WAR CHILD HOLLAND
SYRIA • CHILD RIGHTS
SITUATION ANALYSIS
JANUARY 2014
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WITH THE SUPPORT OF PLAN UK
INTRODUCTION

War Child Holland (War Child) is an independent, impartial non-governmental organization. War Child takes a rights-based approach to supporting children affected by armed conflict that is grounded in the United Nations Convention on the Rights of the Child (CRC).

The four core values of War Child are taking a creative and inspiring approach, having an impact and being open. Given the support and the opportunity, War Child believes that children have the power to influence decision making and the fulfilment of their rights.

To ensure that the views of children are considered, a Child Rights Situation Analysis (CRSA) is periodically conducted in the contexts of countries or conflicts where War Child works, using this methodology. Through a CRSA, children are enabled to express themselves and their concerns, to analyse the fulfilment of child rights in their community, and to inform program choices so that they are tailored to the issues of greatest importance to them.

War Child has been responding to the humanitarian consequences of Syria’s armed conflict since April 2012, by providing education and life skills support to children in Lebanon. In order to better understand the context for children inside Syria, who experience the daily devastations of the conflict, War Child implemented a CRSA through trained researchers in Syria. Through participatory information gathering tools, children were encouraged to openly identify, discuss and analyse the issues most affecting them. Though data for this CRSA was collected between August and October 2013, the situation unfortunately remains largely the same as of January 2014, and the analysis and recommendations provided in this report remain relevant.

The CRSA methodology empowers children and gives them a platform to voice their concerns. This report aims to raise awareness of those concerns and the situation for children in Syria, among a broader community of humanitarian agencies and donors.

The analysis in this report is based on the experiences children shared with trained researchers. It is organized according to the five child rights deemed to be of greatest importance to them. The general legal framework applicable for children in Syria and the specific laws on each right are included in this study, to demonstrate the role that all parties involved, including children, can take to uphold the fulfilment of child rights. Following the analysis of each right, programming recommendations are outlined. These recommendations were developed based on input from children themselves, the researchers involved, and War Child, and aim to encourage more informed and relevant support for vulnerable children in Syria.

By understanding the undeniable impact of the war from a child’s perspective – from direct exposure to armed threats, displacement, hunger and illness, lack of education and recreation outlets, to the inescapable fear and loss – humanitarian actors can play a more effective role in protecting children and safeguarding their future.

KEY FINDINGS

“People are dying for no reason, and we are not an exception…”
Repeted comment from children in a besieged community; Rural Damascus

The most important issues identified by children in Syria, in order of importance, concern their rights to protection, education, healthcare, nutrition and play.

Fear was commonly reported by children as a factor restricting the fulfilment of their rights and their ability to live their childhood. Overwhelming fear leads children to stay at home more often and to not attend school. It also reduces their feeling of safety, and leads to negative coping behaviours which are reflected in the way they play and relate with their peers.

The children also voiced their perception of widespread discrimination in access to resources and services in Syria, with children from host communities reportedly favoured over displaced children. Further marginalisation is reported against Palestinian refugee children.

Right to Protection: Protection was identified by 81% of child participants as the most important child right being violated in Syria today. Children interpret their protection in terms of safety, security, and their basic right to life. Family is the most commonly identified factor associated with a child’s feeling of safety and protection. Children identified locations associated with armed threats as the most unsafe.

Right to Education: Although every child expressed their right to education as a main concern, no child identified a school as a safe place. Children explained that a fear of kidnap, snipers, armed attack, and checkpoints prevent them from accessing school. At school, children said they are afraid of being kidnapped or physically or sexually assaulted. In addition, the militarization of the school (checkpoints are often based in close proximity, or armed guards are present on school grounds) disrupts their access to education.

Right to Healthcare: Children reported that access to healthcare varies between being available but too expensive in areas experiencing lower conflict, to being partially or completely unavailable in conflict areas. Specialised healthcare providers are reported as unavailable in every community. Children also expressed their reluctance to report common health concerns (like skin rashes) due to a fear of social stigmatisation by their peers.

Right to Nutrition: Children interpreted their right to nutrition in terms of their immediate access to bread, food, and in areas where food is available – good tasting food. The increasing use of siege and blockade tactics in Syria deny access to basic food for whole communities. Children in these communities prioritise their right to nutrition as a more important and immediate concern.

Right to Play: Children express their right to play and have fun as essential to experiencing childhood. All child participants described new games they play with their peers, which are based on imitating and recreating the images of war and violence that they described as eliciting the most fear.

Gender based topics were not prioritised by children, however they were raised during focus group discussions on other issues. These violations – recruitment into armed forces/armed groups, sexual violence, child marriage and child labour – are addressed at the end of the report.
OVERVIEW OF METHODOLOGY

The data collection for the CRSA was implemented by a team of 26 independent researchers (15 women and 11 men) in Syria. The researchers are humanitarian workers who were trained by War Child in July 2013 in a set of creative tools to gather information from children on the rights violations most affecting them. The researchers all have backgrounds in child focused methodologies and child protection standards.

From August-October 2013, the analysis was conducted with 391 children – boys and girls between the age of 10 and 17 – in 13 different communities in Syria.\(^1\) All quotes included in the report are excerpts from the notes recorded by researchers during these discussions with children.

Researchers worked in teams of two, with one person leading each activity with a group of 6-10 children at a time and one person recording notes. The creative methodology they applied is designed to empower children to identify the issues that concern them, to prioritise the issues in order of importance, and then to analyse in depth the most pressing issue. The activities used are detailed in Annex 3, and include:

- **Power Walk:** Introductory role-play activity where children are given an identity (such as the 16 year old son of a police officer; or 8 year old displaced girl) and analyse their access to rights.
- **Community map:** Children label the locations in their communities that make them happy, sad, safe or scared. This tool enables children to identify issues affecting them in their community.
- **Image Theatre:** Children act out scenes and use drama to identify and express the issues that make them happy or that concern them.
- **Diamond Ranking:** Children prioritise issues of concern from most to least importance.
- **Body map:** Children draw the outline of their body and analyse how their ears, eyes, heart, hands and feet relate to the issue of most concern that they identified in the diamond ranking exercise.
- **Focus group discussion:** Children are given the time and space to express their opinions and to analyse in depth the concern they identified as the greatest priority in the diamond ranking exercise.

Each research team submitted reports with the data collected in their community to War Child for collation and analysis. For quantitative indicators, researchers compiled data at the community level, based on the average among the children they included. Throughout this report, percentages are used to analyse overarching trends emerging from the information gathered, and are based upon averages from each community involved. The analysis is shaped solely by the comments and views of the child participants; and only addresses the issues that children wanted to discuss. Information from secondary research, as well as focus group discussions and interviews with 35 adults – humanitarian workers and parents/caregivers from the same communities – provide context and supporting data.

The 13 communities where data collection took place are defined at the district level, in the Governors of Damascus, Rural Damascus, Suwayda, Homs, and the Western coast region. To maintain the safety of each researcher, their names and the specific communities involved will not be disclosed. When researchers implemented the methodology, children’s interpretation of the community may have included only the surroundings of their shelter or the full district. The analysis does not claim to represent the situation of the entire community, but rather to draw conclusions based on the context and situation of the group of children involved.

\(^1\) Parent consent was requested for all children who participated in the analysis.

RECOMMENDATIONS

Detailed recommendations are outlined at the conclusion of each section on the five main rights priorities; and summarised at the end of this report. These recommendations aim to inform programming choices for community based interventions in Syria and are based on the input and voices of children.

- **As children in Syria rely on family members as the main provider of care and support, it is essential to ensure that all interventions integrate families and parents/caregivers, as well as build their capacities and wellbeing to support their children.**
- **Prioritise the creation of child friendly spaces that integrate education, recreation and psychosocial support services, that involve parents/caregivers, and that include children from host and displaced communities, as well as Palestinian and other refugee children.**
- **Prioritise partnerships with existing community-based initiatives and integrate interventions into existing structures and resources.**
- **Ensure the fair and equal distribution of support and services, applying transparent vulnerability criteria. Ensure that responses are inclusive of displaced children hosted within the community as well as in shelters, paying attention to gender and age sensitivities and accounting for the needs of children with disabilities.**
The Convention on the Rights of the Child is the main human rights treaty in international law that guarantees the protection of children. It is composed of a set of standards and obligations to ensure that the rights of children are upheld at all times. The four principles of the CRC are non-discrimination, the best interests of the child, the right to life, survival and development, and respect for the views of the child.

Syria ratified the CRC in 1990 and is therefore obliged to report on the status of child rights within the country, and on the steps it takes towards the implementation of the Convention, to the Committee on the Rights of the Child (CRC Committee). The CRC, as well as Syrian legislation, defines a child as every human being younger than eighteen years of age.

Since the outbreak of armed conflict, little or no information has been released on the role of child protection mechanisms in Syria. A lack of adherence to international obligations to protect children and the limited availability of data about the situation have severely impacted the depth of the crisis for children and the ability to provide adequate support.

International standards to uphold children’s rights:

- The United Nations Convention on the Rights of the Child (CRC)
- All other international treaties that Syria has acceded to
- Customary international law
- The set of national policies and laws developed by the Syrian state
- State agencies and institutions, whose role it is to guarantee the application and implementation of domestic laws and policies, and to ensure respect for child rights.

In accordance with its obligations as a signatory of the CRC – the cornerstone of the international human rights law framework on children – Syria is legally obliged to protect all children within its jurisdiction. The Convention’s Optional Protocol on the Involvement of Children in Armed Conflict (CRC-OPAC) provides additional special protection.

In July 2012, the International Committee of the Red Cross (ICRC) formally declared the situation in Syria a non-international armed conflict, which holds Syria to account under the framework of international humanitarian law (IHL). While international human rights law continues to apply during armed conflict, it is superseded by IHL on certain subjects.

In accordance with IHL, children in armed conflict are afforded special protection through legal obligations applicable to all parties to a conflict:

- Common Article 3° to the Geneva Conventions (1949);
- Additional Protocol II° to the Geneva Conventions (1977), of which a significant part can be considered as customary international law.

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2 Article 1 of the CRC defines the term child as ‘every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier’. Syrian legislation enforces this age, though using the terms “child”, “minor” or “juvenile” interchangeably.

3 See Annex 1 for a table of treaties and conventions ratified by Syria

4 Convention (III) relative to the Treatment of Prisoners of War. Geneva, 12 August 1949.

5 Syria has ratified the Geneva Conventions and thus legally bound to Common Article 3; applicable to all parties to the conflict.

6 Though Syria has not ratified Protocol II, many of the principles and provisions included are part of customary international law, which is applicable to non-international conflicts and to which Syria is legally bound regardless of its ratification of international treaties and conventions.

7 Expands the regulation of non-international armed conflict, and states that children must continue their education, be reunited with their families and be removed from combat areas if possible.
The CRC repeats the protections established for children by the Geneva Conventions, similarly providing for the rights of children during armed conflict (Article 38(1)). The CRC also calls on states to ensure respect for IHL.

**Domestic Mechanisms to Protect Children:**

A number of domestic legislative measures and mechanisms were established prior to the conflict to uphold and protect child rights:

The **Syrian Commission for Family Affairs (SCFA)** was created in 2003 as the main authority responsible for monitoring and coordinating efforts to implement the CRC. The role of the SCFA is also to review the penal code and the personal status code (family law) to ensure that they are conducive to the realisation of children's rights. Despite its stated aims, the SCFA lacks decision-making power and has not proved effective.8

Furthermore, given that the responsibility for upholding the rights of children is distributed among a number of Government ministries and institutions, there is no single authority charged with the responsibility of ensuring child rights in Syria.9

A **National Child Protection Plan** was presented in 2005 by the Syrian Government (developed in cooperation with the SCFA and NGOs) to outline a plan for establishing a Family Protection Unit to deal with sexual violence at the national level, and to create child protection shelters and a child helpline. By 2011, the CRC Committee noted that none of these actions had been carried out.10

Prior to the conflict, Syria had an insufficient number of trained and qualified staff and specific institutions for dealing with children, and in 2011 the CRC Committee expressed concern over the lack of available capacity to inform, monitor and allocate child rights based services.11 Within schools and families, traditional attitudes and a lack of understanding of child rights was considered as “[limiting] the respect for children’s views”.12

Information regarding the budget allocated to the social sector prior to the conflict—which could indicate the prioritisation of support to children’s services—is largely unavailable. The opaqueness of resource distribution was worsened by the lack of capacity to monitor the allocation or impact of funds,13 brought about by restrictions placed on the activities of the human rights organisations that could monitor these processes.

**Rights based approach to supporting children affected by Syria’s conflict:**

The situation for children in Syria has deteriorated quickly since the onset of armed conflict. During its concluding observations to the UN Human Rights Council (HRC) in October 2011, the CRC Committee reminded the Syrian Government of its obligations to children and the continuity of those obligations during armed conflict.14 As the CRC includes no general derogation clause, Syria’s obligation to protect children’s rights remains applicable at all times, as does the requirement to report to the CRC Committee.

Despite the existence of international or domestic laws intended to uphold children’s rights, children’s own perceptions and awareness of the fulfilment of their rights paint a clearer picture of the situation.

Prior to beginning the CRSA analysis with children in Syria, a role play activity (see Annex 3) was used to indirectly assess children’s knowledge of their rights and to reflect on the variation in access to rights:

- Children express that access to rights is determined by an individual’s social background in relation to power and financial means—authority is attributed to money and weapons.
- When children adopt roles and simulate power relations, the most vulnerable express feelings of responsibility and solidarity among each other. Between the most vulnerable and the most privileged children, a divide quickly forms over feelings of jealousy, hatred and oppression.
- Children who are seen as the most vulnerable and deprived are identified as disabled, poor, displaced or without parents.
- Some children express that rights have no meaning or value. “They believe that rights come from an inherent hierarchy that begins with parents and affects all of society” - Researcher; Rural Damascus

The majority of child participants had not previously understood or considered what rights were, and what rights they deserved.

The widespread and relentless instability and insecurity across Syria does not justify derogation from the responsibilities to defend and uphold children’s rights. This report does not seek to place blame or responsibility on certain duty bearers for particular rights violations; it instead aims to provide all individuals (including at the community level) with the knowledge and information to understand how to better support vulnerable children and improve their access to rights in Syria.

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11 CRC/C/15/Add.212 para 30
12 CRC/C/15/Add.212 para 30
INTRODUCTION TO FINDINGS

Prioritizing children’s greatest concerns

The five most important issues, according to and as understood by children in Syria, are the rights to: protection, education, healthcare, nutrition and play.

