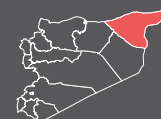




Camp Profile: Areesha

Al-Hasakeh governorate, Syria

February 2022



Background and Methodology

Areesha 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 from 22 to 24 February. The assessment included 103 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 and NGO workers in February 2022 were used to support and triangulate some of the findings collected through the household survey. At the time of data collection, the camp was managed by a non-governmental organisation (NGO).

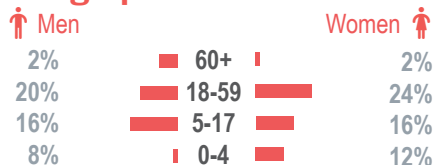
Location Map



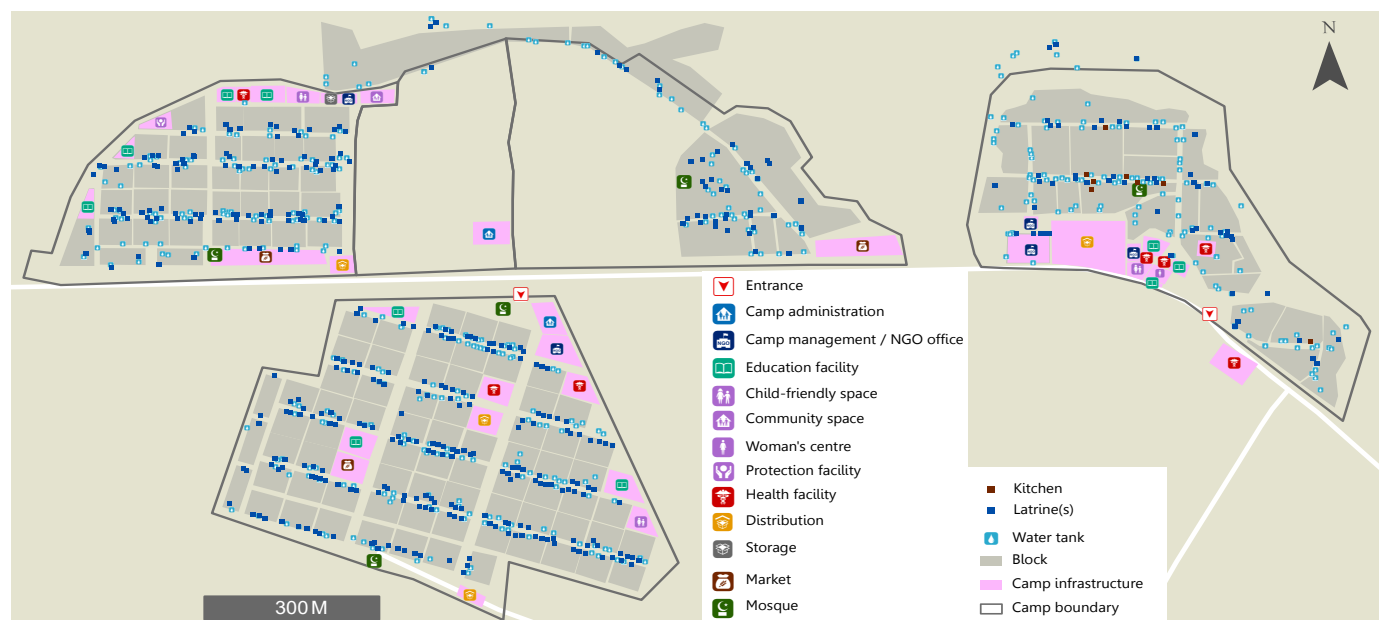
Camp Overview¹

Number of individuals: 14,462
 Number of households: 2,853
 Number of shelters: 3,586
 First arrivals: October 2017
 Camp area: 0.99 km²

Demographics



Camp Map



Camp mapping conducted in 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	6 m ²	●
	Average camp area per person	min 45 m ²	69 m ²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	67%	●
	Presence of health services within the camp	Yes	Yes	●
Protection	% of households reporting safety/security issues in the two weeks prior to data collection	0%	74%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	98%	●
	% of households with acceptable food consumption score (FCS) ³	100%	45%	●
Education	% of children aged 6-17 accessing education services	100%	71%	●
WASH	Persons per latrine	max. 20	10	●
	Persons per shower (new camp stages have private shower spaces, old stages have no showers)	max. 20	10	●
	Frequency of solid waste disposal	min. twice weekly	every day	●

1. As reported by the key informants (KI) in February 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](#).

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](#).

