



# Camp Profile: Abu Khashab

Deir-ez-Zor governorate, Syria  
January/February 2022



## Background and Methodology

Abu Khashab is an informal camp in Deir-ez-Zor governorate. This profile provides an overview of humanitarian conditions in this camp. Primary data was collected through a representative household survey conducted from 30 January until 3 February 2022, with one respondent from each household interviewed. The sample included 102 surveyed households. Households were randomly sampled to a 95% confidence level and 10% margin of error based on population figures provided by camp management. A key informant (KI) interview with the camp management in February 2022 was used to support and triangulate some of the findings collected through household surveys. At the time of data collection, the camp was managed by a non-governmental organisation (NGO).

## Location Map



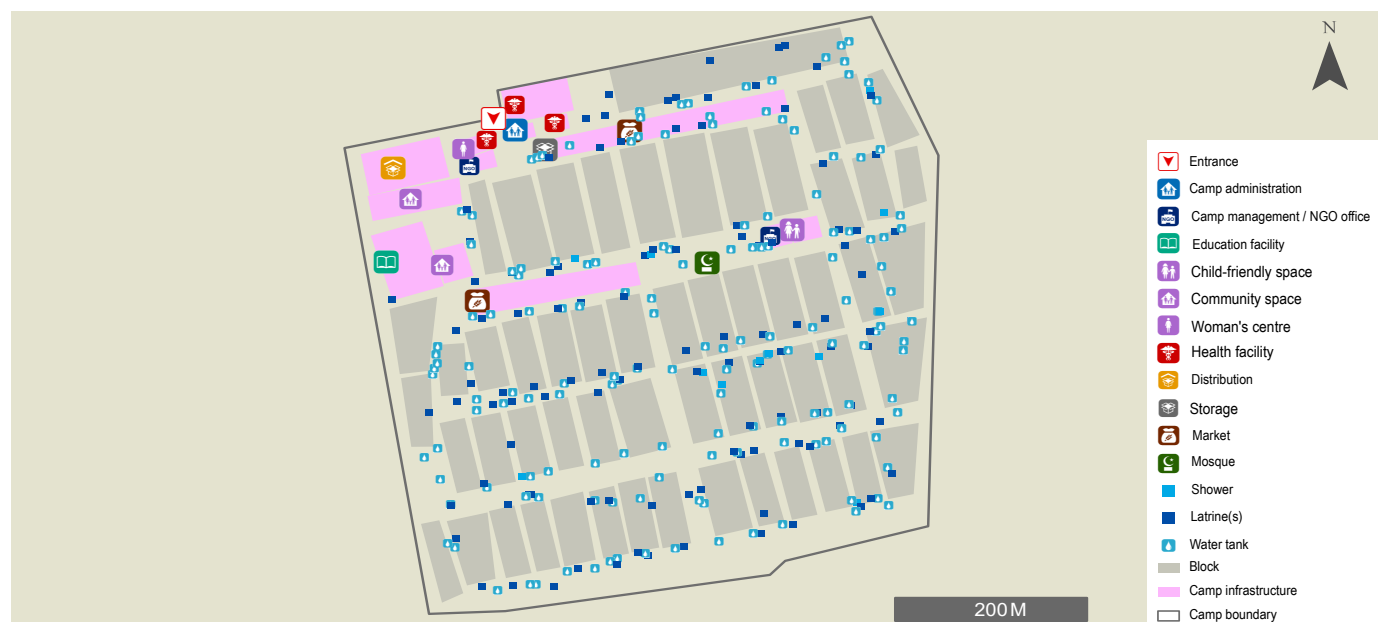
## Camp Overview<sup>1</sup>

Number of individuals:	10,753
Number of households:	2,071
Number of shelters:	1,900
First arrivals:	September 2017
Camp area:	0.33 km <sup>2</sup>

## Demographics

Men	Women
1%	1%
13%	20%
22%	18%
12%	13%

## Camp Map



Camp mapping conducted in January and February 2022. Detailed infrastructure map available on [REACH Resource Centre](#).