Figure 1 shows the percentage of times that a group of children ranked a particular right among their top five most important concerns (See ‘Diamond Ranking’).

Despite the relative closeness in percentage between protection and education, when the results are analysed according to the number of times a group of children listed a right as the number one most important concern (instead of just among a top five concern), the results are different.

A notable difference in ranking comes from groups of children in particularly vulnerable communities – namely those experiencing enforced blockade of food and resources. In these areas, protection is still the top priority, followed by nutrition and/or healthcare in alternating order, and then education and play.

Notably, in one report from a community under siege in Rural Damascus, where children articulate the priority rights as nutrition and protection, protection was articulated as safety and freedom from displacement, chemical attack and fear.

Among parents, the rights of children that they identify of greatest concern, in order of importance, are protection, healthcare, education, play, and either drug abuse or freedom of expression.

After ranking the rights with each group of children, researchers supported them to analyse the main issues in depth.

This report provides a detailed analysis of the five most important rights based concerns, as understood by children in Syria today: protection, education, healthcare, nutrition and play. Each section will explain in more detail how children interpreted and analysed these rights.

Protection was ranked first by 81% of children. Although education was ranked among the top five concerns by 95% of children (Figure 1), it was only ranked as the first priority by 12% of children (Figure 2).
DETAILED FINDINGS ACCORDING TO EACH RIGHTS VIOLATION

1 RIGHT TO PROTECTION (ARTICLE 19)

81% of child participants (in addition to 100% of adults) identify their protection as the most important and urgent concern facing them today.

Children interpret the right to protection by expressing their safety, security and their right to live. Threats of displacement or armed attack are most commonly identified as endangering their protection.

The last section of findings (page 39) analyses additional protection concerns that children discussed, but that were not identified as a priority. These additional concerns are gender based protection issues: recruitment into armed forces/army groups, sexual violence, child marriage and child labour.

Legal protections

Children have the right to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (Article 19). Special emphasis is placed on the right to be protected during armed conflict (Article 38).

Every child has the inherent right to life, and it is the state’s responsibility to protect the child’s survival and development. The International Convention on Civil and Political Rights (ICCPR) and the International Convention on Economic, Social and Cultural Rights (ICESCR) further uphold the right of children to be protected by the state without discrimination.

At the domestic level, due to the ineffectiveness of the Syrian Commission for Family Affairs and the National Child Protection Plan, no strong authority or mechanism was in place prior to the conflict to be held accountable for the protection of children.

The situation for children’s right to protection in Syria today

“The feeling of safety is subjective – the real safety is when there is an end to the bombing. Children are feeling and relating to the children that are dying, and a feeling of security cannot be had until the violence stops”

Researcher; Rural Damascus

An unstable perception of safety was reflected among all child participants. Nearly the same percentage of children consider the public garden or park to be both safe and unsafe. These locations are labelled safe as children associate them with play, but they are also labelled unsafe, since they are prone to armed attacks.

“Nowhere is safe. Even the places where we feel happy are not safe”

Child; Rural Damascus

Homes Increasingly Unsafe

Home is the location identified most often by children as relatively safe. Upon further discussion with children, it became clear that the notion of home is strongly linked with a child’s family and the space where family members are. For displaced children hosted in collective shelters or crowded apartments, this means that their notion of safety associated with home is confined to the room designated for their family to stay.

Children place high priority and dependence on their family ties for support. They report fear of losing a parent or family member as a main concern (among 40% of child participants, family is listed among the main concerns).

Despite children’s association of the home (and family) to safety, children also report protection threats and instability within the home environment.

A remote assessment of child protection needs in Syria by the Child Protection Working Group (CPWG) found that the home was the location where children are most likely to be injured or killed.

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15 Article 6 of the UN CRC; and is upheld by the Arab Charter on Human Rights (ratified by Syria in 2008) which states that “everyone has the right to life, liberty, and security of person; and that these rights are protected by law.”

16 Syria acceded to the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights on 21 April 1969 under the terms of Legislative Decree No. 3.

17 As outlined in Article 27 (1), a child has the right to adequate standards of living that promote mental, physical, spiritual and social development.

In all communities assessed for this CRSA report, children cite rising stress levels among their parents and family members. Children attribute this change to insecurity, the rising price of food and other commodities, and unemployment, which is viewed as preventing parents from providing for their children.

The CPWG report indicated a similar change of behaviour among parents, with adult key informants reporting that increasing stress is often caused by a lack of security, or pressure to meet basic needs.18

One group of children in Damascus explained to researchers for this CRSA that with this behaviour change, parents are “becoming more aggressive... either with themselves or with their children. Everyone is beating up everyone, and sometimes for no reason. Some mothers start to cry... because they know that they shouldn’t be hitting their children... but they can’t control it.”

“When will it end?” “What will happen next?” “What will happen to us?”
Questions asked by children in multiple communities

Child participants report that the increase in aggression is a means for parents to instil control or to release stress. It is reported to be more severe against boys than girls, and more often from the father.

The father is traditionally seen as the authority figure at home, and children explain that he is therefore more affected by unemployment and the inability to care for the family. He has a reduced perception of control, and children report that they are therefore ‘able to do whatever [they] want.’

Some children believe that parents are the most in need of psychological support – as they are seen as more burdened by the conflict.

“A child becomes a factor that pressures the parents and makes them feel incapable...because [the parents] cannot provide [children] with basic needs. This is increasing the gap between the child and his parents... parents are starting to use a practice of shutting them up or scolding them... so that the child does not remind them of their extreme incapacity to provide for them... This is destroying the family ties, which are being replaced by instability and fighting.”

Researcher, Collective shelter in Rural Damascus

For children in more vulnerable situations – displaced from their physical home or trapped in their home in a high conflict area – the deterioration in family ties and increasing pressure from parents/caregivers is the greatest threat to a child’s feeling of ‘home’ and to the space where they report having any relative sense of safety. These negative impacts on family relations can be interpreted as a main factor determining a child’s feelings of security and overall protection.20

Outside the home, religious spaces were the only other location identified to be more safe than unsafe. Throughout the reports, religion did not play a significant role in discussion among children – it was primarily addressed only when a mosque or a religious site was labelled as a safe location. Multiple groups of children expressed an awareness that the mosque was in fact not safe (Mosques are not sheltered from attack, and an estimated 3,800 have been damaged or destroyed in the conflict21), but instead associate its safety with the feelings of protection and sanctuary provided through its religious connotation.

The Threat of Attack

Figure 3 shows that 80% of children identify the most unsafe locations as those that are vulnerable to an armed threat or attack.22 Children visualise armed threats in association to checkpoints, warplanes, military tanks, snipers and buildings on fire. Though a street may be identified by a child as a safe place because it can be associated with play or recreation, it is also referred to as unsafe because of the exposure to armed attack.

“We sleep to the sound of gunshots. We wake up to the sound of gunshots”
Girl; Rural Damascus

Locations that are safeguarded under International Humanitarian Law, such as schools and hospitals, were reported in all communities as being targets of attack or militarised as part of the conflict. The presence of checkpoints and authorities inside or near to schools and hospitals transform these protected locations into unsafe spaces (See Right to Education and Right to Health for further data).

“They beat up and insult people no matter if they are adults or children. They kidnap and rape girls and they detained people to ask for ransom.”
Child speaking about security checkpoints at the entrance to this community

Within the context of Syria, children have not been spared the impact of indiscriminate violence and conflict. According to one study, the use of explosive weapons that can indiscriminately kill children in their homes or anywhere in their daily life account for 71%23 of child deaths.

Children are also the specific targets of violence and attacks. According to the same study, 26.5% of child deaths have been caused by small-arms fire (from snipers, crossfire, or summary execution).24

“Children adapt their movements to avoid snipers. They spread blankets and curtains on their whereabouts [over the street] for protection...so that [snipers] cannot see their location”
Researcher writing accounts of children displaced from Aleppo to the coast

Children stated that sounds related to the conflict – warplanes, shelling, gunfire, bombing and fighting – evoke feelings of fear. Some children specify the sounds of ‘bombs exploding during school hours’ and ‘planes hovering but not being able to see them’.

“Hearing the voice of my mother telling me to run away from the bombs is the sound that affects me the most”
Child displaced to a low conflict area in Rural Damascus

Children described images of armed threats that make them feel scared and unhappy. They often include:

Security checkpoints, death, funerals, bombing, rockets and shells hitting homes and communities, fire, smoke, snipers targeting children passing by, collapsing buildings, dead bodies, armed men raiding homes or shelters, kidnapping of children and adults, boys and girls injured by bullets and shell fragments on the way to school, rockets falling where children are playing, rescuing a person from death, armed people ordering their parents to leave home, and damaged or destroyed homes.

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19 Ibid.
21 In the CPWG remote assessment, 76% of respondents reported that the main threat to children’s physical safety was civil/political and armed violence. [Child Protection Working Group, “Syria Child Protection Assessment,” October 2013 (10).]
22 Out of the total number of times the cause of death is recorded. [Oxford Research Group, “Stolen Futures,” November 2013 (8).]
The widespread and indiscriminate nature of the conflict means that children live in the constant and unwavering fear of armed threats. Even the sky presents a threat.

Common reactions to fear that were expressed by children include screaming, staying home, and calling for their parents.

Displacement

All children identify displacement as a key factor that increases their vulnerability to protection threats. Due to the higher likelihood of separation or loss of family members as well as other protection risks while fleeing, children are more likely to lose any perception of safety that may have previously been associated with the family and home.24

Protection risks are also exacerbated for displaced children due to reports of discrimination, with children from the host community reportedly favoured. Displaced children complain that they are treated unfairly or differently (also by staff and volunteers of community centres or shelters). In addition, children living in tents complain of social stigma and that they feel discriminated against by displaced children who are living in a collective shelter or apartment building. The CPWG remote assessment confirms this finding, as more than half of the respondents felt that some groups of children had less access to services than others.25

The CPWG reports a further distinction by gender, with 63% of respondents reporting that girls have less access to services than boys. Child participants in War Child's CRSA often confirmed a gender distinction as well, as girls are more often encouraged to stay at home by their parents, and are less often supported to access school or health services.

As the number of displaced children increases and fluctuates between communities according to shifting conflict lines, resources and services have become overstretched in both low and high conflict areas. 6.526 million persons are estimated by OCHA in December 2013 to be internally displaced, and an estimated 46% are children.27

While 30% of child participants in this analysis identify a collective shelter as a safe place – because they may be hosted with their family and sheltered from outside attack – the same percentage (and often the same children) identify their place of shelter as an unsafe place, for reasons cited such as:

- Shared rooms that lack privacy/ security checks present in the shelter/ verbal, physical and sexual abuse from adults and family members/ the spread of diseases and poor hygiene because of overcrowding/ and fear of kitchens, bathrooms, and administrative staff of collective shelters.

In one low-conflict area that has seen a large influx of displaced persons, adults identify children hosted in a collective shelter (even with their families) as the most vulnerable due to the spread of disease and threat of physical or sexual harassment.

Displaced children regularly highlight a lack of any privacy or daily routine and stability as contributing to a lack of security. Those who are able to find a space in an apartment are often living with five families or more together. In all reports from children living in shelters, the lack of privacy and safe access to bathrooms was emphasised and directly correlated with reports of sexual abuse and discomfort (most often among young girls). Children complain that they cannot access bathrooms inside the shelter because:

- They are too far away
- There is no lighting in the evening
- They are mixed gender
- They are located near to a checkpoint outside or to an authority or armed person inside the shelter.
- They have thin walls and are located on the periphery of shelters, where bombing can be very clearly heard.

In some shelters, the bathroom is divided by the hour for girls and boys – but this system is not consistently applied.

Night raids by armed men, abuse from the guards of the shelter, kidnapping, and the arrest and detention of children were commonly reported by children in all collective shelters – in both areas that have endured heavy conflict, as well as in more stable communities. While children in all collective shelters report a fear of raids, researchers in several communities in Rural Damascus elaborate that raids by administrative staff take place on the basis of suspected use of drugs and alcohol.

“They reported the difficulty they face in going out of the shelter due to the checkpoints surrounding the area that restrict the movement of people. In addition, they cannot move at night at all because of the curfew at 5 pm”

Researcher; Rural Damascus

Children in all shelters expressed their fear of moving around at night or of accessing any services or facilities (including the bathroom) due to proximity to the staff of the shelter or checkpoints next to the shelter.

24 An estimated 4.1% of displaced persons in Syria live in collective shelters, of which the Government has established around 1,000. The majority of displaced persons find shelter with host families, in abandoned or unfinished buildings, tents or rented apartments. Since an estimated 20-30% of buildings in the country are damaged or destroyed, shelter is limited, overcrowded, and increasingly expensive.


27 UNICEF; http://syria.unocha.org/
RECOMMENDATIONS TO SUPPORT CHILDREN’S RIGHT TO PROTECTION

Children voiced the following recommendations to improve their safety and security:

“Dismiss armed people from the shelter”; “Make the shelter staff aware of how to deal with displaced people, to decrease their suffering” and remove tents within the shelter and secure a proper place for families.

“Find a house which is not under shelling”; “Buy a weapon and hide it until the time it is needed when we get attacked”; “Adults should have a police station equipped with weapons to protect the neighbourhood”; teach children where to go and hide when there is bombing.

All groups of children stated that support to parents should be provided, to improve their wellbeing and to help them know how to care more for their children. Lastly, they asked to prioritise the equality of rights and responsibilities between the community and the displaced.

Based on the analysis and interpretation from the children’s reports, the following program recommendations are made by War Child, with input from all the researchers involved:

Prioritise psychosocial (and psychological support) for children and caregivers
- Establish referral mechanisms where possible, so children can access gender and age-sensitive support and service providers.

Prioritise the creation of child friendly spaces that integrate educational, recreational and psychosocial support services, that involve parents/caregivers, and that include children from host and displaced communities.
- Be inclusive of children displaced to formal and informal shelters as well as Palestinian and other refugee children.
- Work with local community groups and utilize existing structures in the creation of safe spaces, safe play areas, and in the provision of support services.

Integrate families and parents/caregivers in all responses.
- Provide support to parents/caregivers to better care for and protect children, to improve their role as a support system, and to help them to cope with feelings of frustration or aggression.
- When possible, implement joint child and parent activities.

- Provide training on gender considerations and the needs of separated and unaccompanied children to managers and volunteers at shelters.
- Ensure that bathrooms in collective shelters are safe. Ensure they are located where needed, are not based near checkpoints, are gender separated, and have proper lighting. Potentially designate certain hours for mothers or community members to ensure that girls have sole access to the bathrooms.
- Raise awareness on protection threats through risk and safety education programs that target both children and parents/caregivers, through trainings for teachers, parents and community workers.
- Capitalize on strong family ties as a means to increase awareness.

