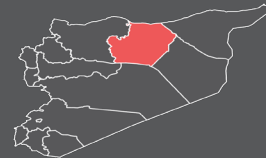




Camp Profile: Mahmoudli

Ar-Raqqa governorate, Syria

November, December 2022



Background

Mahmoudli is a formal internally displaced person (IDP) camp, established in 2019. It is located approximately 12 kilometres northeast of Tabqa City in Ar-Raqqa Governorate. The camp was purposefully built to house the IDPs arriving from Twahina Camp. The work was carried out in collaboration with UNHCR and Blumont, with assistance from local authorities. At the time of opening, in July 2019, the camp was hosting 1,224 households (5,180 IDPs). Since then, the camp has undergone two expansions, with the addition of 12 blocks in December 2020 and 8 blocks in May 2021, to accommodate displaced people from various areas. According to camp management, the camp is currently fully occupied, with no possibilities for expansion.

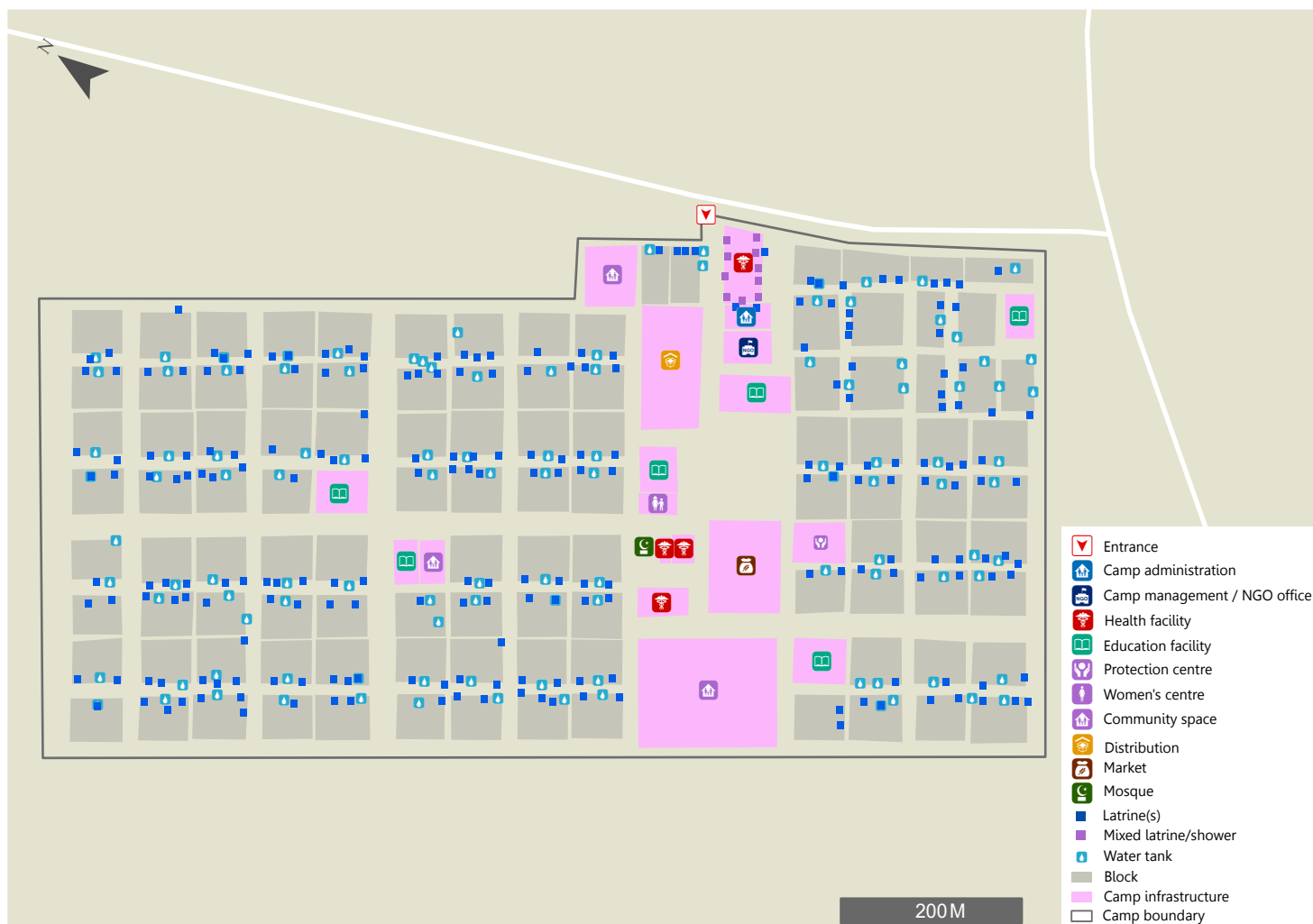
Location Map



Methodology

This profile provides an overview of humanitarian conditions in Mamoudli camp. Primary data was collected between 20 November - 5 December 2022 through a representative household survey. The assessment included 102 households who were randomly sampled to achieve a 95% confidence level and 10% margin of error based on population figures provided by camp management. Findings from a subset of the total sample may have a lower confidence level and a wider margin of error. In November, December 2022, each camp had one Key Informant (KI) interview with the camp managers. These interviews were used to support and triangulate the household survey finding.

Camp Map



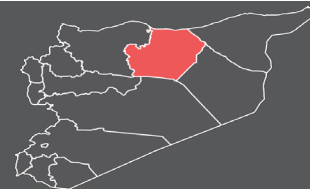