## Sectoral Minimum Standards<sup>2</sup>

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max. 4.6	5	●
	Average covered living space per person	min. 3.5 m <sup>2</sup>	2.1 m <sup>2</sup>	●
	Average camp area per person	min. 45 m <sup>2</sup>	31 m <sup>2</sup>	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	57%	●
	Presence of health services within the camp	Yes	1	●
Protection	% of households reporting safety/security issues in past two weeks	0%	66%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	100%	●
	% of households with acceptable food consumption score (FCS) <sup>3</sup>	100%	50%	●
Education	% of children aged 6-17 accessing education services	100%	69%	●
WASH	Persons per latrine	max. 20	26	●
	Persons per shower	max. 20	136	●
	Frequency of solid waste disposal	min. twice weekly	every day	●

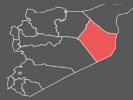
1. As reported by the camp manager in key informant (KI) interview in February 2022.

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.



## HEALTH



**Number of healthcare facilities in camp: 1**  
**Types of facilities:** NGO clinic  
**Nearest health centre outside camp:** 90 km

### Available services at the accessible health centres:

	In camp <sup>1</sup>	Outside camp <sup>1</sup>
Outpatient department:	No	Yes
Reproductive health:	Yes	Yes
Emergency:	Yes	Yes
Minor surgery:	No	Yes
X-Ray:	No	Yes
Lab services:	No	Yes

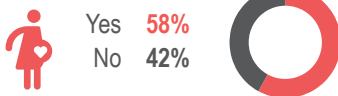
**84%** of households reported that the health sector **did not** meet their **minimum health needs**. The most commonly reported health needs were **maternal health services** (77%) and **child health and nutrition needs** (47%).<sup>6</sup>

Of the 68% households who required treatment in the 30 days prior to the assessment, **89%** reportedly faced **barriers to accessing medical care**.

### Most commonly reported barriers to accessing medical care include:<sup>6</sup>

- Unaffordability of health services (94%)
- Lack of medicines at the health facilities (77%)
- High transportation costs to health facilities (53%)

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



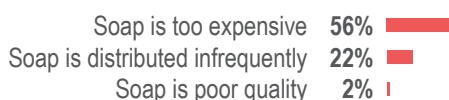
Of the 58% households reporting a birth, **83%** explained that the women delivered her baby in a health facility.

## COVID-19

### Response infrastructure<sup>4</sup>

Isolation area:	No
Isolation area functional:	No
Sanitation facilities in isolation area:	NA
Sufficient handwashing facilities in camp:	No

### Main difficulties in obtaining hand/body soap, as experienced by 65% of households include:<sup>6</sup>



### Percentage of households reporting that communal latrines have handwashing facilities:



### Vulnerable groups

#### Households reporting members in the following categories:<sup>7</sup>

Person with serious injury/disease	5%
Person with chronic illness	13%
Pregnant or lactating woman	9%

Of the **13%** of households with a member living with a chronic disease, **8%** reported that required **medicine was not available**, and **77%** could **not afford the required medicine**.

**3%** of household heads are reportedly living with a disability.<sup>4, 5, 7</sup>

### Children and infant health

**57%** of children under five years old were reportedly **vaccinated against polio**. **62%** of children under two years old were reported to have received the **DTP vaccine** and **57%** to have received the **MMR vaccine**.

**Immunisation services** for children was reported by **45%** of households as a priority health need.

The camp management reported that **infant nutrition items were not distributed** in the 30 days prior to data collection. The following nutrition activities have reportedly been undertaken:<sup>1</sup>



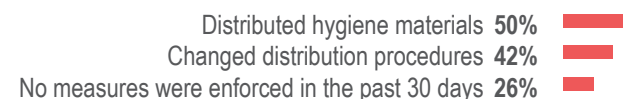
Screening and referral for malnutrition:	No
Treatment for moderate-acute malnutrition:	No
Treatment for severe-acute malnutrition:	No
Micronutrient supplements:	Yes
Blanket supplementary feeding program:	No
Promotion of breastfeeding:	No

### Prevention measures<sup>4</sup>

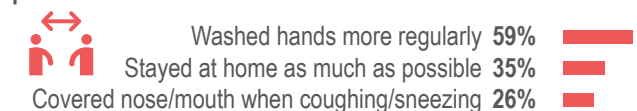
Camp staff training:	Yes
Temperature check for people entering:	Yes
Quarantine for new arrivals:	No
Quarantine area functional:	NA
Sanitation facilities in quarantine area:	NA

The camp management reported that **soap, face masks, cleaning products (e.g. bleach) and gloves were distributed** to the population. **Aid distributions have been modified** to distributions at block level.