2. RIGHT TO EDUCATION (ARTICLE 28 AND 31)

“Some children stated that their right to education was more important than their right to develop in such an unstable context, because education, no matter in what capacity, is of such critical importance. Other children argued that the ‘right to develop and exist is more important than education, because without it, we can’t learn anything. How can I focus on something and learn if I can’t be guaranteed that I am safe at all?’” (Researcher’s notes on a discussion between children in Damascus)

Children reported education as the second highest priority issue. Despite the importance of education reflected by all children, it was only identified as the first priority by 12% of children (See Figure 2). Children’s safety and security (their right to protection) is interpreted as a necessary precondition, and therefore closely linked, with their access to education.

Legal Protections

Children have the right to education “progressively and on the basis of equal opportunity”. Children should be protected from engaging in any work that will interfere with their education (UN CRC Articles 28 and 32).

The right to education is protected by the UN CRC as well as under Article 13 of the International Covenant on Economic, Social, and Cultural Rights.

During armed conflict, schools and educational facilities are protected from attack, due to their designation as civilian objects in accordance with international humanitarian law. The International Criminal Court considers the targeting of schools a war crime.28

According to Syrian domestic law, education in Syria is free of charge at all stages and compulsory until the age of 15.29 Before the conflict, more than 90% of primary school aged children were enrolled – one of the highest rates in the Middle East.30 By 2008, 95.85% of students were enrolled in public sector basic education institutions, with a very limited role for private sector and civil society organisations, accounting for 2.1% of children.31

The rate for secondary education enrolment was 67% while the literacy rate ranged between 93-95%.32

As of October 2013, due to widespread conflict and large-scale displacement of children, the dropout rate in Syria reached 48%. Prior to the start of the 2013-2014 school year, the Ministry of Education passed legislation to authorise and request that students be registered in public schools without the need for any ID or supporting documents. Displaced children can sit for a basic exam to assess their education level and should then be integrated into the school in their new community.33

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28 ICC Statute, Article 8 (2) (e) (IV) provides that targeting buildings dedicated to education during a non-international conflict is a war crime. Syria is not a party to the Rome Statute, and therefore the ICC cannot be applied to Syria unless referred by the UN Security Council.
30 CPWG “Desk Review”, (20)
31 UNICEF & SCFA, Situation Analysis of Childhood Status in Syria, 2008 (93).
The situation for children's right to education in Syria today

According to children, schools represent their right to study, to develop, to make friends, and to build a future. Children are motivated to go to school as a means of self-empowerment, to express themselves in a safe space, and to escape the stress and pressures of daily life. In communities that have experienced lower levels of conflict, children associate their basic right to life with their access to education, development and personal growth.

Children assessed the educational opportunities in their community in terms of:

• Safety at school
• Safety while travelling to school
• Education Resources
• Parent/caregiver support

Safety at school

Despite the ranking of learning and education as the second highest concern, schools are not reported as a safe space by any child involved in the assessment.

The CPWG remote assessment found that 51% of respondents identified schools as the location where children are most likely to be killed or injured.34

The deterioration in the safety of children's learning environment (and increased fear from children and their parents) is attributed to:

• Threat of attack
• Threat of kidnap, detention, or physical or sexual violence at school
• Authorities, checkpoints, or armed groups based at the entrance, inside or nearby schools
• Influx of displaced persons and the resulting social tension at school.

By November 2013, approximately 3,004 of Syria's 22,000 school buildings had sustained full or partial damage because of the conflict.35 An additional 1,007 are used as shelters. In total, according to the Ministry of Education, between 4,800 and 5,000 schools are out of service36, including those schools being used by armed forces or armed groups. Additionally, 233 teachers37 and other educational staff have been killed, and many more injured, kidnapped or arrested.38

Within schools that are still functioning as learning spaces, children in both high and low conflict areas report feeling unhappy or scared because of incidents of kidnap or intimidation by armed men on school grounds.

Children, parents, and researchers report numerous cases of checkpoints manned by armed forces or armed groups located directly next to a school. Armed men in areas of high and low conflict use the school facility as a shelter and/or base.

"The rooftop of my daughter's school has been transformed into a military base... some girls still go but I wouldn't allow my daughter to go"  
Parent; Damascus

In all communities, child participants told of their fear of armed men entering schools and of kidnap or harassment.

Researchers and adults corroborated these accounts and further reported the threat of sexual harassment of students at school by armed men. Researchers report that attacks on children at school are commonly due to revenge for the actions or beliefs of a parent or family member.

In areas of active conflict, children say they fear going to school because of the threat of armed attack or of being caught in the crossfires of the conflict. "Schools are the only place with a yard to play. But they are exposed to bullets, especially on the outskirts of the school grounds. Sometimes, they are exposed to mortar rounds or theft"  
Child; Homs

One group of children reported that three of their peers were injured because of random shelling on their way to school – in addition to five injuries and the death of one child due to a bomb which detonated near their school.

Safety while travelling to school

The most frequently cited factor preventing children’s access to education is their restricted freedom of movement39 due to general insecurity and threats to their safety.

In one stable community hosting a large displaced population, children reflect on how they used to associate their legs with “walking to places [they] love - like school, the garden and the souks”, and that now [their] legs are associated with “running away, kicking and going to places of detention” (See Annex 3; “Body Map”).

The fear of attack, images of funeral processions in the street, and the sound of shootings and mourning were reported as instilling fear and anxiety in children during their school commute. For other children, checkpoints are their main concern, as well as the threat from passing through areas under the control of different armed groups.

"We walk beneath balconies one by one when we leave school or the children's centre under the shelling, leaving a distance between each of us... This is what we were told to do [by the local relief foundation]"  
Child in besieged area under heavy armed conflict

In communities where the local school is damaged, destroyed, or used as a collective shelter, children report that they are unable to travel to another community for school because they are at greater risk while moving.

"Children talked a lot about the difficulties they face in access to schools, which are far away from the shelter, in addition to the dangers on the journey to get there, and that the lack of transportation obliges them to walk to school"  
Researcher; Rural Damascus

Education resources

Child and adult participants commonly note the decline in available safe spaces to provide academic support. In several collective shelters, children report that spaces, which were previously designated for study or for play, are converted into rooms for recently arrived displaced persons.

The same was reported within crowded buildings hosting displaced families, where the spaces available for children to gather for learning or play disappear as the displaced population grows.

Children that do access classrooms in lower conflict and relatively safer areas note that overcrowding (70-100 children reported in one class) and the sound of shelling disrupt their concentration.

Furthermore, children identify the rising price of school materials and reduction in the availability of schoolbooks as factors preventing their access to learning.

36 Ministry of Education (October, 2013).
39 Freedom of movement is upheld by Article 13 in the Universal Declaration of Human Rights
Children identified school age youth with physical or mental disabilities as the most marginalised from education. A 2008 study conducted by UNICEF and the Syrian Commission for Family Affairs found that many children with special needs could not access basic or secondary education because of a lack of specialised schools in their communities. The CPWG remote assessment confirms that disability profoundly affects a child’s access to services. The only specialised school in Syria for children with disabilities is in Damascus, and this space has reportedly been converted into a collective shelter. Children with disabilities are a highly vulnerable group, given the lack of special provisions in shelters or specialised programs, of qualified workers to support them, and of centres to address their educational and development needs.

Parent/caregiver support

“When violent unrest occurs near the school when children are studying, parents feel compelled to forbid their children from going to school for up to a month, especially if they hear of a kidnapping at the school”

Researchers notes; Rural Damascus

Children noted a tendency for parents to prevent them from going to school, regardless of the safety situation in a community. Since this report aims to presents children’s perspectives, and only thirty-five parents/caregivers were involved in the data collection, the perspective of parents cannot therefore be fully understood from this analysis.

One group of adults in Homs explained that “the biggest problem after safety is education. It is poor quality and parents are not following up to make sure their children are studying.” Displaced children in several areas complain that while their parents prefer them to stay at home with the family, their parents were not qualified to provide them with an alternative education. Similar to children’s complaints of a lack of attention and care from parents, they also report that parents are unable to follow up on their studying.

Children in all areas assessed, regardless of the level of active conflict, say that their parents are afraid of them going to school because of the risk of armed threats and attack. Children report that girls are more often encouraged to stay at home than boys, due to fear of kidnap, rape, or forced marriage.

Children also commonly report a decline in parent’s prioritisation of education. Reasons for parents to place higher value on other activities vary by gender, with different expectations for boys and girls.

“Young boys are forced by their parents to work since they are considered men whom can be relied upon... while girls are responsible to take care of their younger siblings, which is a grave error as how could a child raise another child? This is associated with the lack of educational censorship and the spread of ignorance among adults”

Child; Rural Damascus

In one high conflict area in Rural Damascus that has seen an influx of more conservative families from more rural areas, children reported that their parents are not sending them to school to prevent girls and boys from mixing.

Reasons given by children to explain why a parent/caregiver preferred them not to attend school include:

• To avoid risks while traveling to school or at school.
• The rising cost of education materials.
• Preference for children to earn an income and support the family.

Ensure the availability of education opportunities

• Prioritise the rebuilding and revival of existing learning spaces and the construction of temporary learning spaces.
• Ensure that alternative education tools are developed (such as self-learning/home study programs); and that teachers and community members are trained on how to support the education of children during an emergency.
• Establish a focal point within shelters and community centres to provide guidance to families and children on local education/school options.
• Ensure that education programs receive school supplies and materials.
• Inform displaced families that children can enrol in school without any documentation or ID (ensuring that children hosted in shelters and throughout the community are reached).

Ensure safe access to education

• Provide alternative education programs at community based safe spaces. These safe spaces must be sheltered from attack (e.g. basements) and not located next to checkpoints or militarised locations.
• Develop community initiatives for ensuring the safety of children when walking to school. Provide organised transportation for school.
• Prioritise the identification of community based education partners and ensure the involvement of the community in promoting access to education.
• Promote training and awareness raising among teachers and educators on child safety standards, identifying trauma or psychological issues, methods for promoting protection in emergencies (including psychosocial support and resilience), and on the inclusion and integration of all children (including specific training to build skills for working with children with mental or physical disabilities).

RECOMMENDATIONS TO SUPPORT CHILDREN’S RIGHT TO EDUCATION:

It is essential to prioritise education responses in Syria, as this is one of children’s main concerns. Children have told War Child that their school buildings are unavailable because they are damaged or destroyed, are being used as shelters, or are occupied by armed forces or armed groups. They cannot safely walk to school, and they are not safe at school. Children voiced the following recommendations:

• “Eliminate kidnapping or detainment incidents by hiring people specifically responsible for protecting students during school hours. The principal should hire a security guard to forbid strangers from entering.”
• “Parents should take responsibility for their children when the school day ends.”
• “Make new learning spaces that are in or near our shelter.”
• “Keep the school neutral since children from all sides of the conflict attend and need a safe environment for studying.”

“Oblige parents in the shelter to register their children in school, and prevent them from cutting off the learning of any child, even if the child does not have their papers from the previous school, as there is a law to allow the child to register without papers”

Researcher; Rural Damascus

Children must be sheltered from attack (e.g. basements) and not located next to checkpoints or militarised locations.

• Provide organised transportation for school.
• Prioritise the identification of community based education partners and ensure the involvement of the community in promoting access to education.
• Promote training and awareness raising among teachers and educators on child safety standards, identifying trauma or psychological issues, methods for promoting protection in emergencies (including psychosocial support and resilience), and on the inclusion and integration of all children (including specific training to build skills for working with children with mental or physical disabilities).
Integrate education responses within the community

- Prioritise the hiring of qualified unemployed teachers from the displaced community.
- Link education responses with other sectors, such as health and hygiene awareness and risk and safety education.
- Ensure the best possible integration of parents/caregivers into education programs, as well as the inclusion of children from both the displaced and host communities. Ensure teachers and community members are sensitive towards the issue of discrimination between children.
- Involve families and community members in back to school campaigns, to provide school materials and books to children.
- When negative coping mechanisms are identified as reasons that children are not attending school (child labour, child marriage), raise awareness amongst parents/caregivers on the importance of continuing education, for both boys and girls. Ensure that parents/caregivers are additionally sensitive of the educational needs of children with disabilities.

3. RIGHT TO HEALTH AND HEALTH SERVICES (ARTICLE 24)

Most frequently, children express their concern over health by citing the unavailability of medicines and specialised doctors, the lack of access to services, differential treatment in service provision, and the poor environment that is increasing health and hygiene related issues.

Legal Protections

Every child has the right to the highest attainable standard of healthcare and treatment of illness and rehabilitation, and to safe drinking water, nutritious food, and a clean and safe environment. Children who are victims of any form of neglect, exploitation, abuse, or torture have the right to physical and psychological recovery and social integration (CRC Articles 24 and 39).

In 2000, Syria ranked 108 out of 190 in the Global Health System Performance Index and ranked 15 out of 19 among Arab countries. As of 2011, the proportion of GDP devoted to the health sector did not exceed 3.2% and the per capita total expenditure on health was decreasing. In the concluding observations of the Committee on the Rights of the Child in 2011, the Committee noted geographic disparities in access to health services in Syria, resulting in varying degrees of child health depending on the region, with children living in remote areas being particularly disadvantaged.

During armed conflict, international customary law asserts that the sick, wounded and medical personnel, and as well hospitals and medical facilities must not be attacked by any party to the conflict.

The situation for children’s right to health in Syria today

“We need people who can provide medicine. We want the road to be opened so food and medicine can be delivered. We need to get the road open so we can leave”
Child living in besieged community in Rural Damascus

According to latest figures, 54% of hospitals and 38% of public health centres in Syria are damaged or out of service. Pharmaceutical factories now only provide 20-30% of required medicines, in comparison to 90% pre-conflict. Child participants in this analysis draw and describe images that include “no medicine in hospitals, [and] bleeding with the lack of blood bags”. The CPWG remote assessment highlighted that a main source of stress for parents and caregivers is children’s access to healthcare.

Access to Healthcare

“There are always [armed men] at the hospital which makes it a target for attack”
Child, 11-14 years old; Rural Damascus

43 The index is based on five health indicators developed by the World Health Organization in the Human Development Report for year 2000 for measuring the performance of health systems.
45 4th Geneva Convention, Article 18, “Protection of Hospitals”.
Restriction of movement due to insecurity and the threat of attack commonly pose a health risk, as children are not able to travel far, to pass through checkpoints, or to move at night in order to reach an available healthcare provider. Children’s safety and security strongly correlates to both their susceptibility to health problems as well as their ability to access services.

