

Findings of the Education, Child Protection, Nutrition and Health Assessments of Syrian Households in Za'atari Refugee Camp

Mafrq Governorate

15th April 2013

BACKGROUND

The ongoing crisis in Syria has caused a large influx of Syrian refugees into Jordan. Za'atari refugee camp (located in northern Jordan) has been hosting Syrian refugees since late July 2012. Initial planning figures of the camp estimated the camp's full capacity up to 60.000 refugees; however, this number has grown exponentially and currently there are approximately 120.000 refugees residing in the camp, according to the latest UNHCR statistics (April 2013). The number of refugees continues to grow at a rapid pace: the camp has had a daily influx of between 1.000 and 3.000 refugees for the past four months. As a result of the sharp increase in number of incoming refugees combined with the limited access that refugees have to outside services, the camp population is in need for immediate provision of all basic services (such as support in terms of shelter, food, water, education and health services).

The large influx of refugees does not only create a pressing need for aid delivery *per se*, but also for the information gathering and management related to camp's dynamics and profile, as well as to aid planning, delivery and tracking, which constitute key components for an adequate aid delivery in Za'atari. Information management systems available to humanitarian actors have struggled to keep pace with the rapidly changing and complex refugee context of this camp. With this in mind, REACH was deployed to Jordan in October 2012 in order to complement information management efforts undertaken by other humanitarian actors, notably by UN agencies, and to contribute towards addressing information gaps on Syrian refugees located in Za'atari camp.

Household level data on the camp's population profile, demographics and vulnerability is limited and often outdated, making targeted assistance challenging. Moreover, few aid tracking and monitoring mechanisms have been put in place, limiting the possibility to evaluate the impact of aid-/services- delivery and to revise aid planning and targeting mechanisms. Gaining a concrete understanding at household level on the demographics and needs of the camp population is thereby crucial for an efficient and qualitative aid provision. With this in mind, REACH has conducted sector specific assessments, comprising key sectors such as WASH, Education, Child Protection, Nutrition and Health, which will allow to better inform and implement ongoing and future humanitarian interventions. The data presented in this fact sheet represents the findings of household level interviews that were conducted in Za'atari refugee camp in Mafrq Governorate from 12 March to 17 March 2013, focusing on Education, Child Protection, Nutrition and Health sector.

Assessment Methodology

Due to the rapidly increasing population in Za'atari camp, and the resulting strain on available services, there has been an increasing demand for rapid needs assessments. Therefore, REACH deployed android-based smartphones with Open Data Kit software during the data collection process. Usage of this technology enables greater control over collected data, ensures higher data quality and eliminates the need for data entry. This in turn allows for more rapid data analysis and thus more rapid dissemination of information which will inform humanitarian action.

REACH's assessment methodology is built with the aim to provide in-depth data and analysis on Education, Child Protection, Nutrition and Health in Za'atari camp. The objective of this process is to provide humanitarian actors with information that allows for more informed decision-making with regards to their targeting of specific geographic locations or beneficiary group based on their programme planning needs, thus enabling better planning, coordination and traceability of aid. A representative random sample of Za'atari refugee households was selected for the assessment. Based on a number of 26.047 shelters in Za'atari (REACH 127.03.2013), and assuming one household per shelter, surveying a minimum of 379 households would have yielded a statistical confidence level of 95%, with an error margin of 5%, which were deemed as acceptable values¹. The Education, Child Protection, Nutrition and Health assessment covered 448 households, thus producing a slightly lower margin of error, +/- 4.59%.

To ensure equal representation of distinct areas and communities, points were randomly distributed across the entire area of the camp, with additional points added in more densely populated areas. The points were marked on maps and used by eight community mobilisers who then – under the supervision of an experienced field coordinator – interviewed household that were nearest to areas designated for children.