### Top measures taken by camp management in response to the pandemic as reported by households:<sup>6, 18</sup>



### Top measures reportedly taken by households in response to the pandemic:<sup>6, 18</sup>



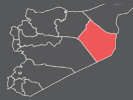
4. Respondent was asked the [Washington Group \(WGQ\) Short Set Questions](#) personally and as recommended by the WG, [the disability3 calculations](#) were applied to determine living with a disability.

5. The household heads were asked about whether they were living with the given difficulty (seeing, hearing,

walking, concentrating, self-care and communicating).

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

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



## MOVEMENT

Top three household areas of origin:

Country	Governorate	Sub-district	
Syria	Deir-ez-Zor	Al Mayadin	85%
Syria	Deir-ez-Zor	Abu Kamal	9%
Syria	Homs	Al-Qusayr	6%

Movements reported in the 30 days prior to the assessment:<sup>1</sup>

0 New arrivals | Departures 43

On average, households in the camp had been displaced **4** times before arriving to this camp. **100%** of households reported that they have been displaced longer than one year.

## PROTECTION

### Protection concerns

**66%** 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:<sup>6</sup>

- Theft (56%)
- Disputes between residents (30%)

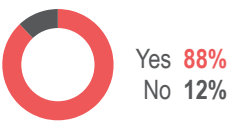
**16%** of households reported at least one member suffering from **psychosocial distress**.<sup>8</sup>

**7%** of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**<sup>9</sup> in the two weeks prior to data collection.

### Freedom of movement

The camp management reported that all residents who needed to **leave the camp temporarily** could do so at the time of data collection. However, **12%** of households reported not being able to leave without disclosing the medical reason.

**88%** of households reportedly **faced barriers when leaving the camp** in the two weeks prior to data collection:



Most commonly reported barriers:<sup>6</sup>

- Site departure conditions (77%)
- Transportation too expensive (61%)
- Insufficient transportation (32%)

### Vulnerable groups

Proportion of total assessed population in vulnerable groups:<sup>7</sup>

Chronically ill persons	3%	Single parents/caregivers	2%
Persons with serious injury	2%	Pregnant/lactating women	9%
Female-headed households	11%		

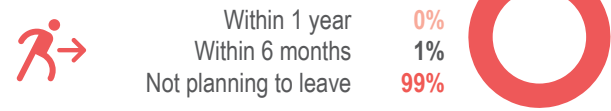
At the time of data collection, **no interventions** targeting older persons populations or persons with disabilities were reported in this camp.<sup>1</sup>

### Documentation

**20%** of households reported having at least one married person who was not in possession of their **marriage certificate**.

**31%** of households with children below the age of 5 reported that at least one child did not have **birth registration documentation**.

Households planning to leave the camp:



**99%** of households reported no intention to leave the camp, mainly because they were **waiting for their area of origin to become safe** (46%), and due to **available food distributions** (25%) and **camp safety** (19%).

The main factors for the 1% of households with intentions to leave were insufficient access to food (100%) and lacking income and employment opportunities in the camp (100%).

### Gender-based violence

**59%** of households reported gender-based protection issues with **early marriage (girls below 18 years old)** (50%) and **denial of resources, opportunities, or services** (14%) being the most commonly reported.

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



Of the 61% of households who know about a designated women and girls space, **24%** reported that a girl or woman from their household attended one in the 30 days prior to data collection.

Households did not identify any camp areas that women and girls or men and boys were avoiding.

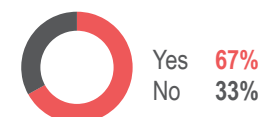
### Child protection

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



Of the 87% of households who know about any child-friendly spaces, **53%** 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):



Of the 67% of households who reported child protection concerns, **42%** identified early marriage (below 18 years old) and **38%** child labour.

Most commonly reported types of child labour by gender:<sup>6, 10</sup>

	Boys	Girls
Domestic labour	69%	82%
Transporting people or goods	62%	46%

**87%** of households reported that they were aware of **child labour** occurring among **children under the age of 11**, most commonly reporting domestic labour (56%) and the transportation of people or goods (38%).<sup>6, 10</sup>

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

9. Changes in sleeping patterns, interactions with peers, attentiveness, or interest in other daily activities.  
10. Question applies to subset of households who reported experiencing a given issue.