“The security situation for discussing health and medical issues is very dangerous. People are afraid to be seen as blaming a particular side if they show their injury or wound.”

Researcher; Damascus

The threat of armed attack and discrimination in access to services is reported in all communities as preventing children's access to healthcare.49 Children from the host community or with higher socio-economic status are perceived as receiving preferential treatment and more access to healthcare.

“There is one hospital, but it is targeted by shelling. And also, the [armed] men have the priority, then the people from this town, and lastly are the displaced people. It is too difficult to send wounded people to hospitals in other areas… they will be arrested or shot at checkpoints”

Child; Rural Damascus

Children with disabilities are identified as further disadvantaged due to a lack of specialised support and difficulty in reaching any service provider.

“Gender is also reported by children to play a role in restricting access to healthcare. While it is unclear if this is a direct result of the conflict, girls are generally less fortunate than boys in accessing healthcare because there is no gender specific location to talk about private issues or to find female specific healthcare”

Researcher; Rural Damascus

Availability of healthcare

According to child participants, healthcare services vary between being extremely inadequate and unavailable in areas of high conflict and besieged areas, while being relatively available but expensive in low conflict areas. The price of medicine has increased in all areas. In multiple communities, children reported that pharmacies and the administration of collective shelters monopolise available medicines and sell them for higher profit on the black market. Though a shortage of healthcare professionals affects all communities, the lack of medicine, doctors, and ambulances has the greatest affect in areas of active conflict.

Due to the increasing pressure on healthcare providers, children in all areas complain that they are treated in a fast, neglectful and unprofessional way. One group of children complained that there is only one available doctor treating children, and he is a dentist. Specialised healthcare providers are generally reported as unavailable.

In another community, children note that only one doctor was available twice per week, and that there is a complete lack of medication. Children report that common medications, such as ibuprofen, are given to treat almost everything.

49 “Displaced children were likewise believed to face a myriad of barriers in accessing services. Barriers may include mobility in the community, mistrust of formal services, discrimination and reduced access to information (e.g. getting information about services to displaced children absorbed into host communities could be a particular challenge)” (Child Protection Working Group, “Syria Child Protection Assessment,” October 2013 (26).

Displacement

The most commonly discussed health issue reported by displaced children concerns the poor hygiene in collective shelters, due to a lack of clean water or sanitary bathrooms, as well as significant overcrowding.

A possible limitation in the analysis of health and access to healthcare in this study can be attributed to the social stigma felt by children towards sharing common health concerns. In particular, skin diseases such as scabies and lice are reported in all communities, and are mainly attributed to the cramped living conditions in collective shelters and living spaces. Children say they are embarrassed to talk about it with their peers.

All child participants in collective shelters explain how fear (further explained in Right to Protection) prevents them from using the bathroom in the shelter. As a result, children (particularly girls) report bladder problems, diarrhoea, urinary tract infections, and other health concerns.

Awareness raising campaigns to improve health and hygiene among displaced communities were mentioned by some children. However, among one group of children that participated together in the research, half were hosted in a local shelter and half in damaged buildings. The children outside the shelter complained that health campaigns and services in the community only target children living in shelters, which made them feel excluded. Among displaced children, health care awareness is cited as being particularly lower among those displaced from rural areas.

Sanitation

Children reported the following reasons for the spread of disease and illness:

• Lack of clean water
• Lack of safe and accessible bathrooms
• Accumulation of garbage
• Spread of pollution50

Among these, one child in Homs lists common problems that include: “broken sewers, pollution, and the spread of insects that [he has] never seen before, and the increase in skin diseases” (Child, Homs).

Children living in tents report a high occurrence of health and hygiene issues resulting from dust polluting their shelter, and a lack of sanitation or insecticide. Multiple reports from children (hosted in either collective shelters, buildings, or tents) mentioned an increased prevalence of insects and bugs due to the accumulation of garbage in the street and poor sanitation.

In all reports in collective shelters, children identified a lack of sanitation and cleaning supplies as a problem. One group of children explained how they were given the responsibility of cleaning up certain spaces in the shelter, but they lacked cleaning materials. Another group complained how adults and administrative staff of the shelters “fail to maintain public health because they do not offer cleaning and sterilising materials” (Child, collective shelter, Rural Damascus).

Mental health

In all areas assessed, children report an awareness that regular feelings of fear, stress, sadness, and hopelessness can contribute to the prevalence of physical illnesses such as frequent vomiting, stomach problems, anxiety, sleeplessness, and organ failure. Discussions with children indirectly reflect a perception that a decline in mental health and psychosocial wellbeing can increase their vulnerability to other health issues.

50 “Many areas, particularly where conflict has concentrated or where Government services have broken down, have little or no waste management. Rubbish is left on streets, comprising a significant health hazard, and water sanitation treatment may not occur.” Accessed through SNAP; “Regional Analysis Syria,” October 2013 (12).
Though children were less inclined to discuss the misuse of drugs, researchers and parents cited drug abuse and negative health practices (smoking and drinking) as a common issue among children in all communities, as a result of vulnerable mental health and wellbeing. Adult participants listed drug abuse as a main concern for children, and reported that it particularly affects adolescent boys. Adults and researchers stated that the misuse of over-the-counter drugs and increase in smoking by children and youth is a means for them to cope with the unstable situation.

“...When I asked [the children] about the availability of psychologists, they made fun of the question and didn’t understand it. When I explained to them, they were unaware of the role of such specialists in dealing with psychological strain. They claimed that psychological issues cannot be dealt with.”

Researcher’s notes, ages 11-14; Rural Damascus

Children are less inclined to define their right to health in term of their mental health and negative health practices. However, reports from researchers and adults reveal that children perhaps place less emphasis on this because of the lack of attention given to these issues and the lack of information regarding the resources or services available.

**RECOMMENDATIONS TO SUPPORT CHILDREN’S RIGHT TO HEALTH AND HEALTH SERVICES:**

Children voiced the following recommendations to improve access to healthcare:

- “Forbid armed men from entering hospitals. It should be considered a peaceful civil centre where armed men are not allowed to go.”
- “Pay attention to hygiene of the shelters” (Child, collective shelter, Rural Damascus).
- “We need to organise first aid courses” (Child, 15 years old, Rural Damascus).

The information received from children highlights the necessity to train teachers, community members, parents and caregivers to sensitively communicate with children on healthcare issues, with particular attention paid to gender-specific health concerns. Based on the analysis of the reports and the input from children, the following recommendations are proposed:

**Provide essential supplies:**

- Ensure that medical/health supplies and services are provided through spaces that are considered by children to be safe, neutral and transparent.
- Ensure a health clinic (or mobile clinic) is provided in shelters; and that children among the host and displaced community are given equal treatment.
- Prioritise the provision of safe drinking water at schools and in shelters.
- Ensure that communities and shelters are equipped with cleaning and sanitation supplies (including insecticide) and with basic hygiene supplies to treat common diseases such as skin rashes.

**Strengthen health responses within the community:**

- Prioritise the strengthening of formal or informal referral systems to healthcare service providers.

**Promote health awareness:**

- Integrate health and hygiene awareness raising campaigns within community-based structures, ensuring that the host and displaced communities and children in formal and informal shelters are all targeted.
- Link health awareness and educational responses, to integrate health and hygiene awareness through educational programs and curriculums. Train teachers to disseminate health messages.
- Provide gender sensitive healthcare advice and support through schools and alternative education spaces within the community, and through private home visits.
- Implement a health awareness campaign targeting youth to combat the increase in negative practices such as smoking, drug use and violence.
4. RIGHT TO NUTRITION
(ARTICLE 24 AND 27)

For most children, they express their right to nutrition through their desire for bread and food. For children who have basic access to food, they express their concern about having tasty food. The lack of access to nutrition was reported as the number one priority issue for children in areas under siege. The UN Office for the Coordination of Humanitarian Affairs (OCHA) estimates that 2.5 million people – more than one third of the 6.8 million people in need inside Syria – are trapped in communities where aid is hard to reach.\(^51\) 250,000 people are trapped in besieged communities.\(^52\)

The bulk of information collected relating to nutrition and availability of food is from children living in besieged areas, where access for food and supplies into the community is either partially or completely cut off. Children living in communities that face this pressure view their right to life as compromised by their lack of basic needs, such as milk and bread, and the suffering they experience without such needs being met.

Legal Framework

Article 24 and 27 defends children’s rights to a standard of living that is good enough to meet their physical and mental needs – particularly with regards to nutritious food, clothing and housing. Increasingly in Syria, siege tactics prevent children and civilians from accessing food and other lifesaving supplies. Though the besieging of communities is not specifically prohibited under international law, Syria is obligated under the International Covenant on Civil and Political Rights (ICCPR), to respect fundamental human rights and the rule of law. Deliberate starvation is widely interpreted as a war crime,\(^53\) and the Geneva Conventions further provides that all parties to a conflict are required to allow unhindered access of humanitarian aid to civilians in need.

The situation for children's right to nutrition in Syria today

Prior to the conflict, the Syrian Government subsidised several basic goods, including bread. Bread subsidies have remained in place, while those for other commodities have fluctuated due to a reduction in resources.\(^54\)

By July 2013, the estimated number of Syrians in need of emergency food assistance reached 4 million – half of them are children.\(^55\) Researchers from all communities involved explain that food supply has reduced in Syria for various reasons: a decrease in local production, rising prices, enforced siege on certain areas, shortage of diesel for agricultural machines and cooking fuel, discrimination in food distribution, and checkpoints controlling the amount of food. Some explained that farmers simply cannot work in their fields because of the threat of sniper fire or attack while exposed in an open area.

“Whenever the road used to be open, they would take our food before we entered the camp”

Boy; Rural Damascus, speaking about checkpoints controlling the access of food into his community

Of all the top concerns voiced by children in Syria, the right to nutrition reflected the greatest variation in priority, as the level of concern children have with regards to nutrition is highly dependent on their immediate situation and actual access to food. Regardless of the community and the prioritisation of food according to children’s top concerns, it is clear that even where food, bread and other commodities are available in the market, children’s right to nutrition is at risk. In reports from children, they frequently comment on rising prices and the unavailability of bread, milk or water for drinking and household use.

Factors contributing towards a lack of access to nutrition include:

- Use of siege
- Discrimination
- Scarcity of resources

Areas under siege

“When the road is open and the siege is over, I don’t want to leave the camp, I just want someone to bring me food”

Boy; area under siege in Rural Damascus

Widespread insecurity and the prevalence of checkpoints and armed groups that control the passing of goods and resources in and out of communities greatly affect the right of children to nutrition.

Lack of nutrition is reflected as a concern in all areas reached in this analysis, however it was prioritised as most important in besieged communities or areas under blockade, where children and their families face severe food shortages and where access is strictly controlled.

In one area that has been under siege for over a full year (as of January 2014), multiple newborn deaths are attributed to the mother’s inability to breastfeed due to a lack of proper nutrition. A researcher in this community reported that a breast-feeding campaign was initiated by community members to encourage mothers to breastfeed more than one child. As of January 2014, researchers in this community also reported that 14 children had died over a two month period due to malnutrition.

Without fuel and gas for cooking, children report that their families burn wood from the doors of vacant houses.

One child told of a person who was targeted and killed because he attempted to smuggle bread into the camp. Now families rely on beans, bulgur and other basic ingredients to make bread.

“’We grind rice to make bread, since flour is not available. The siege is killing us”

Child aged 7-15 years old

Children in areas under siege express anger towards children outside their community, who they envy for the access to food and nutrition. Researchers also observed “some boys are embarrassed to say that they are hungry in front of the girls” as they think hunger is a sign of weakness.

“Miss, we became sad”

Girl; speaking to the researcher about the impact of the siege

Discrimination

Even when food is available, children report that discrimination frequently affects their right to nutrition.

“The children complained about lack of equality in food distribution. A family of two gets the same amount as a family of ten. The children complained about the lack of meat in the food and that it is usually very little or stolen”

Researcher’s comments, ages 11-14; Rural Damascus
The commonly cited instance of discrimination is in terms of the rations of food distributed between displaced and host communities. A group of displaced children in one community complained that they stand in line for seven hours to receive the bread that a member of the host community receives in half an hour. With reports of people targeted while in line for bread, this has serious consequences for children and families in need of food.

Between the displaced populations, further discrimination between Syrian displaced children and displaced children of Palestinian and other nationalities is widely reported. Palestinian children are a particularly vulnerable group, with their allocation of resources and services noted as less than that of other children.

As reflected in the simulation of power relations, discrimination between children in relation to access to food creates feelings of hatred, jealousy and injustice. Children from the host community in a high conflict area voice anger towards displaced children, who they say come and take their food and resources.

Another concern is children’s perception that aid deliveries are biased, and favour those with family and community connections. Children in a high conflict area also report that they receive expired food products from aid agencies, and that this caused one group of children to get sick. Children also complain of being photographed while receiving food aid or being asked to carry posters with the name of the source of aid. These concerns could all play a contributing role in preventing children from accessing food and nutritional support, even in communities where it can be available.

**Scarcity of resources**

The main reason for lack of access to food and nutrition in Syria (other than areas facing enforced blockade) is rising prices, as reported by children in all communities.

While food may be available for children, they often report that a lack of electricity and gas needed for cooking prevents them from having good or delicious food.

According to one study, the unemployment rate in Syria has reached 48.6%. The security situation and the instability of conflict and displacement have severely affected access to income for most households. More than half of the population in Syria now lives in poverty (12.6 million), and 4.4 million are categorised as extremely poor.

For children, they see that the socio-economic status of their family determines the fulfilment of their right to nutrition – and this is often interpreted as a form of discrimination. As mentioned in Section 1 on the Right to Protection, parents’ inability to provide for their children is seen as the main cause of the rise in pressure and stress felt by parents/caregivers in the home. The inability of families to afford food and basic nutrition for their children is seen as contributing to negative coping mechanisms, such as the reported increase in child labour and begging.

“Children carry cigarettes and walk under the shelling to sell them in order to feed their families. Children break house doors and steal, because of the lack of food”

(Child in a besieged community in Rural Damascus).

The lack of available food is a cause for the increased exposure of children to protection risks. One group of children explained how they have to walk to a bakery half an hour away from their shelter in order to receive bread. Another child explained how his parents forbid him from going to the bakery after they heard of one being targeted in attack.