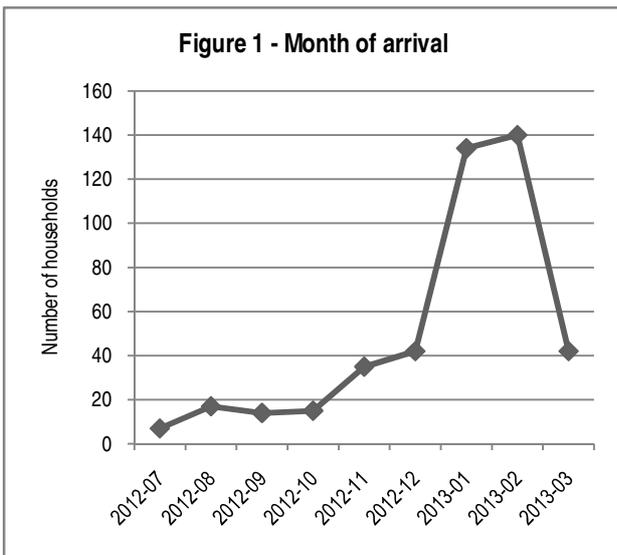
¹ Sample size calculations were made through Raosoft, available at: <http://www.raosoft.com/samplesize.html>

Key Findings

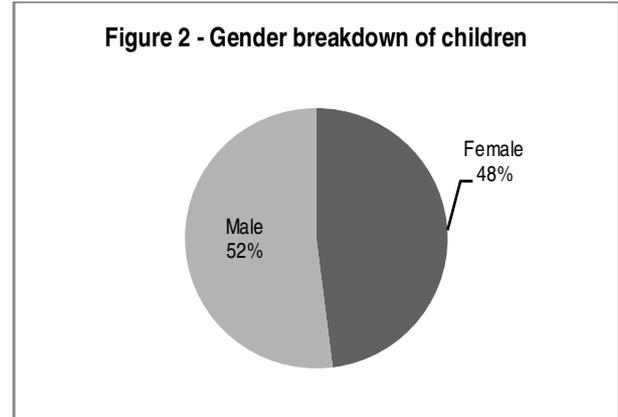
The presented data covers the household vaccination, child protection and education profiles. Key findings include: **63%** of children aged between 6 months and 5 years are not vaccinated against measles. In addition, only **16%** of children between the age of 4-16 attend a Child Friendly Space. Moreover, **78%** of children older than 5 years and 8 months attend school in Za'atari, while **16%** of children between the age of 3 years and 8 months and 5 years and 7 months are enrolled in kindergarten.

Household Profile

Although the camp was opened in late July 2012 and the population increased steadily throughout August and December 2012, it should be stressed that the majority of households arrived in Za'atari refugee camp in January and February of 2013, **30%** and **31%** respectively. The sharp increase in the number of households arriving in January and February 2013 can be attributed to the increased intensity and close proximity to the conflict in Syria.

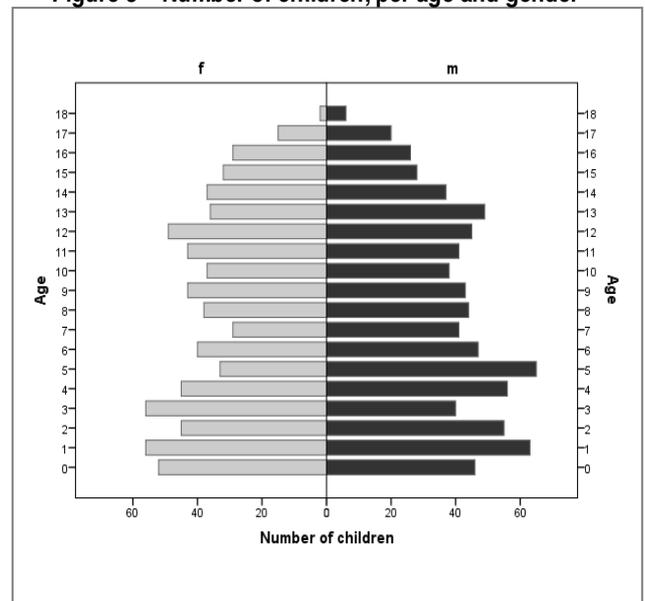


Of the **1,526** children (aged between 0-17 years) targeted through the assessment, there was an almost equal gender division between male, **52%**, and female, **48%**.



The majority of children residing in Za'atari were reported to be younger than 5 years, **34%**. Relatively few children older than 16 years were reported to be residing in the camp, **6%**, which may be due to, i.e. children under 18 having formed their own household or children staying behind in Syria.

