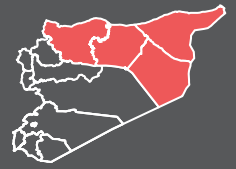




Camp Profile: Ein Issa

Ar-Raqqa governorate, Syria
April-May 2019

This factsheet is part of a series on camps and informal sites in northeast Syria. For more information and the data collection methodology, access the full report here: <http://bit.ly/2JPF1WR>



Overview

Number of individuals: 12,901¹
Number of households: 2,092¹
Number of shelters: 2,897
First arrivals: April 2016
Average length of stay: 19 months
Camp area: 0.25 km²
Management agency: INGO
Administration agency: Local authorities

Summary

This profile provides an overview of conditions in Ein Issa camp. Primary data was collected through household surveys between 18 and 23 April. Households were randomly sampled to a 95% confidence level and 9% margin of error, based on population figures provided by camp management employees. In some cases, additional information from camp managers has been used to support findings.

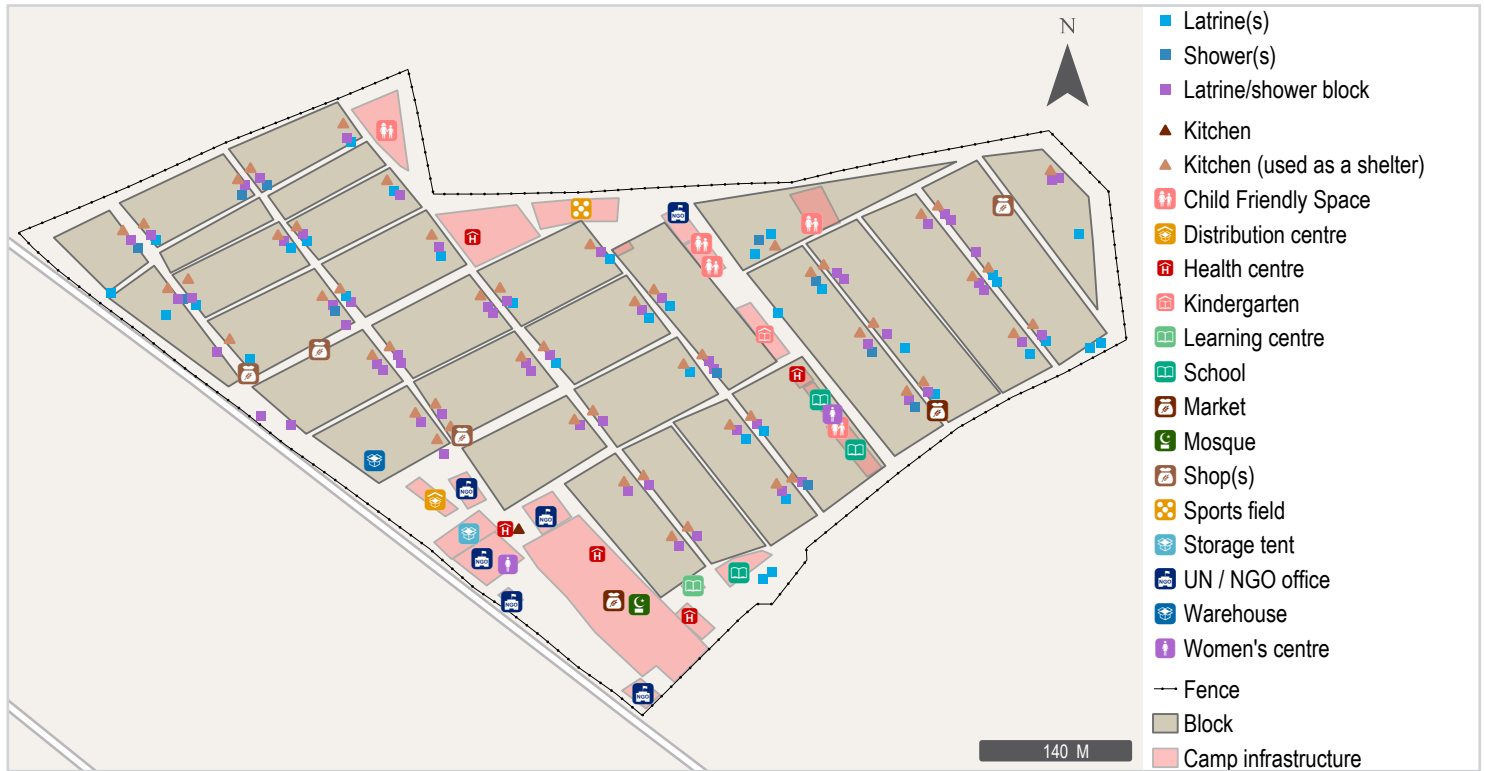
Location Map



Background

Ein Issa is a camp in Ar-Raqqa governorate, just outside the town of the same name. In July 2017, a new section of the camp was opened. This section was covered separately (Ein Issa Extension), but some data may be combined where separate figures were not available.

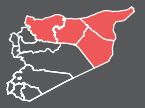
Camp Map



Sectoral Minimum Standards

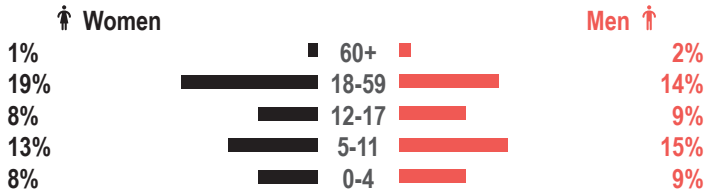
		Target	Current round		Previous round (Dec 2018)	
			Result	Achievement	Result	Change
Shelter	Average number of individuals per shelter	max 4.6	5.3	●	5.3	▶
	Average covered area per person ¹	min 3.5m ²	5.2m ²	●	5.1m ²	▲
	Average camp area per person ¹	min 35m ²	28m ²	●	21m ²	▲
Health	% of 0-5 year olds who have received polio vaccinations	100%	73%	●	78%	▼
	Presence of health services within the camp	Yes	Yes	●	Yes	▶
Protection	% of households reported having lost some form of documentation	0%	14%	●	55%	▼
Food	% of households receiving assistance in 30 days prior to assessment	100%	100%	●	100%	▶
