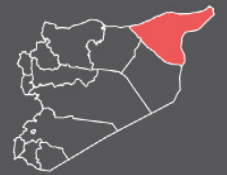




# Camp Profile: Newroz

Al-Hasakeh governorate, Syria

May 2022



## Background and Methodology

Newroz is a formal internally displaced person (IDP) camp in Al-Hasakeh governorate. This profile provides an overview of humanitarian conditions in this camp. Primary data was collected through a representative household survey on 19 and 22 May 2022. The assessment included 97 surveyed households. 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 May 2022 were used to support and triangulate the household survey findings.

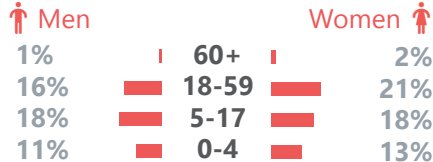
## Location Map



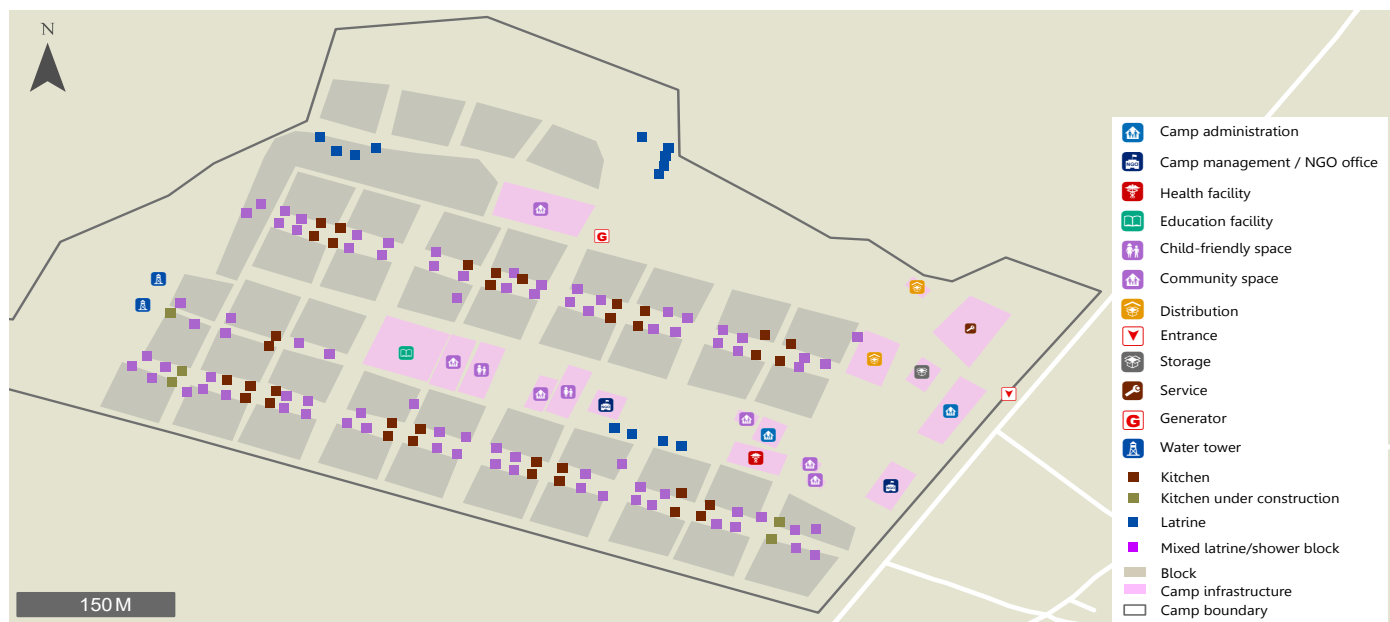
## Camp Overview<sup>1</sup>

**Number of individuals:** 5,286  
**Number of households:** 997  
**Number of shelters:** 967  
**First arrivals:** October 2018  
**Camp area:** 0.2 km<sup>2</sup>

