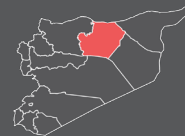




Camp Profile: Mahmoudli

Ar-Raqqa governorate, Syria
January/February 2022



Background and Methodology

Mahmoudli is a formal internally displaced person (IDP) camp in Ar-Raqqa governorate. This profile provides an overview of humanitarian conditions in Mahmoudli camp. Primary data was collected through a representative household survey conducted from 24 January until 26 January 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



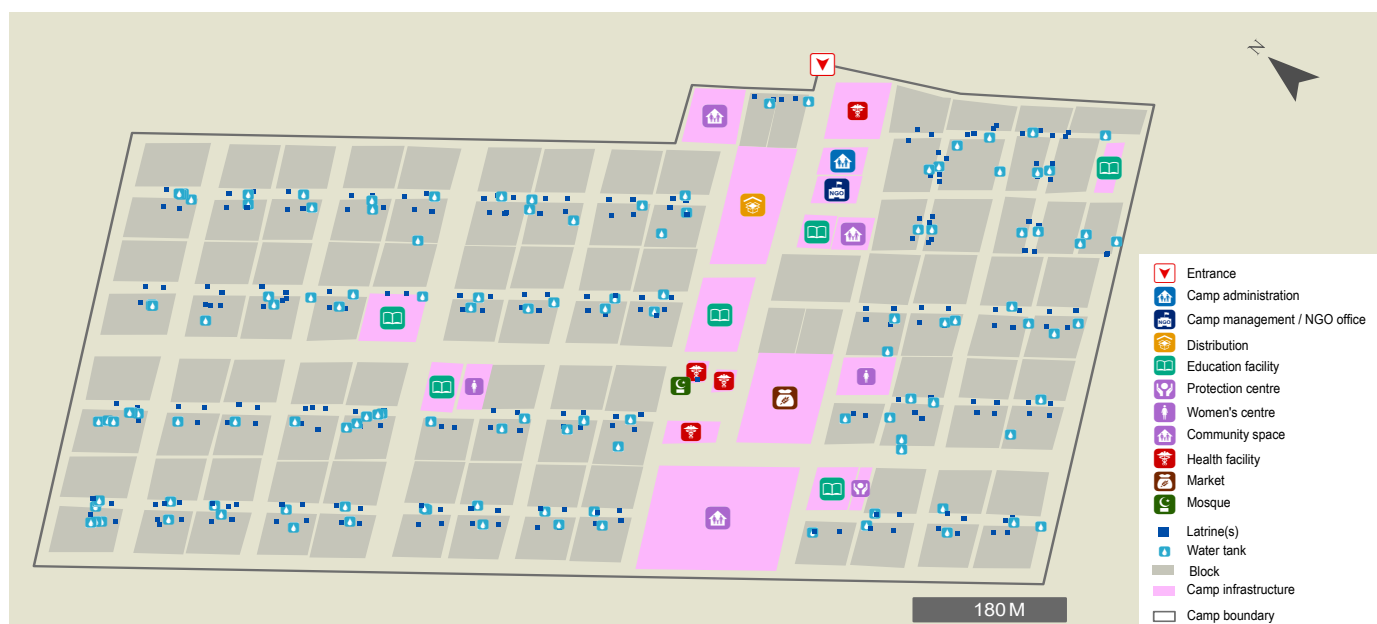
Camp Overview¹

Number of individuals:	8,662
Number of households:	1,778
Number of shelters:	2027
First arrivals:	August 2019
Camp area:	0.54 km ²