	% of households with acceptable food consumption score (FCS) ²	100%	73%	●	35%	▲
Education	% of children aged 6-11 accessing education services	100%	75%	●	68%	▲
	% of children aged 12-17 accessing education services	100%	39%	●	24%	▲
WASH	Persons per latrine ¹	max. 20	36	●	22	▲
	Persons per shower ¹	max. 20	30	●	61	▼
	Frequency of solid waste disposal	min. twice weekly	Daily	●	Every 2-3 days	▲

Targets based on Sphere and humanitarian minimum standards specific to northeast Syria. ● Minimum standard reached ● More than 50% minimum standard reached ● Less than 50% of minimum standard reached
 1. Numbers of individuals, households, and shelters reported by camp management. Findings represent both the original camp and the extension, as separate population data was not available. The number of showers in Ein Issa Extension is very low and combining figures would provide a distorted picture. Assuming that half of the total population lives in the original camp, the number of persons per shower should be approximately 30.
 2. FCS 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.



DEMOGRAPHICS AND MOVEMENT

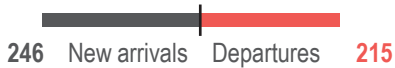
Demographics



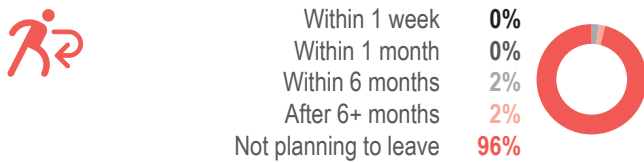
Top three household origins:

Country	Governorate	Sub-district	Percentage
Syria	Deir-ez-Zor	Abu Kamal	29%
Syria	Ar-Raqqa	Ar-Raqqa	11%
Syria	Deir-ez-Zor	Ashara	9%

Movements in the two weeks prior to the assessment:



Households planning to leave the camp:



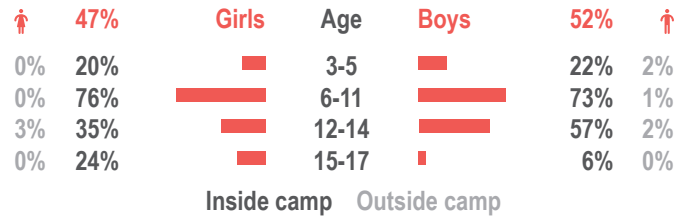
EDUCATION



At the time of data collection, there were 6 educational facilities in Ein Issa (4) and Ein Issa Extension (2).³

Age groups:	6-11, 12-14 ⁴
Service providers:	Local NGO
Curricula on offer:	Autonomous learning
Certification available:	✓ (by UNICEF)

Attendance⁵



The proportion of children aged 6-11 who attended school increased from 68% in December 2018 to 75% at the time of data collection.

