



Camp Profile: Tel Samen

Ar-Raqqa governorate, Syria
September 2021



Background and Methodology

Tel Samen is a formal internally displaced person (IDP) camp in Ar-Raqqa governorate. This profile provides an overview of humanitarian conditions in Tel Samen camp. Primary data was collected through household surveys from September 22-23 2021, where one respondent from each household was interviewed. Households were randomly sampled to a 95% confidence level and a 10% margin of error based on population figures provided by camp management.

A key informant (KI) interview with the camp manager conducted in September 2021 has been used to support and triangulate some of the findings collected through household surveys. At the time of data collection, the camp was managed by a non-governmental organisation (NGO).

Location Map



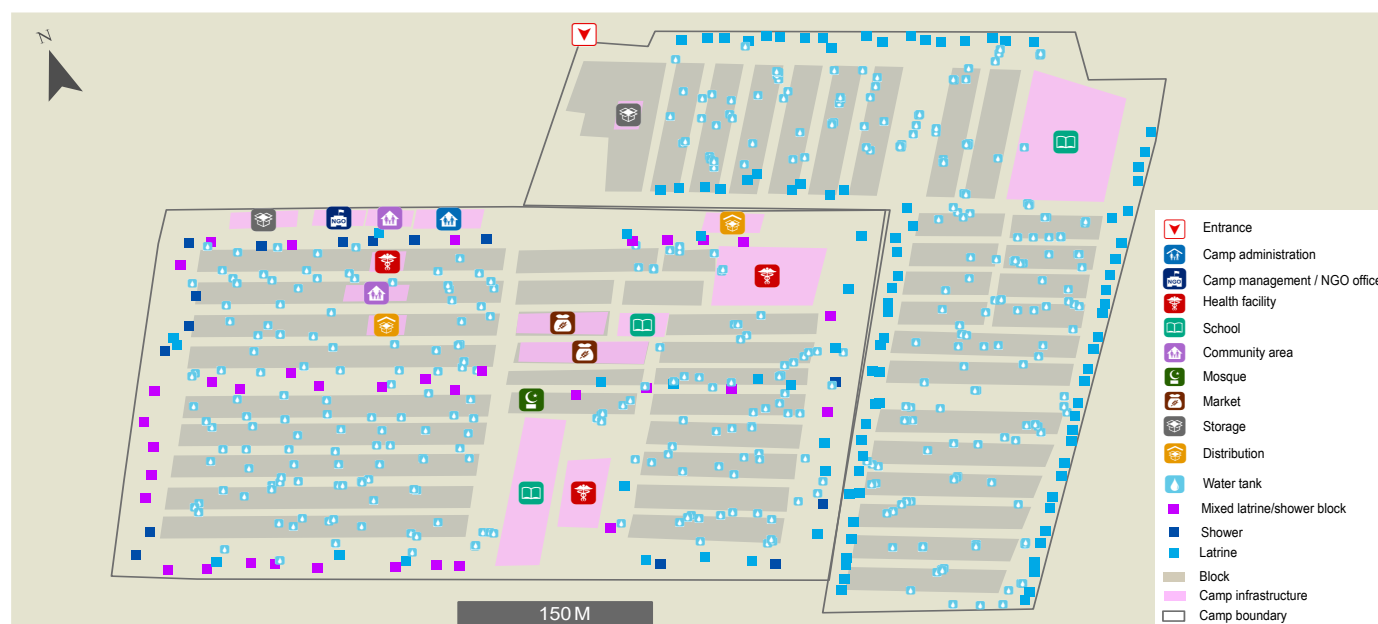
Camp Overview¹

Number of individuals:	6,010
Number of households:	1,700
Number of shelters:	1,382
First arrivals:	October 2019
Camp area:	0.41 km ²

Demographics

Men	Women
60+ 1%	2%
18-59 16%	21%
5-17 17%	21%
0-4 9%	13%

Camp Map



Camp mapping conducted in September 2021. Detailed infrastructure map available on [REACH Resource Centre](#).