**RECOMMENDATIONS TO SUPPORT CHILDREN’S RIGHT TO NUTRITION:**

Children voiced the following recommendations:

- “Make people aware of the importance of waiting for your turn [at the bakery] and not trespassing on anyone’s right to access food.”
- “Make sure there is a fair distribution of food.”
- “Provide a sufficient amount of food, especially delicious food.”
- “We should store food, wheat and sugar, and plant basic crops. We should save food by having 1-2 meals per day” (Child, besieged community, Rural Damascus).
- “We have no idea what to do” (Child, besieged community, Rural Damascus).

The deteriorating situation for children’s right to food in Syria is immediate and often life threatening, particularly in communities under siege. Children must be ensured fair and adequate access to food and nutrition. War Child proposes the following recommendations to better uphold this basic right for children in Syria.

**Integrate nutrition responses within the community**

- Prioritise community-based responses that target children both in shelters and in homes and informal accommodation.
- Place distribution points for food rations in other areas than IDP shelters, to ensure that children staying in the host community are reached.

**Prioritise distributions based on vulnerabilities**

- Ensure that the provision and distribution of milk and vitamins for children are prioritised.
- Prioritise immediate advocacy efforts aimed at ensuring food is provided to highly vulnerable communities under siege.

**Be conflict sensitive**

- Ensure that food distribution is conducted on the basis of transparent vulnerability criteria.
- Ensure that food distributions do not include logos, when this could prompt recipients to feel danger or insecurity as a result of receiving the aid.
- Promote understanding between the children from displaced and host communities to prevent tensions arising from access to resources.

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56 In multiple reports, children cited the length of time to stand in line for bread as between 5-7 hours for displaced families.


5. RIGHT TO PLAY (ARTICLE 31)

Play is considered to be one of the top five priorities by 50% of child participants. Children rely on their ability to play as their means to understand the world, to cope, and to develop. Play is an important tool for a child's cognitive, social and emotional development.

Some children report that play is a higher priority for them than their right to education – it represents their childhood and wellbeing. Despite dealing with loss, displacement and a disruption of normal patterns, the majority of children reflect an awareness of and concern about their denied right to childhood, as it is associated with play and recreation.

Legal Framework

Every child has the right to rest and leisure, and to engage in play and recreational activities (UN CRC Article 31). Article 39 of the Arab Charter for Human Rights further asserts that “youth [have] the right to have greater opportunity to develop physical and mental abilities.”

Prior to the conflict, recreational and sport activities were not prioritised as a part of the school curriculum. And outside of school, social norms often prevented girls from engaging in recreational activities.29

The situation for children's right to play in Syria today

“We can make up for losing a year of studying, but we can't make up for years of lost childhood because we couldn't play”

Child; displaced to Suwayda

In areas with less active conflict, children associate the importance of play to self-development, to learn new hobbies, and to release energy and share feelings.

In areas that face heavy conflict, play is prioritised as a means of distraction, to vent, to let out energy and to express feelings and personalities.

Children in more vulnerable communities (namely those that have faced blockade of access and resources) gave lower priority to their right to play – in favour of more tangible needs such as nutrition and healthcare. When children in these communities were asked to outline what a safe space to play should include, they included gardens and playgrounds, the presence of friends who have left the country, as well as medicine, water, and good food. It is clear from reports that children in besieged areas are among those experiencing the worst suffering in Syria, as their sense of childhood is no longer of great importance to them.

“We need to practice sports so we can have powerful bodies, in order to carry each other when we get injured”

Child; besieged community in Rural Damascus

Children consider their right to play as directly correlating with their health and psychosocial wellbeing. For children, play evokes feelings of hope, happiness, and safety – regardless of the community or situation where they live. Children in an area of high conflict link the lack of space and means for play to feelings of isolation and stress, and to an increase in violence and aggression between children. Children in an IDP shelter in an area of low conflict complain that they are losing their talents.

One activity done with children involved correlating body parts to actions (See 'Body Map'; Annex 3). Children stated that their arms and legs are now used for household tasks instead of drawing, running and playing.

In all assessed areas, children identify factors inhibiting the fulfilment of their right to play including:

• The lack of access to safe spaces to play
• Fear
• Desensitisation

Lack of access to spaces

While neglect of the right to play is common in all areas, the lack of safe places for play is mostly in areas of high conflict and among displaced children in collective shelters. Children report that rooms that were once designated as play areas in collective shelters are increasingly converted into spaces for hosting displaced persons. In low conflict areas, children had relatively more access to safe places for play, but the lack of designated play areas was still a prevalent issue, and public spaces were still identified as dangerous. Children are often forced to play in unsafe areas and risk injury.

In areas of high conflict, the lack of safe places to play is most restricted due to general insecurity and the threat of attack and shelling.

In a besieged area, children explained that the only two spaces where they used to play – a garbage dump and a designated courtyard – are now considered too dangerous and inaccessible because of snipers and shelling. When children were asked where they prefer to be, their answer was: “In more safe places… where we can play without fear of death, casualty or the destruction of our houses.” For these children, the only safe places they could identify for play included:

“Under the stairs on the ground floor/Houses that are hidden in the alleyways/the basement in the neighbour’s house...there we feel safe”

“...In one community, preferential access to play areas for children from the host community was reported: Displaced children are not allowed to access the play areas or to join existing clubs – it is a restriction set by the community out of fear of any strangers arriving to the area. But the worst form of discrimination is by gender. New arrivals are not allowed to communicate between male and female, even young boys and girls are not allowed to play together”

Researcher; Rural Damascus

Fear

In all discussions with children, the availability of a public garden is referred to as an indicator of their ability to play. The level of safety and accessibility of a garden is relative to each location. Some declared the garden safe, and others declared it the least safe. Public gardens are deemed inaccessible because of the walking distance or their location near to a checkpoint, armed group or gas station (public spaces are cited by 30% of children as unsafe locations).

In one community, there are two parks available near to the collective shelter where children used to play, and which are also very near to gas stations. After a stray bullet caused the gas station to ignite in flames, children are now afraid to visit the park.

Fear of accessing any location near to armed men or a checkpoint is a recurring and repeated comment from children in all areas, and seen as directly affecting children's access to rights and to experiencing their childhood. Freedom of movement is also reported frequently by children as determining their ability to access spaces for play in the community.

Children who do report having a place to play live directly next to a public garden or playground, and therefore do not report fear of travelling to reach the location. However, when a space to play is accessible, children report fear of gathering in groups in an open or visible area, as this increases their exposure to snipers and to armed men, and raises the risk of being kidnapped. At night, children report that nowhere is safe and any movement outside is particularly restricted.

In some areas, children report that boys have a greater space to play than girls, because of parents’ fear of letting their daughters play outside. Within the same communities, children talk about increasing social pressures preventing boys and girls from playing together. This was cited as occurring among more conservative families, who are identified as living in or displaced from rural communities.

**Normalisation and desensitisation**

Through focus group discussions, many children reflect a normalisation towards (or acceptance of) armed threats, violence and other protection risks.

Based on analysis from children’s reports, it can be interpreted that normalisation and desensitisation to violence have altered the conceptualisation of childhood and play. Widespread violence and insecurity becomes a model that children interpret as their redefined reality. The same images that children identify as their fear are recreated and animated through play. Children also use play as a means to process highly stressful events that happened, or scenes that they witnessed.

Possible reasons that children are redefining the content of play could be:

1) Play has become a mechanism for children to cope with their fears in an attempt to normalise and understand the events taking place around them.

2) Due to the protracted nature of the conflict violence, the content of play reflects a desensitisation that has already happened.

“...The sky has warplanes, but I am no longer scared of the sky...”

Child; displaced to Suwayda, reflecting desensitisation to existing dangers and threats

One child living in an area of high conflict insisted on acting out the scenario of his arrest and detention for his peers during the assessment. Some children proudly report a loss of fear towards the sounds of warfare and constant shelling. Another child in Homs said: “I am not afraid of war planes when they pass by. My friends and I watch them on the roof without telling my mother.”

In all areas, children and adults say that the content of play has changed for children everywhere. As a result of the lack of safe spaces for recreation – and due to the widespread nature of a conflict that has affected all communities and social relationships – children now turn to the same images of war that scare and haunt them, as scenes to reproduce and imitate for fun.

Many children described the new games that they play which involve imitating images from the war such as bombings, burial and funeral scenes, and the activities of armed groups.

“Some children play the role of cops, guards, and military men at checkpoints. They imitate shootings and the sound of bombs...they imitate raids on houses and schools”.

One mother reported that she has two sons and that “the one who is the more timid and weak imitates the role of a police officer, while the more courageous son imitates a civilian”.

The images and ideas of armed threats that evoke fear and a lack of safety for children are also symbols of power and control. Children manifest the normalisation process that takes place in a variety of ways. For some, play becomes the mechanism for children to address and understand their fears, and to confront notions of power; for other children this becomes a reality as they choose to carry a weapon and to simulate the role of the armed men who they both fear and view as authority figures.

**RECOMMENDATIONS TO SUPPORT CHILDREN’S RIGHT TO PLAY:**

Children voiced the following recommendations:

- “Make safe and adequate places for play”.
- “Consider children’s views, especially in the children’s activities in the shelters”.

“Work on decreasing the chances for children to watch armed men, by involving them in activities that fill their time, keep their attention away, and enhance their abilities and awareness”

Researcher; Rural Damascus

This analysis of the right to play makes clear the link between a child’s healthy development and psychosocial wellbeing and their chance to play and express themselves. War Child proposes the following program recommendations to ensure children’s ability to safely play:

**Integrate recreational activities within the community**

- Contextualise recreational activities to the community. In communities that are more stable, prioritise activities that promote children’s hobbies and skills. In areas with active conflict, ensure that safe play areas are integrated into program responses, and that children have a space to safely release energy and to participate in structured games.
- Make community workers and parents aware of the risk of becoming desensitised to violence, and to accordingly monitor violence between children or increased risk exposure.

**Integrate recreational and play activities within other sector responses**

- Prioritise the provision of age and gender appropriate recreational support that promotes the psychosocial development and participation of children.
- Integrate awareness raising on topics such as safety, education and health into recreational programs.

**Prioritise the creation of safe spaces to play**

- Ensure that a play area is designated in collective shelters and community spaces, and that safe play equipment is provided. In the absence of a dedicated play area, ensure that time is allotted for play and recreational activities in other areas where possible.
CHILD PROTECTION CONCERNS

The following protection concerns – recruitment into armed groups, sexual violence, child marriage and child labour – were not listed among children’s top priorities. When children expressed protection as an important issue, it was clearly defined as meaning their safety, security, and life.

However, through focus group discussion around other rights, these protection violations were indirectly exposed in the telling of stories and personal anecdotes.

These issues may not have been prioritised among children’s main concerns because they each have clear differences in terms of the impact on boys versus girls. Since the analysis was done in mixed gender groups, it was less likely that a gender-based issue would be discussed openly and raised as a main concern for the whole group, due to cultural sensitivities around these topics. Despite possible limitations in understanding the full situation for these issues, it is clear that the conflict has increased gender based protection risks for both boys and girls in Syria.

Children closely associated the following rights violations with the denial of the rights discussed above, particularly the right to education. The lack of education opportunities is seen by children as directly influencing the severity of specific gender based protection issues and negative coping mechanisms.

RECRUITMENT INTO ARMED FORCES/ARMED GROUPS

(Article 38)

Articles 1 and 2 of the Optional Protocol to the UN CRC on the involvement of children in armed conflict (CRC–OPAC) asserts that it is the duty of state parties to ensure that persons under 18 years of age should not, under any circumstances, be compulsorily recruited or used to play a direct role in hostilities (Ratified by Syria in 2003).

Syria’s draft Military Law (1953) sets the recruitment age of young men at 19 years old for a period of compulsory service from 21-24 months. Prior to the conflict, there is no evidence of children being involved in armed forces in Syria.

Since the outbreak of armed conflict, there has been an increase in the involvement of children with armed forces or armed groups, in active combat or support roles. According to the CPWG remote assessment, 71% of respondents reported that the use of children in armed forces and armed groups is increasing.

As an indication of the increasing risk of recruitment, researchers in high conflict areas reported that local armed groups have circulated advertisements for children in the community to join training camps.

Children involved in the analysis did not prioritise the threat of recruitment into armed groups as a top concern. However, during focus group discussions, children in every community experiencing active conflict cited that teenage boys are involved, or want to be involved, with local armed groups.

CHILD PROTECTION CONCERNS

CHILD PROTECTION CONCERNS

“Holding a weapon is one thing that boys do to give themselves more of a feeling of safety. For girls, they rely on the family for a feeling of safety and attachment”
Researcher; agreed upon in all communities

In all reports from both low and high conflict areas, children express an association between armed men and weapons and the concepts of power, control and authority. Children are more vulnerable to taking up arms as they want to have control over their fear and have a sense of power.

“Anyone who is carrying a weapon is an authority – even a boy who is 13 years old.”

Children who have lost a father or older brother (or those persons have taken up arms themselves) are seen as more likely to join an armed group.

Children aged 12-15 want to prove their personalities through behaviours that don’t fit their age. Children begin to imitate their fathers or adults in general – through beating up girls, saying words to assert their manhood, smoking – because they feel proud of such practices. However, the most serious of these practices is carrying weapons. This has become the obsession among children at this age as they ‘become men who have the right to defend their families and homes’.

In one heavily affected community, the most vulnerable children are identified as those “[whose] parents have no weapons”.

“If my father and brother don’t carry weapons, who would protect us from the armed groups?”
Child; Rural Damascus

Many reports indicate that carrying weapons is perceived as the only means of guaranteeing any safety. In another heavily armed community where many local militias are competing for control, a researcher observed that children imitate armed men regardless of any group affiliation – it is just because he has a gun.

Though the occurrence of children engaged militarily was reported in all areas experiencing active conflict, the reasons for children taking up arms is varied.

Some who lost their homes, loved ones or otherwise felt oppressed believe it is their right to carry weapons and fight. They defend this perceived right as a means of pride and strength.

Other children in the same group argued that the right to carry arms has no place within the ‘inhumane context they live in’.

