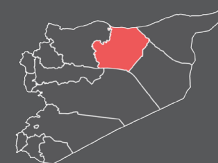




Camp Profile: Twahina

Ar-Raqqa governorate, Syria

August 2022



Background and Methodology

Twahina is informal internally displaced person (IDP) camp in Ar-Raqqa governorate. This profile provides an overview of humanitarian conditions in Twahina camp. Primary data was collected between 17 and 28 August 2022 through a representative household survey. The assessment included 399 households who were randomly sampled to achieve a 95% confidence level and 10% margin of error based on population figures provided by camp management. Key informant (KI) interviews with camp managers, held in August 2022, were used to support and triangulate the household survey findings.

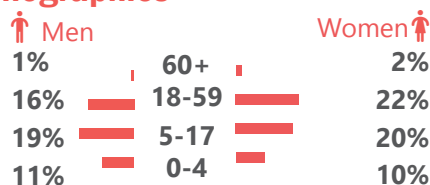
Location Map



Camp Overview¹

Number of individuals: 3,640
Number of households: 732
Number of shelters: 847
First arrivals: December 2019
Camp area: 0.42 km²

Demographics

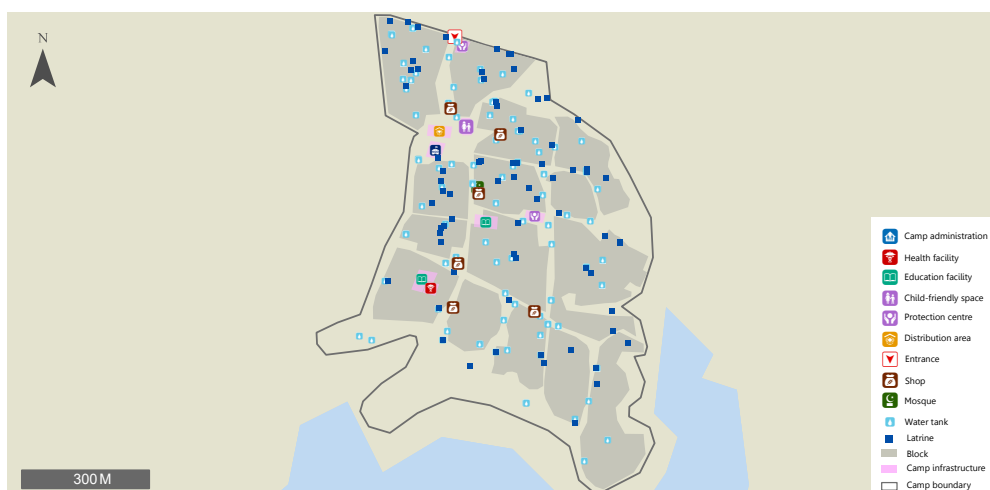


Vulnerable groups

Percentage of HHs by vulnerable group:⁴

Female-headed households	14%	HH members with disability	6%
Chronically ill persons	8%	Persons with serious injury	3%
Pregnant/lactating women	7%	Single parents/caregivers	2%

Camp Map



Camp mapping conducted in August 2022. Detailed infrastructure map available on [REACH Resource Centre](https://reacch.org/).

Sectoral Minimum Standards²

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max 4.6	5	●
	Average covered living space per person	min 3.5 m ²	5.6 m ²	●
	Average camp area per person	min 45 m ²	115.9 m ²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	51%	●
	Presence of health services within the camp	Yes	1	●
Protection	% of households reporting safety/security issues in past two weeks	0%	54%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	87%	●
	% of households with acceptable food consumption score (FCS) ³	100%	43%	●
Education	% of children aged 6-17 accessing education services	100%	68%	●
WASH	Persons per latrine	max. 20	21.5	●
	Persons per shower	max. 20	4.3	●
	Frequency of solid waste disposal	min. twice weekly	Every_day	●

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/
2. 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](https://www.unhcr.org/5d6d6d6d.html), 2018 [UNHCR Emergency Handbook](https://www.unhcr.org/5d6d6d6d.html).

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. <https://resources.vam.wfp.org/data-analysis/quantitative/food-security/food-consumption-score>
4. Self-reported by households and not verified through medical records.



