

Joint Assessment Review of the Syrian Refugee Response in Jordan



January 2014

PREFACE

The Jordan Joint Assessment Review (JAR) was undertaken by UNHCR, WFP and UNICEF as a result of a high level inter-agency mission to Jordan in June 2013. The primary aim was to ensure that the Regional Response Plan (RRP6) document was well grounded in a solid analysis of the Jordanian context and needs of both Syrian refugees and Jordanians. The process has taken place over several stages. In mid-2013, a Data Analysis Team (DAT) was formed with dedicated staff from UNHCR, WFP, UNICEF, WHO, UNDP, ACTED/REACH and ACAPS/SNAP. The primary purpose of the DAT was to consolidate and analyze existing assessments, structured under the eight main sectors of the RRP (Cash, Education, Food Security, Health, Non-Food Items, Protection, Shelter and Water, Sanitation and Hygiene). The sector-based analyses were shared with sector chairs during the RRP6 drafting process to help inform the preliminary sector response plan. An inventory of assessments was created and is now available on the refugee response portal (data.unhcr.org). The analysis of the DAT was then taken up by a consultant, Ms. Pallavi Rai, who with support from Koen Van Rossum and Shannon Mich produced this Joint Assessment Review with significant inputs from DAT members. We would like to recognize that this document has been made possible by the assessments undertaken by UN agencies, working groups, non-governmental organizations and the Government of Jordan.

The common or recurrent themes from this JAR have been taken into account and are being addressed in the Jordan RRP6, the main appeal and strategy for the Jordan refugee response in 2014, released on 16 December 2014. For more information, please visit <http://www.unhcr.org/syriarrp6>

List of Abbreviations

ACF International	Action Contre La Faim (Action Against Hunger)
ACTED	Agency for Technical Cooperation and Development
AMEU	Appraisal, Monitoring and Evaluation Unit
BIA	Best Interest Assessment
CBO	Community-Based Organization
CHF	Cooperative Housing Foundation ¹
CP	Child Protection
EJC	Emirati-Jordanian Camp
FAO	Food and Agriculture Organization
FCS	Food Consumption Score
FHH	Female-Headed Households
GBV	Gender-Based Violence
GBV-IMS	Gender-Based Violence Information Management System
GDP	Gross Domestic Product
GoJ	Government of Jordan
HV	Home Visit
IATF	Inter-Agency Task Force
IFRC	International Federation of Red Cross and Red Crescent Societies
IMC	International Medical Corps
INE	Informal Education
INGO	International Non-Governmental Organization
IRC	International Rescue Committee
IRD	International Relief & Development
ITS	Informal Tented Settlement
JEN	Japan Emergency NGO
JOD	Jordanian Dinar
KAP	Knowledge and Practice
KG	Kindergarten
MHPS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package
MoE	Ministry of Education
MoH	Ministry of Health
MoI	Ministry of Interior
MoL	Ministry of Labour
NCD	Non-Communicable Disease
NFE	Non-Formal Education
NFI	Non-Food Items
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council
PDES	Policy Development and Evaluation Service
proGres	UNHCR registration software program
PRS	Palestinian Refugees
PTSD	Post-Traumatic Stress Disorder

SCI	Save the Children International
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedure
SRCD	Syrian Refugee Camp Department
STI	Sexually Transmitted Infection
SV	Sexual Violence
SWG	Sub-Working Group
TAD	Trans-Boundary Animal Disease
UASC	Unaccompanied and Separated Children
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and work Agency for Palestine Refugees in the Near East
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

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Joint Assessment Review in Jordan

Objectives and Methodology

As the conflict in Syria approaches the three-year mark, there is an increasing realization within the international community that this is a protracted crisis and that the refugees will remain for an extended period of time. Over the past few months, international financial institutions, the Government of Jordan (GoJ), UN agencies and NGO partners have made a significant push to alleviate pressures on services and infrastructure and intervene in support of host communities, whilst at the same time maintaining the protection space for Syrian refugees. The immediate humanitarian efforts should be sustained by long-term strategies in order to create a much-needed bridge between emergency and recovery within the current response. This will include bringing the expertise of other development partners into the response mechanism. UNHCR, UNICEF and WFP, along with other international and national partners from the Jordanian humanitarian community, are on the front-line of the refugee response and are very much aware of its impact on host communities. These agencies also have an unparalleled wealth of information on the humanitarian response and conditions in urban areas. This information needs to be analyzed and incorporated into development plans in order to understand the progress made and ensure an effective transition to a long-term strategy.

The objective of the Joint Assessment Review is to analyze this information and highlight broad trends in order to inform more effective programming within the refugee/humanitarian sphere. It provides recommendations on the key elements that should go into building a long-term strategy. The analysis is based on a review of over 130 surveys and assessments undertaken by the GoJ, UN agencies, NGO partners and development actors in 2013 (Figure 1 and Table 1). For each sectoral analysis, graphs and maps on the type of data used are provided in the Annex.

1. Introduction

Jordan is hosting over 600,000 refugees from Syria who have arrived since March 2011. The large majority of the Syrian refugees are hosted outside camps, within Jordanian communities. They are granted access to public services, including health and education. The surge in the refugee population has strained the ability of local authorities to maintain service delivery and has added a considerable burden on public expenditure. Households face a rise in housing rent and price increases for essential commodities and services. At the same time the refugees are contributing to economic activity through increased consumption.² However, the sheer number of arrivals have tested the absorptive capacity of host communities and tensions have begun to develop in certain locations. Syrians in urban areas purchase water, electricity and shelter through the Jordanian market. The Government of Jordan has so far provided market price subsidies on bread and other services such as fuel, for all those residing in Jordan.³ However, due to an existing fiscal deficit and an emergency IMF loan that comes with policy conditionality, the Government is considering removing/reducing fuel, electricity and water subsidies over the next five years.⁴

The Jordanian health system is well reputed and the government allocates more than 18 per cent of the public budget for the health sector.⁵ It has an extensive primary health care network providing subsidized or free services, including for the refugees. However, the high refugee influx has put significant pressure on the health system, both in terms of human and financial resources. Similarly, schools are running beyond capacity, with 13 per cent of public schools currently holding a second shift in the afternoon (known as “double-shifting”) partly in order to accommodate Syrian children.⁶ Significant numbers of Syrian refugees are working in Jordan, primarily in the construction, agriculture and service sectors, often without work permits. Competition for jobs has driven wages down, in parallel to increases in prices for basic necessities, fuel and rental accommodation.⁷ These strains have not only undermined the protection environment for refugees, but also contributed to a hardening of official attitudes toward refugee protection

and assistance. The impact of the refugee crisis on key economic indicators was studied in recent needs assessment review by the Jordanian government partnered with UN agencies.⁸ It emphasizes the importance of supporting the government in rehabilitating and reinforcing the socio-economic infrastructure affected by the crisis, along with strengthening technical and managerial capacities to deliver basic social services.

2. Context and overall Protection issues

By 22 December 2013, 578,717 Syrian refugees had officially registered with UNHCR in Jordan.^{9 10} These numbers are projected to reach an estimated 800,000 refugees in need of protection by the end of 2014.

The peak months of arrivals were between January and April 2013 with up to 4,000 refugees arriving in one day (Figure 2).¹¹ Since June 2013, however, the monthly arrival rate has dropped significantly, with as few as 2,500 individuals arriving in the whole of August, and 4,000 in September despite continued fighting in Syria.¹² In late December, numbers crossing into Jordan again increased, with some 5,000 entering during the last week of the year. Over half of the refugees originate from Dara'a, another 15 per cent from Homs and 10 per cent from Damascus. Those from Dara'a form the majority of Zaatari's population.¹³

The construction of Azraq camp became a priority at the beginning of 2013 in response to a dramatic increase in the number of refugees arriving into Jordan (48,143 in January and 46,280 in February 2013). Zaatari camp, which was originally planned to host a maximum of 80,000 people, already had a registered population of 136,891 persons by the end of February 2013. The rapid increase in the camp population created serious challenges with regard to the provision of services and the general management of the camp.

On 17 March 2013, the Government of Jordan authorized UNHCR and its partners to build another camp at Azraq, and infrastructure construction work began immediately, based on lessons learned in Zaatari. In this regard, two main goals were pursued in Azraq: first, preventing the congestion of some areas by decentralizing services; second, building shelters and water and sanitation facilities in extended family plots in order to encourage ownership of the facilities and their sustainable use by refugees.

The refugee population is divided between those living in Jordanian communities and in camps with an 80–20 per cent respective split.¹⁴ UNHCR proGres registration data shows (Figures 5 and 6) that Amman has the largest population of urban refugees (32 per cent), followed by Irbid (29 per cent), Mafraq (14 per cent) and Zarqa (10 per cent).¹⁵ Data from home visits undertaken by UNHCR and IRD from 2011–2013 also shows trends of high mobility among refugees, making it difficult to ensure traceability. The governorates with the highest ratios of Syrians to Jordanians are Mafraq, Irbid, Ajloun and Amman.¹⁶ At the sub-governorate level, the host community with the highest number of refugees is Al-Aghwar Al-Shimaliya in Irbid Governorate, according to a recent REACH assessment.¹⁷ A significant amount of support has been given to refugees in camps who receive comprehensive assistance from humanitarian agencies, while refugees in urban areas require varied approaches to assistance delivery, which in turn raises challenges in ensuring consistency. The massive influx of refugees represents a de-facto acceleration of urban growth, which has not been matched by an equal increase in housing services and/or basic social services and infrastructures.

UNHCR proGres data shows that female refugees outnumber male refugees overall. In Irbid Governorate, 57 per cent of adults are female, and in some host communities, more than 60 per cent of adults are female.¹⁸ Over half of all refugees are under 18 years old, while only 3 per cent are over 60 years old (Figure 3). In some communities, children make up up to 62 per cent of the refugee population.¹⁹ The largest demographic group is 18-35 year-olds, who account for over 25 per cent of the population. The governorates of Mafraq, Irbid and Zarqa are home to the highest percentage of young refugees (less than 18 years). The demographic distribution of refugees in Zaatari camp is similar to that of the Syrian population in Jordan overall, but Zaatari has a slightly larger proportion of children and female-headed households, as

well as a smaller proportion of working-age men, than the Syrian refugee population living in host communities.²⁰

UNHCR Jordan formulated a comprehensive registration strategy for out-of-camp refugees in October 2012, revised in May 2013, which tackles the challenge of pending registrations and six-monthly renewals.²¹ Recently, it created a transit centre near the border and built additional capacity of current registration offices in Amman and Irbid, complemented by regular mobile registration activities in remote locations. UNHCR has established a centre at the government registration and screening center at Rabaa Al-Sarhan. The refugees that pass through Rabaa Al-Sarhan will be those entering through unofficial border crossings, who will be accommodated in camps. This strategy has been largely implemented. Registration currently takes place in two urban centers (Amman and Irbid), as well as through mobile registration teams at various other locations and home visits. The registration center for Syrians has moved to new premises with higher capacity in Khalda, Amman. As a consequence, the backlog of registration has been reduced from six months to same-day registration.

