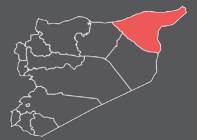




# Camp Profile: Newroz

Al-Hasakeh governorate, Syria

October 2020



## Background and Methodology

Newroz is a formal internally-displaced person (IDP) camp in Al-Hasakeh governorate. This profile provides an overview of humanitarian conditions in Newroz camp. Primary data was collected through household surveys from 27-28 October 2020. 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 in October 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 an NGO.

## Location Map



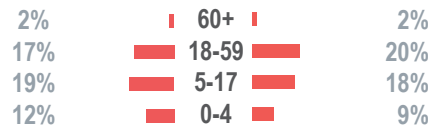
## Camp Overview<sup>1</sup>

**Number of individuals:** 517  
**Number of households:** 110  
**Number of shelters:** 125  
**First arrivals:** September 2014  
**Camp area:** 0.24 km<sup>2</sup>

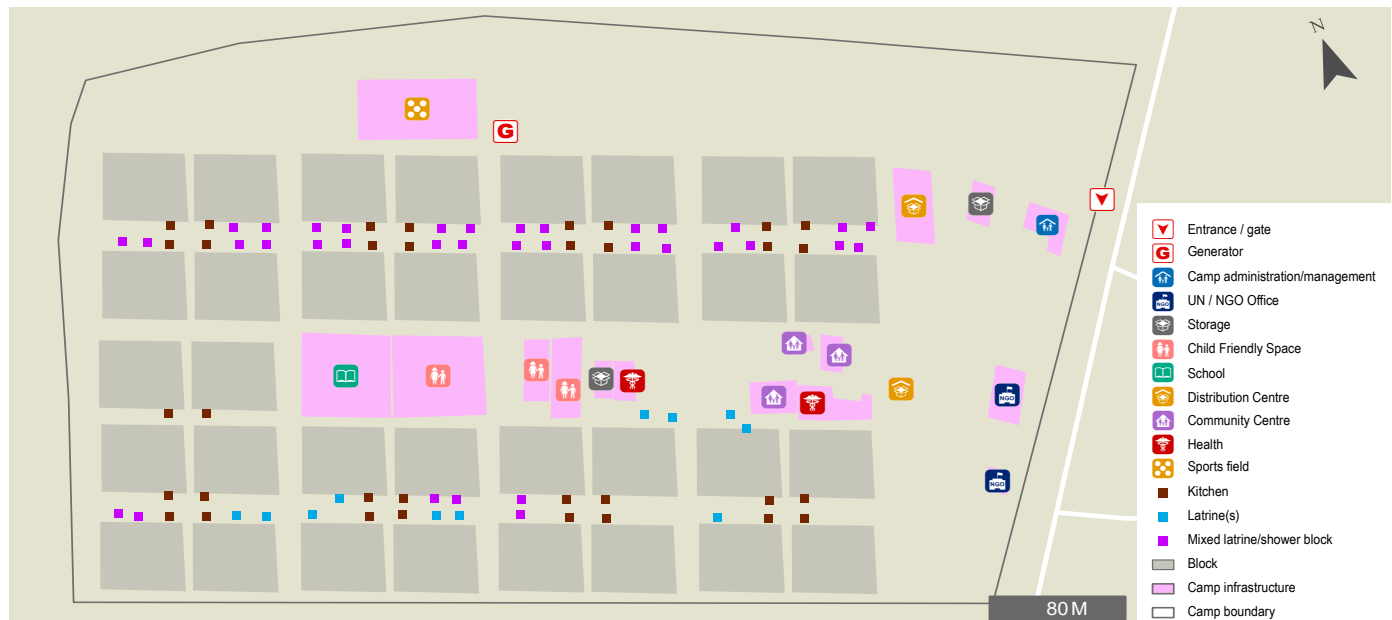
## Demographics

Men

Women



## Camp Map



Camp mapping conducted in October 2020. Detailed infrastructure map available on REACH Resource Centre.

