



Humanitarian Aid
and Civil Protection



LIVES UNSEEN: URBAN SYRIAN REFUGEES AND JORDANIAN HOST COMMUNITIES THREE YEARS INTO THE SYRIA CRISIS

CARE International in Jordan
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LIST OF ACRONYMS

CARE:	Cooperative for Assistance and Relief Everywhere
CBOs:	Community-based organizations
FGDs:	Focus-group discussions
FHHs:	Female-headed households
HH:	Household
INGOs:	International non-governmental organizations
JOD:	Jordanian dinar
MoSD:	Ministry of Social Development
MHHs:	Male-headed households
NAF:	National Aid Fund
NFIs:	Non-food items
UAE:	United Arab Emirates
USD:	United States Dollar
NGOs:	Non-governmental organizations
UNHCR:	United Nations High Commissioner for Refugees
WFP:	World Food Program



Photo: Jenny Matthews / CARE

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Syrian refugees, like this family in Amman, often live alongside poor Jordanian families.
Photo: Jenny Matthews / CARE

EXECUTIVE SUMMARY

This study aims to enhance the understanding of the needs and capacities of urban Syrian refugees and host communities, in particular women and girls, and to identify trends by comparison with CARE's two baseline assessments: *Baseline Assessment of Community Identified Vulnerabilities among Syrian Refugees living in Amman (2012)* and *Syrian Refugees in Urban Jordan: Baseline Assessment of Community-Identified Vulnerabilities among Syrian Refugees Living in Irbid, Madaba, Mufraq, and Zarqa (2013)*.

METHODOLOGY

The survey covers 384 Syrian and Jordanian families¹ in Amman, Irbid, Mufraq, and Zarqa. 124 households (32%) are newly arrived Syrians that fled to Jordan during the second half of 2013, 139 (36%) are longer-term-displaced Syrians (in Jordan for more than one year), and 121 households (32%) are Jordanians referred to CARE by the Jordanian Ministry of Social Development (MoSD). Two-thirds are male-headed and one-third are female-headed households. 25% of Syrian² and 50% of Jordanian households³ are female-headed. Survey data was complemented and triangulated with data for 1,262 families from CARE's database and 17 focus-group discussions with different sex/age/nationality groups.

HOUSEHOLD PROFILE

53% of the surveyed population is 18 years old or younger (26% girls and 27% boys). 17% are children below the age of five (8% girls and 9% boys). 4% of the survey population is elderly, aged 60+ (2% women and 2% men). 54% of all family members are female and 46% are male. The average household size was 5.8 and the average number of people sharing accommodation was 6.2.

Most Syrian refugees report fleeing from bombardment or destruction, followed by concerns about safety and arbitrary arrest. For 8%, a primary reason is concern about the safety of women and girls. 74% of Syrian refugees have moved at least once, with families typically moving one or two times. Survey data suggests little movement between geographic areas.⁴

KEY VULNERABILITIES AND NEEDS

The analysis of the situation of Syrian refugees and Jordanians affected by the crisis highlights five key areas of concern and possible interventions to address them. CARE is committed to coordinating with the government of Jordan and international stakeholders to advance the recommendations as outlined below.

1 The survey team interviewed one person per household, generally the household head, in the presence of members.

2 Stratified sampling was applied for selecting Syrian families to ensure representation of female-headed households.

3 A high percentage of families benefitting from Ministry of Social Development support are female-headed.

4 Survey data indicates that female-headed households move more than male-headed households.

Livelihoods:

Average total monthly expenditure reported in the household survey is JOD 287,⁵ suggesting an increase from the 2012 Amman baseline data, but no significant change compared to the 2013 baseline data for other urban areas. Female-headed households report lower monthly expenditure (JOD 278) than male-headed households (JOD 294). Syrian families have higher expenditure (JOD 297) than Jordanian families (JOD 268). Syrian female-headed and male-headed households have similar monthly expenditure (JOD 290/300). The average monthly income-expenditure gap for Syrians is JOD 107 (no difference between male-headed and female-headed households), and less for Jordanians (JOD 93). Based on these findings, CARE recommends that public and private actors join to enhance livelihoods and access to cash resources for Syrian refugees and vulnerable host-community members. Key areas for intervention are identified below.

Recommendations—Livelihoods:

- The international community should support the government of Jordan in creating an enabling environment that allows for small-scale, home-based income-generating activities for both Jordanians and Syrian refugees, with a particular emphasis on female-headed households;
- The government of Jordan should reassess providing work permits for Syrian refugees for the market's formal sector for particular vocations based on mapping skills among the refugee population and an updated assessment of market needs;
- The government of Jordan, in order to decrease the likelihood of labor exploitation, should call on international actors to support its efforts in providing oversight over private businesses that are employing vulnerable Jordanian and Syrian men and women.
- The international community should support the government of Jordan and other actors to ensure that young people from both Jordanian and Syrian-refugee communities have access to capacity-building activities that equip them with the skills needed within the Jordanian market and abroad.

Recommendations—Cash Assistance and Complementary Services:

- The international community must continue to offer financial support in the form of targeted monthly cash assistance to the most vulnerable Syrian refugee households, with a particular emphasis on female-headed households and households with members with special needs;
- Cash actors should ensure that cash assistance is complemented by other forms of community support, including psychosocial support, information provision, and service connectivity, as well as support on issues identified by vulnerable Jordanian and Syrian-refugee women such as sexual and reproductive health, early marriage, and other protection risks;
- The government of Jordan should consider revisiting existing directives provided to donors and the international community in order to redirect a portion of current cash assistance to activities that expand sustainable livelihood possibilities, such

⁵ The Jordanian dinar is converted to the euro at a rate of 1.03 (InforEuro, March 2014), and to the US dollar at a fixed rate of 1.41 (Bank of Jordan, March 2014).

SHELTER IS REPORTED AS THE SINGLE MOST PRESSING NEED

as vocational training for vulnerable Jordanians as well as skills development and businesses setup options for Syrian refugees.

SHELTER

Shelter is reported as the single most pressing need. The average rental expenditure is JOD 166. Syrian households on average pay JOD 193 for rent, indicating a 28% increase from the baseline data for urban areas outside of Amman.⁶ Jordanians report lower monthly rental expenditure (JOD 107). Families are also concerned about the short-term and insecure nature of rental contracts. 87% of all households that rent have a contract. 20% of female-headed households do not have a contract. 9% of female-headed households are at immediate risk of eviction.

Taking into account community feedback on rental prices and the instability of housing arrangements, CARE has identified the following priority areas for intervention and response:

Recommendations—Shelter:

- Humanitarian actors should develop programs that support vulnerable Jordanians and Syrian refugees in accessing longer-term rental contracts and then follow up with beneficiaries, both to ensure the stability of rental arrangements and to resolve disagreements with landlords.
- The international community should support national NGOs to provide mediation and legal advice to vulnerable Jordanians and Syrian refugees, to have the capacity to represent renters and to assist mitigation and resolution of disputes with landlords through dialogue or through the Jordanian legal system;
- The government of Jordan should clarify the mechanisms through which vulnerable Jordanians and Syrian refugees can avoid exploitative rental situations. An example of this would be by supporting vulnerable households to register their rental contracts with the specified Jordanian authorities.

FOOD AND NON-FOOD ITEMS (NFIS)

Access to food items is a need of vulnerable Jordanian families and, to a lesser extent, refugee families. Survey participants report an average monthly food expenditure of JOD 101, with Syrian households on average spending JOD 35 less than Jordanian households. Syrian and Jordanian female-headed households report lower monthly food expenditure than male-headed households (JOD 96 vs. JOD 103). 89% of Syrian families receive World Food Program (WFP) food vouchers. Focus-group discussion participants expressed dissatisfaction over the type and quality of items they could purchase with food vouchers, and specified that they want to buy meat, vegetables, baby milk, diapers, and cleaning materials.

Based on the analysis of food needs among refugee and vulnerable-host-community families, CARE suggests that public and private actors consider the following recommendations:

⁶ CARE Jordan, *Syrian Refugees in Urban Jordan: Baseline Assessment of Community-Identified Vulnerabilities among Syrian Refugees Living in Irbid, Madaba, Mufraq, and Zarqa* (2013).

Recommendations—Food and Non-Food Item Support:

- The international community should ensure continued food support for the most vulnerable Syrian refugees, with special targeting of female households, pregnant and lactating women, and households with infants, as well as explore the possibility of supporting the government of Jordan in ensuring that the most vulnerable Jordanians also have food security;
- The international community should provide complementary forms of assistance that respond to the specific needs of women and children and guarantee access to items that households may not otherwise afford, such as baby milk, diapers, and hygiene items;
- Humanitarian actors should revisit their distribution practices to ensure that households with either cultural or physical mobility challenges are able to access support for food and non-food items.

HEALTH AND EDUCATION SERVICES

86% of all households report a member with a medical condition and 17% report a member with a disability. Syrian households typically report chronic diseases, musculoskeletal disorders, war-related injuries, and neurological and mental conditions. Some children have respiratory problems caused by poor and damp housing conditions. The average monthly expenditure on health care is JOD 59.⁷ 23% of Syrian households stated that they used private health care, and 4% of the refugee families reported that they cannot access public services because their UNHCR registration is expired.⁸

43% of Syrian school-age children are out of school (48% of boys and 38% of girls).⁹ CARE's 2012 and 2013 baseline assessments reported 60% children out of school. In Mufraq, 90% of Syrian teenage boys and girls do not attend school. Barriers preventing children from attending school include costs associated with education, the (perceived) threat of verbal harassment/physical violence, the need for children to work, different education systems, and lack of capacities in local schools. Jordanian parents often share these concerns.

Taking into account identified needs related to access to public services, particularly health and education, CARE recommends that public and private actors consider the following priority areas for action:

Recommendations—Health and Education Services:

- The international community should continue to support the government of Jordan, and the Jordanian Ministry of Health, to ensure the necessary access, affordability, and quality of health-care services, including maternal, sexual, and reproductive health care for Syrian refugees and vulnerable host-community members;
- The international community should continue to support

⁷ One Syrian family reported health expenditure of JOD 2,500 during the previous month. This was considered an exceptional case and not included in the average for all households and Syrian households.

⁸ All refugees registered with UNCHR have access to primary and secondary health and education services in Jordan.

⁹ Boys, particularly teenage boys, often are more likely than girls to be out of school and supporting the family through work.

the government of Jordan, and the Jordanian Ministry of Education, to ensure the necessary access, affordability, and quality of education services for both Jordanians and Syrian refugees;

- International NGOs should invest in projects that provide back-to-school incentives to help the most vulnerable Jordanian and refugee families cover school-related expenses.

PSYCHOSOCIAL AND COMMUNITY WELL-BEING

Psychosocial needs are increasing with the length of displacement. Adult men identify lack of employment opportunities and related inability to provide for their families as major stressors. Women/girls report exposure to verbal harassment based on stereotypes about Syrian women in public and on the way to or in schools. Both Syrian and Jordanian parents identify a lack of safe spaces for children and youths.

