Camp Profile: Twahina

Ar-Raqqa governorate, Syria

March 2021

Background and Methodology

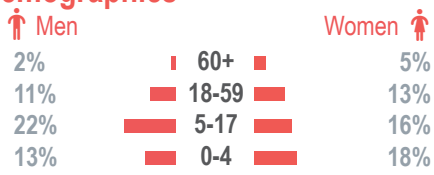
Twahina is a formal internally displaced person (IDP) camp in Ar-Raqqa governorate. This profile provides an overview of humanitarian conditions in Twahina camp. Primary data was collected through household surveys from 17-18 March 2021. Households were randomly sampled to a 95% confidence level and 10% margin of error based on population figures provided by camp management. A key informant (KI) interview with camp managers in March 2021 have 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

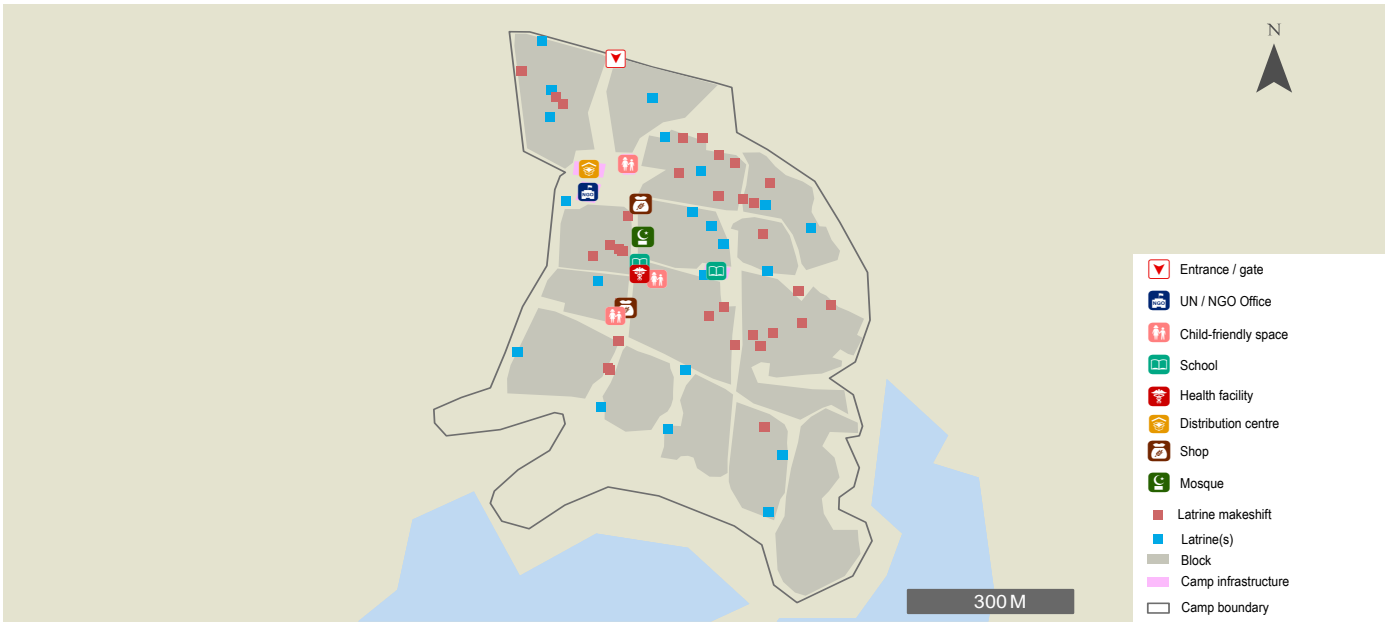
Camp Overview[1]

Number of individuals:	2,578
Number of households:	500
Number of shelters:	468
First arrivals:	April 2017
Camp area:	0.42 km^2

Demographics



Camp Map



Camp mapping conducted in March 2021. Detailed infrastructure map available on REACH Resource Centre.