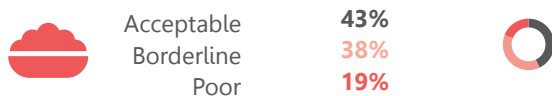
Camp Profile: Twahina



FOOD SECURITY

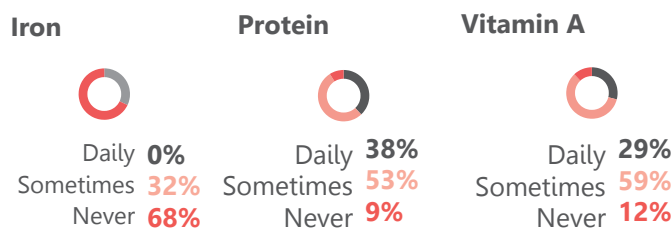
Food consumption

Percentage of households by FCS category:¹



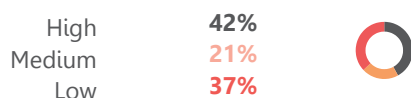
Nutrition

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



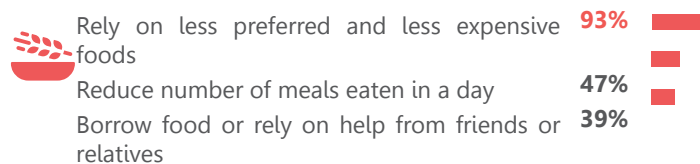
Dietary diversity

Percentage of households by Household Dietary Diversity score level:³

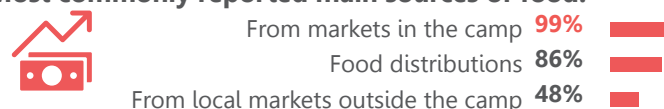


Food security

Top three reported negative consumption-based coping strategies:



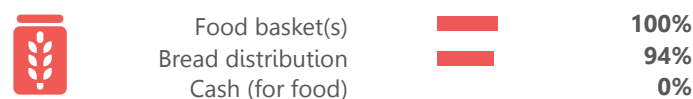
Most commonly reported main sources of food:^{4,5}



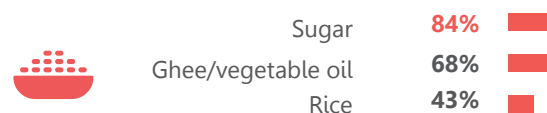
Food distributions

100% of households had received a food basket, bread distribution, cash, or vouchers in the 30 days prior to data collection.

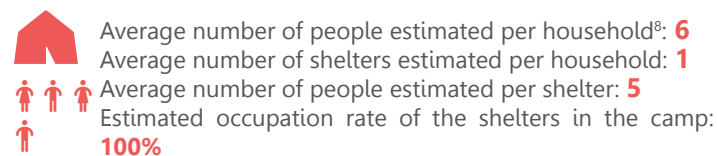
% of households by reported type of food assistance received:⁵



Top three food items households would like to receive more of:⁶



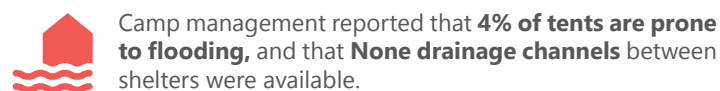
SHELTER AND NON-FOOD ITEMS (NFI)



Tent status

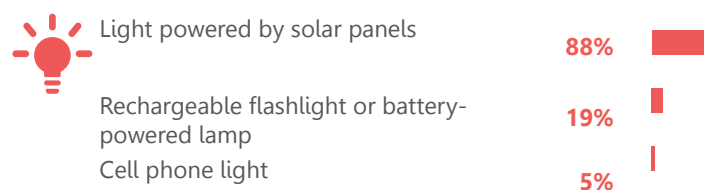
In assessed households, 4% of tents were in new condition.⁷

Flood susceptibility



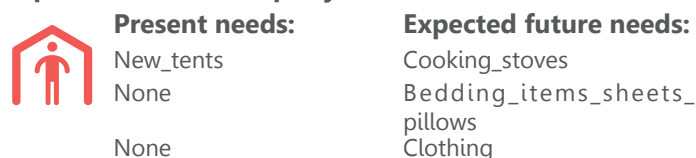
Sources of light

Most commonly reported sources of light inside shelters:⁴

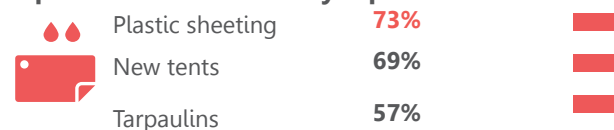


Shelter adequacy

Reported shelter adequacy issues:⁸



Top three most commonly reported shelter item needs:⁶



0% of respondents reported they had access to a communal or private kitchen, while 100% of households used improvised cooking facilities.