Household survey data and feedback from focus-group discussions suggests that to enhance psychosocial well-being and community relations, interventions in the following areas might benefit both refugees and vulnerable host-community members:

Recommendations—Psychosocial and Community Well-Being

- International humanitarian actors and local counterparts should increase the availability of safe spaces where Jordanian and Syrian women, men, girls, and boys can meet, exchange experiences, and build community-support activities with the aim of enhancing the capacities of Jordanians and Syrians to deal with the impact of the Syria crisis and to prevent community tensions from rising;
- International and national civil-society organizations should continue to develop physical activities that address the specific needs of men, women, girls, and boys, with a special focus on men who may not have other outlets for post-conflict-related stress.

PROTECTION

Lack of documentation from Syria is a potential protection risk. 98% of Syrian households are registered with UNHCR. Syrian men are at risk of labor exploitation if working in the informal sector. Women identify risks linked to different forms of gender-based violence, for instance verbal sexual- or gender-based harassment at the workplace or in schools or being approached with “transactional” marriage proposals. 13% of all households interviewed do not feel safe in their home (13% of male-headed and 11% of female-headed families).

COPING STRATEGIES

87% of all households interviewed are in debt. 85% of female-headed households and 88% of male-headed households have borrowed money. 89% of Syrian households have taken loans from family (43%), the landlord (25%), neighbors (16%), or shopkeepers (10%). This indicates a considerable increase compared to CARE’s baseline data (37% for Amman¹⁰ and an aver-

89%
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HOUSEHOLDS
HAVE TAKEN
LOANS**

¹⁰ CARE Jordan, *Baseline Assessment of Community Identified Vulnerabilities among Syrian Refugees living in Amman* (2012).

age of 72% for Irbid, Madaba, Mufraq, and Zarqa¹¹). Syrian families report an average debt of JOD 573, implying a considerable increase from the baseline for Amman (JOD 225), and some increase compared to the 2013 baseline for urban areas outside of the capital. Female-headed households have lower average debt (JOD 394) than male-headed households (JOD 610). 85% of Jordanians report debt (an average of JOD 1,235).¹²

Finding a stable source of income continues to be challenging. 27% of Jordanians, 23% of newly arrived Syrians, and 19% of previously interviewed Syrians report having obtained some income from work or self-employment during the previous month. 26% of male-headed and 17% of female-headed households have gained income from work and/or self-employment. 15% of Syrian female-headed and 23% of male-headed households did. Syrian households with an income report an average monthly income of JOD 190.¹³ Women highlight that they need income-generating activities they could do from home.

Community support (both among Syrians and Jordanians and between communities) is an important coping mechanism: one in four families report receiving assistance from family or neighbors during the previous month. Jordanian households (33%) can count on community support more than Syrian families (25%). Syrian female-headed households (29%) are more likely to receive support than male-headed households (23%).

Some families continue to depend on income from children, particularly boys, working. 9% of Syrian families have sold assets since arriving in Jordan—more male-headed households (10%) than female-headed households (3%). Anecdotal data indicates that marriage continues to be a coping strategy for some Syrians.

CONCLUSIONS

Three years into the crisis Syrian refugees and vulnerable host community members continue to depend on assistance; therefore all actors involved in the response will increasingly need to diversify their activities to ensure that refugees and host community members do not feel the pressure to compete over resources. Programmatic options include community-support activities, income generating activities and activities that strengthen the capacities of local service providers.

11 CARE Jordan, *Syrian Refugees in Urban Jordan* (2013).

12 Some Jordanian households reported very high debt above JOD 5,000 and up to JOD 45,000. These cases were taken out of the sample as outliers for calculating the average.

13 The average income reported by Syrian female-headed households was lower than that of Syrian male-headed households (JOD 179 vs. JOD 192).

PREFACE

CARE IN JORDAN

CARE International has been operating throughout the Middle East since 1949 with significant experience in conflict zones, including Iraq and the Occupied Palestinian Territories.

CARE's strategy for the region embraces both emergency relief and development. CARE has adopted a rights-based approach in its program framework and strives to address the underlying causes of poverty. CARE aims for long-term, sustainable development for impoverished women and men through the promotion of economic empowerment, women's empowerment, prevention of gender-based violence, advocacy, improved access to natural resources, and promotion of good governance. For this purpose, CARE engages with a wide range of governmental and non-governmental actors, including from the private sector.

CARE has been present in Jordan since 1949, initially to support Palestinian refugees. Since 2003 CARE has also worked with Iraqi refugees, providing essential information, case management, and psychosocial services as well as material and cash assistance.

In response to the Syrian crisis and corresponding arrival of refugees in Jordan, CARE has extended services through its centers to cater to the needs of vulnerable Syrian families residing in urban areas in Amman, Irbid, Zarqa, Mufraq, and, more recently, in the town of Azraq.

CARE has been providing humanitarian assistance to Syrian refugees through its four centers in Amman, Irbid, Mufraq, and Zarqa and has supported vulnerable Jordanian host communities through its development activities, particularly aiming for the economic empowerment of women. In the framework of the Syria program, CARE offers a comprehensive package of information, support services, and assistance composed of information provision, case management and referral, psychosocial support, and urgent winterization cash.

As of 20 March, 2014, CARE Jordan has reached more than 24,000 Syrian families with information about available support and assistance as well as their rights and duties in Jordan. CARE has also distributed cash assistance to cover urgent needs related to rent, health, and/or food to close to 16,000 Syrian families, as well as provided winterization cash to more than 9,000 Syrian and close to 5,000 Jordanian families. In addition, CARE's teams have provided case-management and referral services and have been offering psychosocial activities to help Syrian refugees cope with the experience of war and displacement.

SYRIAN REFUGEES IN JORDAN

Three years into the conflict, the number of people in need inside Syria and the number displaced to neighboring countries continues to grow. Inside Syria, 9.3 million people are now estimated to be in need of humanitarian assistance. Intense fighting has also forcibly displaced 6.5 million internally. In addition, as of mid-March 2014, UNHCR reports 2.6 million persons of concern across the region.

As of March 20, 2014, UNHCR has registered 584,600 Syrian refugees in

Jordan.¹⁴ According to UNHCR data, 51% of refugees in Jordan are female and 49% are male, 53% are children and youths below the age of 18, 18% are children below the age of five, and 3.4% are elderly.

While UNHCR reports 107,847 refugees in Zaatari camp, more than 80% of Syrian refugees in Jordan have found apartments in border towns or urban areas. The majority of Syrian refugees in Jordan (174,847) live in Mufraq governorate, which includes Zaatari camp. The capital, Amman, hosts 151,294 Syrian refugees, another 135,417 refugees live in Irbid governorate, 51,757 settled in Zarqa, and the remaining 10% of refugees live in other governorates across the kingdom.

Syrian women waiting for assistance at CARE's center in Irbid.
Photo: Adel Sarkosi / CARE



¹⁴ "Syria Regional Refugee Response: Jordan," UNHCR, accessed March 20, 2014, <http://data.unhcr.org/syrianrefugees/country.php?id=107>.

INTRODUCTION

With the Syria crisis entering its fourth year, the resources of many longer-term Syrian refugees in Jordan are being depleted, while other Syrians are just arriving—often with few resources. With increasing needs, the capacities of Jordanian service providers, community-based organizations, and humanitarian actors are stretched. Setting the right program priorities and identifying the most vulnerable households thus is now more important than ever to ensure different groups—particularly the most vulnerable Syrian men, women, girls, and boys—receive the assistance they need while awaiting return.

The present study aims to enhance all stakeholders' understanding of the needs, vulnerabilities, and capacities of Syrian refugees and vulnerable host-community members across the four urban areas in Jordan that host the largest number of refugees—Amman, Irbid, Mufraq, and Zarqa. The goal is to contribute to the growing data available by providing community views on needs, vulnerabilities, and capacities, as well as by identifying trends by comparing data with results from the two baseline studies that CARE conducted on the situation of urban refugees in Amman (2012) and in Irbid, Madaba, Mufraq, and Zarqa (2013).¹⁵

With the crisis becoming protracted, the effects on vulnerable host communities and on community relations increasingly demand all stakeholders' attention. As the present study shows, Syrian refugees and vulnerable Jordanian families often share common concerns and needs, and they frequently extend support to each other. Therefore, midterm program options need to be developed that both help maintain community relations and ensure vulnerable Jordanian and Syrian families receive the support they need and do not feel they are competing over resources and access to services.

¹⁵ CARE Jordan, *Baseline Assessment* (2012); and CARE Jordan, *Syrian Refugees in Urban Jordan* (2013).



METHODOLOGY

The goal of the present study is to provide a broad view on community-identified needs and capacities of Syrian refugees and vulnerable Jordanian families, as well as to allow for the identification of trends over time by comparing current data with the two baseline studies CARE previously published—*Baseline Assessment of Community Identified Vulnerabilities among Syrian Refugees living in Amman* (2012) and *Syrian Refugees in Urban Jordan: Baseline Assessment of Community-Identified Vulnerabilities among Syrian Refugees Living in Irbid, Madaba, Mufraq, and Zarqa* (2013). By building on and comparing information gathered for the current study with baseline data, CARE takes into account a concern voiced by different actors involved in the response over the one-off nature of assessments conducted. CARE aims to offer a series of publications that on a regular basis provide comprehensive information about community-identified vulnerabilities and coping mechanisms, as well as changes over time. CARE will continue to collaborate

As of March 20, 2014, UNHCR has registered 584,600 Syrian refugees in Jordan. 53% of them are children and youths below the age of 18.

Photo: Johanna Mitscherlich / CARE

with agencies responding to the Syria crisis in Jordan and the region to harmonize data-collection tools, analysis frameworks, and frequency of publication to ensure that programs and advocacy are informed by timely and accurate information.

For the present study, a mixed methodology and participatory approach was chosen, building on tools developed for the baseline assessments and CARE's case-registration and assessment system.

Before the field phase, mapping and analysis of available secondary data was conducted. This exercise found that while the body of information available about different aspects of Syrian refugees' needs has been growing during 2013, many studies adopt a sector-specific and/or regional focus. A more comprehensive view of community-identified needs and capacities along with the identification of trends through comparison with baseline data was thus considered necessary and useful. A lack of gender- and age-disaggregated data and gender- and age-sensitive analysis was also identified. In addition, a comprehensive view of host-community needs and capacities did not seem to be available. Gaps were also identified related to community perspectives on availability and accessibility of services and assistance, inter-community relations, and the use of information and communication technology for communication among and with affected communities. It was thus decided to cover these areas in the research and ensure that gender and age dimensions guide the analysis.

For quantitative information, the research team—consisting of male and female CARE staff and Syrian and Jordanian volunteers—conducted a household survey using a structured questionnaire. The team conducted home visits to a total of 384 Syrian and Jordanian households in Amman, Zarqa, Mufraq, and Irbid. The interviews were conducted January 13–February 13, 2014. The enumerators interviewed one person in each household, usually in the presence of other family members; in 89% of all interviews this was the head of the household. The research team ensured appropriate representation of female-headed households in the sample, while gathering information at both the household and the individual level (such as employment and education of all household members).

