FACTSHEET

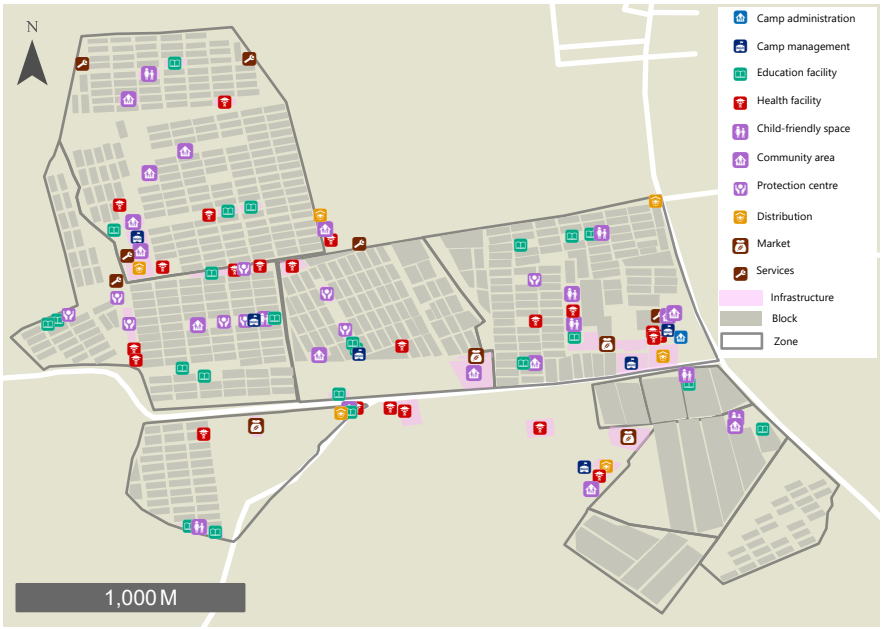
Camp Profile: Al Hol

June 2023
Al-Hasakeh governorate, Syria

KEY MESSAGES

- 90% of households reported not having the option to leave the camp.
- 31% of households reported having to reduce drinking water consumption to cope with the lack of water.
- 42% of households who needed medicine reported that it was unavailable, with the lack of medicine at health facilities being the most commonly reported barrier. Restrictions on movements may pose additional barriers to accessing healthcare.
- 78% of households reported child protection concerns in the camp, primarily child labour and early marriage. Additionally, a fifth of households reported that children in the camp were at risk of kidnapping, and a fifth reported a risk of violence.

Camp mapping conducted in June 2023. Detailed infrastructure map available on the REACH Resource Center.



CONTEXT & RATIONALE

Al-Hol, the largest camp in Northeast Syria, is located near Syria's eastern border with Iraq. Initially established in 1991 for Iraqi refugees during the Gulf War, it was reopened after the 2003 Iraq invasion. The camp was temporarily closed in 2013 but reopened in 2016, and subsequently expanded in 2018-2019 as a result of the ongoing conflict.[1] The camp hosts displaced populations from Syria and Iraq, as well as third-country nationals (TCN). Notably, the part of the camp known as "Annex" mainly houses women and children. Currently, the camp is managed by an NGO.

METHODOLOGY

This profile provides an overview of humanitarian conditions in Al Hol camp. Primary data was collected by a partner organisation between 11 and 14 June 2023 through a representative survey of 302 households (HHs). Sampling was based on population figures provided by camp managers. They were included in the assessment as key informants (KIs). Although sampling was stratified by zone, the final results are determined by calculating the weighted average of findings from each zone. Notably, geo-sampling was not permitted in the Annex, which resulted in bias introduced by non-random sampling. However, this bias has only limited effect on the aggregated results at camp level due to the relatively small population size of the Annex, and hence relatively small weight in the aggregated analysis.
In addition to the HH interviews, camp managers at Al Hol were interviewed in June 2023 to support and triangulate HH-level findings.

