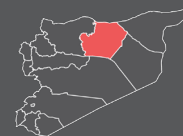




Camp Profile: Mahmoudli

Ar-Raqqa governorate, Syria

January 2021



Background and Methodology

Mahmoudli is a large internally-displaced person (IDP) camp in Ar-Raqqa governorate. This profile provides an overview of humanitarian conditions in Mahmoudli camp. Primary data was collected through household surveys from 24 to 26 January 2021. Households were randomly sampled to a 95% confidence level and 10% margin of error based on population figures provided by camp management. Key informant (KI) interviews with camp managers in January 2021 have been used to support and triangulate some of the findings collected through household surveys. At the time of data collection, the camp was managed by an NGO.

Location Map



Camp Overview¹

Number of individuals: 8,513
Number of households: 1,802
Number of shelters: 2,040
First arrivals: July 2019
Camp area: 0.54 km²

Demographics

Men

1%

16%

17%

8%

60+

18-59

5-17

0-4

Women

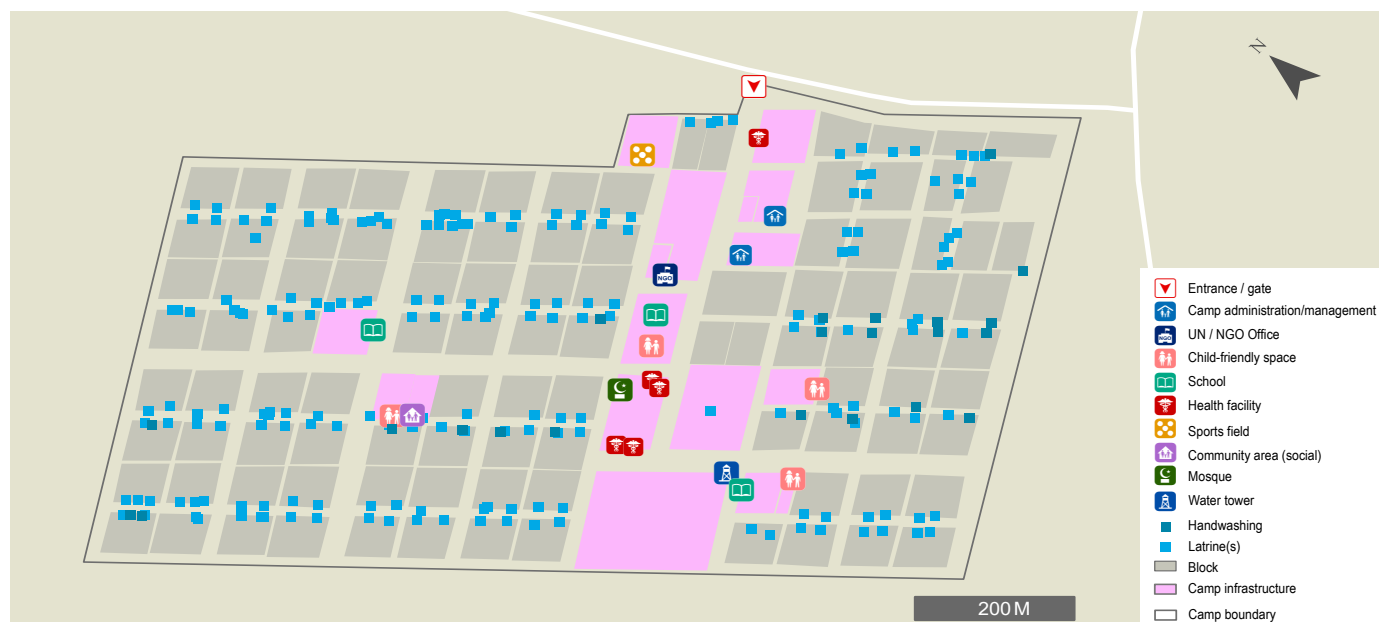
2%

21%

22%

12%

Camp Map



Camp mapping conducted in January 2021. Detailed infrastructure map available on [REACH Resource Centre](#).

Sectoral Minimum Standards²

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max 4.6	5.6	●
	Average living space per person	min 3.5 m ²	5.7 m ²	●
	Average camp area per person	min 45 m ²	61 m ²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	98%	●
	Presence of health services within the camp	Yes	Yes	●
Protection	% of households reporting safety/security issues in the two weeks prior to data collection	0%	85%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	100%	●
	% of households with acceptable food consumption score (FCS) ³	100%	45%	●
Education	% of children aged 6-17 accessing education services	100%	37%	●
WASH	Persons per latrine	max. 20	11	●
	Persons per shower	max. 20	No showers	●
	Frequency of solid waste disposal	min. twice weekly	Every day	●

1. As reported by camp management KIs in January 2021.

2. Targets based on Sphere and humanitarian minimum standards.

● Minimum standard met ● 50-99% minimum standard met ● 0-49% of minimum standard met

[Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response](#), 2018
[UNHCR Emergency Handbook](#)

3. 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.