The research team also analyzed the data of 1,262 Syrian households from CARE's beneficiary database. As of March 20, 2014, CARE's social work teams have registered and assessed the needs of close to 50,000 Syrian families (representing approximately 275,000 individuals) across the four areas where CARE works.

To triangulate and complement quantitative data, 17 focus-group discussions (FGDs) with a total of 157 participants were held across the four regions, with different age, sex, and nationality groups. FGDs were held February 15–March 5. Due to cultural factors that limit the movement of teenage girls, it was difficult to invite representatives of this group, with the effect that only one group with four teenage girls was conducted in Zarqa.

In line with CARE's mission to attend to the different needs and build on the capacities of women, men, girls, and boys to deal with the impact of emergencies on their lives, data is disaggregated by sex and age and analysis highlights the different needs and capacities of different groups.

All names were changed where quoted to protect survey and FGD participants.

PROFILE OF THE SYRIAN REFUGEE AND HOST-COMMUNITY POPULATION

PROFILE OF HOUSEHOLDS SURVEYED

During the household survey, **384 Syrian and Jordanian households were interviewed: 124 were newly arrived Syrian families** (most arrived during the second half of 2013), **139 were Syrian families interviewed for the baseline survey and/or were in Jordan for more than one year, and 121 households were Jordanian.** 110 households lived in Amman, 90 in Irbid, 90 in Mufrag, and 94 in Zarqa. All newly arrived Syrian households interviewed were registered with CARE and have received or were waiting for assistance; Jordanian households had been referred to CARE by the National Aid Fund (NAF) / Jordanian Ministry of Social Development (MoSD).

33% of the households surveyed were female-headed (FHHs) and 67% male-headed (MHHs). Among the Syrian families interviewed, 25% were female-headed households.¹⁶ 50% of Jordanian households interviewed were headed by a woman, reflecting the high percentage of FHHs among the Jordanian MoSD clients (often widows). **4% of the households surveyed were headed by a person age 18–24 years;** no child-headed household was interviewed. **11% were headed by an elderly person age 60 and above.**

In total, the households surveyed represented **2,212 household members, with 53% under the age of 18** (26% girls and 27% boys). **17% were children below the age of 5** (8% girls and 9% boys). **4% elderly age 60 and above** (2% women and 2% men). **54% of all household members were female and 46% were male.**

Over half of the heads of households interviewed had attended secondary school (48% female and 42% male), while overall **12% were illiterate (13% female and 10% male)**, and 30% had attended primary school (26% female and 34% male). About 13% of survey respondents had completed a university education (12% female and 14% male). Among Syrian survey respondents, 11% were illiterate, 35% had attended primary school, 41% had attended secondary school, and 13% had a university degree. Of the Jordanian heads of households interviewed, 13% were illiterate, 20% had primary education, 54% had secondary education, and 12% had university education.

The average number of people living in one house was 6.2 (6.4 for Syrians and 5.9 for Jordanians).¹⁷ The maximum number of people sharing accommodation was found in a multi-family accommodation in Irbid, where a 64-year-old man lives with his five sons and their families—a **total of 28 persons in three rooms. 25% of Jordanians and 33% of Syrian households** were found to **share their accommodation with at least one other family**, sometimes not related to the household interviewed. **Average**

¹⁶ A stratified sampling method was employed to the sample of Syrian families to ensure that female-headed households were represented in all the different location/household-type groups interviewed. The research team also conducted 17 focus-group discussions with representatives of different sex/age/nationality groups in the four locations to ensure the views of adult and elderly women and men as well as teenage boys and girls from refugee and host communities feed into the analysis.

¹⁷ Clearly distinguishing between household, family, and “people sharing an accommodation” proved difficult. The approach chosen was to let respondents define who they considered part of their family.

AVERAGE HOUSEHOLD SIZE WAS 5.8 ACROSS ALL GROUPS SURVEYED

5.8

FOR SYRIAN HOUSEHOLDS AND

5.6

FOR JORDANIAN HOUSEHOLDS

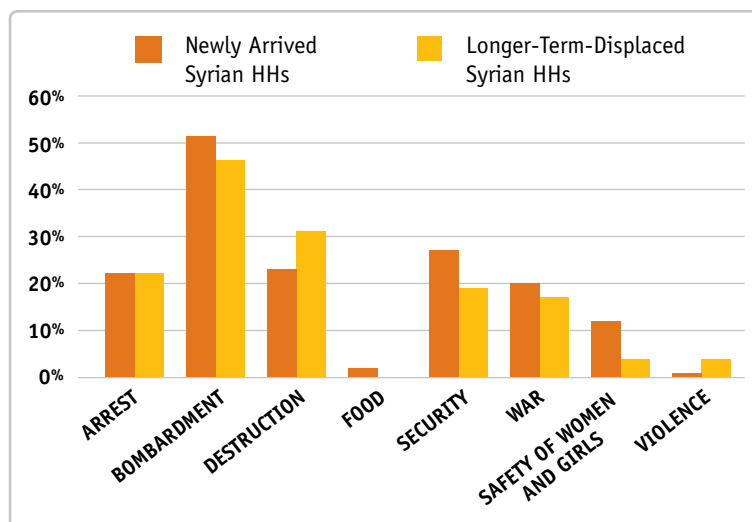
household size was 5.8 across all groups surveyed – 5.8 for Syrian households and 5.6 for Jordanian households.

7% of the households interviewed included pregnant women and 16% included lactating women. The percentage of households with pregnant and lactating women was significantly higher among Syrian households, where 10% of the families interviewed included pregnant women and 19% included lactating women. Of the Jordanian households interviewed, 2% included pregnant women and 10% included lactating women.

SETTLEMENT AND MOVEMENT

The majority of Syrian families interviewed originate from Homs (48%), Deraa (23%), and Damascus (14.4%). In Amman and Mufraq, six out of ten Syrian households were reportedly from Homs, while in Irbid the majority of families come from Deraa, a fact that may reflect the geographic proximity between Irbid and Deraa. In Zarqa, the sample was more diverse, with about 30% of families coming from Homs and one-quarter from Deraa.

TABLE 1: REASONS FOR LEAVING SYRIA—REFUGEE GROUPS



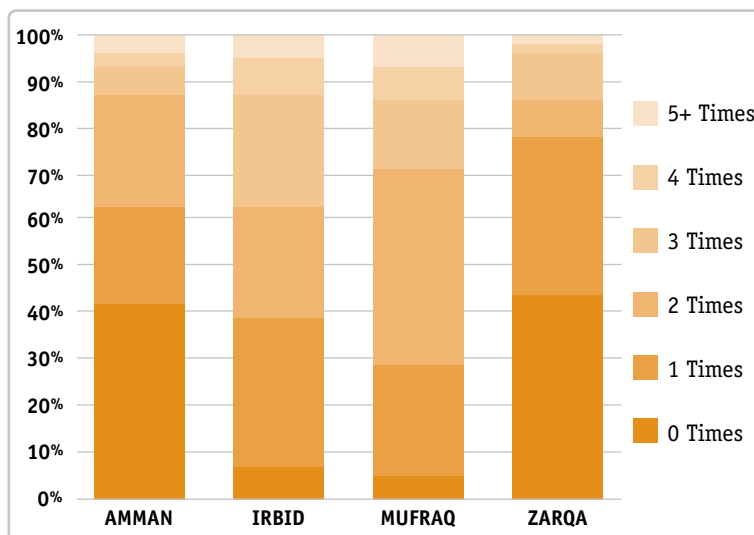
When asked about their reasons for leaving Syria, half of the refugees reported “bombardment,” 27% cited “destruction,” and about one in five families said they were fleeing from arbitrary “arrest.” Concern over the safety of women and girls triggered flight of 8% of Syrian families interviewed, particularly for newly arrived refugees (12%). Food insecurity was mentioned by only two (newly arrived) Syrian families as a reason for leaving Syria.

More female-headed than male-headed households reported fleeing from bombardment (58% vs. 45%), general insecurity (29% vs. 21%), concerns over the safety of women and girls (9% vs. 7%), and widespread violence (6% vs. 1%). Male-headed households more frequently than female-headed households reported fleeing from arbitrary arrest (23% vs. 20%) and destruction (28% vs. 26%).

While 36% of Syrian families first lived in Zaatari camp, the majority of households surveyed settled directly in urban areas, with 20% reporting Amman as their first place of residence in Jordan, followed by Irbid (15%), Ramtha, Mufraq, and Zarqa (each 6%). A slightly higher percentage of female-headed than male-headed households first arrived at Zaatari camp

(41% vs. 35%), while across the urban areas, a similar distribution of female- and male-headed households was found when considering the place of first arrival.

TABLE 2: NUMBER OF TIMES SYRIAN REFUGEE HOUSEHOLDS HAVE MOVED



74% of Syrian refugees moved at least once, with families typically moving one or two times. 58% of newly arrived and 46% of longer-term-displaced Syrian households report having moved one or two times. 56% of female-headed and 50% of male-headed Syrian households indicated having changed their residency one or two times. At the same time, 20% of female-headed and 28% of male-headed households indicated not having moved since arriving in Jordan. Overall, this data indicates that **female-headed households have less housing security than male-headed households.**

The main reasons for Syrians to move were high rental prices (10%), searching for better living/housing conditions (especially for families who moved away from Zaatari), overcrowded shelter, lack of services, and searching for job opportunities.

Survey data suggests **little movement** between the different geographic areas once families arrived in one of the urban areas: **93% of the families that first arrived in Amman still live in the capital**, and the majority of families that first arrived in Mufraq and Irbid currently live in these two governorates.¹⁸ This is in line with data from UNCHR registration and home-visit processes that indicate that around 90% of refugee households in the four governorates covered have not moved to other governorates since arriving in Jordan.¹⁹ 44% of Syrian households in Zarqa and 42% of Syrian families in Amman reported no change to their residency at all since arriving in Jordan.

FEMALE-HEADED HOUSEHOLDS HAVE LESS HOUSING SECURITY THAN MALE-HEADED HOUSEHOLDS

¹⁸ Based on a comparison between place of initial settlement in Jordan and current place of residence. Some families might have moved to different governorates and back again. The information must be considered indicative only.

¹⁹ UNHCR, *Syrian Refugees Living Outside Camps in Jordan* (2013), 26–27.

MAIN FINDINGS

The main goal of the household survey was to collect data on the needs, vulnerabilities, and capacities of Syrian families to cope with life during displacement, as well as on the situation of vulnerable Jordanian families living alongside Syrian refugees who may potentially be impacted by the refugee crisis. In addition, the survey team collected data specifically on community relations, access to services and assistance, and use of and access to communication and information technology. The findings of this exercise are presented and analyzed in the following section with the aim of

- providing a broad view on vulnerabilities and needs;
- presenting sector-specific needs and capacities of refugee and host communities to deal with them;
- shedding light on the situation of specific groups; and
- providing specific information for the three areas identified above.

The data is disaggregated by population group, location, sex, and age of heads of households/individuals to allow group-specific analysis, as well as identify priority areas and groups for response.

Household survey data is complemented by data from CARE's database that records vulnerabilities of Syrian families approaching CARE for assistance.

