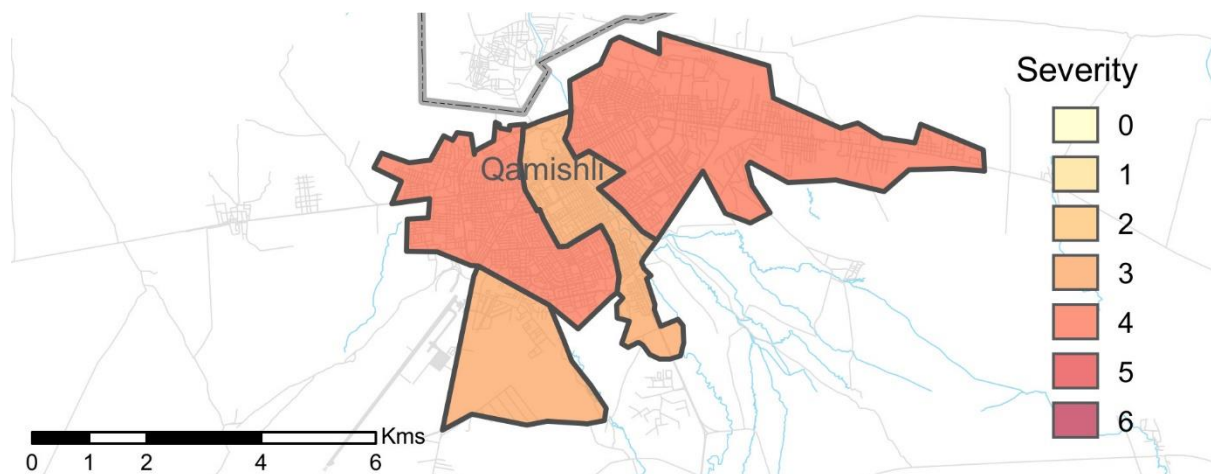
	Zone A	Zone B
IDPs in collective shelters		
IDPs in host families		
IDPs in rented accommodations		
IDPs in damaged/unfinished locations		
IDPs in open spaces		
IDPs in organised/structured camps		
Residents		
Residents hosting IDPs		

FOOD FINDINGS

SEVERITY LEVEL: **SEVERE (4) (ZONE A) AND OF MAJOR CONCERN (3) (ZONE B)**

- Food security varies between the two assessed zones (Map 2). Zone B is reportedly facing a situation of *major concern* (severity 3), which is *not life-threatening*, whilst Zone A encounters *severe and life-threatening challenges* (severity 4).

Map 2: Food insecurity severity in assessed zones of Qamishli city, 30 July 2014⁸



MARKET STOCKS AND SHORTAGES

- The main reported shortages in markets across both assessed zones were a **lack of food diversity and insufficient locally produced food** and **shortages in cooking fuel** (Table 3).
- The markets found in both assessed zones have **none of the required stock** to supply residents with food and NFIs. As a result, no existing market has the capacity to restock within seven days. These issues further highlight (1) **severe shortages** in local food production and **access constraints** to deliver food to markets in the city of Qamishli.

Table 3: Food availability issues and shortages in assessed zones of Qamishli city, 30 July 2014

	Zone A	Zone B
Cooking fuel		
Food diversity on markets		
Locally produced food		
Infant formula		
Utensils		

ACCESS CONSTRAINTS

- **Financial constraints and associated food price barriers are the major obstacles** to securing food in both zones. The prices of basic food and food-related items such as **eggs, oils, cooking fuel**, are prohibitive and prone to inflation. Price levels both highlight the **limited availability** of such products and the fact that prices are often subject to shifting front lines. Additionally, the current drought affecting northern Syria, including Hasakeh Governorate, is considerably reducing yields and will likely further increase the prices of basic food items⁹.
- In both zones, KI also highlighted residents' **lack of resources to grow their own food**. If residents had the financial resources and required inputs to grow their own food, this would contribute to mitigating the insufficient stocks of markets and low levels of local production. At present, these are a direct result of widespread **losses of agricultural assets and inputs** (Table 4).

