

CHILDHOOD IN THE SHADOW OF WAR

VOICES OF YOUNG SYRIANS



Save the Children



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Methodology

This report is primarily based on children's stories as told to Save the Children in urban areas in Lebanon and in camps and urban areas in the Kurdistan Region of Iraq. Drawings and other playful sessions help children tell their stories of their every day life without the negative impact a deep interview might have.

The youngest children, 6 – 8 years, shared their daily lives through drawing or puppet play. Children 9 – 11 years old created Body Maps – a life-sized tracing of a “child” with writing or drawings of what makes them happy or sad. Younger adolescents, 11 – 13 years, created Problem Posters in which they could express their concerns, frustrations and challenges. The oldest adolescents shared through creative express ‘I am, I can, I will’ – a reflection of their strengths and aspirations. After the creative activities all children discussed their sources of support and shared messages to be taken forward.

All names of children in this report have been changed to protect them.

Direct quotes from children in the pictures are attributed by name. All other quotes are not directly connected to the person depicted.

Save the Children is particularly concerned with the significant impacts on development and psychosocial well-being the conflict and resulting displacement have had on children, and their families. Due to this, Save the Children Sweden undertook fieldwork in the Kurdistan Region of Iraq and in Tripoli, Lebanon in August 2015 with the intention of sharing the voices of children, their caregivers and Save the Children staff. A child protection and a communications specialist led the work, in order to ensure the professional integrity of the work with children, whilst collecting photos and stories.



51.1%

OF REFUGEES
ARE CHILDREN.¹

700,000

SYRIAN CHILDREN IN NEIGHBOURING
COUNTRIES ARE NOT IN SCHOOL.²

3%

OF HUMANITARIAN
FUNDING IS SPENT ON
PROTECTING CHILDREN.³

1 in 4

OF CHILDREN INSIDE SYRIA
AT RISK OF DEVELOPING A
MENTAL HEALTH DISORDER.⁴



1. http://reliefweb.int/sites/reliefweb.int/files/resources/RSYR-cf-12_RegionalDashboardExternal59_November2015.pdf

2. UNICEF Report August 2015
http://www.unicef.org/mena/Education_Under_Fire.pdf

3. <https://www.warchild.org.uk/campaigns>

4. Humanitarian Needs Overview 2016,
United Nations Office for the
Coordination of Humanitarian Affairs.

SYRIA
6.5 million

INTERNALLY DISPLACED

TURKEY
2.2 million

REFUGEES

IRAQ
3.2 million

INTERNALLY DISPLACED

LEBANON
1.1 million

REFUGEES

IRAQ
245,000
REFUGEES

EGYPT
128,000
REFUGEES

JORDAN
630,000
REFUGEES



Introduction

The unrelenting conflict in Syria has killed an estimated 300,000 people in the country—including nearly 12,000 children.¹ It has left 6.5 million people displaced within the country. Millions live in areas difficult to access with humanitarian aid, and an estimated 4.8 million people in need of humanitarian assistance live in hard to reach and besieged areas.²

Now in its fifth year, the armed conflict in Syria continues to increase in intensity. More and more civilians are being driven from their homes to seek safe shelter elsewhere in the country, or, increasingly, outside of Syria's borders. The conflict is spreading to and linking with violence in Iraq, including that wrought by Islamic State incursions, which have destabilized much of Iraqi territory and complicated the conflict in Syria.

The conflict has led to one of the largest movements of refugees in recent history. By the end of 2014 there were 3 million persons fleeing the conflict in Syria. By late-2015 there are 4.29 million Syrian refugees registered with UNCHR.³ Over 2 million or 51% of Syrian refugees are children under the age of 18 years.⁴ In Iraq 3.2 million Iraqis are displaced alongside Syrian refugees.⁵

1. Save the Children. Education Under Attack in Syria. September 2015. P.5.

2. UN OCHA. <http://www.unocha.org/syrian-arab-republic/syria-country-profile/about-crisis>. Accessed 11/08/2015.

3. Syria Regional Refugee Response Inter-agency Information Sharing Portal. <http://data.unhcr.org/syrianrefugees/regional.php>, accessed 11/08/2015.

4. Save the Children. Syria Crisis Response Dashboard, updated 13 September 2015.

5. IOM Iraq. Displacement Tracking Matrix: DTM Round XXVIII September 2015.

IMPACT ON CHILDREN

In addition to the risks of injury and death such violence presents, exposure to violence and lack of essential services can have enormously detrimental impacts on child development and well-being. Millions of families cannot access adequate life-saving assistance such as food, shelter and healthcare. For children, lack of access to education, loss of friends and family members and acute stress in their households after prolonged periods of displacement can have further, profound impacts on their development.

Save the Children is particularly concerned with the significant impacts on development and psychosocial well-being the conflict and resulting displacement have had on the children and families we are supporting.

RESPONSE AND NEEDS

Save the Children has been working in the region for decades and has mounted a robust response to the crisis within Syria, as well as in the neighbouring countries hosting the largest number of refugees. As the intensity of the crisis continues to increase we at Save the Children recognize the need to intensify its efforts, as well as adapt them to changing needs.

As of September 2015 Save the Children has reached over 2 million children with critical services in Syria, as well as in Lebanon, Jordan, Iraq, Egypt, Turkey, but the needs are increasing. Regional funding for the Syria refugee response stands at just 50% of what is needed to provide an adequate response, and more cuts are inevitable. Without a renewed effort to adequately fund humanitarian responses in the region, the global community will fail the children of Syria and neighbouring countries.



“

I was waiting a long time for someone to come and ask my opinions, to take messages about our needs.

I want to express myself and show what I can do.”

AKRAM, 14 YEARS OLD, LEBANON

ABOUT THIS REPORT

Through the voices of children, parents and staff working in the region this report presents a glimpse into the struggles faced by refugee and displaced families in the region. What is highlighted, however, is the ability of children – with appropriate and sustained support – to mitigate the impacts of adversity and move forward with a sense of purpose and possibility in their lives.

Save the Children and all other humanitarian actors can and must do more, and require the appropriate funding to do so. The rights and needs of children and families in all neighbouring countries affected by the Syria crisis must be better met. Child and youth issues must take a more prominent place on the political agenda, and funding for quality initiatives that support and protect children and youth must be dramatically increased.