Barriers to education: of the 26% of households with children aged 3-17 who reported that none of them went to school, 67% reported that they faced barriers to education. The most commonly reported barriers were:

- Child does not want to attend (25%)
- Fear of spread of disease (17%)

Available WASH facilities³

Facility	None	In some schools	In all schools
Gender-segregated latrines			✓
Handwashing facilities			✓
Safe drinking water			✓

3. As reported by key informants from camp management or camp administration authorities.

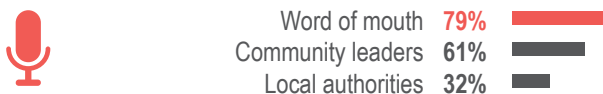
4. Students aged 15-17 reportedly follow self-study programmes. Exams take place at educational institutions outside the camp a few times per year.

5. Percentages of children attending school at least four days a week. These findings are indicative only as they are based on a subset of the total sample.

INFORMATION AND ACCOUNTABILITY

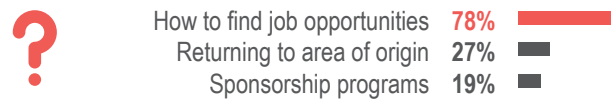
Sources of information

Top three reported sources of information about distributions:⁶



Information needs

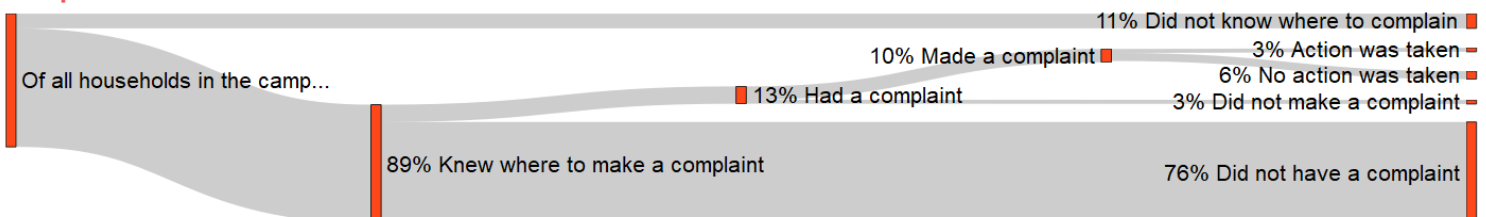
Top three reported information needs:⁷



Service mapping

Have services in the camp been mapped? ✓ Is service mapping data available to all actors in the camp? ✓

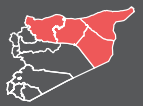
Complaints



Only 27% of households who had made a complaint in the three months prior to data collection reported that action was taken as a result.

6. Households could select as many options as applied.

7. Households could select up to three options from a list.



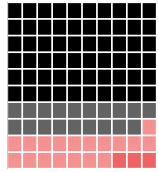
SHELTER

99% of inhabited shelters were household-sized tents.

Average number of people per shelter: **5.3**
Average household size: **6.1** individuals



Tent status⁸



Tent is new	61%
Minor wear and tear	19%
Tent is in poor condition	18%
Tent is worn/torn	3%

Shelter adequacy

72% of households reported that they faced shelter adequacy issues.

Top three most commonly reported shelter adequacy issues:⁷



Safety	41%
Lack of privacy	39%
Shelter is in poor condition	15%

Top three most commonly reported shelter item needs:⁷



Shading material	62%
Plastic sheeting	47%
New/additional tents	41%

Fire safety

Households reporting the presence of fire fighting systems that could be used to protect them:



Yes - fire extinguishers	72%
Yes - other	0%
Not sure	5%
No	23%



30% of respondents with access to a fire fighting system reported being familiar with **how to use it**.