Table 4: Access constraints to food in assessed zones of Qamishli city, 30 July 2014

	Zone A	Zone B
Some commodities are too expensive		
No resources to grow food		
Loss of agricultural assets/inputs		
Food suppliers cannot reach markets		
Lack of resources to purchase food		
Physical constraints		
Security constraints for residents		

⁹ [Syria: Red Cross and Red Crescent alarmed about water shortages](#) (ICRC, July 25, 2014)

FUNCTIONING OF BAKERIES

- The main factors impeding the functioning of bakeries in zones A and zone B are the same. Bakeries face shortages in **machinery and electricity and are poorly maintained** (Table 5). Bakeries in zone A are reportedly non-functional because of **technical and infrastructural issues**, but KI reported that they also face **shortages in subsidised wheat flour**.

Table 5: Factors impacting bakeries' functionality in assessed zones of Qamishli city, 30 July 2014

	Zone A	Zone B
Lack of machinery	Red	Red
No electricity	Red	Red
Poor maintenance/repair	Light Red	Light Red
Destruction	Grey	Grey
Lack of wheat flour	Grey	Grey
Lack of fuel	Grey	Grey
Lack of staff	Grey	Grey
Lack of yeast	Grey	Grey

PRIORITY INTERVENTIONS

- As a result of financial challenges, KI prioritised **cash assistance** as one of the most urgently needed interventions in both assessed zones (Table 6). In zone A, KI also emphasised the need for **food baskets** to mitigate nutrition issues resulting from lack of food diversity, whilst in zone B they prioritised **wheat flour** as bakeries reportedly face shortages¹⁰. The third top priority is **cooking fuel** for both zones.
- These interventions would allow to mitigate residents' financial constraints, as well as low levels of local production and importation, which are adversely impacting public health in the city¹¹.

Table 6: Priority food interventions in assessed zones of Qamishli city, 30 July 2014

	Zone A	Zone B
Cash assistance	Red	Red
Food baskets	Red	Grey
Wheat flour	Grey	Red
Cooking fuel	Light Red	Light Red
Agricultural support (seeds, tools)	Grey	Grey
Bread	Grey	Grey
Fuel for bakeries	Grey	Grey
Infant formula	Grey	Grey

¹⁰ KI specifically emphasised shortages in subsidized wheat flour, with residents of both zones lacking resources to purchase non-subsidised wheat flour.

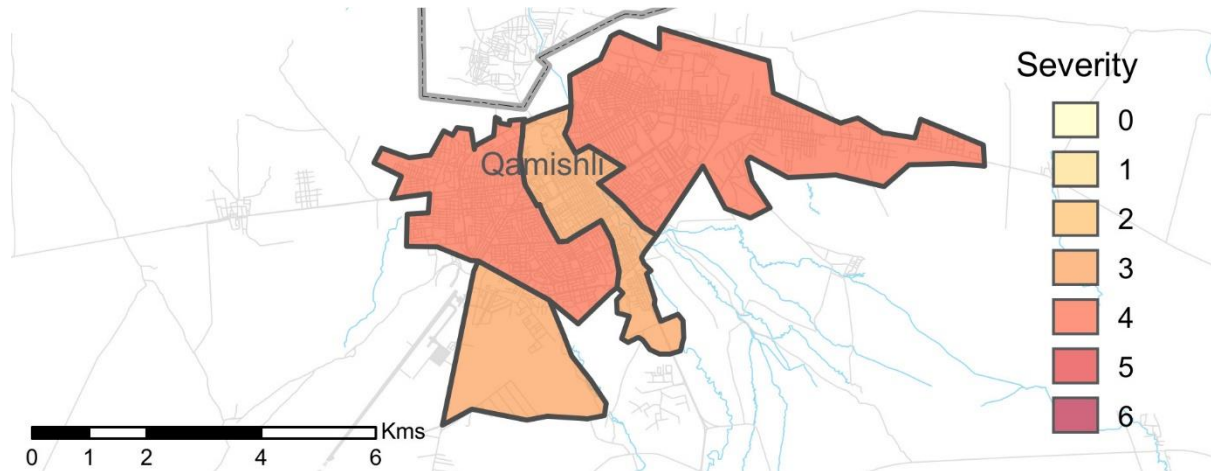
¹¹ KI reported apparent cases of malnutrition in both assessed zones.

