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Photo from Hamam Al Alil 2 Camp, Ninewa

HEALTH AND EDUCATIONAL STATUS OF IRAQI CHILDREN IN IDP CAMPS DURING COVID-19

An Assessment of Children in IDP Camps in
Salah Al Din, Anbar, Ninewa, and Baghdad Governorates of Iraq

May 2020

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For questions concerning this report, please contact the research team:

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INTRODUCTION

As COVID-19 sweeps through Iraq and the rest of the world, there are particular consequences for vulnerable groups, such as internally displaced persons (IDPs). Already facing severe restrictions on movement, COVID-19 and the corresponding restrictions around humanitarian access and service provision can exacerbate many issues faced by IDPs. This report focuses on the sectors of health and education in relation to IDP children in Iraq, and includes an additional review of how IDP families are managing children with symptoms of COVID-19 (i.e. seeking professional health services, implementing social isolation, and procuring COVID-19 testing).

In May 2020, the Mercy Hands alliance (Mercy Hands Europe and Mercy Hands for Humanitarian Aid in Iraq) implemented an assessment to determine the educational and health status of children in IDP camps in Iraq (Salah Al Din, Anbar, Ninewa, and Baghdad governorates) amidst the COVID-19 pandemic.

This report aims to:

- **Assess the current educational status** of children in IDP camps, including literacy levels, access to education, and learning sources.
- **Assess the current health status** of children in IDP camps, including special needs, chronic health conditions, children showing symptoms corresponding with COVID-19, and actions taken as a result of these symptoms.
- **Identify vital health and educational gaps** for children in IDP camps due to COVID-19 for the attention of humanitarian actors.

On May 2-10, field staff members from Mercy Hands' Emergency Response and Recovery Department collected data from 6,305 children aged 5 to 17 years living in 13 IDP camps in Salah Al Din, Anbar, Ninewa, and Baghdad governorates. The team assessed a total of 3,777 unique families. See below for a breakdown of assessment targets per governorate:

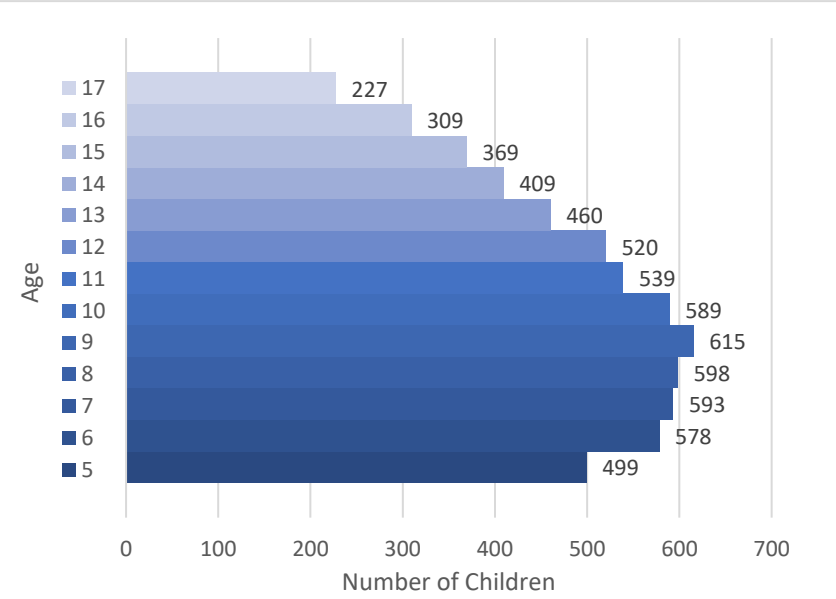
Number of Assessed Families, Children, and IDP Camps by Governorate

Governorate	No. of Assessed Families	No. of Assessed Children	No. of Camps	Camp Names
Anbar	1,045	1,796	2	AAF, HTC
Baghdad	194	353	4	Al Ahal, Al Shams, Nabi Younes, Virgin Mary
Salah Al Din	192	442	3	Al Shahama, Al Esshaqi, Al Salam
Ninewa	2,346	3,714	4	Jaadah 1 and 5, Hamam Al Alil 2, Al Salamiya
TOTAL	**3,777**	**6,305**	**13**	