## Demographics (Age, Gender)



## Camp Map



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

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

		Target	Result	Achievement
<b>Shelter</b>	Average number of individuals per shelter	max 4.6	5	●
	Average covered living space per person	min 3.5 m <sup>2</sup>	4.3 m <sup>2</sup>	●
	Average camp area per person	min 45 m <sup>2</sup>	39 m <sup>2</sup>	●
<b>Health</b>	% of 0-5 year olds who have received polio vaccinations	100%	66%	●
	Presence of health services within the camp	>0	2	●
<b>Protection</b>	% of households reporting safety/security issues in past two weeks	0%	55%	●
<b>Food</b>	% of households receiving assistance in the 30 days prior to data collection	100%	99%	●
	% of households with acceptable food consumption score (FCS) <sup>3</sup>	100%	51%	●
<b>Education</b>	% of children aged 6-17 accessing education services	100%	42%	●
<b>WASH</b>	Persons per latrine	max. 20	17	●
	Persons per shower	max. 20	19	●
	Frequency of solid waste disposal	min. twice weekly	every day	●

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

2. Targets based on Sphere and humanitarian minimum standards. [SPHERE \(2018\)](#). Sphere Handbook; Humanitarian Charter and Minimum Standards in Humanitarian Response; UNHCR. [Emergency handbook](#). Shelter and WASH indicators are binary (red or green). Minimum standard met by ● 100% ● 50-99% ● 0-49%.

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. World Food Programme (2009). [Comprehensive Food Security & Vulnerability Analysis Guidelines](#).



## HEALTH



**Number of healthcare facilities in camp: 2**  
**Types of facilities:** NGO clinic, mobile health clinic

### Available services at the accessible health centres:

	In camp	Outside camp
Out patient department:	No	Yes
Reproductive health:	No	Yes
Emergency:	Yes	Yes
Minor surgery:	No	Yes
X-Ray:	No	Yes
Lab services:	No	Yes

**61%** of households reported that health-related assistance was **not** meeting their minimum health needs. Households' most commonly reported health needs were Maternal health services (41%) and Chronic diseases treatment (24%).

Of the 61% of households who required treatment in the 30 days prior to data collection, **76%** reportedly faced barriers to accessing medical care.

Most commonly reported barriers to accessing medical care:

- Unaffordability of health services (93%)
- High transportation costs to health facilities (58%)
- Lack of medicines at the health facilities (47%)

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



Yes	24%
No	76%



Of the 24% reporting a birth in their household, 78% reported that the women delivered in a health facility. **57%** of households with a pregnant or lactating woman, or with a woman who gave birth while living in the camp had reportedly been able to access obstetric or antenatal care.

## COVID-19

### Response infrastructure

Isolation area available:	No
Isolation area functional:	No
Sanitation facilities in isolation area:	NA
Main issues with isolation area:	NA

**18%** of households reportedly experienced difficulties in obtaining hand/body soap.

### Main difficulties included:<sup>6</sup>

Soap was too expensive	15%
Soap distributed infrequently	9%
No soap has been distributed	1%

### Availability of functioning handwashing facilities in communal latrines as reported by % of households:



None	21%
Some	40%
All	40%

### Vulnerable groups

### Households reporting members in the following categories:<sup>4</sup>

Person with serious injury/disease	13%
Person with chronic illness	19%
Pregnant or lactating woman	7%

Of the **19%** of households with a member living with a chronic disease, **0%** reported that required medicine was not available, but **67%** reported that they could not afford the required medicine.

**7** of household heads were reportedly living with a disability.<sup>5</sup>

### Children and infant health

**66%** of children under five years old were reportedly vaccinated against polio. **68%** of children under two years old had reportedly received the DTP vaccine<sup>24</sup> and **66%** the MMR vaccine<sup>24</sup>.