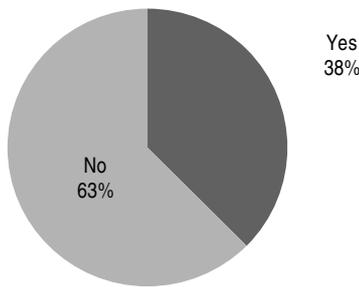
Figure 3 – Number of children, per age and gender



Vaccination Status

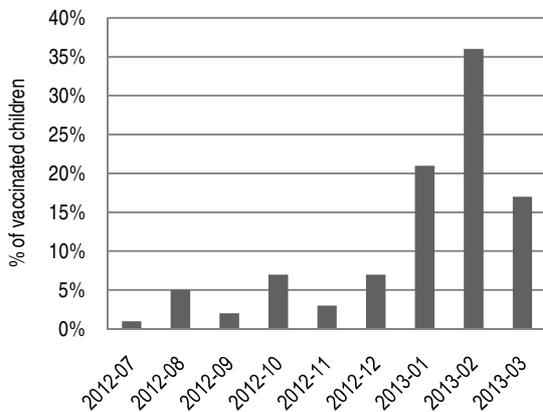
Of the children between 6 months and 5 years, **64%** were reported to not be vaccinated against measles at the time of the assessment. This relatively low rate of vaccination, and the two recent cases of measles that have been documented in the camp (UNHCR 30.03.2012 - Weekly Report: Public Health and Nutrition Za'atari Camp), highlight the necessity of increased vaccination campaigns.

Figure 4 - Percentage of children aged between 6 months and 5 years vaccinated against measles



The majority of children that were reported to have been vaccinated received the vaccination in 2013, **74%**. They were most commonly reported to have been vaccinated in February, **36%**, and January, **21%**. This is compared to the relatively low rate of vaccinations that were reported to have been conducted in 2012, during which **26%** of the total number of vaccinations for children between 6 months and 5 years took place. It should be noted that this is overall in relation with the time of arrival of refugees to the camp – since by far the largest influx of refugees took place in 2013.

Figure 5 - Month of vaccination

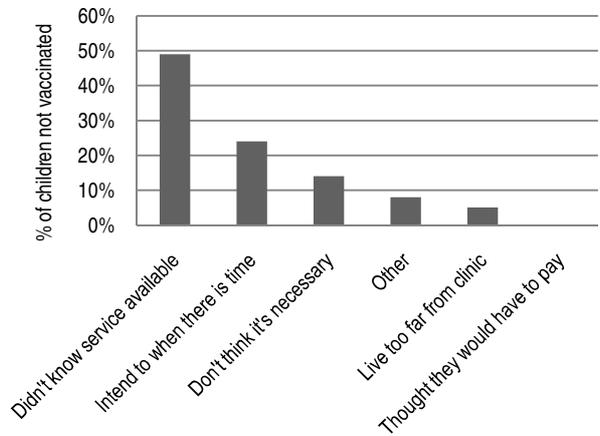


The overwhelming majority of vaccinations were reported to have been received from the French Hospital, **80%**. The remaining **20%** of vaccinations were reported to have been received in mobile medical tents throughout the camp – vaccination services in tents started at a later stage than the French Hospital.

The most commonly reported reason for children not being vaccinated against measles was that the parents were unaware of the availability of such services in the camp, **49%**. **24%** of respondents reported they intend to vaccinate their children when they have time. In spite of this, a considerable

proportion of households, **14%** reported they did not see the necessity of getting their children vaccinated against measles.