Since September 2013, UNHCR in Amman has been collecting an enhanced data set for all new arrivals as well as for refugee families approaching UNHCR for renewal of their asylum-seeker certificate. It is expected that by April 2014, UNHCR will have gathered a comprehensive enhanced data set for all Syrians, including those for whom less data was captured during the peak of the emergency. In addition, preparations are underway for the joint UNHCR-GoJ exercise since mid-October 2013 with an information campaign and delivery of Verification Access Cards (VAC) provided to all families registered in Zaatari.

In 2013, spontaneous return movements have been organized by the GoJ from Zaatari to Syria. The GoJ estimates that over 50,000 refugees have returned in 2013 alone. In the camps, while the registration figures provide the official number of residents, thousands are estimated to have left, both officially and unofficially for urban areas in Jordan, or have returned to Syria.²² Factors motivating their return include family visits, checking on property and pensions or a lull in fighting in their place of origin. Many have returned to Jordan, bringing back family members.²³ UNHCR has now established a daily monitoring system for assessing the motivations of those going back and counseling them on the risks associated with returning to Syria. A more systematic individual tracking and monitoring procedure for Zaatari and Rabaa Al-Sarhan is being discussed by UNHCR and GoJ authorities to fully understand factors informing decisions to return, and address concerns through an adapted assistance and protection framework, information on the risks of landmines and explosive remnants of war (both during the return crossing and once they are back in Syria) and a systematic mechanism to prevent the recruitment of children into armed forces and their return to Syria.

Zaatari camp is administered by the GoJ Syrian Refugee Camp Directorate (SRCD). There were some security concerns raised earlier this year regarding limited law and order and poor governance structures.²⁴ Protests, violence and vandalism were rife, thus disrupting the day-to-day operations and exacerbating tensions among the camp population. Resources from the camp were regularly stolen or vandalized due to lack of community governance structures. Over the course of 2013, the SRCD worked to improve security measures. In addition, the Zaatari Governance Plan, in place since mid-2013, aims to address some of these issues. The plan includes the appointment of appropriate civil administration representatives and the establishment of committees providing equitable voice to women and men. Similarly, improved dialogue between the humanitarian community and the refugees and the establishment of camp governorates, each with their own security mechanisms and responsibilities, has all improved the security and operational environment. Since these improvements, combined with a decrease in the camp population as well as a realization among many refugees that they would remain at Zaatari for a protracted period, vandalism and theft have significantly decreased. By the end of 2013, there have already been considerable successes in improving security, not least because of increased capacity of SRCD. Tensions have reduced and conflict resolution has improved.

Refugees have and are continuing to leave Zaatari. An official bail-out system is in place, whereby refugees can be sponsored by Jordanians for JOD 15 per person.²⁵ However, some refugees have reported paying up to several hundred JOD per household in order to be bailed out.²⁶ Others do not go through the bail-out

procedure but rather choose to leave the camp without authorization or through the short leave permit system, and then do not return to the camp. In principle, those refugees who exit a camp legally through the sponsorship system should have their personal documents returned to them by the Jordanian authorities.²⁷ Many refugees who left the camp illegally have reported being unable to register for a government ID. Due to their irregular status, refugees do not want to go to the police, report incidents, or seek legal redress and support as they fear exploitation, harassment, deportation, or forced return to the camp (Zaatari). Some refugees in focus group discussions stated that they would rather return to Syria, and many have done so, despite the grave risks to their safety and security.²⁸

Sexual and gender-based violence (SGBV)

SGBV has been a persistent feature of the conflict in Syria.²⁹ Assessments conducted with Syrian refugees in urban communities indicate that 28 per cent of households surveyed left Syria due to specific fears of violence, including SGBV.³⁰ While physical violence by intimate partners and other relatives is reported as the main type of violence faced by Syrian women and girls in Jordan (although comprehensive baseline data does not currently exist), other forms of SGBV include forced and early marriage, survival sex and sexual violence.³¹

Although there is currently no comprehensive data on the prevalence of forced and early marriages, there is evidence that early marriage was already culturally accepted practice in certain parts of Syria. There are indications that the current breakdown in social structures, loss of livelihoods and parental concerns over the ability to ensure their daughters' safety and security as a result of conflict and displacement may be exacerbating existing harmful cultural practices, including early marriage. Parents hope to protect their daughters and secure a better future for them through marriage, but also to lessen the financial burden on the family. Initial findings from a study on early marriage show that in 2012, the incidence of registered early marriages in Jordan was 18 per cent (for both Syrian refugees and non-refugees) compared to 15 per cent of Syrian marriages in Syria.³² The study provides only part of the picture as it is particularly challenging to include unregistered marriages. Another inter-agency assessment carried out in urban areas in Jordan indicated that 44 per cent of Syrian participants identified the normal age of marriage for girls as between 15 and 17 years old, while 6 per cent identified 12 to 14 years old as the average in their community.³³

While women and girls report domestic violence and SGBV as key protection concerns, key problems for men include anxiety over the safety of family members, exploitation at work and being caught for working illegally.³⁴ Concerns over tribal affiliations and retaliation, physical and verbal assault from the Jordanian community and increased tensions are also common causes of anxiety. In some areas, such as Ramtha, there are pre-existing tribal relations that make integration with the host community easier.³⁵ On the other hand, in Mafraq and Irbid, studies show that tensions over resources have been identified and protests have occurred.³⁶

Intimate partner violence and domestic violence in homes may be aggravated by the fact that households are socially isolated, under financial strain and lack privacy, which contributes to raising tensions that can sometimes result in violence, often perpetrated by a male head of household, but also females, although to a lesser degree.³⁷ In camps, distribution sites are considered the second highest area of risk of physical violence for adult women, after the home. Communal areas such as kitchens and latrines are considered to be the third and fourth high risk areas for physical violence against women.³⁸ Barriers to disclosure mean that the majority of these offenses are under-reported, with most women considering family and friends as the first people to turn to, with health clinics as a low priority.³⁹ Humanitarian agencies face significant challenges with regards to under-reporting, particularly for sexual violence, with cultural constraints and isolation in the home contributing as barriers to disclosure. Existing data on a number of protection risks, including SGBV, represents a small proportion of the actual number of incidents.

Under the RRP6, the GBV Sub-Working Group (GBV SWG), a sub-working group of the Protection Sector, has identified four thematic priorities for 2014: forced and early marriage, domestic violence (SGBV-related), survival sex and sexual violence. Key components of this strategy include: increased capacity development and engagement, using community structures, safe and confidential disclosure through outreach, including through mobile teams and the expansion of safe spaces and innovative

partnerships with local institutions to facilitate SGBV survivors to access culturally appropriate and survivor-centered information and services and the roll-out of the Gender-Based Violence Information Management System (GBVIMS).

An Inter-Agency Task Force on Forced and Early Marriage was established in November 2013 (under the GBV Sub-Working Group) co-chaired by UNHCR and UNICEF. An important development in the prevention and response to Gender-Based Violence was the launch of the national Inter-Agency Emergency Standard Operating Procedures (SOPs) for child protection and SGBV in July 2013. The SOPs outline procedures, roles and responsibilities for actors involved in prevention and response activities, and also include referral pathways for CP and GBV in host communities and in camps.⁴⁰ From January to November 2013, 2,476 Syrian SGBV survivors were supported with multi-sectoral services in Jordan (1,469 women, 669 girls, 168 men and 169 boys).

In Zaatari Camp, the SRCD systematically refers all single women seeking to be "bailed out" of the camp to UNHCR for protection counseling. Female staff counsel women on the risks of temporary marriages and on the protection and assistance services available in Zaatari, and in Jordan more generally. All Syrians travelling abroad for family reunification or other purposes are provided with the contact details of UNHCR offices in their country of destination, and advised to contact the UNHCR office upon arrival for registration and protection purposes. In mid-November, with a view to addressing protection issues in the refugee camps, including trafficking, UNHCR and UNICEF completed a joint training program for all SRCD officers working in the refugee camps in Jordan (i.e. Zaatari, EJC, Azraq, King Abdullah Park and Cyber City). This training is an induction to refugee protection, but also contains modules on child protection, SGBV and on trafficking.

Child Protection issues

Violence against children is reportedly common, and both boys and girls are at risk at home, at school and in public areas. An assessment by the Child Protection and GBV sub-working group provided evidence that boys under 12 years are perceived to be at the highest risk of physical violence compared to women, girls and men, and four times more likely to be exposed to physical violence than men of 25 years and above.⁴¹ While girls were identified as being at the highest risk at around 12–17 years of age, girls aged less than 12 years were only slightly less at risk.

Some adolescent boys in Zaatari who have come into conflict with the law face additional protection challenges as they have been referred to the State Security Court rather than being referred to the Juvenile Police (which is the appropriate action in accordance with the Convention on the Rights of the Child). Arrested Syrian refugee children face prolonged pre-trial detention.⁴² Children who engage in child labour are at a high risk of being exposed to violence (see section below).

Domestic/family tensions are on the rise and especially in the camp setting, the home is perceived as one of the locations of highest risk of physical violence particularly for girls, but also for boys.⁴³ In focus groups in host communities, mothers reported hitting or yelling at their children and pointed to general stress, confined movements and psychological distress to explain this treatment.⁴⁴

From January to September 2013, 1,687 unaccompanied and separated children (UASC) were identified and supported by UNHCR, UNICEF and their partners. Separation is usually voluntary and often stems from protection, survival or economic concerns, or for planned family reunification. Children are often sent ahead of their families or sent alone to be reunified with family's members already in Jordan. Identification outside of the camp, as well as arranging and funding appropriate alternative care mechanisms, pose significant challenges. Among these children, 217 were reunited with their families and 135 were placed with spontaneous foster or kinship care.⁴⁵ The majority of them came to Jordan with their extended families, while others came either with unrelated adults or alone. Most are males of adolescent age.⁴⁶ As some separation is voluntary with the aim to reunify with family who were already in Jordan, comprehensive verification must be conducted to ensure the safety of the child. Over half of these children leave the camp either through bail out or to be reunited with their family after a pre-reunification assessment is done.⁴⁷

The Ministry of Labour estimates that there are 30,000 Syrian children, mainly boys, currently engaged in child labour. An inter-agency assessment estimated that around 47 percent of the families who reported receiving income also reported some or all of this income was from children who had entered the workforce⁴⁸. In some areas, such as the Jordan Valley, a Save the Children Jordan and UNICEF assessment found that over 40 per cent of children are engaged in child labour working on farms.⁴⁹ In addition to agriculture, boys who reported working are mainly employed in construction, the service industry and retail, while girls are more likely to be involved in domestic work and agriculture.⁵⁰ Children are at a higher risk of labour exploitation and violence as they have no legal rights, and many are working for less than JOD 2 a day (JOD 3–4 for adults).⁵¹ One of the biggest potential risks of child labour is the likely increase in financial vulnerability of refugee families as their stay in Jordan lengthens. Female-headed households are more likely to have children engaged in labour than other households due to their reduced economic capacity and reduced movements outside the home. Almost 68 per cent of Syrian refugee households are dependent on family savings from Syria to cover their basic needs. This has resulted in financial pressure becoming more acute as savings dwindle, and more of the financial burden is placed on children.⁵² In Zaatari, two-thirds of respondents to a CP/GBV survey knew of child labour practices in the camp, the vast majority again being boys, most of whom earn money by selling goods.⁵³