Sectoral Minimum Standards²

		Target	Result	Achievement
Shelter	Average number of individuals per shelter	max 4.6	5	●
	Average covered area per person	min 3.5 m ²	8 m ²	●
	Average camp area per person	min 35 m ²	23 m ²	●
Health	% of 0-5 year olds who have received polio vaccinations	100%	61%	●
	Presence of health services within the camp	Yes	Yes	●
Protection	% of households reporting safety/security issues in past two weeks	0%	67%	●
Food	% of households receiving assistance in the 30 days prior to data collection	100%	96%	●
	% of households with acceptable food consumption score (FCS) ³	100%	53%	●
Education	% of children aged 6-17 accessing education services	100%	77%	●
WASH	Persons per latrine	max. 20	14	●
	Persons per shower	max. 20	32	●
	Frequency of solid waste disposal	min. twice weekly	Every day	●

1. As reported by the camp manager in key informant (KI) interview in September 2021.

2. Targets based on Sphere and humanitarian minimum standards.

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

[Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response](#), 2018.

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.



HEALTH



Number of healthcare facilities in camp: 3
Types of facilities: Public hospital, NGO clinic and mobile clinic

Available services at the accessible health centres:

	In camp ¹	Outside camp ¹
Outpatient department:	Yes	Yes
Reproductive health:	Yes	Yes
Emergency:	Yes	Yes
Minor surgery:	No	Yes
X-Ray:	No	Yes
Lab services:	No	Yes

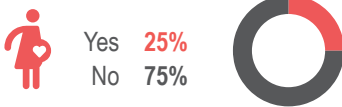
Of the 76% of households who required treatment in the 30 days prior to the assessment, **90%** reported that they had faced **barriers to accessing medical care**.

Of those that faced barriers, the most commonly reported barriers to accessing medical care were:⁷

- Cannot afford to pay for health services (98%)
- High cost of transportation to health facilities (74%)
- Lack of medicines at the health facilities (70%)

87% of households reported that the health sector is **not** meeting their **minimum health needs**. The most commonly reported health needs by households were **maternal health services (57%)** and **chronic diseases treatment (55%)**.⁴

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



Of the 25% reporting a birth in their household, **92%** reported that the women delivered **in a health facility**.

80% of households with a pregnant or lactating woman while living in the camp had reportedly been able to access obstetric or antenatal care.

Vulnerable groups

Households reporting members in the following categories:⁷

Person with serious injury/disease	7%
Person with chronic illness	35%
Pregnant or lactating woman	7%

Of the **35%** of households with a member living with a chronic disease, **0%** reported that required **medicine was not available**, but **83%** reported that they **could not afford the required medicine**.

6% of interviewees reported **living with disabilities** themselves,⁵ and **27%** of households reported having at least 1 household member living with a disability including the respondent.^{6,8}

Children and infant health

61% of children under five years old were reported to be **vaccinated against polio**. **52%** of children under two years old were reported to have received the **DTP vaccine** and **61%** to have received the **MMR vaccine**.

Immunization services for children was reported by **52%** of households as a priority health need.

The camp management KI 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:¹

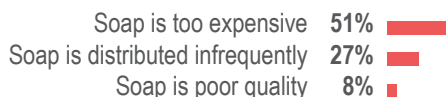
Screening and referral for malnutrition:	No
Treatment for moderate-acute malnutrition:	No
Treatment for severe-acute malnutrition:	No
Distribution of micro-nutrient supplements:	No
Blanket supplementary feeding program:	No
Promotion of breastfeeding:	No

COVID-19

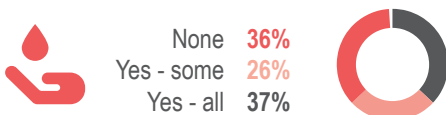
Response infrastructure¹

Isolation area:	Under construction
Sanitation facilities in isolation area:	NA
Isolation area functional:	Not yet
Main issues with isolation area:	NA
Sufficient handwashing facilities in camp:	Yes

