

CHILD PROTECTION ASSESSMENT SORAN DISTRICT

Introduction

This report was written in response to the need for qualitative information to assess the situation of IDP children in Soran District (Erbil, KRG) in order to specialize and focus assistance based on needs, if required.

Soran is located 120 km northeast of Erbil,¹ and due to this distance, it appears that little humanitarian aid has reached the area. From initial field visits, the need for child protection interventions has come to light. In response to this need, TdH Italy assessed the possibility of intervening in this area with a mobile CPU and with community-based PSS activities.

An assessment of the child protection situation in IDP settlements in Soran was conducted, which aimed to include all IDP families with children, and a total of 91 families were interviewed.²

TdH Italy conducted a child protection assessment in three informal settlements in the area of Soran, where 91 IDP families have been residing since 2014. This included the informal IDP settlements of Kawlokan (28 families), Rawnduz (53 families) and Akyewa (16 families).³

The assessment was carried out by the Terre des Hommes Italy mobile Child Protection Unit in July 2015, as part of the ongoing child protection project.

Objective of the Assessment

The objective of this assessment was to obtain both qualitative and quantitative data regarding the situation of children in residing within the three identified informal settlements in Soran district. The priority of this assessment was to obtain a clearer understanding of the main child protection issues and the scale of these problems, in order to inform TdH Italy's intervention in the area. The assessment was

¹ Report on Soran, Department of Labor and Social Affairs (DOLSA), July 2015, p. 2.

² There is no IDP camp in Soran district, and as such, the IDPs live in informal settlements.

³ The discrepancy in the total number of IDP families (97 reported IDP families, versus 91 IDP families interviewed for this assessment) is owing to the fact that there are 6 families from Rwanduz who are either newly married couples or couples without children, and these 6 were not interviewed for this assessment. Also, it may be that 2 related families residing in the same tent were counted as 1 family unit.

also utilized to introduce TdH Social Workers of the Child Protection Unit, to the families and familiarize the community with the scope of their work.

The assessment aimed at understanding the extent of the needs for child protection services in the area, and the capacity of the community in terms of supporting psychosocial activities for the children. TdH Italy's scope is, in fact, that of building capacity within the community to support the children living there, to ensure sustainability and community participation.

The assessment was used also as a tool to understand the services available to the 3 IDP settlements in Soran district and the assistance received by the residents, in order to inform other interventions as well.

Methodology

The assessment was completed via questionnaires consisting of a maximum of 51 questions, and minimum of 35 questions were asked to all respondents.

Families were visited by Terre des homes Italy's CPU Social Workers in their homes and informed about voluntary participation to the exercise, the objective of the questionnaire and the confidential manner in which responses would be handled.

The questionnaire was drafted by Terre des Hommes Italy's Child Protection Unit. This form was then inserted in ODK in order to conduct the survey by tablet and to collect the data in a safe and confidential manner.

A total of 91 families, with children and residing in the 3 targeted informal settlements, were interviewed. Single individuals were not included in this assessment, unless they were children.

Challenges

In the days it took to interview all families there might have been some changes in the situation in the Informal settlements, the family composition or the family situation (for instance regarding employment).

Also, many households questioned about the reason their children did not attend school, indicated that the reason was "other," without specifying the exact cause of non-attendance at school.

Findings

Household Composition

For this assessment, 91 households, each comprised of 1 family, were interviewed and of these, 9 were headed by females and 82 by males.

These respondents also had a total of 218 children, including 102 girls and 116 boys. Half of these children are between 1-6 years old and there are large groups of 8, 10, 12 and 17 year olds, that last of which is the largest and is comprised primarily of boys.

Age	# of Boys	# of Girls	Total Children
0 (under 1)	2	2	4
1	7	8	15
2	8	5	13
3	11	13	24
4	9	11	20
5	13	6	19
6	10	7	17
7	3	2	5
8	5	6	11
9	4	5	9
10	4	8	12
11	5	3	8
12	5	7	12
13	5	2	7
14	2	7	9
15	13	4	17
16	5	4	9
17	5	2	7
Total	116	102	218

Pregnancies

The assessment recorded 12 pregnancies amongst the IDPs in Soran, all of whom are pregnant adults.

Medical Conditions & Access to Medical Services

Of the 91 families assessed, 45 reported a member of their family suffering from a severe medical condition. The survey did not request that households substantiate their claims with medical reports.

The medical conditions reported, and the respective number of families which had a member with one or more of these conditions, include: diabetes (8); untreated injury (2); asthma (3); blood pressure (12); heart disease (4); cancer (1); and other medication condition (78). However, when respondents were questioned later in the assessment regarding existing vulnerabilities, only 2 families reported having members with a chronic illness, while 3 reported the prevalence of a serious medical condition.

Of the 45 families which reported the above-mentioned medical conditions, 23 stated that they were able to access medical services. With regards to the reasons that the remaining 22 families could not access medical services, 15 reported that financial issues prevented them from doing so, while 5 stated that the treatment was unavailable, and 2 reported other reasons.