COVID-19

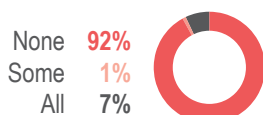
Response infrastructure

Isolation area: ¹	Yes
Sufficient handwashing facilities: ¹	Yes

Of the 63% of households that reported experiencing difficulties in obtaining hand/body soap, the following issues were reported most frequently:⁴

Soap is too expensive	45%
Soap is distributed infrequently	20%

Percentage of households reporting that communal latrines have handwashing facilities



COVID-19 Information

Main information sources about COVID-19 as reported by households:⁴

NGOs or charities	98%
Posters/flyers in the street	64%
Friends/family	52%

19% of households reported having difficulties understanding information about COVID-19.

Of those that reported difficulties, the most commonly reported difficulties understanding information about COVID-19 were:⁴

- There are not enough materials (17%)
- Information is not clear (13%)

Prevention measures

Camp staff training: ¹	Yes
Quarantine for new arrivals: ¹	Yes
Temperature check for people entering: ¹	Yes

Camp management KIs reported that **no additional personal protection items (i.e. hand sanitizer, gloves, etc.)** have been distributed to the population, and that aid distributions have been modified to scheduled time slots for distribution and to distributions at block level.

Top measures taken by camp administration in response to the pandemic as reported by households:⁴

Changing distribution procedures	69%
Asking people to stay at home	68%
Closing schools, mosques or other communal areas	42%

Top measures taken by households in response to the pandemic:⁴

Washing hands more regularly	90%
Staying at home as much as possible	86%
Avoiding touching other people	36%

Attitudes and behaviors of camp population¹

Awareness of COVID-19:	Everyone
COVID-19 perceived as important issue:	Most
Awareness of social distancing:	Everyone
People engaging in social distancing:	About half

Camp management KIs reported that **living conditions not allowing for social distancing and community members being unsure of the reasons why to social distance** was the main issue the population experienced related to social distancing.

HEALTH



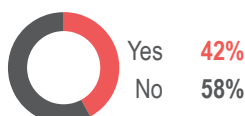
Number of healthcare facilities: 2
Types of facilities:

Of the 60% of households who required treatment in the 30 days prior to data collection, **100%** reported that they had faced **barriers to accessing medical care**.

Of those that faced barriers, the most commonly reported barriers to accessing medical care were:⁴

- Cannot afford to pay for health services (71%)
- Lack of medicines at the health facilities (71%)

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



Of the 42% reporting a birth in their household, **88%** reported that the women delivered **in a health facility**, **7%** at **home with professional care** and **5%** of women delivered at **home with non-professional care**.

Households reporting members in the following categories:⁵

Person with serious injury	6%
Person with chronic illness	19%
Pregnant or lactating woman	49%

83% of households with a pregnant or lactating woman while living in the camp had reportedly been able to access obstetric or, antenatal care.

98% of children under five years old were reported to be **vaccinated against polio**.

Camp management KIs reported that no infant nutrition items had been distributed. The following nutrition activities have reportedly been undertaken in the 30 days prior to data collection:

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

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

5. As reported by households themselves.



Camp Profile: Mahmoudli



MOVEMENT

Top three household areas of origin:

Country	Governorate	Sub-district	
Syria	Hama	As-Salamiyyeh	40%
Syria	Homs	Sokhneh	35%
Syria	Deir-ez-Zor	Abu Kamal	15%

Movements reported in the 30 days prior to data collection:



Households planning to leave the camp:



On average, households in the camp had been displaced **4.7** times before arriving to this camp, and **100%** of households in the camp had been displaced longer than one year.

Of the 3% of households with intentions to leave, the main factors reported contributing to their intention to leave were a lack of access to income and employment opportunities in the camp (100%) and access to food in the camp not being sufficient (67%).

PROTECTION

Protection concerns

85% of households reported being aware of safety and security issues in the camp during the two weeks prior to data collection.

The most commonly reported security issues by those reporting issues were:⁴

- Theft (64%)
- Disputes between residents (52%)

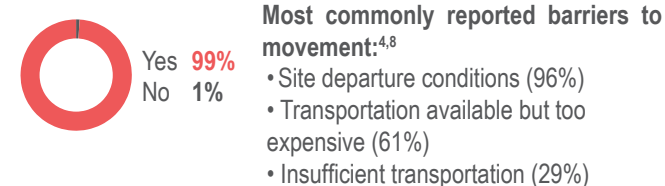
30% of households reported at least one member suffering from psychosocial distress.⁶

6% of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**⁷ in the two weeks prior to data collection.