Figure 6 - Reason for not being vaccinated

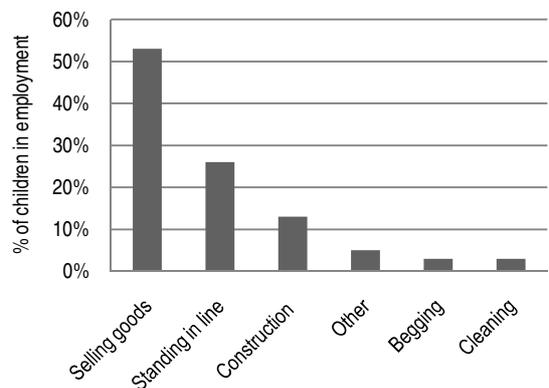


Child Protection Profile

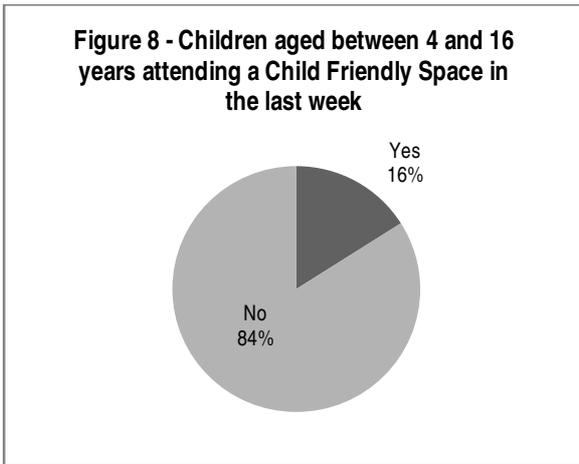
The vast majority of children, **98%**, were reported to be residing with direct family members of the household at the time of assessment. Only a very small proportion of children were reported to belong to the extended family of the household, **2%**. No children were reported to be unrelated to the household they were currently residing with.

Of the total number of children older than 5 years and 9 months, **96%** were reported to neither be employed nor engaged in any form of compensation. Of the children aged 16 years and older, **26%** were reported to be employed, compared to 55% of children between the age of 12-15. Of the **4%** of children reported to be involved in child employment, the main activity reported was selling goods, **53%**, followed by standing in line for another person in exchange for money at distribution points, **26%**, and construction, **13%**.

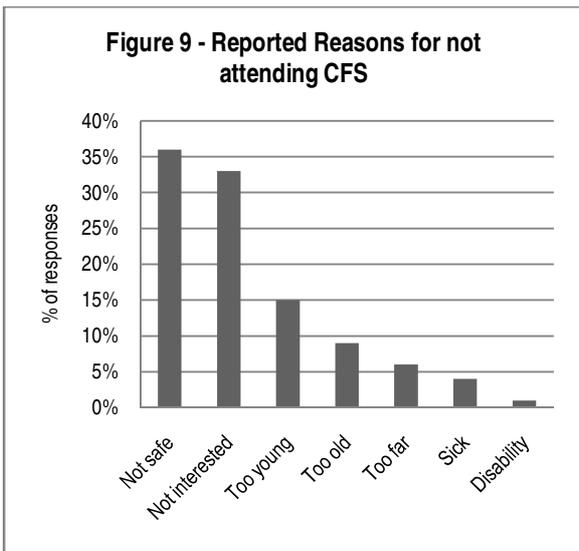
Figure 7 - Forms of child employment



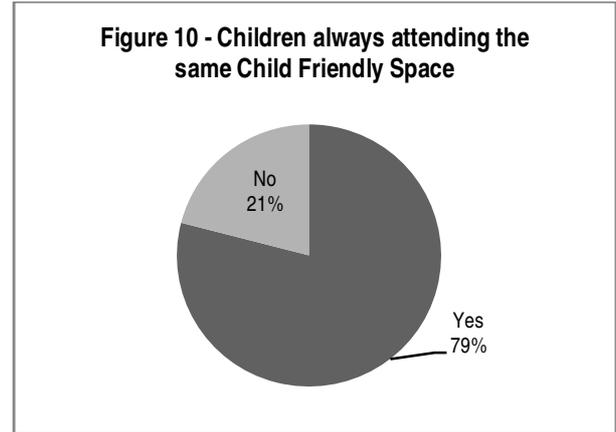
Only **16%** of the children between 4 and 16 years attended a Child Friendly Space (CFS) a week prior to the assessment.



The main reported reasons for children not attending a CFS are related to the CFS not being safe, **36%**, and the children not being interested in attending, **33%**. In addition, **15%** of households indicated that their children were too young to attend, while in **9%** of responses the children were too old.