## Sectoral Minimum Standards<sup>2</sup>

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max 4.6	4.4	●
	Average covered area per person	min 3.5m <sup>2</sup>	NA	
	Average camp area per person	min 35m <sup>2</sup>	NA	
Health	% of 0-5 year olds who have received polio vaccinations	100%	90%	●
	Presence of health services within the camp	Yes	Yes	●
Protection	% of households reporting safety/security issues in past two weeks	0%	50%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	100%	●
	% of households with acceptable food consumption score (FCS) <sup>3</sup>	100%	30%	●
Education	% of children aged 6-17 accessing education services	100%	76%	●
WASH	Persons per latrine	max. 20	14	●
	Persons per shower	max. 20	4	●
	Frequency of solid waste disposal	min. twice weekly	Every day	●

1. As reported by camp management KIs in October 2020.

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.



## COVID-19

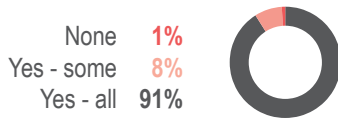
### Response infrastructure<sup>1</sup>

- Isolation area: **No (planned)<sup>4</sup>**
- Sufficient handwashing facilities: **Yes**

**Eighteen percent (18%) of households reported experiencing difficulties in obtaining hand/body soap, specifically reporting the following issues:<sup>5</sup>**

- Soap is too expensive **7%**
- Soap is poor quality **7%**
- Soap is distributed infrequently **5%**

**Percentage of households reporting that communal latrines have handwashing facilities**



### COVID-19 Information

**Main information sources about COVID-19 as reported by households:<sup>5</sup>**

- NGOs or charities **37%**
- Camp management **22%**
- Posters/flyers in the street **15%**

**15%** of households reported having difficulties understanding information about COVID-19.

**Of those that reported difficulties, the most commonly reported difficulties understanding information about COVID-19 were:**

- There are not enough materials (9%)
- Information is not clear (comprehensible) (6%)

### Prevention measures<sup>1</sup>

- Camp staff training: **Yes**
- Quarantine for new arrivals: **No (planned)<sup>4</sup>**
- Temperature check for people entering: **Yes**

Camp management KIs reported that **hand/body soap, hand sanitiser, face masks, gloves and cleaning products have been distributed** to the population, and that aid distributions have been modified to scheduled time slots for distribution.

**Top measures taken by camp management in response to the pandemic as reported by households:<sup>5</sup>**

- Distribution of hygiene materials **81%**
- Asking people to stay at home **68%**
- Enforcing curfew **62%**

**Top measures taken by households in response to the pandemic:<sup>5</sup>**

- Washing hands more regularly **66%**
- Using disinfectant/steriliser more **65%**
- Staying at home as much as possible **60%**

### Attitudes and behaviors of camp population<sup>1</sup>

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

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**  
**Service providers: NA**  
**Types of facilities: Public hospital/clinic**

Of the 49% of households who required treatment in the 30 days prior to the assessment, **41%** 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:<sup>5</sup>**

- Inability to afford health services (94%)
- High cost of transportation to health facilities (56%)

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



Of the 15% reporting a birth in their household, **100%** of women delivered in a **health facility**.

### Households reporting members in the following categories:<sup>6</sup>

- Person with serious injury **15%**
- Person with chronic illness **20%**
- Pregnant or lactating woman **45%**

**61%** of households with a pregnant or lactating woman had reportedly been able to access obstetric or, antenatal care.

**90%** of children under five years old were reported to be **vaccinated against polio**.

Camp management KIs reported that no infant nutrition items had been distributed. The following nutrition activities have reportedly been undertaken:

- 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: **No**

4. Camp management KIs reported that COVID-19 facilities are in the planning phase and were therefore not yet available at the time of data collection.