## WATER, SANITATION AND HYGIENE (WASH)

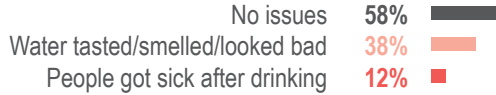
### Water



**Tanker trucks (NGO)** were the primary water sources at the time of data collection. The public tap/standpipe was reportedly used by 97% of households for drinking water.

4% 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:<sup>6</sup>



73% of households reported that their **drinking water was treated** at the source (68%) or that they would **use chlorine tablets, powder or liquid** (5%) for treatment during the two weeks prior to data collection.

14% of households reportedly used **negative strategies to cope with lack of water** in the two weeks prior to data collection.<sup>6</sup>

### The most commonly reported coping strategies:

- Relied on stored drinking water (8%)
- Reduced drinking water consumption (4%)
- Modified hygiene practices (bathe less, etc) (3%)

11% of households reported having a member suffering from **diarrhoea**, 11% of households had someone with a **respiratory illnesses**, and 6% of households reported someone with **leishmaniasis** in the two weeks prior to data collection.<sup>7</sup>

### Hygiene

2% of households had **access to a private handwashing facility**, while 98% reportedly did not.

94% of households reported having **hand/body soap** available at the time of data collection.

77% of households were able to **access all assessed hygiene items** in the two weeks prior to data collection.<sup>11</sup> The most common inaccessible items included **washing powder** and **disposable diapers**. Hygiene items were inaccessible because households most often could not afford them.

## CAMP COORDINATION AND CAMP MANAGEMENT

### Camp management and committees

1% of households reported that they did not know who manages the camp, while 36% were not sure.

The camp reportedly has a complaint mechanism<sup>1</sup> and 87% of households know of a camp complaints box. 96% of households stated that they knew who to contact to raise problems or concerns.

### Present committees reported by camp management KI:

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

11. 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.

### Latrines



Number of communal latrines:<sup>12</sup> 421

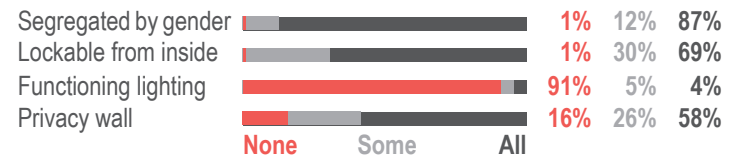
Number of household latrines:<sup>12</sup> 0

### Types of defecation facilities used:<sup>6</sup>

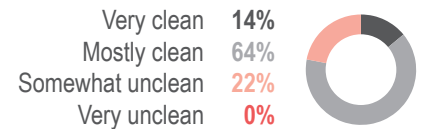
- Household: 8%
- Communal: 95%
- Open defecation: 1%<sup>1</sup>

100% household reported that their household members can all access latrines.

### Communal latrine characteristics, by % of households reporting<sup>14</sup>



### Communal latrine cleanliness, by % of households reporting:



### Showers



Number of communal showers:<sup>12</sup> 79

Number of household showers:<sup>12</sup> 0

### Shower/bathing place usage:<sup>13</sup>

	available <sup>6</sup>	used
• Household:	0%	0%
• Communal:	18%	0%
• Bathing in shelter:	100%	89%

### Waste disposal<sup>1</sup>



**Primary waste disposal system:** Garbage collection (NGO), burning garbage, disposing at another location

**Disposal location:** Outside of the camp

**Sewage system:** Desludging

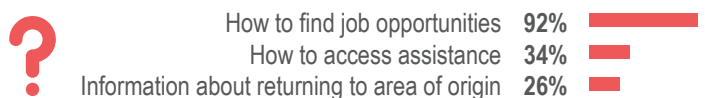
The primary issue with garbage disposal reported by households was the **insufficient number of bins or dumpsters** (27%).

### Information needs

#### Top three reported sources of information about services:<sup>19</sup>



#### Top three reported information needs:<sup>19</sup>



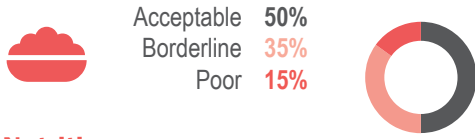
12. Communal latrines and showers are shared by more than one household. Household latrines and showers are used only by one household. This may be an informal designation that is not officially enforced.  
13. A shower is defined as a designated place to shower as opposed to bathing in shelter (i.e using a bucket).  
14. Excluding households who answered 'not sure'.