Of the **63%** of households that reported experiencing difficulties in obtaining hand/body soap, the following issues were reported most frequently:



Percentage of households reporting that communal latrines have handwashing facilities

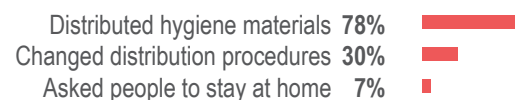


Prevention measures¹

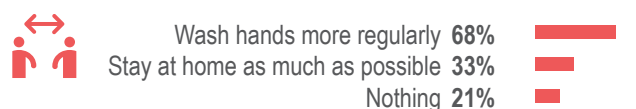
Camp staff training:	Yes
Temperature check for people entering:	Yes
Quarantine for new arrivals:	Under construction
Sanitation facilities in quarantine area:	Yes
Quarantine area functional:	Not yet
Main issues with isolation area:	NA

The KI reported that **no additional items** had been distributed to the population in the 30 days prior to data collection. However, **aid distributions had been modified** to distributions at block level.

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



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



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

5. Respondent was asked the [Washington Group \(WQG\) Short Set Questions](#) personally and as recommended by the WG, [the disability3 calculations](#) were applied to determine living with a disability.

6. As suggested on [WQG FAQ](#) respondent was asked if other household members were living with the given difficulty (seeing, hearing, walking, concentrating, self-care and communicating).

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

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



MOVEMENT

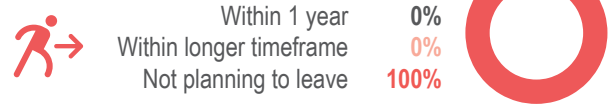
Top three household areas of origin:

Country	Governorate	Sub-district	
Syria	Ar-Raqqa	Tell Abiad	41%
Syria	Ar-Raqqa	Ein Issa	38%
Syria	Ar-Raqqa	Suluk	19%

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



Households planning to leave the camp:



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.

PROTECTION

Protection concerns

67% 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:⁷

- Danger from snakes, scorpions, mice (51%)
- Theft (45%)

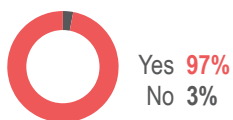
34% of households reported at least one member suffering from psychosocial distress.⁹

27% of households with children aged 3-17 reported that at least one child had exhibited **changes in behaviour**¹⁰ in the previous two weeks.

Freedom of movement

The KI reported that all residents who needed to **leave the camp temporarily** were able to do so at the time of data collection. However, **11%** of households reported not being 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:⁷

- Transportation too expensive (69%)
- Site departure conditions (68%)
- Insufficient transportation (52%)

Vulnerable groups

Proportion of total assessed population in vulnerable groups:⁸

Chronically ill persons	8%	Single parents/caregivers	2%
Persons with serious injury	1%	Pregnant/lactating women	7%
Female-headed households	15%		

At the time of data collection, **no interventions** targeting elderly populations or persons with disabilities were reported in this camp.¹

Documentation

14% of households reported having at least one married person who was not in possession of their **marriage certificate**.

21% of households with children reported that at least one child did not have **birth registration documentation**.

Gender-based violence

45% of households reported gender-based protection issues with **early marriage (girls below 18 years old)** (39%) and **denial of resources, opportunities, or services** (7%) being the most commonly reported.

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



Of the 77% of households who reported knowing about a designated space for women and girls, **21%** reported that a girl or woman from their household attended one in the last 30 days prior to data collection.

Most commonly avoided camp areas by % households and gender:⁴

Men and boys (3%)

Outskirts of camp (100%)

Women and girls (3%)

Outskirts of camp (100%)

Child protection

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



Of the 76% of households who reported knowing about any child-friendly spaces, **6%** reported that a child from their household attended one in the last 30 days prior to data collection.