● Minimum standard met. ● 50-99% of minimum standard met. ● 0-49% of minimum standard met.



HEALTH



Number of healthcare facilities in camp: 5
Types of facilities: NGO clinic, public hospital
Nearest health centre outside camp: 30km

Available services at accessible health centres:

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

75% of households reported that health-related humanitarian assistance was **not** meeting their **minimum health needs**²⁵. Their most commonly reported health needs were **child health and nutrition services (56%)** and **maternal health services (47%)**.¹⁰

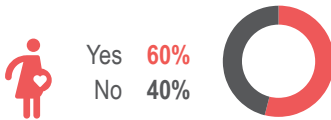
Of 51% of households who required treatment in the 30 days prior to data collection, **85%** reportedly faced **barriers to accessing medical care**.

Most commonly reported barriers to accessing medical care were:⁶

- Unaffordability of health services (86%)
- High transportation costs to health facilities (39%)
- Lack of medicines at the health facilities (36%)

Pregnant/lactating women

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



Of the 60% reporting a birth in their household, **90%** reported that the women delivered in a **health facility**. **69%** of households with a pregnant or lactating woman, or with a woman who gave birth while living in the camp were reportedly able to access obstetric or antenatal care.

COVID-19

Response infrastructure⁴

Functional isolation area:	Yes
Sanitation facilities in isolation area:	Yes
Sufficient handwashing facilities in camp:	Yes

59% of households reportedly experienced **difficulties in obtaining hand/body soap**.

Main difficulties included:⁶

Soap was too expensive	55%
No soap was distributed	28%
Soap was distributed infrequently	12%

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



None	63%
Some	20%
All	17%

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 the number of people living with a disability.

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

Vulnerable groups

Households reporting members in the following categories:⁷

Person with serious injury/disease	8%
Person with chronic illness	33%
Pregnant or lactating woman	9%

Of the **33%** of households with a member living with a chronic disease, **0%** reported that required **medicine was unavailable**, but **68%** reported that they **could not afford the required medicine**.

12% of households heads were reportedly **living with a disability**.^{4,5,7}

Infant and child health

67% of children under five years old were reportedly **vaccinated against polio**. **71%** of children under two years old had reportedly received the **DTP vaccine**²³ and **67%** the **MMR vaccine**²³.

Immunization services for children was reported by **30%** of households as a priority health need.

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

Prevention measures¹

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

Camp management reported that **soap, hand sanitiser, face masks and gloves were distributed** to the population. **Aid distributions were organised** at block-level with allotted time slots.

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

Distributed hygiene materials	50%
No measures were enforced	39%
Changed distribution procedures	30%

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

Washed hands more regularly	52%
Wore masks when going outside	32%
Covered nose/mouth when coughing/sneezing	31%

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	Deir-ez-Zor	Al Mayadin	85%
Syria	NA	NA	
Syria	NA	NA	

Individuals arriving/departing in the 30 days prior to the assessment:¹



On average, households in the camp had been displaced **2** times before arriving to this camp. **100%** of households in the camp reported that they have been displaced longer than one year.

PROTECTION

Protection concerns

74% of households reported being aware of safety and security issues in the camp during the two weeks prior to data collection.

The most commonly reported security concerns were:⁶

- Theft (64%)
- Disputes between residents (26%)

59% of households reported at least one member suffering from **psychosocial distress**.⁸

22% 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

KI reported that all residents who needed to **leave the camp temporarily for medical emergencies** could do so at the time of data collection. However, **51%** of households reported to be able to leave only by disclosing the medical reason for leaving.

78% 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 (63%)
- Transportation options too expensive (23%)
- Insufficient transportation (16%)

Vulnerable groups

Proportion of vulnerable groups among total assessed population:⁷

Chronically ill persons	6%	Single parents/caregivers	15%
Persons with serious injury	5%	Pregnant/lactating women	9%
Female-headed households	11%		

At the time of data collection, **no interventions** were addressing the needs of older persons or persons with disabilities.¹

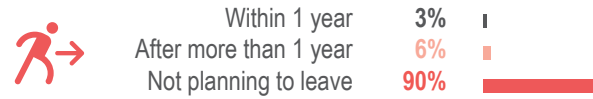
Documentation

28% of households reported having at least one married person who was not in possession of their **marriage certificate**.