CAMP OVERVIEW

Key Informant Data

Number of individuals:	49,832
Number of HHs:	13,790
Number of shelters:	13,585
First arrivals:	6/1/2016
Camp area:	3 km²

Camp Location

DEMOGRAPHICS

Key Informant Data

Estimated population breakdown:

Male	Age	Female
1%	60+	1%
6%	18-59	29%
26%	5-17	25%

0-4 (No gender split)	**12%**
0-2 and **+60 Males** (Annex)	**0%**

Household Data

Percentage of HHs belonging to vulnerable groups (self-reported by HHs and not verified through medical records):

Female-headed HHs:	**59%**	Single parents/caregivers:	**14%**
Chronically ill persons:	**6%**	Persons with serious injury:	**1%**
Pregnant/lactating women:	**2%**	Head of HH with disability:	**12%**

SECTORAL MINIMUM STANDARDS

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max 4.6	4	●
	Average covered living space per person	min 3.5 m²	7 m²	●
	Average camp area per person	min 45 m²	64 m²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	70%	●
	Presence of health services within the camp	Yes	Yes	●
Protection	% of HHs reporting safety/security issues in past two weeks	0%	87%	●
Food	% of HHs receiving assistance in the 30 days prior to data collection	100%	68%	●
	% of HHs with acceptable food consumption score (FCS)[2]	100%	47%	●
Education	% of children aged 6-17 accessing education services	100%	46%	●
WASH	Persons per latrine (communal or HH)	max. 20	15	●
	Persons per shower	max. 20	15	●
	Frequency of solid waste disposal	min. twice weekly	Everyday	●

Targets based on Sphere and humanitarian minimum standards.[3]

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

FOOD SECURITY

Top three **negative food-based coping strategies** reported by HHs:

1. Adults restrict food consumption to allow small children to eat **73%**
2. Rely on less preferred but more affordable food **60%**
3. Reduce the number of meals eaten in a day **43%**

FOOD DISTRIBUTION

95% of HHs had reportedly received a food basket, bread distribution, cash, or vouchers in the 30 days prior to data collection.

Percentage of HHs reached by reported type of food assistance received in the 30 days prior to data collection:

Bread distribution	**98%**
Food basket(s)	**97%**
Hot meals (cooked fresh on site daily)	**9%**

Top three **food items** HHs would like to receive more of (HHs could select up to three options):

1. Vegetable oil **84%**
2. Sugar **83%**
3. Rice **66%**

FOOD SECURITY SCORE (FCS) INTERPRETATION

The FCS measures HHs' current food consumption status based on the number of days per week a HH is able to eat items from nine standard food groups, weighted for their nutritional value.[4]

HHs were asked to report the number of days per week specific food groups were consumed, from which nutrient consumption frequencies were derived.

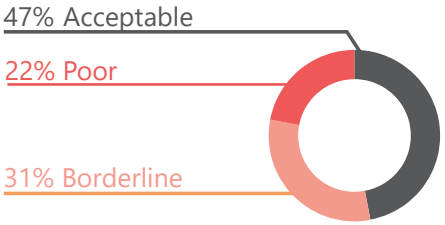
Poor food consumption: (FCS between 0-28): This category includes HHs that are not consuming staples and vegetables every day and never or very seldom consume protein-rich food such as meat and dairy.

Borderline food consumption (FCS between >28-42): This category includes HHs that are consuming staples and vegetables every day, accompanied by oils and pulses a few times a week.

Acceptable food consumption (FCS >42): This category includes HHs that are consuming staples and vegetables every day, frequently accompanied by oils and pulses and occasionally meat, fish and dairy.

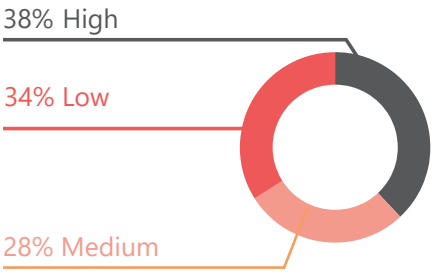
FOOD CONSUMPTION

Percentage of HHs by FCS category:



DIETARY DIVERSITY

Percentage of HHs by HH Dietary Diversity (HDD) Score:



HDD Interpretation[5]

The HH Dietary Diversity Score measures how many of 7 food groups are consumed during the same 7-day reference period (unlike the FCS, the HDD does not include condiments and spices as food groups).