The assessment also reported that some boys are being recruited by Syrian armed groups in certain cases, with the guardian's consent. SRCD and UNHCR prevent all children from returning to Syria without a guardian, but once refugees do return, it is difficult to influence their subsequent decisions. Further monitoring and research is taking place on this issue, with UNICEF and UNHCR working on a Joint Action Plan to combat and prevent child recruitment.⁵⁴

Mental health and Psychosocial support

Many refugees, especially women and children, have suffered profound distress after experiencing and witnessing violence in Syria and are in need of mental health and psychosocial support (MHPSS). In a recent survey in Zaatari, adolescents report feeling 'grief' and 'fear' a lot of the time. All adolescents reported experiencing safety fears (65 per cent), or a specific fear (35 per cent), such as being arrested, being shot, or kidnapped.⁵⁵ Male youths are particularly at risk of mental health issues, because of having undergone severe stress in Syria and a lack of future opportunities in Jordan.⁵⁶ The most common mental health disorders among adolescents reported by key mental health informants were enuresis, intellectual disability, autism/developmental disorders and PTSD.⁵⁷

In host communities, children and women can become isolated at home with one-third 'rarely' or 'never' leaving their homes.⁵⁸ An inter-agency assessment in host communities found that parents often do not allow children to play outside. Reasons for reduced movement for children are mainly feelings of distress and fear, and for adults, feelings of estrangement. Syrians have had mixed experiences with the host community, with high levels of distrust reported in some areas, especially in the north of Jordan which hosts the most refugees.⁵⁹

Adolescents revealed a range of coping mechanisms, but 'to withdraw' was by far the most common.⁶⁰ The parents of children also experience worry, ennui, aggressiveness, depression and discomfort.⁶¹ In terms of the environment and psychosocial support, adolescents in camps find everyday camp life the biggest issue.⁶² Boredom, aggressiveness and fear of violence are concerns for adult and youth males.⁶³ The most vulnerable groups in terms of MHPSS were those with disabilities, health problems, pregnant women, women, single headed households, UAC/SC, children, youth, older people.⁶⁴

3. Household Economics

One of the main sources of income for Syrian refugees living in urban communities in Jordan are WFP vouchers, UNHCR cash assistance, personal savings and remittances.⁶⁵ Some refugees sell part of their in-kind assistance for cash to cover rent and other items. The greatest challenge faced by refugees is access to

cash, specifically cash for rent.⁶⁶ As the Syrian crisis becomes more protracted, the income versus expenditure gap, caused by limited livelihood opportunities and rising rent, food and service prices has increased the use of negative coping strategies. Consequently, many households have resorted to working in the informal sector, incurring debt, taking children out of school and relying on child labour.

An analysis of the household composition of refugees showed that only one in every ten households had at least one member of their family employed.⁶⁷ On average, for every Syrian refugee of working age, there are one and a half dependents.⁶⁸ Refugee household figures confirm this, showing high numbers of under-age children, disabled persons and elderly, as men of working age either stay in Syria or leave their families in search of work. Meanwhile, the ratio of working-age people to dependents is much higher in Syria, with less than one dependent per working-age person on average (1:0.65). The larger proportion of income-dependent Syrians in Jordan makes Syrian refugee households highly vulnerable.⁶⁹

Surveys on various samples of refugee populations show that the expenditure necessary to meet minimum family requirements is anywhere between JOD 300–600 per month per family (5.7 persons) in Jordan⁷⁰ with some variation among governorates. Most incomes are far below JOD 300 per month, and the income-expenditure gap is anywhere between JOD 150–290, though the gaps encompass a wide range. For example, the gaps in Ramtha and Mafraq were JOD 150 and JOD 250 respectively, while in Amman the gap across the population surveyed was found to be JOD 185.⁷¹ The gap was less pronounced among female-headed households which might be due to reduced spending on their part or greater success in attaining charitable support, these reasons require further investigations.⁷² Refugees living in Zaatari reported significantly lower average income, but also a smaller income-expenditure gap. An ACTED livelihood assessment of 383 households in Zaatari camp found that the total average expenditure per household is JOD 292 and the total average income was JOD 208, leading to an average monthly deficit of JOD 84. Over 40 per cent of refugees reported an annual monthly deficit, while another 26 per cent said that they earned as much as they spent.⁷³ However, not all households reported a monthly deficit. Slightly less than one-third of refugee households (31 per cent) surveyed reported earning more than they spent.

The main expenditures for Syrian refugees in host communities are food (38 per cent of all expenditures, according to an ACTED study on food security in North Jordan) and rent (27 per cent).⁷⁴ The UNHCR-WFP JAM confirms these patterns.⁷⁵ According to UNHCR HV survey data, the proportion of expenditure spent on rent and food is even higher. These economic challenges not only affect refugee households, but also Jordanians. The increasing burden on local resources such as hospitals and schools and preferential humanitarian assistance for refugees has fuelled tensions between communities.⁷⁶ Some refugees sell part of their assistance for cash to cover rent and other items. A recent assessment indicated that the greatest preoccupation of refugees was access to cash, specifically cash for rent.⁷⁷ As for in-camp refugees, the same ACTED livelihood assessment of Zaatari households found that the largest proportion of refugee expenditures was on food (29 per cent), followed by family (13 per cent), clothes and events (9 per cent each) and smoking (8 percent).⁷⁸

The cash assistance provided by agencies varies from JOD 50–200 depending on family size and rental amount. Most agencies (including UNHCR, SCI, IRC and IFRC) are utilizing the efficient banking system of Jordan. UNHCR uses iris-scan technology and text-messaging to inform beneficiaries of distribution times. Other organizations, including CARE, IFRC and IRC, have opted to use pre-paid ATM cards.

Rent is consistently identified as a primary expense amongst refugees across numerous assessments. On average, 75 per cent of refugee families live in rented accommodation with no additional support. Given the income gaps mentioned above, inability to pay rent remains a major concern among refugees, as shelter outside the camps is expensive. The rental market is inflated due to increased demand from the refugee influx coupled with a pre-existing housing shortage. Property-owners ask for 2–3 months' rent in advance.⁷⁹ The rise in rental prices has also a direct negative impact on Jordanians, who have to now spend more on rent. Current rental prices are in the range of JOD 100–200. For example, in Mafraq average rents have reportedly increased fourfold from 50 JOD/month to JOD 150–200. The combination of limited availability in some areas (due to high demand) and high rents has led people to move into unfinished and poor-quality buildings or temporary shelters.⁸⁰

Typically rental accommodation consists of one to three rooms, and the vast majority of accommodations include bathrooms and kitchens. There has been a significant increase in numbers of people living within one shelter, increasing from four in March 2013 to seven per household in November 2013, in order to afford the high rent.⁸¹ Severe overcrowding is increasingly common, with several families (from extended family groups) in some cases over 20 people, sharing two or three rooms.⁸² FHH face particular difficulty securing rental accommodation as they are perceived by landlords as unlikely to be able to pay rent and socially problematic.⁸³

Such high costs have led to negative wealth effects on households in urban areas. A CARE study indicated that two-thirds of households depend on family savings to cover their basic needs. Almost all of those surveyed had sold assets either to get out of Syria or to be bailed out of the camps and now have no or very little savings or emergency funds to be able to absorb financial shocks or emergencies.⁸⁴ Similarly, saleable assets (e.g. jewelry) have already been sold to cover rent and other essential expenditures, including household items, basic furnishings and equipment.⁸⁵

An analysis of households in host communities found that most of them have exhausted their savings.⁸⁶ Most refugees take loans from anywhere between JOD 100–500 per month and two-third of households admitted being indebted.⁸⁷ Households in Irbid had less income, were larger and more indebted than others in the country. Half of FHHs reported that they survive entirely on cash assistance and charitable donations. Only a quarter of FHHs report an income from a working household member (all from working sons). Average debt is significantly lower among FHH, at JOD 330. This might be due to reduced spending patterns of FHH, less access to lending opportunities, greater reluctance to take loans or simply because they were hesitant to identify debt to the reviewers.⁸⁸

The gaps in income, high cost of commodities, services and shelter have led many families to send their children to work to supplement family incomes, reduce food consumption and expenditure through careful prioritization of needs. In some extreme cases, there is some anecdotal evidence that families have resorted to negative coping mechanisms such as begging, early marriage and even transactional sex.⁸⁹

The ACTED study on livelihoods in Zaatari revealed robust economic activity going on inside of the camp. Four in five households surveyed had earned income in the past 30 days, while 16 per cent relied solely on savings, and a small proportion (4 per cent) had neither savings nor a source of income. The most-reported sources of income among participants were selling goods from donations inside the camp and the “Cash for Work” program (see next section).⁹⁰ Among focus groups of married men, single men and female heads of household, none of the participants reported having accumulated any debt, either because they assumed that shopkeepers within Zaatari would never agree, or because debt was seen as shameful and thus was not an acceptable solution.⁹¹

4. Macro-economic trends

The GoJ incurred over USD 250 million additional expenditures in 2012 and estimates this figure has doubled in 2013 to cover the provision of services and basic needs in the form of subsidies and current expenditures for Syrians.⁹² Moreover the country saw deterioration in the trade balance as a direct consequence of the crisis. Due to the conflict in Syria, Jordan lost its major trade route, on which it depended for transit trade to Turkey, Lebanon and Europe. Therefore, it has resorted to more expensive routes that have affected its competitiveness. Exports to Syria and Lebanon decreased in the last ten months by over 43 per cent and 41 per cent respectively, compared to 2012. In addition, the rise in Syrian refugees has caused an increase in imports by 9 per cent for 2012, thus contributing to an adverse balance of trade.⁹³ However, the overall macroeconomic situation has remained stable. Mining and agriculture have dragged down growth but trade, financial and tourism related services are performing well. Construction activity picked up this year after a long period of negative or close to zero growth and growth is improving. Inflation is contained and the current account deficit is high, but narrowing.⁹⁴

According to an FAO study, the Syrian crisis has decreased domestic employment opportunities in the agricultural sector, which is the primary source of income for 60 per cent of Jordanians living in small towns and villages.⁹⁵ However, it is important to emphasize that although unemployment has increased country-wide, including in the four governorates with the highest Syrian refugee densities (Irbid, Amman, Mafraq and Zarqa), the rate of increase in unemployment in these governorates was less than the overall national rate.⁹⁶ The study from FAO indicates that the closure of borders has hindered exports to and via Syria, leading to job losses (agricultural exports to Syria have declined by 25 per cent in the period 2011–2012).⁹⁷ Notwithstanding, in other sectors and on average, Jordanians are earning 123 per cent of the income of Syrian households and generally have access to more stable and frequent jobs in skilled and professional employment, skilled self-employment and social security funds. The dependency ratio of Jordanians is also lower with almost 90 per cent of Jordanian households having four dependents on one income generator and only 4 per cent of households generating no income.⁹⁸

It is estimated that the Syrian refugee active labor force in Jordan makes up 110,000 persons, or about 8.4 per cent of the total active force in the four governorates that are host to the highest numbers of refugees (Amman, Irbid, Zarqa and Mafraq).⁹⁹ Out of this number, about 38,155 persons are estimated to be working (about 3.5 per cent of the employed population in the same governorates). The employment situation in Jordan depends upon a number of factors that are compounded by Jordanian demographics, whereby the economically active population currently grows faster than the rate of employment. As a consequence, during the last three years, the rate of employment generation of 10 per cent was unable to keep pace with the growth of the labor force, resulting in the number of unemployed persons growing faster than the number of employed persons. This led to raising the average unemployment rate by about one-half percentage points from 2012 to 13 per cent in 2013.¹⁰⁰