Camp management reported that actors in the camp **have** provided residents with **information on fire safety** in the past three months.

NON-FOOD ITEMS (NFIs)

NFI needs

Top three anticipated NFI needs for the next three months:⁷



Cool box	61%
Rechargeable fan	58%
Shading material	29%



All of the three most named NFI needs were **seasonal items**. Another reported summer-specific need was ice (12% of households).

Sources of light

Top three sources of light inside shelters:⁶



Camp generator	66%
Solar panels	20%
Rechargeable flashlight	19%

Winter response

Top three challenges faced by households during the last winter:⁶



Lack of sufficient fuel	71%
Water leaking into shelter	50%
Lack of sufficient blankets	46%

Winter items received, by % of households:

96%	Fuel
94%	Heater
93%	Winter clothes/shoes
82%	Blankets
70%	Cash/voucher assistance
50%	Shelter reinforcement material
0%	None

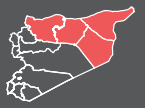
71% of households reported that one of their primary winter-related issues was a lack of fuel. 66% of all households reported that they had **bought extra fuel** in order to cope with the cold winter weather.

Heater and fuel issues faced by households:⁶



Bad smell	74%
Smoke leaking into shelter	46%
Irritation of eyes	32%

8. Enumerators were asked to observe the state of the tent and select one of the options.



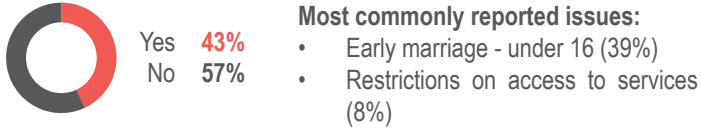
PROTECTION

60% of households reported that **personal safety and security issues** had occurred within the camp in the two weeks prior to the assessment.
Most commonly reported issues:

- Disputes between residents (29%)
- Theft (28%)

Gender

Households reporting the presence of gender-based protection issues within the camp (in the two weeks prior to data collection):



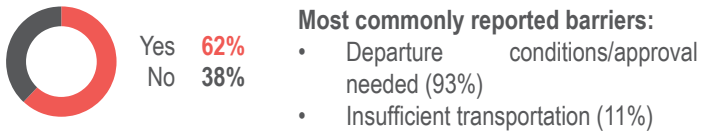
In the two weeks prior to data collection, **women in 38%** and **men in 33%** of households had reportedly exhibited **signs of psychosocial distress**.⁹
39% of households reported that at least one woman or girl had attended a **women's space**¹⁰ in the 30 days prior to data collection.

	None	In some spaces	In all spaces
Latrines	No data	No data	No data
Handwashing facilities			✓

Freedom of movement

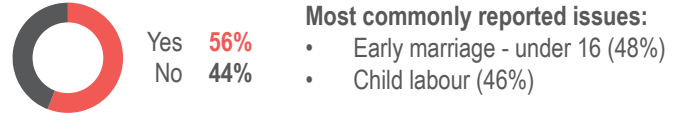
66% of households who needed to leave the camp temporarily for **medical emergencies** in the two weeks prior to data collection reported that they had been able to do so.

Households reporting that they were able to leave for non-emergency purposes in the two weeks prior to data collection:



Child protection

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



9% of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**¹¹ in the previous two weeks.

62% of households with children aged 3-17 reported that at least one child had attended a **Child Friendly Space**¹⁰ (CFS) in the 30 days prior to data collection.

	None	In some CFSs	In all CFSs
Gender-segregated latrines			✓
Handwashing facilities			✓

Documentation

14% of individuals in the camp are reportedly in possession of their key **identification papers**.¹²

55% of children under five years old reportedly have **birth registration documentation**.