Demographics

Men		Women
1% 60+	2%	
17% 18-59	21%	
20% 5-17	19%	
10% 0-4	10%	

Camp Map



Camp mapping conducted in January and February 2022. 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 living space per person	min. 3.5 m ²	5.6 m ²	●
	Average camp area per person	min. 45 m ²	62 m ²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	57%	●
	Presence of health services within the camp	Yes	3	●
Protection	% of households reporting safety/security issues in past two weeks	0%	53%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	94%	●
	% of households with acceptable food consumption score (FCS) ³	100%	48%	●
Education	% of children aged 6-17 accessing education services	100%	79%	●
WASH	Persons per latrine	max. 20	10	●
	Persons per shower	max. 20	no showers	●
	Frequency of solid waste disposal	min. twice weekly	every day	●

1. As reported by the camp manager in key informant (KI) interview in February 2023.

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: 3
Types of facilities: NGO clinic
Nearest health centre outside camp: 10 km

Available services at the accessible health centres:

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

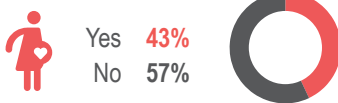
85% of households reported that the health sector **did not** meet their **minimum health needs**. The most commonly reported health needs were **chronic diseases treatment** (54%) and **maternal health services** (47%).¹⁰

Of the 77% 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:⁶

- Unaffordability of health services (100%)
- Lack of medicines at the health facilities (77%)
- High transportation costs to health facilities (72%)

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



Of the 43% households reporting a birth in their household, **91%** stated that the women delivered the baby in a health facility.

Vulnerable groups

Households reporting members in the following categories:⁷

Person with serious injury/disease		12%	
Person with chronic illness		21%	
Pregnant or lactating woman		7%	

Of the **21%** households with a member living with a chronic disease, **87%** could not afford the required medicine. **0%** of households reported that required medicine was not available.

Children and infant health

57% of children under five years old were reportedly **vaccinated against polio**. **59%** 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 **30%** 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: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 infrastructure⁴

Isolation area:	Planned
Isolation area functional:	NA
Sanitation facilities in isolation area:	Yes
Sufficient handwashing facilities in camp:	Yes

Main difficulties in obtaining hand/body soap, as experienced by 44% of households include:⁶

Soap is too expensive	36%	
Soap is distributed infrequently	17%	
Going to the market is dangerous	0%	

Percentage of households reporting that communal latrines have handwashing facilities



None	86%	
Some	12%	
All	1%	

Prevention measures⁴

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

The camp management reported that **face masks, soap and hand sanitiser were distributed** to the camp population.

Top measures taken by camp management in response to the pandemic as reported by households:^{6, 18}

Changed distribution procedures	53%	
No measures enforced in the past 30 days	31%	
Distributed hygiene materials	12%	

Top measures taken by households in response to the pandemic:^{6, 18}

	Washed hands more regularly	59%	
	Stayed at home as much as possible	38%	
	Covered nose/mouth when coughing/sneezing	27%	

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	Hama	As-Salamiyeh
Syria	Homs	Tadmor
Syria	Aleppo	Al Bab

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

0 New arrivals | Departures 0

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

Households planning to leave the camp:

Within 1 year	0%
Within longer timeframe	0%
Not planning to leave	100%



100% of households reported no intention to leave the camp, mainly because they were **waiting for their area of origin to become safe** (40%), and due to **available food distributions in the camp** (31%) and **the camp's safety** (20%).

PROTECTION

Protection concerns

53% 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:⁶

- Theft (36%)
- Disputes between residents (20%)

19% of households reported at least one member suffering from **psychosocial distress**.⁸

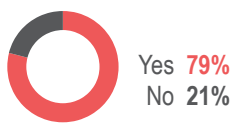
9% of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**⁹ in the two weeks prior to data collection.

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, **10%** of households reported not being able to leave without disclosing the medical reason.

79% of households reportedly **faced barriers when leaving the camp** in the two weeks prior to data collection:



Most commonly reported barriers:⁶

- Site departure conditions (64%)
- Transportation too expensive (52%)
- Insufficient transportation (37%)

Vulnerable groups

Proportion of total assessed population in vulnerable groups:⁷

Chronically ill persons	5%	Single parents/caregivers	3%
Persons with serious injury	2%	Pregnant/lactating women	7%
Female-headed households	19%		

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

Documentation



15% of households reported having at least one married person who was not in possession of their **marriage certificate**.