Mafraq Governorate, with a lower income and high concentration of Syrian refugees, has been identified as particularly vulnerable.¹⁰¹ Economically active Syrians there could make up as much as 20 per cent of all economically active persons, 9 per cent of all employed, and over half of all unemployed.¹⁰² A poll conducted in September 2012 reported that 80 per cent of residents in Mafraq felt that Syrians should be housed in refugee camps segregated from the community.¹⁰³ Such a response reflects the underlying tensions amongst host communities. However, despite such growing resentment, empirical evidence indicates the contrary that there has been an increase in labour market participation among Jordanians in Mafraq, along with Irbid. Although labour market participation declined among Jordanians in Zarqa and Amman, the increases in Mafraq and Irbid are greater than these losses.¹⁰⁴

The influx of Syrian refugees has increased competition for unskilled work in the informal sector, resulting in a drop in wages. For the few refugees that have been able to find more regular casual work in the informal sector, the opportunities tend to be illegal, scarce, exploitative and insufficient. Syrians do not have a right to work without a valid work permit, which is complex to obtain and, if granted, costly (JOD 275).¹⁰⁵ Almost half of adult men had some form of employment, while 15 per cent of all households surveyed outside of camp cited child labor as their primary source of income. Children are particularly vulnerable to wage exploitation, are more willing to work under dangerous conditions and are working without permits.¹⁰⁶

The same survey revealed that one-third of those surveyed are employed in the agricultural sector, and smaller proportions are in hairdressing, manufacturing and construction. Typical jobs for men outside the camp include collecting olives, picking and selling tomatoes, sewing, tiling floors, selling sweets, or working as barbers or as guards at farms. Typical jobs for women include working at beauty salons or on agricultural farms for planting and harvest. Almost half of employed girls are involved in domestic work. Girls who pick and sell fruits and vegetables are at a particularly high risk for exploitation and abuse.¹⁰⁷ Other jobs undertaken by family members include working in the service sector, casual labour and odd-jobs, including painting and construction work, tailoring, sales work in shops, teaching, and agricultural labour (generally seasonal).¹⁰⁸

During the winter months, key sectors such as construction and agriculture will require less human resources. This will deprive refugee households of the only source of meager and informal income generating activities and thus make them highly vulnerable. According to a survey, most of the refugees interviewed, work up to 10–12 hours per day, 6 days per week to make ends meet and receive wages between JOD 100–150 per month.¹⁰⁹ In general, Syrians are paid below the national minimum wage, and less than their Jordanian counterparts.¹¹⁰ Very few women out of camps reported helping to generate income for their families.¹¹¹ Livelihood programs for refugees are not possible for the moment for various reasons, primarily due to the sensitivity of the issue in light of increasing tensions between host communities and refugees around employment.¹¹² UNHCR has increased winterization cash assistance from 15,000 to 30,000 families in order to compensate for reduced employment and greater economic strain during the winter months.

Within Zaatari, most men are unemployed, but those who manage to find work usually work for organizations as cleaners, construction workers or teachers, or perform labour for food or NFI distribution, loading and unloading. They are paid at the set rate of JOD 1 per hour for unqualified and JOD 1.5 for qualified workers for a maximum of six hours per day as part of the Cash for Work program. Some men run small businesses.¹¹³ While most refugees do not have formal employment, 80 per cent of households surveyed by ACTED in August 2013 reported having earned some form of income within the past 30 days.¹¹⁴ Slightly less than one-fifth of the households surveyed reported income from the “Cash for Work” program, while 27 per cent had earned income by selling donated goods within the camp.¹¹⁵ The ACTED survey also found an extremely low rate of employment among women. Only 4 per cent of women surveyed were involved in income-generating activities, usually working as cleaners, or in tailoring and beauty salons. The study attributed the low rate of employment among women to the participants’ beliefs about the traditional role of women in the household.¹¹⁶ As for female heads of households, most of those who were interviewed in April 2013 as part of a UNHCR Participatory Needs Assessment said that they were willing to work in order to eke out a living, but that there were no available jobs for them in the camp.¹¹⁷

5. Food security

Jordan imports 87 per cent of its food (compared to the MENA average of 25–50 per cent). Only 13 per cent of food needs of the country are met by local production due to varying population growth and rainfall, limited arable land and urban expansion. Being highly susceptible to international price volatility, food prices have put the personal financial resources of both refugee and Jordanian communities under pressure during the past couple of years; it should be noted that both Jordanians and refugees living in the communities rely mainly on supermarkets (92 per cent) to buy food items.¹¹⁸ The closing of borders has led to an increase in smuggled agricultural goods and food from Syria and new unofficial trade routes have opened without adequate sanitary and phyto-sanitary controls. This has significantly increased the risk of spread of crop diseases and pests which in turn further jeopardize the already struggling agricultural yield, thus increasing the vulnerability/impoverishment of Jordanian farming communities. Moreover, the disruption of the veterinary services in Syria and the illegal trade of animals may cause spread of Trans-boundary Animal Diseases (TADs) resulting in threats to public health and in large animal losses.¹¹⁹

The Inter-Agency Nutrition Survey supports the findings of the 2013 UNHCR/WFP Joint Assessment Mission (JAM) that both camp and non-camp based refugees buy more than 30 percent of their food in addition to the food assistance received from WFP (and the complementary food formerly provided by UNHCR for refugees residing in camps). Food costs constitute more than a third of their overall expenditure.¹²⁰ WFP reaches 98 per cent of all UNHCR registered refugees in urban communities with monthly food vouchers (Figure 8). Currently Zaatari camp is transitioning to food vouchers, thus a partial food ration and partial voucher is provided. The transition is expected to be completed by 1 January 2014. Camp-based refugees receive food assistance every two weeks.¹²¹

The same survey also found that Global Acute Malnutrition rates (GAM or wasting) for boys and girls under the age of five years (CU5) and pregnant and lactating women (PLW) are between 5 and 9 per cent (classified ‘poor’ by WHO standards). Four per cent of CU5 and 6.3 per cent of PLW need treatment for moderate acute malnutrition, recommending the provision of specialized nutritious food. Furthermore, the

6–12 month window is a critical weaning age when children require additional energy and nutrients from complementary food sources in order to develop adequately. Among Syrian refugees living in local communities, about one quarter of children 6–12 months of age did not eat complementary foods and among Syrian refugees living in Zaatari camp, and one third of children 6–12 months of age did not receive any complementary food. Collectively, this is cause for some concern and it is notable that the problem is more prominent in camp settings, most likely due to dependence on the food distribution that does not yet include specialized foods for young children.¹²² The JAM results showed that buying infant porridge is an economic burden on families. With limited access to complementary foods for the young, the appropriate nutritional intake may be compromised for a vulnerable group in the prime of development. WFP is in the process of procuring a specialized nutritious food product for children six to twenty four months old to be distributed alongside dry rations in Zaatari camp. This situation has also improved with the introduction of vouchers in the camp.¹²³

According to the WFP monthly monitoring reports for Jordan, 5 per cent of the overall Syrian refugee population in Jordan has poor food consumption, while 13 percent has borderline consumption.¹²⁴ Compared to the households in Zaatari camp, ACTED reports 5 per cent more food insecure and vulnerable households living in the communities. The difference may be attributed to the lack of non-food assistance provided to refugees in urban settings, resulting in more families trying to sell or exchange part of their humanitarian assistance to cover non-food commodities.¹²⁵ Although there is no direct correlation between low income and poor FCS, there is evidence that low FCS is related to low consumption of animal protein and protein rich food which can be a result of poor nutritional practices, attitude or knowledge among Syrian refugees and vulnerable Jordanian families.

Food assistance remains a high priority to prevent the deterioration of refugees' food security status as it deters the adoption of additional negative coping strategies, frees up cash resources to be used for other imminent needs (shelter, health, WASH, education etc.) (Figure 7). The income expenditure gap caused by high food prices and rising rent and service cost is aggravating food security and livelihood conditions as well as increasing the risks of vulnerable Syrian refugees and Jordanian families engaging in negative coping strategies. The JAM mentions that utilisation of coping strategies increases the longer refugees stay in Jordan. The most frequently practiced coping strategies are relying on less preferred and less expensive food (83 per cent in communities and 68 per cent in Zaatari), reducing the number of meals consumed (67 per cent in communities and 58 per cent in Zaatari), limiting meal portion size (61 per cent in communities and 47 per cent in Zaatari), borrowing food or cash to buy food (36 per cent in communities and 32 per cent in Zaatari) and reducing the consumption by adults in order for small children to eat (23 per cent in communities and 33 per cent in Zaatari).¹²⁶

Food diversity is another crucial aspect of food security which indicates the scope of an individual's access to food. The food diversity of Syrian refugees depends on whether they reside in camps or in urban areas. The JAM reports a decline in diversity and reliance on protein and micronutrient rich foods in the diets of community-based refugees, as savings are spent on commodities such as oil and cereals. This heavily impacts the more vulnerable groups, particularly young girls, boys and pregnant and nursing mothers whom are put at risk when eating less diverse quality food.¹²⁷

The UNHCR/WFP JAM found that a more coordinated and effective response between humanitarian actors is necessary to ensure the food security and livelihoods of those most in need. According to an assessment by the Child Protection and GBV sub-working group, both refugees and service providers in the south of Jordan found a lack in services available for women.¹²⁸ In urban communities the current limitations for women and girls are due to their mobility which is complicated in many households due to the expectation that females be accompanied by a male when outside of the shelter. Absence of a male companion may restrict their ability to access distributed goods or make them vulnerable to harassment and/or shame because of the cultural norms. The JAM also reflects this concern, observing that gender disaggregation of services at humanitarian distribution sites as well as distances to services are major factors hindering women and girls from accessing services.

6. Shelter and Non-Food Items (NFI)

With the onset of winter, access to adequate shelter is a key issue in both camp and out-of-camp settings. The section on household economics covered some aspects of out-of-camp shelter namely inflation in rental prices. The high rates of rents and the inability to pay on time present a direct threat or risk of eviction. A scenario of increasing rates of eviction (and newer arrivals unable to secure accommodation) has led to a number of trends: multiple-family occupancy, over-crowding and increasing numbers opting to live in informal settlements and temporary shelters or squatting in sub-standard, unfinished and non-residential properties. As limited savings are quickly consumed by high rental costs, more families crowd into an apartment that gradually transforms into a “non-SPHERE conforming” shelter. Landlords do not accept that and it triggers secondary displacement from urban to spontaneous camps, sub-standard shelters and camps. There are also cases of destitution/homelessness and increasing migrations from one area to another in search of affordable accommodation (including to southern governorates). There is an inter-agency study being done to identify spontaneous camps and how they can be best supported by agencies.

