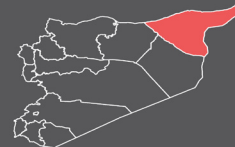




# Camp Profile: Serekanya's Extension

Al-Hasakeh governorate, Syria

November, December 2022



## Background

Serekanya is an informal internally displaced person (IDP) camp established in Al-Hasakeh governorate in 2020 in response to the escalating conflict in Northeast Syria. The camp is located 18 kilometres from Washokani Camp. When the camp was established, it had a capacity of approximately 15,380 individuals and 2,584 households. However, the camp population kept growing; in January 2022, a new informal extension began forming outside the main camp. The 84 IDP households originally residing in this informal extension were from areas between Tal Tamer and Ras Al Ain. They then were followed by 69 households in June 2022 and finally in September 2022, around 100 new households were relocated to the extension. This extension now hosts 1,747 IDPs and 271 households, whilst the main camp has a total population of 15,188 IDPs. This extension has been assessed separately in REACH's last round of camp profiles. At the time of data collection, the camp was managed by an international non-governmental organization (NGO).

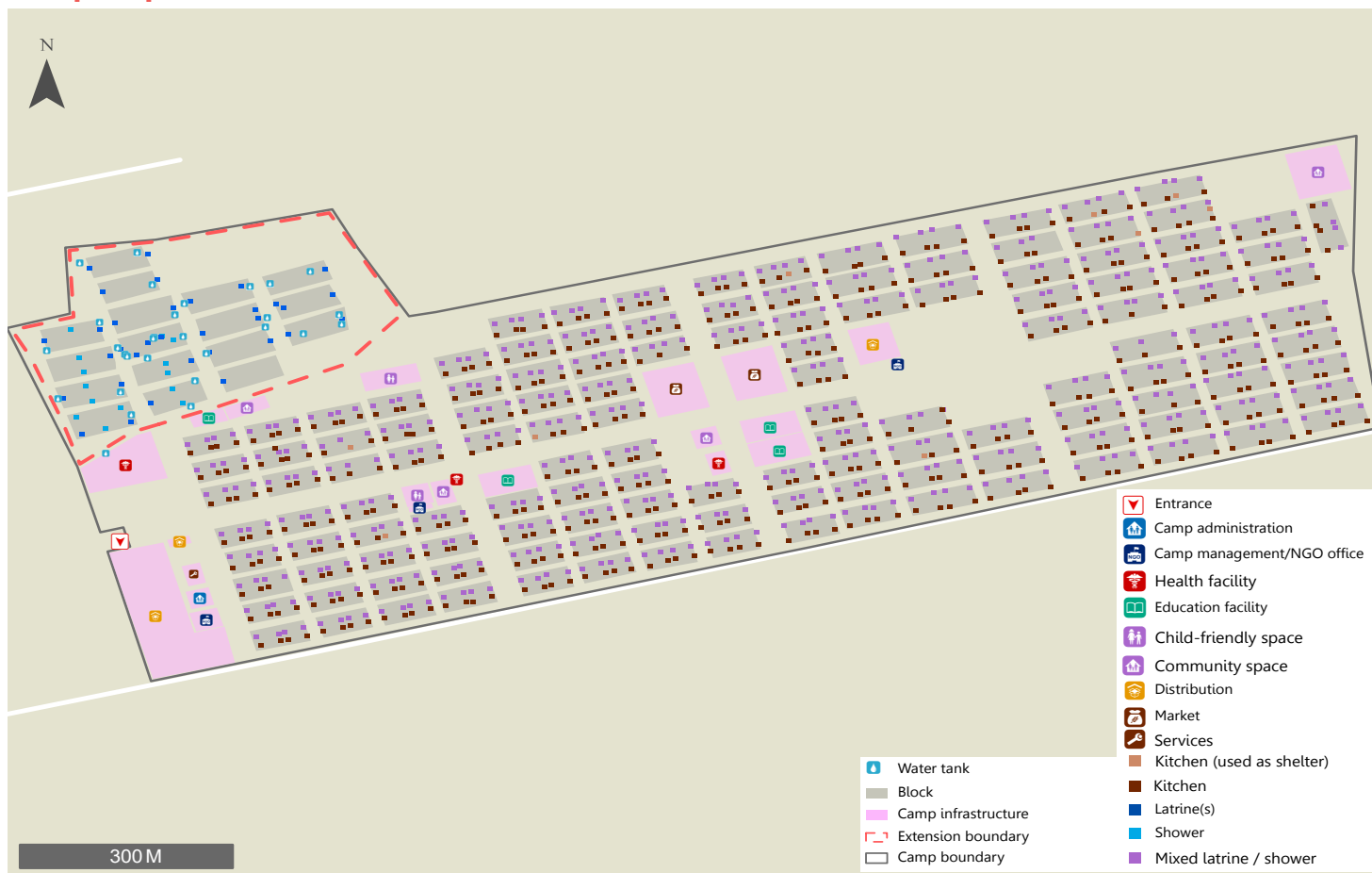
## Location Map



## Methodology

This profile provides an overview of humanitarian conditions in Serekanya's Extension camp. Primary data was collected between 20 November - 5 December 2022 through a representative household survey. The assessment was anticipated to have 80 households of sample size to achieve a 95% confidence level and 10% margin of error based on population figures provided by camp management. However, due to security changes in the area as well as flooding that coincided with the data collection period, the sample of Serekanya's extension was met at half sample size. Therefore, results are only indicative. Findings from a subset of the total sample may have a lower confidence level and a wider margin of error. In November, December 2022, each camp had one Key Informant (KI) interview with the managers, these interviews were used to support and triangulate the household survey findings.

