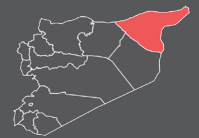




Camp Profile: Serekaniye

Al-Hasakeh governorate, Syria

May 2021



Background and Methodology

Serekaniye is an informal internally displaced person (IDP) camp in Al-Hasakeh governorate. This profile provides an overview of humanitarian conditions in Serekaniye camp. Primary data was collected through household surveys from 23-24 May 2021 where one respondent from each household was interviewed. 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 manager in May 2021 has 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 a non-governmental organisation (NGO).

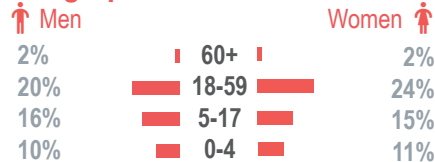
Location Map



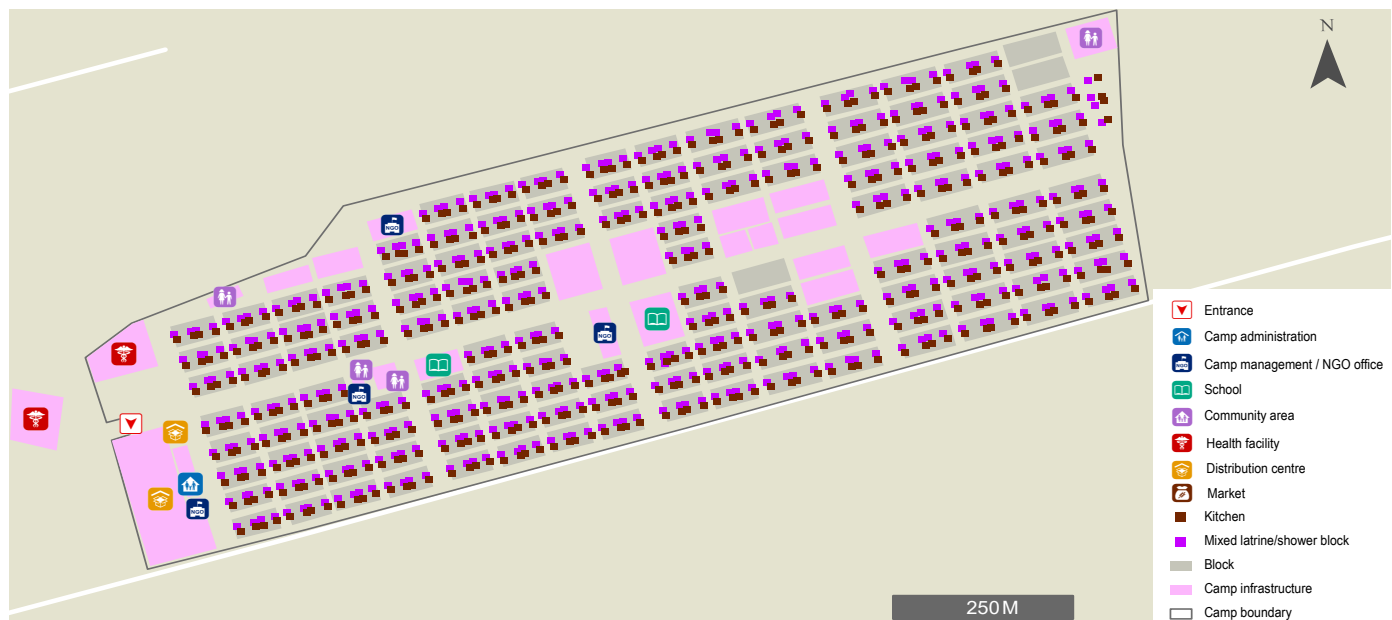
Camp Overview¹

Number of individuals: 11,181
 Number of households: 2,163
 Number of shelters: 2,640
 First arrivals: October 2020
 Camp area: 0.64 km²

Demographics



Camp Map



Camp mapping conducted in May 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	4	●
	Average covered area per person	min 3.5 m ²	4.4 m ²	●
	Average camp area per person	min 35 m ²	60 m ²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	77%	●
	Presence of health services within the camp	Yes	Yes	●
Protection	% of households reporting safety/security issues in past two weeks	0%	82%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	82%	●
	% of households with acceptable food consumption score (FCS) ³	100%	61%	●
Education	% of children aged 6-17 accessing education services	100%	9%	●
WASH	Persons per latrine	max. 20	4	●
	Persons per shower	max. 20	4	●
	Frequency of solid waste disposal	min. twice weekly	Every day	●