Camp mapping conducted in November, December 2022. Detailed infrastructure map available on [REACH Resource Centre](https://reachresourcecentre.org/).



Camp Profile: Mahmoudli

Ar-Raqqa governorate, Syria

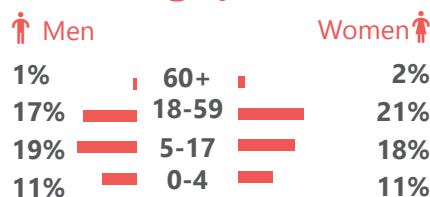
November, December 2022



Camp Overview¹

Number of individuals: 8,869
Number of households: 1,780
Number of shelters: 2,057
First arrivals: 7/1/2019
Camp area: 0.54 km²

Demographics



Vulnerable groups

Percentage of HHs by vulnerable group:²

Female-headed households **19%** Single parents/caregivers **5%**
Chronically ill persons **10%** Persons with serious injury **2%**
Pregnant/lactating women **7%** HH members with disability **1%**

Sectoral Minimum Standards³

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max 4.6	4	●
	Average covered living space per person	min 3.5 m ²	5.6 m ²	●
	Average camp area per person	min 45 m ²	60.5 m ²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	69%	●
	Presence of health services within the camp	Yes	2	●
Protection	% of households reporting safety/security issues in past two weeks	0%	69%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	93%	●
	% of households with acceptable food consumption score (FCS) ⁴	100%	26%	●
Education	% of children aged 6-17 accessing education services	100%	68%	●
WASH	Persons per latrine (communal latrines only)	max. 20	10	●
	Persons per shower ⁵	max. 20	NA	●
	Frequency of solid waste disposal	min. twice weekly	Daily	●

Key Highlights

- 89% of households reported **soap is too expensive**, compared to 36% in January. .
- There is an improvement in the handwashing facilities of communal latrines (**13%** confirmed having them in January compared to **48%** of current sample).