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

6. As reported by households themselves.

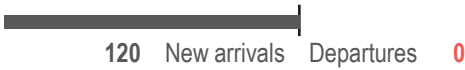


## MOVEMENT

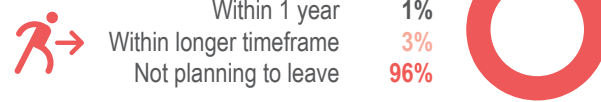
Top two household areas of origin:

Country	Governorate	Sub-district	
Syria	Ar-Raqqa	Tell Abiad	60%
Syria	Al-Hasakeh	Ras Al Ain	40%

Movements reported in the 30 days prior to the assessment:



Households planning to leave the camp:



On average, households in the camp had been displaced 2 times before arriving to this camp, and **94%** of households in the camp had been displaced longer than one year.

Of the 4% of households with intentions to leave, the main factors reported contributing to their intention to leave were wanting to return to area of origin (67%) and a lack of access to income and employment opportunities in the camp (33%).

## PROTECTION

### Protection concerns

**50%** 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:<sup>5</sup>

- Danger from snakes, scorpions, mice (78%)
- Disputes between residents (40%)

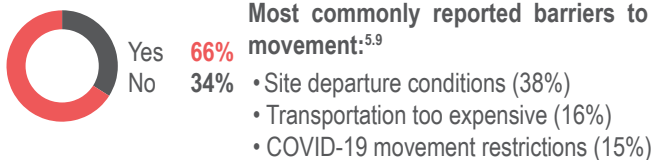
**34%** of households reported at least one member suffering from psychosocial distress.<sup>7</sup>

**15%** of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**<sup>8</sup> 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. However, 100% of households reported not being able to leave without disclosing the medical reason for leaving.

Households reporting whether they experienced barriers when leaving the camp in the two weeks prior to data collection:



### Vulnerable groups

Proportion of total assessed population in vulnerable groups:<sup>10</sup>

Chronically ill persons	4%	Single parents/caregivers	0%
Persons with serious injury	3%	Pregnant/lactating women	35%
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

**88%** of households reported having at least one married person who was not in possession of their **marriage certificate**.

**72%** 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:



Of the 81% of households who reported knowing about any designated spaces, **72%** 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:<sup>5,9</sup>

#### Men and boys

- Side streets (100%)
- Outskirts of camp (100%)

#### Women and girls

- Side streets (100%)
- Outskirts of camp (100%)

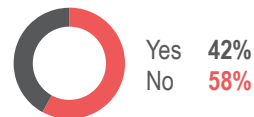
### Child protection

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



Of the 97% of households who reported knowing about any child-friendly spaces, **72%** 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):



Most commonly reported child protection concerns:<sup>5,9</sup>

- Child labour (79%)
- Domestic violence (26%)

Most commonly reported types of child labor by gender:<sup>5,9</sup>

#### Boys (30%)

- Factory work (59%)
- Other harsh/dangerous labour (22%)
- Domestic labour (15%)

#### Girls (11%)

- Factory work (19%)
- Domestic labour (15%)
- Transporting people/goods (15%)

**26%** of households reported that they were aware of **child labour** occurring among **children under the age of 11**, most commonly reporting factory work (19%) and transporting people/goods (7%).<sup>5,9</sup>

7. As reported by households themselves. Assessed symptoms included: persistent headaches, sleeplessness, and more aggressive behaviour than normal towards children or other household members.  
8. Changes in sleeping patterns, interactions with peers, attentiveness, or interest in other daily activities.

9. Question applies to subset of households who reported experiencing a given issue.  
10. Self-reported by households and not verified through medical records.



