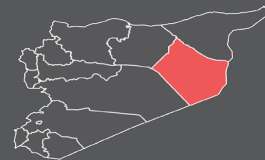




Camp Profile: Abu Khashab

Deir-Ezzor governorate, Syria

November, December 2022



Background

Abu Khashab is an informal internally displaced person (IDP) camp established in 2017 in the Kasra Sub-District in the countryside of Deir Ez-Zor Governorate. It is the only camp in the governorate.

The camp originated from a random gathering of displaced people from Deir Ez-Zor and other areas, but when the number of displaced people kept increasing, non-governmental organizations (NGOs) began providing humanitarian interventions. While the number of IDPs in the camp has grown steadily since REACH's last round of camp profiles, expanding the camp remains challenging due to land ownership issues. The remote location of the camp, with 130 kilometres from the nearest city, poses logistical challenges to the NGOs operating in the camp. At the time of data collection, the camp was managed by an international non-governmental organization (NGO).

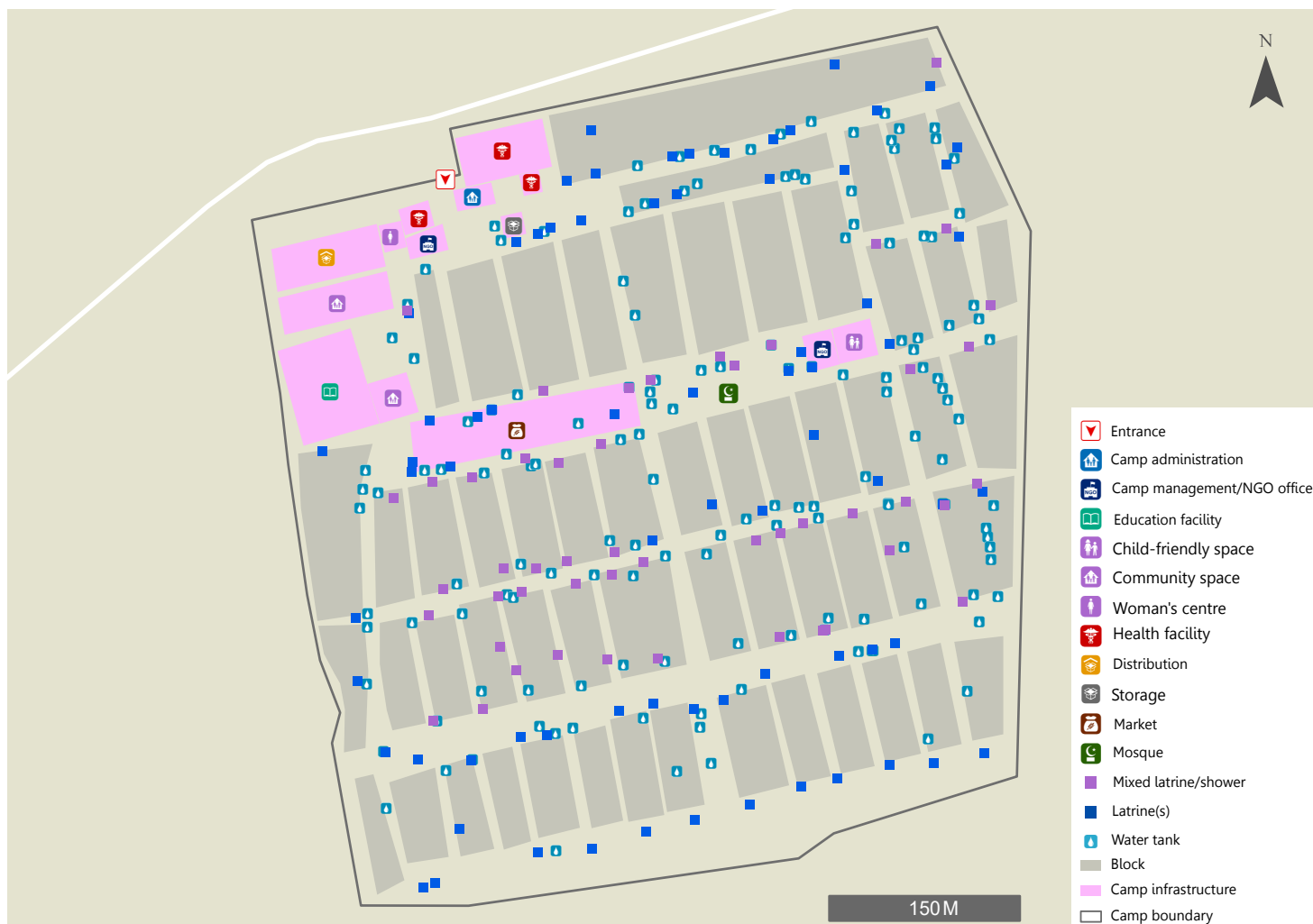
Location Map



Methodology

This profile provides an overview of humanitarian conditions in Abu Khashab camp. Primary data was collected between 20 November - 5 December 2022 through a representative household survey. The assessment included 102 households who were randomly sampled to achieve a 95% confidence level and 10% margin of error based on population figures provided by camp management. In November, December 2022, each camp had one Key Informant (KI) interview with the camp managers. These interviews were used to support and triangulate the household survey finding.

Camp Map



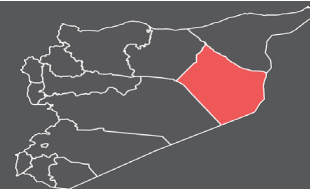
Camp mapping conducted in November, December 2022. Detailed infrastructure map available on [REACH Resource Centre](#).



Camp Profile: Abu Khashab

Deir-Ezzor governorate, Syria

November, December 2022



Camp Overview ¹

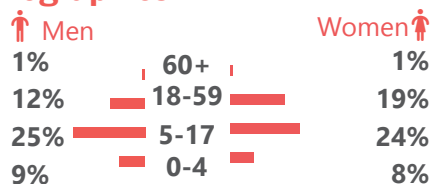
Number of individuals: 10,369
Number of households: 1,935
Number of shelters: 1,936
First arrivals: 6/1/2017
Camp area: 0.33 km²

Vulnerable groups

Percentage of HHs by vulnerable group:⁴

Female-headed households **15%** Single parents/caregivers **4%**