A study by ACTED indicated that most Syrian households meet the SPHERE standard of 3.5 m² per person, except the ones living in tents and temporary structures.¹²⁹ Over 80 per cent of households visited by UNHCR and IRD in 2013 live in apartments and 10 per cent live in basements. Another 2.5 per cent and 1 per cent reported living in tents and prefabs respectively.¹³⁰ According to a CARE study, over 90 per cent of all those staying in apartments, rent them.¹³¹ This is also substantiated by the UNHCR Home Visits survey data at the national level.¹³² One-fifth of households live in substandard accommodation, with big variations across governorates, most of these being emergency or temporary shelters. Cases of Syrians living in basements and tents were reported in each governorate.¹³³ In Irbid, generally the accommodation was found to be better, but the average number of households sleeping per room and rents were higher.

The poorest accommodation conditions were found in Mafraq, with 12 per cent living in tents or informal shed dwellings.¹³⁴ These informal settlements are also found in Balqa, Irbid and Zarqa and refugees living in these settlements are particularly vulnerable due multiple factors such as their reduced access to education and services. For instance, the majority of children do not attend school and there are often issues of water quality leading to higher risks of disease.¹³⁵

In camps, types and conditions of shelter vary widely (Figure 9). In a UNHCR participatory assessment of refugees in Zaatari earlier this year, it was reported that lengthy registration and long waiting periods were causing a lag in the refugees’ access to caravans, tents, and NFIs. In Zaatari, there are two types of shelters: emergency tents, which are designed to accommodate 5–6 persons on a tent floor area of 23 m², and prefab containers, which are designed to accommodate 4–5 persons on an average container floor area of 16 m². Both shelter types are based on the 3.5 m² / person SPHERE standard. An ACTED study noted that only some respondents said that they found the quality of shelter below acceptable levels. By the end of 2013, the shelter situation had improved significantly, with over 17,000 caravans provided in Zaatari, and only 2,500 tents remaining. The objective is to replace all tents with solid structures by early 2014.

Outside of camps, almost all respondents to a 2013 CARE survey of 240 households in Irbid, Madaba, Mafraq and Zarqa had electricity, water supply, bathrooms and septic tanks. Almost 38 per cent of households had acceptable or better accommodation, including access to basic household items, kitchen spaces, sanitation and ventilation.¹³⁶ The same survey found that female-headed households are less likely to have acceptable conditions, with only one-third of female-headed households living in acceptable or better accommodation.¹³⁷ For two-thirds of all households surveyed, toilets, bathing areas, kitchens, living rooms and sleeping rooms are located inside the shelter. The majority of houses, garages, basements and apartments had toilets with septic tanks.¹³⁸

The most common type of heating among surveyed households was gas, followed by kerosene and wood. One-third of respondents had no access to any sort of heating. The majority of refugees with no access to heating live in houses, followed by basements, and most shelters without heating are not insulated. Most Syrians living in outdoor rooms and tents have no heating. More than half of the respondents have poor blankets and very poor clothing for winter. UNHCR is providing a cash supplement to cover additional

needs such as fuel, blankets and clothing during the winter months. The winterization supplement to regular cash assistance will be provided in four monthly installments from November 2013 to February 2014.¹³⁹

The refugees living in substandard housing reported facing significant shortages. Many were related to damaged roofs, walls, septic tanks and sewage systems. According to two sample surveys, respondents living in temporary structures were in exceptionally poor quality housing and were of particular concern.¹⁴⁰ Forty per cent of shelters have roofs with signs of moisture and 10 per cent have damaged/collapsed roofs or cracks. More than half of them have poor or very poor flooring and a third have inadequate roofing. Eighty per cent of all respondents said that their shelter was not insulated or good enough to provide protections against moisture and many of them said that their roof was not waterproof and would definitely not withstand a heavy snowfall. Half of respondents said they needed doors and a majority of them listed plastic sheets, pillows, blankets, bed mats and paint as most urgent needs to prepare for winter.¹⁴¹ As part of winterization efforts, 400 families in underserved areas and areas with harsh winter conditions will receive shelter upgrades from UNHCR through its partners, NRC and Mercy Corps. Additionally, ACTED will distribute shelter insulation kits to 160 families living in substandard accommodation in Mafraq, Irbid, Jerash and Ajloun.¹⁴²

NFIs have been supplementing cash from work thereby reducing the shortfall between income and expenses for refugees who have just arrived in Jordan and for households where one or more family members are working. They are an essential part of households' ability to maintain a basic standard of living.¹⁴³ Key issues cited by respondents include poor or no access to heating, lack of insulation and poor access to infant food and hygienic products. The households visited were generally very sparsely furnished with basic items in insufficient quantities. Most of the households visited had a two-ring gas hob for cooking, except in Mafraq, where a few households reported having no means of cooking. The analysis makes clear that NFIs were not available in sufficient quantity or quality for the household size, and respondents were extremely concerned about their ability to manage during winter. In camps, 91 per cent of households reported not having a room heater, with variations observed between districts, and 80 per cent of camp residents cook their meals in the communal kitchens. Some of the residents with access to a stove still use communal kitchens, which may all point towards gas scarcity. UNHCR and its partners are currently distributing critical items, including thermal blankets and winter clothing, as well as gas stoves, cylinders, refills and additional housing insulation, in order to help refugees in the camp stay warm during the harsh winter months. UNICEF is providing winter clothing for 37,800 children and procuring an additional 38,000 thermal blankets.¹⁴⁴

Half of the households with infants reported that they could not afford diapers. Most families with small children complained about high prices of diapers and other supplies for baby care (powder, milk). Additionally, hygiene kits are not part of the WFP vouchers and the cash assistance received was not sufficient to access them. As mentioned previously, women in particular face barriers to accessing NFIs as they are at risk of violence due to overcrowding and fighting at the NFI distribution points.¹⁴⁵

7. Water, Sanitation and Hygiene (WASH)

Jordan is the fourth most water-scarce country in the world.¹⁴⁶ Water services were already overstretched before the Syrian crisis, and water networks are more in need of immediate rehabilitation than ever. Jordan's underground water reserves are falling at a rate of 1–1.2 metres per year on average from 1967–2010. In the northern governorates where 75 per cent of the refugees are located, there has been conflict over water and related services, but these services were struggling to cope with increasing demand under pressure before the refugees arrived.¹⁴⁷

All water resources in host communities are at full capacity pumping 24/7 with no modulation according to season.^{148 149} Half of the water is lost due to theft or illegal wells.¹⁵⁰ A recent assessment in the northern governorates showed how some parts of the water network are over 30 years old and in need of urgent

repair.¹⁵¹ Half of the boreholes examined had faulty drainage, risk of contamination from pollutants and damaged fencing. Some dumping stations were in bad condition, with leakages and stagnant water. Municipal water infrastructure should be repaired and improved to increase water availability. Water conditions vary significantly by governorate. According to HV data, 13 per cent of households have “inadequate” or “emergency” water (again, the vast majority is in the former category). In Mafraq, one-fifth of refugees face inadequate or emergency water shortages.¹⁵²

Water, sanitation and hygiene services cover the entire population in all five camps (over 100,000 refugees as of November 2013), ensuring that all refugees receive a minimum of 20 litres a day, have access to appropriate sanitation facilities and are able to practice good hygiene. This comes at high operational cost and complexity and operations are in the process of transitioning from emergency provision to more sustainable approaches of water supply. For instance, boreholes have been drilled as an alternative to trucking water supplies into the camps. Similarly, a waste and sewage system is being set up to reduce the amount of de-sludging by trucks, which again is expensive. There is also an increased focus on preserving water supplies for the surrounding host community. Other operational challenges concern the structural maintenance of facilities, such as toilets, water-points, and showers, which depends on the frequency of use and population density.¹⁵³ There are certain protection concerns associated with WASH facilities, which have been described as one area of risk for women and children. These concerns have been addressed by the provision of lighting and the increased monitoring of these facilities.¹⁵⁴ (In Azraq camp, site planners have developed small plots of six shelter units maximum per WASH facility to allow families and people from the same areas to be hosted together. Unlike in Zaatari, refugees in Azraq will therefore not share communal latrines; this is expected to decrease protection risks for women and girls not having to walk long distances to access their bathrooms).

Water

Various factors influence access to water, including geographic location, type of shelter, water delivery and storage capacity, and the local network of vendors and neighbours.

On average three-quarters of Syrian households in host communities are accessing piped water.¹⁵⁵ However, over half of these are receiving water less than once a week.¹⁵⁶ Two assessments found that connections to piped water were the most limited in Balqa, while households in Ajloun and Jerash had better connections.¹⁵⁷ Rural areas tend to have less access to piped water than urban areas.¹⁵⁸ This is confirmed by the HV data, which indicates that rural areas in Balqa are worse off than Ajloun and Jerash. Eighteen per cent of refugees in Balqa live in tents, and nearly all of these households having no access to piped water, since temporary shelters are rarely connected to the water network.¹⁵⁹ Piped water usually runs on rotation for a 24-hour period a few times a week or less. Less than half of households in rural areas and one-third in urban areas ran out of water more than twice a month.¹⁶⁰ These families additionally buy water either by tanker, from vendors or through private wells. There is seasonal variation in water provision, from a few times a week in winter, to once every ten days in summer, up to once every 25 days.^{161, 162}

Households that have greater water storage capacity are able to keep more water for their use and avoid buying water at a much more expensive rate.¹⁶³ Refugees who live in areas that receive low levels of piped water, have minimal community contacts, and have small storage facilities, tend to spend more of their income on water.¹⁶⁴ Informal tented settlements (ITS) in the northern governorates and Amman pay on an average pay JOD 15–55 per month for additional water trucking and drinking water needs. Households working on farms typically spend much less—approximately JOD 10–15 per month.¹⁶⁵ This is because they are often provided with water for free, though the water is often of low quality.

Buying drinking water from a shop is much more expensive than piped water.¹⁶⁶ A survey of households in the northern governorates reported that nearly two-thirds of respondents purchased bottled water for drinking. A much smaller proportion of respondents (4 per cent) reported buying bottled water for purposes other than drinking, of whom 60 per cent reported total monthly incomes of JOD 200 or less. The use of bottled water for purposes other than drinking can indicate high vulnerability of water access.¹⁶⁷ This adds a

huge expense to already impoverished households. There is a perception that tap water is undrinkable and further monitoring of water quality is required.