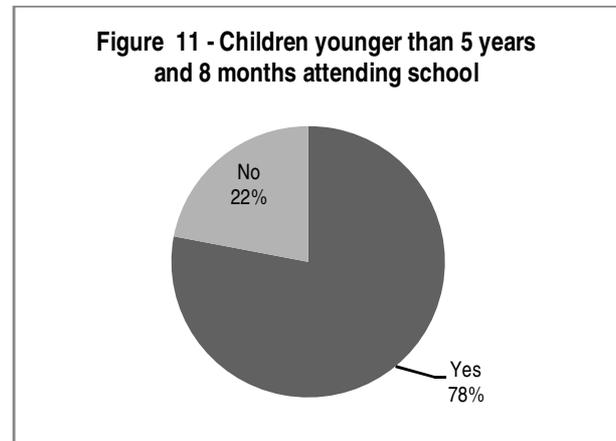


Of the children who attended a CFS, **79%** always attended the same CFS. This could in large be attributed to children attending the nearest CFS, or a CFS which family or relatives attend.



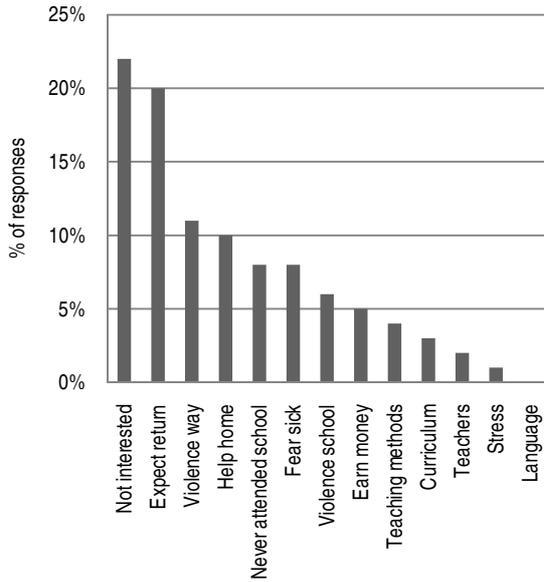
Education Profile

The majority of children older than 5 years and 8 months, **78%**, were reported to be attending school in Za'atari at the time of the assessment.



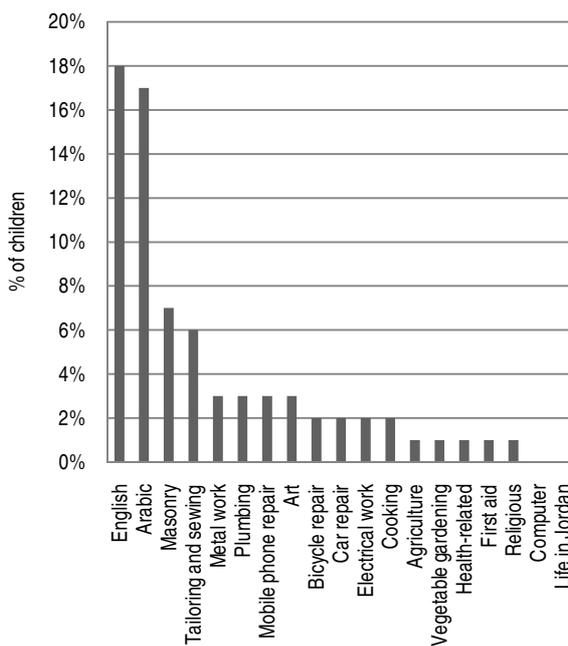
There are currently two schools in Za'atari camp, with an additional school being built. The main reported reasons for children older than 5 years and 8 months not attending school were not being interested, **22%**, followed by the expectation to return to Syria, **20%**. Furthermore, **11%** of children have not attended school due to safety concerns in the camp, and **10%** of children have stayed home to help their parents with household tasks, the latter of which **73%** were female.