## Camp Map



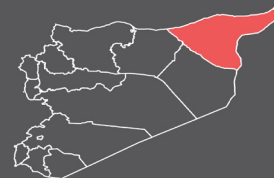
Camp mapping conducted in November, December 2022. Detailed infrastructure map available on [REACH Resource Centre](#).



# Camp Profile: Serekanya's Extension

Al-Hasakeh governorate, Syria

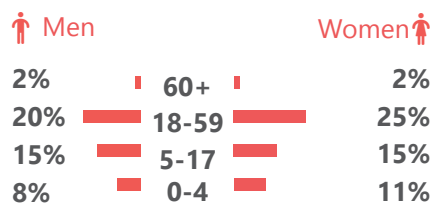
November, December 2022



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

Number of individuals:	1,747
Number of households:	271
Number of shelters:	353
First arrivals:	1/1/2022
Camp area:	0.1 km <sup>2</sup>

## Demographics



## Percentage of HHs by vulnerable group:<sup>2</sup>

Female-headed households	10%
Chronically ill persons	10%
Pregnant/lactating women	6%
Single parents/caregivers	6%
HH members with disability	5%

## Sectoral Minimum Standards<sup>3</sup>

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max 4.6	4	●
	Average covered living space per person	min 3.5 m <sup>2</sup>	3.6 m <sup>2</sup>	●
	Average camp area per person	min 45 m <sup>2</sup>	54.7 m <sup>2</sup>	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	81%	●
	Presence of health services within the camp	Yes	No	●
Protection	% of households reporting safety/security issues in past two weeks	0%	61%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	95%	●
	% of households with acceptable food consumption score (FCS) <sup>4</sup>	100%	73%	●
Education	% of children aged 6-17 accessing education services (in the main camp)	100%	51%	●
WASH	Persons per latrine (communal latrines only)	max. 20	15	●
	Persons per shower (communal showers only)	max. 20	12	●
	Frequency of solid waste disposal	min. twice weekly	Daily	●

## Key Highlights of Serekanya versus Serekanya's extension

- Both assessed samples addressed **maternal Health Services** as their priority health need among their households (52% and 69% respectively). Followed with **child health and nutrition** (43% and 48% respectively).
- Both assessed samples reported water tasted bad as their only problem with water (55.4% and 45% respectively).