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



Most commonly reported child protection concerns:^{4,7}

- Child labour (62%)
- Early marriage (below 18 years old) (34%)

Most commonly reported types of child labour by gender:^{4,7}

Boys (98%)

Working for others (76%)

Transporting people/goods (45%)

Domestic labour (40%)

Girls (100%)

Domestic labour (95%)

Working for others (52%)

Transporting people/goods (13%)

82% of households reported that they were aware of **child labour** occurring among **children under the age of 11**, most commonly reporting domestic labour (48%) and working for others (34%).^{4,7}

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

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



WATER, SANITATION AND HYGIENE (WASH)

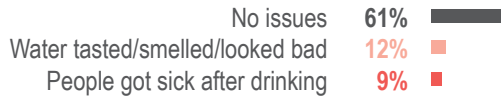
Water



Public tap/standpipe was the primary source of water at the time of data collection.¹ The public tap/standpipe was reportedly used by 100% of households for drinking water.

5% of households reported that 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:⁷



72% of households reported that their drinking water was treated either by the source (66%) or that households used chlorine tablets, powder or liquid (12%) 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 35%
No 65%

Most commonly reported strategies:⁷

- Rely on drinking water stored previously (31%)
- Reduce drinking water consumption (7%)
- Modify hygiene practices (1%)

11% of households reported someone suffered from **diarrhoea**; 7% of households reported someone suffered from **respiratory illnesses**; and 0% of households reported someone suffered from **leishmaniasis** in the two weeks prior to data collection.⁸

Hygiene

98% 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:¹¹



Yes 15%
No 85%

The most commonly inaccessible items included **washing powder** and **detergent for dishes**. Hygiene items were most commonly inaccessible because households could not afford it.

Latrines



Number of communal latrines:^{1,12} 441

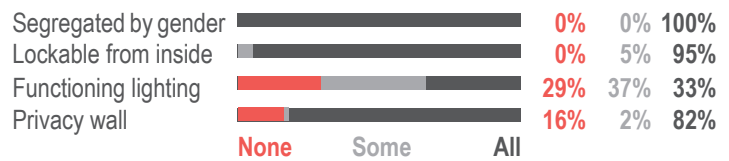
Number of household latrines:^{1,12} 0

Types of defecation facilities used:

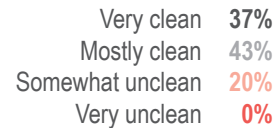
- Household: 0%
- Communal: 100%
- Open defecation: 0%

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

Communal latrine characteristics, by % of households reporting¹⁴



Communal latrine cleanliness, by % of households reporting:



Showers



Number of communal showers:^{1,12} 186

Number of household showers:^{1,12} 0

Shower/bathing place usage:¹³

	available ⁶	used
• Household:	0%	0%
• Communal:	48%	0%
• Bathing in shelter:	100%	85%

Waste disposal¹



Primary waste disposal system: Garbage collection (NGO)

Disposal location: Garbage dump, 10 km from camp

Sewage system: Sewage network

The primary issue with garbage reported by households was **insufficient number of bins/dumpsters** (15% of households).

CAMP COORDINATION AND CAMP MANAGEMENT

Camp management and committees

2% of households reported that they did not know who manages the camp, with 46% saying that they were not sure.

Committees reported by the camp management KI to be present in camp:

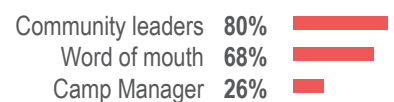
- | | |
|---------------------|--------------------------|
| ✓ Camp management | ✓ Youth committee |
| ✓ Women's committee | ✓ Maintenance committee |
| ✓ WASH committee | ✗ Distribution committee |
| ✓ Health committee | |

The camp reportedly **has** a complaint mechanism¹ and 78% of households reported knowing of a complaints box in the camp. 92% of households reported that they knew who to contact to raise issues or concerns.