HEALTH FINDINGS

SEVERITY LEVEL: **SEVERE (4) (ZONE A) AND OF MAJOR CONCERN (3) (ZONE B)**

- Health conditions vary between the two assessed zones, Zone B is reportedly facing a situation of *major concern* (severity 3), which is however *not life-threatening*, while Zone A encounters *severe and life-threatening challenges* (severity 4) (Map 3).

Map 3: Health conditions severity in assessed zones of Qamishli city, 30 July 2014⁸



MAIN HEALTH ISSUES

- Health concerns and needs are reportedly similar in both assessed zones. The most pressing issues are **communicable diseases** such as **measles** and **acute respiratory infections**, closely followed by **chronic diseases and maternal health issues** (Table 7).

Table 7: Main reported medical conditions in assessed zones of Qamishli city, 30 July 2014

	Zone A	Zone B
Communicable diseases		
Chronic diseases		
Maternal Health Issues		
Conflict-related injuries		
Psychological trauma		
Severe diseases affecting children <5		

MEDICAL SERVICE COVERAGE AND ACCESS

- Medical service coverage is unequally distributed amongst the two assessed zones. The best coverage for each assessed type of service, although it remains low, is found in zone B. In zone A, it is noticeably lower, and close to **non-existent for the treatment of emergencies and injuries** (Table 8).
- Due to several reported **vaccination campaigns** led in Hasakeh governorate, vaccination services managed to cover approximately **60% of the needs across both zones**.
- The lack of medical consultations, which is a particularly acute access challenge in zone A, highlights the **challenges to identify and treat chronic and communicable diseases**, which were reported as pressing issues by KI from the health sector.

Table 8: Average medical service coverage compared to needs in assessed zones of Qamishli city, 30 July 2014

	Zone A	Zone B
Emergency health services/ambulances	10%	25%
Emergency and injury management	15%	25%
Medical consultations	20%	40%
Growth monitoring/nutrition surveillance services	20%	45%
Chronic diseases management	30%	40%
Medicine distribution	35%	55%
Reproductive Health incl. emergency obstetric care	40%	70%
Vaccination	65%	60%

FUNCTIONING OF HEALTH CENTRES

- Zone B reportedly hosts the largest number of available and functioning health centres that were built before the conflict whilst Zone A has approximately **four times fewer functioning health centres** (Table 9).
- Comparatively, the ratio of the number of residents per functioning health facility differs between zones. In Zone B, one health centre services the needs of 15,000 people, whilst in zone A there is reportedly one health centre for 52,500 people. Most health centres found in zone B are reportedly **private practices or poorly equipped clinics**, and thus have limited capacity.

Table 9: Health centres' functionality in assessed in assessed zones of Qamishli city, 30 July 2014



- The main factors determining whether a health centre functions differ depending on the zone (Table 10). In zone B, a **lack of equipment and qualified staff**, along with **conflict damage**, are the main issues. In zone A, KI emphasised the **lack of financial resources**, and attributed the two other main factors to funding shortages – namely **lack of medical equipment and supplies** (medicine and consumables).

Table 10: Main factors impeding health centres' functionality in assessed zones of Qamishli city, 30 July 2014

	Zone A	Zone B
Lack of medical equipment	Red	Red
No funding available	Red	Grey
Lack of medical staff	Grey	Red
Conflict-related damage	Grey	Red
Lack of medical supplies	Red	Grey
Lack of electricity	Grey	Grey
Used for alternate purposes	Grey	Grey

PRIORITY INTERVENTIONS

- KI identified the provision of **qualified health staff** and **health care facilities** as priorities in both assessed zones (Table 11), along with the **provision of medical supplies** (consumables and medicine) in zone B. These would ensure a **better coverage** of existing medical service in terms of current needs.
- In zone A, as non-functioning health centres were associated with **funding issues** for the purchase of equipment and the payment of health staff, KI emphasised **cash assistance** as a preferred intervention to mitigate this issue.