Vulnerable groups

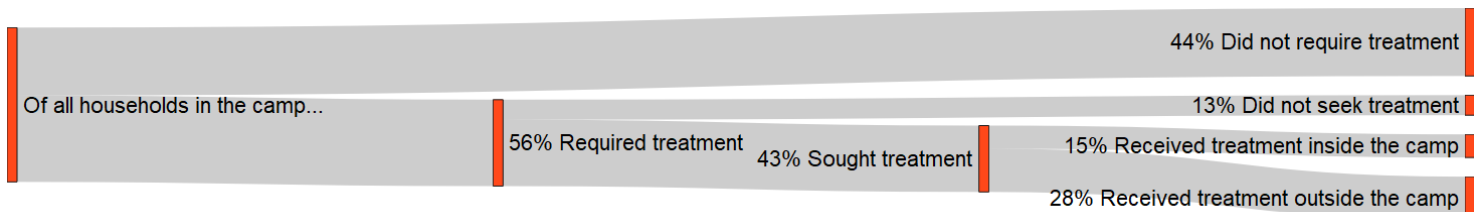
Proportion of total assessed population in vulnerable groups:¹³

Children at risk	1.4%	Elderly at risk	0.6%
Chronically ill persons	5.8%	Persons with psychosocial needs	0.3%
Persons with disabilities	2.3%	Single parents/caregivers	1.9%

HEALTH

Number of healthcare facilities: 7
Service providers: Local authorities, NGOs, UN agency
Types of facilities: Public clinics

Access to treatment for one or more household members:

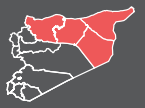


Households with members in the following categories:¹³

Person with serious injury	16%
Person with chronic illness	29%
Pregnant or lactating woman	28%

Of the households who required treatment in the 30 days prior to the assessment, **35%** reported that they had faced **barriers to accessing medical care**. The most commonly reported barriers were the **high cost of care** (33%) and the **(perceived) low quality of care** (5%).

9. As reported by households themselves. Assessed symptoms included: persistent headaches, sleeplessness, and more aggressive behaviour than normal towards children or towards other household members.
 10. Women's spaces and Child Friendly Spaces are designated spaces in the camp, run by humanitarian actors, where activities for these demographics are hosted.
 11. Changes in sleeping patterns, interactions with peers, attentiveness, or interest in daily or other activities.
 12. Key identification documents include: national IDs, passports, family booklets, and individual or family civil records. An individual who has lost one of these documents is not considered to be in possession of them.
 13. Self-reported by households and not verified through medical records. Children at risk are persons under 18 who are parents, separated from their immediate family, or not attending school, and persons under 16 who are married or working. Elderly people at risk are persons over the age of 65 who cannot take care of themselves or who are solely responsible for children under 18 or others who cannot take care of themselves.



WATER, SANITATION AND HYGIENE (WASH)

Water



Water trucking was the primary source of water in the camp at the time of data collection.

Drinking water was supplied by an INGO, and was reportedly **treated** prior to distribution.



Drinking water:

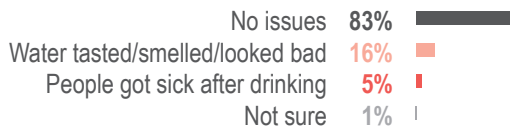
100% of households used a public tap/standpipe



Household water:¹⁴

100% of households used a public tap/standpipe

Drinking water issues, by % of households reporting:



4% of households reported that they treated their drinking water.

Households using negative strategies to cope with a lack of water in the two weeks prior to data collection:



Most commonly reported strategies:

- Rely on drinking water stored previously (10%)
- Modifying hygiene practices (6%)

Hygiene



Primary waste disposal system: collection
Disposal location: a dumping site outside the camp
Sewage system: septic tanks and the sewage network

98% of households reported that solid waste was collected more than once per week.



2% of individuals in the camp had suffered from **diarrhoea** in the two weeks prior to data collection.¹⁵

7% had suffered from **respiratory illness**;
3% had suffered from **skin disease**.

Households that were able to access all assessed hygiene items:¹⁶



- The most commonly inaccessible items included **disposable diapers** and **shampoo (adults)**.
- Hygiene items were most commonly inaccessible because households **could not afford to buy them**.

Sanitation

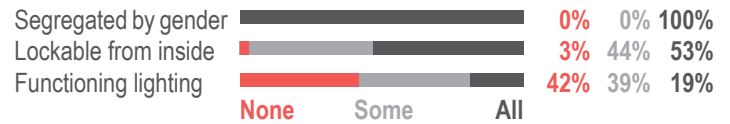


Number of latrines in camp: 372

Households using latrines:	Communal¹⁷	Household¹⁷
	100%	0%

0% of households reported practicing **open defecation**.

