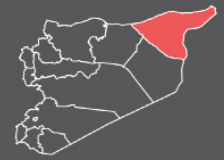




Camp Profile: Roj

Al-Hasakeh governorate, Syria
May 2022



Background and Methodology

Roj is a formal internally displaced person (IDP) camp in Al-Hasakeh governorate. This profile provides an overview of humanitarian conditions in this camp. Primary data was collected through a representative household survey from 23 to 24 May 2022. The assessment included 53 surveyed households. 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 May 2022 were used to support and triangulate the household survey findings.

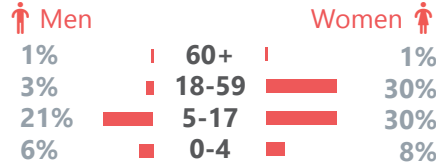
Location Map



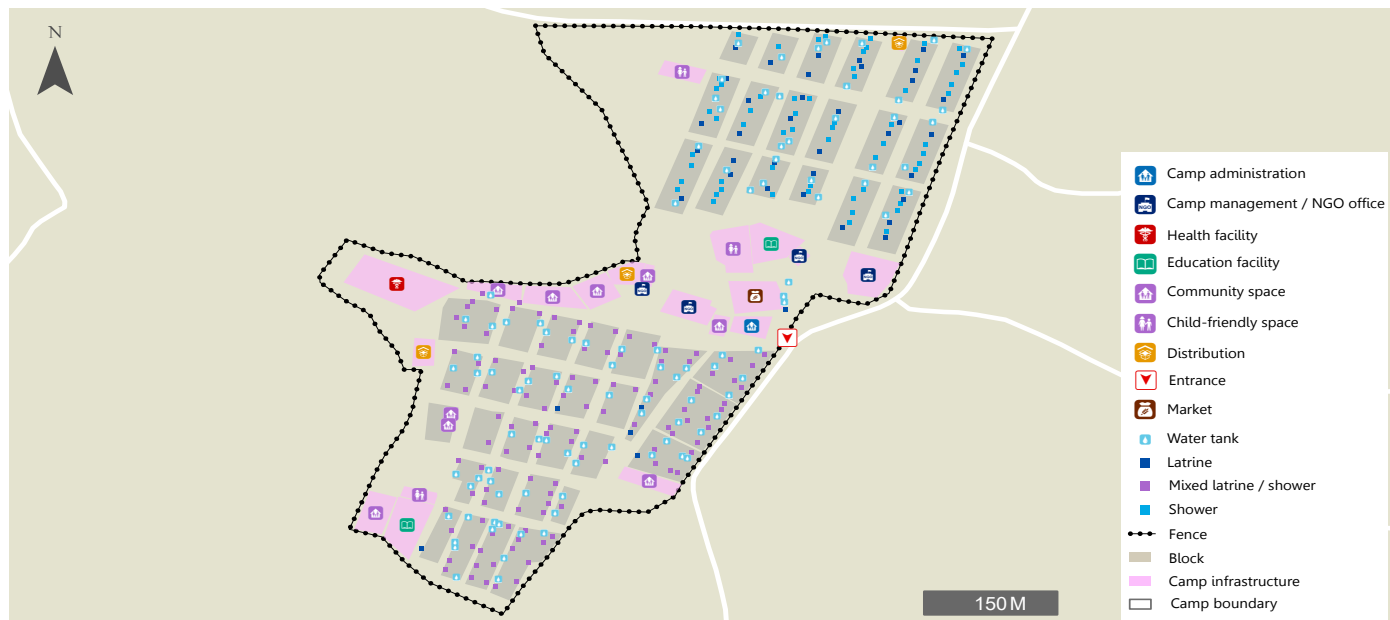
Camp Overview¹

Number of individuals: 2615
Number of households: 801
Number of shelters: 800
First arrivals: November 2018
Camp area: 0.2 km²

Demographics (Age, Gender)



Camp Map



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

Sectoral Minimum Standards²

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max 4.6	4	●
	Average covered living space per person	min 3.5 m ²	7.3 m ²	●
	Average camp area per person	min 45 m ²	79 m ²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	74%	●
	Presence of health services within the camp	>0	2	●
Protection	% of households reporting safety/security issues in past two weeks	0%	26%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	100%	●
	% of households with acceptable food consumption score (FCS) ³	100%	70%	●
Education	% of children aged 6-17 accessing education services	100%	73%	●
WASH	Persons per latrine	max. 20	10	●
	Persons per shower	max. 20	11	●
	Frequency of solid waste disposal	min. twice weekly	every day	●

1. As reported by the camp manager in key informant (KI) interview in May 2022.

2. Targets based on Sphere and humanitarian minimum standards. [SPHERE \(2018\)](#). Sphere Handbook; Humanitarian Charter and Minimum Standards in Humanitarian Response; UNHCR. [Emergency handbook](#). Shelter and WASH indicators are binary (red or green). Minimum standard met by ● 100% ● 50-99% ● 0-49%.