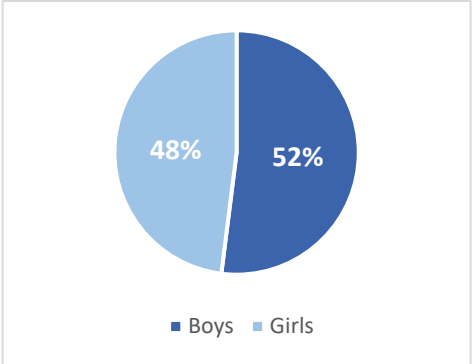
FINDINGS

I. DEMOGRAPHICS

Age



Gender



Most children are between 7-9 years old. Approximately half of assessed children are female (3,009) and half are male (3,296).

No. Children per Household

Respondents reported the average number of siblings as 3.3. Therefore, the average number of children per household is 4.

Survey Respondent

Most survey respondents are the mother (47%) or father (37%) of the child, followed by brother/sister (6%), uncle/aunt (4%), grandmother/father (4%) and the child him/herself (2%).

II. EDUCATION

LITERACY LEVELS

Approximately half (53%) of assessed children know how to read and write, and a smaller number know how to read only (3%) or write only (1%).

Governorate: Ninewa has the highest rate of illiteracy among assessed IDP children (55%) while Baghdad has the lowest (12%).

Gender: Slightly more males (55%) than females (51%) know how to read and write.

Age: As expected, literacy levels increase with age, although 12-year-olds show comparatively higher levels of illiteracy than their peers. And, over one quarter (26%) of teenagers (aged 13 to 17) do not know how to read and write.

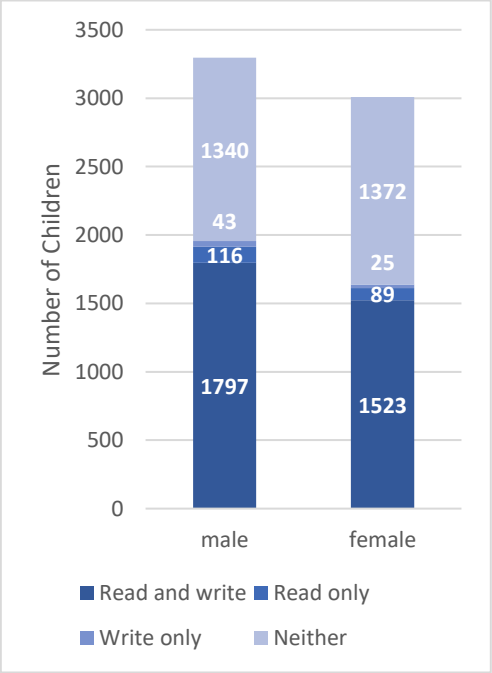
Literacy Levels by Governorate

	Read and write		Read only		Write only		Neither	
GOVERNORATE	#	%	#	%	#	%	#	%
Anbar	1229	68%	79	4%	6	0%	482	27%
Baghdad	298	84%	12	3%	0	0%	43	12%
Salah Al Din	297	67%	4	1%	3	1%	138	31%
Ninewa	1496	40%	110	3%	59	2%	2049	55%
TOTAL	**3320**	**53%**	**205**	**3%**	**68**	**1%**	**2712**	**43%**

Literacy Levels by Age

	Read and write		Read only		Write only		Neither	
AGE	#	%	#	%	#	%	#	%
5	20	4%	15	3%	0	0%	464	93%
6	66	11%	33	6%	1	0%	478	83%
7	235	40%	34	6%	11	2%	313	53%
8	312	52%	28	5%	16	3%	242	40%
9	359	58%	19	3%	13	2%	224	36%
10	362	61%	15	3%	10	2%	202	34%
11	364	68%	17	3%	5	1%	153	28%
12	***318***	***61%***	***12***	***2%***	***7***	***1%***	***183***	***35%***
13	331	72%	7	2%	2	0%	120	26%
14	290	71%	7	2%	1	0%	111	27%
15	272	74%	7	2%	1	0%	89	24%
16	225	73%	9	3%	0	0%	75	24%
17	166	73%	2	1%	1	0%	58	26%
TOTAL	**3320**		**205**		**68**		**2712**	

Literacy Levels by Gender



TYPE OF SCHOOLING

The vast majority of children (83%) did not receive any type of schooling in April. As an alternative to attending school in person, home schooling was more popular than remote education.