Sanitation

Most of the refugees have access to toilets, though there is some geographical variation. Urban and rural households alike generally have acceptable toilets, with two-thirds rating their toilets as “functional and in good structural state.”¹⁶⁸ Three-quarters of tents do not have a latrine and open defecation is common. Half of the farms and all of the tents have no access to sewage systems and septic tanks. In over half of shelters, the septic tanks were damaged or had missing parts, while 39 per cent had some leakage from sewage connection pipes and 7 per cent had overflowing septic tanks because of damage.¹⁶⁹

Gaps in temporary shelters were reported by an inter-agency WASH assessment, which found that 68 per cent of refugees in ITS are practicing open defecation, with 26 per cent using a toilet or going to the neighbors, and six per cent using communal toilets.¹⁷⁰ Most communal toilets are not gender-segregated, which raises protection risks for children and women, and potentially limits these groups’ usage further. Refugees living in temporary shelters are least likely to have piped water or septic tanks, are at increased risk of bad water quality, are likely to have a latrine outside their home or none at all, and have the lowest levels of hand-washing practice.¹⁷¹ Rashes on children due to possible poor hygiene have been documented.¹⁷²

In contrast to water services, which cover 95 per cent of the population, sewage services only cover about a third of the population and mainly in urban centers.¹⁷³ Overflow of septic tanks is a concern, with approximately a third (rural/urban) overflowing at least once in three months.¹⁷⁴ One-fifth of the settlements of Syrians in Mafraq were neither connected to sewage system nor had a septic tank.¹⁷⁵ Communal waste management is a public service and there are reports that in Mafraq and Amman that there has been a reduction in the service recently.¹⁷⁶ A recent assessment in northern governorates found that 80 per cent of communal waste bins were overflowing or half-full with 15 per cent of excess waste not collected.¹⁷⁷

Hygiene

More than three quarters of the survey population face issues in accessing hygiene items.¹⁷⁸ An assessment found that there was no soap in a third of households.¹⁷⁹ Refugees found that it was difficult to access hygiene items without additional cash.¹⁸⁰ They consider soap, washing powder and shampoo top-priority hygiene items.¹⁸¹ Rural areas appear to be less served in terms of receiving hygiene items than urban. Moreover, nearly half of respondents had difficulties to wash their hands, mainly because of the cost of soap and lack of water.¹⁸² However, the number of diarrhoea cases in household with difficulties in hand-washing is low and is not significant in comparison to the total number of diarrhoea cases.

The inter-agency assessment noted a lack of bathing facilities and more than half of the survey population struggles to bathe on a regular basis.¹⁸³ The main barrier for bathing was again cited as the cost of soap, followed by the lack of water and the water temperature.¹⁸⁴ This is a concern for the coming winter. Specific needs such as feminine hygiene products for women and baby items and diapers for families were also lacking, both due to costs. There were some reports of failure to keep water storage devices clean and infrequent washing.¹⁸⁵ This requires awareness-raising and public messaging.

In schools, an assessment showed that only 7 percent of the students get 10 litres per day or more of drinking and multi-use water.¹⁸⁶ Most of the schools do not have enough water storage tanks to sustain sufficient water as the water supply in Jordan is rationed to manage the limited resources. Repairs were required for water fountains, latrines and septic tanks. Thirty-eight per cent of mixed gender schools where both Syrians and Jordanians are enrolled did not have gender-segregated toilets.¹⁸⁷

8. Health Sector

In Jordan, the health sector receives a significant proportion of national expenditure (18 per cent) and forms a high percentage of GDP (8 per cent)—both figures are high compared to the regional average.¹⁸⁸ The primary health care network is extensive with high immunization coverage and the lowest infant mortality and morbidity rate in the region. Private health care services are free for those having a health insurance. Nevertheless, assessments done on refugees show that health remains a primary issue of concern, in particular for families with serious health issues or disabilities. Primary health care covers 90 per cent refugees in camp and 75 per cent are covered by free health care for community access.¹⁸⁹ A valid ASC card (Asylum Seeker Certificate) is required for access to health care (includes vaccines and maternity care).

Despite high coverage, health facilities for both refugees and local populations are strained due to growing demand.¹⁹⁰ The government of Jordan estimated that it incurred additional costs of around USD 250 million during 2012 and the first quarter of 2013 to accommodate the increased demand for services. For health care, the MOH has already spent USD 53 million to cover the needs of Syrian refugees.¹⁹¹ A study of hospitals and health centres under the MOH in the five northern governorates revealed that about one in ten of total patient visits were by Syrians, totalling 35,200 per month. Mafraq Governorate was most affected, followed by Irbid, Jerash, Zarqa and Ajloun. The percentage of patient visits in obstetrics/gynaecology and at children's hospitals made by Syrians was more than double the percentage of patient visits by Syrians in general,¹⁹² possibly due to the high proportion of children and pregnant women among the refugees in Jordan. While primary health care is available, some barriers to accessing care persist.¹⁹³

Refugee access to health services differs according to context. Distance, issues related to registration and high costs were cited as the three main challenges for refugees in host communities in accessing health services in a recent REACH study.¹⁹⁴ Refugees in rural areas often struggle to access services due to distance to the health facility.¹⁹⁵ Both in camp and out of camp studies show that refugees with complex or acute medical needs reported a lack of access to advanced medical services in government facilities. Services beyond primary health care are not free and fees associated with medical treatment such as surgery are exorbitant. In some instances, women/families that could not pay the full fee have had their passports confiscated by hospitals until the fees were fully paid.¹⁹⁶ Waiting periods can reach 3–4 hours in Zaatari camp. There are instances of shortage of medicines for common illnesses and chronic conditions. Women and persons with reduced mobility in Madaba reported difficulties in accessing local public health care and were even referred to health care facilities in Amman, which would incur high transportation costs. This shows a probable inequity in access to medical care between big and small cities, which may even be more acute in rural areas.

There is a lack of awareness of the full range of public health services (although limited) and those provided by humanitarian agencies. Hours of operation and means of access to these services are not always known by refugees or even health care providers themselves.¹⁹⁷ Most surveyed refugees were aware of food vouchers but were not aware of access to free vaccines for children, health care, mental health and legal protection. Many unregistered women did not know how to access clinical services to prevent maternal and newborn morbidity and mortality. Few of them knew that after being registered, they could access free primary health care services. Presumably, accessing information is even more challenging in host communities because refugees are dispersed and therefore harder to reach and mobilize. There is a multitude of partners with different specialties and varying hours of operation in the health sector, with lack of comprehensive information available to refugees.¹⁹⁸

Many participants reported that hospitals and health-care clinics refused to treat them for a variety of reasons, including lack of beds, medicines, etc. Parents in particular worry about children and access to emergency health services after hours. Women in Mafraq were concerned by a lack of female doctors and expressed doubts about the quality of care available at their local facilities. The MoH projects that the capacity of health staff (number of doctors, nurses, dentists and pharmacists per population sample) by the end of 2013 will be reduced by 15 per cent due to the refugee influx compared to June 2012. The bed

capacity of public hospitals is expected to decrease by over 10 per cent. Services in the camp are currently highly centralized, which contributes to the difficulties that have been experienced by patients in Zaatari.

Reproductive health care services are available to prevent excess maternal and newborn morbidity and mortality, safe blood transfusion, providing contraceptives and to manage sexual violence. Plans are underway for expanding to more comprehensive reproductive health services.¹⁹⁹ Studies reveal that access to primary and reproductive health services is very limited for unregistered refugees, i.e., whose registration card has expired or who have started registration process with UNHCR and have a document that states that their registration card is in the process of being issued or renewed.²⁰⁰ Expiry of registration was difficult for pregnant women where no basic pre-natal/natal health care was available. This issue has since been addressed and the process of registration has been expedited.

According to a comprehensive nutrition survey carried out among the in-camp populations and out-of-camp refugee populations in urban areas, acute malnutrition is not a major public health concern.²⁰¹ However, infant and young child feeding habits remain a concern. Breastfeeding rates are low, particularly for 6–12 month-olds (80 per cent in camp and 65 per cent in host communities). Infant milk formulas are a financial cost to vulnerable families. There are reports of families diluting infant formula in order to allow for the quantities to last longer, affecting nutrition value and high potential illness.²⁰² They also highlighted that infant formula, previously part of baby kits distributed by international agencies, does not correspond to international standards. There is also dependence on food distribution without an emphasis on specialized food for young children. Vitamin and protein deficiencies can have longer-term negative effects on children. Studies showed that a quarter of 6–12 month-olds in camps and in host communities did not eat essential complementary foods.²⁰³

Communicable diseases among Syrian refugees at MoH facilities include TB, measles and Leishmaniasis. Due to the outbreak of measles in Feb 2013 in Jordan and confirmed cases of polio in Syria in November/December, MoH in collaboration with UNHCR, UNICEF and WHO has ensured mass immunization and routine vaccination for polio and measles, and vitamin A, to cover new refugees as well.²⁰⁴ There are also planned two additional rounds of polio vaccinations in Dec 2013 and January 2014. The MoH's procurement of vaccines almost doubled from 2012–2013 (US 12 million to 20 million).²⁰⁵ Yet there is still the need for routine vaccination support in primary health care facilities, including outreach and mobile services, and NGO facilities inside and outside the camp for both children under five and Child Bearing Age women (CBAs). Emergency vaccinations provided to arriving Syrians also require further strengthening.

The demographic and health profile of Syrian refugees is that of a middle-income country, characterized by a high proportion of chronic or non-communicable diseases (NCD), which are costly and complex to manage. They put pressure on the limited health care resources available for secondary and tertiary care.²⁰⁶ Common diseases among Syrians include: asthma, diabetes, high blood pressure, cardiovascular conditions, renal failure and autoimmune diseases, with a third of families having chronic disease or disability.²⁰⁷

In addition, there is a high demand for mental health care (see prior section on MHPSS), as Syrian males and females of all ages have witnessed and/or survived extensive amounts of violence, including sexual violence and torture, and are suffering from anxiety, hypertension, depression, schizophrenia and post-traumatic stress disorder (PTSD). These conditions are exacerbated by lack of employment and social and learning opportunities.²⁰⁸ War-related trauma is common and includes amputations, trauma surgery, disability, rehabilitation, burns and bullet and artillery wounds.

The demand for pediatric care has doubled and common conditions among Syrian children include acute respiratory illnesses, diarrheal diseases, vaccine-preventable illnesses and genetic disorders.²⁰⁹ Access to immunization, especially for children under five, varies by location. In some areas, almost no children under five years old received mandatory vaccines due to limited awareness of services, while in other areas, there was high degree of awareness and all children were vaccinated.

Additionally, limited availability of water has led to reduced bathing, and in Mafraq, Ajloun and Balqa, children have increasingly shown signs of skin infections.²¹⁰ Half of urban refugees have poor sanitation facilities and lack regular running water, which leads to poor hygiene habits.²¹¹ Hygiene promotion in some informal settlements suggests low levels of education/awareness. Reports show an increase in diarrheal diseases among young children due to poor tap-water quality.²¹²

9. Education

As of 2 December 2013, in both camp settings and host communities in Jordan, 106,269 children, or 78 percent of those that are eligible, are enrolled in public schools (primary and secondary education) (Figure 10).²¹³ There are 29,976 students who are eligible for formal education but are not enrolled due in some part to the barriers explained below. HV data found that over half of all school-age children surveyed in host communities were not in school, though the survey did not distinguish between children who were eligible to enrol and those who were not. HV data also found that 13% of children who are enrolled in school are not attending.²¹⁴ Further enrolment data disaggregated by age is needed in order to clarify how enrolment varies by age, which would be useful for improved targeting of interventions.

The main challenges to increasing enrolment in formal education are a lack of absorptive capacity in schools, increasing incidence of child labour, lack of secure transportation, high drop-out rates and other social factors. There were previous challenges with children on waiting lists due to the lack of capacity in schools. These schools require support and increased capacity to hold a second session of classes during the day ('double-shifting') in order to accommodate Syrian students. According to a recent REACH survey, the lack of available places was identified as the main obstacle for Syrian students in accessing primary-school education in host communities. However, this was not cited as an issue for secondary-school-age children. Instead, students reported that the main challenge to secondary-school access was the need to work in order to support their families financially.²¹⁵

The "Back to School" campaign contributed to a doubling of students enrolling from April–Sept 2013. Despite strong mobilization, studies report that in certain areas up to 29,967 eligible students are not enrolled.