FREQUENT VULNERABILITIES AND VULNERABILITY PATTERNS

During the initial registration process, CARE collects information about each refugee family's specific situation and vulnerabilities—at the household as well as the individual level. CARE evaluates Syrian families' vulnerabilities along 20 criteria specified in CARE's vulnerability scorecard. The following section relates to data from CARE's registration/case assessment process only.

CARE refugee registration data indicates that FHHs²⁰ typically have at least one member with a mild medical condition, share accommodation with other families, and are single-parent households. 5% of FHHs are not registered with UNHCR (as opposed to 3% of MHHs). 32% of FHHs have not received assistance from any organization when they register with CARE. Fewer FHHs than MHHs host children under the age of two or pregnant women.

MHHs that register with CARE often have at least one member with a mild medical condition and have not received assistance from any other organization at the time of registering with CARE. They are also typically large families and/or share accommodation with other families. More than one-third of MHHs have children under the age of two and 31% include pregnant women. They are more likely than FHHs to include a person with a severe medical condition or disability or an elderly person.

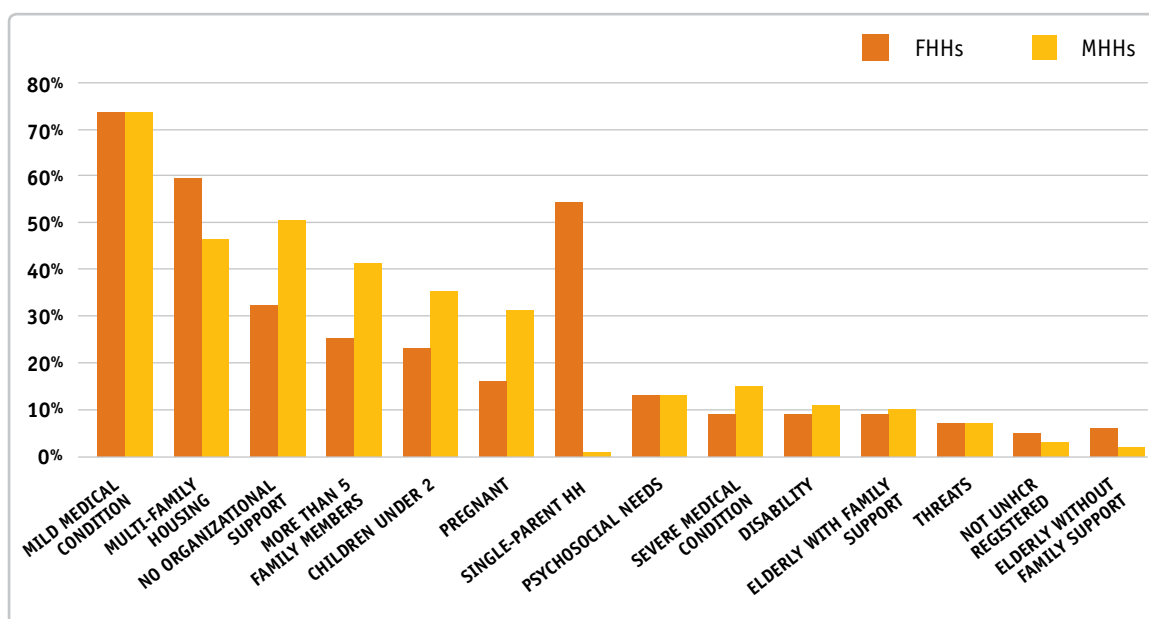
²⁰ Households registered by a woman are typically also female-headed households; only 9 MHHs were registered by a woman. For the purpose of the analysis all households registered by a woman are considered FHHs.

32%
OF FHH AND
50%
OF MHH
HAVE NOT
RECEIVED
ASSISTANCE
WHEN THEY
REGISTER
WITH CARE

Key Vulnerabilities:

- 73% of all Syrian families have at least one member with a mild medical condition;
- 51% share accommodation with other families;
- 43% have not received assistance from any organization (at time of registration with CARE);
- 35% are large families with more than five members;
- 34% are female-headed households;
- 31% include children under age two;
- 26% include pregnant women;
- 20% are headed by single parents;
- 13% have psychosocial needs;
- 13% include a person with a severe medical condition;
- 10% include a person with a disability;
- 10% are elderly persons with family support;
- 7% are under some protection threat;
- 4% are not registered with UNHCR;
- 3% are elderly persons without family support;
- 32% of FHHs and 50% of MHHs have not received assistance.

TABLE 3: HOUSEHOLD VULNERABILITIES, BY SEX OF HEAD OF HOUSEHOLD



Mild medical conditions are most frequently found among members of households headed by an elderly woman, while members of elderly MHHs are most likely to have a severe medical condition or a disability. Households headed by an elderly person or a young adult (ages 18–24) typically share their accommodation with other families. 50% of MHHs have not received assistance from any other organizations when they register with CARE.

**TABLE 4: HOUSEHOLD VULNERABILITIES,
BY AGE AND SEX OF HEAD OF HOUSEHOLD**

	18-24		25-34		35-59		60+	
	FHH	MHH	FHH	MHH	FHH	MHH	FHH	MHH
Mild Medical Condition	37%	61%	71%	69%	82%	76%	88%	83%
Multi-Family Housing	60%	65%	57%	46%	58%	41%	81%	63%
No Organizational Support	27%	29%	36%	49%	32%	56%	19%	31%
More Than 5 Family Members	5%	2%	33%	27%	30%	61%	0%	17%
Children Under 2	52%	31%	39%	55%	7%	26%	0%	2%
Pregnant	47%	49%	25%	44%	3%	23%	0%	2%
Single-Parent HH	63%	2%	71%	1%	49%	0%	7%	0%
Psychosocial Needs	13%	18%	15%	12%	13%	13%	12%	8%
Severe Medical Condition	5%	16%	6%	9%	12%	18%	14%	20%
Disability	8%	10%	6%	9%	11%	11%	10%	17%
Threats	8%	6%	7%	9%	7%	5%	2%	8%
Not UNHCR Registered	8%	2%	3%	4%	5%	2%	2%	2%

COMMUNITY-IDENTIFIED PRIMARY NEEDS

Household Needs:

Across all population groups, shelter and shelter-related needs (primarily furniture, home equipment, and winterization) were identified as primary household needs by both male- and female-headed households. Newly arrived Syrian FHHs are more worried about housing than any other group interviewed; 73% reported shelter needs.

23% of Syrian and Jordanian households also said their family needed additional financial resources to cover their basic needs.²¹ More male-headed than female-headed households were concerned about their financial capacities to cover basic needs (26% vs. 11%), and slightly more Jordanian households than Syrian households explicitly reported lack of financial resources (26% vs. 21%; no difference between Syrian MHHs and FHHs).

14% of all families interviewed reported health-related needs. Overall, more male-headed (15%) than female-headed households (11%) indicated needs related to medical treatment or medication, as did more Syrian households (17%) than Jordanian families (7%). Among Syrian households, more male-headed families (18%) than female-headed households (12%) expressed health-related concerns.

11% of both male- and female-headed households interviewed reported food needs in their family. Access to food was identified as a household need by more Jordanians (20%) than Syrians (7%). 8% of Syrian FHHs and 6% of Syrian MHHs indicated concerns related to food. 89% of Syrian households

²¹ This analysis is based on data gathered through an open question about household needs in general. In addition to the households that explicitly mentioned financial constraints, others will need financial support to cover the basic needs identified.

reported receiving WFP food vouchers. Many vulnerable Jordanian families interviewed struggle to cover basic food needs with the cash assistance they receive from NAF and any small income they have.

Almost 10% of families across the survey population stated that they need items for babies and children (baby milk, diapers, etc.) (12% of MHHs and 5% of FHHs), and another 7% were concerned about access to, costs related to, and the quality of education (8% of FHHs and 6% of MHHs). More Jordanian than Syrian families interviewed reported education as a primary concern (12% vs. 6%).

TABLE 5: HOUSEHOLD NEEDS

	ALL FHHs	JORDANIAN FHHs	NEWLY ARRIVED SYRIAN FHHs	LONGER-TERM-DISPLACED SYRIAN FHHs	ALL MHHs	JORDANIAN MHHs	NEWLY ARRIVED SYRIAN MHHs	LONGER-TERM-DISPLACED SYRIAN MHHs	GRAND TOTAL
Number of HHs	127	61	37	29	257	60	87	110	384
Shelter	54%	36%	73%	69%	58%	40%	64%	62%	57%
NFIs	20%	15%	30%	21%	22%	20%	28%	18%	21%
Of Babies & Children	5%	3%	11%	0%	12%	13%	10%	13%	10%
Financial	22%	23%	22%	21%	23%	30%	14%	26%	23%
Winterization	17%	21%	11%	17%	16%	13%	18%	15%	16%
Clothes	4%	7%	3%	0%	10%	17%	10%	6%	8%
Education	8%	13%	0%	7%	6%	10%	3%	6%	7%
Health	11%	10%	14%	10%	15%	5%	14%	22%	14%
Psychological	0%	0%	0%	0%	0%	0%	0%	0%	0%
Food	11%	15%	14%	0%	11%	25%	5%	7%	11%
Work	8%	0%	0%	34%	27%	0%	0%	64%	21%

Survey data indicates that Jordanian families, newly arrived Syrians, and longer-term-displaced Syrians have different as well as shared needs and concerns:

- **Shelter:** Syrian households were found to be generally more concerned about shelter than Jordanians.
- **Employment:** Ability to work was the primary concern for 57% of longer-term-displaced Syrians. They often have depleted their resources, lack a work permit, and suffer from the negative psychological and psychosocial consequences of not being able to work and provide for their families. They also often fear labor exploitation and the legal consequences of working illegally.
- **Food:** Access to food was identified as a household need by more Jordanians (20%) than Syrians (7%), possibly reflecting the fact that most Syrian households receive WFP food vouchers that cover some of their food needs, while vulnerable Jordanian households often struggle to purchase enough food from the support they receive from NAF and/or their low income.
- **Financial resources:** Lack of financial resources was identified as an important household need primarily by Jordanians and longer-term-displaced Syrians, while newly arrived Syrian families were more concerned than other groups about access to non-food items, reflecting needs related to setting up a new household in Jordan.

TABLE 6: PERSONAL NEEDS

	ALL FEMALES	JORDANIAN FEMALES	NEWLY ARRIVED SYRIAN FEMALES	LONGER-TERM-DISPLACED SYRIAN FEMALES	ALL MALES	JORDANIAN MALES	NEWLY ARRIVED SYRIAN MALES	LONGER-TERM-DISPLACED SYRIAN MALES	GRAND TOTAL
Shelter	13%	5%	14%	28%	19%	5%	20%	25%	17%
NFIs	2%	0%	8%	0%	3%	2%	5%	2%	3%
Of Babies & Children	7%	5%	5%	14%	5%	5%	7%	5%	6%
Financial	14%	13%	16%	14%	13%	8%	15%	14%	13%
Winterization	6%	0%	11%	14%	4%	0%	5%	5%	5%
Clothes	20%	15%	27%	21%	22%	28%	22%	18%	21%
Education	4%	3%	3%	7%	2%	2%	3%	1%	3%
Health	37%	38%	38%	34%	33%	40%	22%	37%	34%
Psychological	2%	2%	3%	0%	0%	2%	0%	0%	1%

Individual Needs:

When asked about their personal needs, survey participants across all groups primarily reported health-related needs (34%), particularly Jordanians and long-term-displaced Syrians. 21% of all survey participants said they needed clothes, especially Jordanian men and newly arrived Syrian women. Shelter was again identified as a primary need for Syrians interviewed (22%) and 13% were concerned about their financial capacity to cover basic needs.