25% of households with children below the age of 5 reported that at least one child did not have **birth registration documentation**.

Gender-based violence

58% of households reported gender-based protection issues with **early marriage (girls below 18 years old)** (51%) and **denial of resources, opportunities, or services** (9%) being the most commonly reported.

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



Of the 99% of households who know about a designated women and girls space, **32%** reported that a girl or woman from their household attended one in the 30 days prior to data collection.

1% of households reported that women and girls were avoiding **side streets**.

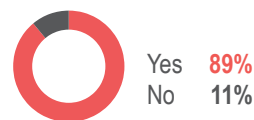
Child protection

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



Of the 100% of households who know about any child-friendly spaces, **69%** 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 89% who reported child protection concerns, **53%** identified child labour and **50%** early marriage (below 18 years).

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

	Boys	Girls
Agriculture	68%	74%
Domestic labour	51%	74%

88% of households reported that they were aware of **child labour** occurring among **children under the age of 11**, most commonly reporting domestic labour (49%) and agriculture (35%).^{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.



WATER, SANITATION AND HYGIENE (WASH)

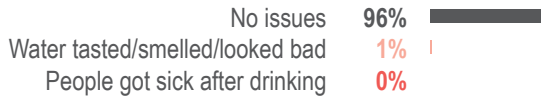
Water



Public taps or standpipes were the primary water sources at the time of data collection, being reportedly used by **90%** of households for drinking water.

1% 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



80% of households reported that their drinking water was **treated at the source** (78%) or that they would **use chlorine tablets, powder or liquid** (9%) for treatment during the two weeks prior to data collection.

10% of households reportedly used **negative strategies to cope with a lack of water** in the two weeks prior to data collection.⁶

The most commonly reported coping strategies:

- Relied on stored drinking water (8%)
- Reduced drinking water consumption (2%)

3% of households reported having a member suffering from **diarrhoea**, **11%** of households had someone with a **respiratory illnesses**. **0%** of households reported someone with **leishmaniasis** in the two weeks prior to data collection.⁷

Hygiene

99% of households reportedly did not have access to a private handwashing facility, while **1%** did.

100% of households reported having **hand/body soap** available at the time of data collection.

43% of households were able to **access all assessed hygiene items** in the two weeks prior to data collection.¹¹ The most commonly inaccessible items included **washing powder**, and **disposable diapers**. Hygiene items were most commonly inaccessible because households could not afford it.

Latrines



Number of communal latrines:¹² **851**

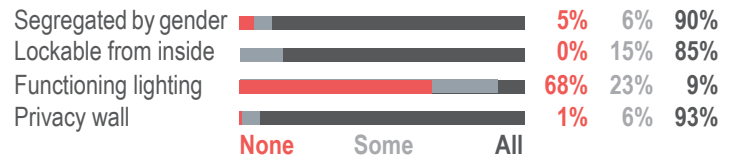
Number of household latrines:¹² **0**

Types of defecation facilities used:⁶

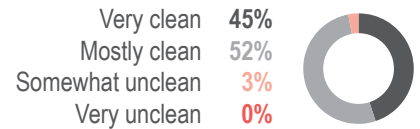
- Household: **1%**
- Communal: **100%**
- Open defecation: **0%**

3% of households reported that some members **couldn't access latrines**, with old persons (65+) (3%) and persons with disabilities (1%) being most frequently reported by households.

Communal latrine characteristics, by % of households reporting¹⁴



Communal latrine cleanliness, by % of households reporting:



Showers



Number of communal showers:¹² **0**

Number of household showers:¹² **0**

Shower/bathing place usage:¹³

	available ⁶	used
• Household:	0%	0%
• Communal:	0%	0%
• Bathing in shelter:	100%	94%

Waste disposal¹



Primary waste disposal system: Garbage collection (NGO)

Disposal location: Mahmoudli landfill

Sewage system: Sewage network

The primary issue with garbage disposal reported by households was that **dumping sites were based within or close to the camp (1%)**.