Child protection is a life-saving response in humanitarian emergencies, of which psychosocial support is a key element. Resilience and psychosocial well-being in boys and girls can be promoted through multi-layered interventions that enhance healthy development. However, protection remains significantly underfunded with only 26% of requested protection funding for the Syria response secured as of October 2015.⁶

KEY RECOMMENDATIONS

Key recommendations are presented at the end of this report to enhance the child protection and psychosocial response to the Syrian crisis in the region. These emphasize

- The need for a concerted political effort to end the conflicts in the region
- Address policy barriers that refugee and displaced families face in raising their children and living with dignity
- Ensuring that donors fund, and humanitarian actors implement, evidence-based and appropriate programming that meets the developmental needs of children; especially the most vulnerable.

6. Regional Refugee and Resilience Plan 2015 – 2016. Regional Monthly Update – August 2015: Protection.



“

I am sad for
my family.

They don't want
me to be sad for
my elder brother
who left.

I want to live
happy with my
family.”

GIRL, REFUGEE IN IRAQ



“

What would make
me happy?

When I hear there is
no more war in Syria.”

GIRL, REFUGEE IN LEBANON



Protection - children's concerns and needs

The direct impacts of armed conflict and resulting displacement can have grave impacts on the mental health and psychosocial well-being of boys and girls. However, it is often the secondary, and subsequent daily stressors that arise from poor living conditions, lack of nutrition and medical care, and so importantly, the absence of educational and other opportunities for development that can create longer term, detrimental impacts on children's lives.

The number and intensity of risks and threats posed to children in the Syrian crisis are enormous. The situation could seem overwhelming, and potentially hopeless. But the reports and statistics only convey part of the picture. What can be missing are the children themselves—their voices, their courage and their aspirations.

What follows in this section is what children themselves, and those closest to them—their parents, caregivers, and programme staff—have shared about how the experiences of armed conflict and displacement have affected them and their childhood. Importantly, they also share with us their sources of strength; their inner resilience and external supports. They help us to understand how our programming can contribute to their protection and well-being; which should guide funding and programming priorities in emergency child protection and psychosocial well-being responses.

DIRECT EXPOSURE TO ARMED CONFLICT AND VIOLENCE

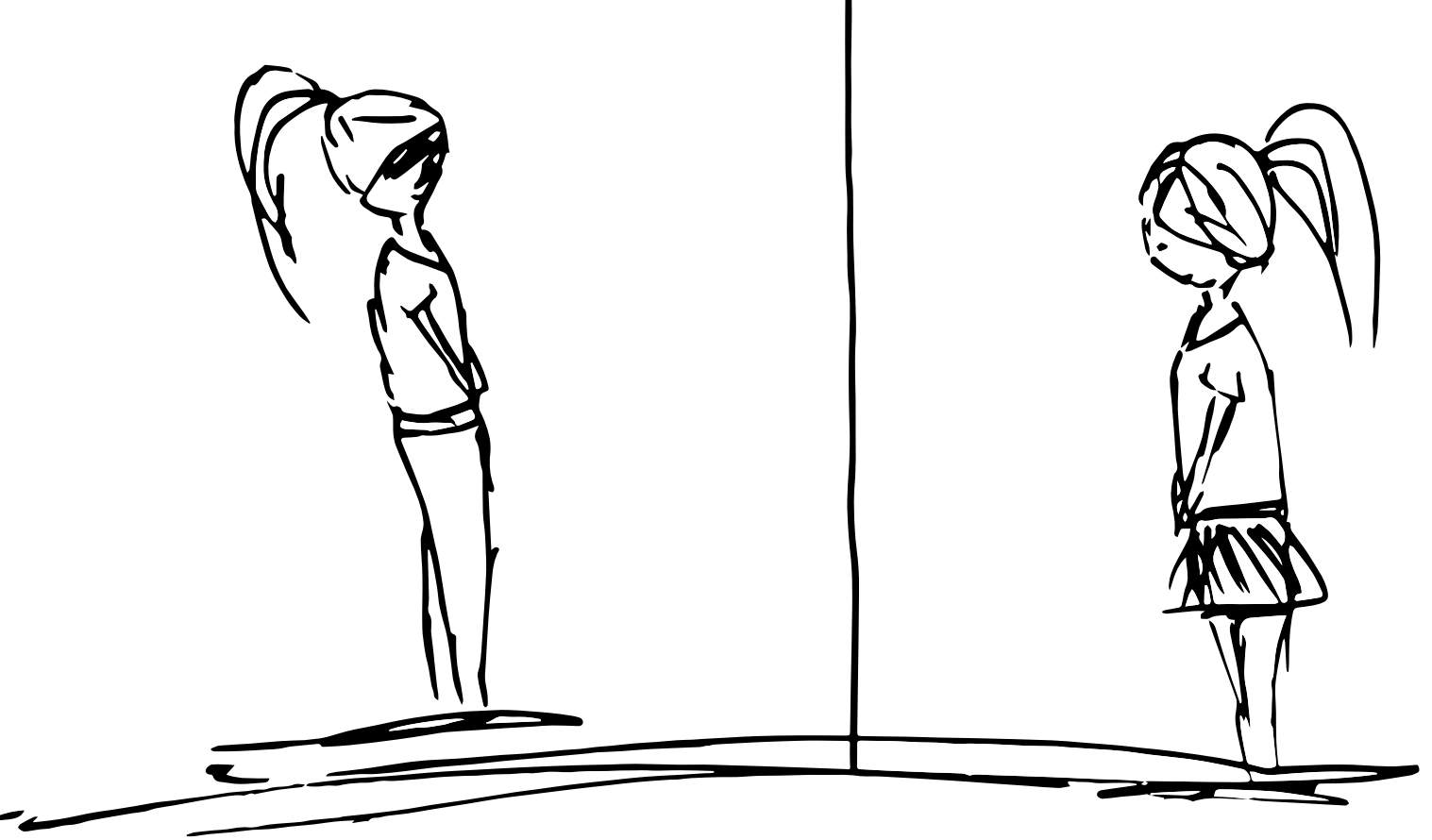
Many, though not all of the children who have fled the conflict in Syria have been direct victims of, or witnesses to, the armed violence their communities

experienced. Children aged 8 – 13 participating in Body Mapping exercises included images of planes, bombs, soldiers, tanks, injured bodies, as well as descriptions of “the death of relatives,” “seeing bodies,” or “the smell of gas,” for example, as things that make them sad.

Even children who had not been directly exposed to hostilities draw distressing images of armed conflict. Staff at a refugee camp in the Kurdistan Region of Iraq explained that the boys who drew the images probably had not seen such scenes themselves, but they are inundated with graphic war reporting on television, as well as promotional material glorifying the militia groups fighting in the region. Syrian mothers in Tripoli, Lebanon express concern about the high levels of violence in television and other local media that their children were not previously exposed to in Syria. They attribute some of the increasing aggressiveness in their children to this exposure.