Figure 12 - Reason for children not attending school



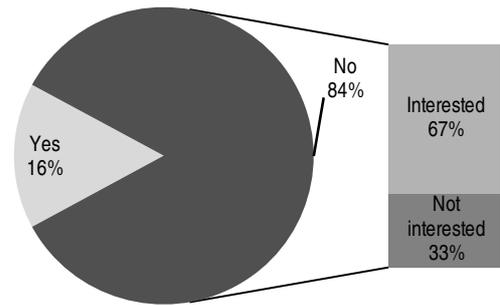
Households reported that the alternative education courses that were most interesting for their children were English, **18%**, and Arabic, **17%**. Other courses which respondents were strongly interested in were masonry, **7%**, and tailoring and sewing, **6%**. The main interest seems to exist for courses that could provide useful skills for work. This information can be used to develop programs that interest children and thus could increase the number of children attending educational sessions.

Figure 13 - Interest in alternative education courses for children older than 5 years and 8 months



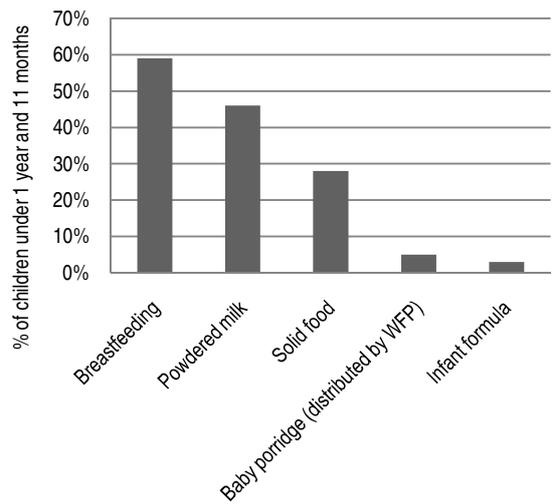
The overwhelming majority of children aged between 3 years and 8 months, and 5 years and 7 months, **84%**, were not reported to be enrolled in a kindergarten at the time of the assessment. However, despite the high number of children not enrolled, **67%** of households reported that they were interested in enrolling their children in kindergarten.

Figure 14 - Enrollment / interest in kindergarten for children between 3 years and 8 months and 5 years and 7 months



The most commonly reported means of feeding children younger than 1 year and 11 months was breastfeeding, **59%**. Other primary reported means of feeding are powdered milk, **46%** and solid food, **28%**. **5%** of respondents reported to feed their children with baby porridge, which had been recently distributed by the UNHCR and the World Food Program².

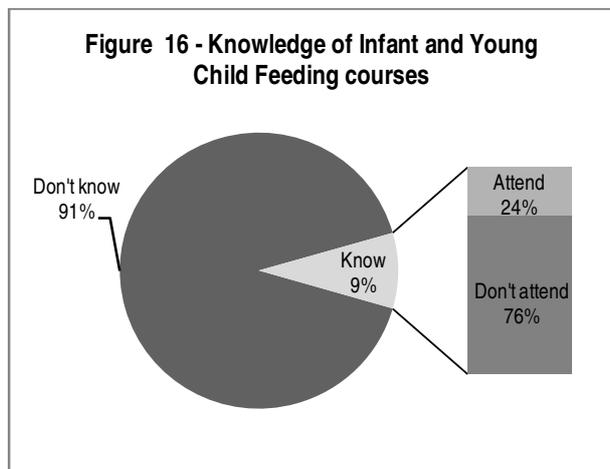
Figure 15 - Means of feeding children under 1 year and 11 months



Almost all households, **91%**, were not aware of the opportunity to attend infant and young child feeding courses,

² Note that at the time of assessment implementation of baby porridge distributions was in the early stages. Thus the full scope of the target population is not reflected in this proportion of recipients.

which are directed towards parents of children younger than 2 years. Of those households who did have knowledge about the possibility of YCF courses, only 24% attended the course.



REACH

REACH was formed in 2010 as a joint initiative of two INGOs (ACTED and IMPACT Initiatives) and a UN program (UNOSAT). The purpose of REACH is to promote and facilitate the development of information products that enhance the humanitarian community's capacity to make decisions and plan in emergency, reconstruction and development contexts.

At country level, REACH teams are deployed to countries experiencing emergencies or at-risk-of-crisis in order to facilitate interagency collection, organisation and dissemination of key humanitarian related information. Country-level deployments are conducted within the framework of partnerships with individual actors as well as aid coordination bodies, including UN agencies, clusters, inter-cluster initiatives, and other interagency initiatives.