



Camp Profile - Al Hol

Al-Hasakeh governorate, Syria
April 2017

Management agency: Humanitarian Affairs Office (HAO)
Registration actor: HAO, UNHCR

Methodology

This profile provides an overview of infrastructure and services in Al Hol camp. Primary data was collected between 19 and 23 April 2017 through 106 randomly sampled household interviews, allowing for representative findings with a 95% confidence level and 10% margin of error. Additional information was provided by interviews with camp management. Indicators were developed based on regional standards and amended following feedback from actors in the camp.

Camp Overview

Approx. individuals: 20,000¹
Approx. shelters: 4,000 (all occupied)
Date opened: April 2016
Ongoing extension: approx. 8,250 shelters total
Camp area: 800,000m² (occupied); 17,000,000m² (total)

The camp is divided into six areas, called 'Phases', three of which are fully built and in use (see map). The larger two of the three phases house Iraqi refugees (97% of camp population) primarily from Ninewa governorate, whilst one is for Syrian IDPs (3% of camp population) primarily from Deir-ez-Zor, Al-Hasakeh and Ar-Raqqa governorates (respectively).

Location Map



Camp Map - Al Hol



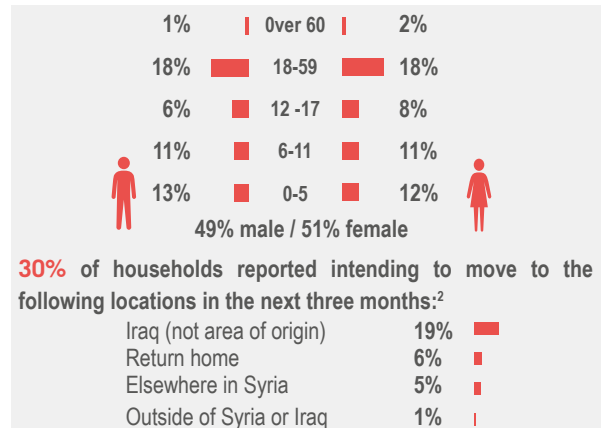
Click map for separate PDF

Imagery: WorldView-2 from 13 March 2017
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Summary

Shelter	Average covered area per person	6.8m ²
	Average number of individuals per shelter	5.0
WASH	% of households spending at least 1 day in past month without water	29%
	Latrines and showers under construction in most of the camp	
Health	Health services available within 2km	100%
Livelihoods	% of households reportedly economically inactive	56%
Food	% of households reporting accessing food assistance in the past month	96%
	% of households using some form of consumption coping strategy	73%
Education	% of children aged 6-17 accessing educational services	24%
Protection	% of households having lost some form of documentation	16%
	% of households with children 5-17 with access to CFS / YFS	28%

Demographics and Intentions



1 Population as estimated by camp management; official active population (those verified through monthly distribution / verification exercises and collecting assistance) is 18,100 as of 13 May 2017 (UNHCR). Camp management estimates include inactive populations.

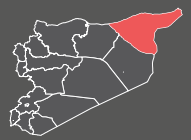
2 Note that stated intentions may not translate to actual movement due to a number of factors, including feasibility of movement and changing preferences.



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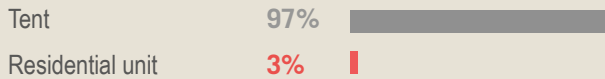
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Shelter

Shelter types



Shelters are primarily UNHCR 3x4 tents, with a small section of the camp containing mud brick structures (residential units) which were constructed when the site was first used as a camp in 1991, reserved for people with disabilities.

- 90% of tents have a secondary cover (tarp or similar)
- 61% reported shelter being flooded in the past three months

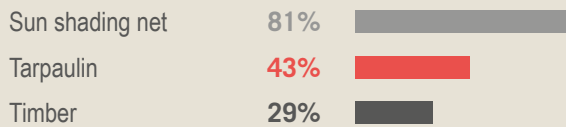
Note that during winterisation distributions, all households received 3 plastic sheets (6 for those with 2 tents); 90% refers to those using the sheets as secondary covers (i.e. for their intended purpose) at the time of data collection; it is possible that households still possess these sheets but use them for other purposes.