## EDUCATION



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

**Age groups:** 6 to 11 years old  
**Service providers:** Local authorities  
**Certification available:** Yes

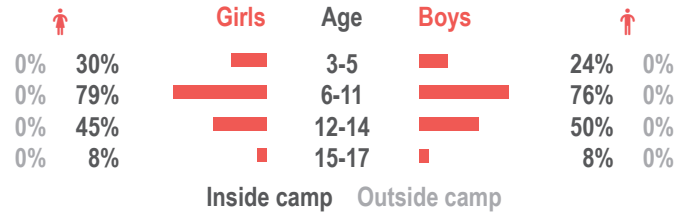
### Barriers to education

Of the **76%** households reporting that their children are receiving education, **13%** reported that they faced **barriers to education**. The most commonly reported barriers were:<sup>5</sup>

- No education for children of a certain age (50%)
- Children have to work (50%)
- Newly arrived to camp (12%)

**24%** of households reported that their school-age children receive **no education**.

### Proportion of school-age children attending education



### Available WASH facilities in educational facilities

- Gender-segregated latrines:<sup>1</sup> Yes
- Handwashing facilities:<sup>1</sup> Yes
- Safe drinking water:<sup>1</sup> Yes

## WATER, SANITATION AND HYGIENE (WASH)

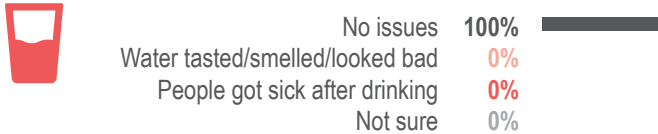
### Water



**Public water tank** was the primary source of water at the time of data collection. Ninety-four percent (94%) of households reported using the public tap/standpipe for drinking water.

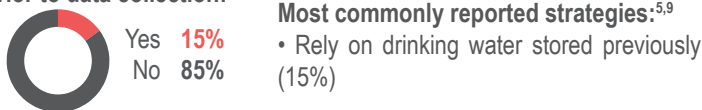
**5%** of households reported they spent at least two consecutive days without access to drinking water over the two weeks prior to data collection.

### Drinking water issues, by % of households reporting:<sup>5</sup>



**9%** of households reported that they treated their drinking water over the past two weeks prior to data collection using chlorine tablets, powder or liquid (9%).

### 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:

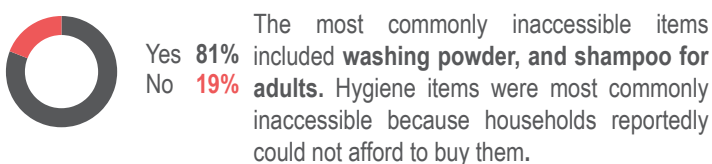


**10%** of households reported someone suffered from diarrhoea in the two weeks prior to data collection; 18% of households reported someone suffering from respiratory illnesses; and in 0% of households someone was reported to be suffering from leishmaniasis.<sup>11</sup>

### Hygiene

**100%** 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:<sup>12</sup>



### Sanitation



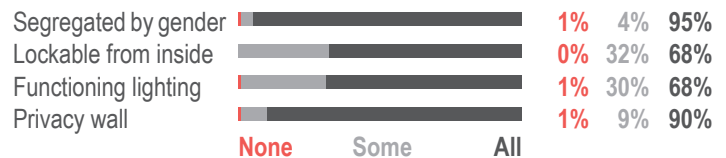
**Number of communal latrines:** **36**

### Accessed defecation facilities

- Household:<sup>13</sup> 0%
- Communal:<sup>13</sup> 99%
- Open defecation 0%

**3%** of households reported that some members **could not access latrines**, with elderly people (65+) being most frequently reported (3% of households).

### Communal latrine characteristics, by % of households reporting:<sup>14</sup>



### Communal latrine cleanliness, by % of households reporting:



Very clean	39%
Mostly clean	54%
Somewhat unclean	6%
Very unclean	0%



**Number of communal showers:** **140**

### Access to shower/bathing places<sup>5</sup>

- Household:<sup>13</sup> 4%
- Communal:<sup>13</sup> 100%
- Bathing in shelter: 6%

Of the 100% of households with access to communal showers, **91%** of households reported using them.