Change During the Previous Year:

Almost 60% of the Syrian families who were interviewed for the baseline survey think their family’s situation has deteriorated over the last year (more MHHs than FHHs), and highlight, in particular, the negative impact of long-term displacement on psychological well-being. This is often combined with and exacerbated by worries about the family’s capacities to cope financially as well as health needs.

NEEDS PER SECTOR

LIVELIHOODS/EXPENDITURE²²

TABLE 7: AVERAGE MONTHLY HOUSEHOLD EXPENDITURE

	JORDANIAN HHS	NEWLY ARRIVED SYRIAN HHS	LONGER-TERM-DISPLACED SYRIAN HHS	GRAND TOTAL
JOD 0–99	4%	8%	2%	4%
JOD 100–199	30%	20%	20%	23%
JOD 200–299	25%	17%	27%	24%
JOD 300–399	19%	29%	24%	24%
JOD 400–499	14%	16%	16%	15%
JOD 500–599	4%	3%	7%	5%
JOD 600–699	1%	3%	2%	2%
JOD 700–799	3%	3%	0%	2%
JOD 800–899	0%	0%	1%	0%
JOD 900–999	1%	0%	1%	1%
JOD 1,000–1,100	0%	0%	1%	0%

Across all groups, the average total expenditure during the previous month was reported as JOD 287.²³ Across the population, female-headed households reported slightly lower monthly expenditure (JOD 278) than male-headed households (JOD 294). Reported average monthly household expenditure was higher for Syrians (JOD 297) than Jordanians (JOD 268), possibly reflecting Jordanians’ lower average expenditure for rent (see “Shelter”). Jordanian households across all areas typically spend JOD 100–200, while most longer-term-displaced Syrian households spend JOD 200–300, and newly arrived

22 CARE data indicates higher average expenditure for different types of expenditure than UNHCR’s Home Visit Data: UNHCR, *Syrian Refugees Living Outside Camps in Jordan* (2013). CARE’s data covers urban areas only, whereas UNHCR’s data covers both urban and rural areas, where average expenditure tends to be lower.

23 This section is based on total income reported by the households interviewed for the month previous to the interview. This data was compared with the total of the expenditure that the households reported for rent, health, and food during the previous month (as the main expenditure groups). For most groups, the respondents’ estimate of their total costs was in line with the aggregated expenditure data for rent, food, and health. Data suggests, however, that Syrian and Jordanian households in Amman and refugee households in Mufraq considerably underestimated monthly expenditure. This must be taken into consideration when using the average monthly expenditure estimated by households themselves.

**THE AVERAGE
SHORTFALL
BETWEEN INCOME
& EXPENDITURE
FOR SYRIAN
FAMILIES WAS
JOD 107
PER MONTH**

refugees often spend JOD 200–400, probably reflecting the cost of setting up a household and/or the fact that new arrivals have not accessed or have not received assistance. The highest average expenditure across the survey population was reported in Irbid (JOD 353), followed by Amman (JOD 291), Mufraq (JOD 255), and Zarqa (JOD 253).

The average monthly expenditure reported by Syrians living in Amman (JOD 304) indicates a 24% increase when compared to expenditure data from the baseline study conducted in 2012, where the average expenditure for refugees living in the capital was reported as JOD 245. For the urban areas outside of Amman, the survey data does not indicate a significant change of overall household expenditure over the last year. No significant difference in average monthly expenditure could be observed between Syrian FHHs and MHHs (JOD 290 vs. JOD 300). The shortfall between the average income and the average expenditure for Syrians was JOD 107 per month (See “Income From Work”). This is above the average shortfall found in the 2012 baseline study for Syrians living in Amman (JOD 90), but below the average income-expenditure gap found in the 2013 baseline data for Irbid, Madaba, Mufraq, and Zarqa (JOD 185).

Impacts on All Groups Affected:

- Debt levels increase, rendering families at elevated risks of exploitation;
- Resources and assets are depleted, reducing household capacity to absorb financial shocks in the future;
- Risk of labor exploitation increases, especially for men working without a work permit;
- Risk of adopting negative coping mechanisms, including child labor and marriage for financial compensation, increases;
- Mild medical and chronic conditions are not treated because households cannot afford medication if they do not have access to public health services or if the treatment they need is not available;
- Some severe medical conditions (cancer, war-related injuries, etc.) remain unattended because of prohibitively high costs, putting the lives of individuals at acute risk;
- Education is interrupted because families cannot afford the costs associated with it (stationery, transportation) or children have to contribute to the family's income;
- Young adults cannot start/continue their university education due to high fees;
- Psychological and psychosocial well-being deteriorates because of worries about families' ability to cover their monthly expenses, the occasional financial emergency, and a lack of resources to participate in social activities (high cost of transportation to visit family/friends, lack of resources to offer hospitality to guests);
- Refugees struggle to cover transportation costs, limiting their access to humanitarian assistance and public services;
- Possibly, the risk of having to resort to negative coping strategies related to quantity and quality of food increases.

Impacts on Women and Girls:

- Increased stress levels caused by worries about family's ability to cope possibly exacerbate domestic violence;
- Risk of sexual exploitation possibly increases for female-headed households as they often do not have an income;
- Girls and women are at increased risk of having to accept marriage proposals not in line with their personal preference for financial returns/economic security.

Coping Mechanisms:

- Borrowing money from relatives or neighbors, delaying rental payments, or buying on credit from shops;
- Formal/informal work, often irregular and poorly paid, thus typically not covering monthly expenditure;
- Depleting financial resources and selling assets brought from Syria reducing refugees' ability to cope with financial shocks in the future;
- Selling food vouchers or non-food items received from humanitarian organizations, with considerable loss in the transaction;
- Adopting negative coping strategies such as child labor or accepting marriage proposals for a financial compensation/increased economic security for daughters;
- Buying second-hand items, lower-quality items, or multi-packs from large stores.

43% of Syrian children continue to be out of school.
Photo: Johanna Mitscherlich / CARE



SHELTER

TABLE 8: MONTHLY RENTAL EXPENDITURE

	JORDANIAN HHS	NEWLY ARRIVED SYRIAN HHS	LONGER-TERM-DISPLACED SYRIAN HHS	GRAND TOTAL
JOD 0-49	31%	4%	4%	13%
JOD 50-99	27%	3%	4%	10%
JOD 100-149	21%	16%	23%	20%
JOD 150-199	12%	22%	28%	21%
JOD 200-249	4%	21%	19%	15%
JOD 250-299	2%	15%	13%	10%
JOD 300-349	2%	9%	5%	6%
JOD 350-399	0%	3%	2%	2%
JOD 400-449	0%	3%	1%	1%
JOD 450-499	0%	0%	1%	0%
JOD 500-549	0%	2%	0%	1%
JOD 550-599	0%	1%	0%	0%
JOD 1,000-1,049	1%	0%	0%	0%
JOD 1,150-1,200	1%	0%	0%	0%

ACROSS THE HOUSEHOLDS SURVEYED, SHELTER WAS THE SINGLE MOST PRESSING NEED

Across the households surveyed, **shelter was the single most pressing need**, especially for **the families that rented—95% of Syrian households and 53% of Jordanian households**. (21% of Jordanians own their house and 17% live in donated accommodation.) While the majority of households interviewed lived in rented apartments, 17 families (primarily in Irbid) only had one rented room to live in and in Mufraq two families interviewed lived in makeshift shelter (made of bricks and corrugated sheets), one in a school, one in a shop, and one in a tent.

Households that rented were concerned about high—and increasing—rental prices. On average, Syrian and Jordanian households interviewed spent JOD 166 a month on housing (no difference between rental expenditure was found for female- and male-headed households). **Jordanians reported considerably lower average monthly expenditure for rent and utilities (JOD 107) than Syrians (JOD 193)**.

Syrian households' expenditure on rent indicates a **28% increase when compared to CARE's 2013 baseline data for the urban areas outside of Amman**.²⁴ Average rental costs for Syrian families were **highest in Mufraq (JOD 216)**.²⁵ Syrian female-headed households in Mufraq reported spending JOD 235 on rent during the previous month, while Syrian male-headed households had spent JOD 206. Syrian refugee households reported lower rent in Amman and Irbid (JOD 202 and JOD 198, respectively), and rent was

²⁴ CARE Jordan, *Baseline Assessment* (2013), 15.

²⁵ Jordanian households living in Mufraq reported average monthly rental expenditure of JOD 102.

reported to be lowest for Syrian households living in **Zarqa (JOD 149)**. In Amman, Mufrag, and Irbid, Syrian female-headed households reported higher expenses for rent than Syrian male-headed households.

Across the population surveyed, 99% of households had electricity, and of these 96% stated being connected to the public network. Of the four families that did not have electricity, three lived in Mufrag and one lived in Irbid. Average monthly expenditure on electricity was JOD 28.

An alarming **18% of all Syrian households reported not having any sort of heating** (as opposed to 3% of Jordanians), with newly arrived Syrian households more affected by lack of heating than the longer-term displaced (23% vs. 13%) and **FHHs** affected more than **MHHs** (**23%** vs. 16%). Across all geographic areas, **32% of newly arrived FHHs do not have access to any sort of heating**. In Irbid, one in four refugee households reported a lack of heating source. The majority of households interviewed said they used gas for heating (54%) while 13% used electricity and 12% diesel. 95% of respondents reported using gas also for cooking; of the six households that lacked a gas cooker, five were refugees newly arrived in Mufrag.

In addition to high expenses for rent and utilities, instability of housing arrangements was found to be a major concern for households interviewed. **87% of all households that rented had a contract, and in 83% of these cases it was a written one;**²⁶ however 20% of female-headed households did not have a contract and of those who did, only 76% had a written agreement with their landlord. Among those who had rented and had a contract, significantly more Syrian households (65%) than Jordanian households (89%) had a written contract.

About half of the newly arrived Syrian families and one-third of the longer-term-displaced Syrian households had short-term contracts (up to six months) and another 20% were not sure about the duration of their contract. The short-term nature of rental contracts allows landlords to increase the rent or evict the tenants and rent to another family (Syrian or Jordanian) that will pay a higher price after a very short rental period. 28 of the families interviewed (7%) were found to be at immediate threat of eviction. In addition, one-quarter reported debt with their landlord, putting them at risk of eviction at some point in the future. **FHHs** are particularly affected by instability with regards to shelter: 9% reported being at immediate threat of eviction, and 33% are in debt with their landlord.²⁷ In geographic terms, the situation seems to be most problematic in Zarqa, where 18% of households were found to be at risk of eviction.