While the survey did not assess medical conditions amongst children, it is understood that when a family member suffers from a medical condition, this will affect the child. The survey, however, did inquire about children with disabilities, and 6 families stated that they had a child with a disability within their household.

Child Trauma/experience in Iraq

The survey asked each family if any children within their household witnessed or experienced any traumatizing incidents in Iraq. None of the households reported that their children witnessed violence, harm, forced recruitment, nor murder/death/execution either against unknown persons, friends or family members. Similarly, no children were reported as being victims of violence/bombs/shootings, or forced recruitment.

However, 1 family reported that a child/or children in their household witnessed 3 types of trauma: violence or harm against an unknown person; murder/death/execution; and another disturbing incident of war.

Incidents:	# of families:
- Child/Children witnessed violence/harm against an unknown person	1
- Child/Children witnessed violence/harm against friends/family members	0
- Child/Children was/were subjected to violence/bombing/shooting	0
- A friend/family member was recruited into an armed group	0
- Child/Children witnessed forced recruitment	0
- An armed group approached the child/the family for recruitment	0
- Child/Children witnessed murder/death/execution	1
- Child/Children witnessed another disturbing incident of war	9

As the head of household was not questioned on the number of children within their household that experienced traumatic events, the answers above reflect the experience of children within 9 families. Therefore the numbers above collectively (9 families) do not represent the number of children who suffered these experiences. Also, in 1 family, the child/children experienced 2 traumatic incidents.

Also, none of the 91 families interviewed sought any psychosocial assistance, in general.

Forced Recruitment

There were no cases of forced recruitment reported among the 91 families, and none of their children witnessed forced recruitment.

Separated children

None of the 218 children within the 91 families are separated children.

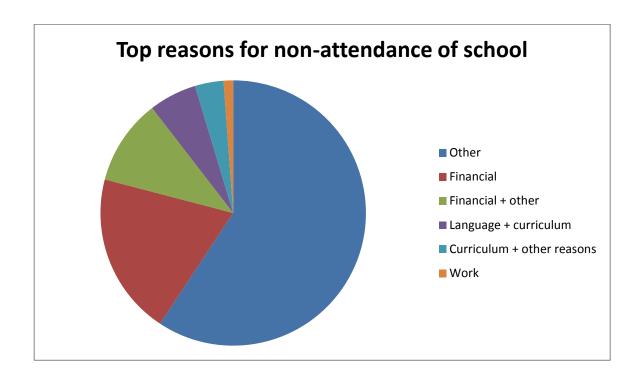
Married children

There were no reported cases of child marriage amongst the 91 families interviewed.

School

Of the 91 families surveyed, only 1 indicated that all (3) of the children in their household, who are school-going age, are attending school. Below are the reasons cited by the remaining 90 families as reasons why their children were not attending school:

Reasons:	# of families:
-Available level of schooling + curriculum + other reasons	1
-Curriculum + other reasons	3
-Custom or tradition + language + curriculum	1
-Financial reasons only	17
-Financial + curriculum	1
-Financial + language + curriculum + other reasons	1
-Financial + other reasons	9
-Language + curriculum	2
-Language + curriculum + other reasons	3
-Other reasons	51
-Work	1



Household items needed

All 91 households were asked what household items their family required and were permitted to select all that applied. Their responses below indicate that the items most in demand, in order, are refrigerators, cooking items, other items, coolers and clothing. As some respondents could select multiple items, the results below indicate the demand for a particular item, rather than the only item required by a household.

Items required:	# of families:
Clothing	23
Blankets	1
Cooking items	61
Mattress	6
Fridge	86
Cooler	21
Other	42

Assistance received

The respondents were then asked what kind of assistance their families have received since their arrival in Soran. Their responses below indicate that the items/services most received were: information; food; other; clothing; healthcare; and hygiene-related items. As some respondents could select multiple items, the results below indicate the number of households in receipt of various types of assistance.

Items / services received:	# of families
Shelter	0
Food	88
Cooking items	1
Hygiene items	8
Education	1
Clothing	28
Healthcare	8
Psychosocial assistance	0
CFS	0
Vocational Training	0
Other	79
Information	90

Household income and working members

The families were asked about their source of income. The following options and answers were given, noting that respondents could provide more than 1 response:

Source of income	# of families
No form of income	48
Work inside Soran	37
Work outside Soran	1
Volunteer stipend	5
Humanitarian assistance	9
Financial support from family	0
Savings / selling valuables	0

The majority of families reported having no form of income (or just humanitarian assistance). Furthermore, none of the families surveyed had any savings, nor did they sell their valuables to use as income. This situation increases the vulnerability of both adults and children within these households. Additionally, when respondents were asked who was working within their households, most (39 families) replied that this was the head of the household. In 5 cases, an adult child was earning all of the family income. In 6 families, a child was working and in 4 of these cases, the child was providing the only income for the family. What is significant is that none of families reported that the spouse of the head of household was working.

Access to water

Among the 91 surveyed households, 77 indicated that they have sufficient access to drinkable water, and that the water could be used for other purposes such as cleaning and cooking. All nine female-headed households have access to water. However, 14 families reported not having sufficient access to water, for either for drinking or other purposes.