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

The camp management reported that infant nutrition items None distributed in the 30 days prior to data collection. The following nutrition activities have reportedly been undertaken:

<b>Screening/referral for malnutrition:</b>	Yes
<b>Treatment moderate-acute malnutrition:</b>	Yes
<b>Treatment severe-acute malnutrition:</b>	Yes
<b>Micronutrient supplements:</b>	Yes
<b>Blanket supplementary feeding program:</b>	None
<b>Promotion of breastfeeding:</b>	Yes

### Prevention measures

Camp staff training:	None
Temperature check for people entering:	None
Quarantine for new arrivals:	No

Camp management reported that **no hygiene items were distributed** to the population. **Aid distributions were not modified.**

### Top measures taken by camp management in response to the pandemic as reported by households:<sup>7</sup>

No measures taken	60%
Changed distribution procedures	27%
Distributed hygiene materials	19%

### Top measures reportedly taken by households in response to the pandemic:<sup>7</sup>

Washed hands more regularly	52%
Stayed at home	29%
Avoided touching others (handshake)	26%

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

5. As suggested on [WGO FAQ](#), the respondent was asked if other household members were living with the given difficulty.

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.

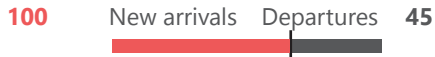


## MOVEMENT

### Top three household areas of origin:

	Governorate	Sub-district	
	Syria	Al-Hasakeh	Wadi al Ahmer <b>70%</b>
	Syria	Al-Hasakeh	Abu Rasin <b>30%</b>
	NA	NA	NA

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



On average, households in the camp had been displaced **2** times before arriving to this camp, and **87%** of households in the camp had been displaced longer than one year.

## PROTECTION

### Protection concerns

**55%** 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:

- Danger from snakes, scorpions, mice (44%)
- Disputes between residents (21%)

**25%** of households reported at least one member suffering from **psychosocial distress**.<sup>8</sup>

**16%** of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**<sup>9</sup> in the previous

### Freedom of movement

Camp management reported that all residents who needed to leave the camp temporarily Yes\_all\_people could do so at the time of data collection. **32%** of households reported to be 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:



Yes **26%**  
No **74%**

#### Most commonly reported barriers:

- Transportation expensive (22%)
- Site departure conditions (13%)
- Insufficient transportation (12%)

### Vulnerable groups

#### Proportion of total assessed population in vulnerable groups:

Chronically ill persons	<b>4%</b>	Single parents/caregivers	<b>22%</b>
Persons with injury	<b>3%</b>	Pregnant/lactating women	<b>7%</b>
Female-headed HHs	<b>6%</b>	HH members with disability	<b>7%</b>

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

### Documentation

**5%** of households reported having at least one married person who was not in possession of their **marriage certificate**.

**10%** of households with children below the age of 17 reported that at least one child did not have any **birth registration documentation**.

### Households planning to leave the camp:



Within 1 year	<b>0%</b>
After more than 1 year	<b>4%</b>
Not planning to leave	<b>96%</b>

**96%** of households had **no intention to leave the camp**, mainly because they were **waiting for the area of origin to be safe (90%)**, there were **food distributions in the camp (6%)** and the **camp was safe (4%)**.

### Gender-based violence

**9%** of households reported gender-based protection issues with **Early marriage (girls below 18 years old) (6%)** and **Physical violence (3%)** being the most commonly reported.

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



Yes **88%**  
No **12%**

Of the **88%** of households who know about a designated women and girls space, **40%** reported that a girl or woman from their household attended one in the 30 days prior to data collection.

**3%** of women and girls, reportedly **avoided camp areas**, 100% of whom avoided **the outskirts of the camp** most commonly.<sup>10</sup>

### Child protection

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



Yes **90%**  
No **10%**

Of the **90%** of households who know about any child-friendly spaces, **40%** reported that a child from their household attended one in the 30 days prior to data collection.