Occupation

5.0 people per shelter

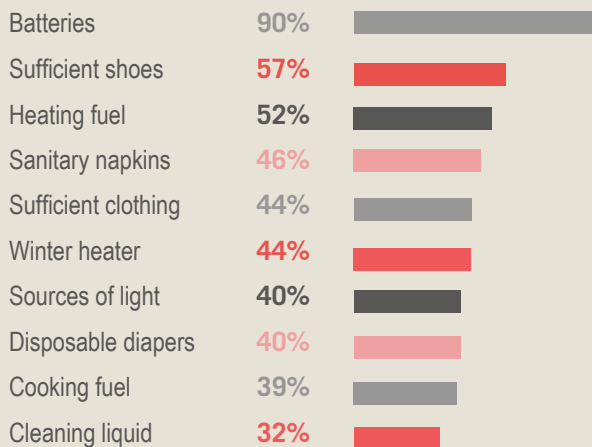
Family / household size was on average 7.3 people; families with over 7 people are provided with an additional tent.

Top reported needed shelter items³

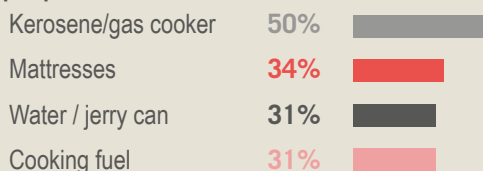


NFIs

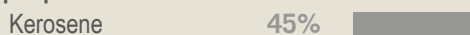
Top 10 items most commonly reported missing in households⁴



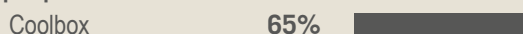
Top reported needed basic items³



Top reported needed winter item



Top reported needed summer item



³ Households selected up to three items from a list.

⁴ Percentages refer to households reporting they did not possess the item at the time of interview, regardless of prior distributions or previous possession. In particular, note that a) solar lamps are provided to all households on arrival and these may have since been broken or misplaced; b) all households were asked if they had disposable diapers, not just those with young children; c) at the time of assessment, heating fuel may not have been necessary due to warm weather; d) cooking fuel may be found in communal kitchens rather than in individual households.

WASH

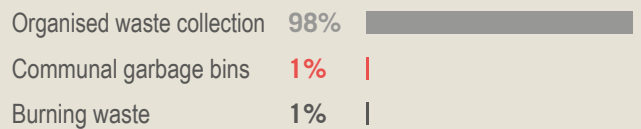
Access to water

At the time of data collection, water was trucked to communal water points distributed throughout the camp. An NGO was planning to connect the water points to a main network.

- 100% of households used communal water taps outside the shelter for both drinking and household purposes
- 52% of households reported issues with water quality (looks dirty, is salty, tastes bad, smells bad)
- 29% of households reported spending at least one day (24 hours) without access to water in the past month

Waste disposal

At the time of data collection, an NGO collected waste on a daily basis, and moved it to a site 6km south of the camp. Three trucks were used; though it was expressed that there should be at least five to meet the needs of the camp. Households reported the following types of waste disposal:

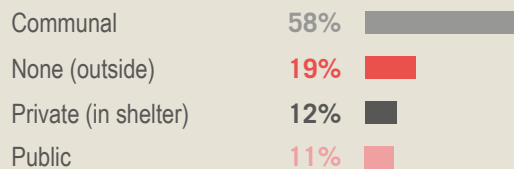


Of the 98% reporting organised waste collection, households reported the following regularity of collection:

- 66% collection every day
- 34% collection every week

Latrines

At the time of data collection, latrine blocks were under construction. The majority of existing latrines were of a makeshift or temporary nature, and residents often preferred not to use them. Households reported using the following types of latrine:

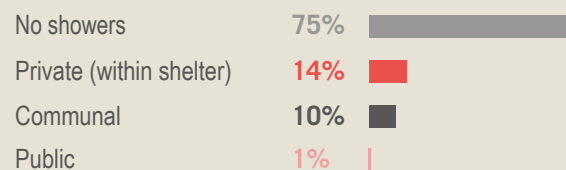


Of the 69% reporting using communal or public latrines, the following characteristics were reported:

- 71% separate for men and women
- 51% reportedly clean or mostly clean
- 41% lockable from the inside
- 5% with functioning lighting

Showers

At the time of data collection, shower blocks were under construction, though these were not yet functioning. Households reportedly commonly either washed using water from water points, or allocated small areas in the back of their shelters to serve as private washing areas. Households reported having access to the following types of showers:



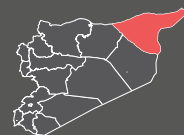
Note that for those reporting no showers, this does not infer that households are not washing, rather that there is an absence of suitable facilities and they may be using alternative spaces.