“Through discussions, these children attempted to convince others to stay away from the issue of taking up weapons, because they should ‘continue to live the innocence of childhood, as this matter [the war] is much more complicated than they can face”
Researchers notes of a discussion between a group of children

In addition to feelings of safety, power, and control, children reported other various causes for the increase of armed children in their community, such as:

• Revenge
• Money
• Food or shelter
• To imitate others (who they look up to as powerful or as an authority)
• Absence of school, work, and other opportunities
• Being easily influenced
• Pressure (from family members, other children, or armed groups)
• Enforcement (formal inscription into the military)
These factors largely verify the results of the CPWG remote assessment, which found that recruitment is ‘largely of a voluntary nature’. Recruitment was also found to be likely through family links, with 32% mentioning that recruitment takes place in the home. This analysis confirms that many of the reasons children become involved with armed forces or armed groups are due to their family situation. It is not clear from the reports what exact roles and responsibilities children assume when taking up a weapon or joining an armed group. However, discussion from children did document the following:

- In one community, children reported that they have seen other children being recruited as spies, and are used to gather information for an armed group.
- In one heavily armed and high conflict area, children between the ages of 12 and 13 years old participated in shooting and killing, while young boys below the age of 12 are responsible for carrying weapons and bombs.
- In a low conflict area without active fighting, children expressed the desire to carry weapons, and they are reported to collect bullets and practice carrying arms.
- Although secondary data and reports from researchers attest to the occurrence of forced or active recruitment into local armed groups and militias, the information collected from children in this analysis largely provides evidence of voluntary engagement. This can be attributed to an interest in carrying weapons for the safety and power they can provide, and for the purposes of defending their families and communities.
- One woman complained during a focus group discussion that parents in her community are encouraging and supporting their children to fight. Another adult responded: “We are going to die anyways, so it will be better to be killed while fighting than to be killed while hiding.”

**SEXUAL VIOLENCE (ARTICLE 34)**

Children are protected from all forms of sexual abuse under article 34 of the CRC. Article 489 of Syrian criminal code provides protection for minors from sexual abuse by prescribing severe penalties for perpetrators. This law was amended in June 2013 to increase the penalty for perpetrators of rape under the threat of violence to life imprisonment. Before the conflict, there was already a scarcity of specialized centres to care for child victims of sexual violence, abuse and mistreatment.

For this analysis, the broad definition by the Child Protection Working Group of sexual violence is used:

> “Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advance, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work. It can take many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.”

Children did not identify sexual violence as a priority issue, however the topic was recurrent in focus group discussions when children were encouraged to more freely and safely express themselves. For this reason, it can be assumed that the threat of sexual violence is higher than indicated in the ranking of priorities by children, especially among young girls.

Only one group of adults listed sexual violence as a top concern. They explained that traditional and cultural norms prevent the issue from being fully reported, documented, and understood. Girls who are subject to sexual violence are reportedly threatened with abuse or death due to traditions and beliefs. Victims of sexual violence or harassment are reportedly often forced to marry the aggressor or remain anonymous.

In the CPWG remote assessment; 36% of respondents indicated that children would not seek help in the event of sexual violence due to fear of shame, stigma, social exclusion, honour killings or reprisals. Further, 69% of respondents in the CPWG assessment reported that girls are more prone to sexual violence than boys.

Children living outside of collective shelters defined areas prone to incidents of sexual violence as dark or isolated locations. Adults from an area of low conflict stated that rape is a concern, however they did not provide details other than mentioning a “dark area where sexual abuse was prone to take place”. In shelters, children identified specific locations such as bathrooms for mixed gender and “under the stairs” as locations where they are vulnerable to sexual attacks. Children in Rural Damascus also listed the stairway of a school as a vulnerable area. In an IDP shelter within a low conflict area, several girls reported being sexually abused by their “relatives, neighbours or even brothers”.

Sexual violence was also commonly reported as a threat at checkpoints, and by armed groups and authority figures (armed men, management staff of collective shelters, parents, neighbours).

Girls who are displaced and being hosted in collective spaces (IDP shelters or other informal spaces) cite the lack of privacy and place to change their clothes as reasons for feeling vulnerable to sexual harassment. In one IDP shelter, young girls complained about being watched at night when they change their clothes, by people nearby or in the same rooms.

**CHILD MARRIAGE (ARTICLE 16(2))**

Children are protected from child marriage under articles 16.2 and 24 of the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), which sets the minimum age for marriage at 18. The minimum age for marriage under Syria’s Personal Status Code (1957) is 18 for males and 17 for females. Article 16(2) of the CRC prohibits State parties from permitting or giving validity to a marriage between persons who have not attained their majority.

Child marriage – specifically affecting young girls – emerged as a recurring theme in many reports from children, although researchers report that child marriage was already a problem prior to the conflict.

The CPWG remote assessment found that roughly the same percentage of respondents reported that girls are either marrying earlier or that there was no change since before the conflict.

“Child marriage existed before the war, but in a lower rate. It has increased dramatically since the start of the war, and is related to parents desire to protect their daughters from the dangers of war” (Researcher, Coast Region).

Child marriage is reported most often as a negative coping mechanism by parents, that is exacerbated by the insecurity and vulnerabilities caused by the conflict.

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65 Law No.11 (adopted by Parliament and signed by President Bashar Al-Assad 30 June).
66 CPWG, Child Protection Rapid Assessment Toolkit, 2013

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68 According to the CPWG remote assessment, the most frequently mentioned locations/situations where sexual violence was reported to occur are detention centres (44%), at home (42%), checkpoints (36%), during armed attacks (30%), on the way to school (25%) and at school (20%). (Child Protection Working Group, “Syria Child Protection Assessment,” October 2013 (16).
69 A judge may authorize to lower the age of marriage for boys to 15 years and for girls to 13 if they are considered willing parties to the marriage, ‘physically mature’, and if the father or grandfather consents (CPWG assessment; U.N. Committee on the Rights of the Child, 58th Session, Consideration of reports submitted by States parties under article 44 of the Convention, Concluding Observations: Syrian Arab Republic, 2013).
One group of parents explained: “We are trying to marry our daughter off for a good cause, I promise. Maybe someone else can give her a life better than the life we give her”.

The increase in incidents of child marriage is also linked to other rights. Children and adults repeatedly attributed the increase in child marriage with the denial of access to education. In one community, several young girls in the assessment stated that their “families forbid them from going to school as they believe there is no point in studying. So instead of wasting time, they should get ready for marriage [at the age of 15 and 16 years].

CHILD LABOUR (ARTICLE 32)

Children are protected from economic exploitation and from engaging in harmful work or work that interferes with their education (or physical, mental, spiritual, moral or social development) by article 32 of the CRC.

According to Syrian domestic law, it is unlawful to employ young men and women before they complete their basic education or reach the age of 15 years – whichever comes second. However, this law does not extend legal protection to children in the informal sector, including agriculture and family owned enterprises, where the majority of child employment is concentrated. The International Labour Organisation (in Convention 138) sets 15 years old as the minimum legal working age (ratified by Syria in 2001).

Prior to the conflict in Syria, there was little comprehensive or accurate information regarding child labour. In 2000, a study of 20,000 households reported that family businesses, agriculture, manufacturing, trade, hotels, restaurants and the construction industry were the main employers of children. Two-thirds of child labourers worked in rural areas, with the highest rates in the north-eastern governorates.

“Children between the ages of 12-18 years old work in anything, regardless if it is legal or not, good or not, proper or not”
Child; Homs

More than 69% of respondents in the CPWG remote assessment reported an increase in children working outside of the household, and that boys aged 14 and older are the most affected. While the CPWG report cites the main motivation for child labour as the paying off of debt, child respondents in War Child’s analysis did not mention this as a reason for employment. Children and parents most commonly reported the reason for employment as the necessity to support their family, as their parent had lost his/her job, or were killed/injured/detained. In all reported cases, only boys were involved in child labour outside of the household.

“Many parents depend only on their children to make ends meet”
Parent; Suwayda

One tool used with children in the assessment process was to encourage them to reflect, through drawing a map of a body, how different parts of the body relate to a certain right (See ‘Body Map’; Annex 3). In regards to their right to education, children no longer relate their hands to arts, drawing and writing but instead use them to clean, do house work, and carry water.

In communities that have faced heavy violence, and where the loss of income and livelihoods is more severe, children often place more immediate precedence on generating an income than on fulfilling their right to education.

Child labour is raised as a reason for children and parents neglecting a child’s right to education or play. This is reported in all areas assessed. In an area of low conflict, children stated that they don’t have time to play as they have a “lot of work to do”. Some children reported that parents are forcing them to work by collecting bullets, selling cigarettes, cleaning cars, or selling vegetables. Begging was commonly referred to by children, and most often linked to the lack of food at home.

Some groups of boys reported a sense of responsibility to work, protect, and provide for their families and therefore they did not believe that they have the right to play or to go to school.

“I would steal rather than to have my family go begging and my mother work as a servant.”

72 Ibid.
CONCLUSION

Through this analysis, children were given a platform and space to express themselves and to articulate and analyse their worries and concerns.

“The study already benefitted the children because they were able to discuss their needs, and what they want, and they were listened to”

Researcher

After the process of information gathering in one community, a child expressed: “Now that we are aware of our rights, we can communicate them to our parents and shelter staff and help them to play a role. Without them, it is impossible” (Displaced child in a collective shelter in Rural Damascus).

Children’s voices and interests need to be acknowledged and prioritised. They want a safe place to learn and to play. They want equal access to support and services. And they want to be at home, with their families, and without the stress and pressures of war. They want their parents and their communities to be supported to better care for them.

The international community must do what it can to meet these demands and to support the children of Syria to fulfil their rights.

Summary of Recommendations:

Right to Protection

• Prioritise psychosocial (and psychological) support for children and caregivers: Establish referral mechanisms where possible, so that children can access gender and age-sensitive support.

• Prioritise the creation of child friendly spaces: Integrate educational, recreational and psychosocial support services. Work with local community groups and utilize existing structures in the creation of safe spaces. Ensure that marginalized children from the host and displaced community, as well as Palestinian and other refugee groups are included and can equally access services.

• Integrate families and parents/caregivers in all responses: Provide support to parents/caregivers to better care for and protect children and to improve their role as a support system.


Right to Education

• Ensure the availability of education opportunities: Rebuild and revive existing learning spaces and the construction of temporary learning spaces. Ensure that alternative education tools are developed. Ensure that education programs receive school supplies and materials.

• Ensure safe access to education: Provide alternative education programs at community based safe spaces. Prioritise the identification and involvement of community based education partners. Promote training and awareness raising among teachers and educators on child safety standards.

• Integrate education responses within the community: Link education responses with other sectors, such as health and hygiene awareness and risk and safety education. Ensure the best possible integration of parents/caregivers and all groups of children into education programs.

Right to Health

• Provide essential supplies: Prioritise the provision of safe drinking water at schools and in shelters. Ensure a health clinic (or mobile clinic) is provided in shelters. Ensure that communities and shelters are equipped with cleaning and sanitation supplies (including insecticide) and with basic hygiene supplies.

• Strengthen health responses within the community: Prioritise the strengthening of formal or informal referral systems to healthcare service providers.

• Promote health awareness: Integrate health and hygiene awareness raising within community-based structures. Ensure that host and displaced communities and children in formal and informal shelters are targeted. Link health awareness and educational responses, to integrate health and hygiene awareness through educational programs and curricula.

Right to Nutrition

• Integrate nutrition responses within the community: Prioritise community-based responses that target children both in shelters and in homes and informal accommodation. Place distribution points for food rations in other areas than IDP shelters, to ensure that children staying in the host community are reached.

• Prioritise distributions based on vulnerabilities: Ensure that the provision and distribution of milk and vitamins for children are prioritised.

• Be conflict sensitive: Ensure that food distribution is conducted on the basis of transparent vulnerability criteria. Ensure that food distributions do not include logos, when this could prompt recipients to feel danger or insecurity as a result of receiving the aid.

Right to Play

• Integrate recreational activities within the community: In communities that are more stable, prioritise activities that promote children’s hobbies and skills. In areas with active conflict, ensure that children have a space to safely release energy and to participate in structured games.

• Integrate recreational and play activities within other sector responses: Prioritise the provision of age and gender appropriate support that promotes the psychosocial development and participation of children. Integrate awareness raising on topics such as safety, education and health.

• Prioritise the creation of safe spaces to play: Ensure that a play area is designated in collective shelters and community spaces, and that safe play equipment is provided. In the absence of a dedicated play area, ensure that time is allotted for play and recreational activities in other areas where possible.
## Annex 1: Legal and Policy Framework

<table>
<thead>
<tr>
<th>International Law / Treaty</th>
<th>Date Ratified by Syria</th>
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<tbody>
<tr>
<td>International Covenant on Civil and Political Rights (ICCPR)</td>
<td>Acceded April 21 1969</td>
</tr>
<tr>
<td>International Covenant on Economic, Social and Cultural Rights (ICESCR)</td>
<td>Acceded April 21 1969</td>
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<tr>
<td>Arab Charter on Human Rights</td>
<td>February 2007</td>
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<tr>
<td>Optional Protocol to the CRC, on the Involvement of children in armed conflict (CRC-OPAC)</td>
<td>2002; acceded October 2003</td>
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<tr>
<td>Optional Protocol I to the CRC –Children in Armed Conflict</td>
<td>17 October 2003</td>
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<tr>
<td>ILO Convention 182 on the Elimination of the Worst Forms of Child Labor</td>
<td>22 May 2003</td>
</tr>
<tr>
<td>ILO Convention 138 on the minimum age for admission to employment and work (15 years)</td>
<td>Ratified September 18, 2001</td>
</tr>
<tr>
<td>Convention of the Elimination of All forms of discrimination against women (CEDAW)</td>
<td>28 March 2003</td>
</tr>
<tr>
<td>Convention on the elimination of all forms of racial discrimination</td>
<td>Acceded 21 April 1969</td>
</tr>
<tr>
<td>Convention Against Torture and other cruel, inhumane or degrading treatment or punishment (CAT)</td>
<td>1 July 2004</td>
</tr>
<tr>
<td>International Convention on the Protection of the Rights of all migrant workers and members of their families</td>
<td>10 April 2005</td>
</tr>
<tr>
<td>Convention against the recruitment, use, financing and training of mercenaries</td>
<td>2008</td>
</tr>
<tr>
<td>Convention on the Prevention and Punishment of the crime of genocide</td>
<td>1955</td>
</tr>
<tr>
<td>Convention for the Protection of all persons from enforced disappearance</td>
<td>20 December 2006</td>
</tr>
<tr>
<td>Convention on the non-applicability of statutory limitations to war crimes and crimes against humanity</td>
<td>26 November 1968</td>
</tr>
</tbody>
</table>

### Syrian Domestic Laws and Policies

The Syrian Constitution (1973): The constitution includes the principles of the right to liberty, freedom, and freedom of expression. It also ensures the right to economic, social and cultural rights, with a focus on family.

Article 44: The family is the nuclear unit of society and is protected by the state. Parents play the main role in family welfare and raising their children, but the state strives, through government departments and assistance of popular organizations, to provide for the education and welfare of children and to advise parents on dealing with children whether or not the children are suffering from a disability.

### The Penal Code (Criminal Law)

The Syrian penal code protects minors from sexual abuse, child abduction, recruitment and trafficking.