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



Yes **25%**  
No **75%**

Of the **25%** of households who reported child protection concerns, **21%** identified child labour and **7%** early marriage (below 18 years old).

**20%** of households reported that they were aware of **child labour** occurring among **children under the age of 11**, most commonly reporting agriculture (10%) and livestock rearing (5%).<sup>10</sup>

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

Boys (100%)		Girls (85%)	
Agriculture	<b>65%</b>	Agriculture	<b>75%</b>
Work for others	<b>65%</b>	Domestic labour	<b>15%</b>

8. As reported by households themselves. Assessed symptoms included: persistent headaches, sleeplessness, and more aggressive behaviour than normal.

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



## WATER, SANITATION AND HYGIENE (WASH)

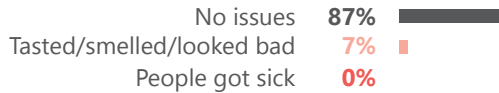
### Water



**Public tap standpipe** was the primary source of water at the time of data collection. The public tap/standpipe was reportedly used by 37% of households for drinking water.

9% 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:



20% of households reportedly used negative strategies to cope with lack of water in the two weeks prior to data collection.

### Most commonly reported negative strategies by households:

- Relied on previously stored water (18%)
- Modified hygiene practices (bathe less, etc) (10%)
- Collected water from unprotected source (3%)

10% of households reported having at least one member suffering from **diarrhoea**; 13% of households had at least one person with a **respiratory illness**; and 13% of households reported at least one member with **leishmaniasis** in the two weeks prior to data collection.

### Hygiene

99% of households reportedly did not have access to a private handwashing facility.

96% of households reported having hand/body soap available at the time of data collection.

48% of households were able to access all assessed hygiene items in the two weeks prior to data collection.<sup>11</sup> The most commonly inaccessible items included washing powder (1kg), and shampoo (adults). Hygiene items were most commonly inaccessible because households could not afford them.

## CAMP COORDINATION AND CAMP MANAGEMENT

### Camp management and committees

27% of households reported that they did not know who manages the camp, with 32% saying that they were not sure.

The camp reportedly **had** a complaint mechanism and 70% of households reported knowing of a complaints box in the camp.

64% of households reported that they knew who to contact to raise issues 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.

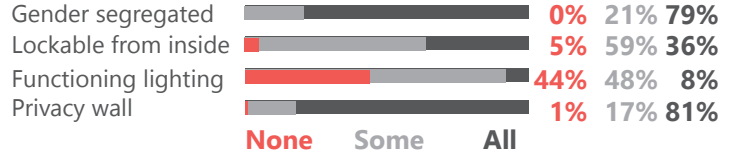
### Latrines

#### Types of defecation facilities used:

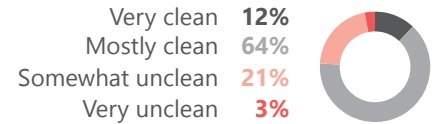
- Household: 0%
- Communal: 89%
- Open defecation: 11%

8% of households reported that some members **could not access latrines**, including old persons and persons with disabilities.

### Communal latrine characteristics, by % of households reporting



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



### Showers

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



- |                          |     |     |
|--------------------------|-----|-----|
| Household:               | 3%  | 1%  |
| Communal:                | 55% | 49% |
| Bathing in shelter:      | 48% | 48% |
| Bathing outside shelter: | 0%  | 0%  |

### Waste disposal



**Primary waste disposal system:** Garbage collection NGO

**Disposal location:** Location outside the camp

**Sewage system:** desludging

The primary issue with garbage reported by households was in **Insufficient number of bins/dumpsters (15% of households)**.

### Information needs

#### Top three reported sources of information about services:<sup>14</sup>



- |                      |     |
|----------------------|-----|
| Local authorities    | 68% |
| Word of mouth        | 38% |
| Community Mobilizers | 15% |

#### Top three reported information needs:<sup>14</sup>



- |                               |     |
|-------------------------------|-----|
| How to find job opportunities | 80% |
| Returning to area of origin   | 42% |
| How to access assistance      | 26% |

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.