55% of households with children below the age of 5 reported that at least one child did not have any **birth registration documentation**.

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

Households planning to leave the camp:



90% of households had no intention to leave the camp, mainly because they were **waiting for their area of origin to be safe** (78%) and due to **camp safety** (15%) and the **availability of food distributions** (6%).

Of the **9%** of households with intentions to leave, the main factors to leave were **insufficient access to humanitarian assistance in the camp** (80%) and **lacking access to income and employment opportunities** (60%).

Gender-based violence

39% of households reported gender-based protection issues with **early marriage** (39%) and **emotional violence** (6%) being the most commonly reported.

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



Of the **61%** of households who knew about a designated women and girls space, **32%** reported that at least one girl or woman from their household attended one in the 30 days prior to data collection.

8% of **men and boys** reportedly avoided certain camp areas for safety and security reasons, **88%** of whom avoided camp outskirts most commonly. **9%** of **women and girls** avoided certain camp areas for safety and security reasons, **79%** of whom avoided camp outskirts most commonly.¹⁰

Child protection

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



Of the **42%** of households who knew about any child-friendly spaces, **39%** reported that at least one child from their household attended one in the 30 days prior to data collection.

Households reporting child protection concerns within the camp in the two weeks prior to data collection:^{6, 10}



Of the **50%** of households who reported child protection concerns, **44%** identified early marriage (below 18 years old) and **34%** child labour.

74% of households were reportedly aware of **child labour** occurring among **children under the age of 11**, most commonly reporting domestic labour (46%) and the transport of people or goods (37%).^{6, 10}

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

	Boys (74%)	Girls (91%)
Transporting people/goods	63%	Domestic labour 54%
Domestic labour	43%	Transporting people/goods 29%

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



WATER, SANITATION AND HYGIENE (WASH)

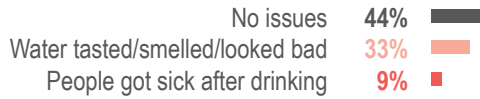
Water



Public tap/standpipes were the primary water source at the time of data collection. The public tap/standpipe was reportedly used by 99% of households for drinking water.

11% of households reportedly 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:⁶



89% of households reported that their **drinking water was treated**. Treatment at the source and usage of chlorine tablets, powder or liquid were the most commonly reported methods, accounting for 86% and 3% of all surveyed households, respectively.

39% of households reportedly used **negative strategies to cope with a lack of water** in the two weeks prior to data collection.

The most commonly reported coping strategies:⁶

- Modified hygiene practices (17%)
- Used previously stored drinking water (16%)
- Reduced drinking water consumption (14%)

29% of households reported having at least one member suffering from **diarrhoea**, 21% of households had at least one person with **respiratory illnesses**, and 12% of households reported at least one member with **leishmaniasis** in the two weeks prior to data collection.⁷

Hygiene

93% of households reportedly **did not have access to a private handwashing facility**.

80% of households reported having **hand/body soap** available at the time of data collection.

74% 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 **shampoo**. Hygiene items were most commonly inaccessible because households could not afford it.

CAMP COORDINATION AND CAMP MANAGEMENT

Camp management and committees

35% of households reported that they did not know who manages the camp, while 24% were reportedly not sure.

The camp reportedly had a complaint mechanism¹ and 91% of households reported knowing of a complaints box in the camp. 54% of households reported that they knew who to contact to raise 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



Number of communal latrines:^{1,12} **1,387**

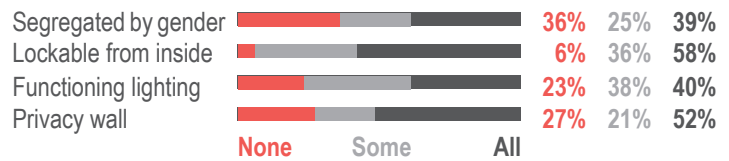
Number of household latrines:^{1,12} **0**

Types of defecation facilities used by % of households:

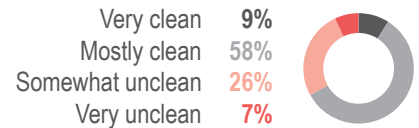
- Household latrine: 3%
- Communal latrine: 98%
- Open defecation: 0%

12% of households reported that some members **could not access latrines**, with people with disabilities and boys being the most common, accounting for 7% and 5% of all surveyed households, respectively.