Governorate: Baghdad has the highest occurrence of alternatives to schooling. And, over 80% of children from the three other governorates (Anbar, Salah Al Din, Ninewa) did not receive any type of schooling in April, compared to 64% in Baghdad.

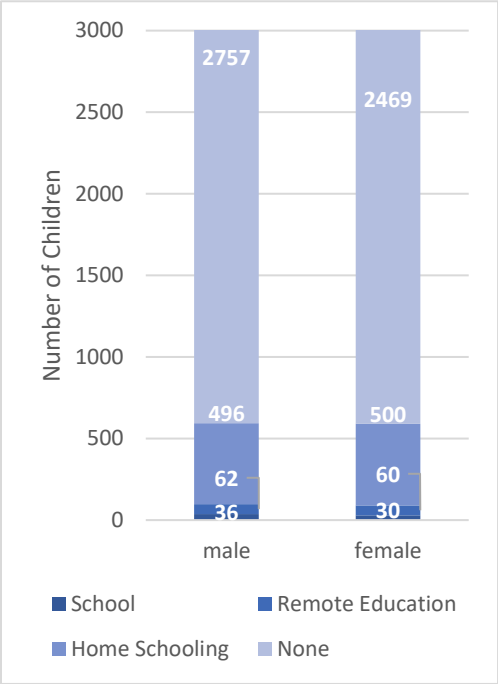
Gender: While the type of schooling in April was similar for both girls and boys, girls are slightly more likely to be home-schooled (17% of girls, compared to 15% of boys) and boys are slightly more likely to receive no education (84% of boys compared to 82% of girls).

Type of Schooling by Governorate (April)

	School		Remote Education		Home Schooling		None	
	#	%	#	%	#	%	#	%
Anbar	10	1%	1	0%	266	15%	1528	85%
Baghdad	1	0%	59	17%	117	33%	227	64%
Salah Al Din	0	0%	13	3%	60	14%	376	85%
Ninewa	55	1%	49	1%	553	15%	3095	83%
TOTAL	**66**	**1%**	**122**	**2%**	**996**	**16%**	**5226**	**83%**

Note: Respondents can choose more than one type of schooling

Type of Schooling by Gender



When asked, "Do you think your child is behind his/her peers in terms of education," **16%** of respondents said yes (17% of girls and 16% of boys).

LEARNING SOURCES

When asked what sources children are currently learning from, most respondents said "nothing," followed by "parents" and "TV."

- Nothing (2,947)
- Parents (2,399)
- TV (1,254)
- Internet (307)
- Friends (252)
- Adults (234)
- School (223)
- Street (180)
- Radio (78)

III. HEALTH

SPECIAL NEEDS/DISABILITIES

Some children have special needs that impact their ability to learn or access school. Overall, 3% of assessed children (193) were noted as having special needs or disabilities (4% of boys and 2% of girls). When asked to elaborate, the most common types of needs/disabilities were reported as:

- Brain damage (45)
- Physical disabilities (35)
- Full or partial paralysis (24)
- Eye problems (15)
- Intellectual disabilities (13)
- Epilepsy (12)

In addition, 1% of children (91) were specifically reported as having psychological problems (2% of boys and 1% of girls), and 2% of children (107) were reported as having speech problems (2% of boys and 1% of girls).

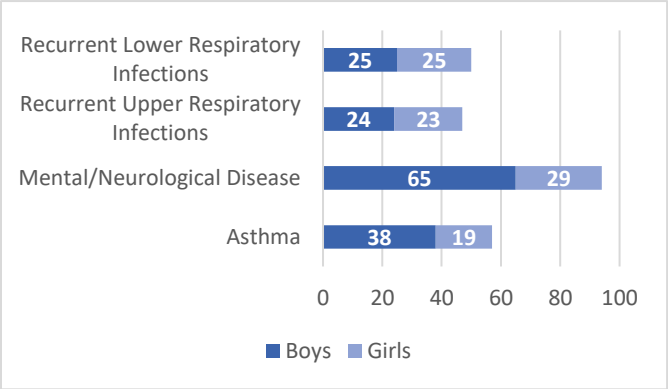
In all cases, boys are twice as likely to be reported as having an issue than girls.