1. As reported by the camp manager in KI interview, household demographics can be found : https://impact-initiatives.shinyapps.io/REACH_SYR_HTML_NES_CampProfiles_August2022/

2. Self-reported by households and not verified through medical records.

3. Targets based on Sphere and humanitarian minimum standards. ● Minimum standard met ● 50-99% of minimum standard met ● 0-49% of minimum standard met <https://resources.vam.wfp.org/data-analysis/quantitative/food-security/food-consumption-score>
[Minimum Standards in Humanitarian Response](https://www.unhcr.org/refugees-and-asylum-seekers/minimum-standards-in-humanitarian-response), 2018 [UNHCR Emergency Handbook](https://www.unhcr.org/refugees-and-asylum-seekers/minimum-standards-in-humanitarian-response).

4. FCS measures households' current food consumption status based on the number of days per week a household is able to eat items from nine standard food groups, weighted for their nutritional value. <https://resources.vam.wfp.org/data-analysis/quantitative/food-security/food-consumption-score>

5. IDP's take shower in the shelter without proper drainage infrastructure for this.



Camp Profile: Mahmoudli



FOOD SECURITY

Food consumption

Percentage of households by FCS category:¹



> 42	Acceptable	26%
29-42	Borderline	46%
0-28	Poor	27%



Nutrition

Percentage of households consuming iron, protein and vitamin A-rich foods by frequency:²

Iron



Daily **0%**
Sometimes **17%**
Never **83%**

Protein



Daily **18%**
Sometimes **76%**
Never **6%**

Vitamin A



Daily **22%**
Sometimes **70%**
Never **8%**

Dietary diversity

Percentage of households by Household Dietary Diversity score level:³

> 6	High	38%
4.5 – 5.99	Medium	25%
< 4.5	Low	36%



Food security

Most commonly reported main sources of food:^{4,5}



Food distributions	98%
From markets in the camp	97%
From local markets outside the camp	28%

Food distributions

94% of households had received a food basket, bread distribution, cash, or vouchers in the 30 days prior to data collection.

% of households by reported type of food assistance received:⁵



Bread distribution	98%
Food basket(s)	94%
Pre-prepared meals (RTER - ready to eat rations)	3%

Top three food items households would like to receive more of:⁶



Sugar	87%
Bread	63%
Ghee/vegetable oil	39%

SHELTER AND NON-FOOD ITEMS (NFIs)



Average number of people estimated per household⁸: **6**
Average number of shelters estimated per household: **1**
Average number of people estimated per shelter: **4**
Estimated occupation rate of the shelters in the camp: **100%**

Tent status

In assessed households, only **19%** of tents were in new condition.⁷

Flood susceptibility



Camp management reported that **3% of tents are prone to flooding**, and that **all drainage channels** between shelters were available.

Sources of light

Most commonly reported sources of light inside shelters:⁴



Light powered by solar panels	88%
Rechargeable flashlight or battery-powered lamp	20%
Flashlight or battery-powered lamp with disposable batteries	15%

Shelter adequacy

Reported shelter adequacy issues:⁸



Present needs:

- New tents
- Plastic sheeting
- Tools

Expected future needs:

- Disinfectants hand sanitizer
- PPE
- Mosquito insect net

Top three most commonly reported shelter item needs:⁶



Plastic sheeting	83%
New tents	52%
Tarpaulins	45%

10% of respondents reported they had **access to a communal or private kitchen**, while 90% of households used improvised cooking facilities.

Households reported **hazards in their block** such as uncovered pits (3%).

1. FCS measures households' current food consumption status based on the number of days per week a household is able to eat items from nine standard food groups, weighted for their nutritional value.
2. Households were asked to report the number of days per week nutrient-rich food groups were consumed, from which nutrient consumption frequencies were derived. World Food Programme (2015) Food Consumption Score Nutritional Quality Analysis - Technical Guidance Note.
3. Households were asked to report the number of days per week they consume foods in different food groups, which was used to derive a Household Dietary Diversity score. [UN Food and Agriculture Organisation \(2011\) Guidelines for Measuring Household and Individual Dietary Diversity](#).
4. Households could select as many options as applied, meaning the sum of percentages may exceed 100%.
5. In the 30 days prior to data collection.
6. Households could select up to three options.
7. Enumerators were asked to observe the state of the tent and record its condition.
8. As reported by the camp manager in KI interview.