In Zaatari camp, the vast majority of children are enrolled in school, but there are still those that are not, or have irregular attendance.²¹⁶ These children are particularly vulnerable as they lack structure, likely to be loitering, and this may be negatively impacting on their behaviour.²¹⁷ One of the main wishes reported by adolescents in the same assessment was to go to school. However, school-age children of both genders living in Zaatari identified the dire security situation as their primary reason for not enrolling in school.²¹⁸ Among the students interviewed who had enrolled and then dropped out, the main reasons for doing so were that they did not receive any material from the school.

There is potentially high child labour (estimated at 4–16 per cent of children²¹⁹) in Jordan of Syrian children (see child protection section). This rate is likely to increase with time as more and more families are constrained by a lack of resources and few employment opportunities. In areas such as Ghor and Balqa, the rate of child labour has reached a record high with Ghor reporting it at 41 per cent.²²⁰ Boys are at a higher risk than girls, as are children of female-headed households.

According to studies undertaken in the northern governorates, the average spending of families having children in education is JOD 27 per month,²²¹ although it is not entirely clear what exactly this includes (similar cost to water for one month for a family—see WASH section). A number of surveys identified the transportation costs as one of the main reasons for parents not enrolling children in areas of the northern governorates, the south and central Jordan.²²²

Children face a number of issues at school that are affecting the quality of education and which could lead to higher drop-out rates. Violence in school and intimidation from other students and teachers has been

reported, both in host community settings²²³ and camp settings.²²⁴ This is both physical and verbal, and children report that they often do not even inform their parents as they feel their parents have enough to deal with already.²²⁵ Integration and psychological issues among children were noted by an assessment carried out in south and central Jordan. Children feel isolated as they experience integration difficulties mixing with Jordanian students.²²⁶ For children in camp settings, protection issues faced on the way to school were their primary concern.²²⁷ Studies raised safety concerns about sending children to school by bus or on foot and cited instances of physical and verbal abuse, especially against girls.

Students face difficulties with adjusting to the new curriculum. They find the teaching style very strict, describing corporal punishment and a high-pressure environment.²²⁸ English and Arabic are particularly difficult subjects, as English education typically begins much earlier in Jordan than in Syria. Students are often placed in the incorrect grade, which is a disincentive to attend.²²⁹ This was connected to a lack of testing, but this has since improved. Moreover, focus groups report that there are few opportunities for children in need of remedial education, despite some children having missed nearly two academic years of instruction.²³⁰ There has been an increase of remedial and catch-up classes, but the extent of needs must be further investigated. In camps, lack of proper school meals was cited as another reason for lack of attendance, though the distribution of daily snacks was noted.²³¹ Given that refugees in host communities are more food insecure, this factor is likely to affect refugees in non-camp settings as well.

Some governorates reported up to a quarter of enrolled children dropping out (Tafilah and Karak). Drop-out is reported as a particular problem in Zaatari camp.²³² There is not yet enough information available on the rates and reasons of drop-out in host communities. Many children have lost a few months or years of school and require catch-up or remedial classes in order to be prepared to re-enter formal education.²³³ If children have missed more than three years, they cannot enter formal education and can consider non-formal or informal education. One challenge in identifying these children and planning interventions is that it is not known how many children have missed more than three years of school. A guide figure of around 11 per cent of the total population, or approximately 60,000,000 students, is being used as an estimate for this category.²³⁴ This alternative type of education is chosen more often by secondary school-age children (age 12 and over) than by primary school-age children.²³⁵

Access to non-formal training with the Ministry of Education (MoE) is an option for Syrian refugees, even without documentation. Non-formal education (NFE) is free of charge and follows the MoE curriculum for a two year course, leading to certification of grade 10. For Jordanians, only students who have missed more than three years of school or have never been enrolled in formal education are eligible. The Ministry of Education has waived this criterion for Syrians, though it still remains a programme mainly aimed at those Syrians who have significant gaps in their education. There are currently approximately 250 Syrian children currently enrolled in NFE which could be expanded further in the future.

Informal education (INE) provides activities such as literacy, numeracy and life skills, and is not certified by MoE, or restricted in age or target. This targets children who have dropped out, are ineligible to attend formal education or are in need of extra educational support. Boys are interested in Arabic literacy lessons religious education, metal work, and carpentry, training as barbers or masons.²³⁶ Girls are mainly interested in Arabic language, especially grammar, along with English and art. Girls who have dropped out in Zaatari camp are particularly interested in tailoring, cooking, computers and make-up classes.²³⁷ Alternative education, possibly home-schooling, could be a viable solution that would also address parents' concerns for their children's safety on the way to school and inside school.²³⁸ This could involve academic and psycho-education, possibly using play methods and/or technology with volunteers.²³⁹ Some informal education is being provided, but it is quite limited at present, especially in host communities. Given the demand and high number of adolescents not attending formal school, it should be expanded.

Vocational and skills training has been identified as a need by the Syrian youth. In a recent small-scale rapid youth assessment conducted by Norwegian Refugee Council in the Emirati-Jordanian camp (EJC), 93 per cent of youths and 96 per cent of adults said they were interested in the provision of vocational training programs.²⁴⁰ In Ramtha and Mafraq, young Syrians who were interviewed voiced interest in vocational education, but as this was not available, they remained unemployed and out of education.²⁴¹ There is a need

for specific attention and discussion with the relevant stakeholders to address this issue in both camps and in host communities, where the expansion of such services would be highly beneficial also for Jordanian youth.

Preschool (kindergarten-KG) education is not easily accessible for Syrians, as most of these schools require fees and are already in short supply for Jordanians. The pre-crisis enrolment rate for pre-school in Syria was around 9 per cent,²⁴² and parents expressed a need for this option in Jordan, particularly in camp settings.²⁴³ A joint inter-agency assessment revealed that two-thirds of parents would be interested in enrolling their children in KG. Among 1,241 families surveyed in Ghor and Irbid, none had children attending KG.²⁴⁴ It appears outside of the camp, enrolment levels for Syrian children in KG are negligible. In Zaatari camp, KG attendance is at 13 per cent.²⁴⁵ Among host communities, approximately 35 per cent children attend KG, but a vast majority of these children (90 per cent) attend private KG and are subject to a tuition fee.²⁴⁶

Limited research has been conducted concerning Syrian children with disability in Jordan. It appears that very few children with disabilities are enrolled compared to the global figure of up to 10 per cent of children having a disability.²⁴⁷ Physical and attitudinal obstacles have been identified for Syrian refugee children with disabilities to enroll in school in Jordan.²⁴⁸ Inclusive education is vital for this group and further research is required on identification and vulnerabilities of children with disabilities in Jordan.²⁴⁹

10. Recurrent themes

The following recurrent themes can be drawn from the Joint Humanitarian Assessment. As explained in the preface, these themes have been considered and in most cases are addressed within the Jordan Chapter of the Regional Response Plan 6 for 2014 and the existing inter-agency co-ordination structures.

Protection issues: Key protection issues for in camp and out of camp refugees require accelerating timely protection, counseling, preventing and responding to SGBV and provision of essential services. As much as possible, these services should integrate and increase support for host communities to mitigate the socio-economic and political pressures generated by the refugee influx. In order to ensure that assistance reaches the populations that are most in need, a more refined criteria for identifying vulnerabilities among households should be developed in order to better target interventions and increase access to services and entitlements. Effective coordination among agencies is essential for ensuring comprehensive coverage and quality assistance. Cash assistance amounts, food vouchers, hygiene kits and other items should be broadly aligned among agencies and targeted to suit the needs of households. For example, Syrian women and girls and female-headed households should be prime targets of all interventions.²⁵⁰ Vulnerabilities could be tracked through regular monitoring of livelihood patterns such as debt, income shortfalls, engagement in child labour, quality of NFI, shelter and WASH in order to channel aid to those in greatest need.²⁵¹

Distribution: The most urgent needs of urban beneficiaries are cash, food, rental support and cooking fuel. It is important to continue providing food/food vouchers and including food for children, which frees up cash resources to spend on other items.²⁵² An enhanced distribution of cash assistance to include more families with an emphasis on most vulnerable families and households is crucial, especially as the cost of fuel increases during the winter months placing a significant burden on refugee families without earnings or savings. Some additional small and irregular top-up cash assistance, if provided can cover the shortfalls when irregular access to cash from work or irregular assistance from CBOs or charitable families is not available. Emergency cash and associated counseling would be essential for preventing eviction, exploitation, and other forms of abuse associated with debt.

In-camp and non-camp assessments voiced the increasing need for winterization kits for the most vulnerable families to cope with winter. Hygiene kits and NFIs should be distributed along with detailed hygiene promotion for families with women and infants. NFI kits should include critical expenditure items and should be distributed through vouchers as it allows the targeted households to choose items according to

their preference and particular needs. In addition, it would be useful to consider cash transfer programmes or water vouchers as an alternative to in-kind distribution, given the sufficient presence of the private sector actors in the market.²⁵³ In the short term, this could be complemented with water trucking and private well rental for the households facing water shortages.²⁵⁴ Distribution channels should improve access to health care and education by overcoming the barriers to access in urban and rural areas such as the cost of transport, distance to the facility, and lack of awareness about distribution locations and procedures.

Capacity: In public services such as education and health, there are urgent capacity needs for staffing as well as physical, technical resources and procurements. Schools require assistance in increasing their capacity to cope with rising demand. In order to hold an extra 'shift' for Syrian students, they require resources, such as extra teachers, administration, textbooks, stationery, uniform and other costs. Moreover, the capacity of schools to offer more vocational training opportunities should be increased.²⁵⁵

Similarly, there is an urgent need to increase capacity to provide more medicines, medical equipment, and mental and public health services. The urban areas have urgent needs of increased and improved staffing in order to meet increasing demand for medical services and secondary and tertiary health care. Additionally, clear protocols on health care must be developed. Syrian health professionals should be incentivized to liaise between refugee patients and service providers.²⁵⁶ Staffs need training to provide the appropriate treatment, in particular for survivors of SV and STIs including HIV/AIDS, MHPS and PSEA, through referrals and collaboration with specialized services.²⁵⁷ Staffs also need require training in identification and case management, as well as in sensitization to specific cultural needs.²⁵⁸ Activation of MISP contingency plans has also been identified as a priority.²⁵⁹ In Zaatari camp, full implementation of the new governance plan, working closely with the Jordanian authorities, will further help to empower refugees and build capacity. (In Azraq, the services are decentralized and accessible to smaller clusters of refugees from the beginning. UNHCR and partners have developed separate villages to improve refugees' access to their own community centres, health posts, child friendly spaces, women centres, etc.).

At the household level, it is important to promote small grants for vocational training and skill development, in order to provide home-based income-generating projects for refugees, especially women. It would also be appropriate to design income-generating programs utilizing the highly-skilled Syrian workforce with emphasis on youth employment, to create jobs for both Jordanians and Syrians. To the extent that it is politically feasible, this should be taken into consideration in longer-term strategies.