CAMP COORDINATION AND CAMP MANAGEMENT

Camp management and committees

1% of households reported that they did not know who manages the camp, while **43%** were not sure.

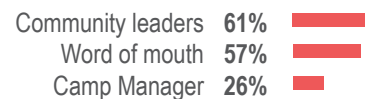
The camp reportedly has a complaint mechanism¹ and **95%** of households know of a camp complaints box. **95%** of households stated that they knew who to contact to raise problems or concerns.

Present committees reported by camp management KI:

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

Information needs

Top three reported sources of information about services:¹⁹



Top three reported information needs:¹⁹



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.

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).

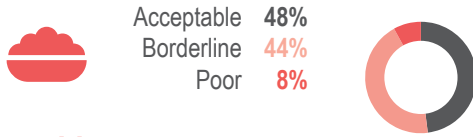
14. Excluding households who answered 'not sure'.



FOOD SECURITY

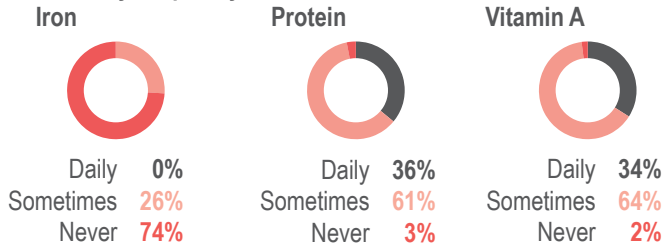
Food consumption

Percentage of households at each FCS level:³



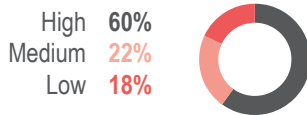
Nutrition

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

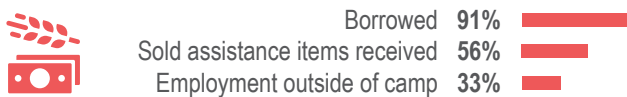


LIVELIHOODS

Household income

Average monthly household income:¹⁸ **328,565 SYP** (91 USD)²⁰

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



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



Household debt

96% 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 **651,019 SYP** (181 USD).²⁰

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



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



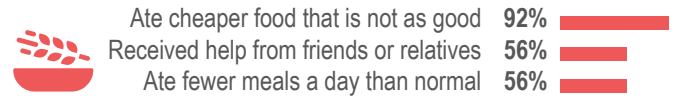
15. Households were asked to report the number of days per week nutrient-rich food groups were consumed, from which nutrient consumption frequencies were derived. World Food Programme (2015) [Food Consumption Score Nutritional Quality Analysis - Technical Guidance Note](#).

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](#).

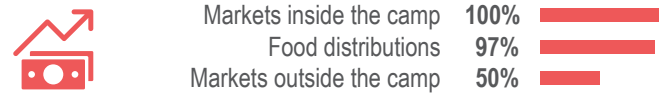
17. Households were asked to report the number of days they employed each coping strategy, graph only

Food security

Top three reported food-related coping strategies:¹⁷



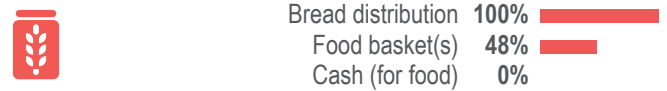
Most commonly reported main sources of food:^{6,18}



Food distributions

48% 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,¹⁸ by % of households reporting:⁶



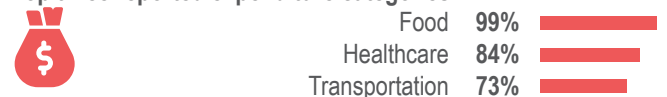
Top three food items households would like to receive more of:¹⁹