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



HEALTH



Number of healthcare facilities in camp: 1
Types of facilities: Public hospital/clinic

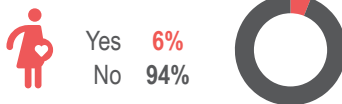
Of the 82% of households who required treatment in the 30 days prior to the assessment, **74%** reported that they had faced **barriers to accessing medical care**.

Of those that faced barriers, the most commonly reported barriers to accessing medical care were:⁶

- Cannot afford to pay for health services (85%)
- High cost of transportation to health facilities (69%)
- Lack of medicines at the health facilities (54%)

72% of households reported that the health sector is not meeting their **minimum health needs**. The most commonly reported health needs by households were **chronic diseases treatment (48%)** and **child health and nutrition (including malnutrition) (40%)**.¹⁰

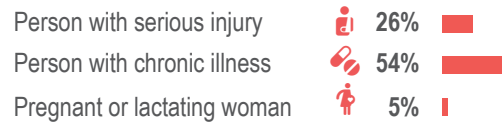
Households reporting that a member had given birth since living in the camp:



Of the 6% reporting a birth in their household, **83%** reported that the women delivered **in a health facility**.

50% of households with a pregnant or lactating woman while living in the camp had reportedly been able to access obstetric or, antenatal care.

Households reporting members in the following categories:⁷



Of the **54%** of households with a member living with a chronic disease, **8%** reported that required **medicine was not available**, and **67%** reported that the medicine was available, but that they **could not afford it**.

7% of interviewees reported **living with disabilities** themselves,⁴ and **53%** of households reported having at least 1 household member living with a disability (including the respondent).^{5,7}

Children and Infant health

77% of children under five years old were reported to be **vaccinated against polio**. **73%** of children under two years old were reported to have received the **DTP vaccine** and **77%** to have received the **MMR vaccine**.

Immunization services for children was reported by **26%** of households as a priority health need.

Camp management KI reported that **infant nutrition items had not been distributed**. The following nutrition activities have reportedly been undertaken:¹

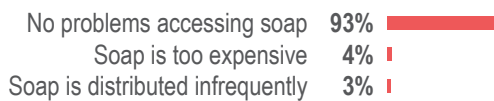
Screening and referral for malnutrition:	No
Treatment for moderate-acute malnutrition:	No
Treatment for severe-acute malnutrition:	No
Micronutrient supplements:	No
Blanket supplementary feeding program:	No
Promotion of breastfeeding:	No

COVID-19

Response infrastructure¹

Isolation area:	No
Sufficient handwashing facilities:	No

Of the 7% of households that reported experiencing difficulties in obtaining hand/body soap, the following issues were reported most frequently:⁶

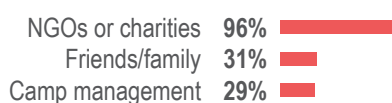


Attitudes and behaviours of camp population¹

Awareness of COVID-19:	Everyone (around 100%)
COVID-19 perceived as important issue:	About half (around 50%)
Awareness of social distancing:	About half (around 50%)
People engaging in social distancing:	A few (around 25%)

COVID-19 Information

Main information sources about COVID-19 as reported by households:⁶



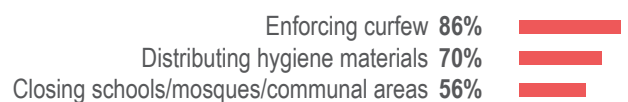
0% of households reported having difficulties understanding information about COVID-19.

Prevention measures¹

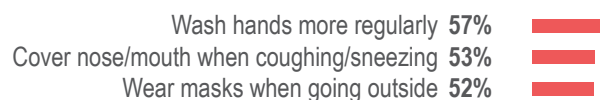
Camp staff training:	Yes
Quarantine for new arrivals:	No
Temperature check for people entering:	Yes

Camp management KI reported that **soap, hand sanitiser, cleaning products and water have been distributed** to the population. Additionally aid distributions have been modified to distributions at block level and with scheduled time slots.