Number of Food Groups consumed in a 7 day period:
Low (Food groups < 4.5)
Medium (Food groups >4.5-6)
High (Food groups >6)

LIVELIHOODS

Household Data

HH income
Average monthly HH income in the 30 days prior to data collection:*

630,338 SYP (70 USD)

Top three **primary income sources** reported by HHs (HHs could select as many options as applicable meaning the sum of percentages may exceed 100%):

1. Remittances and hawala **37%**
2. Cash-for-work **18%**
3. Within camp employment (excluding cash-for-work) **16%**

HH expenditure
Average monthly HH expenditure in the 30 days prior to data collection:*

442,668 SYP (49 USD)

Top three **expenditure categories** reported by HHs (HHs could select as many options as applicable, sum may exceed 100%):

1. Food **95%**
2. Debt **77%**
3. Communication (phone, internet, etc.) **41%**

* The effective exchange rate for Northeast Syria was reported to be 8,888 Syrian Pounds to the US dollar in June 2023.[6]

Debt

42% of HHs reported that they **borrowed money** in the 30 days prior to data collection. On average, these HHs had a debt load amounting to **165,825 SYP** (**18 USD**).

Top three **reasons for taking on debt** reported by HHs (HHs could select up to three options):*

1. Food **93%**
2. Clothing or non-food items **43%**
3. Healthcare **21%**

Most commonly reported **creditors** (HHs could select up to three options):*

1. Shopkeeper **73%**
2. Friends or relatives **69%**

*Question only asked to HHs reportedly having debt

Livelihood Coping Strategies

Top three **livelihood-related coping strategies** used in the 30 days prior to data collection reported by HHs (HHs could select up to three options):

1. Sold some assistance items received **69%**
2. Received support from friends and relatives **24%**
3. Did not engage in any other activity to support the HH **22%**

SHELTER ADEQUACY

Key Informant Data

Average number of people per HH:* 6

Average number of shelters per HH:* 2

Occupation rate of shelters in camp:* 100%

*calculation based on KI interviews

Top three **shelter needs** reported by KIs:

1. Additional tents
2. New tents
3. Tools and Plastic sheeting

Risks of **flooding** as reported by KIs:

Percentage of tents prone to flooding:	1%
Presence of water drainage channels in shelters:	Yes, in some shelters (in all shelters in the Iraqi zone)

Household Data

Top three most commonly reported **shelter item needs** reported by HHs (HHs could select up to three options):

1. New tents **77%**
2. Additional tents **55%**
3. Plastic sheeting **27%**

HHs reported **hazards** in their block such as **uncovered pits** (19%) and **electricity hazards** (16%).

Most commonly reported **light sources** inside shelters (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. Light powered by solar panels **77%**
2. Rechargeable flashlight or battery-powered lamp **55%**
3. Light powered by shared camp generator (HHs contribute to running costs) **27%**

Most commonly used **kitchen types** reported by HHs:

1. Camp built kitchen (private or communal) **61%**
2. HH improvised cooking facility (makeshift kitchen, cooking outside shelter, cooking inside inhabited shelter) **39%**

NFI NEEDS

Key Informant Data

Top three anticipated NFI needs for the three months following data collection, as reported by KIs:

1. Cooking fuel
2. Cooking stoves
3. Clothing, Kitchen utensils, Sources of light

As reported by KIs, **one fire extinguisher per five tents** was available and actors in the camp provided residents with **information on fire safety** in the three months prior to data collection.

Household Data

Top three anticipated **NFI needs** for the three months following data collection reported by HHs (HHs could select up to three options. Sum of percentages may exceed 100%):

1. Cooling box **64%**
2. Rechargable fan **60%**
3. Mosquito/insect net **53%**

96% of HHs reported that they **had received information about fire safety**, of which **3%** reported difficulties with comprehending the information. **94%** reported knowing of a fire point in their block.

WATER

The **public tap/standpipe** was reportedly used by **90%** of HHs for drinking water.

Drinking water issues reported by HHs (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. Water tasted/smelled/looked bad **71%**
2. HH members fell ill after drinking **3%**

Self-reported by HHs and not verified through medical records, **15%** of HHs reported having at least one HH member suffering from **diarrhoea.**

Water Coping Strategies

46% of HHs reportedly used **negative coping strategies** to address a lack of water in the two weeks prior to data collection.

Most commonly used negative coping strategies reported by HHs (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. Reduce drinking water consumption **31%**
2. Modify hygiene practices (bathe less, etc.) **24%**
3. Receive free water from neighbours **17%**

HYGIENE

50% of HHs reported they did **not have access to a private handwashing** facility.

98% of HHs reported **having hand/body soap** available at the time of data collection.