Communal latrine characteristics, by % of households¹⁴



Communal latrine cleanliness, by % of households reporting:



Showers



Number of communal showers:^{1,12} **4**

Number of household showers:^{1,12} **1,432**

Shower/bathing place usage by % of households:¹³

	available ⁵	used
• Household showers:	8%	7%
• Communal showers:	1%	1%
• Bathing in shelter:	100%	83%

Waste disposal¹



Primary waste disposal system: Garbage collection (NGO).

Disposal location: Garbage dump outside the camp.

Sewage system: Desludging.

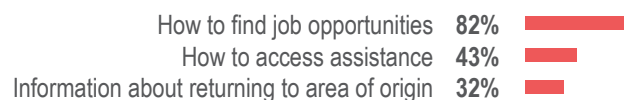
The primary issue with garbage reported by households was having **insufficient garbage bags within households (17%)**.

Households' information needs

Top three reported sources of information about services:¹⁹



Top three reported information needs:¹⁹

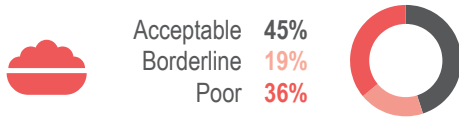


12. Communal latrines and showers are shared by more than one household. Household latrines and showers are used only by one household. This may be an informal designation that is not officially enforced.
13. A shower is defined as a designated place to shower as opposed to bathing in shelter (i.e. using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

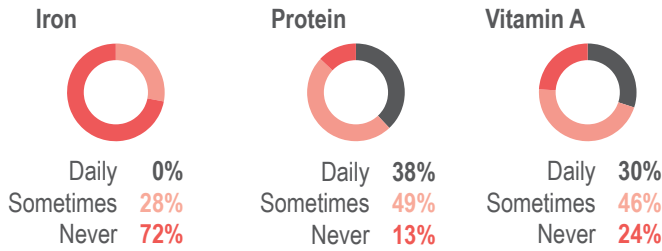


Food consumption

Percentage of households at each FCS level:³

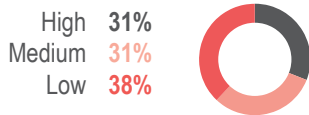


Percentage of households consuming iron, protein and vitamin A-rich foods by frequency:¹⁵



Dietary diversity

Percentage of households by Household Dietary Diversity score level:¹⁶

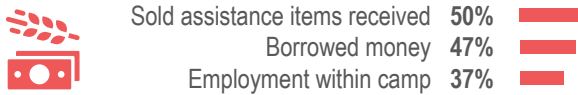


LIVELIHOODS

Household income

Average monthly household income:¹⁸ **227,621 SYP** (62 USD)²⁰

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



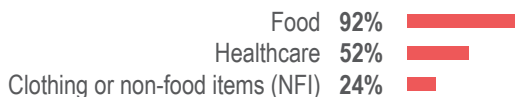
Most commonly reported employment sectors:^{6,18,21}



Household debt

89% 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 **538,883 SYP** (147 USD).²⁰

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



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



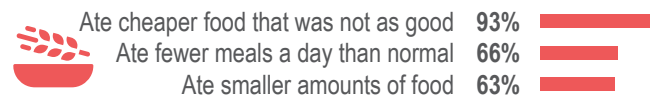
15. Households were asked to report the number of days per week when nutrient-rich food groups were consumed, from which nutrient consumption frequencies were derived. World Food Programme (2015). [Food Consumption Score Nutritional Quality Analysis - Technical Guidance Note](#).

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](#).

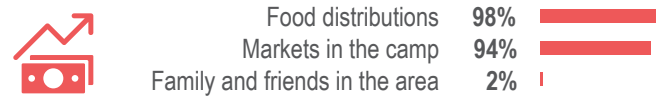
17. Households were asked to report the number of days they employed each coping strategy. The graph only shows the overall frequency with which a coping strategy was reported.