### Waste disposal<sup>15</sup>



**Primary waste disposal system:** Garbage collection (NGO)

**Disposal location:** Landfill outside the camp

**Sewage system:** Sewage network

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

12. 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.

13. 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.

14. Excluding households who answered 'not sure'.

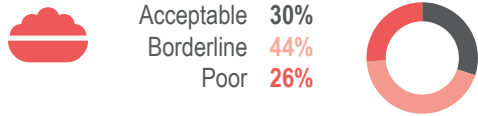
15. Reported by camp management through key informant interviews.



## FOOD SECURITY

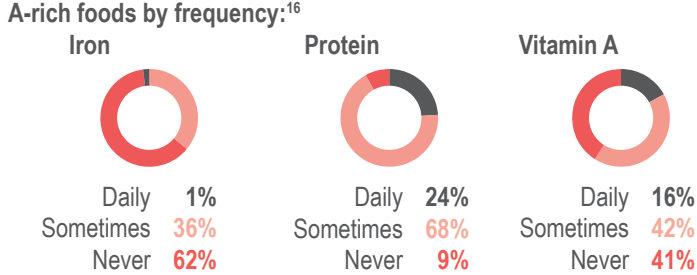
### Food consumption

Percentage of households at each FCS level:<sup>3</sup>



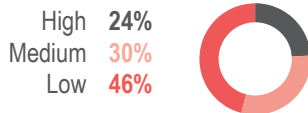
### Nutrition

Percentage of households consuming iron, protein and vitamin A-rich foods by frequency:<sup>16</sup>



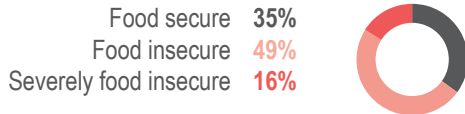
### Dietary diversity

Percentage of households by Household Dietary Diversity score level:<sup>17</sup>

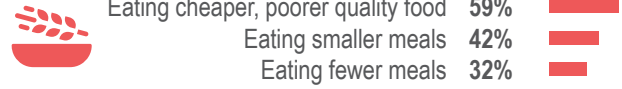


### Food security

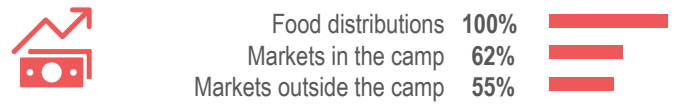
Percentage of households at each Arab Family Food Security Scale level:<sup>18</sup>



Top three reported food-related coping strategies:<sup>19</sup>

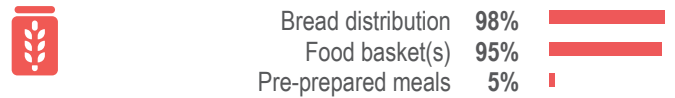


Most commonly reported main sources of food:<sup>5,20</sup>



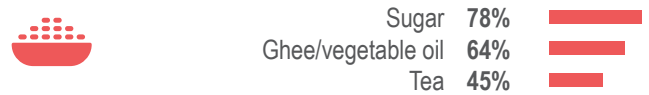
### Food distributions

Type of food assistance received,<sup>20</sup> by % of households reporting:<sup>5</sup>



**100%** 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:<sup>21</sup>

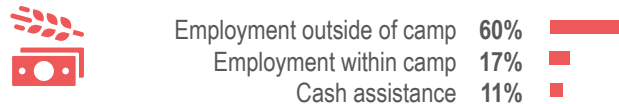


## LIVELIHOODS

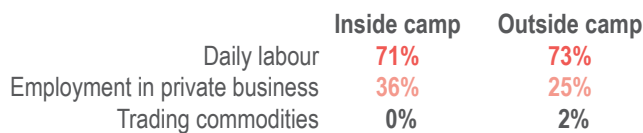
### Household income

Average monthly household income:<sup>20</sup> **142,150 SYP** (62 USD)<sup>22</sup>