Communal latrine characteristics, by % of households reporting:¹⁸



Communal latrine cleanliness, by % of households reporting:¹⁸



Very clean	13%
Mostly clean	47%
Somewhat unclean	27%
Very unclean	13%



81% of households reported that all members could access latrines.

Groups that could not always access latrines included:

- People with disabilities (13% of households)
- Girls, 0-17 (3% of households)



Number of showers in camp: 216

Households using showers:	Communal¹⁷	Household¹⁷
	63%	0%

Households without access to showers predominantly reported **bathing inside their shelters**. In **94%** of households with access to showers, one or more members nonetheless preferred to bathe inside shelters because the showers were seen as **unsafe or culturally inappropriate**.

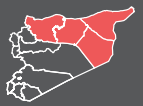
14. Household water is water used for household purposes such as washing and cooking.

15. In the two weeks prior to the assessment; self-reported by households and not verified through medical records.

16. The assessed hygiene items included: 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 the house), detergent for dishes, plastic garbage bags, washing lines, nail clippers, combs, and towels.

17. Communal latrines and showers are shared by more than one household. Household latrines and showers are used by only one household. This may be an informal designation that is not officially enforced.

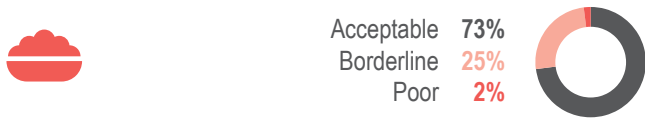
18. Excluding households who selected 'Not sure'.



FOOD SECURITY

Consumption

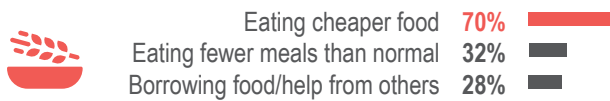
Percentage of households at each food consumption score level:²



The percentage of households with an acceptable food consumption score has increased from **35%** in December 2018 to **73%** in April 2019.

However, **75%** of households still reported using food-related coping strategies in the week before data collection.

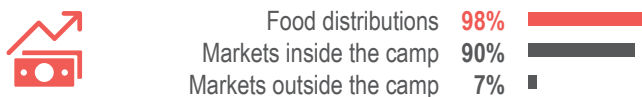
Top three reported food-related coping strategies:¹⁹



Market access

100% of households reported that they were able to access markets inside the camp to buy food. However, **55%** of these households reportedly **did not have enough funds** to buy all the items they needed.

Most commonly reported main sources of food:⁶



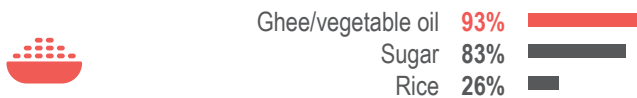
64% of households reported that they had **bought food on credit** in the 30 days prior to data collection; on average these households owed **22,568 SYP** (42 USD)²⁰

Distributions

Type of food assistance received,²¹ by % of households reporting:



Top three food items households would like to receive more of:⁷



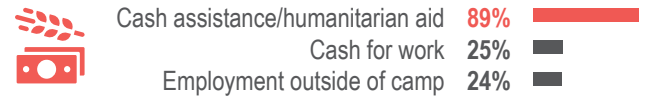
LIVELIHOODS

99% of households reported having at least one financial livelihood source in the month prior to data collection.

Average monthly household income: **43,971 SYP** (82 USD)²⁰

Households with members earning an income: **55%**

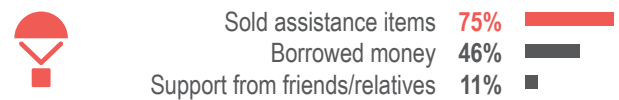
Top three reported primary income sources:⁶



100% of households reported that they had received **cash assistance** in the month prior to data collection.

Coping strategies

Top three reported livelihoods-related coping strategies:⁶



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).

19. Households were asked to report the number of days they employed each coping strategy, but this graph only includes the overall frequency with which a coping strategy was reported (i.e. by what percentage of households).

20. The effective exchange rate for northeast Syria was reported to be 536 Syrian pounds to the dollar in April 2019. (REACH Initiative, Market Monitoring Exercise Snapshot: 8-15 April 2019)

21. In the 30 days before the interview.

22. This includes both standard food baskets and ready-to-eat rations since it is not always clear to households what the difference is.