Food security

Top three reported food-consumption related coping strategies:^{17, 24}



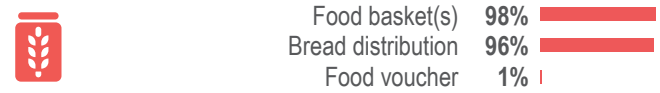
Most commonly reported main sources of food:^{6, 18}



Food distributions

99% 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:⁶



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



Household expenditure

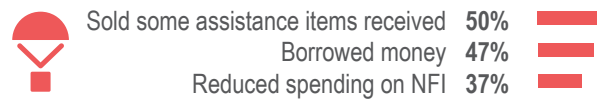
Average monthly household expenditure:¹⁸ **246,039 SYP** (67 USD)²⁰

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



Coping strategies

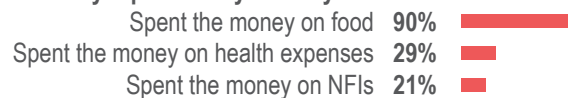
Top three reported livelihoods-related coping strategies:^{18, 19}



50% of households reportedly **sold assistance items** with food assistance followed by shelter items being the most commonly sold. The most commonly **sold food** items were **chickpeas** (88%), **rice** (37%) and **ghee/vegetable oil** (35%).

The main reason households reported for selling assistance were the need of **cash for more urgent spending** (73%) and **that the received item or assistance, while useful, was not a top priority** (37%).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 2022 ([Reach Initiative, NES Marke Monitoring Exercise](#), February 2022).

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

22. Enumerators were asked to observe the state of the tent and record its condition.

23. Diphtheria, tetanus and pertussis (DTP); Measles, mumps and rubella (MMR).



EDUCATION



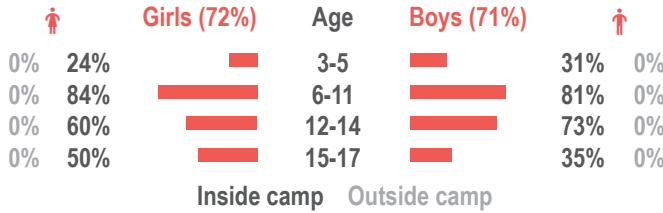
At the time of data collection, there were **3** educational facilities in the camp.¹

Age groups: 3-5 years, 6-11 years, 12-14 years
Certification available: yes

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)

71% of school-aged children in the households reportedly received education.

Most commonly reported barriers to education for households:^{6, 10}



- Child did not want to attend (35%)
- Education was not considered important (35%)
- Children had to work (17%)

Early childhood education (3-5 years old)

27% of 3-5 year old children in the households reportedly received early childhood education.

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



- No education for children of a certain age (41%)
- Education was not considered important (23%)
- Child did not want to attend (18%)

SHELTER AND NON-FOOD ITEMS (NFIs)



Average number of people estimated per household: **7**

Average number of shelters estimated per household: **2**



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



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

Tent status

In assessed households, **33%** of tents were in new condition.²²

Flood susceptibility



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

Sources of light

Most commonly reported sources of light inside shelters:⁶

	Solar panels	89%	
	Rechargeable flashlight/battery-powered lamp	20%	
	Cell phone light	6%	

NFI needs

Top three anticipated NFI needs for the three months following data collection:¹⁹

	Rechargeable fan	39%	
	Washing powder (for clothes)	36%	
	Cool box	31%	

Shelter adequacy

Reported shelter adequacy issues:¹



Present needs:

Additional Tents

Expected future needs:

Detergent for dishes

Bedding items

Jerry can

Top three most commonly reported shelter item needs:¹⁹



Plastic sheeting **58%**

New tents **48%**

Additional tents **44%**

48% of respondents reported they had **access to a communal or private kitchen**, while **52%** of households used **improvised cooking facilities** (e.g. makeshift kitchen or cooking inside or outside shelter).

34% of households reported **hazards in their block** such as uncovered pits (21%).

Fire safety



The camp management reported that **fire extinguishers were available in each block** and that camp actors **informed residents on fire safety** in the three months prior to data collection.

80% of households reported that they had received information about fire safety, **11%** of which reported **comprehension difficulties** of the information received. **82%** reported knowing of a fire point in their block.

²⁴. During the 7 days prior to data collection.

²⁵. The definition of households' health minimum standards was left to the households' discretion.

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).