Increase in information flow: It is necessary to strengthen mass-information activities related to registration, temporary registration cards, family separation and forms of available assistance. Increasing outreach to non-camp refugees remains a priority in most assessments. Support and protection services for children employed in child labour must address demand-side barriers to school enrolment, such as lack of safe passage to school, protection fears, and lack of preparation due to extended absence from school. In WASH, hygiene promotion in informal settlements and rural areas, focusing on safe water chains, water conservation and storage, safe excreta disposal and hand-washing will be essential. Children, as agents for change, should be at the center of hygiene promotion and training programs.

Strengthen community-based activities: Working closely with the community and religious leaders will be an essential part of addressing protection issues in new and existing camps.²⁶⁰ Facilitating integrated Peer Support Groups for information dissemination and conflict prevention will increase outreach to families and increase awareness about the physical and psychological risks of early marriage. The family-based approach can also be used in sensitizing refugees about the impacts of domestic violence and in raising awareness about alternative disciplining and mediation mechanisms.²⁶¹ Improving the quality of education requires working with local communities, teachers and peers to prevent violence, reduce the size of classes, foster a positive and safe school atmosphere and supplement the curriculum with extra classes. Community activities for Syrian refugees and vulnerable Jordanians to implement on a cash incentive/daily subsistence basis could be useful not only for generating income, but also for building social cohesion and positive psychological benefits.²⁶²

Research and monitoring: More research and mapping of inter-agency services is required to understand the range of options that are available to families in accessing quality assistance, shelter food, non-food items, health and education. Some key issues for study are monitoring of indicators for reproductive, mental and public health; control of animal diseases; analyzing gaps in medical services provided by NGOs and governmental institutions and the procedures to access them; and the magnitude and causes of disabilities among Syrian refugees.

Given the strong market economy and widely available ATM and banking networks across Jordan, the humanitarian response has utilized the options available for cash and voucher assistance across the sectors. More studies are needed for an in-depth analysis of the impact on the local market economy, which will further guide the refining, designing and expansion of cash/voucher-based interventions, in close coordination with the Cash Sector (cash working group).

Further research is required to provide more options for improving psycho-social support, making communal areas safer, focusing on young men and boys to address youth violence in camps, develop sustainable solutions for children in child labour and their families, involving men and boys in prevention and awareness-raising, particularly through positive role models.²⁶³ Another key issue for study is the bailing-out system at refugee camps. Improved monitoring of this system is critical in order to prevent exploitation of refugees. Similarly, enhanced monitoring and follow-up of children at risk of violence is required, using Best Interest Assessments (BIA) and referral mechanisms for UASC, especially in non-camp settings.²⁶⁴

Research is required to develop additional non-formal and informal education opportunities for the estimated 60, 000 children who are ineligible to enroll in formal schooling.²⁶⁵ Research is also needed to address the causes of attitudinal barriers to inclusive education for disabled children and their families. Specialized support in schools must be further developed.²⁶⁶

Infrastructure: Immediate solutions with investment in essential infrastructure are necessary for setting up transitional shelters, camps and informal settlements and for upgrading sub-standard housing. This is important as it will combat health threats arising from poor-quality housing such as damp conditions, lack of access to sufficient hot water, deficient water quality, ventilation, pollution, allergens, dangerous construction, overcrowding, insect infestation, and the use of kerosene heaters, all of which have also been linked to health problems.²⁶⁷

At the household level, steps should be taken in order to increase household capacity for storing piped water,²⁶⁸ improve sanitation at waste-disposal sites, build additional waste transfer stations, decentralize waste-disposal plants, enforce environmental legislation, and work on behavioral change.²⁶⁹ Medium- and long-term plans should include upgrading waste water treatment plants, sludge treatment, and the most critical septic tanks.

Better investment in infrastructure is required for short-term repair of water networks, better waste collection. In the longer term, solutions are needed to improve water delivery and water quality, and prevent aquifer depletion.²⁷⁰ Water-conservation strategies should be promoted at the community and business levels in order to improve water quality and reduce reliance on bottled water.²⁷¹ At the economic level, creating a favorable environment for attracting large-scale investments, especially in areas with high refugee concentrations, would help alleviate tensions between host communities and refugees.

11. ANNEX:

1. Number of assessments reviewed in Jordan by governorate
2. Refugee arrivals by month, 2012–2013
3. Population pyramids of Registered Syrian Refugees and Refugees in Zaatari Camp

4. Map of refugee population distribution
5. Syrian refugees by governorate
6. Food Coping Strategies
7. Food Assistance Map
8. Map of refugee shelter types
9. Number of school aged Children in Jordan
10. Inventory matrix of all assessments

¹ CHF is now called Global Communities (GC)

² International Monetary Fund (IMF), Jordan Country Report No. 13/368, December 2013

³ Oxford business group, economic update, September 2013:

http://www.oxfordbusinessgroup.com/economic_updates/impact-syrian-refugees-jordan%E2%80%99s-economy

⁴ IMF website, October 2013

⁵ MoH estimates, "Impact of Hosting Syrian Refugees," Ministry of Planning and International Cooperation, October 2013

⁶ Ministry of Education figures

⁷ World Bank, Emergency Assistance for Jordan to Cope with Impacts of Syrian Crisis, July 2013

⁸ Host Community Support Platform (HCSP) Jordan, Needs Assessment, November 2013

⁹ Statistical Report on UNHCR Registered Refugees, 22 December 2013

¹⁰ As of December 2013, there are 10,687 Palestinian Refugees from Syria (PRS) recorded in Jordan by UNRWA. On average, about 750 PRS have been registered each month in 2013. In 2012, the GoJ adopted a policy that PRS would not be allowed to enter Jordan and the number of PRS recorded by UNRWA has remained relatively low since then. Many PRS live in hiding due to fears of arrest and refoulement. In many cases, they do not come forward for assistance until several months after their arrival, usually after exhausting their resources and coping mechanisms. (Source: UNRWA figures from December 2013; UNRWA 2013/09/06)

¹¹ UNHCR, Statistical Report on UNHCR Registered Refugees.

¹² Trends from UNHCR Registration data at Zaatari and IOM Transportation figures, screening centres in Mafraq and now Rabaa Al-Sarhan, to the refugee camps

¹³ UNHCR, Statistical Report, 24 November 2013

¹⁴ UNHCR, Statistical Report, 24 November 2013

¹⁵ This data is from most recent Home Visits (HV) data and proGres data. HV consisted of a sample size of 80,000. For a more detailed analysis from the HV, refer to upcoming publication on the HV data that discusses the results from the survey.

¹⁶ SNAP 2013/09/26

¹⁷ REACH "Syrian refugees in host communities" (Key information interviews) October 2013

¹⁸ UNHCR HV data 2013.

¹⁹ UNHCR 2013/10/09 and confirmed by HV data

²⁰ UNHCR, Statistical Report on UNHCR Registered Refugees, 8 December 2013

²¹ UNHCR Jordan: A Strategy for UNHCR country-wide registration for Syrian refugees out-of-camp

²² SNAP 2013/09/26

²³ *ibid.*

²⁴ UNHCR PDES 2013, JHAS 2013/09/09

²⁵ SRCD

²⁶ CARE, 2013/04

²⁷ CARE, 2013/04

²⁸ Oxfam, 2013/03

²⁹ UN Human Rights Council, 5th Report of Commission of Inquiry on Syria, 4 June 2013.

³⁰ CARE International, Syrian Refugees in Urban Jordan, April 2013.

³¹ CARE Jordan, Baseline Assessment of Community Identified Vulnerabilities among Syrian Refugees living in Amman, October 2012

³² UNICEF, Early Marriage in Jordan, September 2013. Report not yet released or published.

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- ³³ *International Medical Corps and UNICEF, Jordan Mental Health/Psychosocial and Child Protection for Syrian refugee adolescents in Za'atari, July 2013*
- ³⁴ *CARE 2013/04*
- ³⁵ *Mercy Corps, Mapping of Host Community-Refugee tensions in Mafraq and Ramtha, Jordan, May 2013*
- ³⁶ *ibid.*
- ³⁷ *ibid.*
- ³⁸ *Child Protection and Gender Based Violence sub-working Group in Jordan, Findings from the Interagency Child Protection and Gender-Based Violence Assessment in the Za'atri Refugee Camp, January 2013*
- ³⁹ *Child Protection and Gender Based Violence sub-working Group in Jordan, Interagency/UN Women Assessment of Gender-Based Violence and Child Protection among urban Syrian refugees in Jordan, with a focus on early marriage, 2013*
- ⁴⁰ *This is a six-month project funded by UNHCR, UNICEF and UNFPA, and implemented by Save the Children International (SCI) and International Rescue Committee (IRC), with the support of the National Council for Family Affairs (NCFA) and members of the CP and GBV Sub-Working Groups. Additional components of this Inter-Agency project on strengthening child protection and gender-based violence services and systems.*
- ⁴¹ *Child Protection and Gender Based Violence sub-working Group in Jordan, Interagency/UN Women Assessment of Gender-Based Violence and Child Protection among urban Syrian refugees in Jordan, with a focus on early marriage, 2013*
- ⁴² *ibid.*
- ⁴³ *Child Protection and Gender Based Violence sub-working Group in Jordan, Findings from the Interagency Child Protection and Gender-Based Violence Assessment in the Za'atri Refugee Camp, January 2013*
- ⁴⁴ *ibid.*
- ⁴⁵ *Only includes activity from UNICEF, IMC, and IRC*
- ⁴⁶ *UNICEF, Child protection data-Activity Info, Sept 2013*
- ⁴⁷ *Child Protection and Gender Based Violence sub-working Group in Jordan, Findings from the Interagency Child Protection and Gender-Based Violence Assessment in the Zaatari Refugee Camp, January 2013*
- ⁴⁸ *Child Protection and Gender Based Violence sub-working Group in Jordan, Interagency/UN Women Assessment of Gender-Based Violence and Child Protection among urban Syrian refugees in Jordan, with a focus on early marriage, 2013*
- ⁴⁹ *UNICEF Education Section & Save the Children Jordan, Comprehensive Outreach Assessment on Education Needs of Syrians in Ghor and Irbid (Feb. 18–March 20), 2013*
- ⁵⁰ *Child Protection and Gender Based Violence sub-working Group in Jordan, Interagency/UN Women Assessment of Gender-Based Violence and Child Protection among urban Syrian refugees in Jordan, with a focus on early marriage, 2013*
- ⁵¹ *Un Pont Per, Comprehensive assessment on Syrian Refugees residing in the community in Northern Jordan, 2012*
- ⁵² *UN Women, Inter-Agency Assessment: Gender based violence and Child Protection among Syrian refugees in Jordan, with a focus on early marriage, July 2013.*
- ⁵³ *Child Protection and Gender Based Violence sub-working Group in Jordan, Findings from the Interagency Child Protection and Gender-Based Violence Assessment in the Zaatari Refugee Camp, January 2013*
- ⁵⁴ *ibid.*
- ⁵⁵ *International Medical Corps and UNICEF, Displaced Syrians in Za'atari Camp: Rapid Mental Health and Psychosocial Support Assessment, 2012*
- ⁵⁶ *ibid.*
- ⁵⁷ *International Medical Corps and UNICEF, Jordan Mental Health/Psychosocial and Child Protection for Syrian refugee adolescents in Zaatari July 2013; Mercy Corps, May 2013*

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