The direct experience of hostilities does not always end when families leave Syria. Areas of Tripoli, Lebanon, have themselves been de facto “war zones” since the refugee influx began. Syrian and Palestinian refugees, along with Lebanese children have been caught up in, and even participated in recent fighting within the city. For children trying to overcome the distress of exposure to war at home, such encounters can be re-traumatizing and risk further eroding their resilience and coping capacities.

Children who have lost parents, siblings or other relatives in the fighting express this with images of crying children, or words expressing pain and a desire for things to be as they were. At a Save the Children-run child friendly-space in a camp for internally displaced persons in the Kurdistan Region



of Iraq, staff say that most of the children would have seen fighting, including witnessing the killing of family members. They estimate that 10% of the children participating in programmes have lost at least one parent, though the percentage is higher in the overall camp population.

DISPLACEMENT LEADING TO FAMILY SEPARATION

Displacement, whether inside a country or across international borders, presents a myriad of risks to children. Movement leads to a high risk of family separation, much of which comes with the rapid flight of families under attack. Separation from parents or other caregivers can have a profound effect on children's safety, development and psychosocial well-being. However, our child protection workers describe patterns of refugee movement from the Syrian conflict that highlight often strategic and intentional separation of families taking calculated risks. Lack of security and household resources is leading families to send children away for their well-being, knowing the separation may lead to other risks.

Save the Children staff in the Kurdistan Region of Iraq explain that initially most unaccompanied children we were meeting were being sent from Syria by their parents for safety and security. This was particularly the case for boys 13 – 17 years of age because the risk of recruitment by armed groups is very high. Some boys felt they had to go to Iraq for work to support themselves and send money back to their families in Syria. Now that many of the families have also been pressed to come to Iraq because of the situation in Syria, the programme is seeing few cases of separated or unaccompanied children.

Separation from friends and support systems also has a detrimental effect on children, particularly adolescents. One of the greatest concerns expressed by Syrian refugee girls, aged 13 – 17, in the Kurdistan Region of Iraq is the loneliness from being apart from their best friends. Some of the girls have formed a Youth Committee like the one they belonged to in northern Syria. They speak of how it had given them a strong sense of self and purpose. They struggle now, however, to gain support from the Iraqi host community to initiate their programmes.



When I had a problem I went to a friend of mine. We were together in Syria, but our life circumstances made me far away from her. So when I have a problem I am so lonely. She was helping me a lot.

But I had to do something. I went to my God. I have been telling him everything until this moment. By doing this, I feel so, so comforted.”

15 YEAR OLD GIRL EXPLAINS HER DRAWING OF TWO GIRLS WITH A WALL IN BETWEEN. URBAN AREA, IRAQ

THE STRESS OF POVERTY

The most overwhelming preoccupation of children involved in the assessment, as well as their parents and caregivers, is the fragile economic situation of their families. Even the youngest children express concern about their fathers not working, their family not having enough money to pay rent in urban areas, or not having enough to meet the family needs in tented camps and informal settlements. The stress that comes from a constant concern for meeting basic needs permeates the entire household.

The stressors of their daily lives are clearly evident in their drawing and their written expression. Even very young refugee children in Tripoli, Lebanon express frustration with not having the things Lebanese children have, making them feel even more different. They miss having small things like ice cream, and gifts from their father. Slightly older children speak in specifics about how much, or little, their fathers earn, the rent their parents pay, and the financial needs that are not met for medical and educational services. Household stress is blamed for increased negative coping mechanisms, such as alcohol abuse and violence against family members.

The dire economic conditions most of the children are in are cited as the primary cause of their psychosocial distress. Economic hardship presents secondary risks to child protection and well-being. Other research in the region has shown considerable increases in child labour¹ and early marriage,² much of which is attributed to poor economic conditions within families. Whilst children in this study rarely mentioned these issues, staff expressed concern about them. They highlight the risk that the children most vulnerable to engaging in harmful labour and/or being married off at an early age are not being reached by service providers due to access, as well as limitations in funding for specialized services to meet their needs.

1. See Save the Children and UNICEF. Small Hands, Heavy Burden: How the Syria Crisis is Driving More Children into the Workforce. July 2015.

2. See Save the Children. Too Young to Wed: The growing problem of child marriage among Syrian girls in Jordan. Save the Children Fund. 2014





I said to the children that even though you don't like what I cook here, or only eat bread and olive oil, it is better to live like this than run from village to village living in the war.

We experienced this, people refusing to give us shelter so we slept under trees with no food other than bread.

It is better to live here with all the negative circumstances than suffer from the war in Syria.”

A MOTHER TALKING TO SAVE THE CHILDREN. TRIPOLI, LEBANON

REFUGEE SITUATION LEADING TO EARLY MARRIAGE

Save the Children staff in Tripoli, Lebanon state that the increase in early marriage among both Syrian refugee and Lebanese children in the poorer communities is a worrying trend. Their perception is that within the Lebanese community is more an issue of maintaining a traditional custom of arranged marriages at birth, involving both boys and girls. For the Syrian refugees, as is highlighted across the region, the motivations are presented as two-fold. The economic realities of some families are leading them to marry off younger children they feel they can no longer provide for. At the same time, the risk of sexual and gender-based violence is so high that fathers, in particular, claim they are marrying their daughters to protect them from abuse by men in the camps or urban neighbourhoods.

Early marriage of girls in particular has been noted in all of the host countries. The most documentation has been done in Jordan, where according to Save the Children the rate of early marriage in Za'atari refugee camp more than doubled since the influx of refugees began, from 12% of registered marriages being a girl below 18 years old in 2011, to 25% in 2013. UNICEF estimates that number had increased to almost 32% by early 2014.³

3. UNICEF. A study on early marriage in Jordan. 2014. P.8

In Tripoli, Save the Children staff observes that the highest rates of early marriage are found in the informal tented settlements. They have been effective at involving young, married girls in some psychosocial programme activities. This could lead to promising practice on how to engage girls who might otherwise find it difficult to access supportive services.

DISCRIMINATION AGAINST REFUGEES

Another theme reiterated throughout the region is the experience of discrimination and its harmful impact on psychosocial well-being. Tensions between refugees and host community members are cited as concerns in all the country programmes, even in the Kurdistan Region of Iraq where the Syrian refugees share a Kurdish ethnicity with Iraqi citizens. Children in all locations report feeling inferior to other children in host communities and they, as well as their parents, describe constant verbal and physical harassment.