Top measures taken by camp management in response to the pandemic as reported by households:⁶



Top measures reportedly taken by households in response to the pandemic:⁶



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. As suggested on [WGQ FAQ](#) respondent was asked if other household members 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	Al-Hasakeh	Ras Al Ain	95%
Syria	Deir-ez-Zor	Deir-ez-Zor	5%

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



Households planning to leave the camp:



On average, households in the camp had been displaced **2** times before arriving to this camp, and **99%** of households in the camp had been displaced longer than one year.

PROTECTION

Protection concerns

82% 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 issues among those reporting issues were:⁶

- Danger from snakes, scorpions, mice (68%)
- Theft (46%)

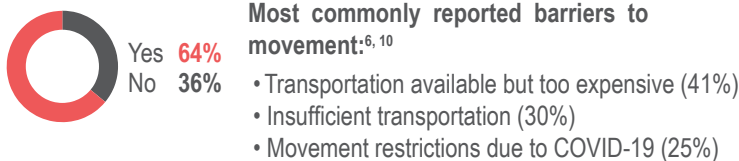
67% of households reported at least one member suffering from **psychosocial distress**.⁸

48% of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**⁹ in the previous two weeks.

Freedom of movement

KI reported that all residents who needed to **leave the camp temporarily** were able to do so at the time of data collection. However, **6%** of households reported not being able to leave without disclosing the medical reason for leaving.

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



Vulnerable groups

Proportion of total assessed population in vulnerable groups:⁷

Chronically ill persons	54%	Single parents/caregivers	4%
Persons with serious injury	26%	Pregnant/lactating women	5%
Female-headed households	17%		

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

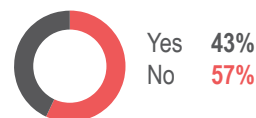
8% of households reported having at least one married person who was not in possession of their **marriage certificate**.

20% of households with children reported that at least one child did not have **birth registration documentation**.

Gender-based violence

29% of households reported gender-based protection issues with **early marriage (girls below 18 years old)** being the most commonly reported (69%).

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



Of the 43% of households who reported knowing about any designated space, **44%** reported that a girl or woman from their household attended one in the last 30 days prior to data collection.

Most commonly avoided camp areas by gender:^{6, 10}

Men and boys (7%)

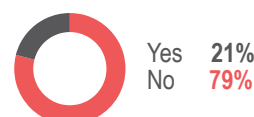
- Outskirts of camp (100%)¹⁰
- Side streets (86%)¹⁰

Women and girls (23%)

- Outskirts of camp (87%)¹⁰
- Side streets (30%)¹⁰

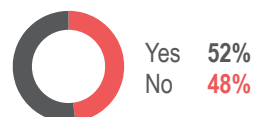
Child protection

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



Of the 21% of households who reported knowing about any child-friendly spaces, **21%** reported that a child from their household attended one in the last 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):



Most commonly reported child protection concerns:^{6, 10}

- Child labour (32%)
- Domestic violence (15%)

Most commonly reported types of child labour by gender:^{6, 10}

Boys (72%)

- Domestic labour (50%)
- Factory work (9%)
- Transporting people/goods (9%)

Girls (91%)

- Work for others (47%)
- Domestic labour (31%)
- Transporting people/goods (19%)

62% of households reported that they were aware of **child labour** occurring among **children under the age of 11**, most commonly reporting domestic labour (34%) and transporting people or goods (28%).^{6, 10}

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.



EDUCATION



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

Age groups: 6-11 years old
Service providers: Local authorities
Certification available: Yes

Available WASH facilities in educational facilities¹

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

9% of school-aged children in the households were reported to **receive education**. Additionally, **0%** of households reported that their school-aged children receive education through **remote learning**.

Barriers to education

91% of school-aged children in the households were reported to **not receive education**. The most commonly reported barriers were:^{6, 10}

- Educational services suspended due to summer holiday (86%)
- No education for children of a certain age (6%)
- Education is not considered important (3%)

In the past school year, households reported that their school-aged children went to school on average **14%** of total school days.