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. World Food Programme (2009). [Comprehensive Food Security & Vulnerability Analysis Guidelines](#).



HEALTH



Number of healthcare facilities in camp: 2
Types of facilities: Mobile health clinic NGO clinic

Available services at the accessible health centres:

	In camp	Outside camp
Out patient department:	Yes	No
Reproductive health:	No	Yes
Emergency:	No	No
Minor surgery:	No	Yes
X-Ray:	Yes	Yes
Lab services:	Yes	Yes

58% of households reported that health-related assistance was **not** meeting their minimum health needs. Households' most commonly reported health needs were Maternal health services (39%) and Chronic diseases treatment (32%).

Of the 37% of households who required treatment in the 30 days prior to data collection, **90%** reportedly faced barriers to accessing medical care.

Most commonly reported barriers to accessing medical care:

- Unaffordability of health services (78%)
- Lack of medicines at the health facilities (50%)
- High transportation costs to health facilities (44%)

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



Yes **47%**
No **53%**



Of the 47% reporting a birth in their household, **88%** reported that the women delivered in a health facility. **64%** 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.

COVID-19

Response infrastructure

Isolation area available:	No
Isolation area functional:	No
Sanitation facilities in isolation area:	NA
Main issues with isolation area:	NA

19% of households reportedly experienced difficulties in obtaining hand/body soap.

Main difficulties included:⁶

Soap was distributed infrequently	9%	■
Soap was too expensive	8%	■
No soap has been distributed	4%	■

Availability of functioning handwashing facilities in communal latrines as reported by % of households:



None **83%**
Some **17%**
All **0%**



Vulnerable groups

Households reporting members in the following categories:⁴

Person with serious injury/disease	13%	■
Person with chronic illness	21%	■
Pregnant or lactating woman	3%	■

Of the **21%** of households with a member living with a chronic disease, **0%** reported that required medicine was not available, but **82%** reported that they could not afford the required medicine.

8 of household heads were reportedly living with a disability.⁵

Children and infant health

74% of children under five years old were reportedly vaccinated against polio. **79%** of children under two years old had reportedly received the DTP vaccine and **74%** the MMR vaccine.

Immunization services for children was reported by **19%** of households as a priority health need.

The camp management reported that infant nutrition items None distributed in the 30 days prior to data collection. The following nutrition activities have reportedly been undertaken:

Screening/referral for malnutrition:	None
Treatment moderate-acute malnutrition:	None
Treatment severe-acute malnutrition:	None
Micronutrient supplements:	None
Blanket supplementary feeding program:	None
Promotion of breastfeeding:	Yes



COVID-19

Response infrastructure

Isolation area available:	No
Isolation area functional:	No
Sanitation facilities in isolation area:	NA
Main issues with isolation area:	NA

19% of households reportedly experienced difficulties in obtaining hand/body soap.

Main difficulties included:⁶

Soap was distributed infrequently	9%	■
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Availability of functioning handwashing facilities in communal latrines as reported by % of households:



None **83%**
Some **17%**
All **0%**



Prevention measures

Camp staff training:	Yes
Temperature check for people entering:	No
Quarantine for new arrivals:	No

Camp management reported that **no hygiene items were distributed** to the population. **Aid distributions were** carried out at **block level**.

Top measures taken by camp management in response to the pandemic as reported by households:⁷

No measures were enforced	77%	■
Changed distribution procedures	13%	■
Distributed hygiene materials	9%	■

Top measures reportedly taken by households in response to the pandemic:⁷

Washed hands more regularly	62%	■
Covered nose/mouth	28%	■
Stayed at home	26%	■



4. Respondent was asked the [Washington Group \(WGO\) Short Set Questions](#) and as recommended by the WG, [the disability calculations](#) were applied to determine the number of people living with a disability.

5. As suggested on [WGO FAQ](#), the respondent was asked if other household members were living with the given difficulty.

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

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

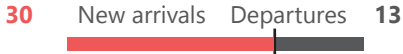


MOVEMENT

Top three household areas of origin:

Area	Governorate	Sub-district	NA%
Iraq	NA	NA	%

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



On average, households in the camp had been displaced **3** times before arriving to this camp, and **100%** of households in the camp had been displaced longer than one year.