Camp Profile: Mahmoudli



NFI needs

Top three reported anticipated NFI needs for the three months following data collection:¹



Heating fuel	56%	■
Winter blankets	47%	■
Winter heaters	29%	■

Fire safety



Camp management reported that **three fire extinguishers per block** were available and that actors in the camp **informed** residents with **information on fire safety** in the three months prior to data collection.

71% of households reported that they had received information about fire safety, **3%** of which reported comprehension **difficulties** of the information received. **99%** reported knowing of a fire point in their block.

LIVELIHOODS

Household income

Average monthly household income:² **483,471 SYP (90 USD)**³

Top three reported primary income sources:^{1,4}



Borrowed	88%	■
Selling assistance items received	63%	■
Employment outside of camp	55%	■

Most commonly reported employment sectors:^{1,2}

	Inside camp	Outside camp
Daily labour	31%	55%
Employment in private business	56%	14%
Agriculture	0%	25%

Household debt

94% of households reported that they **borrowed money** in the 30 days prior to data collection; on average, these households had a debt load amounting to **1,183,912 SYP** (219 USD).³

Top three reported reasons for taking on debt:^{1,5}

Food	99%	■
Healthcare	65%	■
Clothing or non-food items (NFI)	28%	■

Top reported creditors:^{1,5}

Shopkeeper	95%	■
Friends or relatives	84%	■

Household expenditure

Average monthly household expenditure: **473,686 SYP (88 USD)**³

Top three reported expenditure categories:^{1,4}

Food	100%	■
Healthcare	75%	■
Transportation	68%	■

Coping strategies

Top three reported livelihoods-related coping strategies:^{1,2}



Borrowed money	87%	■
Sold some assistance items received	63%	■
Reduced spending on non-food expenditures, such as health or education	20%	■

63% of households reportedly sold assistance items with food assistance followed by hygiene items being the most commonly sold. The main reasons households reported for selling assistance were needing cash for more urgent spending (84%) and that the item/assistance is useful, but not the first priority (19%).

The most commonly sold food items were **chickpeas** (94%), **bulgur wheat** (39%) and **rice** (17%).

Most commonly reported ways money from sales was used:

Spent the money on food	92%	■
Spent the money on health expenses	58%	■
Spent the money on debt repayment	12%	■

1. Households could select up to three options.

2. In the 30 days prior to data collection.

3. The effective exchange rate for Northeast Syria was reported to be 5400 Syrian Pounds to the dollar in November, December 2022 (Reach Initiative, NES Market Monitoring Exercise 22-November).

4. Percentage of households reporting income/expenditure in each category; households could select as many options as applied

5. Findings refer to the subset of households reporting on the given information or issue.



Camp Profile: Mahmoudli



WATER, SANITATION AND HYGIENE (WASH)

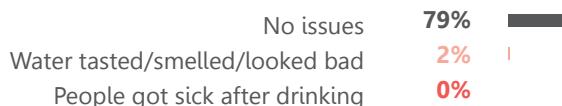
Water



A pumping station on the Euphrates River operated by **Bluemont** was the primary source of water at the time of data collection. The public tap/standpipe was reportedly used by 100% of households for drinking water.

0% of households reported they spent at least two consecutive days without access to drinking water over the two weeks prior to data collection.

% of households by reported drinking water issues:¹



97% of households reported that their drinking water was treated at the source over the two weeks prior to data collection.

16% of households reportedly used negative strategies to cope with lack of water in the two weeks prior to data collection.

Most commonly reported negative strategies by households:¹

- Relied on previously stored water (14%)
- Modified hygiene practices (bathe less, etc) (1%)
- Reduced drinking water consumption (1%)

2% of households reported having at least one member suffering from diarrhoea².