WATER, SANITATION AND HYGIENE (WASH)

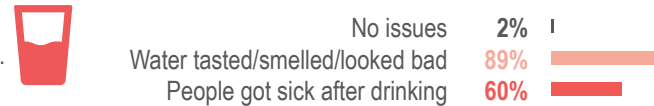
Water



Piped connection to shelter was the primary source of water at the time of data collection. The public tap/standpipe was reportedly used by 0% of households for drinking water.

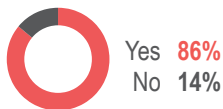
13% of households reported they spent at least two consecutive days without access to drinking water over the two weeks prior to data collection.

Drinking water issues, by % of households reporting:⁶



12% of households reported that they treated their drinking water over the past two weeks prior to data collection by boiling the water (7%) and filtering the water (6%).

Proportion of households that reported using negative strategies to cope with a lack of water in the two weeks prior to data collection:



Most commonly reported strategies:⁶

- Modify hygiene practices (61%)
- Rely on stored drinking water (48%)
- Reduce drinking water consumption (22%)

75% of households reported someone suffered from **diarrhoea**; **26%** of households reported someone suffering from **respiratory illnesses**; and in **1%** of households someone was reported to be suffering from **leishmaniasis** in the two weeks prior to data collection.⁷

Hygiene

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

Proportion of households that were able to access all assessed hygiene items in the last two weeks prior to data collection:¹¹



The most commonly inaccessible items included **washing powder** and **detergent for dishes**. Hygiene items were most commonly inaccessible because households couldn't afford it.

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.

Sanitation



Number of communal latrines:¹² 0

Number of household latrines:¹² 2640

Defecation facility usage

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

4% of households reported that some members **could not access latrines**, with persons with disabilities (50%)¹⁰ being most frequently reported by households.



Number of communal showers:¹² 0

Number of household showers:¹² 2640

Shower/bathing places:¹³ available⁶ used

- Household: 100% 100%
- Communal: 0% 0%
- Bathing in shelter: 100% 0%

Waste disposal¹



Primary waste disposal system: Garbage collection (NGO)

Disposal location: A garbage dump 30 km from camp

Sewage system: Sewage network

The primary issue with garbage reported by households was **insufficient garbage bags within the household (5% of households)**.

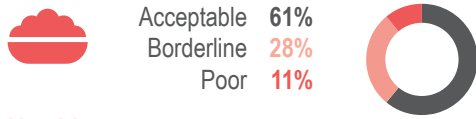
12. Communal latrines and showers are shared by more than one household. Household latrines and showers are used only by one household. This may be an informal designation that is not officially enforced.
 13. A shower is defined as a designated place to shower as opposed to bathing in shelter (i.e.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



FOOD SECURITY

Food consumption

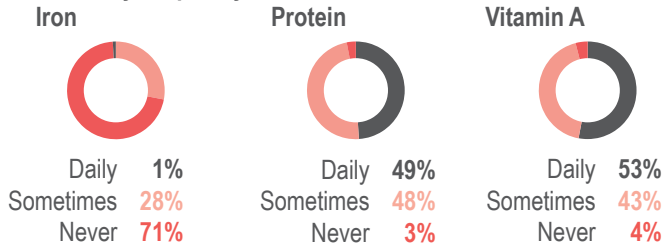
Percentage of households at each FCS level:³



Nutrition

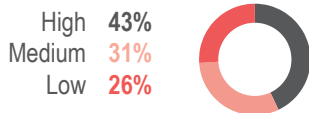
Percentage of households consuming iron, protein and vitamin

A-rich foods by frequency:¹⁵



Dietary diversity

Percentage of households by Household Dietary Diversity score level:¹⁶

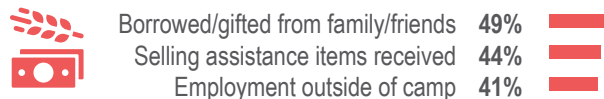


LIVELIHOODS

Household income

Average monthly household income:¹⁸ **271,554 SYP** (90 USD)²⁰

Top three reported primary income sources:^{19,21}



Most commonly reported employment sectors:^{6,18,21}



Household debt

81% 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 **432,931 SYP** (143 USD).²⁰

Top three reported reasons for taking on debt:^{10,19}



Top reported creditors:^{6, 10, 19}



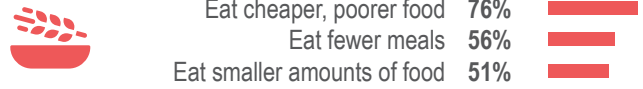
15. Households were asked to report the number of days per week nutrient-rich food groups were consumed, from which nutrient consumption frequencies were derived. World Food Programme (2015) [Food Consumption Score Nutritional Quality Analysis - Technical Guidance Note](#).