Access to hygiene items

77 families of the 91 surveyed reported having sufficient access to hygiene items, while 14 did not. Eight of the 9 families headed by a female have access to hygiene items.

When respondents were questioned on the receipt of hygiene items, only 8 households – the majority of which are male-headed - indicated receiving them. Therefore, 83 families reported not receiving any hygiene items.

Vulnerabilities

Among the surveyed families, 81 indicated that there is no vulnerable condition within their family, while 10 reported a vulnerability according to the provided options, and 1 family selected 2 vulnerable conditions present in their household.

Vulnerability: # of families:

CWD⁴ 6 families; 1 of the families indicated to chronically ill case as well

Child pregnancy 0

Chronically ill 2, 1 of the families indicated to CWD case as well.

serious trauma 0
Serious medical condition 3
None 81

Other notes/comments from respondents in Arabic

At the end of the survey the respondents were given the opportunity to make any other comments they considered relevant or necessary to be said regarding child protection issues/topics, or otherwise. Of all the requests made, education for children was the most demanded, with some parents specifically requesting Arabic-speaking schooling. Following this, there is also a high demand for both financial assistance and NFIs (milk and diapers for children). There was medium-level demand for WASH services and products but more importantly, 4 households requested assistance for their disabled children (wheelchairs or case follow-up). The lowest requests were made for accommodation, medical aid and food.

Of the 91 households surveyed, 38 respondents requested the following assistance/services, with some making more than 1 request:

Assistance/services requested: Number of requests:

Education / CFS (13):

Schooling in Arabic for their children 4

Kindergarten 4

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⁴ Child With Disability

Education (in general) Playground	4 1
Financial (7)I: Cash assistance or job opportunities Coupons for food; increase coupon value	5 2
Accomodation (2): Caravans, instead of tents	2
Medical Aid (3): Medical general Psychological treatment	2
<u>Food</u> (2)	2
NFIs (7): Milk and diapers for children	7
WASH (5): Trash cans /garbage trucks Pesticides for scorpions Clean site	2 2 1
Vulnerabilities (4): Wheelchairs for disabled children Follow-up on cases of disabled children	3

Conclusion and Recommendations

This result of the assessment highlights the main chid protection concerns. Based on the findings of this survey and the relevant experience of the Child Protection Unit, the following conclusions and recommendations have been made:

Trauma and psychosocial support

The number of households which reported having children who witnessed or experienced a traumatic incident in Iraq is non-existent in 90 of the 91 families surveyed. None of these 90 households reported that their children witnessed violence, harm, forced recruitment, nor murder/death/execution either against unknown persons, friends or family members. Only 1 family reported that a child/or children in their household witnessed a traumatic incident. However, as none of the children within the 91 families questioned were not interviewed, the number of children who experience a traumatic incident, may be higher. Moreover, none of the parents were questioned regarding whether they suffered any trauma, and this is important, as traumatized parents' behavior may affect their children's emotional and physical well-being, if the parent becomes withdrawn and neglects the child, or begins disciplining the child using corporal punishment.

Also, none of the 91 families interviewed sought any psychosocial assistance, in general.

Education

Based on this survey, only 3 children in 1 household, from amongst 119 school-going age children (6-17), are attending school. In addition to this, there are 39 children between 4 to 5 years, who are not attending pre-school, nor a child-friendly space.

Child Labor

This survey found 6 families in which a child was working and in 4 of these cases, the child was providing the only income for the family. Of the 6 children working, 3 are carpenters, 1 is a welder, 1 a daily labor and the other works in construction.

Regardless of the low number of child labor cases, child labor is a very serious issue which not only affects the child's emotional and physical development, and could place the child at risk for physical, emotional or sexual abuse, injuries and even death. Moreover, child labor denies the child the opportunity to receive an education, and thus, effects the child's future career options. For this issue, awareness about these effects needs to be provided to both parents and children to decrease the number of children working or seeking work.

However, as most of these children working are providing the only source of income for their family, the family may not be able to remove them from this situation. Therefore, assistance needs to be provided to supplement or substitute this income, so that the child either works less or no longer works. Protection partners in Soran district should work together to provide different types of support to families in order in order to stop or prevent child labor, such as: prioritization of adult parents for livelihood opportunities; NGO cooperation to provide cash assistance to fund urgent needs for which children are working to pay (i.e. unfunded medical expenses). In this regard, it is important to note that the openly prioritizing families of child laborers may create a pull-factor whereby other families begin sending their children to work in order to receive prioritized assistance. Therefore, assistance must be combined with awareness-raising around the issue of child labor.

Children involved with armed groups

There were no cases of forced recruitment reported among the 91 families, and none of their children witnessed forced recruitment.

Conclusion

Although the findings do not indicate any grave concerns, it does not mean that children are not exposed other risks such as early marriage and child labor, as both can be economical coping mechanisms. Only one family reported having traumatized children and this may be due to the reluctance to report as it is a very personal matter and the households interviewed were not familiar

with the social workers. Therefore, further investigation is suggested via focus groups discussions with parents to determine whether more IDP children experience trauma.