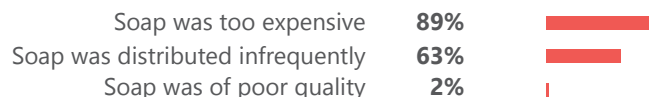
Hygiene

98% of households reportedly did not have access to a **private handwashing facility**.

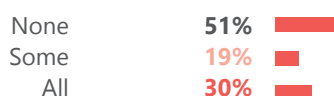
85% of households were able to access all assessed hygiene items in the two weeks prior to data collection.³ However, the most commonly inaccessible items included **washing powder (1kg)**, and **soap (bar)**. Hygiene items that were most commonly inaccessible was because households **Could not afford it**.

93% of households reported having **hand/body soap** available at the time of data collection. However, **94%** of households reportedly experienced difficulties in obtaining hand/body soap.

Related main difficulties included:¹



% of households by reported availability of functioning hand-washing facilities in communal latrines :



Latrines



Number of communal latrines:⁴ 918

Number of household latrines:⁴ 0

Types of defecation facilities used:

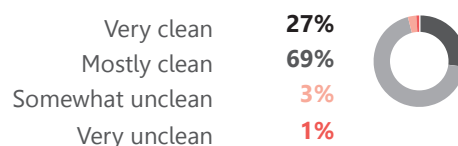


3% of households reported that some members **could not access latrines**, with old persons (65+) (2%) and persons with disabilities (1%) being most frequently reported by households.

Communal latrine characteristics, by % of households reporting⁵



% of households by reported level of cleanliness in the communal latrines



Showers



Number of communal showers:^{4,6,7} 10

Number of household showers:^{4,6,7} 0

Shower/bathing place usage reported by households:

	available	used
• Household:	7%	7%
• Communal:	1%	0%
• Bathing in shelter ⁸ :	100%	88%

Waste disposal⁷



Primary waste disposal system: Garbage collection by NGO

Disposal location: N/A

Sewage system: sewage network

The primary issue with garbage reported by households was **insufficient number of garbage bags within household (4% of households)**.

1. Households could select as many options as applied, meaning the sum of percentages may exceed 100%.

2. Self-reported by households and not verified through medical records.

3. The assessed hygiene items included: hand/body soap, sanitary pads, disposable diapers, washing powder, jerry cans/buckets, toothbrushes (for adults and children), toothpaste (for adults and children), shampoo (for adults and babies), cleaning liquid (for house), detergent for dishes, plastic garbage bags, washing lines, nail clippers, combs, and towels.

4. Communal latrines and showers are shared by more than one household. Household latrines and showers are used only by one household.

5. Excluding households who answered 'not sure'.

6. A shower is defined as a designated place to shower as opposed to bathing in shelter (i.e using a bucket).

7. As reported by the camp manager in KI interview.

8. This is an informal designation that is not officially enforced.



Camp Profile: Mahmoudli



HEALTH



Number of healthcare facilities in camp: 2
Types of facilities: Health Centers

Available services at the accessible health centres:

	In camp	Outside camp
Outpatient department:	NO	YES
Reproductive health:	NO	YES
Emergency:	NO	YES
Minor surgery:	NO	YES
X-Ray:	NO	YES
Lab services:	NO	YES

78% of households reported that health-related assistance was **not** meeting their minimum health needs. Households' most commonly reported health needs were **Maternal health services** (55%) and **Chronic diseases treatment** (50%).¹

Of the 66% of households who required treatment in the 30 days prior to data collection, **91%** reportedly faced barriers to accessing medical care.

Most commonly reported barriers to accessing medical care:²

- Unaffordability of health services (85%)
- Lack of medicines at the health facilities (81%)
- High transportation costs to health facilities (56%)

Households reporting that a member had given birth since living in the camp:



Of the 43% reporting a birth in their household, **91%** reported that the women delivered in a health facility.