FGD participants also explained that a written rental contract did not necessarily prevent the landlord from increasing the rent, and that rental contracts were also usually not registered with the Jordanian authorities, exacerbating refugees' difficulties accessing legal mechanisms to protect/enforce their rights. Participants in one FGD recommended that Syrians should not directly have to interact with the landlord, but that rental contracts should be signed by an organization/agency on behalf of refugees.

²⁶ The remaining 17% had a verbal agreement with their landlord only.

²⁷ The relative higher instability of housing arrangements for Syrian female-headed households also reflects that a higher percentage of Syrian FHHs than Syrian MHHs report changing residency, and a comparatively lower percentage report living in the same accommodation as when they first arrived in Jordan. See "Settlement and Movement."

18%

OF ALL SYRIAN HOUSEHOLDS REPORTED NOT HAVING ANY SORT OF HEATING

FHHS ARE PARTICULARLY AFFECTED BY INSTABILITY WITH REGARDS TO SHELTER:

9%

REPORTED BEING AT IMMEDIATE THREAT OF EVICTION AND

33%

ARE IN DEBT WITH THEIR LANDLORD

Impacts on All Groups Affected:

- High rental prices drive increasing overall expenditure, as rent is typically the most important expenditure item;
- High demand on the housing market, short-term housing arrangements, and lack of legal tenant protection contribute to rising rental prices;
- Worries about a family's capacity to cover rent and insecure housing arrangements are major stressors, possibly with negative effects on Syrians' psychosocial well-being;
- Overcrowded/shared housing arrangements are a stressor and possibly exacerbate the prevalence of domestic violence;
- Competition over accommodation contributes to negative perceptions about the effects of the influx of Syrian refugees on host communities and exacerbates the potential of community tensions;
- Damp, crowded, and unheated shelter increases the prevalence of certain health conditions, particularly respiratory problems in children.

Impacts on Women and Girls:

- Lack of income renders FHHs more likely to be in debt with their landlord and at risk of eviction;
- Potential risk of sexual exploitation of women in debt with their landlords;
- Overcrowded/shared accommodation possibly increase the risk for women's and girls' exposure to sexual- and gender-based violence; FHHs are more likely than MHHs to share accommodation with other families, sometimes unrelated to them;
- Shared accommodation potentially is a sign of and/or increases FHHs' access to community-support mechanisms.

Coping Mechanisms:

- Borrowing from landlord and/or delaying payment of rent;
- Borrowing money from family to cover rental expenditure;
- Sharing accommodation with other families (FHHs share accommodation more often than MHHs);
- Turning to alternative, low-cost housing arrangements such as makeshift shelter or living in tents.



LIFE ON THE OUTSKIRTS OF THE CITY

A 45-minute drive from the center of the Jordanian capital, Amman, a bumpy road winds through squalid, sandy land. Steely factories are blowing their exhaust into the sky, where they intermingle with small, white clouds, forming big grayish balls. Opposite the factories is a sea of tents. Children are playing in front of them. Sitting in one of these tents on a thin, brown mattress is 24-year-old Norhan.

In three months Norhan is expecting her second son. “I will raise my children in this tent,” she says and sounds as if she had to convince herself of this fact. She quietly adds, “This should not be the kind of future I have to offer to my unborn son.” Norhan points through the entry of the tent to a multi-story shanty about 100 meters away. “This is where we first lived. But 150 euros for rent and another 50 euros for water and electricity were too much money for us. Our savings did not last very long.”

Mohanned, Norhan’s husband, decided to build a new place for his family to live, a place for which they would not need to pay rent every month. The 26-year-old asked friends for a loan, bought tarps and staves, and collected wooden boards, Styrofoam, and cardboard from a garbage dump close by. A month later, their tent was ready to move into. Back then, it was the fifth one on the sandy site. Today, a few months later, there are around 100 tents. Mohanned’s seven siblings and their mother also live with them in the tent, which is about 15 square meters in size.

Norhan’s son is always sick and suffers from fever. “The dust makes him cough and the airplanes cause anxiety. I am afraid for his tiny body, but also afraid for his soul. He does not play like children are supposed to play. He does not eat like children should eat. His future is not the kind of future children should have.” Norhan herself feels sick most of the time; her pregnancy weakens her. “We do not have any blankets or heaters to protect us from the cold. We don’t have any warm clothes either.”

On the outskirts of Amman, hundreds of Syrian refugees have set up tents, as they could no longer afford paying rent in the city.

Photo: Johanna Mitscherlich / CARE

9%

OF THE RESPONDENTS ALSO FELT THAT THEIR PLACE TO WASH DID NOT PROVIDE THEM WITH ENOUGH PRIVACY

WASH

Syrians seem to continue to be worried about the quality of tap water (drunk by only 36% of Syrians as opposed to 55% of Jordanians), and preferred buying drinking water from shops (63% of Syrians vs. 35% of Jordanians).²⁸ This is particularly true for **Irbid, where 98% of Syrian families interviewed reported buying water from a shop**, and only 5% reported drinking tap water, while 44% of Jordanians in the same geographic area drink tap water. The preference for bottled water in Irbid is also reflected in the average monthly expenditure for drinking water, which was found to be significantly higher than average in Irbid (JOD 17) and lowest in Mufraq (JOD 11).

The overwhelming majority of households (88%) surveyed reported being connected to the municipal water network and using tap water for cleaning, washing, and other household purposes, albeit with considerable geographical differences: almost a quarter of households in Irbid and 15% of respondents in Mufraq depended on trucked-in water. This is again reflected in the average monthly expenditure for water, which was about 40% higher than average in Irbid (JOD 38) and Mufraq (JOD 36).

With regards to utilities, Syrian participants in FGDs explained that sometimes several households share a meter, leading to conflicts among neighbors or with the landlord about the distribution of expenses (see “Community Relations”).

96% of all households interviewed reported having a place to wash, but 10 newly arrived Syrian families and 4 longer-term-displaced families did not.²⁹ 97% of the families that had a place to wash explained that they had a bathroom inside, while nine families (six MHHs and three FHHs), five of them in Mufraq, had to wash themselves outside of their accommodation. 9% of the respondents (8% of FHHs and 10% of MHHs) also felt that their place to wash did not provide them with enough privacy, typically when it was shared with other families living in the same accommodation because it was in the kitchen, did not have a door, or was in poor condition.

4% of the households interviewed did not have a toilet (all of them Syrian families); of those who did, 2% only had a toilet outside. 9% felt that they did not have enough privacy, again mainly because the toilet was shared with other families.

Impacts on All Groups Affected

- Lack of safe drinking water and lack of knowledge/awareness about drinking-water quality and appropriate storage facilities increase household dependency on bottled water, contributing to high total household expenditure;
- Lack of privacy due to shared/unfit/outdoor sanitation facilities possibly has negative effects on refugees’ psychosocial well-being and on their physical health.

²⁸ For a discussion of tap water quality in Jordan, and the preference of refugees toward bottled water, see Interagency assessment, *WASH in Host Communities in Jordan* (2013), 19–24.

²⁹ UNHCR reports that 90% of refugees living across the kingdom, including those in rural areas and tented settlements, have adequate sanitation infrastructure. Taking into account that CARE’s data covers urban areas only, the results of the present study seem to be in line with UNHCR findings. See UNHCR, *Syrian Refugees Living Outside Camps in Jordan* (2013).

Impact on Women and Girls:

- Women and girls are possibly particularly affected by the lack of privacy in sanitation facilities, with negative impact on their psychosocial well-being and/or physical health.

Coping Mechanism:

- Buying bottled water from shops to cope with insecurity and/or lack of awareness about quality of drinking water.

HEALTH

In addition to housing, access to quality and affordable health care and medication was reported as a primary concern for the population surveyed. 86% of all households reported at least one member with a medical condition that required treatment (no difference between Syrian and Jordanian households). 25% of the Jordanian families and 13% of the Syrian households interviewed had one or more members with a disability.³⁰

Syrian households interviewed overwhelmingly reported chronic diseases (hypertension, diabetes, heart conditions, asthma, renal stones, etc.) **followed by musculoskeletal disorders** (typically vertebral disk compression and related difficulties to move), **war-related injuries (including physical and neurological/mental consequences of torture), and neurological and mental conditions.** Some households interviewed reported that their **children have respiratory problems caused by poor and damp housing conditions and lack of heating** (asthma, acute bronchitis, allergies) as well as fewer cases of anemia, nocturnal enuresis, autism, and Down syndrome. One in eight Syrian households reported a member with a disability; in five households, the survey team found children with disabilities (Down syndrome, autism, poliomyelitis, broken hip, visual impairment).

Basic health services are available at public health institutions for Jordanians and Syrians registered with UNCHR. While almost all Syrian families surveyed were found to have access to these services, **23% of Syrian households** stated that they **used public health care, and 4% of all refugee households interviewed stated that they could not access public health-care services because their UNHCR registration was expired or they were not yet registered.**³¹

Across the survey, the average reported monthly expenditure on health by those who reported health expenditure was JOD 59, with higher monthly expenditure for medical services and medication reported by Syrians (JOD 66) than Jordanians (JOD 42).³²

³⁰ More Jordanian than Syrian families were found to include a person with a disability (25%). This is due to the fact that all Jordanian families interviewed were referred to CARE by the National Aid Fund (NAF)/Ministry of Social Development (MoSD). Disability is one of the key selection criteria for NAF assistance.

³¹ All refugees registered with UNCHR have access to primary and secondary health and education services in Jordan. Refugees reported that renewal of UNHCR registration would typically take three to four months.

³² One Syrian family reported health expenditure of JOD 2,500 during the previous month. This was considered an exceptional case and was not included in the average for all households or Syrian households.

86%

OF ALL HOUSEHOLDS REPORTED AT LEAST ONE MEMBER WITH A MEDICAL CONDITION THAT REQUIRED TREATMENT

ONE IN EIGHT SYRIAN HOUSEHOLDS REPORTED A MEMBER WITH A DISABILITY

TABLE 9: MONTHLY EXPENDITURE HEALTH

	JORDANIAN HHS	NEWLY ARRIVED SYRIAN HHS	LONGER-TERM-DISPLACED SYRIAN HHS	GRAND TOTAL
JOD 0-49	71%	61%	60%	63%
JOD 50-99	20%	22%	20%	21%
JOD 100-149	3%	5%	6%	5%
JOD 150-199	2%	6%	2%	3%
JOD 200-249	1%	2%	2%	2%
JOD 250-299	0%	2%	1%	1%

During FGDs, many Syrian and Jordanian adults, especially men, were found to be very worried about the high costs of specific treatments that they or one of their family members needed. Typically, these cases required cancer treatment, an operation, or specific care for war-related injuries that were not available in government hospitals and if available at private centers were prohibitively expensive (several thousand and up to JOD 50,000), and thus far beyond the financial capacity of vulnerable refugee and host-community households.

Syrians and Jordanians alike were also concerned about the quality of treatment available at government hospitals, which indicates a general and structural gap rather than a need specific to the refugee population.

80% of the survey participants stated that they preferred public health services; the 20% that would rather access private services did so because the services, treatment, or medication they needed were not available at public hospitals, because they thought the service/treatment was better or faster at private institutions, or because public facilities were not available in their area.