Articles 479 and 480: Characterize certain acts such as child abduction, concealment, substitution of children, abandoning of children, leaving a child without care and food as criminal offences

Article 488: Covers the involvement of children in “combat activities” and provides that anyone who recruits a child under 18 years old to be ‘involved in hostilities (taking part in direct combat), carrying and transporting weapons or equipment or ammunition, planting explosions, standing at checkpoints or carrying out surveillance or reconnaissance, acting as a distraction or human shield, or assisting, serving the perpetrators in any way or form’, can be subject to punishment ranging from 10 to 20 years imprisonment, to lifetime and capital punishment if the recruitment leads to the death of the child.

Article 489: Prescribes capital punishment for the perpetrator of rape if the victim is a minor younger than 15 years of age or in cases involving the threat of violence (amended in June 2013, Law No. 11).

Article 509: Prescribes a penalty of imprisonment for a period of six months to three years for anyone who incites a male or female person under 21 years of age to prostitution or an immoral act, or who aids or abets such person to perform either.

Suppression of Prostitution Act No. 10 of 8 March 1961: Protects children from sexual exploitation and trafficking and reaffirms punishment under the criminal code (article 509).

Legislative Decree No. 3 of 2010: Prohibits and fights human trafficking while providing women and children who have been subject to an offence with special care.
Child Protection Systems/Mechanisms in Syria

Juveniles Act No. 18 (1974): Defines a child as any male or female below the age of 18 years. Prime Ministerial Decision No. 903 (28 February 2005) affirms that a child is any person below 18 years of age.

National Child Protection Plan (2005): Aims to set up a database to register cases of children’s rights abuses, create child protection programs, set up a helpline, and conduct public awareness campaigns.

National Strategy for the Welfare and Development of Young Children: Adopted for 2007-2011 and another plan for the year 2012-2013 was under preparation before the conflict.


Department to Combat Human Trafficking: Established by the Ministry of Interior by Decree No. 505/S (March 2010) to provide recommendations for policies and programs to fight human trafficking.

National Social Aid Fund (NSAF): Formed by Legislative Decree No. 9 (January 2011) to support impoverished households and empower their children.

Syrian Law of Personal Status (SLPS): Article 305 of the Syrian Law establishes Hanafi jurisprudence as a residuary source of law. The SLPS was amended by Law 34 of 1975.

Personal status code (1957): Amended by Act No. 18 (25 October 2003) to grant mothers the right to retain custody of their sons beyond the age of 9 (up to the age of 13) and of their daughters beyond the age of 11 (up to the age of 15 years).

Foundling Care Legislative Decree: For abandoned children

Act No. 35 (1981), as amended by the Basic Education Act No. 32 (7 April 2002): Education is compulsory up to the age of 15 years. Education is free of charge at all stages.

Decision No. (6/4) 543/2157 (8 September 2013): Issued by the Ministry of Education to authorise and request that students can be registered in public schools without any ID or supporting documents.

Legislative Decree No. 55 of 2004: Regulates private institutions that provide education at the pre-university stage.

Legislative Decree No. 3 (January 2010): Concerning the prohibition of human trafficking

Legislative Decree No. 12 (February 2007): Withdrawing the State party’s reservations to articles 20 and 21 of the CRC.

Legislative Decree No. 37 (1 July 2009): Cancelling the exemption of punishment of perpetrators of honour crimes.

Labour Decision No. 1736 (30 December 2004): The minimum working age is 15 years. With the issuance of Ministerial Decision No. 12 of 2010, it is unlawful to employ young men and women before they have completed their basic education or reach the age of 15 full years, whichever comes second.

Legislative Decree No. 52 (2003): The age of criminal responsibility was raised from 7 to 10 years.

Legislative Decree No. 161 (21 April 2011): Lifting the state of emergency.

Children’s Rights Bill: Sets the age of custody at 18 years for both boys and girls.

The Persons with Special Needs Act No. 34 (July 2004): Aims to clarify the role of different sectors and ministries in addressing disability issues and to identify ways of promoting cooperation between them.


The Military Service Act: Amended by Legislative Decree No. 30 of 2007. Act No. 16 of 2008 reduced the length of compulsory military service from 24 to 21 months for all, except for those who have not completed the fifth grade of basic education. This is intended as an incentive to pursue education.
Annex 2: Research limitations

Access

Because of access challenges in Syria, the training of researchers was hosted in Lebanon. For this reason, some humanitarian workers were unable to attend, and areas far from Beirut (Aleppo and all of Northern and Eastern Syria) were not included. Only 10 researchers (out of 26) could return to Beirut to attend the data interpretation workshop.

Because of access constraints, the sensitivity of the topics, and the security challenges in working confidentially and safely with children, the analysis was done through a trusted network of humanitarian organisations. Children and communities that could not be reached through this network were not included in the analysis.

Sensitivity of content

A rights-based approach to data collection and programming can be sensitive, as it raises the potential for placing blame and accountability for children’s lack of access to rights on certain duty bearers. The researchers were trained that the analysis is not intended to place responsibility on any particular actor or group for a particular violation. Researchers were trained in how to sensitively engage children in discussions about their main concerns (in relation to rights that should be afforded to them) without using the word ‘rights’ in any activity or discussion.

Since parent consent was required, some parents opted not to have their child participate. This may have prohibited particularly marginalized or vulnerable children from participating, as well as orphaned or unaccompanied children without a parent/caregiver.

Potential Biases/Limitations in scope of information

- Researchers did not record individual data for each child, and the information provided from each community only indicates the age range of children and that boys and girls were included together.
- The overall analysis may be influenced by the severity and deprivation of basic rights reported by children in high conflict communities and areas under siege.
- Researchers were trained not to lead discussions, but instead to enable and empower children to express freely their main concerns and feelings. For this reason, the analysis focuses on the situation for children in Syria, based on what children wanted to say, and only from their perspective.
- Since researchers were living in the same communities as the children they included in the analysis, they may have included their own interpretation or analysis of issues.
- The inability to directly monitor the work of researchers may have resulted in potential misunderstanding of questions or activities.
- Social and religious traditions may have prevented children from discussing certain issues in detail – particularly gender based issues.

Annex 3: Methodology in Depth

Purpose and Design of Analysis

The purpose of the activity in Syria was to support children to identify, prioritise and analyse the fulfilment of child rights at the local level. By working with children to collect information and map the issues of most concern in their communities, the activity aims to help local organisations to more effectively respond to child rights violations taking place.

Through the dissemination of this report, the activity also aims to:

- Advocate for the prioritisation of child rights based programming.
- Communicate child rights violations to relevant stakeholders.
- Contribute to other assessments of child rights and child protection in Syria.

In addition to:

- Raising awareness of children’s rights among local organisations, families and community members.
- Building the capacity of local child-rights based organisations over the medium to long-term to better fulfil their responsibilities to children and to support their protection from possible rights violations.

Training of Researchers

Researchers were trained in a set of 6 creative and participatory activities that enable children to:

- Identify issues of concern in their community
- Prioritise issues of concern in their community
- Analyse the issue of greatest concern in detail

In addition to learning and practicing the tools that were implemented with children in Syria for the purpose of data collection, the training of researchers addressed:

- The do-no-harm principle: Researchers should take measures to guarantee the safety and confidentiality of participants during the analysis. Researchers discussed and strategised how best to facilitate discussion with children around sensitive issues, while also being sure to collect the most information to report on.
- Rights based approach: To support researchers and their organisation to understand and respond to the causes behind children’s lack of access and fulfilment of rights.
- Asking the right questions: Listen to children voice their concerns in a manner that is participatory and inclusive, using child friendly language, in line with child safety guidelines, and in way that allows the researcher to gather and document the most information as possible.

Activity Toolkit for Researchers

Guidelines for the researchers to follow while implementing the activity in Syria were developed by War Child specifically for the Syrian context. The toolkit provides a reference and instructions for implementing all phases of the activity, including:

- Purpose
- Supporting information (child safety standards, rights based approach, role of researchers, and checklist for preparing for data collection)
- Step by step instructions for 6 interactive activities to implement with children for data collection
- Reporting templates for each activity
- Template for parent consent form
- Sample activity schedule for data collection with each group of five to seven children
The methodology was not designed or intended to be replicated by other individuals or groups independently, due to the sensitive nature of the information covered and the strong consideration for child safety and the do-no-harm principle.

Data Interpretation
An interpretation workshop was hosted in Lebanon for two days in October, with War Child staff and ten of the researchers from Syria. The purpose of the workshop was to jointly interpret and analyse the information and data that was collected, and to provide further context on the humanitarian situation.

Data Collection
Researchers conducted the data collection in Syria within two-person teams over a 2.5-month period (August-October 2013). While implementing each activity, one person led the group as the main researcher, while the second person took notes in the reporting template, to document and report information.

Researchers implemented the analysis with groups of 5-7 children (boys and girls, aged 9-17) over a 10-day period with each group. Researchers followed an activity schedule with each group that included time for identification of children, awareness-raising with parents and signing the parent consent form, implementing activities for children to identify, prioritise, and analyse their concerns, and then time for data collection and submission.

The following section is an excerpt from the CRSA Activity Toolkit48 for researchers, outlining the step-by-step methodology for activities. Some parts have been condensed for inclusion in this report.

Part 1) Introductory tool for discussion around power and rights

Activity 1.1: Power Walk

Remember to take detailed notes during and immediately after the activity.

Note to Researchers: This activity can be used with all groups of children, as well as parents and community members. It is meant to be used as an introductory exercise to the concept of rights and issues of power.

Purpose75:

• Enable participants to identify and think about issues of power and rights relating to their communities and lives.

If implemented with parents/community members or within your organizations:

• Introduce participants to child rights oriented thinking
• Alert participants to the issue of power between different groups in society.
• Raise the awareness of participants to concept and issues of rights.

Timeframe

• 20 minutes to complete the Powerwalk
• 20 minutes (minimum) for discussion

Resources

• Enough space to line up participants, who can then take up to 25 paces forward
• Cards or paper to write Powerwalk identities on

Method

1. Before organizing the activity, write the set identities below on cards or paper. Identities might include:

• 16 year old son of police officer
• Primary school teacher (male)
• 8 year old girl with leg amputated due to bomb
• 8 year old daughter of a minister

2. Give identities to the participants and ask them to take a few minutes to think about the realities of the lives of the persons whose identity they take. How does this person spend their day and with whom? How do they cope with problems? From what do they derive pleasure? Participants should not reveal their identities until the end of the exercise.

Organize the participants into a line standing shoulder to shoulder against the back of the room. Read the statements below out clearly to them:

Statements

You can adapt/or add to these examples as needed to fit your context.

• I can get warm clothes when the weather gets colder.
• I can access primary health care services if I need them.
• I get to meet visiting officials from government agencies with responsibility for children.
• I can find out about the world around me, through newspapers, TV and radio.
• I get the opportunity for play and leisure such as going to the movies and spending time with my friends.
• I have a home where I can sleep.
• I can walk safely to school or work.
• I am in no danger of being sexually abused or exploited.
• I get to see and talk to my parents (or a caregiver) about my problems.
• I can influence decisions that affect me made at a municipality level.

3. Each time a participant (in character with their given identity) can agree with a statement they take a step forward.

4. At the end of reading the list of statements, participants will be spread out. Some will have answered yes to many of the questions, others may have been able to answer yes to very few. Part of the strength of this exercise comes from the physical separation of people, as well as the insights of each participant through having considered the life of another person.

5. Discuss the position of participants as a group. Ask the following questions [and be sure to take notes on the discussion from each question]:

• What are your feelings about where you are standing now?
• How do you feel about the result of the exercise?
• What did it feel like as the questions were being asked?
• What are the characteristics of the identities at the front, or at the back?
• Who are the people with the most power and where are they standing?
• Who are the people most deprived of their rights?
• Did you think you should be able to answer yes to all the questions?
• Did any or all of the questions relate to rights?
  If yes, how sure are you that these are questions about rights?
• Would your identity know that these were rights which should be claimed?
• What does this exercise tell you about how important it is to know about your rights
  and your responsibilities?

Note to Researchers: You can be creative with this activity, and adapt it to your local context or
the children (or adults) in your group. In order to be sensitive to the actual identities of persons
in your group, you may need to change the identities/statements you use, in order not to reflect
too closely on their personal reality. Or you might need to adapt the identities more to your local
situation, so that participants have a point of reference for understanding the identity provided.

Part 2) Identification: Tools to support children to identify issues
affecting them

Your assessment team will implement either Activity 2.1 “Community Mapping”, or Activity 2.2 “Image
Theatre”, to support children to identify a list of main issues and concerns affecting them. You may then
choose to implement Activity 2.3 “Focus Group 1”, as a follow-up to re-confirm the issues identified.

Activity 2.1: Community Mapping

Remember to take detailed notes during and immediately after the activity.

Purpose:
• Support children to create a risk map
• Recognize how a risk map can be a useful tool to identify risks
affecting girls and boys of different ages and backgrounds in their local community.

Timeframe:
• 1 hour

Materials:
• Flip Chart Paper
• Markers
• Post-it Notes
• Stickers
• Camera

Method:
1. Introduce risk mapping as an effective participatory tool to allow children to identify risks in
their community, where children feel safe and unsafe, and why. It is an engaging activity that
allows children to visualize their feelings and concerns.
2. Divide the participants into groups (including girls and boys in each group).
3. Ask the participants in each group to imagine that they are children of different ages and
backgrounds (girls and boys) living in their communities.
4. Give each group a piece of flipchart paper and pens. Ask them to draw a map of their community
together, highlighting all the important places. [Include important landmarks such as roads, rivers or
lakes, schools, hospitals, stores, mosques, etc. Where do people live? Where are your friends’ houses?
What places do you visit frequently? (Label with stickers, symbols, or post-it notes)
5. Ask the participants to mark, with a happy face or other symbol, the places where:
• Children like to be
6. Ask the participants to mark, with a blue colour for example, the places where:
• Children feel safe
• Places, people or objects that make them feel happy and comfortable. Ask questions like:
  Where do you play, Where do you meet your friends?
  Where do you like to go the most in your community?
7. Enable group discussion on the issues raised.
8. Ask the participants to mark, with a sad face or cross mark, the dangerous places where:
• Children do not like to be
• Children are scared
9. Ask the children to mark, with a red colour for example, the place where:
• Children feel unsafe
• Places, people or things that make them feel unhappy or uncomfortable places where they feel
in danger, places they feel they might be in risk of some type of harm. Ask questions like:
  What places do you avoid? Where do you feel uncomfortable alone?
  Where are places you can't go without your parents?
10. Enable group discussion on the issues raised. Did everyone agree on places that feel safe/unsafe? What are the reasons that different children feel differently? [Be sure to ensure group participation throughout this activity.]
11. Ask participants to indicate three dangerous areas in their community that they would most
like to change. For example, by marking each of them with a star.
12. Ask them if they think something practical can be done to address the risks associated
with these places.
13. Enable a broader discussion on the action needed to protect girls and boys from different
forms of risk and abuse. The follow up discussion for this activity is important to identify and
probe further into the information identified in the map.
14. In discussion, ask each group to present the maps they have created, their proposed priority action initiatives, and who should carry out this action. Thank them for the presentations, and inform the children how this information will be used.