Households reported hazards in their block such as uncovered pits (7%) and electricity hazards (0%).

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: Twahina



NFI needs

Top three reported anticipated NFI needs for the three months following data collection:¹



Carpet/mat for the floor	56%	■
Winter blankets	40%	■
Mattresses/sleeping mats	33%	■

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.

71% of households reported that they had received information about fire safety, **6%** of which reported comprehension **difficulties** of the information received. **85%** reported knowing of a fire point in their block.

LIVELIHOODS

Household income

Average monthly household income:² **480,958 SYP (114 USD)³**

Top three reported primary income sources:^{1,4}



Borrowed	84%	■
Employment outside of camp	61%	■
Selling assistance items received	49%	■

Most commonly reported employment sectors:^{1,2}

Inside camp Outside camp

Daily labour	20%	57%
Agriculture	0%	31%
Employment in private business	20%	10%

Household debt

95% 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 **727,053 SYP (172 USD)³**

Top three reported reasons for taking on debt:^{1,5}

Food	99%	■
Healthcare	77%	■
Clothing or non-food items (NFI)	24%	■

Top reported creditors:^{1,5}

Shopkeeper	96%	■
Friends or relatives	93%	■

Household expenditure

Average monthly household **546,979 SYP (130 USD)³** expenditure:

Top three reported expenditure categories:^{1,4}

Food	84%	■
Transportation	84%	■
Healthcare	83%	■

Coping strategies

Top three reported livelihoods-related coping strategies:^{1,2}



Borrowed money	84%	■
Sold some assistance items received	49%	■
Reduced spending on non-food expenditures, such as health or education	31%	■

49% of households reportedly sold assistance items with Food assistance followed by Cooking items being the most commonly sold. The main reason households reported for selling assistance were I needed cash for more urgent spending(64%) and The item/assistance is useful, but not the first priority (43%).

The most commonly sold food items were **Chickpeas** (93%), **Bulgur wheat** (33%) and **Rice** (15%).

Most commonly reported ways money from sales was used:

Spent the money on food	96%	■
Spent the money on health expenses	49%	■
Spent the money on debt repayment	9%	■

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 4,220 Syrian Pounds to the dollar in August 2022 (Reach Initiative, NES Marke Monitoring Exercise 22-August).

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.



WATER, SANITATION AND HYGIENE (WASH)

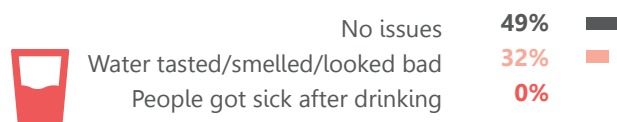
Water



Tanker truck_NGO 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.

2% 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:¹



89% of households reported that their drinking water was treated over the two weeks prior to data collection. It was treated at the source and Household filtered the water were the most commonly used methods, accounting for 78% and 9%, respectively.

38% 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:¹

- Relied on previously stored water (24%)
- Modified hygiene practices (bathe less, etc) (14%)
- Reduced drinking water consumption (4%)

20% of households reported having at least one member suffering from diarrhoea².

Hygiene

100% of households reportedly didn't have access to a private handwashing facility.

93% of households reported having **hand/body soap** available at the time of data collection.

79% of households were able to access all assessed hygiene items in the two weeks prior to data collection.³ The most commonly inaccessible items included Washing powder (1kg), and Soap (bar). Hygiene items were most commonly inaccessible because households Couldn't afford it.

Latrines



Number of communal latrines:⁴ 161

Number of household latrines:⁴ 8

Types of defecation facilities used:

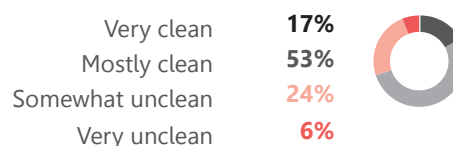
- Household: **5%**
- Communal: **93%**
- Open defecation: **1%**

4% of households reported that some members **could not access latrines**, with Persons with disabilities (2%) and Boys (0-17) (1%) being most frequently reported by households.