Household expenditure

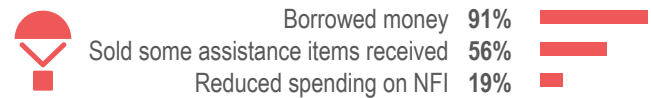
Average monthly household expenditure:¹⁸ **404,533 SYP** (112 USD)²⁰

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



Coping strategies

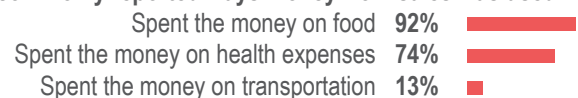
Top three reported livelihoods-related coping strategies:^{18,19}



56% of households reported **selling assistance items**, most often food assistance and hygiene items. The most commonly **sold food** items were **chickpeas** (79%), rice (55%) and **ghee/vegetable oil** (21%).

The main reasons households reported for selling assistance were the need for **cash for more urgent spending** (80%) and that **the received item or assistance, while useful, was not a top priority** (26%).⁸

Most commonly reported ways money from sales was used:⁸



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 2023 ([Reach Initiative, NES Market Monitoring Exercise](#) February 2023).

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



EDUCATION



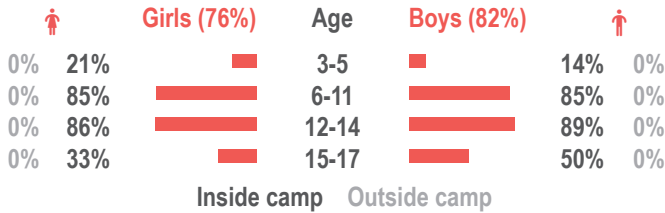
At the time of data collection, there were **3** educational facility in the camp.¹

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

Available WASH facilities in educational facilities¹

	Latrines	Yes
	Handwashing facilities:	Yes
	Safe drinking water:	Yes

Proportion of children attending education



School-aged children (6-17 years old)

79% of school-aged children in the households were reported to **receive education**, as opposed to **21%** of school-aged children in the households who did not.

The most commonly reported barriers to education for these households were:^{6, 10}



- Child does not want to attend (56%)
- Education is not considered important (22%)
- No education for children of a certain age (17%)

Early childhood development (3-5 years old)

18% of 3-5 year old children in the households were reported to receive early childhood education.

Most commonly reported barriers to early childhood education:^{6, 10}



- No education for children of a certain age (61%)
- Child does not want to attend (28%)
- Education is not considered important (8%)

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: **4**
 Estimated occupation rate of the shelters in the camp:¹ **100%**



Tent status

In assessed households, **36%** of tents were in new condition.²²

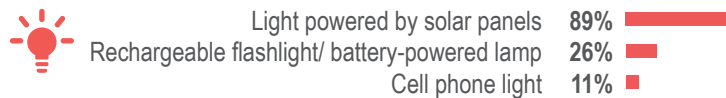
Flood susceptibility



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

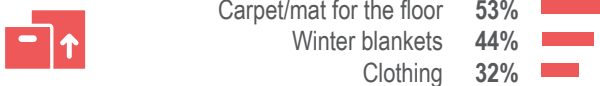
Sources of light

Most commonly reported sources of light inside shelters:⁶



NFI needs

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



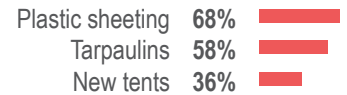
Shelter adequacy

Reported shelter adequacy issues:¹



Present shelter needs:	Expected NFI needs:
New tents	Carpet/mat for the floor
Tarpaulins	Clothing
Timber	Batteries

Top three most commonly reported shelter item needs:¹⁹



6% of respondents reportedly had **access to a communal or private kitchen**, while **94%** 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**, that are uncovered pits (7%).

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.

71% of households reported that they had received information about fire safety, **13%** of which acknowledged **comprehension difficulties** of the information received. **98%** 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 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).