Households planning to leave the camp:



87% of households had **no intention to leave the camp**, mainly because they were **waiting for area of origin to be safe (78%)** and the **camp was safe (10%)**.

The main reasons for the **12%** of households with intentions to leave were **wanting return to area of origin (71%)** and **cost of living being too high in the camp (29%)**.

PROTECTION

Protection concerns

26% of households reported being aware of safety and security issues in the camp during the two weeks prior to the assessment.

The most commonly reported security concerns were:

- Danger from snakes, scorpions, mice (21%)
- Disputes between residents (9%)

23% of households reported at least one member suffering from **psychosocial distress**.⁸

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

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. **51%** of households reported to be able to leave without disclosing the medical reason for leaving.

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



Most commonly reported barriers:

- Site departure conditions (47%)
- Transportation too expensive (17%)
- Insufficient transportation (15%)

Vulnerable groups

Proportion of total assessed population in vulnerable groups:

Chronically ill persons	4%	Single parents/caregivers	20%
Persons with injury	3%	Pregnant/lactating women	3%
Female-headed HHS	28%	HH members with disability	8%

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

Documentation

8% of households reported having at least one married person who was not in possession of their **marriage certificate**.

22% of households with children below the age of 17 reported that at least one child did not have any **birth registration documentation**.

Gender-based violence

0% of households reported gender-based protection issues with **Denial of resources, opportunities, or services (0%)** and **Early marriage (girls below 18 years old) (0%)** being the most

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



Of the **100%** of households who know about a designated women and girls space, **43%** reported that a girl or woman from their household attended one in the 30 days prior to data collection.

45% of men and boys reportedly avoided camp areas for **safety and security reasons** compared to **57%** of women and girls.

Child protection

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



Of the **82%** of households who know about any child-friendly spaces, **59%** 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):



Of the **6%** of households who reported child protection concerns, **6%** identified child labour and **0%** child headed households.

33% of households reported that they were aware of **child labour** occurring among **children under the age of 11**, most commonly reporting transporting people or goods (33%) and agriculture (0%).¹⁰

Most commonly reported types of child labour by gender:¹⁰

Boys (100%)	Girls (0%)		
Transporting people/goods	100%	Agriculture	0%
Agriculture	0%	Collecting things to sell	0%

8. As reported by households themselves. Assessed symptoms included: persistent headaches, sleeplessness, and more aggressive behaviour than normal.

9. Changes in sleeping patterns, interactions with peers or attentiveness, for example.
10. Question applies to subset of households who reported experiencing a given issue.



WATER, SANITATION AND HYGIENE (WASH)

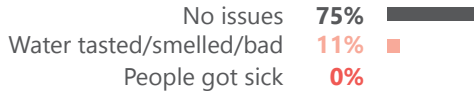
Water



Public tap standpipe and piped connection to the house were the primary sources of water at the time of data collection. The public tap/standpipe was reportedly used by 26% of households for drinking water.

6% 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:



21% of households reportedly used negative strategies to cope with lack of water in the two weeks prior to data collection.

Most commonly reported negative strategies by households:

- Relied on previously stored water (19%)
- Modified hygiene practices (bathe less, etc) (8%)
- Collected water from unprotected source (0%)

6% of households reported having at least one member suffering from **diarrhoea**; 18% of households had at least one person with a **respiratory illness**; and 0% of households reported at least one member with **leishmaniasis** in the two weeks prior to data collection.

Hygiene

55% of households reportedly did not have access to a private handwashing facility.

94% of households reported having hand/body soap available at the time of data collection.

30% of households were able to access all assessed hygiene items in the two weeks prior to data collection.¹¹ The most commonly inaccessible items included washing powder (1kg), and detergent for dishes. Hygiene items were most commonly inaccessible because households could not afford them.

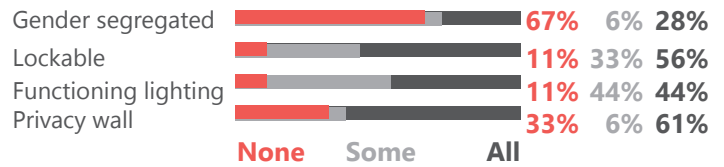
Latrines

Types of defecation facilities used:

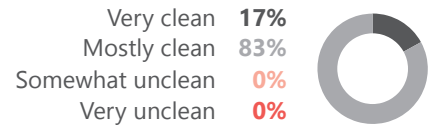
- Household: 68%
- Communal: 34%
- Open defecation: 0%

6% of households reported that some members **could not access latrines**, including persons with disabilities and boys.