Sectoral Minimum Standards[2]

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max 4.6	4.3	●
	Average covered area per person	min 3.5 m^2	5.6 m^2	●
	Average camp area per person	min 35 m^2	162.9 m^2	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	79%	●
	Presence of health services within the camp	Yes	Yes	●
Protection	% of households reporting safety/security issues in past two weeks	0%	34%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	89%	●
	% of households with acceptable food consumption score (FCS)[3]	100%	50%	●
Education	% of children aged 6-17 accessing education services	100%	0%	●
WASH	Persons per latrine	max. 20	34	●
	Persons per shower	max. 20	(no showers)	●
	Frequency of solid waste disposal	min. twice weekly	Every day	●

1. As reported by camp management KIs in March 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.

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COVID-19

Response infrastructure[1]

Isolation area:	**No**
Sufficient handwashing facilities:	**No**

Of the 49% of households that reported experiencing difficulties in obtaining hand/body soap, the following issues were reported most frequently:[4]

Soap is too expensive	**45%**
Soap is distributed infrequently	**20%**
No soap has been distributed	**5%**

Percentage of households reporting that communal latrines have handwashing facilities

None	**76%**
Yes - some	**12%**
Yes - all	**12%**

COVID-19 Information

Main information sources about COVID-19 as reported by households:[4]

NGOs or charities	**54%**
Friends/family	**53%**
Internet	**33%**

6% of households reported having difficulties understanding information about COVID-19.

The most commonly reported difficulties understanding information about COVID-19 were:

- Information is not clear (4%)
- There are not enough materials (4%)

Prevention measures[1]

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

Camp management KIs reported that **cleaning products (e.g. bleach), gloves and face masks have been distributed** to the population, and that aid distributions have not been modified.

Top measures taken by camp management in response to the pandemic as reported by households:[4]

Changing distribution procedures	**18%**
Asking people to stay at home	**8%**
Distributing hygiene materials	**5%**

Top measures reportedly taken by households in response to the pandemic:[4]

Washing hands more regularly	**47%**
Staying at home as much as possible	**32%**
Cover nose/mouth when coughing/sneezing	**25%**

Attitudes and behaviors of camp population[1]

Awareness of COVID-19:	Everyone (around 100%)
COVID-19 perceived as important issue:	Most (around 75%)
Awareness of social distancing:	Everyone (around 100%)
People engaging in social distancing:	A few (around 25%)

Camp management KIs reported that **living conditions not allowing for social distancing** was the main issue the population experienced related to social distancing.

HEALTH

Number of healthcare facilities: 1
Types of facilities: NGO clinic

Of the 59% of households who required treatment in the 30 days prior to the assessment, **96%** 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:[4]

- Cannot afford to pay for health services (96%)
- High cost of transportation to health facilities (71%)

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

Yes	**40%**
No	**60%**

Of the 40% reporting a birth in their household, **88%** reported that the women delivered **in a health facility**.

Households reporting members in the following categories:[5]

Person with serious injury	**17%**
Person with chronic illness	**25%**
Pregnant or lactating woman	**40%**

59% of households with a pregnant or lactating woman while living in the camp had reportedly been able to access obsteric or, antenatal care.

79% of children under five years old were reported to be **vaccinated against polio**.

Camp management KIs reported that **baby bottles/teats and diapers** had been distributed. The following nutrition activities have reportedly been undertaken:

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

4. Households could select as many options as applied, meaning the sum of percentages may exceed 100%.
5. As reported by households themselves.

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MOVEMENT

Top three household areas of origin:

Country	Governorate	Sub-district	
Syria	Hama	Oqeirbat	50%
Syria	Hama	As-Saan	40%
Syria	Hama	Eastern Bari	10%

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

75 New arrivals Departures 0

Households planning to leave the camp:

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

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

PROTECTION

Protection concerns

34% 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:[4]

- Danger from snakes, scorpions, mice (76%)
- Theft (45%)

14% of households reported at least one member suffering from **psychosocial distress.**[6]

0% of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**[7] in the previous two weeks.

Freedom of movement

KIs reported that all residents who needed to **leave the camp temporarily** were able to do so at the time of data collection. **0%** 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:

Yes **96%**
No **4%**

Most commonly reported barriers to movement:[4,8]

- Insufficient transportation (72%)
- Transportation available but too expensive (69%)
- Movement restrictions due to COVID-19 (7%)

Vulnerable groups

Proportion of total assessed population in vulnerable groups:[9]

Chronically ill persons	3%	Single parents/caregivers	5%
Persons with serious injury	4%	Pregnant/lactating women	6%
Female-headed households	20%		

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

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

61% of households with children reported that at least one child did not have **birth registration documentation**.