A Syrian mother in Tripoli shares, “When we were trying to find a house we chose a Syrian surrounding. Lebanese boys call my children vulgar names. I have two boys. If a Lebanese boy hits one of them we can't do anything.”

THE CONSEQUENCES OF EXPOSURE TO VIOLENCE

The cumulative experiences of exposure to armed violence, displacement, loss of family and friends, and the toxic stress of poverty and insecurity can lead to a variety of potential stress reactions, high levels of which staff and parents report in children participating in Save the Children's programming.

Common emotional and psychological symptoms include sadness, anger, hopelessness, worry, stress and the emotional pain of memories of home. Also reported are fear, anxiety (especially separation anxiety) and nightmares. Amongst adolescents in particular there are frequent reports of feeling a loss of identity and hopelessness about the future. Staff describe seeing adolescents turning to negative coping mechanisms such as alcohol and drug use, as well as self-harming behaviours. Suicidal ideation is also reported, with a few child suicides documented in some locations.

Other problems that are widely reported include somatic symptoms such as speech disorders and problems with hearing or vision. Night time bedwetting is widely reported in all settings and mentioned by all key informants. Although more frequently a problem for younger children, adolescents are also affected. Daytime urinary incontinence is also a problem.

Behavioural changes attributed to stress reactions are widely reported with concern by staff and parents in all locations. Young children demonstrate unusual crying or screaming, as well as excessive clinging to parents or caregivers. Girls are said to be more likely to become withdrawn from depression than become aggressive, although it is important to consider that girls are also much more likely to be kept in their homes and, as a consequence, can be very isolated. There are reports of increased verbal aggression amongst female adolescents in some locations, during sporting activities, for example.

There is a great deal of concern about the increasingly anti-social behaviour of adolescent boys, including aggressive behaviour, such as bullying, getting into fights, using bad language and becoming defiant and, in some cases, abusiveness towards their parents and siblings. Smoking and the misuse of alcohol and drugs are not uncommon with this age group.

Traumatic events are kept alive for children through the conversations of adults around them and continually being exposed to stories of conflict, death, destruction and flight. Witnessing the anguish of adults can only add to their distress. Staff and children frequently cite extreme sadness and symptoms of stress amongst mothers. This has a significant bearing on the mood of the children and on the capacity of their mothers to care for them effectively both emotionally and practically.

The most common severe mental health and neurological disorders, such as psychosis, epilepsy and cerebral palsy, are usually pre-existing disorders, which, in many cases were exacerbated by the conflict and its consequences including lack of treatment or support. Also noted are intellectual and developmental disabilities such as Autism and Downs Syndrome.

Data is inadequate to quantify the symptoms and concerns, but the overall picture from the figures available in Save the Children's programming, key informant interviews and participatory work undertaken during these assessments does not appear to indicate that there are higher numbers of children requiring specialist mental health support than would be predicted in post emergency settings. Through case management services in Save the Children's programmes, children exhibiting signs of significant distress are referred to more specialized services, as available. The numbers of such children, as reported in our programming, are very small, generally below 5% and typically around 2%. It cannot be known, however, how these rates might change with re-exposure to armed conflict, prolonged displacement or significant decreases in funded services.



The children talk about violence all the time. The problem is not solved in six months. Look at this place, violence is in the hearts of these children.”

LARA HALLAK, CHILD PROTECTION OFFICER,
SAVE THE CHILDREN, LEBANON





We spend all day in our tents. We help our mothers clean and prepare meals. Because of the harassment from boys we cannot leave the tents alone.

We must be accompanied by our fathers or brothers to go anywhere, even to the store or the child friendly space.”

15 YEAR OLD GIRL, IDP CAMP, IRAQ

THE DIFFERING EXPERIENCES OF BOYS AND GIRLS

Children experience the impacts of armed violence, displacement, loss, and extreme poverty differently, based on factors such as age, (dis)ability, gender and customary traditions and other key external support mechanisms around them such as family, friends and a sense of community – a sense of feeling connected. As individuals, they will bring different assets to their experiences of adversity, as well as different needs. These are important considerations in building appropriate and effective psychosocial support programmes.

Refugee and internally displaced girls and boys in the region occupy very different spaces. Girls spend most of their time in their homes, in part because of custom but also because of the very real risks of harassment and abuse outside. Boys are out in the world with far more social interaction, facing their own risks. These differing experiences greatly shape the concerns and worries that girls and boys have about their situations, as are reflected in the expressive activities children participated in during the assessment.

Girls are preoccupied with the household and its responsibilities. While most shared that they enjoy helping their mothers, there is some frustration about

the additional care-taking duties they have. For those girls (and some boys) whose parents are dead, ill or disabled, they must care not only for their siblings, but the parent in need, as well. They lament the rapid shift in their lives from the child at school playing with friends, to the young mother of a family with enormous needs.

Even very young girls express concerns about the economic situation of their parents, detailing the income and expenses that never line up month to month in their homes. They have to accept that because of these burdens they may not go back to school, and in some cases they may be married off to an older man.

The recurring themes of boys’ concerns are around the violence they experience on a daily basis, as well as problems affecting their play. Beating – being beaten and beating others— is the single biggest concern shared by boys (and some girls), particularly in the fieldwork in urban Tripoli, Lebanon. The refugee children are already at risk of violent discrimination, and many also live in poor, violent neighbourhoods. In the camps in the Kurdistan Region of Iraq, boys speak of being bullied commonly. Even when asked who or what helps them with their problems, most refer to a father, friends or brothers who will beat the ones giving them problems.







“

In my helping hand I drew my brother, because when others are beating me he helps me beat them.

If you don't beat me I will give you a flower.”

MOHAMED, 6 YEARS OLD, LEBANON

Like boys anywhere, when asked about their future aspirations most boys state they want to be professional football players. Their time is filled with sport in the company of friends. Playing outside presents risks that trouble the boys, especially in the refugee and displaced camps. Football pitches are covered in stones and glass causing numerous injuries. Boys drew pictures of their friends falling in sewage draining through the camp while playing, cars driving too fast and hitting children, as well as snakes and scorpions.

Violence is even permeating the play of friends and siblings. In a refugee camp in the Kurdistan Region of Iraq boys drew images of fights on football pitches, themselves quarrelling with their sisters, and fighting friends. Discussing the images they note the increasing aggressiveness they see in themselves and their friends since being displaced. “There is more fighting now in the camp than before at home. People are angry, we don't know why.” One boy talked about the violent way they play football and how “it is not how football is supposed to be played, but how it is here.”

