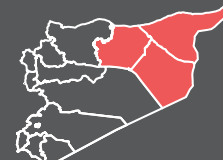




Camp Profile: Washokani

Al-Hasakeh governorate, Syria

July 2020



Summary

This profile provides an overview of conditions in Washokani. Primary data was collected through household surveys on the 26-29 July 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 interviews with camp managers in July have been used to support some of the findings.

Washokani camp is an informal site that opened in October 2019 located in Al-Hasakeh governorate. The camp was constructed for IDPs that had been displaced by the military escalation in northeast Syria in October 2019. At the time of data collection, the camp was managed by an INGO and local government.

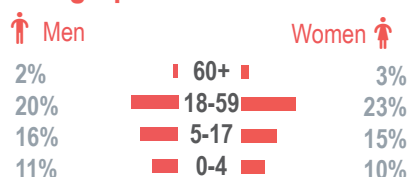
Location Map



Camp Overview

Number of individuals: 11979¹
Number of households: 1878¹
Number of shelters: 1619¹
First arrivals: November 2019
Camp area: 1.04 km²

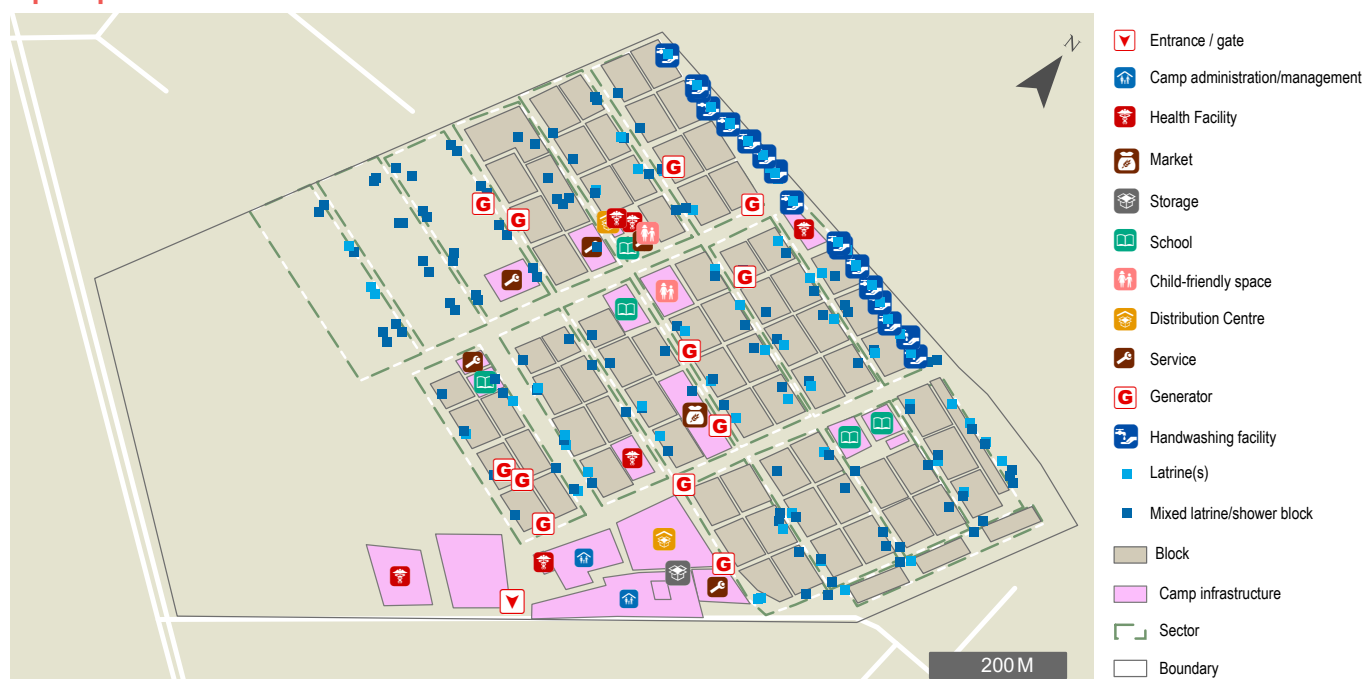
Demographics



Participate in our 2020 User Survey

REACH is conducting a quick 15 question [survey](#) to receive your feedback on REACH Syria assessments and information products. Your inputs will enable us to improve our work and maximize the usefulness for actors working in the Syria response. The survey is anonymous and the deadline is extended to the 30th of October 2020. The survey should only take 5-10 minutes to complete. REACH thank you for your valuable feedback.