Chronically ill persons **6%** Persons with serious injury **2%**
Pregnant/lactating women **9%** HH members with disability **6%**

Demographics



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	2.2 m ²	●
	Average camp area per person	min 45 m ²	32 m ²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	54%	●
	Presence of health services within the camp	Yes	1	●
Protection	% of households reporting safety/security issues in past two weeks	0%	71%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	99%	●
	% of households with acceptable food consumption score (FCS) ³	100%	26%	●
Education	% of children aged 6-17 accessing education services	100%	66%	●
WASH	Persons per latrine	max. 20	25	●
	Persons per shower	max. 20	133	●
	Frequency of solid waste disposal	min. twice weekly	Daily	●

Key Highlights

- According to the data, there is a slight shift from communal latrines to household latrines; **20% of households reported using household latrines** compared to **7% in January**.
- There is a current need for improvement in communal latrines. In the camp, **72% of households reported communal latrines without handwashing facilities**. 79% reported that communal latrines **do not have functioning lighting**.
- 95% of households reported **soap is too expensive**, compared to 55% in January
- 2%** of households reported at least one member with leishmaniasis in the two weeks prior to data collection.

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](#), 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. <https://resources.vam.wfp.org/data-analysis/quantitative/food-security/food-consumption-score>

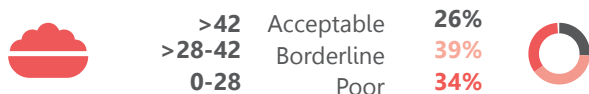
4. Self-reported by households and not verified through medical records.



FOOD SECURITY

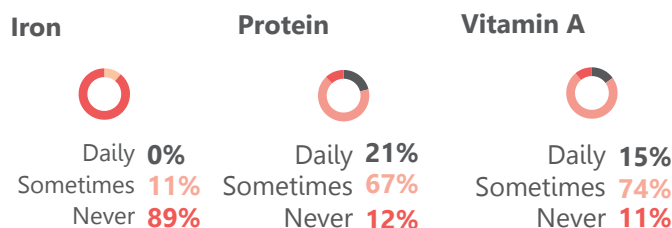
Food consumption

Percentage of households by FCS category:¹



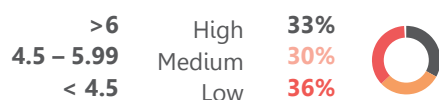
Nutrition

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



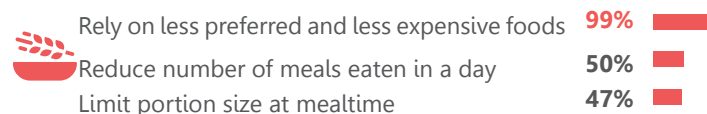
Dietary diversity

Percentage of households by Household Dietary Diversity score level:³



Food security

Top three reported negative consumption-based coping strategies:



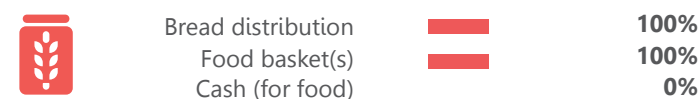
Most commonly reported main sources of food:^{4,5}



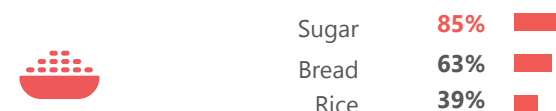
Food distributions

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

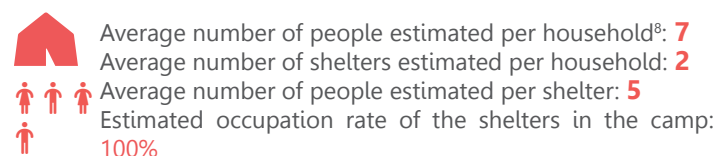
% of households by reported type of food assistance received:⁵



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



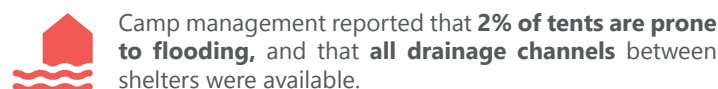
SHELTER AND NON-FOOD ITEMS (NFIs)



Tent status

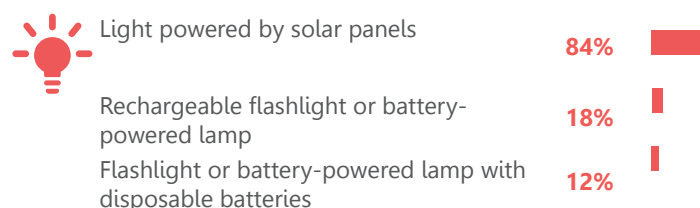
In assessed households, only 1% of tents were in new condition.⁷

Flood susceptibility



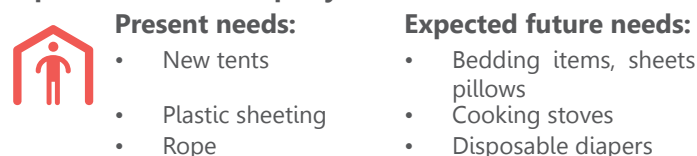
Sources of light

Most commonly reported sources of light inside shelters:⁴

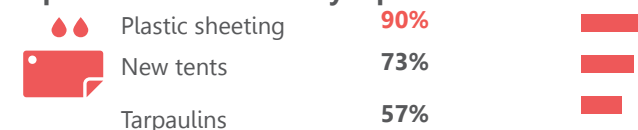


Shelter adequacy

Reported shelter adequacy issues:⁸



Top three most commonly reported shelter item needs:⁶



20% of respondents reported they had access to a communal or private kitchen, while 80% of households used improvised cooking facilities.

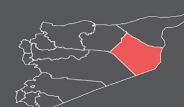
Households reported hazards in their block such as uncovered pits (25%) and electricity hazards (2%).

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: Abu Khashab



NFI needs

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



Heating fuel	70%	<div></div>
Winter blankets	43%	<div></div>
Cooking fuel	26%	<div></div>

Fire safety



Camp management reported that **fire extinguisher per block** is available and that actors in the camp **informed** residents with **information on fire safety** in the three months prior to data collection.

65% of households reported that they had received information about fire safety, **5%** of which reported comprehension **difficulties** of the information received. **84%** reported knowing of a fire point in their block.

LIVELIHOODS

Household income

Average monthly household income:² **637,877 SYP (118 USD)**³

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



Borrowed	88%	<div></div>
Selling assistance items received	78%	<div></div>
Employment outside of camp	37%	<div></div>

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

	Inside camp	Outside camp
Daily labour	50%	71%
Employment in private business	35%	21%
Agriculture	0%	5%

Household debt

97% 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 **723,794 SYP** (134 USD).³

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

Food	99%	<div></div>
Healthcare	65%	<div></div>
Clothing or non-food items (NFI)	21%	<div></div>

Top reported creditors:^{1,5}

Shopkeeper	95%	<div></div>
Friends or relatives	88%	<div></div>

Household expenditure

Average monthly household expenditure: **587,642 SYP (109 USD)**³

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

Food	100%	<div></div>
Healthcare	74%	<div></div>
Communication (e.g. phone, internet)	69%	<div></div>

Coping strategies

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



Borrowed money	87%	<div></div>
Sold some assistance items received	78%	<div></div>
Reduced spending on non-food expenditures, such as health or education	18%	<div></div>

78% of households reportedly sold assistance items with food assistance followed by hygiene items being the most commonly sold. The main reasons households reported for selling assistance were needing cash for more urgent spending (89%) and that the item/assistance is useful, but not the first priority (10%).