32% of HHs reported **difficulties obtaining hand/body soap**. Among all HHs:

1. Soap distributed was not enough **14%**
2. Soap was of poor quality **13%**
3. Soap was too expensive **4%**

WASTE DISPOSAL

Key Informant Data

Primary waste disposal system: Collection by NGO

Disposal location: Landfill, 4.5 km away from the camp

Sewage system: desludging and sewage network

Household Data

Top three most common **waste-disposal related challenges** reported by HHs (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. Insufficient number of bins, dumpsters **44%**
2. Insufficient number of garbage bags within HH **20%**
3. Infrequent garbage collection and removal **3%**

LATRINES & SHOWERS

Latrines and Shower Definitions

Communal latrines and showers are shared by more than one HH.

HH latrines and showers are only used by one HHs. This can also include informal designations which are not officially enforced.

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

Key Informant Data

Number of communal latrines	5,559
Number of communal showers	3,303
Number of HH latrines	0
Number of HH showers	0

Household Data

Distribution of **latrine types** reportedly used by HHs:

1. HH latrine **56%**
2. Communal latrine **47%**

Percentage of HHs reporting certain groups within their HH **not being able to access latrines** (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. Older members of the HH (65+) **2%**
2. Persons living with a disability **1%**
3. Women (18+) **1%**

HEALTH

Key Informant Data

Total number of healthcare facilities in the camp: **24**

Of those:

Public hospital/clinic:	6
NGO clinics:	12
Mobile health clinic:	6

Available services at the accessible health facilities:	In camp	Outside camp
Outpatient department:	Available	Not available
Reproductive health:	Available	Not available
Emergency:	Available	Not available
Minor surgery:	Available	Not available
X-Ray:	Available	Not available
Lab services:	Available	Not available

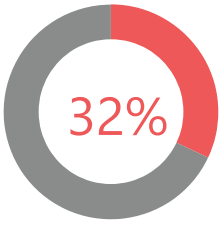
The average distance to health facilities located outside the camp is 41 Km. However, **these facilities can only be accessed in critical cases under security escort.**

Household Data

Of the **52%** of HHs who reportedly required treatment in the 30 days prior to data collection, **30%** reported barriers to accessing medical care. Of HHs who reported barriers, the most commonly reported barriers were:

1. Lack of medicines available at health facilities **39 HHs**
2. Overcrowded health facilities **25 HHs**
3. Long waiting times at health facilities **18 HHs**

Percentage of HHs reporting that a member **had given birth** since living in the camp:



CHILD AND INFANT HEALTH

Household Data

Percentage of children under five years old that were reportedly vaccinated against **polio**[7]	**70%**
Percentage of children under two years old that had reportedly received the **DTP vaccine**[8]	**59%**
Percentage of children under two years old that had reportedly received the **MMR vaccine**[8]	**71%**

Key Informant Data

Camp management reported that infant nutrition items had **not** been distributed in the 30 days prior to data collection. The following **nutrition activities** reportedly took place in the past 3 months prior to data collection[8]:

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

DISPLACEMENT

Access to displacement and movement information relating to the Annex is restricted to local authorities. Figures and percentages in this section pertain to **Syrian and Iraqi zones**.

Key Informant Data

Top three areas of origin of HHs in the camp:

Country	Governorate	Sub-district	Percentage of HHs
Iraq	Ninewa	Al-Mosul	**40%** (excluding the annex)
Syria	Aleppo	A'zaz	**18%** (excluding the annex)
Syria	Syria	Deir-ez-Zor	**8%** (excluding the annex)

Movement in the 30 days prior to data collection:

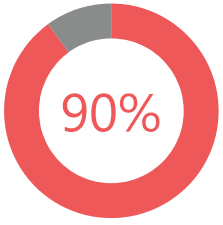
New arrivals: **0**

Departures: **0**

Household Data

100% of HHs have reportedly been in the camp for longer than one year.

Movement Intentions



Percentage of HHs **reporting not having the option to leave** the camp.

CAMP MANAGEMENT & COMMITTEES

Household Data

Top three **sources of information** reported by HHs (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. Community mobilizers **88%**
2. NGOs **80%**
3. Community leaders **60%**

Top three **information needs** reported by HHs (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. How to find job opportunities **54%**
2. Information on returning to area of origin **42%**
3. How to replace missing documents **34%**

All camp managers reported that a complaint mechanism exists with a **special mechanism adapted to the Annex**. Knowledge of mechanisms reported by HHs:

Reported not knowing who manages the camp:	**10%**
Reported to be unsure who manages the camp:	**16%**
Reported knowing of a complaint box in the camp:	**82%**
Reported knowing who to contact to raise concerns:	**74%**

Key Informant Data

Committees reported to be present:

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

FREEDOM OF MOVEMENT

86% of HHs reportedly had experienced **barriers when trying to leave the camp** in the two weeks prior to data collection.