Gender-based violence

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

No **30%**
Yes **70%**

Of the 70% of households who reported knowing about any designated space, **14%** 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:[4,8]

Men and boys (0%)	Women and girls (1%)
	Outskirts of camp (100%)

Child protection

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

Yes **93%**
No **7%**

Of the 93% of households who reported knowing about any child-friendly spaces, **50%** 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):

Yes **66%**
No **34%**

Most commonly reported child protection concerns:[4,8]

- Child labour (66%)
- Early marriage (below 18 years old) (64%)

Most commonly reported types of child labor by gender:[4,8]

Boys (98%)	Girls (97%)
Domestic labour (49%)	Domestic labour (89%)
Factory work (24%)	Factory work (24%)
Transporting people or goods (22%)	Work for others(5%)

32% of households reported that they were aware of **child labour** occuring among **children under the age of 11**, most commonly reporting domestic labour (68%) and factory work (5%).[4,8]

6. As reported by households themselves. Assessed symptoms included: persistent headaches, sleeplessness, and more aggressive behaviour than normal towards children or other household members.
7. Changes in sleeping patterns, interactions with peers, attentiveness, or interest in other daily activities.
8. Question applies to subset of households who reported experiencing a given issue.
9. Self-reported by households and not verified through medical records.

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EDUCATION

At the time of data collection, there was **0** educational facility in the camp.

Age groups:	NA
Service providers:	NA
Certification available:	NA
Curricula provided:	NA

Barriers to education

100% of households reported that their children are receiving **no education**, and **100%** reported that they faced **barriers to education**. The most commonly reported barriers were:[4,8]

- Schools are closed due to COVID-19 (96%)
- Schools lack trained teachers (7%)
- No education for children of a certain age (6%)

0% of households reported that their school-aged children **receive education**.

Proportion of school-age children attending education

Girls (0%)		Age	Boys (0%)	
0%	0%	3-5	0%	0%
0%	0%	6-11	0%	0%
0%	0%	12-14	0%	0%
0%	0%	15-17	0%	0%
Inside camp			Outside camp	

Available WASH facilities in educational facilities

Gender-segregated latrines:[1]	NA
Handwashing facilities:[1]	NA
Safe drinking water:[1]	NA

WATER, SANITATION AND HYGIENE (WASH)

Water

Public water tank was the primary source of water at the time of data collection. The public tap/standpipe was reportedly used by 100% of households for drinking water.

3% 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:[4]

No issues	57%
Water tasted/smelled/looked bad	42%
People got sick after drinking	0%
Not sure	0%

20% of households reported that they treated their drinking water over the past two weeks prior to data collection using boiling the water (11%) and use chlorine tablets, powder or liquid (8%).

Proportion of households that reported using negative strategies to cope with a lack of water (potable and not potable) in the two weeks prior to data collection:

Yes	9%
No	91%

Most commonly reported strategies:[4,8]

- Modify hygiene practices (5%)
- Rely on drinking water stored previously (5%)
- Collect water from unprotected source (1%)

15% of households reported someone suffered from diarrhoea in the two weeks prior to data collection; 18% of households reported someone suffering from respiratory illnesses; and in 2% of households someone was reported to be suffering from leishmaniasis.[10]

Hygiene

97% 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]

Yes	55%
No	45%

The most commonly inaccessible items included **washing powder, and detergent for dishes.** Hygiene items were most commonly inaccessible because respondents could not afford to buy them.

Sanitation

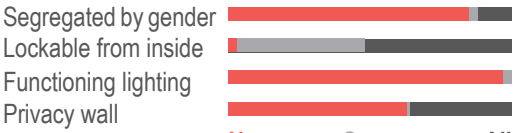
Number of communal latrines: 75

Defecation facilities

Household:[12]	6%
Communal:[12]	79%
Open defecation	4%

1% of households reported that some members **could not access latrines**, with Girls (0-17) (1%) and Boys (0-17) (1%) being most frequently reported by households.

Communal latrine characteristics, by % of households reporting:[14]



	None	Some	All
Segregated by gender	85%	3%	12%
Lockable from inside	3%	45%	52%
Functioning lighting	97%	3%	0%
Privacy wall	63%	1%	36%

Communal latrine cleanliness, by % of households reporting:

Very clean	12%
Mostly clean	75%
Somewhat unclean	12%
Very unclean	1%

Number of communal showers: 0

Shower/bathing places[4]

	Available	Used
Household:[12]	0%	0%
Communal:[12]	0%	0%
Bathing in shelter:[13]		94%

Waste disposal

Primary waste disposal system: Garbage collection (NGO)[1]
Disposal location: A garbage dump 2 km from camp[1]
Sewage system: Desludging[1]

The primary issues with garbage reported by households was an **insufficient numbner of bins/dumpsters (3% of households).**

10. In the two weeks prior to the assessment, self-verified by household and not medically confirmed.
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'.