18% of households had at least one person with a respiratory illnesses²

Vulnerable groups

Households reporting members in the following categories:³

Person with chronic illness ⁸	41%
Person with serious injury/disease (requires medical attention)	8%
Pregnant or lactating woman	7%

Of the **41%** of households with a member living with a chronic disease, **17%** reported that required medicine was not available, but **68%** reported that they could not afford the required medicine.

1% of household heads were reportedly living with a disability.^{3,4,5}

76% of households with a pregnant or lactating woman, or with a woman who gave birth while living in the camp had reportedly been able to access obstetric or antenatal care.

Children and infant health

69% of children under five years old were reportedly vaccinated against polio. **63%** of children under two years old had reportedly received the DTP vaccine and **69%** the MMR vaccine.

Immunization services for children was reported by **22%** of households as a priority health need.

The camp management reported that infant nutrition items had not been distributed in the 30 days prior to data collection. The following nutrition activities have reportedly been undertaken:⁶



Screening and referral for malnutrition:	YES
Treatment for moderate-acute malnutrition:	YES
Treatment for severe-acute malnutrition:	YES
Micronutrient supplements:	YES
Blanket supplementary feeding program:	NO
Promotion of breastfeeding:	YES

MOVEMENT

Top three household areas of origin:¹

Country	Governorate	Sub-district	Percentage
Syria	Homs	Tadmor	40%
Syria	Hama	As-Salamiyyeh	30%
Syria	Deir-ez-Zor	Abu Kamal	30%

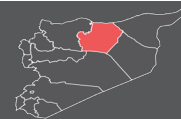
Movements of individuals reported in the 30 days prior to the assessment:¹

New arrivals	0	Departures	33
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On average, households in the camp had been displaced **4** times before arriving to this camp, and **100%** of households in the camp had been displaced longer than one year.

1. Findings refer to the subset of households reporting on the given information or issue.
2. Households could select as many options as applied, meaning the sum of percentages may exceed 100%.
3. Self-reported by households and not verified through medical records.
4. Respondent was asked the [Washington Group \(WGO\) Short Set Questions](#) personally and as recommended by the WG, [the disability3 calculations](#) were applied to determine living with a disability.

5. The household heads were asked about whether they were living with the given difficulty (seeing, hearing, walking, concentrating, self-care and communicating).
6. As reported by the camp manager in KI interview
7. Respiratory illness, Malnutrition, Psychological illness, Polio, Epilepsy, Diabetes, or Other serious or chronic illness disease



PROTECTION

Protection concerns



69% of households reported being aware of safety and security issues in the camp during the two weeks prior to the assessment.

The most commonly reported security concerns were:

- Theft (51%)
- Danger from snakes, scorpions, mice (37%)

47% of households reported at least one member suffering from **psychosocial distress**.²

32% of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**³ in the two weeks prior to data collection.

Freedom of movement



Camp management reported that all residents who needed to leave the camp temporarily could do so at the time of data collection. **24%** of households reported to be able to leave without disclosing the medical reason for leaving.

Most commonly reported barriers among the 94% households reporting to have experienced barriers when trying to leave the camp in the two weeks prior to data collection:

- Site departure conditions (need approval) (79%)
- Transportation options available but too expensive (61%)
- Insufficient transportation (45%)

At the time of data collection, **no interventions** were addressing the needs of older persons or persons with disabilities.¹

Documentation



17% of households reported having at least one married person who was not in possession of their **marriage certificate**.

29% of households with children below the age of 17 reported that at least one child did not have any **birth registration documentation**.

Gender related protection concerns

Households reporting knowing about any designated space for women and girls in the site:



Yes **84%**
No **16%**

Of the **84%** of households who know about a designated women and girls space, **58%** reported that a girl or woman from their household attended one in the 30 days prior to data collection.

Child protection

48% of households reported gender-based protection issues with early marriage (girls below 18 years old) (39%) and denial of resources, opportunities, or services (16%) being the most commonly reported.