Camp Map



Camp mapping conducted in July 2020. Detailed camp map available on [REACH Resource Centre](#).

Sectoral Minimum Standards

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max 4.6	6.9	●
	Average covered area per person	min 3.5m ²	NA	
	Average camp area per person	min 35m ²	87m ²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	82%	●
	Presence of health services within the camp	Yes	Yes	●
Protection	% of households reporting safety/security issues in past two weeks	0%	66%	●
Food	% of households receiving assistance in the 30 days prior to assessment	100%	7%	●
	% of households with acceptable food consumption score (FCS) ²	100%	54%	●
Education	% of children aged 6-11 accessing education services ³	100%	NA	
	% of children aged 12-17 accessing education services ³	100%	NA	
WASH	Persons per latrine	max. 20	123	●
	Persons per shower	max. 20	48	●
	Frequency of solid waste disposal	min. twice weekly	Every day	●

Targets based on Sphere and humanitarian minimum standards specific to northeast Syria.

● Minimum standard met ● 50-99% minimum standard met ● 0-49% of minimum standard met

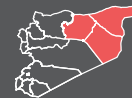
1. Number of individuals, households, and shelters reported by camp management in July 2020.

2. 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.

3. Data was collected during summer holidays.



Camp Profile: Washokani



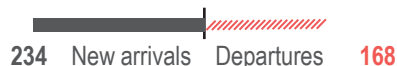
MOVEMENT

Top three household areas of origin:



Country	Governorate	Sub-district	
Syria	Al-Hasakeh	Ras Al Ain	70%
Syria	Al-Hasakeh	Tal Tamer	30%
Syria	Al-Hasakeh	Areeshah	1%

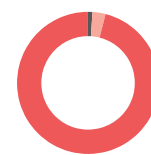
Movements reported in the 30 days prior to the assessment:



Households planning to leave the camp:



Within 1 year	1%
Within longer timeframe	3%
Not planning to leave	97%



On average, households in the camp had been displaced 1.9 times before arriving to this camp, and **25%** of households in the camp had been displaced longer than one year.

Camp management KIs estimated that **5%** of households were planning to leave the camp, with 0% of those planning to leave within 1 to 3 months following data collection.

PROTECTION

Protection issues



79% 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:⁶

- Theft (83%)
- Danger from snakes, scorpions, mice (83%)

53% of households reported at least one member suffering from psychosocial distress.⁴

27% of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**⁵ 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.

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



Yes **77%**
No **23%**

Most commonly reported barriers among those not able to leave:⁶

- Site departure conditions (need approval) (36%)
- Transportation options available but too expensive (32%)
- Movement restrictions due to COVID-19 (30%)

Gender-based violence

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



Yes **50%**
No **50%**

Most commonly reported issue:²¹

- Early marriage (below 16 years old) (42%)

Child protection

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



Yes **64%**
No **36%**

Most commonly reported child protection issues among those reporting issues:^{6, 21}

- Child labour (89%)
- Early marriage (below 16 years old) (65%)

Documentation



11% of households reported having at least one married person who was not in possession of their **marriage certificate**.

39% of households with children reported that at least one child did not have **birth registration documentation**.

Vulnerable groups

Proportion of total assessed population in vulnerable groups (self-reported by households):⁷

Children at risk	0%	Persons with psychosocial needs	1%
Elderly at risk	1%	Single parents/caregivers	0%
Persons with disabilities	3%	Pregnant/lactating women	1%
Chronically ill persons	4%	Female-headed households	14%
Persons with serious injury	3%		

4. As reported by households themselves. Assessed symptoms included: persistent headaches, sleeplessness, and more aggressive behaviour than normal towards children or other household members.

5. Changes in sleeping patterns, interactions with peers, attentiveness, or interest in other daily activities.

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

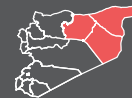
7. Self-reported by households and not verified through medical records. Children at risk are persons under

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.

21. Question applies to subset of households who reported experiencing a given issue



Camp Profile: Washokani



EDUCATION



At the time of data collection, there was **0** educational facility in the camp.

Age groups:	None
Service providers:	None
Curricula on offer:	None
Certification available:	None

Barriers to education

Of the **98%** of households with children aged 6-17 who reported that none of them went to school, **100%** reported that they faced **barriers to education**. The most commonly reported barriers were:⁶

- Schools are closed for summer break (82%)
- Schools closed due to COVID-19 (42%)
- The nearest school is not certified (3%)
- No education for children of a certain age (16%)

98% of households reported that their school-age children receive **no education** as data was collected during summer holidays. Of the 2% of children receiving education, 2% **attended facilities inside the camp** and 0% outside the camp.