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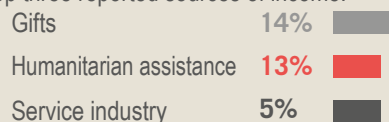
Livelihoods

Income

Households reported limited economic opportunities within the camp, though some are able to work in the market or informal shops, or for NGOs on a cash for work basis.

31% of households reported having an income in the past month⁵

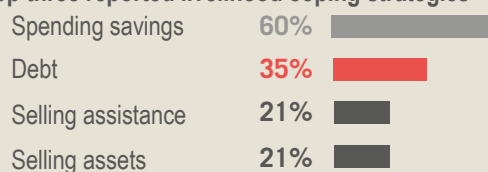
Top three reported sources of income:



Overall average monthly household income: 19,500 SYP (\$38)*

Monthly income of economically active households:⁶ 46,900 SYP (\$91)*

Top three reported livelihood coping strategies⁵



Of the 35% of households which reported taking on debt, the most common sources were family, friends and other displaced families.

31% of households reported buying goods from shopkeepers on credit; on average they owed 26,300 SYP (\$51)*

* UN operational rate of exchange as of 1 May 2017: \$1 = 515 SYP.

Health

Health facilities and access

Three health facilities are reportedly present in the camp, run by KRC, Al-Ber and IRC. These provide first aid, pediatrics, psychiatrists and childbirth care. There is a reported lack of pharmaceuticals, as well as capacity to conduct complex diagnosis and deal with existing caseloads.

100% of households have access to a health centre within 2km

89% of households reported no consistent supply of medicine for PLW⁷, chronically ill and disabled members

63% of households reported having a member requiring treatment in the past 30 days. Overall, 34% did not seek treatment, whilst 29% sought treatment:

- 14% from public hospitals / clinics
- 9% from NGO clinics
- 7% from external private hospitals / clinics

Of the 29% of households seeking treatment:

66% reported facing difficulties accessing the required health care, most commonly:

- Lack of access to qualified health staff
- Lack of medicine at pharmacies and hospitals
- Refused treatment with no explanation
- Facilities overcrowded

Children's vaccinations and illness

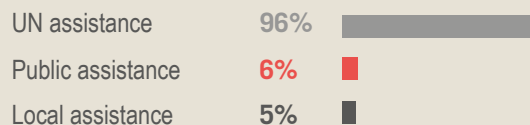
64% of children under 5 have been vaccinated against polio

18% of children under 18 have had diarrhea in the past 2 months

Food Security

Reported access to food assistance

96% of households reported receiving food assistance in the past month from:⁵



At the time of data collection, for refugees, standard WFP baskets were distributed to all of the active population in the camp on a monthly basis, whilst ready-to-eat food was distributed to IDPs on a weekly basis. Although assistance is targeted at the entire population, 4% of households reported to have not received assistance; some households indicated that they did not attend distributions and may have preferred to obtain food from markets in the camp.

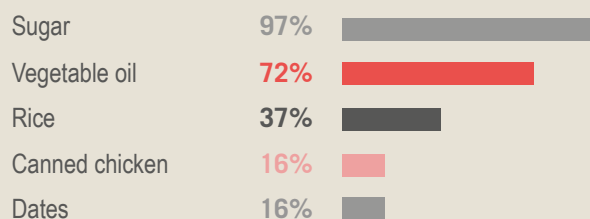
Of the 96% of households that reported receiving food assistance:

70% reported that the food was good quality

30% were not satisfied with the quality of the food

Food assistance preferences

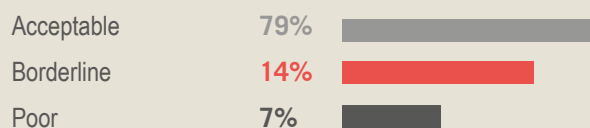
Food items which households reported to prefer to have more of:⁵



Preference for tea, milk, tomato paste, canned chickpeas and biscuits was also expressed by a few households.

Food items which were least popular were lentils, horse beans and bulgur wheat.