There are some notable differences between the main camp and the extension. It should be noted that the data presented for Serekanya's extension is merely indicative, as data collection was stopped at a half-size sample due to flooding and security concerns at the time.

	Serekanya	Serekanya's extension
<b>Proportion of households who reportedly received food\Cash for food in the past month:</b>	89%	61%
According to Site and Settlements Working Group (SSWG) <sup>5</sup> , 28 families arrived in October and some settled in the extension. All new arrivals should have received food assistance in the November round. Since REACH data was collected in November and early December, the results should be reflected in late December.		
<b>Proportion of households who reportedly received food\Cash for food in the past week:</b>	31%	2.9%
<b>People suffering from a chronic disease who cannot obtain sufficient supplies of essential medicines</b> (findings refers to subset of households reporting that someone in their household has a chronic disease)	68%(of 36%)	93%(of 34%)
<b>Proportion of households who reportedly defecate in a household latrine:</b>	99%	5%
According to SSWG, a local NGO is currently launching a new project for HH latrine construction and rehabilitation in the extension		
<b>Proportion of households who reportedly had insufficient number of waste bins\dumpsters in the two weeks prior the data collection:</b>	29%	59%

1. As reported by the camp manager in KI interview, household demographics can be found : [https://impact-initiatives.shinyapps.io/REACH\\_SYR\\_HTML\\_NES\\_CampProfiles\\_August2022/](https://impact-initiatives.shinyapps.io/REACH_SYR_HTML_NES_CampProfiles_August2022/)

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

3. Targets based on Sphere and humanitarian minimum standards. ● Minimum standard met ● 50-99% of minimum standard met ● 0-49% of minimum standard met [Sphere Handbook](#), [Humanitarian Charter and Minimum Standards in Humanitarian Response](#), 2018 [UNHCR Emergency Handbook](#).

4. 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. <https://resources.vam.wfp.org/data-analysis/quantitative/food-security/food-consumption-score>

5. Site and Settlements working groups. [https://public.tableau.com/app/profile/sswg.imo.nes/viz/SSWG\\_new/SSWGDashboard?publish=yes](https://public.tableau.com/app/profile/sswg.imo.nes/viz/SSWG_new/SSWGDashboard?publish=yes)



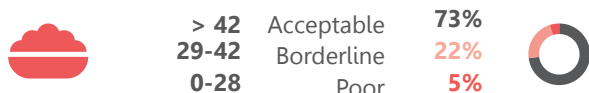
# Camp Profile: Serekanya's Extension



## FOOD SECURITY

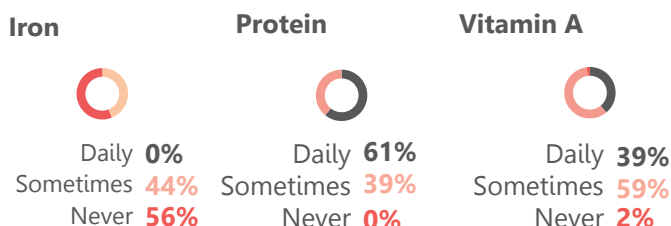
### Food consumption

Percentage of households by FCS category:<sup>1</sup>



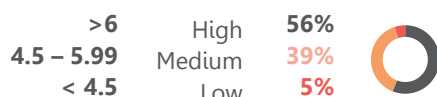
### Nutrition

Percentage of households consuming iron, protein and vitamin A-rich foods by frequency:<sup>2</sup>



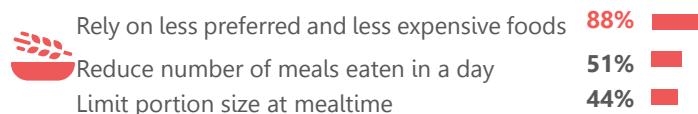
### Dietary diversity

Percentage of households by Household Dietary Diversity score level:<sup>3</sup>



### Food security

Top three reported negative consumption-based coping strategies:



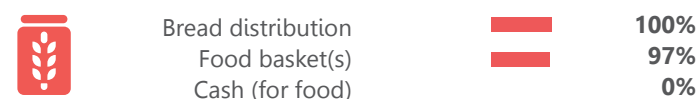
Most commonly reported main sources of food:<sup>4,5</sup>



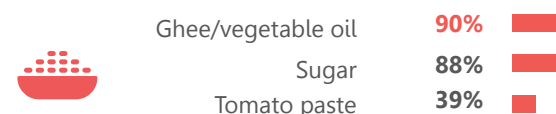
### Food distributions

97% of households had received a food basket, bread distribution, cash, or vouchers in the 30 days prior to data collection.