The stress in boys is giving rise to other negative coping mechanisms. Staff and children express concern about the prevalence of alcohol and drug misuse and smoking. Adolescent girls talk about the harassment they experience from boys is much worse when the boys are drinking alcohol. “Their parents try to tell them not to, but the boys say they have nothing else to do.” Peer pressure is very strong in such unstructured settings, stronger, according to some teachers, than their guidance. Teachers in a child friendly space in a camp for internally displaced persons in the Kurdistan Region of Iraq say they feel their messages to girls are reinforced because girls cannot socialize so much; they stay in tight groups. The teachers say they struggle to get messages across to the boys because the boys can go outside and be exposed to a lot of negative influences, such as peer pressure to engage in alcohol and drug consumption, as well as other illicit activities.

Boys and girls express concern about the increase in stress and violence they see in their own homes. The problems arise much more starkly in activities with children in the refugee and displaced camps, for whom, in addition to the stress of displacement and poverty, the living conditions are extremely poor. In the displaced camps in Iraq, movement out of the camps is highly restricted and men have a much harder time earning money, leaving them idle and frustrated in the camps. Alcohol abuse is a worry

for most of the children, who describe often horrific domestic abuse inflicted on neighbours and others in the camp.

The physical living conditions in the tented camps are also very risky. The tents and shipping container housing units are almost uninhabitable during the summer months due to the heat. The electrical wiring in the camps is haphazard and very faulty. During fieldwork in one camp for internally displaced persons in the Kurdistan Region of Iraq, two children died overnight from electrocution. All of the problem posters drawn by young adolescent boys the next day featured intricate maps of the electrical, fire and other hazards of the camp. Discussion centred around their fears of injury and death, and frustration with the lack of response to the problems and adequate medical facilities in the camp. These problems are also present in the sub-standard housing many refugee and internally displaced families reside in within host communities.

Adolescent boys and girls, at a stage in their development where social relationships with peers are primary, express the most sadness about being apart from friends back home. Girls, in particular, drew and wrote poignant reflections about the void in their lives left by separation from their best friends. This was strongest in sessions with the most newly arrived refugees in the Kurdistan Region of Iraq. With purposeful activities to build social networks, psychosocial support programmes can play an important role in supporting children, especially for adolescents.

Besides the obvious pain over leaving friends and family, many children express sadness about leaving their physical homes. When asked to share what makes them happy and sad, middle and older adolescent boys and girls both responded with drawings of houses and gardens—the memories of which make them happy, but the loss of which make them sad. “The smell of the soil in Syria” elicits happy thoughts for one child. A girl drew the river she lived on and described how peaceful she felt watching boats from her house. Most artwork reflecting sources of happiness for both boys and girls were decorated with colourful flowers, palm and fruit trees and big bowls of fruit. A young girl displaced in northern Iraq wrote about her shelter in a displaced camp, “I don’t want your home. Take me back to my home.”

Drawing their daily routines, young boys and girls drew pictures of themselves going to bed with many siblings; one little girl in Lebanon dreaming of her many siblings in refuge elsewhere.

SOURCES OF SUPPORT

One of the strong, internal characteristics of resilience is the capacity to seek out resources to meet one’s needs. In the face of such enormous adversity, children are reaching out for support and they shared about the people and places from which they derived strength.

In the assessment activities in Lebanon and northern Iraq, parents are most often cited as a primary source of support for both boys and girls, for the protection, as well as the affection they provide. Most striking are the groups of children who say their parents are not their primary support; particularly notable in sessions with children internally displaced in the Kurdistan Region of Iraq. This is due to many factors, including death, disability or illness, but often their inability to deal with the types of problems the children have (including violence). Mothers also express frustration with their inability to meet the changing needs of their children.

As all of the children involved in the assessment are participants in Save the Children programming, mostly in child friendly spaces, which are safe places within tented camps or in urban areas where children can come to participate in non-formal educational and recreational activities. It is not surprising that perhaps the most common support cited was the staff at the spaces. One small boy in Tripoli, Lebanon through tears shares, “The child friendly space feels like my home. I like Mohamad (the animator) and Mohamad likes me very much. So it feels like home.” As Mohamad listened, he too began to cry. Other boys and girls in all locations cite the role that a particular member of staff plays in guiding and advising them.

It cannot be overstated how important a role the child friendly space plays for girls who are much more socially isolated than boys, particularly in more culturally traditional populations. A 15 year old displaced Iraqi girl speaks for her friends saying, “We love coming to the child friendly space; we feel free here. But we only have two hours a day; it is not enough! And Friday and Saturday, when the space is closed, seem endless.”

“

I am everyone's friend.
I love my friends and
playing with them.

I am smart at school
and I love my teacher.
I can play football.

I want to be a smart
person, a doctor
to help people and
serve my country.”

RABIH, 14 YEARS OLD
LEBANON



“

If I close my eyes I think of my friends, the school and all my favourite places at home: everything there is better than here.

They ruined everything for us. I just want to go to school, and learn a job and work! Here we have nothing, only this tent with no electricity.”

FIRAS, 16 YEARS OLD, INTERNALLY DISPLACED IN IRAQ

For boys, who have many other outlets for socializing and recreation, the child friendly space provides structure and safety that is not found outside. A young internally displaced Iraqi boy shares, “If there was no child friendly space we would just be walking in the streets. We don’t want to do that because we would learn bad things.” And for older adolescent boys, the life skills programmes provide a rare opportunity to express themselves and develop confidence. “The Save the Children Life Skills program (in Tripoli, Lebanon) is really good. I enjoy dancing and role-playing. I think more boys should attend.”

Formal school is also an important support for many of the children, though most face significant challenges to accessing school, particularly beyond the primary level due to financial constraints, language and curriculum differences and other challenges. Those fortunate enough to be able to attend formal school can face other obstacles. Many of the boys and girls involved in the fieldwork in Tripoli, Lebanon and the Kurdistan Region of Iraq spoke of discrimination and significant mistreatment by teachers. As important as education is for healthy child development, education of poor quality, especially if abusive and humiliating is actually detrimental. Whilst parents place far more value on formal education than what they see as primarily recreational activities in child friendly spaces, children report their parents have removed them from school in some instances because of their treatment. Being treated with dignity is an important aspect of boys and girls participation in programming.