1. Leaving the camp was prohibited **51%**
2. Site departure conditions (need approval) **21%**
3. Safety and security situation **19%**

As reported by KIs, **residents** who needed to leave the camp temporarily **were able to do so only in certain medical emergency conditions** at the time of data collection.

PROTECTION

87% of HHs reported being **aware of safety and security issues** in the camp during the two weeks prior to data collection.

Most common **security concerns** reported by HHs (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. Theft **74%**
2. Dangerous animals (snakes, scorpions, mice, dogs, etc.) **68%**

36% of HHs reported having at least one married person who was not in possession of their **marriage certificate**.

72% of HHs with children below the age of 17 reported that at least one child did not have any **birth registration documentation**.

39% of HHs with children aged 3-17 reported that at least one child had exhibited **changes in behaviour** (changes in sleeping patterns, interactions with peers, attentiveness, or interest in daily activities) in the two weeks prior to data collection.

At the time of data collection, **no interventions** were addressing the needs of older persons or persons with disabilities, **as reported by KIs.**

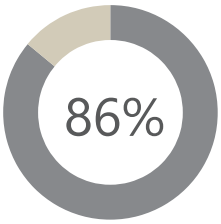
Gender-Related Protection

24% of HHs reported **men and boys** avoiding some specific camp areas for safety and security reasons.

69% of HHs reporting **women and girls** avoiding some specific camp areas for safety and security reasons.

70% of HHs reported **protection issues.** The top reported issues were:

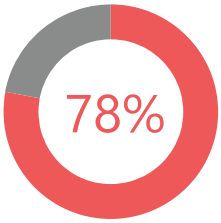
1. Early marriage (girls below 18 years old) **55%**
2. Emotional violence **19%**
3. Physical violence **13%**



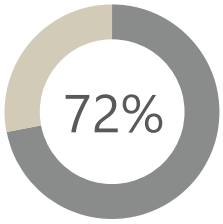
Percentage of HHs reporting **knowing about** designated **spaces for women and girls** in the camp.

83% of the above subset reported that female members of their HH **attended a designated space for women and girls** in the 30 days prior to data collection.

Child Protection



Percentage of HHs reporting the presence of **child protection concerns** in the camp; mainly, children under the age of 11 working (41%) and early marriage (below 18 years old) (40%).



Percentage of HHs reporting **knowing about** designated **child-friendly spaces** in the camp.

71% of the above subset reported that a child from their HH **attended a designated child-friendly space** in the 30 days prior to data collection.

CHILDREN WORKING

41% of HHs reported being aware of **children under the age of 11 working** within the camp in the 30 days prior to data collection.

Most commonly reported types of **work which children engaged in, by gender**, among HHs reportedly aware of children under the age of 11 working in the camp (HHs could select as many options as applicable. The sum of percentages may exceed 100%):*

Boys (100% of HHs reportedly aware of boys working)*		**Girls** (92% of HHs reportedly aware of girls working)*	
Transporting people or goods	**91%**	Domestic labour	**60%**
Livestock rearing	**73%**	Work outside the HH (no harsh/dangerous activities)	**31%**

*Question only asked to those HHs that were reportedly aware of children of any gender under the age of 11 working.

EDUCATIONAL FACILITIES

Key Informant Data

Number of **educational facilities available for each age group** and available certifications at the time of data collection:

Age group	Educational facility*	Certification available
3-5	13	No
6-11	23	No
12-14	17	No
15-17	3	No
Total	25*	

*Note: Some educational facilities provide educational services for more than one age group.