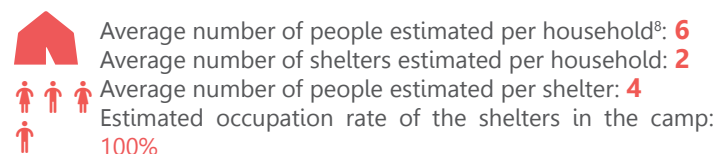
% of households by reported type of food assistance received:<sup>5</sup>



Top three food items households would like to receive more of:<sup>6</sup>



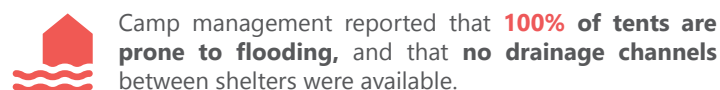
## SHELTER AND NON-FOOD ITEMS (NFI)



### Tent status

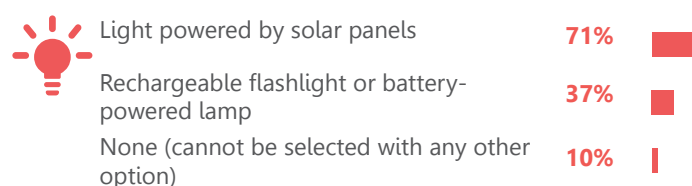
In assessed households, only 37% of tents were in new condition.<sup>7</sup>

### Flood susceptibility



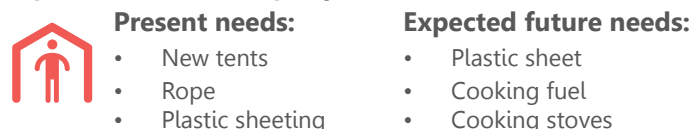
### Sources of light

Most commonly reported sources of light inside shelters:<sup>4</sup>

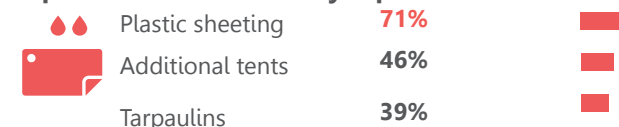


### Shelter adequacy

Reported shelter adequacy issues:<sup>8</sup>



Top three most commonly reported shelter item needs:<sup>6</sup>



15% of respondents reported they had access to a communal or private kitchen, while 85% of households used improvised cooking facilities.

Households reported hazards in their block such as uncovered pits (54%) and electricity hazards (5%).

1. 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.  
 2. 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.  
 3. 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.

4. Households could select as many options as applied, meaning the sum of percentages may exceed 100%.  
 5. In the 30 days prior to data collection.  
 6. Households could select up to three options.  
 7. Enumerators were asked to observe the state of the tent and record its condition.  
 8. As reported by the camp manager in KI interview.



# Camp Profile: Serekanya's Extension



## NFI needs

Top three reported anticipated NFI needs for the three months following data collection:<sup>1</sup>



Heating fuel	73%	<div></div>
Winter blankets	46%	<div></div>
Carpet/mat for the floor	20%	<div></div>

## Fire safety



Camp management reported that **fire extinguisher per block** were available and that actors in the camp **informed** residents with **information on fire safety** in the three months prior to data collection.

**61%** of households reported that they had received information about fire safety, **16%** of which reported comprehension **difficulties** of the information received. **73%** reported knowing of a fire point in their block.