Top three reported primary income sources:<sup>20,23</sup>

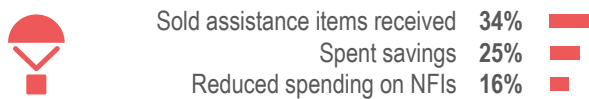


Most commonly reported employment sectors:<sup>5,20,23</sup>



### Coping strategies

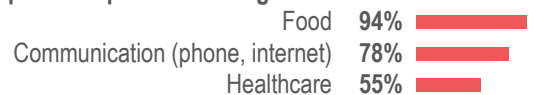
Top three reported livelihoods-related coping strategies:<sup>20,21</sup>



### Household expenditure

Average monthly household expenditure:<sup>20</sup> **147,981 SYP** (65 USD)<sup>22</sup>

Top three reported expenditure categories:<sup>20,23</sup>



### Household debt

**14%** 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 **296,262 SYP** (130 USD).<sup>22</sup>

Top three reported reasons for taking on debt:<sup>9,21</sup>



Top reported creditors:<sup>5,9,21</sup>



16. 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.

17. 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.

18. 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.

19. 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.

20. In the 30 days prior to data collection.

21. Households could select up to three options.

22. The effective exchange rate for Northeast Syria was reported to be 2,280 Syrian Pounds to the dollar in October 2020 (REACH Initiative, NES Market Monitoring Exercise October 2020).

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



## SHELTER AND NFIs

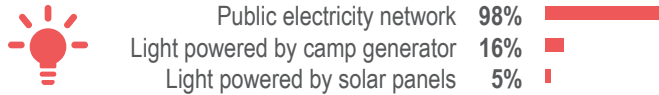
Average number of people reported per shelter: **4.4**  
 Average number of shelters reported per household: **1.2**   
 Average reported household size: **5.2** individuals

### Tent status

In assessed households, **79%** of tents were in new condition.<sup>24</sup>

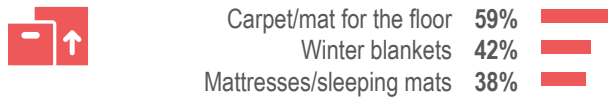
### Sources of light

Most commonly reported sources of light inside shelters:<sup>5</sup>



### NFI needs

Top three reported anticipated NFI needs for the next three months:<sup>21</sup>

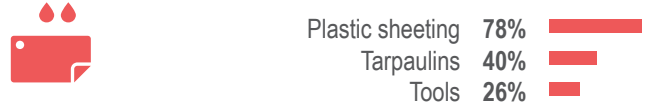


### Shelter adequacy

Reported shelter adequacy issues:<sup>15</sup>



Top three most commonly reported shelter item needs:<sup>21</sup>



**99%** 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.

### Flood susceptibility

Camp management KIs reported that **5% of tents are prone to flooding**, and there are **no drainage channels** between shelters.

## CAMP COORDINATION AND CAMP MANAGEMENT

### Camp management and committees

**3%** of households reported that they did not know the camp management, with **21%** saying that they were not sure.

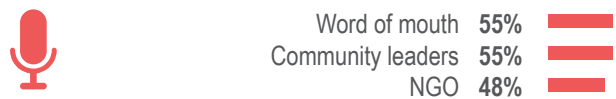
Committees reported by camp management KIs to be present in camp:

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

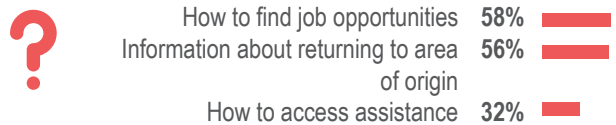
**92%** of households reported that they knew who to contact to raise issues or concerns.

### Information needs

Top three reported sources of information about services:<sup>21</sup>



Top three reported information needs:<sup>21</sup>



24. 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 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](mailto: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).