Communal latrine characteristics, by % of households reporting



Communal latrine cleanliness, by % of households reporting:



Showers

Shower/bathing place usage:¹³ available used mainly



- Household: 42% available, 8% used mainly
- Communal: 13% available, 11% used mainly
- Bathing in shelter: 49% available, 42% used mainly
- Bathing outside shelter: 0% available, 0% used mainly

Waste disposal



Primary waste disposal system: Garbage collection NGO

Disposal location: Location in Khan al-Jabal village, 3 km from the camp

Sewage system: sewage_network

The primary issue with garbage reported by households was in **insufficient garbage bags within household (8% of households)**.

CAMP COORDINATION AND CAMP MANAGEMENT

Camp management and committees

9% of households reported that they did not know who manages the camp, with 23% saying that they were not sure.

The camp reportedly **had** a complaint mechanism and 83% of households reported knowing of a complaints box in the camp. 87% of households reported that they knew who to contact to raise issues or concerns.

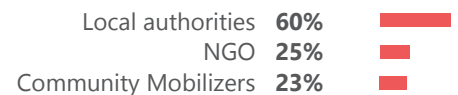
Present committees reported by camp management KI:

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

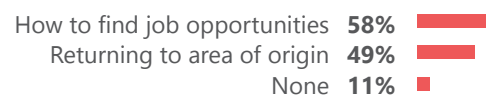
11. The assessed hygiene items included: hand/body soap, sanitary pads, disposable diapers, washing powder, jerry cans/buckets, toothbrushes (for adults and children), toothpaste (for adults and children), shampoo (for adults and babies), cleaning liquid (for house), detergent for dishes, plastic garbage bags, washing lines, nail clippers, combs, and towels.

Information needs

Top three reported sources of information about services:¹⁴



Top three reported information needs:¹⁴

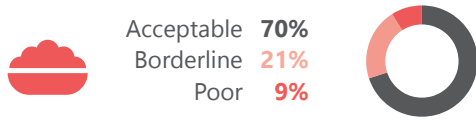




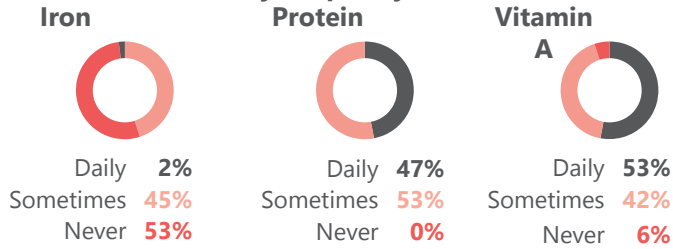
FOOD SECURITY

Food consumption

Percentage of households at each FCS level:

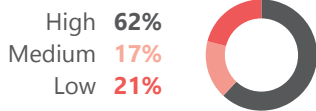


Percentage of households consuming iron, protein and vitamin A-rich foods by frequency:¹⁵



Dietary diversity

Percentage of households by Household Dietary Diversity score level:¹⁶

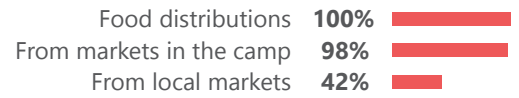


Food security

Top three reported food-related coping strategies:¹⁷



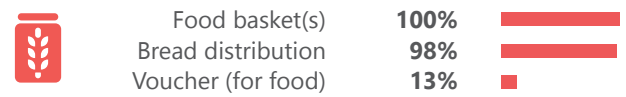
Most commonly reported main sources of food:¹⁸



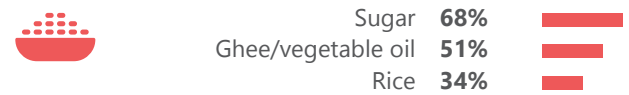
Food distributions

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

Type of food assistance received,¹⁸ by % of households reporting:



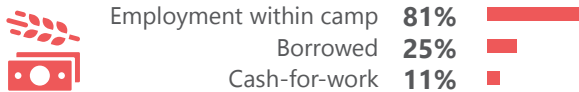
Top three food items households would like to receive more of:¹⁹



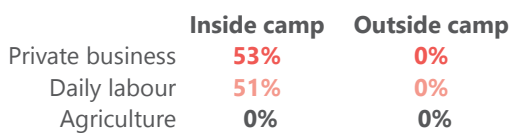
LIVELIHOODS

Household income

Top three reported primary income sources:^{19,21}



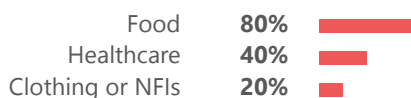
Most commonly reported employment sectors:^{18,21}