The most commonly sold food items were **chickpeas** (96%), **bulgur wheat** (47%) and **rice** (21%).

Most commonly reported ways money from sales was used:

Spent the money on food	94%	<div></div>
Spent the money on health expenses	40%	<div></div>
Spent the money on fuel	10%	<div></div>

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 5400 Syrian Pounds to the dollar in November, December 2022 ([Reach Initiative, NES Market Monitoring Exercise 22-November](#)).

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.



Camp Profile: Abu Khashab



WATER, SANITATION AND HYGIENE (WASH)

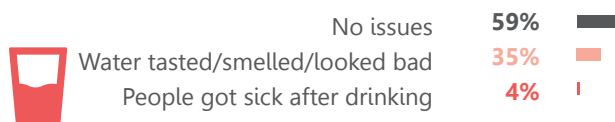
Water



The **water station in the Jezeera region** 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.

3% 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



91% of households reported that their drinking water was treated at the source over the two weeks prior to data collection. **Household boiled the water** was the most commonly used methods, accounting for 91%.

18% of households reportedly used negative strategies to cope with lack of water in the two weeks prior to data collection. The most commonly reported negative strategy by these households was **relying on previously stored water**¹.

12% of households reported having at least one member suffering from diarrhoea².

Hygiene

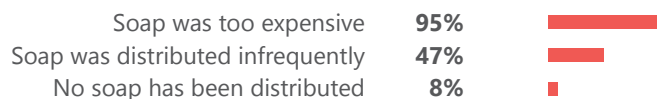
98% of households reportedly did not have access to a private handwashing facility.

78% of households reported having **hand/body soap** available at the time of data collection.

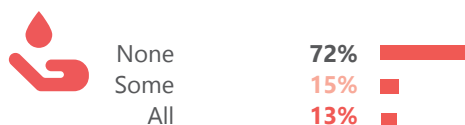
95% of households were able to access all assessed hygiene items in the two weeks prior to data collection.³ The most commonly inaccessible items included **washing powder (1kg)**, and **soap (bar)**. Hygiene items were most commonly inaccessible because households **Could not afford it**.

97% of households reportedly experienced difficulties in obtaining hand/body soap.

Related main difficulties included:¹



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



Latrines



Number of communal latrines:⁴ **412**

Number of household latrines:⁴ **0**

Types of defecation facilities used:

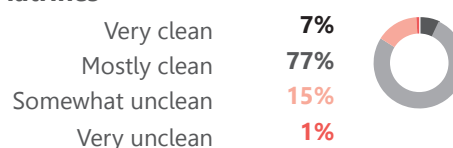


2% of households reported that some members **could not access latrines**, with old persons (65+) (2%) and boys (0-17) (0%) being most frequently reported by households

Communal latrine characteristics, by % of households reporting⁵

Segregated by gender	0%	14%	86%
Lockable from inside	0%	25%	75%
Functioning lighting	79%	14%	7%
Privacy wall	2%	29%	68%
	None	Some	All

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



Showers



Number of communal showers:⁴ **78**

Number of household showers:⁴ **0**

Shower/bathing place usage:⁶

	available	used
Household:	4%	4%
Communal:	NA	0%
Bathing in shelter:	100%	79%

Waste disposal⁷



Primary waste disposal system: Garbage collection by an NGO

Disposal location: N/A

Sewage system: desludging

The primary issue with garbage reported by households was **insufficient number of bins/dumpsters (61% of households)**.

1. Households could select as many options as applied, and this the only option selected.

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: Abu Khashab



HEALTH



Number of healthcare facilities in camp: 1

Types of facilities: Health Center

Available services at the accessible health centres:

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

74% of households reported that health-related assistance was **not** meeting their minimum health needs. Households' most commonly reported health needs were Maternal health services (71%) and Chronic diseases treatment (51%).¹

Of the 62% of households who required treatment in the 30 days prior to data collection, **83%** reportedly faced barriers to accessing medical care.

Most commonly reported barriers to accessing medical care:²

- Unaffordability of health services (94%)
- High transportation costs to health facilities (65%)
- Lack of medicines at the health facilities (58%)

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



Of the 65% reporting a birth in their household, 94% reported that the women delivered in a health facility. **15%** of households had at least one person with a respiratory illnesses; and **2%** of households reported at least one member with leishmaniasis in the two weeks prior to data collection.²

Vulnerable groups

Households reporting members in the following categories:³

Person with chronic illness ⁸	34%
Person with serious injury/disease (requires medical attention)	9%
Pregnant or lactating woman	9%

Of the **34%** of households with a member living with a chronic disease, **6%** reported that required medicine was not available, but **85%** reported that they could not afford the required medicine.