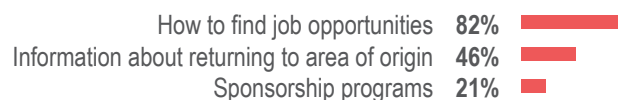
11. The assessed hygiene items included: hand/body soap, sanitary pads, disposable diapers, washing powder, jerry cans/buckets, toothbrushes (for adults and children), toothpaste (for adults and children), shampoo (for adults and babies), cleaning liquid (for house), detergent for dishes, plastic garbage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

Information needs

Top three reported sources of information about services:¹⁹



Top three reported information needs:¹⁹



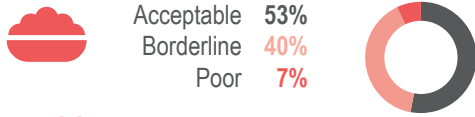
12. Communal latrines and showers are shared by more than one household. Household latrines and showers are used only by one household. This may be an informal designation that is not officially enforced.
 13. A shower is defined as a designated place to shower as opposed to bathing in shelter (i.e. using a bucket).
 14. Excluding households who answered 'not sure'.



FOOD SECURITY

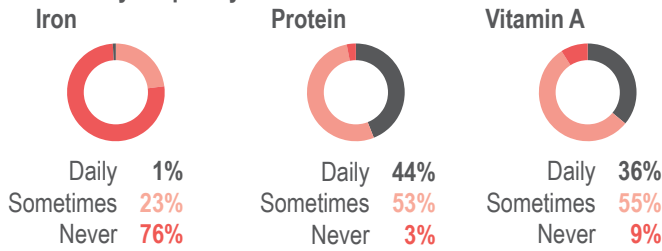
Food consumption

Percentage of households at each FCS level:³



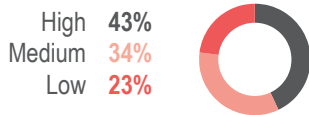
Nutrition

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



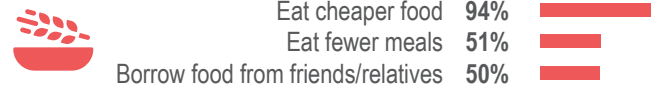
Dietary diversity

Percentage of households by Household Dietary Diversity score level:¹⁶



Food security

Top three reported food-related coping strategies:^{7,17}

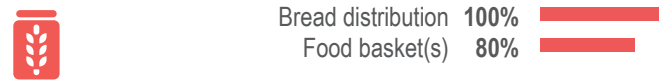


Most commonly reported main sources of food:^{7, 18}



Food distributions

Type of food assistance received,¹⁸ by % of households reporting:⁷



80% 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:¹⁹

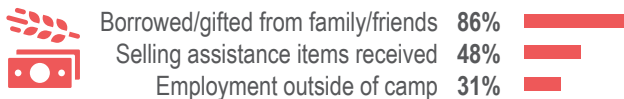


LIVELIHOODS

Household income

Average monthly household income:¹⁸ **458,840 SYP** (134 USD)²⁰

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



Most commonly reported employment sectors:^{7,18,21}



Household debt

92% 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 **424,900 SYP** (124 USD).²⁰

Top three reported reasons for taking on debt:^{4,19}



Top reported creditors:^{4, 7, 19}



Household expenditure

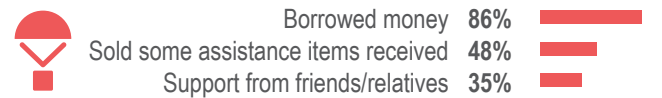
Average monthly household:¹⁸ **468,710 SYP** (137 USD)²⁰

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



Coping strategies

Top three reported livelihoods-related coping strategies:^{18, 19}

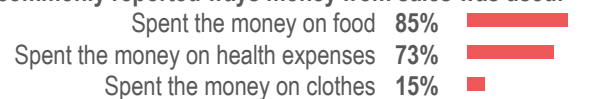


48% of households reported selling assistance items with food assistance followed by cooking items being the most commonly sold.