CHRONIC HEALTH CONDITIONS

Children were reported to have a total of 248 of the following chronic health conditions: **asthma**, **mental or neurological diseases**, **recurrent upper respiratory infections** (i.e. common cold, sinusitis, ear infections), or **recurrent lower respiratory airways infections** (i.e. pneumonia or bronchitis). Only a few children were reported to have diabetes or hypertension.

Boys were more likely than girls to be reported as having asthma or mental or neurological diseases.

Chronic Illnesses by Gender



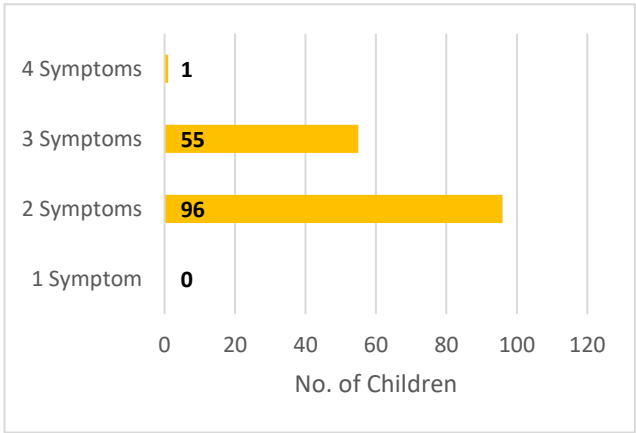
COVID-19 SYMPTOMS

A total of **152** children (2% of assessed children) were reported as having 2 or more of the following symptoms of COVID-19:

- Fever
- Trouble breathing
- Cough
- Sore throat

Most children were reported to have 2 symptoms, and a further 55 children were reported to have 3 symptoms. Boys (181) and girls (180) had a similar rate of symptoms reported.

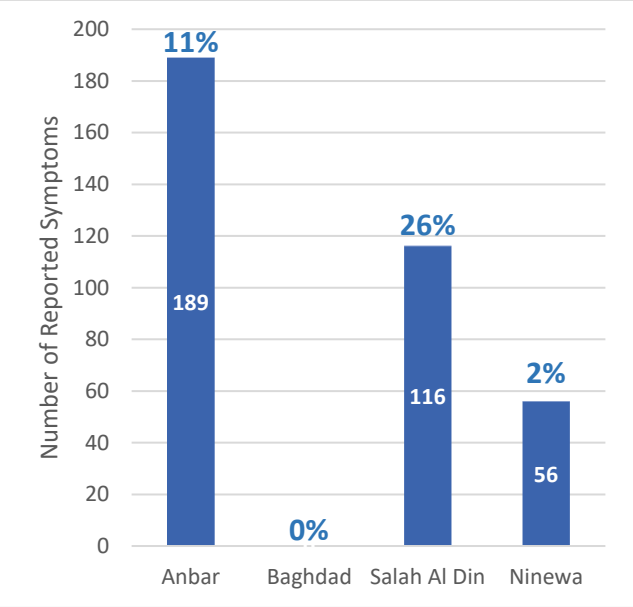
No. of COVID-19 Symptoms



COVID-19 Symptoms by Age

	AGE													
SYMPTOM	5	6	7	8	9	10	11	12	13	14	15	16	17	TOTAL
Fever	21	19	8	11	3	2	7	6	3	2	2	3	0	87
Trouble breathing	3	2	0	2	3	3	3	1	1	2	3	1	2	26
Cough	18	14	13	13	5	5	6	6	3	4	4	3	2	96
Sore throat	26	22	15	19	9	9	12	10	7	7	7	5	4	152
TOTAL	68	57	36	45	20	19	28	23	14	15	16	12	8	361

COVID-19 Symptoms by Governorate



Age: Symptoms are more prevalent among younger children, especially 5-year-olds. Overall, 361 symptoms were reported among children.

Governorate: There are significant differences between the rate of symptoms reported among governorates. Baghdad has 0 children with symptoms reported, while Salah Al Din has the highest rate reported, at 26% of assessed children.