Table 11: Priority health interventions in assessed zones of Qamishli city, 30 July 2014

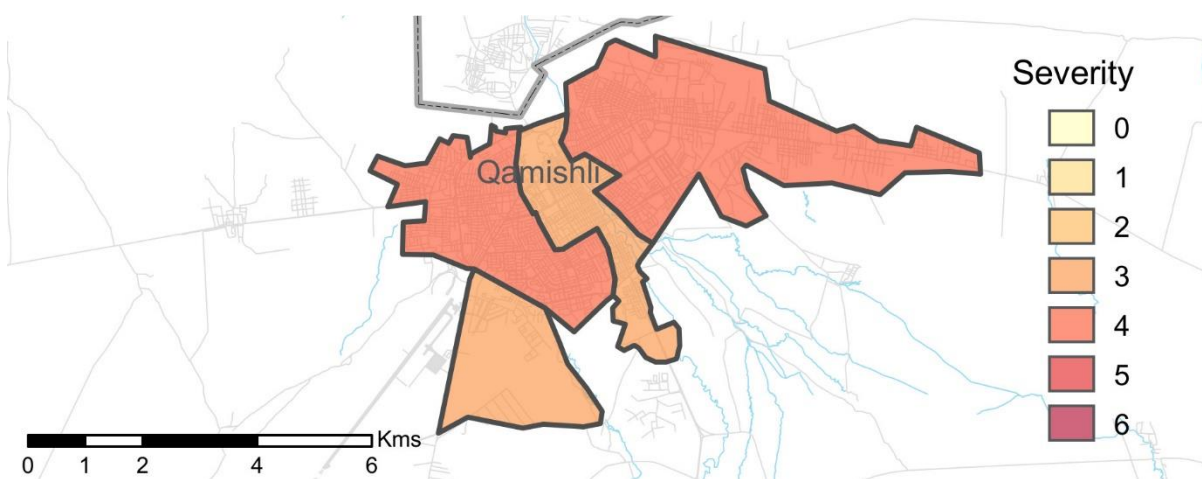
	Zone A	Zone B
Health care facilities	Red	Red
Health staff	Red	Red
Cash assistance	Red	Grey
Medical supplies	Grey	Red
Ambulances	Grey	Grey
Female health staff	Grey	Grey
Maternal health care	Grey	Grey
Medical equipment	Grey	Grey
Mobile clinic	Grey	Grey
Vaccinations	Grey	Grey

WATER FINDINGS

SEVERITY LEVEL: **SEVERE (4) (ZONE A) AND OF MAJOR CONCERN (3) (ZONE B)**

- Drinking water conditions vary between the two assessed zones (Map 4). Zone B is reportedly facing a situation of *major concern* (severity 3), but *not life-threatening*, while Zone A encounters *severe* and *life-threatening challenges* (severity 4).
- Current water conditions are likely related to a reported **high prevalence of diseases and symptoms originating from poor sanitation conditions**¹².

Map 4: Drinking water situation severity in assessed zones of Qamishli city, 30 July 2014⁸



WATER NETWORK DEFICIENCY

- KI highlighted **lack of electricity** and **damages to the water network** as the main reasons for the reduction of water supply in the assessed zones (Table 12).
- **Electricity shortages and recurring power cuts affecting the water network** were emphasised by KI in both zones. Electricity supplies are scarce due to heavy conflict-related damage to municipal infrastructure and the supplying power plant of Rmeilan. The water network relies on electricity to function, and this limited availability of power considerably reduces water supply.
- KI also identified the **lack of water tanks and other portable water storage infrastructure to collect and store water** as one of the main constraints in zone B, and **reduction in water points** in zone A. The latter is reportedly due to **poor maintenance of existing water points**, originating from a **lack of financial resources** at the city level.

¹² Symptoms and diseases such as skin diseases and diarrhoea, associated with water- and vector-borne diseases have been reported by KI in all three zones of the city.

Table 12: Water availability issues in assessed areas of Qamishli city, 30 July 2014

	Zone A	Zone B
Lack of electricity to operate network	Red	Red
Damaged water network	Red	Light Red
Lack of water tanks	Light Red	Red
Reduction in water points	Light Red	Light Red
Lack of fuel for generators	Light Red	Light Red
Overstretched water network	Light Red	Light Red

Table 13: Access constraints to water in assessed zones of Qamishli city, 30 July 2014

	Zone A	Zone B
Lack of resources to buy water	Light Red	Red
Lack of water treatment chemicals	Red	Light Red
Physical constraints	Light Red	Light Red
Reduction in vendors of water bottles	Light Red	Light Red
Security constraints for residents	Light Red	Light Red
Water price increased	Light Red	Light Red

- Although major access constraints impact the severity of needs differently in the assessed zone, they are reportedly the same: **(1) physical constraints**, such as the poor maintenance of the network, **(2) lack of water treatment chemicals**, and **(3) lack of financial resources to buy water** (Table 13).
- KI identified financial challenges impeding access to water as residents appear to **lack resources to purchase bottled water¹³ or water from private vendors**. These constraints have led them to resort to alternative water sources such as wells which they are unable to consistently chlorinate due to **shortages in treatment chemicals**. KI further emphasised the lack of treatment chemicals by reporting that water in the city **neither tastes nor looks good**. It is however unlikely that the current context allowed the water’s level of pollution to be tested.