## LIVELIHOODS

### Household income

Average monthly household income:<sup>2</sup> **659,537 SYP (122 USD)**<sup>3</sup>

Top three reported primary income sources:<sup>1,4</sup>



Borrowed	68%	<div></div>
Employment outside of camp	63%	<div></div>
Selling assistance items received	61%	<div></div>

Most commonly reported employment sectors:<sup>1,2</sup>

	Inside camp	Outside camp
Daily labour	50%	54%
Employment in private business	25%	31%

### Household debt

**83%** 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 **863,902 SYP** (160 USD).<sup>3</sup>

Top three reported reasons for taking on debt:<sup>1,5</sup>

Food	97%	<div></div>
Healthcare	41%	<div></div>
Clothing or non-food items (NFI)	32%	<div></div>

Top reported creditors:<sup>1,5</sup>

Friends or relatives	94%	<div></div>
Shopkeeper	79%	<div></div>

### Household expenditure

Average monthly household expenditure: **578,951 SYP (107 USD)**<sup>3</sup>

Top three reported expenditure categories:<sup>1,4</sup>

Food	98%	<div></div>
Transportation	88%	<div></div>
Communication (e.g. phone, internet)	85%	<div></div>

### Coping strategies

Top three reported livelihoods-related coping strategies:<sup>1,2</sup>



Borrowed money	68%	<div></div>
Sold some assistance items received	61%	<div></div>
Reduced spending on non-food expenditures, such as health or education	24%	<div></div>

61% of households reportedly sold assistance items with food assistance followed by shelter items being the most commonly sold. The main reasons households reported for selling assistance were needing cash for more urgent spending (56%) and that the item/assistance is useful, but not the first priority (28%).

The most commonly sold food items were **lentils** (67%), **chickpeas** (38%) and **pasta** (38%).

Most commonly reported ways money from sales was used:

Spent the money on food	96%	<div></div>
Spent the money on transportation	28%	<div></div>
Spent the money on clothes	12%	<div></div>

1. Households could select up to three options.

2. In the 30 days prior to data collection.

3. The effective exchange rate for Northeast Syria was reported to be 5400 Syrian Pounds to the dollar in November, December 2022 ([Reach Initiative, NES Market Monitoring Exercise 22-November](#)).

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

5. Findings refer to the subset of households reporting on the given information or issue.



# Camp Profile: Serekanya's Extension



## 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 98% of households for drinking water.

**5%** of households reported they spent at least two consecutive days without access to drinking water over the two weeks prior to data collection.

#### % of households by reported drinking water issues:<sup>1</sup>



No issues	27%	■
Water tasted/smelled/looked bad	29%	■
People got sick after drinking	7%	■

**57%** of households reported that their drinking water was treated at the source over the two weeks prior to data collection and household usage of chlorine tablets, powder or liquid was the most commonly used methods, accounting for 44%.

**56%** 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:<sup>1</sup>

- Modified hygiene practices (bathe less, etc) (41%)
- Relied on previously stored water (24%)
- Reduced drinking water consumption (7%)

**7%** of households reported having at least one member suffering from diarrhoea<sup>2</sup>.

### Hygiene

**100%** of households reportedly did not have access to a private handwashing facility.

**83%** of households reported having **hand/body soap** available at the time of data collection.

**88%** of households were able to access all assessed hygiene items in the two weeks prior to data collection.<sup>3</sup> The most commonly inaccessible items included **washing powder (1kg)**, and **shampoo (adults)**. Hygiene items were most commonly inaccessible because households **could not afford it**.

**63%** of households reportedly experienced difficulties in obtaining hand/body soap.

#### Related main difficulties included:<sup>1</sup>

Soap was too expensive	49%	■
Soap was distributed infrequently	20%	■
No soap has been distributed	15%	■

#### % of households by reported availability of functioning hand-washing facilities in communal latrines :



None	95%	■
Some	0%	■
All	5%	■

### Latrines



**Number of communal latrines:<sup>4</sup> 120**

**Number of household latrines:<sup>4</sup> 0**

#### Types of defecation facilities used:

• Household:	5%	■
• Communal:	95%	■
• Open defecation	0%	■

**12%** of households reported that some members **could not access latrines**, with women (18+) (7%) and old persons (65+) (5%) being most frequently reported by households.