Impacts on All Groups Affected:

- Lack of availability/quality of treatment at public hospitals and high cost of services at private facilities leave some cases of both chronic and acute medical cases untreated, leading to further deterioration of health conditions;
- High costs associated with certain treatments force refugees to deplete their resources or sell assets, decreasing their capacity to deal with financial shocks in the future;
- Loans taken to cover medical expenses increase refugees’ dependency on others and possibly risk of different forms of exploitation;
- Selling food vouchers to cover health expenses reduces refugees’ capacities to cover their food needs.

Impact on Women and Girls:

- Lack of availability of certain types of treatment/medication possibly also affects women’s and girls’ access to maternal, sexual, and reproductive health care.³³

Coping Mechanisms:

- Access high-cost private services to obtain treatment/medication not available at public institutions;
- Access NGO/charitable health facilities such as the UAE-Jordanian field hospital (“Emirati hospital”) in Mufrag;
- Borrow money from family/neighbors to cover ongoing and one-off health expenditures;
- Sell food vouchers, assets, or items received from humanitarian organizations to cover medical expenses;
- Seek financial support from private donors or organizations.

Ahmad was injured in a car accident. While Syrian refugees registered with UNHCR have access to primary and secondary health care in Jordan, the services they require are not always available at public health centers, and they have difficulties securing financial means to cover tertiary care, if needed. Photo: Jenny Matthews / CARE



³³ Focus-group discussion participants specifically mentioned cesarean sections. Further research on the availability of and access to sexual and reproductive health-care services seems to be required.

FOOD

TABLE 10: MONTHLY FOOD EXPENDITURE

	JORDANIAN HHS	NEWLY ARRIVED SYRIAN HHS	LONGER-TERM-DISPLACED SYRIAN HHS	GRAND TOTAL
JOD 0-49	15%	21%	24%	20%
JOD 50-99	19%	31%	34%	28%
JOD 100-149	26%	25%	28%	27%
JOD 150-199	14%	11%	6%	10%
JOD 200-249	17%	5%	5%	9%
JOD 250-299	4%	3%	3%	3%
JOD 300-349	4%	2%	1%	2%

Across all geographic areas and household types, survey participants responded spending JOD 101 on food during the previous month, with Syrian households (JOD 90) on average spending JOD 35 less than Jordanian households (JOD 125). This may reflect the fact that the overwhelming majority of Syrian families (89%) receive WFP vouchers.

Syrian and Jordanian female-headed households report lower monthly food expenditure than male-headed households (JOD 96 vs. JOD 103); Syrian female-headed households indicated average monthly food expenditure of JOD 83, and Syrian male-headed households report having spent JOD 93 on food during the last month.

Newly arrived Syrians reported slightly higher food expenditures than the longer-term displaced (JOD 98 vs. JOD 83); only 83% of new arrivals reported having received WFP vouchers (as opposed to 95% of previously interviewed Syrians). Households living in Mufraq and Irbid reported considerably higher monthly food expenditure (JOD 118 and JOD 112, respectively) than respondents in Amman and Zarqa (JOD 93 and JOD 83, respectively).

Access to sufficient quantities of food was not identified as a primary household need by Syrians, as WFP vouchers help them cover basic needs. Participants in focus-group discussions expressed dissatisfaction with the type and quality of items they could purchase with food vouchers, and specified that often they could not buy meat and vegetables needed to maintain a balanced diet. They also highlighted that the food vouchers limited their options and obliged them to buy from certain supermarkets that are perceived as more expensive than other shops. Specific groups, particularly families with babies or members that need a specific diet for health reasons, seem to find it more difficult to cover their food needs. Most commonly, baby milk, diapers, and cleaning materials were identified as items that Syrian families would like to but cannot buy with WFP vouchers.

About one-fifth of survey participants also stated having sold some of their food vouchers or having re-sold items originally purchased with food vouchers. FGD participants confirmed that selling vouchers was a common practice that Syrian households employed to cover urgent shelter, medical expenses, or baby items (milk, diapers) but was not a preferred strategy, as

households lost approximately one-third of the value of the food voucher in the transaction.

Impact on All Groups Affected:

- Possible negative impact on health of small children and people with specific dietary requirements.³⁴

Coping Mechanisms:

- Buying food on credit in shops;
- Receiving food support from neighbors/family;
- Buying from cheaper sources (local markets, big supermarkets) and/or buying multi-packs;
- Selling food vouchers/re-selling items purchased with food vouchers to afford food items that cannot be purchased with vouchers.

„When I fled from Syria, my twins were only 15 days old. I could not afford baby milk, so I cooked lentil soup and fed it to them. Of course, this was not healthy for them, so my babies fell sick. The treatment cost me 10 JOD. It is also difficult for me to buy diapers; they cost JOD 2 per day.“

„I sold half of my food vouchers to buy baby milk and diapers.“

Female Syrian FGD participants, Amman



³⁴ Monitoring of food security and food-related coping strategies as well as further research on intra-household differences on access to food items is required.

Scarcely equipped kitchen in a refugee home. Photo: Sabine Wilke / CARE

43%

OF SYRIAN SCHOOL-AGE CHILDREN WERE REPORTEDLY OUT OF SCHOOL

GIRLS ARE PARTICULARLY AFFECTED BY VERBAL HARASSMENT AT SCHOOLS, OFTEN RELATED TO STEREOTYPES ABOUT SYRIAN WOMEN AND GIRLS

43% of Syrian school-age children were reportedly out of school,³⁵ with boys (48%) affected more than girls (38%)³⁶ and teenagers affected more than younger children. While this constitutes a significant improvement when compared to CARE's baseline data,³⁷ where 60% of school-age children were reported out of school, the situation is still alarming, particularly when looking at specific groups. Newly arrived Syrian boys were least likely to be in school (57%), followed by newly arrived Syrian girls (45%). In geographic terms, the education situation was most problematic in Mufraq, where 90% of Syrian teenage boys and girls did not attend school.

With the percentage of Syrian children out of school still alarmingly high, the interruption of education that for many children started in Syria is prolonged in Jordan. A range of causes prevent children from attending school, including the cost of school materials (books and stationery) and transportation; fear that boys could get involved in fighting; verbal harassment and physical violence from both peers and teachers, especially of girls; the need for children, especially boys, to contribute to the family's income; concerns about low-quality education and lack of care by teachers; lack of school certificates from Syria and interruption of education during the conflict (resulting in children sometimes being registered in levels that are not appropriate to their actual competences); different education systems; and lack of capacities/space in local schools. Jordanian parents often shared Syrian families' concerns over quality of education and stretched capacities of the education system. Focus-group discussions also revealed the perception among Syrian parents that quality of education was particularly low during the afternoon shift.

Jordanian and Syrian parents as well as young adults were also concerned about the high costs of university education that made it very difficult for members of both communities to access tertiary education.

Impacts on All Groups Affected:

- High prevalence of children and teenagers being out of school exacerbates difficulties in adapting to life in Jordan;
- Low school attendance and low-quality education exacerbates negative effects of interruption of education in Syria.

Impact on Girls:

- Girls are particularly affected by verbal harassment at schools, often related to stereotypes about Syrian women and girls.

³⁵ UNHCR Home Visit Data indicates that over half of Syrian school-age children across the kingdom were not enrolled during the academic year 2012–13 (September–June). This is in line with CARE's baseline data. See UNHCR, *Syrian Refugees Living Outside Camps in Jordan* (2013).

³⁶ Boys, particularly teenage boys, often are more likely than girls to be out of school and supporting the family through work.

³⁷ CARE Jordan, *Baseline Assessment* (2012); and CARE Jordan, *Syrian Refugees in Urban Jordan* (2013).

Children Searching for Their Way Back to School After Displacement

During two years of conflict in Syria, Amal and Maram could not always go to school. „Most of the time we stayed at home. It was simply too dangerous,” explain the two cousins, who today are 15 years old. When their house in Deraa in southwestern Syria was burned to the ground, they fled to Jordan. For almost a year Amal and Maram did not go to school in Jordan. „In the beginning we did not even think about going to school here. We were persuaded that we would be able to go back home soon, go back to our old school,” Maram says. Amal’s stepmother, Eman, adds, „But the war did not stop. It got worse and worse. We wanted our daughters to live in freedom and have all the opportunities that life can possibly offer.”

The girls were rejected by seven schools. „We either did not have the right documents or the schools did not have any space for them. Even the waiting lists were full,” Eman explains. Finally, a school did accept them. However, it was more than an hour by foot from where they had settled. „I did not want my daughter to walk this far by herself. I am afraid that something could happen to her. We don’t know our way around here.” But Amal and Maram did not want to give up. They met with other Syrian refugee girls and their mothers in their neighborhood and came up with an idea. They rented their own small bus that their mothers could afford when sharing the costs among 20 girls.

After almost three years, Maram and Amal are now back in school. They have to repeat an entire year. „I don’t care that everyone else is younger than me,” Amal says. „I want to graduate.” At the beginning it was difficult for the two girls. „The subjects here are different. I did not know anything about Jordanian history or geography before,” Amal explains. „Sometimes going to school hurts,” Maram says. „It reminds me of my friends in Syria, my teachers, my old route to school.” Those cheerful times are nothing but fading memories now. They have not received any news from friends in Syria over the past year. As in many Jordanian classrooms, Amal and Maram share their teacher with almost 50 other students. Many are Syrian refugee girls like them.

„When I am harassed in the street or at my workplace, I take it out on my wife, and my wife takes it out on the children.“

Male FGD participant, Amman

PSYCHOSOCIAL

Longer-term-displaced Syrian refugee families clearly identified an increase in psychosocial needs the longer the displacement lasted. Syrian families that had also been interviewed for the baseline surveys typically identified a deterioration in their psychological state as a major change over the previous year, alongside and exacerbated by preoccupations about financial resources to cover basic needs and closely related to a deterioration in health.

In FGD, adult men identified lack of employment opportunities and related inability to provide for their families and feeling of “emasculatation,” labor exploitation, verbal harassment at the workplace or in the neighborhood, and concerns for the well-being of their families as major stressors, with negative effects on intra-household relations. Some men explicitly requested counseling support to help them deal with the situation of displacement.

Some female focus-group participants reported that the displacement changed their patterns of interaction in public: while in Syria they would not leave their home every day, women (particularly female household heads) now need to seek assistance and do their grocery shopping, increasing their presence in the public space. At the same time, women in focus-group discussions mentioned some exposure to verbal harassment based on stereotypes about Syrian women in the street or in the neighborhoods where they live, and parents reported that their girls are sometimes exposed to similar sorts of harassment in schools.

„During my first days in Jordan, I was just walking through the street crying, because I felt lost and did not know anybody.“

Female FGD participant from Amman

When asked about their strategies to deal with personal problems, most adult survey respondents said they would talk to or seek support from relatives; some FGD participants reported feelings of isolation, especially when first arriving in Jordan.

A lack of safe spaces to meet peers, play, or practice sports was clearly identified for children (ages 6–12) and youths (ages 13–17).