## FOOD SECURITY

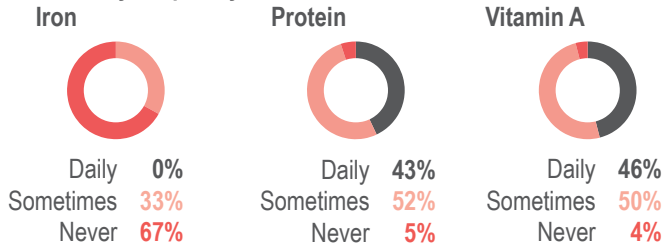
### Food consumption

Percentage of households at each FCS level:<sup>3</sup>



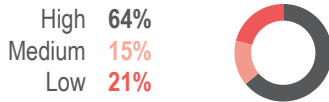
### Nutrition

Percentage of households consuming iron, protein and vitamin A-rich foods by frequency:<sup>15</sup>



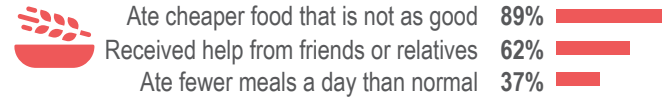
### Dietary diversity

Percentage of households by Household Dietary Diversity score level:<sup>16</sup>

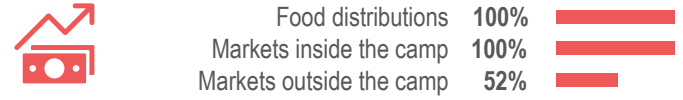


### Food security

Top three reported food-related coping strategies:<sup>17</sup>



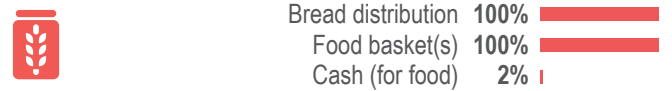
Most commonly reported main sources of food:<sup>6, 18</sup>



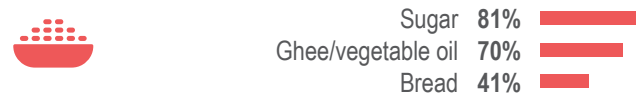
### Food distributions

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

Type of food assistance received<sup>18</sup> by % of households reporting:<sup>6</sup>



Top three food items households would like to receive more of:<sup>19</sup>

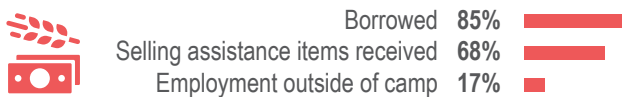


## LIVELIHOODS

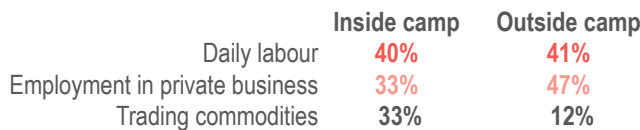
### Household income

Average monthly household income:<sup>18</sup> **335,539 SYP** (93 USD)<sup>20</sup>

Top three reported primary income sources:<sup>19, 21</sup>



Most commonly reported employment sectors:<sup>6, 18, 21</sup>



### Household debt

0% of the 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 **485,100 SYP** (135 USD).<sup>20</sup>

Top three reported reasons for taking on debt:<sup>10, 19</sup>



Top reported creditors:<sup>6, 10, 19</sup>



### Household expenditure

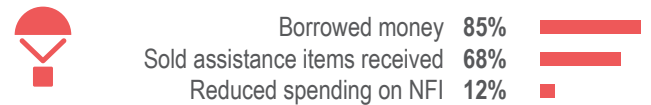
Average monthly household expenditure:<sup>18</sup> **377,431 SYP** (105 USD)<sup>20</sup>

Top three reported expenditure categories:<sup>19, 21</sup>



### Coping strategies

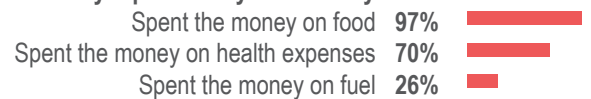
Top three reported livelihoods-related coping strategies:<sup>18, 19</sup>



68% of households reported selling assistance items, most often food assistance and hygiene items. The most commonly sold food items were chickpeas (85%), rice (46%) and bulgur wheat (39%).