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FOOD SECURITY

Food consumption

Percentage of households at each FCS level:[3]

Acceptable	50%
Borderline	35%
Poor	15%

Nutrition

Percentage of households consuming iron, protein and vitamin A-rich foods by frequency:[15]

Iron		Protein		Vitamin A	
Daily	0%	Daily	45%	Daily	32%
Sometimes	31%	Sometimes	50%	Sometimes	65%
Never	69%	Never	5%	Never	3%

Dietary diversity

Percentage of households by Household Dietary Diversity score level:[16]

High	48%
Medium	27%
Low	25%

Food security

Percentage of households at each Arab Family Food Security Scale level:[17]

Food secure	2%
Food insecure	45%
Severely food insecure	53%

Top three reported food-related coping strategies:[18]

Eating cheaper, poorer quality food	93%
Borrowing food	58%
Eating fewer meals	45%

Most commonly reported main sources of food:[4,19]

Markets in the camp	94%
Food distributions	89%
From markets outside the camp	47%

Food distributions

Type of food assistance received,[19] **by % of households reporting:**[4]

Bread distribution	89%
Food basket(s)	89%
None	11%

89% 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:[20]

Sugar	87%
Ghee/vegetable oil	65%
Bread	38%

LIVELIHOODS

Household income

Average monthly household income:[19] **239,865 SYP** (62 USD)[21]

Top three reported primary income sources:[19,22]

Selling assistance items received	81%
Borrowed/gifted from family/friends	72%
Employment outside camp	33%

Most commonly reported employment sectors:[4,19,22]

	Inside camp	Outside camp
Daily labour	60%	79%
Employment in private business	40%	4%
Livestock	0%	10%

Coping strategies

Top three reported livelihoods-related coping strategies:[19,20]

Sold some assistance items	72%
Borrowed money	52%
Reduce non-food expenditures	25%

Households reported that **needing cash for more urgent spending** (69%) and **the item/assistance not being the first priority** (20%) were the main reason for selling assistance items they received.

Household expenditure

Average monthly household expenditure:[19] **201,059 SYP** (52 USD)[21]

Top three reported expenditure categories:[19,22]

Food	100%
Healthcare	78%
Transportation	61%

Household debt

52% 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 **180,706 SYP** (47 USD).[21]

Top three reported reasons for taking on debt:[8,20]

Food	96%
Healthcare	65%
Clothing or NFIs	29%

Top reported creditors:[4,8,20]

Shopkeeper	80%
Friends/relatives	80%

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 respond to a series of questions which were used to derive a food security rating. Sahyoun et al. (2014) Development and Validation of an Arab Family Food Security Scale.
18. Households were asked to report the number of days they employed each coping strategy, graph only shows the overall frequency with which a coping strategy was reported.
19. In the 30 days prior to data collection.
20. Households could select up to three options.
21. The effective exchange rate for Northeast Syria was reported to be 3,855 Syrian Pounds to the dollar in March 2021 (Reach Initiative, NES Marke Monitoring Exercise March 2021).
22. Percentage of households reporting income/expenditure in each category; households could select as many options as applied.

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SHELTER AND NON-FOOD ITEMS (NFIs)

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

Average number of shelters reported per household: **1.4**

Average reported household size: **5.8** individuals

Tent status

In assessed households, **40%** of tents were in new condition.[23]

Flood susceptibility

Camp management KIs 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:[4]

Light powered by solar panels	84%
Flashlight or lamp with batteries	28%
Rechargeable flashlight or lamp	27%

NFI needs

Top three reported anticipated NFI needs for the next three months:[20]

Carpet/mat for the floor	64%
Bedding items (sheets, pillows)	57%
Mattresses/sleeping mats	55%

Shelter adequacy

Reported shelter adequacy issues:[14]

- Lack of privacy (no partitions, no doors, or locks are broken)
- No lighting inside shelter
- Leaking during rain

Top three most commonly reported shelter item needs:[20]

Plastic sheeting	71%
Tarpaulins	66%
New /additional tents	62%

0% of respondents reported they had access to a communal kitchen.

Fire safety

Camp management KIs 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.

76% of respondents reported that their household had received information about fire safety and **2%** reported having **difficulties understanding** the information with the main difficulty being that **information was not clear.**

CAMP COORDINATION AND CAMP MANAGEMENT

Camp management and committees

46% of households reported that they did not know the camp management, with **37%** saying that they were not sure.

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

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

72% of households reported that they knew who to contact to raise issues or concerns.

Information needs

Top three reported sources of information about services:[20]

Word of Mouth	65%
Community leaders	48%
Local authorities	39%

Top three reported information needs:[20]

How to find job opportunities	88%
Information on returning to area of origin	37%
How to access assistance	31%

23. 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).