Note to Researcher: It is important to allow boys and girls to highlight their particular concerns and priorities, since they might be different. Remember to phrase questions and ask participants to reflect on the situation of children in general in their communities. Avoid asking participants personally, but to answer on behalf of all children.

Risk maps can be powerful advocacy tools to present to adults to highlight children’s concerns and to influence action on protection issues affecting them.

Activity 2.2 Image Theatre
Remember to take detailed notes during and immediately after the activity.

Purpose:
- Encourage children to use drama as a medium to encourage dialogue on issues affecting them.

By the end of this session, participants will be familiar with basic Image Theatre techniques that provide fun and active ways for children to voice their own views on a matter of concern.

Time:
- 140 minutes

Resources:
- 5 children in each group; and maximum 2 groups. A space where you can move around and make some noise.

A. Numbered Images

Purpose:
- To raise energy levels and help foster team work

1. Ask the group to move around the room.

2. Ask participants to get quickly into groups of two, three, four or whatever number you shout out. Then immediately give them all an idea, issue, object or location, which they have to express in a frozen picture. For example, say:

- a parent & child
- a wedding
- a spider
- a table

Everyone! – a teacher and his/her pupils

B. Image of the Word

Purpose:
- To give participants an introduction to the idea of making an ‘image’, by which we mean a fixed, silent, statue like shape.

1. Ask participants to stand in a circle facing outwards while you stand in the middle.

2. Explain to participants that you will count 1, 2, 3 and then call out a word. As soon as they hear that word, they should turn around and make an image or statue representing that word. Their image should neither move nor make any sound. They should do this immediately without thinking. We want them to do it spontaneously. Remember, when they turn around and make their images, ensure they stay ‘frozen’ and silent. Encourage them to look around at the shapes other people have made. Here is a list of words that you might use. It is a good idea to prepare your own.

- Happy – Cold – Big – Sad – Angry – Tree
- Father – Proud – Frightened – Mother – Home – Woman
- Teacher – Funny

C. Group Images

Purpose:
- To demonstrate how games involving ‘statues’ and ‘frozen’ pictures can help children express their ideas and opinions in a safe and fun way. This portion of the activity requires note-taking and data collection on the issues identified and resulting discussions.

1. Begin by demonstrating what a frozen picture or group image is. Ask for four volunteers to come up and sit in a row. Tell them that you are going to ‘sculpt’ them i.e. put them into position and that you want them to hold that position. They should neither move nor speak. It is a good idea to arrange them so that they look like four musicians, as the other participants who are watching should be able to understand what you are doing.

2. Now, ask the participants who are watching what they think the picture is. If somebody answers ‘Four musicians’ or ‘a band’, you will know that you have made a clear picture. Never tell the audience that they are wrong. They never are.

3. Now that everyone has got the idea, put participants into subgroups of four or five. Tell them to work alone for five minutes preparing three frozen pictures representing the following ideas:

- Something that makes children sad
- Something that makes children frightened
- Something that makes children happy

4. Stress that when they show their pictures the audience should understand why the people in the picture feel sad, frightened or happy.

5. When they are ready invite each group into a space where everyone can see them and ask them to show their three pictures in any order they please without telling the audience which is which.

6. Ask the audience if they can tell which picture is which and why. [Take a photo of the images] Ask participants to comment on the picture. Is it clear? Is it interesting? Encourage group discussion on the ideas expressed through the image; and follow up on discussion to ask children why they guessed certain images. (Remember to take thorough notes of this discussion)
Activity 2.3: Focus Group 1 - Identification

Remember to take detailed notes during and immediately after the activity.

Purpose:
- To promote small group discussion (between 4-6 persons) to reaffirm and discuss in more detail children's main concerns. To allow participants in a small group setting to explore their ideas and opinions about issues affecting them.

Timeframe:
- 45 - 90 minutes

Materials:
- Flip chart
- Pens

Note to researcher
This is an optional activity for children or adults, and should only be organized after first implementing the other tools in section 2 (2.1 Community Mapping or 2.2 Image Theatre). It is a supplementary tool that enables you to extract more information about a certain issue.

Remember to use child friendly and age appropriate language and questioning methods. Remember not to personalize questions, but to ask about the situation of children in general.

The focus group allows you to elaborate on issues raised, and when implemented with children and adults separately, enables you to compare their different or similar perspectives and concerns identified.

Focus groups require strong facilitation skills, and you should prepare in advance with your assessment team a set of clear questions to ask. (See Section II: Background; for more information about effective questioning during Focus Groups) Focus groups are an important activity for collecting a lot of data. The role of the note-taker is very important, and this person must be an active listener to take thorough notes and information from the discussion.

Method:
The main facilitator/researcher will facilitate the discussion and prompt with questions, while one person will support them and take notes.

1. Begin with introductions and an icebreaker (choose an energizer activity from the DEALS toolkit).
2. Explain to the group that the aim of the discussion is to understand what are the biggest problems facing children in their community. Explain that children should be able to speak freely. Who says what will not be recorded. It is the views of the group that is important. Explain that children are free to leave at any time. Ask participants whether they want to be part of the activity.
3. Encourage children to name major problems. Ask clarifying/supplementary questions (from the box below) to clarify the nature of each suggested ‘problem’.

4. The note-taker lists ‘problems’ in the sequence they are suggested (numbering each clearly in turn). Continue until ten separate problems have been identified, or until there are no additional suggestions.

Sample questions for child protection (that can be adapted for other issues):
- Which children/youth are most at risk as a result of the emergency (i.e. under 5s? Girls over 12? Boys over 12? Disabled children?)
- What specific protection risk/threats do these groups of children face?
- What makes these groups of children particularly vulnerable to risks/threats?
- What coping strategies are children, families, and communities currently using to deal with threats? Risks? (this can include both harmful and protective measures)
- What other protective measures and capacities are in place to protect children from the current protection threats/risks? (i.e. Government, community, family, children).
- Have these protective measures been weakened/reinforced since the emergency? How?
- Are there any obstacles in place to access these protective measures (both formal and informal)?
- What more can be done to strengthen existing mechanisms?
- Are additional/new measures needed to keep children safe?

5. If children do not identify a concern that has been reported elsewhere, or you have good reason to suspect may be present in this setting, the researcher may ask “In some communities ______ has been mentioned as a problem; is that a problem here?” If the children do not report it to be a problem, it should not be listed by the note-taker. If the children do see it as a problem it should be added to the list by the note-taker (with a star or asterisk used to mark it as a concern that was only mentioned after prompting).

6. Enable group discussion around the concerns identified.

Part 3) Prioritization: Tools to Support Children to Prioritise Issues affecting them

Activity 3.1 “Diamond Ranking” should be implemented immediately after the activity used in Section 2: Identification of Key Concerns, on the same day. This activity will support children to rank and prioritise the issues identified, according to the level of concern. You will then take the concern of highest priority, and analyse it further through the Activity in section 4.

Activity 3.1 Diamond Ranking

Remember to take detailed notes during and immediately after the activity.

Purpose:
- By the end of this exercise, participants will collectively prioritise an issue.

Timeframe:
- 40 minutes

Resources:
- Flipchart
- Paper and pens; a sheet of flipchart paper with the diamond ranking shape drawn on it; cards or sticky notes

76 DEALS is a psychosocial methodology developped by War Child Holland that aims to support the wellbeing and develop the life skills of children affected by conflict. The methodology can be downloaded at http://www.warchildlearning.org/
Method:

1. Remind the group of the issues of concern previously identified (through the tools in Section 2). Ask the group if they would like to add any other concerns.

2. Give the participants nine cards and ask them to write each issue on a separate card.

Note to Researcher

This tool will be used with all groups of children and adults participating in the assessment.

You may want to give groups of girls and boys or, children from different age groups or backgrounds each their own set of cards so that they can determine their own priorities – in case of any differences among gender, age groups or backgrounds. The exercise can also be completed with everyone sharing one set of cards and placing them on one diamond.

3. Display the flipchart sheet showing the diamond ranking shown here. Ask everyone to make a copy on flipchart paper, and place their cards on the shape in order of priority, with the most important reason at the top, the least important at the bottom, and the others in between in order of importance. Ensure that all the children get to express their view and that all play a role in determining the final agreement of the placement of cards.

Encourage children to decide how they will prioritise the issue. Criteria for prioritization might include:
- Is the problem or violation mild, average or severe?
- Are there many children and families affected?
- Urgency – Does it need to be acted upon right away?
- Do the children and the people caring for them feel the problem or violation is of utmost importance to them?
- Effects or impact – Are the effects or impact long-lasting and very dangerous /detrimental to the children?
- Do they cover many children and families?

4. In discussion, look at everyone’s diamond rankings. Make sure the participants express their views for their chosen priorities. Summarize the discussion, providing additional input as necessary to ensure all points are covered. On flipchart paper, list the problems and violations that the children identified in the previous session, making sure to leave some space next to each item.

- Note to Researcher
- Monitor participation of the children.
- Remind those who dominate the discussion to provide others the chance to speak out.
- Do not worry if people do not agree! Debate allows children to learn to listen to each other.
- Try to get ideas from participants before providing explanations of the concepts being covered.

Remember to keep the focus of discussion on children’s rights – there might be many problems in the community. How can these be linked to the rights that are guaranteed to them?

Part 4) Analysis: Tools to support children to analyse the issues of most concern

At the beginning of any activity in this section, remind children of the concern that they selected as the top priority in Activity 3.1 “Diamond Ranking”. Check with children if they still agree with what concern they prioritised, and ask if they want to change their selection. Continue with the activities in the section, to analyse the concern that they finally agree on as the main priority.

Activity 4.1 Body Mapping

Remember to take detailed notes during and immediately after the activity.

Purpose:

- By the end of this exercise, participants will be able to use the body map tool to express their views and experiences about the issue they have identified

Timeframe:

- 45 to 60 minutes

Resources:

- Flipchart paper
- Coloured pens
- Tape
- Camera

Method:

1. Introduce the body map as a participatory tool that is helpful in supporting children to explore how the issue that they have identified affects their lives, their experiences, views and feelings.

2. Divide the participants into boy and girl groups. Ask each group to identify their background circumstances.

3. Get the participants to stick sheets of flipchart paper together. Ask for a volunteer in each group to lie on the paper to have their body shape drawn around to create a large body map person. If participants are not comfortable doing this, ask them to draw the outline of a body on the paper. Write the gender, age and background of the child participants above the body shape. Write ‘every child’ at the top of the map, or ask the group to come up with a name for the child.

4. Remind participants of the issue of concern for children that they identified as most important earlier.

Give participants different coloured post-it notes and pens. With the questions below, support them to explore, write down, and analyse their views regarding the issue they have identified and how it affects their lives, in relation to different areas of the body map.

For example, key questions relating to the body map include:
• Head: How does this issue affect the mind of children, the way children think, and/or children’s learning? (Explore both positive and negative examples)

• Eyes: What have children seen with their eyes? Have children witnessed this issue taking place?

• Ears: What have children heard? What have children heard others talking about this issue?

• Mouth: How has this issue affected the way people communicate with each other and the way adults communicate with children and young people and/or the way children and young people communicate with one another?

• Main Body: How has the issue affected children’s health and their protection from different forms of abuse or exploitation?

• Heart: How has this issue affected children’s own feelings and people’s feelings towards them? Who do children get support from in times of need?

• Arms and hands: As a result of this issue what kinds of activities are children more or less involved in?

• Legs and feet: Are there any changes in the places where children and young people do or do not, or can or cannot go? For example, for work, study or income generation? What do children do now?

When you need more information, follow up on your questions, and ask the children ‘Why?’

6. Facilitate a discussion on the body map. Use this tool according to your needs. It can also be used to map how participants might choose to find out more about the issue they have prioritized. The ears might identify whose views children want to listen to; the feet can identify the places where children will need to go; the hands can identify how children want to record their findings etc.

7. What are the participants’ views about the various impacts of the issue that they have identified? What are the most negative impacts? What are the most positive impacts?

8. Take a photograph of the body map, to send with your data.

Note to Researcher:

This activity can be implemented with children if needed, or with groups of parents and adults. With focus groups with children, remember to use child friendly and age appropriate language and questioning methods (Refer to section II).

Remember to keep the discussion about children in general, and avoid personalizing questions.

This activity is useful to implement with parents and adults, to analyse issues more in depth.

Strong facilitation skills and detailed note-taking is important for this activity.

Sample questions to be asked in the focus group:

Access to Education

• How has education been affected by the crisis? Have there been attacks on schools? How? How have children been affected? What action is needed?

• Are schools still open? Have buildings been damaged?

• Which children are most affected by lack of access to education? Are girls or boys more affected? Are certain religious groups more affected? Are certain age groups more affected?

• What children are less likely to attend primary school? Secondary school (girls, boys, disabled)? Why?

Activity 4.2 Focus Group 2 – Analysis of Key Concerns

Remember to take detailed notes during and immediately after the activity.

Purpose:

• Based on the priority concerns identified in the first phase of focus groups (Activity 2.3), the second focus group discussion allows you to probe more in depth and analyse a particular issue.

Timeframe:

• 45 – 90 minutes
Researchers were given a template to fill in with the notes and information gathered during each activity. An example of the reporting template for the Community Mapping activity is provided here:

**Activity 2.1: Identification - Community Mapping**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Name:</td>
<td>Location:</td>
</tr>
<tr>
<td>Researcher Name:</td>
<td>Note-taker Name:</td>
</tr>
<tr>
<td># of participants:</td>
<td>Age-range:</td>
</tr>
<tr>
<td>Gender: Female/Male/Mixed</td>
<td></td>
</tr>
</tbody>
</table>

**Notes**

Final list of concerns identified? / Where did children identify that they like to be? Why? / What places were identified by children as safe? Why? / Where did children feel unhappy or scared? Why? / What places were identified by children as unsafe? Why? / Dangerous areas in the community identified by children that they would like to change / Actions the children identify that can be done to respond to risks/dangerous areas.

*Attach photos of the community map*