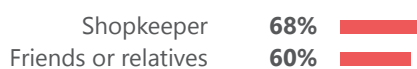
Household debt

47% 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 144906 SYP (37 USD).²⁰

Top three reported reasons for taking on debt:¹⁹



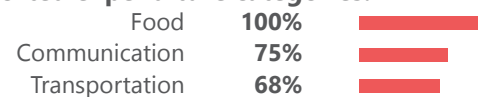
Top reported creditors:¹⁹



Household expenditure

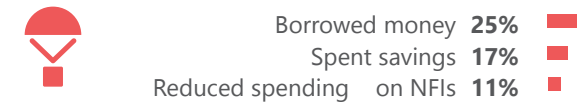
Average monthly household expenditure:¹⁸ 459,679 SYP (117 USD)²⁰

Top three reported expenditure categories:^{19,21}



Coping strategies

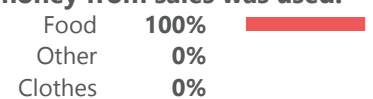
Top three reported livelihood coping strategies:^{18, 19}



8% of households reportedly sold assistance items with food assistance followed by clothing items being the most commonly sold. The most commonly sold food items were chickpeas (75%), rice (50%) and bread (0%).

Households reported that I needed cash for more urgent spending (100%) and The item/assistance quality is bad (100%) were the main reason for selling assistance items they received.

Most common ways money from sales was used:



15. Households were asked to report the number of days per week when 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](#).

16. 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](#).

17. Households were asked to report the number of days they employed each coping

strategy, graph only shows the overall frequency by which a coping strategy was reported.

18. In the 30 days prior to data collection.

19. Households could select up to three options.

20. The effective exchange rate for Northeast Syria was reported to be 3600 Syrian Pounds to the dollar in 22-May ([Reach Initiative, NES Marke Monitoring Exercise 22-May](#)).

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



EDUCATION



At the time of data collection, there was **2** educational facility in the camp.

Age groups: 3 to 5 years, 6 to 11years, 12 to 14 years
Service providers: UNICEF Amended Curriculum
Certification²² available: No

Available WASH facilities in educational facilities

Latrines: Yes
Handwashing facilities: Yes
Safe drinking water: Yes

Proportion of children attending education

	Girls (70%)	Age	Boys (75%)	
	0%	3-5	53%	0%
	0%	6-11	79%	0%
	0%	12-14	77%	0%
	0%	15-17	65%	0%
		Inside camp	Outside camp	

School-aged children (6-17 years old)

73% of households report that school-aged children are receiving education.

The most commonly reported barriers for households reporting that not all children were receiving education were:



- Child did not want to attend (38%)
- Education was not considered important (19%)
- Safety/security concerns (19%)

Early childhood development (3-5 years old)

50% of 3-5 year old children in the households reportedly received early childhood education.

Most commonly reported barriers to early childhood education:



- School was too far away /no transport (40%)
- No education for children of a certain age (30%)
- Safety/security concerns (30%)

SHELTER AND NON-FOOD ITEMS (NFIs)



Average number of people estimated per household: **6**

Average number of shelters estimated per household: **2**



Average number of people estimated per shelter: **4**

Estimated occupation rate of the shelters in the camp: **100%**

Tent status

In assessed households, **28%** of tents were in new condition.²³

Flood susceptibility



Camp management reported that **10% of tents are prone to flooding**, and that **some drainage channels** between shelters were available.

Sources of light

Most commonly reported sources of light inside shelters:

Light powered by electricity network **96%**

Light powered by solar panels **6%**

None **4%**

NFI needs

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



Rechargeable fan **45%**

Cool box **36%**

Mosquito/insect net **25%**

22. Official documentation such as diplomas to prove the completion of a course.

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 for further information.

Shelter adequacy

Reported shelter adequacy issues:



Present needs: New tents, Tools

Expected future needs: Clothing

Top three most commonly reported shelter item needs:



New tents **32%**

Tarpaulins **28%**

Tools **23%**

75% of respondents reported they had **access to a communal or private kitchen**, while 25% of households used improvised cooking facilities.²⁴

Households reported **hazards in their block** such as uncovered pits (17%) and electricity hazards (15%).

Fire safety



Camp management reported that **fire extinguishers** were available and that actors in the camp **informed** residents about **fire safety**.

98% of households reported that they had received information about fire safety, **0%** of which reported comprehension **difficulties** of the information received. **91%** reported knowing of a fire point in their block.

23. Enumerators were asked to observe the state of the tent and record its condition. In this camp, all households were residing in tents.

24. During the seven days prior to data collection.

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).