Freedom of movement

KIs reported that all residents who needed to **leave the camp temporarily** were able to do so at the time of data collection. Additionally, **0%** of households reported not being able to leave without disclosing the medical reason for leaving.

Households reporting barriers to leaving the camp in the two weeks prior to data collection:



Vulnerable groups

Proportion of total assessed population in vulnerable groups:⁹

Chronically ill persons	3%	Single parents/caregivers	1%
Persons with serious injury	1%	Pregnant/lactating women	8%
Female-headed households	22%		

Elderly and persons with disabilities

At the time of data collection, no interventions targeting elderly populations or persons with disabilities were reported in this camp.

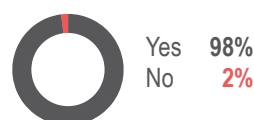
Documentation

23% of households reported having at least one married person who was not in possession of their **marriage certificate**.

25% of households with children reported that at least one child did not have **birth registration documentation**.

Gender-based violence

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



Of the 98% of households who reported knowing about any designated spaces, **20%** reported that a girl or woman from their household attended one.¹⁰

Households reporting members avoiding camp areas, by gender and most commonly reported avoided areas:^{4,8}

Men and boys (0%)	Women and girls (16%)
NA	Communal latrines/showers/water points (81%)
NA	Outskirts of camp (19%)

Child protection

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



Of the 100% of households who reported knowing about any child-friendly spaces, **54%** reported that a child from their household attended one.¹⁰

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



Most commonly reported child protection concerns:^{4,8}

- Child labour (87%)
- Early marriage (below 18 years) (63%)

Reported child labour concerns by gender and most commonly reported type of child labour:^{4,8}

Boys (100%)	Girls (100%)
Transporting people/goods (66%)	Domestic labour (79%)
Domestic labour (62%)	Transporting people/goods (20%)
Factory work (8%)	Factory work (8%)

80% of households reported that they were aware of **child labour** occurring among **children under the age of 11**, most commonly reporting domestic labour (51%) and transporting people or goods (20%).^{4,8}

6. As reported by households themselves. Assessed symptoms included: persistent headaches, sleeplessness, and more aggressive behaviour than normal towards children or other household members.
7. Changes in sleeping patterns, interactions with peers, attentiveness, or interest in other daily activities.

8. Question applies to subset of households who reported experiencing a given issue.

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

10. In the 30 days prior to data collection.



Camp Profile: Mahmoudli



EDUCATION



At the time of data collection, there were **2** open educational facilities in the camp¹.

Age groups:¹ 6-14
Certification available:¹ Yes

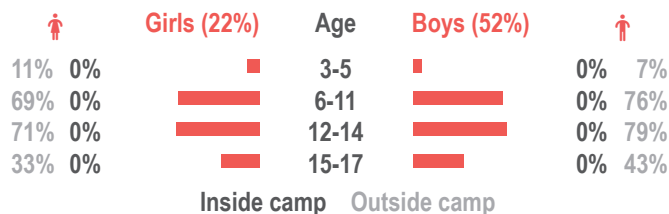
Barriers to education

32% of households reported that their children are receiving **no education**, and **7%** reported that they faced **barriers to education**. The most commonly reported barriers were:¹¹

- Education is not considered important (57%)
- No education for children of a certain age (43%)
- Children have to work (14%)

68% of households reported that their school-aged children **receive education**. Additionally, **0%** of households reported that their school-aged children receive education through **remote learning**.

Proportion of school-age children receiving education



Available WASH facilities in educational facilities

Latrines: ¹	Yes (gender-segregated)
Handwashing facilities: ¹	Yes
Safe drinking water: ¹	Yes

WATER, SANITATION AND HYGIENE (WASH)

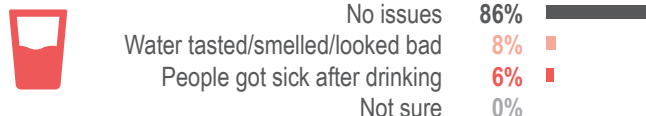
Water



Tanker truck 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.

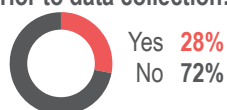
5% of households reported they spent at least two consecutive days without access to drinking water over the two weeks prior to data collection.

Drinking water issues, by % of households reporting:⁴



2% of households reported that they treated their drinking water over the two weeks prior to data collection by water boiling (2%).