Proportion of school-age children attending education



Available WASH facilities in educational facilities

Gender-segregated latrines:	NA
Handwashing facilities:	NA
Safe drinking water:	NA

WATER, SANITATION AND HYGIENE (WASH)

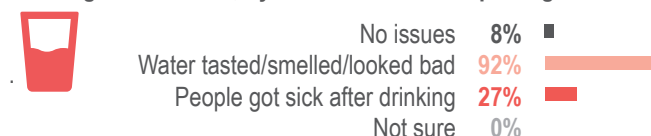
Water



Public water tank and **tanker truck** were the primary source of water in the camp at the time of data collection.

10% 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:⁶



33% of households reported that they treated their drinking water over the past two weeks prior to data collection.

Proportion of households that reported using negative strategies to cope with a lack of water in the two weeks prior to data collection:



Yes **44%**
No **56%**

Most commonly reported strategies:⁶

- Modify hygiene practices (bathe less, etc.) (25%)
- Rely on drinking water stored previously (23%)
- Drink water usually used for cleaning or other purposes than drinking (12%)

75% 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.⁸

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:⁹



Yes **67%**
No **33%**

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

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

9. 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 house), detergent for dishes, plastic garbage bags, washing lines, nail clippers, combs, and towels.

Sanitation



Number of latrines in camp: **97**

Types of latrines used: **Communal¹⁰ 95%** **Household¹⁰ 0%**

5% of households reported practicing **open defecation** as an alternative to latrines.

11% of households reported that some members **could not access latrines**, with persons with disabilities (8% of households) and elderly people (65+) being most frequently reported (7% of households).

Communal latrine characteristics, by % of households reporting:¹¹

Segregated by gender	38%	22%	36%
Lockable from inside	8%	39%	48%
Functioning lighting	3%	19%	73%
Privacy wall	7%	1%	78%
	None	Some	All

Communal latrine cleanliness, by % of households reporting:¹¹



Very clean **4%**
Mostly clean **51%**
Somewhat unclear **29%**
Very unclear **11%**



Number of showers in camp: **252**

Types of showers accessible:⁶ **Communal¹⁰ 10%** **Household¹⁰ 0%**
Bathing in shelter 93%

Of the 10% of households with access to communal showers, **7%** of households reported using them.

Waste disposal¹²

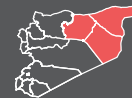


Primary waste disposal system: Garbage collection (NGO)
Disposal location: White site
Sewage system: Sewage network

10. 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.

11. Excluding households who answered 'not sure'.

12. Reported by camp management through key informant interviews



FOOD SECURITY

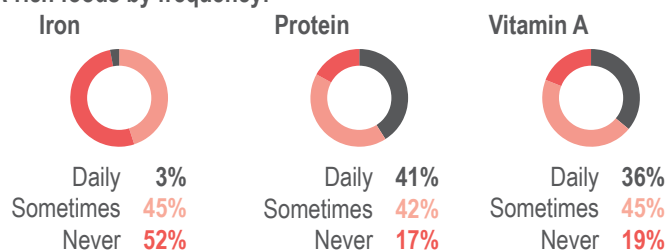
Food consumption

Percentage of households at each FCS level:²



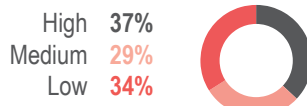
Nutrition

Percentage of households consuming iron, protein and vitamin A-rich foods by frequency:¹³



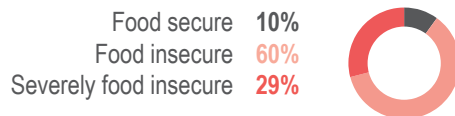
Dietary diversity

Percentage of households by Household Dietary Diversity score level:¹⁴



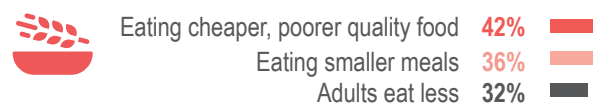
Food security

Percentage of households at each Arab Family Food Security Scale level:¹⁵



58% of households reported using food-related coping strategies in the week before data collection.