Available **WASH facilities in schools**/temporary learning facility (TLFs):

Latrines:	Yes, in all schools/TLFs (all segregated)
Handwashing facilities:	Yes, in all schools/TLFs
Safe drinking water:	Yes, in all schools/TLFs

EARLY CHILDHOOD DEVELOPMENT (3-5 YEARS OLD)

Household Data

31% of 3-5 year old children in the HHs reportedly received early childhood **education**

Most commonly reported barriers to early childhood education (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. Safety and security concerns **43%**
2. Child did not want to attend **18%**
3. School was too far away/no transport available/transport too expensive **18%**

SCHOOL ATTENDANCE (CHILDREN AGED 6-17)

Household Data

46% of school-aged children in the HHs were reportedly **receiving education**. The most commonly reported barriers to education for those HHs were (HHs could select as many options as applicable. The sum of percentages may exceed 100%):

1. Safety and security concerns **34%**
2. Child did not want to attend **24%**
3. Child had to work **18%**

46% of all **girls** in the HH were reportedly going to school inside the camp.* School attendance for girls by age group was reported as follows:

Age group	
15-17	**17%**
12-14	**31%**
6-11	**59%**
3-5	**31%**

49% of all **boys** in the HH were reportedly going to school inside the camp.* School attendance for boys by age group was reported as follows:

Age group	
15-17	**9%**
12-14	**46%**
6-11	**62%**
3-5	**29%**

* No children attended schools outside of the camp

METHODOLOGY OVERVIEW

The data collection process for this camp profiling employed three distinct methodologies: KI interviews, HH interviews collected by Blumont organisation, and in-field mapping data collection. KI interviews serve as a primary source of information, providing insights into camp management, services, and infrastructure. One KI interview conducted with camp managers was conducted for each camp. HH interviews are carried out using a random sampling method. Sample size was determined to achieve a 95% confidence interval and 10% margin of error. Sampling was based on population figures supplied by camp management. During the assessment, a challenge arose in the Annex zone due to security concerns limiting access. REACH adapted the approach, focusing on interviewing IDPs at locations where training sessions, meetings, or organized activities occurred. This potentially introduced a source of bias, with HHs that were more likely to participate in organised activities being overrepresented. However, the small population of the Annex, compared to the remaining two zones of the camp, minimised the impact in the weighted average calculation for overall results, partially mitigating potential bias.

The in-field mapping data collection technique involved a physical visit to camp facilities, documenting precise locations using KoBo, and assessing available services. Data collected through in-field mapping was compared with KI interviews for a holistic understanding of camp infrastructure and services. The infrastructure map corresponding to the current cycle for the camp can be accessed here. All Camps and Displacement products remain accessible on the REACH Resource Centre.

ENDNOTES

[1] UN Humanitarian Briefing on Iraq. (March 2003).

[2] The United Nations World Food Programme (WFP). (May 2014). WFP Food Consumption Score - Technical Guidance Sheet. Retrieved from: https://fscluster.org/

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

[4] The United Nations World Food Programme (WFP). (May 2014). WFP Food Consumption Score - Technical Guidance Sheet. Retrieved from: https://fscluster.org/

[5] UN Food and Agriculture Organisation (2011) Guidelines for Measuring HH and Individual Dietary Diversity.

[6] REACH Initiative, NES Market Monitoring Exercise 22-November

[7] Vaccination strategies are tailored to address the vulnerabilities of specific age groups. Children under 5 years old are particularly susceptible to polio, with most cases occurring within this age range. Immunizing children under 5 becomes imperative as it provides protection during their most vulnerable phase, effectively curbing transmission and establishing herd immunity against polio outbreaks. [Reference: World Health Organization (WHO), UNICEF, and Rotary International: https://www.unicef.org/partnerships/rotary]

[8] Infants and young children are especially at risk of diseases targeted by the DTP vaccine. Diseases like pertussis can have severe consequences for infants, making vaccination crucial before potential exposure. Vaccinating children under 2 mitigates disease outbreaks and fosters herd immunity. Conversely, the MMR2 vaccine is strategically administered later, typically around 4 to 6 years old, factoring in crucial developmental considerations. Administering certain vaccines, like the MMR vaccine, to very young children may not yield optimal immunity due to developing immune systems and maternal antibodies interference. The vaccine's timing, carefully orchestrated to minimize visits and optimize schedules, ensures its effectiveness. These tailored vaccination timelines are anchored in scientific rationale, enhancing the overall impact of immunization efforts. https://www.who.int/news-room/fact-sheets/detail/immunization-coverage

[9] In camp health assessments, medical facilities are typically established, enabling regular communication and the submission of comprehensive medical reports. When a camp lacks medical facilities and an IDP requires external treatment, the IDP provides medical documentation upon their return, explaining the need for their absence. This practice ensures effective health monitoring and reporting, even in camps without on-site medical services.

ABOUT REACH

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).