Proportion of households that reported using negative strategies to cope with a lack of water (potable and not potable) in the two weeks prior to data collection:



Most commonly reported strategies:^{4,8}

- Rely on drinking water stored previously (27%)
- Reduce drinking water consumption (1%)
- Modify hygiene practices (1%)

8% of households reported that a household member **suffered from diarrhoea** in the two weeks prior to data collection; **5%** of households reported someone **suffering from respiratory illnesses**; and in **1%** of households someone **suffering from leishmaniasis**.¹²

Hygiene

97% of households reported that **hand/body soap** was available at the time of data collection.

Proportion of households that were able to access all assessed hygiene items in the two weeks prior to data collection:¹³



The most commonly inaccessible items included **disposable diapers**, and **washing powder**. Hygiene items were most commonly inaccessible because households could not afford to buy them.

Sanitation



Number of latrines: **810**

Types of latrines available:

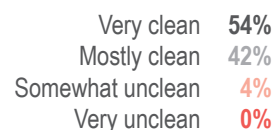
- Household:¹⁴ 0%
- Communal:¹⁴ 100%
- Open defecation 0%

1% of households reported that some members **could not access latrines**, with elderly people (65+) (1%) being most frequently reported by households.

Latrine characteristics, by % of households reporting:¹⁶



Latrine cleanliness, by % of households reporting:



Number of showers: **0**

Types of shower/bathing places available:⁴

- Household:¹⁴ 0%
- Communal:¹⁴ 0%
- Bathing in shelter: ¹⁵ 99%

Waste disposal¹



Primary waste disposal system: Garbage collection (NGO)

Disposal location: A garbage dump 7 km from camp

Main waste disposal issue: Insufficient garbage bags within household (14%)

Sewage system: Sewage network

11. Households could select up to three options.

12. In the two weeks prior to the assessment, self-reported by household and not medically confirmed.

13. 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.

14. Communal latrines and showers are shared by more than one household. Household latrines and showers are used only by one household. This may be an informal designation that is not officially enforced.

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

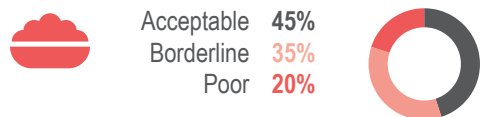
16. Excluding households who answered 'not sure'.



FOOD SECURITY

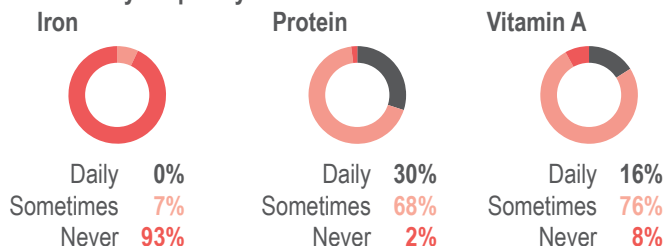
Food consumption

Percentage of households at each FCS level:³



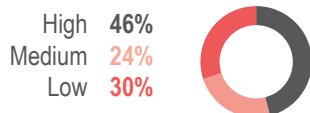
Nutrition

Percentage of households consuming iron, protein and vitamin A-rich foods by frequency:¹⁷



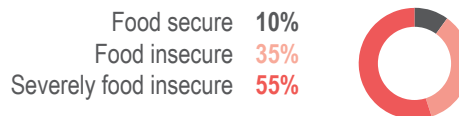
Dietary diversity

Percentage of households by Household Dietary Diversity score level:¹⁸

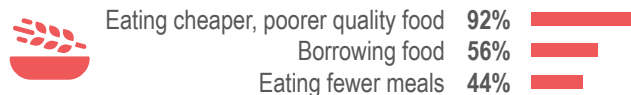


Food security

Percentage of households at each Arab Family Food Security Scale level:¹⁹



Top three reported food-related coping strategies:²⁰

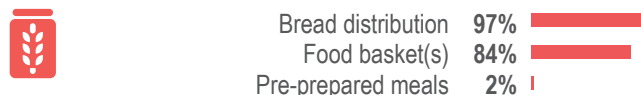


Most commonly reported main sources of food:^{4,10}



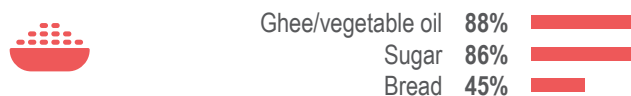
Food distributions

Type of food assistance received,¹⁰ by % of households reporting:⁴



100% of households had received a food basket, bread distribution, cash, or vouchers in the 30 days prior to data collection.