Communal latrine characteristics, by % of households reporting⁵



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



Showers



Number of communal showers:⁴ -

Number of household showers:⁴ 847

Shower/bathing place usage:⁶

	available ¹	used
• Household:	0%	0%
• Communal:	0%	0%
• Bathing in shelter:	100%	96%

Waste disposal⁷



Primary waste disposal system: Garbage_collection_NGO

Disposal location: A garbage dump located about 5 km away from the camp

Sewage system: desludging

The primary issue with garbage reported by households was **Insufficient number of bins/dumpsters (15% 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: Twahina



HEALTH



Number of healthcare facilities in camp: 1

Types of facilities: Mobile_health_clinic

Available services at the accessible health centres:

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

82% of households reported that health-related assistance was not meeting their minimum health needs. Households' most commonly reported health needs were Chronic diseases treatment (47%) and Maternal health services (47%).¹

Of the 73% of households who required treatment in the 30 days prior to data collection, 100% reportedly faced barriers to accessing medical care.

Most commonly reported barriers to accessing medical care:²

- Unaffordability of health services (93%)
- High transportation costs to health facilities (80%)
- Lack of medicines at the health facilities (64%)

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



Of the 48% reporting a birth in their household, 96% reported that the women delivered in a health facility.

20% of households had at least one person with a respiratory illnesses; and 0% of households reported any member with leishmaniasis in the two weeks prior to data collection.²

COVID-19

Response infrastructure⁶

Isolation area available:	No
Isolation area functional:	-
	No_separate_sanitation_facilities
Sanitation facilities in isolation area:	NA
Main issues with isolation area:	NA
Sufficient handwashing facilities in camp:	Yes

94% of households reportedly experienced difficulties in obtaining hand/body soap.

Related main difficulties included:¹

Soap was too expensive	76%
Soap was distributed infrequently	38%
No soap has been distributed	7%

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



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 disability 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

Vulnerable groups

Households reporting members in the following categories:³

Person with chronic illness ⁸	35%
Person with serious injury/disease (requires medical attention)	21%
Pregnant or lactating woman	7%

Of the 35% of households with a member living with a chronic disease, 3% reported that required medicine was not available, but 73% reported that they could not afford the required medicine.

6% of household heads were reportedly living with a disability.^{3,4,5}

63% 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

51% of children under five years old were reportedly vaccinated against polio. 65% of children under two years old had reportedly received the DTP vaccine and 51% the MMR vaccine.

Immunization services for children was reported by 17% 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:⁶



Screening and referral for malnutrition:	YES
Treatment for moderate-acute malnutrition:	YES
Treatment for severe-acute malnutrition:	YES
Micronutrient supplements:	YES
Blanket supplementary feeding program:	YES
Promotion of breastfeeding:	YES

Prevention measures

Camp staff training:	Yes_all
Temperature check for people entering:	None
Quarantine for new arrivals:	No
Sanitation facilities in quarantine area:	No_separate_sanitation_facilities
Quarantine area functional:	-
Main issues with isolation area:	NA

Camp management reported that **face masks were distributed** to the population. When asked if there have been any modifications on **aid distributions**, camp management reported that aid distributions were modified to no_modifications.

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

No measures were enforced in the past 30 days	68%
Changed distribution procedures	25%
Distributed hygiene materials (soap, disinfectant, masks, etc.)	6%

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

Washed hands more regularly	46%
Nothing	43%
Stayed at home as much as possible	23%



MOVEMENT

Top three household areas of origin:¹

	Country	Governorate	Sub-district	
	Syria	Damascus	Damascus	3%
	Syria	Hama	Muhradah	48%
	Syria	Hama	Suqaylabiyah	7%

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

New arrivals **62** Departures **21**

On average, households in the camp had been displaced **4** times before arriving to this camp, and **99%** of households in the camp had been displaced longer than one year.

Households planning to leave the camp:



Within 1 year	0%
After more than 1 year	0%
Not planning to leave	100%



100% of households had no intention to leave the camp, mainly because There were food distributions in the camp (42%), Waiting for area of origin to be safe (37%) and The camp was safe (11%).

PROTECTION

Protection concerns



54% of households reported being aware of safety and security issues in the camp during the two weeks prior to the assessment.

The most commonly reported security concerns were:

- Danger from snakes, scorpions, mice (42%)
- Theft (11%)

34% of households reported at least one member suffering from psychosocial distress.²

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

Freedom of movement



Camp management reported that all residents who needed to leave the camp temporarily could do so at the time of data collection. **5%** of households reported to be able to leave without disclosing the medical reason for leaving.