Friends, especially for older adolescents, are a significant source of strength and support. Faith also plays an important role in children’s lives, with boys, in particular, often citing the mosque as a place to go for support.

Another one of the most defining characteristics of resilience in children is hope for the future. Maintaining a belief that the future holds promise and holding on to aims and aspirations is essential in the face of pain and loss. Older adolescent boys and girls were asked to share their dreams of their future lives. What resonates in most of their responses is the common desire to become an adult who contributes to their country.

Along with being professional football players, boys shared dreams of becoming doctors, pilots, professional soldiers, and musicians. Girls as young as 12 years spoke of becoming teachers and doctors.

Older adolescents worry about the many barriers in their lives to achieving their dreams—their families’ economic conditions, the lack of quality educational opportunities, among others. These factors are inspiring adolescents especially boys, to consider leaving their circumstances. Boys share their thoughts of going to Europe. Girls express grief, missing their older brothers who are trying to get to Europe. A mother in Tripoli, Lebanon talked about her 14-year-old boy who “wants to get a fake passport to go to Turkey and then to Europe because life here is almost impossible with all the expenses.” Her family came to Lebanon five years ago and this is only the first year her children have been in school. They have missed four years of education.



“

I drew a sad
child because my
brother died.

When I am sad
I draw.”

11 YEAR OLD GIRL
INTERNALLY DISPLACED IN IRAQ







Save the Children's approach to psychosocial support programming

RESILIENCE IN CHILDREN

Save the Children views psychosocial support as a systematic way of supporting children's development and their promoting their resilience to recover from the impacts of crisis situations on their psychological, social, physical and emotional well-being. Psychosocial distress is not limited to a traumatic event, such as war, violent incidents, epidemic or natural disaster, but also includes more individual crisis such as violence within the family or the community, as well as long-term undermining of development due to violence, abuse or neglect.

Resilience requires individuals have the capacity to find resources (social, economic, personal) that bolster their well-being while at the same time highlighting that families, communities and governments are responsible for providing these resources.

The development of resilience is not just a set of individual personality traits; it can be learnt. It involves children's behaviour and how they respond to and influence the environment around them. Resilience is also not static – it evolves over time, can be both developed and lost, and patterns of coping (resilience) vary according to context and risk factors.¹

NON-SPECIALIST INTERVENTIONS THAT WORK

The most widely used model for giving children psychosocial support services is through activities implemented in Child Friendly Spaces either within camps for refugees or displaced persons or in locations within host communities, through static spaces as well as mobile ones.

Save the Children emphasize non-specialized psychosocial support interventions in all countries in the region. Programmes comprise structured recreational and non-formal educational activities intended to promote resilience in children and adolescents by improving self-confidence, building life skills such as problem solving, critical reflection and teamwork, emotional self-regulation, and strengthen social relations.

Children under 5 years are able to benefit from Early Childhood Care & Development programme activities. These not only provide opportunities for this age group to engage in both structured and free play critical for their development, but also allow their mothers a small break from caregiving that is likely to be beneficial to their wellbeing.

1. Save the Children International. Why child development, resilience and psychosocial support should form the foundation for Save the Children's protection work, p. 2

SPECIALIST INTERVENTIONS FOR MENTAL HEALTH NEEDS

More specialized interventions include case management, and individual or group therapeutic approaches such as play therapy or Cognitive Behavioural Therapy delivered by psychologists sometimes together with social workers. These programmes are currently implemented in Egypt, with both group and individual sessions are held through education- and community-based programmes. Strong case management systems, implemented also in Lebanon, can ensure such interventions are part of a holistic approach with parallel processes to address child protection concerns where necessary, though this remains a challenge in many settings.

Psychosocial support has also been integrated into schools or educational settings in a variety of ways including the training of teachers and school counsellors to respond appropriately to children with psychosocial needs; providing direct therapeutic support through psychologists and social workers based in schools, as well as through case management including referral to specialised services for children who require additional support, such as mental health care or services for survivors of gender based violence. Given the importance of education to children living in these difficult circumstances this is an important psychosocial approach that should be expanded.

FOCUS ON YOUTH AND ADOLESCENTS

Focused approaches with adolescents and youth are a key component of Save the Children psychosocial support programming. Programmes include Multi Activity Centres for 13-24 year olds; Drop in Centres for working children to access support and meet basic needs with the flexibility they require; Youth Friendly Spaces for older children; and highly participatory adolescents life skills programmes. Engaging adolescents sufficiently remains a challenge and this age group is the least likely to receive psychosocial support, as well as educational and vocational opportunities that both build competencies and provide important outlets for social interaction.

“

The child friendly space is like our mother.

They take care of us.

They listen to us.

They respect us.”

15 YEAR OLD GIRL IN CAMP FOR INTERNALLY DISPLACED PEOPLE, IRAQ





WORKING WITH THE ENTIRE FAMILY

Save the Children programmes recognise the importance of working with parents and carers in order to promote and support psychosocial wellbeing in children. Activities include psycho-education sessions and provision of health information, sometimes in partnership with other organisations. Most programmes also provided more structured support and advice on parenting including positive parenting classes. Programmes in Lebanon, Egypt and Jordan offer group, and in the case of Jordan, individual therapy aimed at supporting parents directly with the objective of enabling them to better support their children. Whilst mothers make up the large majority of participants in these activities, efforts to reach out to fathers are also made.

Where Syrian refugees are living in communities scattered over large areas, such as in Lebanon, Save the Children has piloted outreach activities link children and families with psychosocial support programmes.

These include working through social development centres in communities that have been identified as being the most vulnerable, including a component of mobile activities and creating links with community based organisations and groups in order to strengthen child protection systems in the community through capacity development. Child Friendly Spaces in UNHCR registration centres provides a safe space, making the waiting period less stressful for children and their parents. These also allow for information to be provided to parents on a range of topics, including psychosocial support, and for staff to identify vulnerable children to be referred on to specialist services Another form of outreach is through the “new arrivals” programme. When shelter or other sectoral teams conduct visits with new arrivals, the child protection focal person accompanies the team during the household assessment visit. This allows information to be given to families such as how to register with UNHCR, register births and how to access services such as Child Friendly Spaces, education etc.



SUPPORTING ALL VULNERABLE CHILDREN

Where relevant, all psychosocial programmes are delivered or available to the local population and any other refugees as well as Syrian refugees. This is essential in order to promote community cohesion, address hostile attitudes towards refugees and also to ensure all vulnerable children and their families are supported, particularly in settings such as Lebanon, which has suffered from decades of conflict and turmoil with a huge impact on the local population.