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

68% 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

54% of children under five years old were reportedly vaccinated against polio. **60%** of children under two years old had reportedly received the DTP vaccine and **54%** the MMR vaccine.

Immunization services for children was reported by **24%** 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:	NO
Treatment for severe-acute malnutrition:	NO
Micronutrient supplements:	YES
Blanket supplementary feeding program:	NO
Promotion of breastfeeding:	NO



MOVEMENT

Top three household areas of origin:¹

Country	Governorate	Sub-district	Percentage
Syria	Deir-ez-Zor	Al Mayadin	93%
Syria	Hama	As-Salamiye	7%



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

New arrivals	5	Departures	25
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On average, households in the camp had been displaced **4** times before arriving to this camp, and **100%** of households in the camp had been displaced longer than one year.

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 disability3 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



PROTECTION

Protection concerns



71% 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:

- Theft (52%)
- Danger from snakes, scorpions, mice (44%)

54% of households reported at least one member suffering from **psychosocial distress**.²

36% 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. **17%** of households reported to be able to leave without disclosing the medical reason for leaving.

Most commonly reported barriers among the 98% households reporting to have experienced barriers when trying to leave the camp in the two weeks prior to data collection:

- Site departure conditions (need approval) (75%)
- Transportation options available but too expensive (75%)
- Insufficient transportation (37%)

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

Documentation



18% of households reported having at least one married person who was not in possession of their **marriage certificate**.

30% of households with children below the age of 17 reported that at least one child did not have any **birth registration documentation**.

Gender related protection concerns

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



Yes **80%**
No **20%**

Of the **80%** of households who know about a designated women and girls space, **47%** reported that a girl or woman from their household attended one in the 30 days prior to data collection.

2% of households reporting women and girls avoiding camp areas for safety and security reasons, **50%** of whom avoided **communal latrines/showers/water points** most commonly.

56% of households reported protection issues with early marriage (girls below 18 years old) (42%) and denial of resources, opportunities, or services (17%) being the most commonly reported.

Child protection

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



Yes **69%**
No **31%**

Of the **69%** of households who know about any child-friendly spaces, **76%** reported that a child from their household attended one in the 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):



Yes **75%**
No **25%**

Of the **75%** of households who reported child protection concerns, 58% identified child labour and 47% early marriage (below 18 years old).

71% of households reported that they were aware of child labour occurring among children under the age of 11, most commonly reporting domestic labour (49%) and agriculture (25%).^{1,2}

Of the households who reported **child labour** among the child protection incidents they were aware of it occurring within the camp in the 30 days prior data collection, **100%** of households reportedly were aware of child labour among boys and **95%** among girls.

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

Boys (100%)

Agriculture

Work for others (not harsh/dangerous)

Girls (95%)

68% Agriculture

36% Domestic labour

85%

24%

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 COORDINATION AND CAMP MANAGEMENT

Camp management and committees

0% of households reported that they did not know who manages the camp, and **23%** reported being not sure.

All camp managers reported that a complaint mechanism exists. **98%** of households reported knowing of a complaints box in the camp. **98%** of households reported that they knew who to contact to raise issues or concerns.

Top three reported sources of information about services:³



Community leaders	54%
Word of mouth	39%
Local Authorities	25%

Present committees reported by camp management KI:

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

Top three reported information needs:³



How to find job opportunities	78%	
How to access assistance	26%	
Information about returning to area of origin	26%	

EDUCATION



At the time of data collection, there was **one** educational facility in the camp. Teaching children between 6 and 11, 12 and 14, and children between 15 and 17. The facility is not certified and had a local NGO as their service provider.⁴

Available WASH facilities in educational facilities⁴



Latrines Yes (all segregated)



Handwashing facilities: Yes



Safe drinking water: Yes

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

	Girls (63%)	Age	Boys (68%)	
0%	11%	15-17	39%	0%
0%	61%	12-14	67%	0%
0%	76%	6-11	75%	0%
0%	19%	3-5	10%	0%
	Inside camp		Outside camp	

School-aged children (6-17 years old)

66% 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 (49%)
- Child did not want to attend (35%)
- Education was not considered important (23%)

Early childhood development (3-5 years old)

14% 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 (73%)
- Child did not want to attend (15%)
- Safety/security concerns (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).

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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.