Top three reported food-related coping strategies:¹⁶

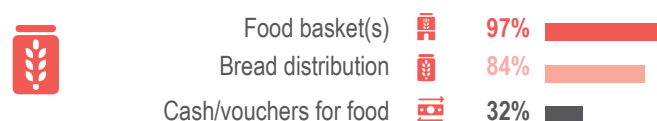


Most commonly reported main sources of food:^{6,17}



Food distributions

Type of food assistance received,¹⁷ by % of households reporting:⁶



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:¹⁸

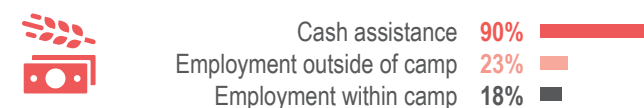


LIVELIHOODS

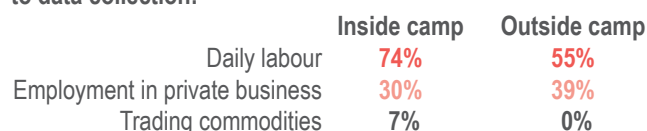
Household income

Average monthly household income:¹⁷ 204,563 SYP (70 USD)²⁰

Top three reported primary income sources in the 30 days prior to data collection:¹⁹

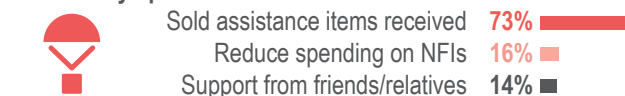


Most commonly reported employment sectors in the 30 days prior to data collection:^{6,19}



Coping strategies

Top three reported livelihoods-related coping strategies over the last 30 days prior to assessment:¹⁸



Household expenditure

Average monthly household expenditure:¹⁸ 159,839 SYP (54 USD)²⁰

Top three reported expenditure categories in the 30 days prior to data collection:¹⁹



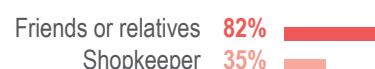
Household debt

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 366,322 SYP (125 USD).²⁰

Top three reported reasons for taking on debt:¹⁸



Top reported creditors:^{6,18,21}



13. 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.

14. 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.

15. 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.

16. 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.

17. In the 30 days prior to data collection.

18. Households could select up to three options.

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

20. The effective exchange rate for Northeast Syria was reported to be 2,340 Syrian Pounds to the dollar in July 2020 (REACH Initiative, NES Market Monitoring Dataset July 2020).



Camp Profile: Washokani



SHELTER AND NON-FOOD ITEMS (NFIs)

100% of inhabited shelters were **family-sized tents**.

Average number of people per shelter: **6.9**

Average number of shelters per household: **1**

Average household size: **7.1** individuals



Tent status

In assessed households, **100%** of tents were in new condition.²²

Sources of light

Most commonly reported sources of light inside shelters:⁶



Light powered by electricity network	44%	
Rechargeable flashlight/lamp	18%	
Light powered by solar panels	16%	

NFI needs

Top three anticipated NFI needs for the next three months:¹⁸



Cool box	64%	
Carpet/mat for the floor	42%	
Rechargeable fan	41%	

Shelter adequacy

Reported shelter adequacy issues:¹²



- Security (intruders, theft)
- Overcrowding

Top three most commonly reported shelter item needs:¹⁸



Shading material	52%	
Tools	37%	
New / additional tents	32%	

1% of respondents reported they had access to a communal kitchen space.

Fire safety



Camp management KIS reported that **fire extinguishers** were available on each block and that actors in the camp **had** provided residents with **information on fire safety** in the three months prior to data collection.

CAMP COORDINATION AND CAMP MANAGEMENT

Camp management and committees

17% 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

Complaints

70% of households reported that they knew who to contact to raise issues or concerns.

Information needs

Top three reported sources of information about services:¹⁸



Word of Mouth	53%	
NGO	49%	
Local Authorities	47%	

Top three reported information needs:¹⁸



How to find job opportunities	86%	
Information about returning to area of origin	34%	
Sponsorship programs	31%	

HEALTH



Number of healthcare facilities: **3**

Service providers: NA

Types of facilities: Public hospital/clinic and mobile health clinic

Of the 66% of households who required treatment in the 30 days prior to the assessment, **65%** reported that they had faced **barriers to accessing medical care**. Of those reporting barriers the most commonly reported barriers were **inability to afford health services** (81%) and a **lack of medicines at the health facilities** (63%).

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



Yes **18%**
No **82%**

Where women most commonly delivered:

- In a health facility (78%)

Households with members in the following categories:²³

Person with serious injury	18%	
Person with chronic illness	23%	
Pregnant or lactating woman	53%	

63% of households with a pregnant or lactating woman had reportedly been able to access obstetric or antenatal care.

82% of children under five years old were reported to be **vaccinated against polio**.

22. Enumerators were asked to observe the state of the tent and record its condition.
23. As reported by households themselves.

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).

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.