The main reasons households reported for selling assistance were the need for cash for more urgent spending (83%) and that the received item or assistance, while useful, was not a top priority (23%).<sup>8</sup>

Most commonly reported ways the money from sales was used:<sup>8</sup>



15. 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](#).

16. 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](#).

17. Households were asked to report the number of days they employed each coping strategy, graph only

shows the overall frequency with which a coping strategy was reported.

18. In the 30 days prior to data collection.

19. Households could select up to three options.

20. The effective exchange rate for Northeast Syria was reported to be 3600 Syrian Pounds to the dollar in February 2022 ([Reach Initiative, NES Market Monitoring Exercise February 2022](#)).

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



## EDUCATION



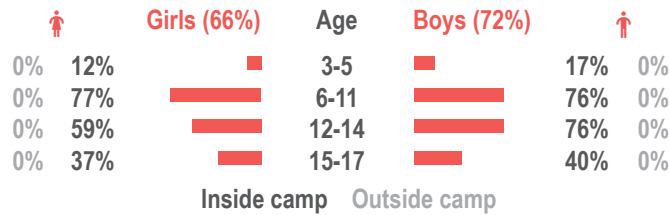
At the time of data collection, there was **1** educational facility in the camp.<sup>1</sup>

Age groups: 6-11 years, 12-14 years, 15-17 years  
Certification available: No

### Available WASH facilities in educational facilities<sup>1</sup>

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

### Proportion of children attending education



### School-aged children (6-17 years old)

**69%** of school-aged children in the households reportedly received education.

### Most commonly reported barriers to education for households:<sup>6, 10</sup>



- Child does not want to attend (67%)
- Education is not considered important (52%)
- No education for children of a certain age (29%)

### Early childhood development (3-5 years old)

**15%** of 3-5 year old children in the households were reported to receive early childhood education.

### Most commonly reported barriers to early childhood education:<sup>6, 10</sup>



- No education for children of a certain age (60%)
- Child does not want to attend (27%)
- Lack of learning space/ facility in the camp (18%)

## SHELTER AND NON-FOOD ITEMS (NFIs)



Average number of people estimated per household: **6**  
 Average number of shelters estimated per household: **1.3**  
 Average number of people estimated per shelter: **5**  
 Estimated occupation rate of the shelters in the camp:<sup>1</sup> **100%**

### Tent status

In assessed households, **10%** of tents were in new condition.<sup>22</sup>

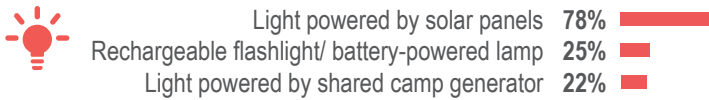
### Flood susceptibility



The camp management reported that **15% of tents are prone to flooding**, and that **drainage channels** between shelters and trenches for water drainage are **unavailable**.

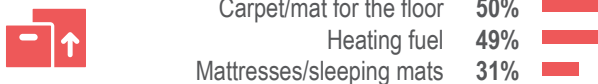
### Sources of light

#### Most commonly reported lighting sources inside shelters:<sup>6</sup>



### NFI needs

#### Top three reported anticipated NFI needs for the following three months:<sup>19</sup>



### Shelter adequacy

#### Reported shelter adequacy issues:<sup>1</sup>



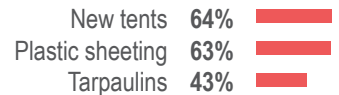
#### Present shelter needs:

- Additional tents
- Plastic sheeting
- Tools

#### Expected NFI needs:

- Bedding items
- Cooking fuel
- Kitchen utensils

#### Top three most commonly reported shelter item needs:<sup>19</sup>



**12%** of respondents reportedly had **access to a communal or private kitchen**, while **88%** of households reportedly used **improvised cooking facilities** (e.g. makeshift kitchen or cooking inside or outside their shelter).

**34%** of households reported **hazards in their block** such as uncovered pits (34%) and electricity hazards (14%).

### Fire safety



The camp management reported that **fire extinguishers were available for every block** and that actors in the camp **informed** residents about **fire safety** in the three months prior to data collection.

**51%** of households reported that they had received information about fire safety, **2%** of which acknowledged lacking materials. **80%** reported knowing of a fire point in their block.

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

### 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 may have 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](mailto: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).