Top three food items households would like to receive more of:¹¹

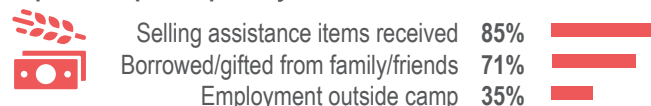


LIVELIHOODS

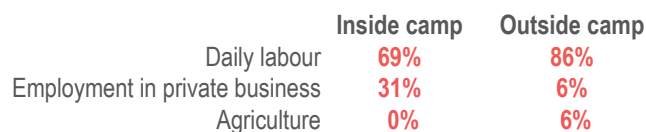
Household income

Average monthly household income:¹⁰ **134,544 SYP** (47 USD)²¹

Top three reported primary income sources:^{10,22}

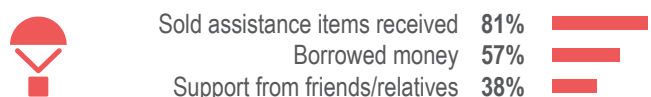


Most commonly reported employment sectors:^{4,10,22}



Coping strategies

Top three reported livelihoods-related coping strategies:^{10, 11}



81% of household reported **selling in-kind assistance** and reported **food assistance (93%)** as the type of assistance most commonly sold.⁸

Top reported reasons for selling assistance items:^{4,8}



Top reported expenses that money from sale was used for:^{4,8}



Household expenditure

Average monthly household expenditure:¹⁰ **146,083 SYP** (51 USD)²¹

Top three reported expenditure categories:^{10,22}



Household debt

57% of households reported that they had **borrowed money** in the 30 days prior to data collection; on average, these households had a debt load amounting to **113,137 SYP** (40 USD).²¹

Top three reported reasons for taking on debt:^{8,11}



Top reported creditors:^{4,8,11}



17. 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](#).

18. 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](#).

19. Households were asked to respond to a series of questions which were used to derive a food security

rating. Sahyoun et al. (2014) [Development and Validation of an Arab Family Food Security Scale](#).

20. Households were asked to report the number of days they employed each coping strategy in the week prior to data collection; graph only shows the overall frequency with which a coping strategy was reported.

21. The effective exchange rate for Northeast Syria was reported to be 2,860 Syrian Pounds to the dollar in January 2021 ([REACH Initiative, NES Market Monitoring Exercise January 2021](#)).

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



Camp Profile: Mahmoudli



SHELTER AND NFIs

Average number of people reported per shelter: **4.4**

Average number of shelters reported per household: **1.3**

Average reported household size: **5.6** individuals



Tent status

In assessed households, **44%** of tents were found in good condition.²³

Sources of light

Most commonly reported sources of light inside shelters:⁴



Light powered by solar panels	73%	
Rechargeable flashlight or lamp	21%	
Flashlight or lamp with disposable batteries	13%	

NFI needs

Top three reported anticipated NFI needs for the three months following data collection:¹¹



Carpet/mat for the floor	82%	
Mattresses/sleeping mats	63%	
Bedding items (sheets, pillows)	49%	

Shelter adequacy

Reported shelter adequacy issues:¹



- Lack of privacy (no partitions, no doors, or locks are broken)
- No electricity

Top three most commonly reported shelter item needs:¹¹



Plastic sheeting	87%	
Tarpaulins	57%	
Tools	41%	

0% of households reported they had access to a kitchen.

Fire safety



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

Flood susceptibility

Camp management KIs reported that **1% of tents are prone to flooding** and that there are **no drainage channels** between shelters.

CAMP COORDINATION AND CAMP MANAGEMENT

Camp management and committees

6% of households reported that they did not know the camp management, with **42%** saying that they were not sure.

Committees reported by camp management KIs to be present in camp:

☒ Camp management	☒ Youth committee
☒ Women's committee	☒ Maintenance committee
☒ WASH committee	☒ Distribution committee
☒ Health committee	

89% of households reported that they knew who to contact to raise issues or concerns.

Information needs

Top three reported sources of information about services:¹¹



Community leaders	94%	
Word of mouth	80%	
NGO	25%	

Top three reported information needs:¹¹



How to find job opportunities	90%	
Sponsorship programs	49%	
How to access assistance	35%	

About REACH's COVID-19 response

As an initiative deployed in many vulnerable and crisis-affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic has had on the millions of affected people we seek to serve. REACH is currently working with Cash Working Groups and partners to scale up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the countries where we operate. Updates regarding REACH's response to COVID-19 can be found in [a devoted thread](#) on the REACH website. Contact geneva@impact-initiatives.org for further information.

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).

²³. Enumerators were asked to observe the state of the tent and record its condition.