Most commonly reported barriers among the 81% 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 (63%)
- Site departure conditions (need approval) (41%)
- Insufficient transportation (34%)

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

Documentation



21% of households reported having at least one married person who was not in possession of their **marriage certificate**.

26% of households with children below the age of 17 reported that at least one child did not have any **birth registration documentation**.

Gender-based violence

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



Yes **94%**
No **6%**

Of the 94% of households who know about a designated women and girls space, 20% reported that a girl or woman from their household attended one in the 30 days prior to data collection.

0% men and boys reportedly avoided camp areas for safety and security reasons. 3% of women and girls, reportedly avoided camp areas, **67%** of whom avoided **Communal latrines/showers/water points** most commonly.

Child protection

47% of households reported gender-based protection issues with Early marriage (girls below 18 years old) (40%) and Denial of resources, opportunities, or services (7%) being the most commonly reported.

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



Yes **97%**
No **3%**

Of the 97% of households who know about any child-friendly spaces, 56% reported that a child from their household attended one in the 30 days prior to data collection.

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

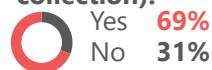
4. Self-reported by households and not verified through medical records.



Camp Profile: Twahina



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



Of the **69%** of households who reported child protection concerns, 61% identified Child labour and 40% Early marriage (below 18 years old).

80% of households reported that they were aware of child labour occurring among children under the age of 11, most commonly reporting Domestic labour (66%) and Agriculture (28%).^{1,2}

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

Most commonly reported types of child labour by gender:^{1,2}

Boys (100%)		Girls (100%)	
Agriculture	84%	Agriculture	98%
Domestic labour	31%	Domestic labour	69%

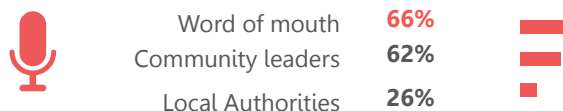
CAMP COORDINATION AND CAMP MANAGEMENT

Camp management and committees

4% of households reported that they did not know who manages the camp, and **40%** reported being not sure.

The camp managers reportedly with a **Yes** when asked if complaint mechanism exist. **89%** of households reported knowing of a complaints box in the camp. **89%** of households reported that they knew who to contact to raise issues or concerns.

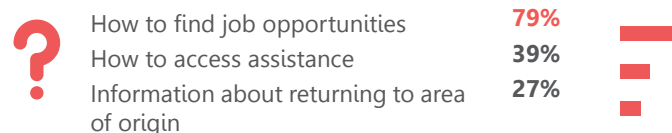
Top three reported sources of information about services:³



Present committees reported by camp management KI:

<input checked="" type="checkbox"/> Camp management	<input checked="" type="checkbox"/> Youth committee
<input checked="" type="checkbox"/> Women's committee	<input checked="" type="checkbox"/> Maintenance committee
<input checked="" type="checkbox"/> WASH committee	<input checked="" type="checkbox"/> Distribution committee
<input checked="" type="checkbox"/> Health committee	

Top three reported information needs:³



EDUCATION



At the time of data collection, there was **1** educational facility in the camp⁴.

Age groups: 6-11 and 12-14

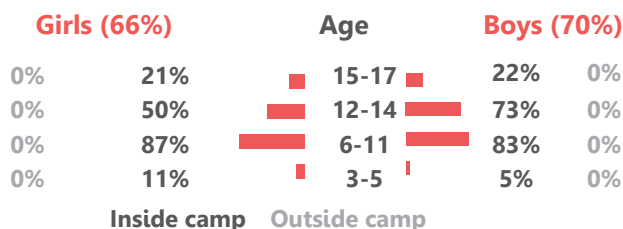
Service providers: NRC

Certification availability for each educational facility : No

Available WASH facilities in educational facilities⁴

	Latrines	Yes (Yes) ⁵
	Handwashing facilities:	Yes
	Safe drinking water:	Yes

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



School-aged children (6-17 years old)

68% of school-aged children in the households were reported to **receive education**.

The most commonly reported barriers to access education for these households were:^{1,2}



- No education for children of a certain age (52%)
- Child did not want to attend (44%)
- Children had to work (19%)

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:^{1,2}



- No education for children of a certain age (80%)
- Child did not want to attend (17%)
- Children did not have the proper clothes/shoes to attend (7%)

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](https://www.reach-initiative.org/en/news/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).

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.
5. Yes Segregated, No if not