PRIORITY INTERVENTIONS

- **Electricity shortages** and the **digging of new wells** were identified by KI as two of the most urgently needed interventions across the two assessed zones.
- KI also highlighted the need for **network repairs** in zone A and for **water treatment chemicals** in zone B. Such chemicals would allow residents to mitigate water network supply volatility, as residents could resort to alternate water sourcing strategies whilst avoiding the negative consequences on health and welfare (Table 14).

Table 14: Priority water interventions in assessed zones of Qamishli city, 30 July 2014

	Zone A	Zone B
Electricity	Red	Red
Digging wells	Light Red	Light Red
Water treatment chemicals	Light Red	Red
Network repairs	Light Red	Light Red
Cash assistance	Light Red	Light Red
Fuel for generators	Light Red	Light Red
Generators	Light Red	Light Red
Water cans	Light Red	Light Red
Water pumps	Light Red	Light Red
Water tanks	Light Red	Light Red

¹³ KI reported that bottled water is a rare commodity in Qamishli, whose price is prohibitive (around \$8 for ½ a liter).

CONCLUSIONS

GENERAL

- The residents of Qamishli face **acute challenges and service gaps** which vary according to their location and the controlling entity of the zone in which they reside. Two different authorities control the assessed zones, namely the Kurdish PYD in zone A, where humanitarian needs are reportedly more severe (210,000 residents), and the Syrian regime in zone B (263,000 residents).
- **Access to the city is constrained.** Access roads inside Syria have been cut off as a third armed party gained control over the surrounding countryside. Movement within the city is easier, as there are no reported on-the-ground fighting or checkpoints in each of the assessed zones.

FOOD

- KI emphasised financial challenges, notably a **lack of financial means in a context of high food prices**, as the main constraints impeding Qamishli's residents' access to food. Markets of both zones additionally face severe shortages in food stocks, and are unable to meet the needs of residents.
- KI reported lack of food diversity to be related to a **loss of agricultural assets and inputs**, which caused **shortages in local production**. Residents of both assessed zones of Qamishli reportedly rely almost exclusively on **limited supplies from Turkey and Iraq and airlifted aid delivery**. They also **lack resources to grow their own food**, and thus cannot mitigate the scarcity of food supplies.
- **Priority interventions** to improve food security were identified by KI to be **food baskets, cash assistance and cooking fuel**.

HEALTH

- Health worker KI reported **similar prevailing medical problems** in both zones: **communicable and chronic diseases**, and **maternal health issues**. Although it remains low, medical coverage capacity is unequally distributed amongst the two assessed zones, leading to **more acute needs in zone A**.
- The functioning and capacity of health centres is reportedly consistently diminished by lack of essential resources, namely qualified medical staff, funding, supplies and/or specialised equipment. **Priority interventions** to improve both health centres' functionality and medical service coverage were identified by KI to be the provision of **health care facilities and qualified health staff** for both zones. In zone A, KI further emphasised **funding** as the first priority to **address shortages and pay medical staff**.

WATER

- KI identified **physical constraints, shortages in water treatment chemicals, and lack of resources to purchase water from private vendors** as the major impediments to residents' access to water sources in both assessed zones of Qamishli city.
- The reported consistent **lack of electricity** to operate the water network, due to damages to the power plant on which it relies, led Qamishli's residents to resort to **water tanks** and **alternative water sources**, such as **wells**. KI however reported shortages in water tanks and other portable water storage infrastructure in zone B.
- **Priority interventions** to mitigate water issues were identified by KI to be **electricity supply** and the **digging of new wells** in both zones, along with specific **network repairs** in zone A and **water treatment chemicals supply** for purification in zone B.