#### Communal latrine characteristics, by % of households reporting<sup>5</sup>

Segregated by gender	64%	21%	15%
Lockable from inside	10%	21%	69%
Functioning lighting	77%	21%	3%
Privacy wall	28%	0%	72%
	None	Some	All

#### % of households by reported level of cleanliness in the communal latrines

Very clean	3%
Mostly clean	67%
Somewhat unclear	28%
Very unclear	2%



### Showers



**Number of communal showers:<sup>4</sup> 0**

**Number of household showers:<sup>4</sup> 140**

#### Shower/bathing place usage:<sup>6</sup>

	available <sup>1</sup>	used
• Household:	24%	24%
• Communal:	0%	0%
• Bathing in shelter:	100%	54%

### Waste disposal<sup>7</sup>



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

**Disposal location:** NA

**Sewage system:** desludging

The primary issue with garbage reported by households was **insufficient number of bins/dumpsters (59% of households)**.

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

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

3. 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.

4. 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.

5. Excluding households who answered 'not sure'.

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

7. As reported by the camp manager in KI interview.



# Camp Profile: Serekanya's Extension



## HEALTH



Number of healthcare facilities in camp: **0**

Types of facilities: -

### Available services at the accessible health centres:

	In camp	Outside camp
Outpatient department:	NO	YES
Reproductive health:	NO	YES
Emergency:	NO	YES
Minor surgery:	NO	YES
X-Ray:	NO	YES
Lab services:	NO	YES

Households' most commonly reported health needs were Maternal health services (69%) and Child health and nutrition (including malnutrition) (48%).<sup>1</sup>

Of the 49% of households who required treatment in the 30 days prior to data collection, **90%** reportedly faced barriers to accessing medical care.

Most commonly reported barriers to accessing medical care:<sup>2</sup>

- Unaffordability of health services (89%)
- High transportation costs to health facilities (44%)
- Lack of medicines at the health facilities (44%)

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



Of the 22% reporting a birth in their household, 89% reported that the women delivered in a health facility.

**43%** of households had at least one person with a respiratory illnesses.<sup>2</sup>

## Vulnerable groups

### Households reporting members in the following categories:<sup>3</sup>

Person with chronic illness <sup>8</sup>	34%
Person with serious injury/disease (requires medical attention)	0%
Pregnant or lactating woman	6%

Of the **34%** of households with a member living with a chronic disease, **93%** reported that they **could not afford** the required medicine.

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

**40%** 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.

## Children and infant health

**81%** of children under five years old were reportedly vaccinated against polio. **70%** of children under two years old had reportedly received the DTP vaccine and **81%** the MMR vaccine.

Immunization services for children was reported by **3%** of households as a priority health need.

The camp management reported that infant nutrition items had not been distributed in the 30 days prior to data collection. The following nutrition activities have reportedly been undertaken:<sup>6</sup>

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

## MOVEMENT

### Top three household areas of origin:<sup>1</sup>

Country	Governorate	Sub-district	Percentage
Syria	Al-Hasakeh	Al-Hasakeh	<b>60%</b>
Syria	Al-Hasakeh	Ras Al Ain	<b>40%</b>

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

New arrivals	<b>146</b>	Departures	<b>1</b>
--------------	------------	------------	----------

On average, households in the camp had been displaced **3** times before arriving to this camp, and **95%** of households in the camp had been displaced longer than one year.