In Egypt, the Co-Existence Programme is implemented in the Child Friendly Spaces run by Save the Children in Greater Cairo. These centres are open to Syrian refugees, as well as Sudanese refugees and the local Egyptian population and were introduced as a way of building relationships, overcoming resistance to having joint activities and reducing resentment and hostility between the groups. Facilitators receive training in the values

of coexistence and inclusion, stereotypes and conflict resolution and how to create a safe and inclusive space for a diverse group. Team-oriented activities are then held with children over five days in each space and cultural diversity is highlighted and celebrated in a closing ceremony prepared by the children.

It is a promising practice that could benefit other programmes in the region.

All Save the Children programmes are also working to build local child protection capacity through the promotion of and support to community-based child protection committees, as well as strengthening the capacity of partners and other local actors in psychosocial support approaches. Professional development of medical personnel, social workers and teachers is underway in some countries, as well. These efforts are critical for ensuring sustainable interventions that will support children beyond the period of humanitarian funding cycles.





Gaps and challenges in supporting children

What probably causes Syrian refugee children and their families the most stress day-to-day is their dire economic situation, which leads to multiple other threats to their well-being. Addressing psychosocial impacts without making a meaningful change in the cause of distress will never be effective. Unless parents have meaningful opportunities to support their children and safety nets when they can't, they will rely on their children to work and their stress will increasingly affect their children. Long-term poverty in the refugee population will deny more and more boys and girls their childhood. These critical supports are the least funded of all humanitarian responses, with the livelihoods sector funded at only 5% of requests.¹

We at Save the Children recognize some particular challenges in meeting the psychosocial needs of these children and their families. By bringing attention to these challenges, we want to highlight the need for increased support to our programming, and that of other humanitarian actors.

ACCESSING THE MOST VULNERABLE

Whilst many psychosocial programmes, including those run by Save the Children, make efforts to include children with disabilities or other special needs in their responses, this is not always possible due to the lack of resources, specialist knowledge and difficulties in ensuring the environment is safe in relation to their needs. In urban areas there are the challenges of both identifying children with disabilities, who can remain “hidden,” and of renting space for programmes that is accessible for children

and parents with physical disabilities. All settings present the challenge of transport to programmes for children with limited mobility.

In the Kurdistan Region of Iraq, Save the Children was working with Handicap International to overcome these challenges through a pilot programme to raise awareness of and ensure the protection and inclusion of children with disabilities and special needs. Handicap International was providing transportation for children with physical disabilities to attend activities in the Child Friendly Spaces in a refugee camp. However, when funding ended most children stopped attending. It is a promising approach that could be replicated in other countries in the region. Donors must step up to ensure that children with disabilities have sustained access to quality services.

In addition to insufficient resources and facilities, a lack of understanding of certain physical and mental health disorders along with parental attitudes, contributes to exclusion from schools and other supportive services for many affected children.

Children with disabilities are not the only children likely to be highly vulnerable and not accessing psychosocial support programming. As has been well-established, girls experience intense isolation and may not even be allowed to leave their homes or tents to attend psychosocial support programs. Likely being caretakers themselves, their need for support and an outlet to express their concerns is even starker. The concerns could be even greater for girls who are married off at a young age by their families.

1. Regional Refugee and Resilience Plan 2015 – 2016.
Regional Monthly Update: 3RP Achievements – May 2015.





“

I like that we left Syria, I like it here because my family is here, but Syria is better because that is where I'm from.”

8 YEAR OLD GIRL, REFUGEE IN LEBANON

Increasing numbers of Syrian refugee children are reported to be working to support their families, often from a young age.² These boys and girls are much less likely to access supportive services than many other children, whilst facing the additional risks of abuse and exploitation in their employment.

For a number of reasons adolescents are the least represented age group of children in most of the psychosocial support programming. Many older boys and girls are working to support their families. Older girls are often kept in their homes to protect them from harassment and abuse by males in public. Staff also acknowledges that the programming offered is not always felt to be relevant to adolescents, and more needs to be done to provide supportive services that meet the evolving needs of older children.

CHALLENGES TO ACCESSING SPECIALIZED SERVICES

All the countries hosting Syrian refugees in the region lack sufficient national level professional capacity to provide adequate mental health and psychosocial support to children. A pre-existing regional shortage of mental health professionals, especially child psychiatrists and others such as psychologists and social workers, has been placed under extreme pressure as a result of the Syrian conflict. Professionals working in the region may not have the experience or expertise to work with children affected by such levels of trauma. Some countries lack certifying bodies to ensure mental health therapists meet appropriate standards.

2. Save the Children and UNICEF. Small Hands, Heavy Burden: How the Syria Crisis is Driving More Children into the Workforce. July 2015.





One doesn't get the sense of time here. First you stop counting days, then weeks, then months."

IBRAHIJM, CASE WORKER COORDINATOR
SAVE THE CHILDREN, IRAQ

Whilst there are examples of good initiatives to train national actors on mental health and psychosocial issues, including the World Health Organisation Mental Health Gap Action Programme and the International Organisation for Migration initiative to establish a master's degree in psychosocial support for Syrian and Lebanese professionals, a number of national actors interviewed are critical of the lack of strategic and comprehensive capacity building. Given the scale and scope of conflicts in the region, there must be a greater commitment to support the development of sustainable mental health and psychosocial support systems.

It can be very difficult for children requiring specialist support, such as mental health or specialized medical treatment, to access this. In many settings there are insufficient referral services, or the reach of services is very limited, for a range of child protection problems including specialised mental health and psychosocial support.

A SPECIAL SITUATION FOR STAFF

Much of the staffing of Save the Children psychosocial support programmes is comprised of Syrian refugees, Palestinian refugees, and internally displaced persons in the Kurdistan Region of Iraq, along with host country nationals. They work long hours, in harsh conditions and are constantly exposed to the effects of violence, often unimaginable. If they are displaced, they are living with many of the same worries and fears as the people they serve.

Save the Children is committed to thorough and on going capacity building for its staff and partners.

We know that competent and confident staff keeps children safe in our programmes. To be appropriate and effective, psychosocial support must be grounded in a child development approach and stress clear and measurable goals. Training and mentoring is undertaken to build these competencies. Beyond training, our programmes want to ensure staff care and support.

We want to highlight the need for adequate resources to fulfil these commitments to our staff.