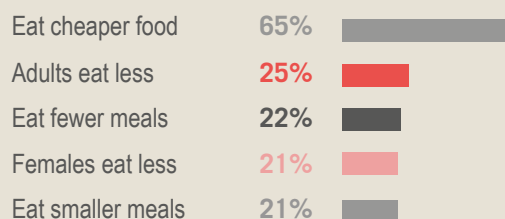
Food Consumption Score (FCS)



Note that Food Consumption Score (FCS) was calculated using WFPs Consolidated Approach to Reporting Indicators of Food Security (CARI), and measures households' current status of food consumption 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.

Consumption-based coping strategies⁵

73% of households reported using some form of consumption-based coping strategy in the previous month, most commonly:



⁵ Households selected as many as applied.

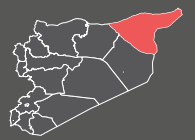
⁶ Those reporting having at least one source of income in the past month.

⁷ Pregnant / lactating women.



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Protection

Child protection

- 1%** of households reported hosting unaccompanied or separated minors
- 28%** of households with children aged 5-17 (77%) reported having access to safe spaces in the camp

Proportion of total assessed population in vulnerable groups*

Pregnant / lactating women	3%	█
Chronically ill individual(s)	8%	█
Disabled individual(s)**	6%	█
Female headed households	11%	█
Elderly at risk ⁹	1%	

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

**Including 3% physically/sensorially disabled, 2% mentally and 1% intellectually.

Freedom of movement

- 2%** of households reported being able to leave the camp temporarily (e.g. to markets, for livelihoods)
- 29%** of households reported being able to leave the camp for medical emergencies

Documentation and registration

- 16%** of households reported having lost some form of civil documentation, most commonly:¹⁰
 - ID cards (8%)
 - Citizenship certificate (6%)
 - Marriage certificate (6%)

Community Organisation and Information Access

Camp committees

- 100%** of households reported awareness of existence of camp committees, most commonly:¹⁰
 - Camp management committee (75%)
 - Distribution committee (60%)
 - WASH committee (40%)
- 59%** of households reported that committees adequately represent the interests of the majority of the population

Complaints about conditions or assistance in the past three months

Overall, 41% of households reported not knowing who to contact with issues. When asked if they had a complaint in the past three months:

- 57%** reported having no complaints
- 22%** made a complaint
- 21%** had a complaint but did not make it

Proportion of population with information on:¹⁰

Available assistance	86%	█
Registration and documentation	76%	█
Legal rights	35%	█

⁸ Child Friendly Spaces; Youth Friendly Spaces.

⁹ Defined as those over the age of 60 with additional vulnerabilities or requiring specialised assistance.

¹⁰ Households selected as many options as applied.

Education

Education services

Learning centres providing Iraqi curriculum (though not official certification) are available inside the camp, as are learning/recreation spaces such as CFS and YFS.⁸ Children are not able to leave to access education outside of the camp. Of the 77% of households surveyed with children aged 6-17:

- 54%** of children did not access any education services
- 24%** of children accessed learning centres
- 22%** of children accessed learning/recreation spaces

Reported attendance of learning centres were slightly higher for females, whilst attendance of learning/recreation spaces were slightly higher for males. Attendance rates were higher for younger children.

Reported attendance rates by age, gender and education type:

Age		Learning centres		Learning/recreation spaces	
		Males	Females	Males	Females
6-11		28%	30%	29%	28%
12-14		12%	25%	35%	11%
15-17		0%	0%	15%	13%

Note that these findings are indicative rather than representative due to being based on a subset of the total sample (households with children aged 6-17 only). Further, attendance rates are self-reported by households and while findings generally reflect official attendance rates for males and females, it was not possible to confirm attendance by age group.

Most commonly reported reasons for non-attendance

- Lack of availability of education services in the camp
- Newly arrived to the camp
- Lack of education services for children over 15

Note that these findings are indicative rather than representative due to being based on a subset of the total sample (households with children not attending school only).

Top reported information needs¹⁰

- 73%** information about returning to area of origin
- 40%** employment opportunities
- 23%** how to access assistance
- 20%** how to contact family members
- 16%** sponsorship programmes

Top reported sources of information about assistance distributions

Community mobilizers	40%	█
Word of mouth	25%	█
Community leaders	16%	█
Local authorities	13%	█
Camp management	7%	█

Note that further exploration is required to determine whether these perceptions accurately match with available information.