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

Food security

Top three reported food-related coping strategies:¹⁷

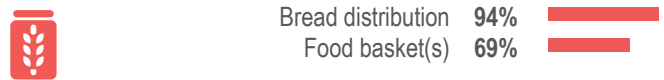


Most commonly reported main sources of food:^{6, 18}



Food distributions

Type of food assistance received,¹⁸ by % of households reporting:⁶



69% 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:¹⁹



Household expenditure

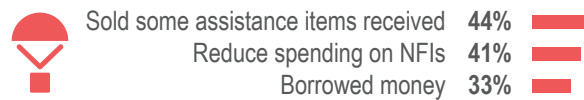
Average monthly household:¹⁸ **230,990 SYP** (76 USD)²⁰

Top three reported expenditure categories:^{19,21}



Coping strategies

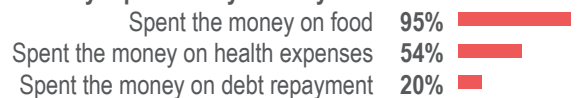
Top three reported livelihoods-related coping strategies:^{18, 19}



44% of households reported selling assistance items with food assistance followed by hygiene items being the most commonly sold.

Households reported that **needing cash for more urgent spending** (83%) and **the quality of item/assistance being bad** (41%) were the main reason for selling assistance items they received.⁸

Most commonly reported ways money from sales was used:⁸



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 3025 Syrian Pounds to the dollar in May 2021 ([Reach Initiative, NES Marke Monitoring Exercise](#) May 2021).

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



SHELTER AND NON-FOOD ITEMS (NFIs)

Average number of people reported per household: **6**

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

Average number of people per shelter: **4**

The estimated occupation rate of the shelters in the camp is **100%**.



Tent status

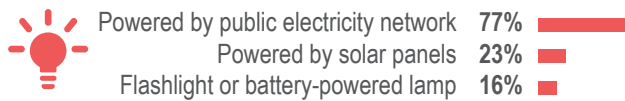
In assessed households, **100%** of tents were in new condition.²²

Flood susceptibility

Camp management KI reported that **0% of tents are prone to flooding**, and there are **drainage channels** between shelters.

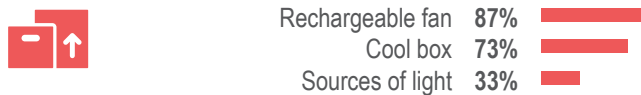
Sources of light

Most commonly reported sources of light inside shelters:⁶



NFI needs

Top three reported anticipated NFI needs for the next three months:¹⁹



Shelter adequacy

Reported shelter adequacy issues:¹



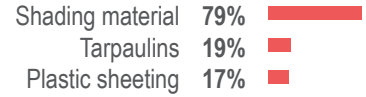
Present needs:

- Rope
- Wire

Expected future needs:

- Cooking fuel
- Fans
- Shading material (sunshade net)

Top three most commonly reported shelter item needs:¹⁹



94% of respondents reported they had access to a communal kitchen.

Fire safety



Camp management KI 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.

81% of households reported that they had received information about fire safety and **0%** reported having **difficulties understanding** the information.

CAMP COORDINATION AND CAMP MANAGEMENT

Camp management and committees

12% of households reported that they did not know the camp management, with **28%** saying that they were not sure.

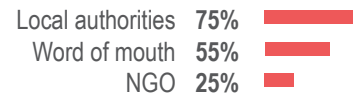
Committees reported by camp management KI to be present in camp:

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

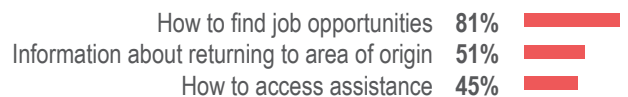
The camp reportedly **has** a complaint mechanism and **84%** of households reported that they knew who to contact to raise issues or concerns.

Information needs

Top three reported sources of information about services:¹⁹



Top three reported information needs:¹⁹



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 has 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).