Households reporting knowing about any child-friendly space in the site:



Yes **94%**
No **6%**

Of the **94%** of households who know about any child-friendly spaces, **77%** reported that a child from their household attended one in the 30 days prior to data collection.

Households reporting the presence of child protection concerns within the camp (in the two weeks prior to data collection):



Yes **70%**
No **30%**

Of the **70%** of households who reported child protection concerns, 53% identified child labour and 44% early marriage (below 18 years old).

73% of households reported that they were aware of child labour occurring among children under the age of 11, most commonly reporting domestic labour (54%) and Agriculture (31%).^{1,2}

Of the households who reported **child labour** among the child protection incidents they were aware of it occurring within the camp in the 30 days prior data collection, **100%** of households reportedly were aware of child labour among boys and **100%** among girls.

Most commonly reported types of child labour by gender:^{1,2}

Boys (100%)

Agriculture
Work for others (not harsh/dangerous)

Girls (100%)

94% Agriculture
20% Domestic labour

1. As reported by the camp manager in KI interview.

2. As reported by households themselves. Assessed symptoms included: persistent headaches, sleeplessness, and more aggressive behaviour than normal towards children or other household members.

3. Changes in sleeping patterns, interactions with peers, attentiveness, or interest in other
4. Self-reported by households and not verified through medical records.



CAMP COORDINATION AND CAMP MANAGEMENT

Camp management and committees

11% of households reported that they did not know who manages the camp, and **36%** reported being not sure. All camp managers reported that a complaint mechanism exists. **94%** of households reported knowing of a complaints box in the camp. **91%** of households reported that they knew who to contact to raise issues or concerns.

Top three reported sources of information about services:³



Community leaders	64%
Word of mouth	41%
Local Authorities	31%

EDUCATION



At the time of data collection, there was **4** educational facility in the camp, none of them is certified.⁴

Educational facility	(1)	(2)	(3)	(4)
Age groups:	3-5	6-11	12-14	15-17
Service provider	PIN	NRC	Action for Admin	UNICEF

Available WASH facilities in educational facilities⁴



Latrines: Yes (all segregated)

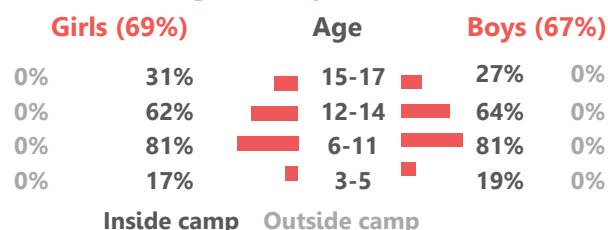


Handwashing facilities: Yes



Safe drinking water: Yes

Proportion of children attending education, compared to the total number of girls & boys in the household



Present committees reported by camp management KI:

✓ Camp management	✓ Youth committee
✓ Women's committee	✗ Maintenance committee
✓ WASH committee	✗ Distribution committee
✓ Health committee	

Top three reported information needs:³



How to find job opportunities	72%	
Information about returning to area of origin	27%	
How to access assistance	25%	

School-aged children (6-17 years old)

68% of school-aged children in the households were reported to **receive education**.

The most commonly reported barriers to access education for these households were:^{1,2}



- Child did not want to attend (51%)
- No education for children of a certain age (34%)
- Education was not considered important (29%)

Early childhood development (3-5 years old)

18% of 3-5 year old children in the households reportedly received early childhood **education**.

Most commonly reported barriers to early childhood education:^{1,2}



- No education for children of a certain age (32%)
- Child did not want to attend (26%)
- Education was not considered important (23%)

About REACH Initiative

REACH Initiative facilitates 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. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

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2. Households could select as many options as applied, meaning the sum of percentages may exceed 100%.
3. Households could select up to three options.

4. As reported by the camp manager in KI interview.