152 children reported 2 or more symptoms of COVID-19 in April. Of these children:

122 (80%) of children were seen by a professional healthcare provider

7 (5%) of children were tested for COVID-19. Of these, 5 tests were negative and 2 results are unknown

4 (3%) of children were isolated from others during their sickness

DISCUSSION

In terms of education, a clear consequence of COVID-19 has been the early closure of schools throughout Iraq, as well as decreased access and movement for those NGOs providing educational services. Unsurprisingly, over 80% of IDP children from Anbar, Salah Al Din, and Ninewa governorates (and 64% from Baghdad governorate) did not receive any type of schooling in April. As over 40% of IDP children assessed do not know how to read and write (including 26% of 13 to 17-year-olds), this poses a risk for vulnerable children to fall even further behind in their learning. Already, 16% of respondents noted that their child is further behind in school than their peers.

Of particular note is the 12-year-old age group, who show significantly higher levels of illiteracy than their peers. And, camps in Ninewa governorate have the highest rate of illiteracy (at 55%) among IDP children compared to the other governorates. Therefore, both this geographic area and age group require specialized attention from humanitarian actors.

When planning educational interventions, a relevant resource is the Iraq Education Cluster's most recent guidance note to standardize education activities across Iraq. As their report illustrates, a key priority during the COVID-19 pandemic is to provide alternative means of education, including TV/video programs, online and offline systems, e-learning platforms, self-learning materials, home-schooling, and guidance for parents.[1] Their recommendation supports two key findings from this assessment: the importance of meaningfully involving and targeting parents in any educational interventions for children, and that educational TV programming can be particularly beneficial, accessible, and resonant for children ("parents" and "TV" are reported as the most popular learning sources for children).

In terms of health, small percentages of children were reported to have special needs or disabilities (3%), psychological problems (1%), or speech problems (2%). Notably, boys were twice as likely as girls to be reported as having a disability, psychological condition, or speech problem. This does not necessarily mean that boys have a higher rate of disability or chronic illness, as girls may have underreported or less visible conditions. However, further research and interventions should continue to disaggregate data by gender.

Children are particularly vulnerable during infectious disease outbreaks, especially those with pre-existing medical conditions. In addition, the measures used to control the virus' spread can cause further protection risks for children.[2] Overall, approximately 2% of assessed children (152) were reported as having 2 or more symptoms of COVID-19.

There were significant differences between the rate of symptomatic children reported among governorates (Baghdad - 0%, Ninewa - 2%, Anbar-11%, Salah Al Din - 26% of assessed children). While results are likely affected to some degree by the reality that COVID-19 symptoms are stigmatized in Iraq, this data suggests that Salah Al Din and Anbar require more urgent preventative and response measures.

Among children with COVID-19 symptoms, while 80% of children were seen by a healthcare provider, only 5% were tested for COVID-19, and only 3% were isolated from others during sickness.

The CCCM, Shelter, and Health Clusters in Iraq have published guidance on COVID-19

[1] Iraq Education Cluster, *Standards, Practice and Costing Guidance, Iraq,* 2020;. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/standards_and_costing_guidance_education_cluster_v04_with_covid-19_indicators_final.pdf

[2] The Alliance for Child Protection in Humanitarian Action, *Guidance Note on the Protection of Children During Infectious Disease Outbreaks*, 2018; https://alliancecpha.org/en/system/tdf/library/attachments/cp_during_ido_guide_0.pdf?file=1&type=node&id=30184

preparedness and response in camps. As these resources emphasize, isolation is a key preventative measure, and in the case of children, should be coordinated with Protection actors.[3] In addition, *anyone* with flu-like symptoms should be tested for COVID-19.[4]

Restrictions in movement, challenges in camp infrastructure, and limited access to vital services make IDPs particularly vulnerable during the COVID-19 pandemic. This report has identified key health and educational gaps for children in IDP camps during this time, as well as several corresponding recommendations and resources from other humanitarian actors.

[3] CCCM Cluster, *CCCM guidance on camp-level preparedness and response planning, Iraq*, March 2020; https://data2.unhcr.org/en/documents/download/75661

[4] Health and Shelter Clusters, *COVID-19 Outbreak Preparedness and Response Operations in IDP Camps*, April 2020; https://www.sheltercluster.org/sites/default/files/docs/final_covid-19_prepredness_response_in_camp_settings_iraq_health_snfi_clusters_april_2020.pdf