CHILDREN IN CAMPS AND URBAN AREAS

A large majority of the Syrian refugee population in Jordan, Iraq and Turkey, as well as Iraqi displaced populations live outside of formal camps, yet a bulk of the programming is focused on those settings. Operationally, it is easier to provide services to a concentrated population, and there is no questioning their needs. However, camp-based services, such as Child Friendly Spaces with their need for large material inputs, come at a high cost that may not be sustainable. They are often less adaptable to changing needs of children and adolescents, as the stay in camps extends over longer and longer periods of time. With the increasing shortfalls in humanitarian funding, there are concerns that camp-based approaches to housing refugee and displaced populations cannot continue.

A shift to stronger and more extensive community-based programming is underway and will have to be intensified. The challenges are significant, no doubt. Community-based protection work requires time and authentic processes to cultivate trust and commitment within communities, which may be highly fragmented. Inputs shift from materials and highly qualified staff directly implementing, to capacity building and mentoring of local actors to take the lead in providing services to children and families. Save the Children's experience with community-based Child Protection Committees in the region has demonstrated the potential benefits for more lasting, systemic change; as well as the many of the challenges of these approaches.

There is a critical need for strong and sustained support from the international community for quality community-based efforts to provide protection and psychosocial support services. The large numbers of refugee and displaced persons currently un-served by the humanitarian programmes cannot continue to be overlooked.



Recommendations for strengthening the psychosocial support response

Child protection is a life-saving response in humanitarian emergencies, of which psychosocial support is a key element. It is a response that demands adequate and sustained funding support. However, the overall funding outlook for the Syria crisis response looks bleak. As of October 2015, UNHCR has only 49% of its funding requirements met. The overall regional Syria refugee response is funded at 51%, with the Protection sector at a mere 26% of requested funds¹

Resilience and psychosocial well-being in boys and girls is promoted through multi-layered interventions that enhance healthy development. Ensuring that basic needs are met and that children have access to education, health services and opportunities for play and social interaction are critical. Efforts to strengthen families are prioritized, as it is widely acknowledged that a loving and caring family is one of the key protective factors which can strengthen a child's resilience and support their healthy development in spite of crisis. Save the Children also implements structured programming to address children's psychosocial distress and promote their resilience in the face of adversity. Case management and referral services address the most serious child protection concerns, including child labour, physical abuse, and in some contexts, sexual and gender-based violence. These services link children and their families with needed medical, social, economic and legal services to address the complex challenges refugees and internally displaced persons face and are beyond the scope of one organisation's capacity.

Save the Children's regional child protection response to the Syrian crisis is bolstered by its humanitarian responses in other sectors. Emergency programmes in education, water and sanitation, health and nutrition, shelter and non-food item distribution, as well as food security and livelihoods all enhance the situation of boys and girls displaced by conflict in the region.

But all humanitarian actors, including the United Nations, European Union and donors can and must do more. The rights and needs of children and families in all neighbouring countries affected by the Syria crisis must be better met. Child and youth issues must take a more prominent place on the political agenda, and funding for initiatives that support and protect children and youth must be dramatically increased. Without a more forceful response to the situation of refugees and internally displaced persons in the region, risks to children's well-being such as death, injury, family separation, psychosocial distress, lack of access to education and other critical services, among many others, will increase. In the longer term this will lead to a continuing intensification of the outmigration to Europe.

Save the Children calls on regional and global leaders to recognize their moral obligation to work towards finding peaceful settlements to the conflicts that are contributing to the largest refugee movement since World War II.²

Host countries in the region must address political and administrative barriers that prohibit refugee children and their families from enjoying their rights, such as access to needed legal documentation, parents

1. Syria regional refugee and resilience plan (3RP) 2015

2. UNHCR. Worldwide displacement hits all-time high as war and persecution increase. 18 June 2015.

earning their livelihood legally and with dignity, and children accessing education and other basic services equally. Without such access to basic rights, the living conditions for those fleeing the conflict in the region will become impossible to bear, leading to further migration to Europe.

Save the Children urges that the following recommendations for stepping up child protection and psychosocial support as part of the be prioritized in the humanitarian response to the conflicts in Syria and Iraq:

- The donor community must fully fund the overall humanitarian response to the Syrian crisis at a level consistent with the magnitude of the crisis.
 - Child protection must be recognized as a life-saving intervention and prioritized with adequate funding in the humanitarian response, understanding that failure to effectively address protection and psychosocial concerns as soon as possible could potentially lead to future concerns—such as early marriage or harmful child labour—which can have increasingly detrimental impacts on children’s long term development.
 - Even if current funding requests for child protection and psychosocial support were fulfilled, immediate attention and additional resources need to be given to addressing the gaps and challenges in:
 - Providing appropriate psychosocial support to the most vulnerable children who are not adequately reached in current programming; which include children with disabilities, girls, and working children, among others
 - Enhancing programming to more adequately address the unique and evolving needs of adolescents, such as vocational skills and higher levels of formal education, with special considerations for the differing needs of older boys and girls.
 - Strengthening support to parents to better cope with the psychosocial impacts that armed conflict and the resulting displacement have had on their families, including social and economic support, as well as stronger referral services to meet their medical, social, economic and legal needs.
 - Finding appropriate and effective strategies for expanding community-based child protection and psychosocial support in order to create systemic and lasting improvements to boys and girls wellbeing outside of structures created and maintained by outside humanitarian actors. Building on and strengthening local capacities and leadership to protect children and promote their rights is critical to affect long-term change in children’s lives.
- Save the Children and other organisations must continue to improve the quality of psychosocial support programmes and donors must demand good practice in programmes funded.
 - No ‘one size fits all’: Programme design is evidence-based and informed by appropriate assessment processes so that all programmes are designed to meet the specific needs of the communities served, and build on their particular capacities and resources.
 - Purposeful programming: Psychosocial activities are structured and goal-oriented with measurable outcomes for different developmental stages, needs and abilities of individual children.
 - Building synergies: Programming take a holistic view of child development and well-being and builds on opportunities to integrate child protection and psychosocial support across all areas of humanitarian programming, including education, shelter, water/sanitation, etc.
 - Learning: Assessment, monitoring, and evaluation systems are strong and appropriate to context. Programmes stress learning, knowledge management, and sharing of good practice for enhanced programming globally.
 - Collaboration: Coordination amongst relevant actors is tight and transparent, emphasizing a spirit of shared commitment and effort towards children’s protection and well-being through programming that is guided by global standards in the field.
 - Invest in people: Significant and sustained investment in staff development to enhance technical competencies required for quality child protection and psychosocial support programming, as well as strong mechanisms for staff care and support.





Save the Children