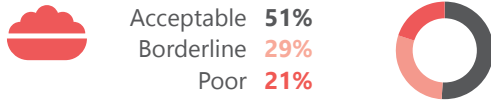
14. Excluding households who answered 'not sure'.



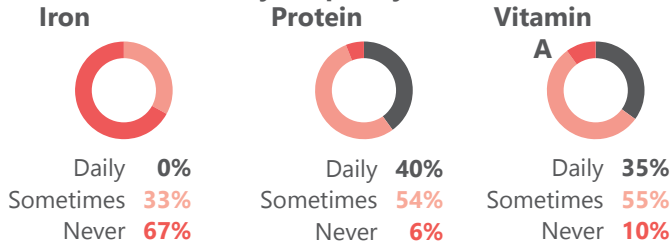
## FOOD SECURITY

### Food consumption

Percentage of households at each FCS level:

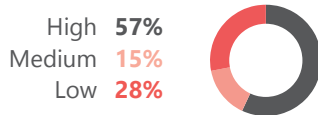


Percentage of households consuming iron, protein and vitamin A-rich foods by frequency:<sup>15</sup>



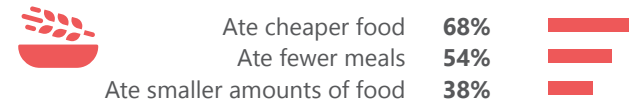
### Dietary diversity

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

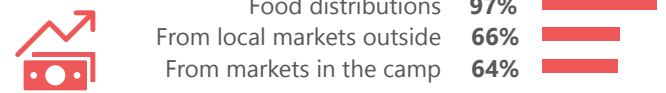


### Food security

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



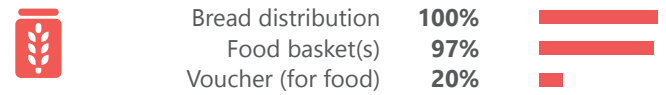
Most commonly reported main sources of food:<sup>18</sup>



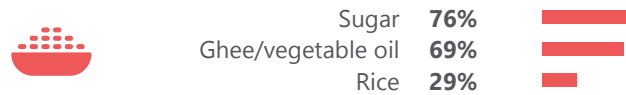
### Food distributions

97% 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:



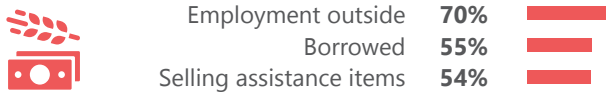
Top three food items households would like to receive more of:<sup>19</sup>



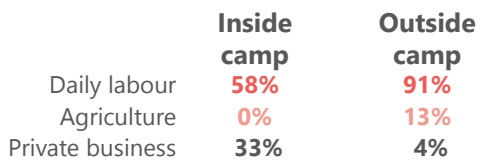
## LIVELIHOODS

### Household income

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



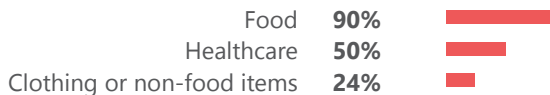
Most commonly reported employment sectors:<sup>18,21</sup>



### Household debt

70% of households reported that they borrowed money in the 30 days prior to data collection; on average, these households had a debt load amounting to 572268 SYP (146 USD).<sup>20</sup>

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



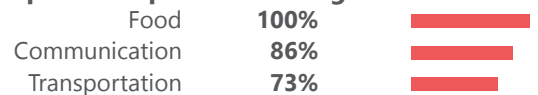
Top reported creditors:<sup>19</sup>



### Household expenditure

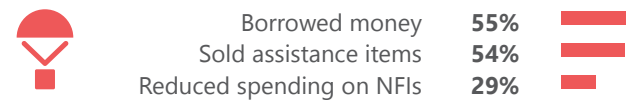
Average monthly household expenditure:<sup>18</sup> 235,644 SYP (60 USD)<sup>20</sup>