The most commonly **sold food items** were **lentils** (85%), **chickpeas** (76%) and **bulgur wheat** (63%).⁴

Households reported that **needing cash for more urgent spending** (83%) and **the item/assistance being useful, but not the first priority** (21%) were the main reason for selling assistance items they received.⁷

Most commonly reported ways money from sales was used:⁷



15. 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](#).

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 with 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 3,425 Syrian Pounds to the dollar in September 2021 ([Reach Initiative, NES Market Monitoring Exercise](#) September 2021).

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



EDUCATION



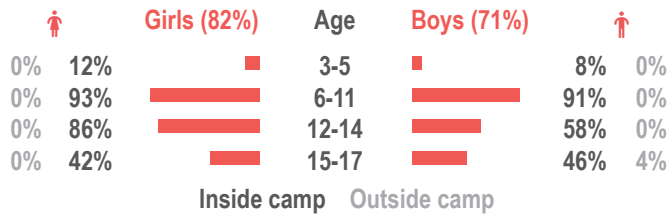
At the time of data collection, there was **1** educational facility in the camp.¹

Age groups: 3-5 and 6-17
 Service providers: NGO
 Certification available: Yes

Available WASH facilities in educational facilities¹

Latrines: Yes (gender-segregated)
 Handwashing facilities: Yes
 Safe drinking water: Yes

Proportion of children attending education



School-aged children (6-17 years old)

77% of school-aged children in the households were reported to receive education. Additionally, 2% of households reported that their school-aged children receive education through remote learning.

23% of school-aged children in the households reportedly did not receive education. The most commonly reported barriers to education for these households were:^{4,7}



- No education for children of a certain age (55%)
- Education is not considered important (35%)
- Child does not want to attend (30%)

Early childhood development (3-5 years old)

10% of 3-5 year old children in the households were reported to receive early childhood education.

The most commonly reported barriers to early childhood education were:^{4,7}



- No education for children of a certain age (57%)
- Child does not want to attend (25%)
- Education is not considered important (10%)

SHELTER AND NON-FOOD ITEMS (NFIs)



Average number of people estimated per household: **6**
 Average number of shelters estimated per household: **1**
 Average number of people estimated per shelter: **5**
 Estimated occupation rate of the shelters in the camp:¹ **100%**

Tent status

In assessed households, 60% of tents were in new condition.²²

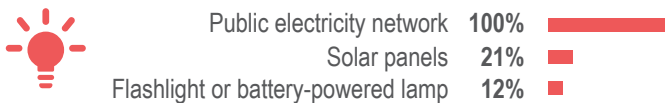
Flood susceptibility



The camp management KI reported that 20% of tents are prone to flooding, and there are no drainage channels between shelters and no trenches to lead water away.

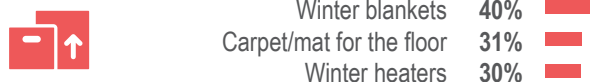
Sources of light

Most commonly reported sources of light inside shelters:⁷



NFI needs

Top three reported anticipated NFI needs for the next three months:¹⁹



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 has on the millions of affected people we seek to serve. REACH is currently working with Cash Working Groups and partners on its programming in response to the 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:¹



Present needs:	Expected future needs:
Plastic sheeting	Clothing
Cement floor	Plastic sheet
	Detergent for dishes

Top three most commonly reported shelter item needs:¹⁹



0% of respondents reported they had access to a communal kitchen.

34% of households reported hazards in their block such as uncovered pits (8%) and electricity hazards (29%).

Fire safety



The camp management KI reported that there were fire extinguisher for every block and that actors in the camp had provided residents with information on fire safety in the three months prior to data collection.

82% of households reported that they had received information about fire safety and 24% reported having difficulties with the information with the main difficulty being that there were not enough materials. 100% reported knowing of a fire point in their block.

22. Enumerators were asked to observe the state of the tent and record its condition.

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).