1. Findings refer to the subset of households reporting on the given information or issue.  
 2. Households could select as many options as applied, meaning the sum of percentages may exceed 100%.  
 3. Self-reported by households and not verified through medical records.  
 4. Respondent was asked the [Washington Group \(WGO\) 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. As reported by the camp manager in KI interview  
 7. Respiratory illness, Malnutrition, Psychological illness, Polio, Epilepsy, Diabetes, or Other serious or chronic illness disease





## PROTECTION

### Protection concerns



**61%** 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:

- Theft (46%)
- Danger from snakes, scorpions, mice (24%)

**51%** of households reported at least one member suffering from **psychosocial distress**.<sup>2</sup>

**25%** of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**<sup>3</sup> in the two weeks prior to data collection.

### Freedom of movement

**Most commonly reported barriers among the 37% households reporting to have experienced barriers when trying to leave the camp in the two weeks prior to data collection**

- Transportation options available but too expensive (34%)
- Insufficient transportation (7%)
- Safety/security situation (2%)

At the time of data collection, no interventions were addressing the needs of older persons or persons with disabilities.<sup>1</sup>

### Documentation



**7%** of households reported having at least one married person who was not in possession of their **marriage certificate**.

**13%** of households with children below the age of 17 reported that at least one child did not have any **birth registration documentation**.

### Gender related protection concerns

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



Yes **46%**  
No **54%**

**Of the 46% of households who know about a designated women and girls space, 74% reported that a girl or woman from their household attended one in the 30 days prior to data collection.**

7% of households reporting women and girls avoiding camp areas for safety and security reasons, **100%** of whom avoided **distribution centres** most commonly.

**34%** of households reported protection issues with early marriage (girls below 18 years old) (24%) and emotional violence (10%) being the most commonly reported.

### Child protection

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



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

**Of the 25% of households who know about any child-friendly spaces, 67% 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 **44%**  
No **56%**

Of the **44%** of households who reported child protection concerns, 37% identified child labour and 22% early marriage (below 18 years old).

93% of households reported that they were aware of child labour occurring among children under the age of 11, most commonly reporting domestic labour (73%) and transporting people or goods (40%).<sup>1,2</sup>

Of the households who reported **child labour** among the child protection incidents they were aware of it occurring within the camp in the 30 days prior data collection, **100%** of households reportedly were aware of child labour among boys and **93%** among girls.

**Most commonly reported types of child labour by gender:**<sup>1,2</sup>

#### Boys (100%)

Factory work  
Transporting people or goods

#### Girls (93%)

**53%** Domestic labour  
**20%** Factory work

1. As reported by the camp manager in KI interview.

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

3. Changes in sleeping patterns, interactions with peers, attentiveness, or interest in other  
4. Self-reported by households and not verified through medical records.



## CAMP COORDINATION AND CAMP MANAGEMENT

### Camp management

**24%** of households reported that they did not know who manages the camp, and **29%** reported being not sure. All camp managers reported that a complaint mechanism exists. **80%** of households reported knowing of a complaints box in the camp. **71%** of households reported that they knew who to contact to raise issues or concerns.

### Top three reported sources of information about services:<sup>3</sup>



Local Authorities	<b>59%</b>
Word of mouth	<b>51%</b>
Community leaders	<b>39%</b>

### Top three reported information needs:<sup>3</sup>



How to find job opportunities	<b>78%</b>	<div></div>
Information about returning to area of origin	<b>39%</b>	<div></div>
How to access assistance	<b>22%</b>	<div></div>

## EDUCATION



At the time of data collection, there was **no** educational facility in the extension of the camp and education is provided at the main camp<sup>4</sup>.

### Proportion of children attending education, compared to the total number of girls & boys in the household

Girls (49%)	Age	Boys (53%)
15%	15-17	11%
50%	12-14	42%
72%	6-11	69%
9%	3-5	7%

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

**51%** of school-aged children in the households were reported to **receive education**.

### The most commonly reported barriers to access education for these households were:<sup>1,2</sup>



- Education was not considered important (53%)
- Child did not want to attend (47%)
- Children had to work (20%)

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

**8%** of 3-5 year old children in the households reportedly received early childhood **education**.

### Most commonly reported barriers to early childhood education:<sup>1,2</sup>



- Child did not want to attend (31%)
- Education was not considered important (31%)
- Newly arrived to camp (25%)

### 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).

1. Findings refer to the subset of households reporting on the given information or issue.  
2. Households could select as many options as applied, meaning the sum of percentages may exceed 100%.  
3. Households could select up to three options.

4. As reported by the camp manager in KI interview.