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



### Coping strategies

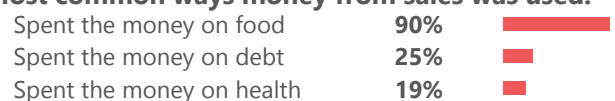
Top three reported livelihood coping strategies:<sup>18, 19</sup>



54% of households reportedly sold assistance items with food assistance followed by hygiene items being the most commonly sold. The most commonly sold food items were lentils (90%), bulgur wheat (47%) and chickpeas (31%).

Households reported that I needed cash for more urgent spending (52%) and The item/assistance quality is bad (35%) were the main reason for selling assistance items they received.

Most common ways money from sales was used:



15. Households were asked to report the number of days per week when 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 by 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 22-May ([Reach Initiative, NES Marke Monitoring Exercise 22-May](#)).

21. Percentage of household 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.

**Age groups:** 6 to 11 years  
**Service providers:** Self-Administration curriculum  
**Certification<sup>22</sup> available:** Yes

### Available WASH facilities in educational facilities

	Latrines	Yes
	Handwashing facilities	Yes
	Safe drinking water	Yes

### Proportion of children attending education

	Girls (37%)	Age	Boys (46%)	
	0%	3-5	8%	0%
	0%	6-11	65%	0%
	0%	12-14	29%	0%
	6%	15-17	24%	0%
	<b>Inside camp</b>		<b>Outside camp</b>	

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

**42%** of households report that school-aged children are receiving education.

The most commonly reported barriers for households reporting that not all children were receiving education were:



- Child did not want to attend (52%)
- Education was not considered important (24%)
- Quality of available education poor (21%)

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

**4%** of 3-5 year old children in the households reportedly received early childhood education.

Most commonly reported barriers to early childhood education:



- No education for children of a certain age (36%)
- Child did not want to attend (24%)
- Education was not considered important (13%)

## SHELTER AND NON-FOOD ITEMS (NFIs)



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

Average number of shelters estimated per household: **1**



Average number of people estimated per shelter: **5**

Estimated occupation rate of the shelters in the camp: **100%**

### Tent status

In assessed households, **53%** of tents were in new condition.<sup>23</sup>

### Flood susceptibility



Camp management reported that **25% of tents are prone to flooding**, and that **None drainage channels** between shelters were available.

### Sources of light

Most commonly reported sources of light inside shelters:

Light powered by electricity network	<b>73%</b>	
Light powered by solar panels	<b>29%</b>	
Rechargeable flashlight lamp	<b>9%</b>	

### NFI needs

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



Rechargeable fan	<b>78%</b>	
Cool box	<b>65%</b>	
Carpet/mat for the floor	<b>21%</b>	

22. Official documentation such as diplomas to prove the completion of a course.

### 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.

### Shelter adequacy

Reported shelter adequacy issues:



#### Present needs:

- New tents
- Additional tents
- Tools

#### Expected future needs:

- Carpet mat
- Clothing
- Fans

Top three most commonly reported shelter item needs:



Tools	<b>42%</b>	
Additional tents	<b>41%</b>	
Wire	<b>22%</b>	

77% of respondents reported they had **access to a communal or private kitchen**, while 23% of households used improvised cooking facilities.<sup>24</sup>

Households reported **hazards in their block** such as uncovered pits (11%) and electricity hazards (4%).

### Fire safety



Camp management reported that **fire extinguishers** were available and that actors in the camp **informed** residents about **fire safety**.

**84%** of households reported that they had received information about fire safety, **4%** of which reported comprehension **difficulties** of the information received. **96%** reported knowing of a fire point in their block.

23. Enumerators were asked to observe the state of the tent and record its condition. In this camp, all households were residing in tents.

24. During the seven days prior to data collection.

### 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).