Impacts on All Groups Affected:

- Lack of psychosocial well-being potentially reduces refugees’ capacities to deal with the challenges of life in displacement and to engage in income-generating activities;
- Possibly, reduced psychosocial well-being also increases prevalence of domestic violence and community tensions;
- Lack of psychosocial well-being also potentially has negative impacts on refugees’ mental and physical health.

Coping Mechanisms:

- Talk to family;
- Visit neighbors;
- Go for a walk (men) or pray.

PROTECTION

Lack of documentation from Syria can be identified as one of the major potential protection risks. Almost all households interviewed were registered with UNCHR (98%) and/or had obtained a government service card (99.6%). Only six cases of the Syrian households interviewed had not yet registered with UNCHR, four of them in Mufraq.³⁸ However, 42% of Syrian families reported not having any documentation from Syria. Most cases explained that their documentation was with the Jordanian authorities or left behind in Zaatari camp; only a small number of cases reported having lost or discarded their documentation in Syria before entering Jordan.

Syrian households interviewed typically identified access to the WFP food voucher program and UNHCR monthly cash assistance (“iris print”) as the main benefits of registration with UNCHR, whereas obtaining a refugee status and rights protection was not a common reason for refugees to register with UNHCR. While initial registration was not highlighted as a problem, a number of survey and FGD participants stated that their UNHCR registration was expired; FGD participants explained that renewal of UNHCR registration typically takes three to four months, sometimes as long as six months, during which they could not access government health services.³⁹

99.6% of Syrian families interviewed had obtained a government service card from the Jordanian authorities that they often consider as “a sort of ID” and important to facilitate their movement across the kingdom.

Adult men were found exposed to severe protection risks at the workplace. Since work permits are restricted to certain job categories, are associated with high costs (JOD 400 or more), and require a difficult administrative procedure few employers are willing to pursue, many refugees are pushed into informal employment that puts them at risk of exploitation (low or no pay, long working hours, no legal recourse). Some men reported being exposed to ill treatment and verbal harassment at the workplace. Syrian men were also concerned about the insecurity of informal work and payment, as well as fear of legal consequences if working without a permit.

13% of the households surveyed did not feel safe in the place where they lived (13% of male-headed and 11% of female-headed households). Of the Syrian families interviewed, 12% reported feelings of insecurity where they lived (12% of male-headed and 11% of female-headed households). Of the Jordanian households interviewed, 14% reported feelings of insecurity (17% of male-headed and 11% of female-headed Jordanian households).

Feelings of insecurity were reported more often by families living in Mufraq (17%) and Amman (15%) than households in Irbid and Zarqa (9% each). Of the Jordanian families interviewed, a higher percentage of those living in Amman (20%) and Irbid (17%) reported feelings of insecurity, while among Syrian households, those living in Mufraq (18%) and Amman (13%) more often reported feelings of insecurity.

Female FGD participants identified different forms of gender-based violence in the public sphere, for instance verbal sexual- or gender-based harassment

13%
**OF THE
HOUSEHOLDS
SURVEYED DID
NOT FEEL SAFE IN
THE PLACE WHERE
THEY LIVED**

³⁸ UNHCR does not have a registration office set up in Mufraq and refugee households have to travel to other locations to register.

³⁹ UNHCR offers a fast-track mechanism for re-registration to refugees with urgent medical needs. Not all refugees may be aware of and/or eligible for this service.

in the workplace or schools or being approached with arranged (or “transactional”) marriage proposals.⁴⁰

Impact on All Groups Affected:

- Lack of documentation from Syria implies potential future protection risk should refugees want to leave the kingdom or should the government of Jordan decide to change its policy toward refugees.

Impact on Women and Girls:

- Women and girls are potentially more impacted than men and boys by verbal harassment in the public space, with negative impacts on their psychosocial well-being and capacities to adapt to life in Jordan.

Coping Mechanism:

- UNHCR registration and registration with the Jordanian authorities (government services card) provides refugees without Syrian documentation with a means to demonstrate their identity.

Syrian women and children walking the streets in Amman. About 80% of Syrian refugees in Jordan live in urban areas. Photo: Adel Sarkozi / CARE



⁴⁰ The methodology did not specifically collect data on gender-based violence, intra-household dynamics, or domestic violence. For further information on gender-based violence and child protection concerns, including early marriage, see UN Women, *Gender-based Violence and Child Protection among Syrian-refugees in Jordan, with a Focus on Early Marriage* (2013). Data presented by UN Women also indicates that while the marriage age has not necessarily changed among Syrian communities after their displacement to Jordan, the reasons for Syrian girls to get married are different and often connected change family financial gain or increasing a girl's economic security, and also the selection of partners is undergoing a change during life in displacement, with age differences increasing.

DIFFERENT GROUPS – DIFFERENT NEEDS

WOMEN AND FEMALE HEADED HOUSEHOLDS

FHHs⁴¹ registered with CARE typically have at least one member with a mild medical condition, share accommodation with other families, and are single-parent households. CARE’s registration data indicates that FHHs (68%) have better access to assistance than MHHs (50%)—although 5% of FHHs (as opposed to 3% of MHHs) are not registered with UNCHR.

INDIVIDUAL VULNERABILITIES – ADULT WOMEN⁴²

Mild Medical Condition	40%
Severe Medical Condition	4%
Disability	2%
In Need of Psychosocial Support	5%
Single Parents	18%
Pregnant Women (aged 18–50)	25%
Under Threat	3%

During the household survey, only 1% of adult women were reported as working, while 14% stated that they were looking for work. In FGDs, women confirmed that they would prefer home-based income-generating activities (processing food, sewing, etc.) in line with cultural factors that influence women’s movement, but also because it would be difficult for them to find care for their children and/or partners (if injured, with a severe medical condition) while they are working outside the house. This applied in particular to the 18% of adult women registered with CARE who are single parents.

While survey data suggests that female-headed households receive more community support and assistance—indicating functioning support mechanisms and appropriate targeting by service/assistance providers—they continue to be vulnerable because they have more difficulties than men engaging in income-generating activities.

MEN AND MALE-HEADED HOUSEHOLDS

MHHs that register with CARE typically have at least one member with a mild medical condition and have not received assistance from any other organization. They are also often large families and/or share accommodation with other families. More than one-third of MHHs have children under the age of two and 31% include pregnant women. They are more likely than FHHs to have a person with a severe medical condition, a disability, or an elderly person.

⁴¹ Households registered by a woman are typically also female-headed households; only 9 MHHs were registered by a woman. Thus, for the purpose of the analysis, all households registered by a woman are considered FHHs.

⁴² The data presented here is derived from CARE’s assessment of vulnerabilities of individual household members conducted during the initial registration and case assessment process at the refugee centers in Amman, Zarqa, Irbid, and Mufrag.

Mohammad, a 13-year-old, first started working in a photography shop when he was eleven, working up to 15 hours for JOD 1 a day. His work involved handling chemicals used for developing photos; one day he had an accident that hurt his skin. He now works in a clothes store from 10 a.m. to 7 p.m. When he is late, his employer discounts JOD 1 of his weekly salary of only JOD 5.

VULNERABILITIES - ADULT MEN⁴³

Mild Medical Condition	41%
Severe Medical Condition	5%
Disability	3%
In Need of Psychosocial Support	5%
Single Parents	11%
Under Threat	3%

In focus-group discussions, men often expressed concern about their ability to pay rent and cover their family’s needs, especially related to urgently needed medical treatment and medication. They were particularly stressed by the fact that obtaining a work permit continues to be very difficult and is associated with high costs, while working without a permit entails risks of labor exploitation. They were also worried about possible conflict with the authorities if working without a permit. Fathers were also particularly concerned about their children’s access to education.

BOYS AND GIRLS—MALE/FEMALE YOUTHS

<i>CHILDREN AND YOUTHS⁴⁴</i>	<i>Girls</i>	<i>Boys</i>
Mild Medical Condition	12%	15%
Severe Medical Condition	1%	2%
Disability	1%	2%
In Need of Psychosocial Support	2%	3%
Pregnant Girls (ages 14–17)	7%	–

The greatest needs for boys and girls continue to be related to education—for children/youths both in and out of school.

The interruption of education that for many children started in Syria is prolonged in Jordan: 43% of Syrian school-age children are reportedly out of school—with boys (48%) more affected than girls (38%) and teenagers more affected than younger children. A range of reasons prevent children from attending school, including the cost of school materials (books and stationery) and transportation, concerns about low-quality education, lack of school certificates from Syria, and interruption of education during the conflict (resulting in children sometimes being registered in levels that are not appropriate to their actual education level), different education systems, and lack of capacity/space in local schools. One factor specifically identified for boys was fear they could get involved in fighting, while girls are reported to be exposed to verbal harassment and physical violence from both peers and teachers, and thus discontinue attendance. Concerns about quality of education, capacities of local schools, verbal harassment, and violence at school are often shared by Jordanian parents.

OBTAINING A WORK PERMIT CONTINUES TO BE VERY DIFFICULT AND IS ASSOCIATED WITH HIGH COSTS

CONCERNS ABOUT QUALITY OF EDUCATION, CAPACITIES OF LOCAL SCHOOLS, VERBAL HARASSMENT, AND VIOLENCE AT SCHOOL ARE OFTEN SHARED BY JORDANIAN PARENTS

⁴³ Ibid.

⁴⁴ Ibid.

The need to contribute to the family's income through work is also a factor sometimes leading to drop out or non-attendance, especially for teenage boys in the north.

Early marriage was considered too sensitive a topic to be included in the household survey.⁴⁵ Analysis of CARE's registration data found 9% of girls aged 14–17 were married, one teenage girl that was divorced, one engaged, and one widowed. 7% of girls between 14 and 17 were pregnant, and two girls, one age 14 and the other one age 17, were registered as single parents. These girls likely need additional support to cope with the responsibilities that they carry at their young age and to mitigate possible protection risks.

Children and youths also particularly suffer from the lack of safe spaces to meet outside often crowded family accommodations. 83% of Syrian survey participants stated that no safe spaces for children were available in their neighborhood, and 85% thought that teenage boys and girls did not have any safe place to meet outside the house. Only in Irbid the situation was described as somewhat more favorable: about half of Syrian and Jordanian households surveyed indicated that safe spaces for children, and male and female youths were available. This was also confirmed in a focus group discussion with teenage boys in Irbid that stated frequently meeting their friends in the street, in addition to school and Internet cafes.

9%
**OF GIRLS AGES
14–17 WERE
MARRIED**

Women and men often seek support from family members or neighbors to better cope. However, some refugees do not have family or need additional support to better deal with their situation of displacement and its consequences.
Photo: Jenny Matthews / CARE



⁴⁵ For comprehensive data and analysis about the prevalence and patterns of early marriage among Syrian refugees in Jordan see UN Women, *Gender-based Violence* (2013).

WOMEN AND CHILDREN: *Hidden Concerns, Hidden Strengths*

When they first came to Jordan, Ibrahim (14) and his family stayed in Zaatari camp. But his eight-year-old twin sisters have asthma and could not cope with the wind and sand of the desert surrounding the refugee camp. They moved to Zarqa, where Ibrahim now works in a coffee shop, 14 hours a day, six days a week.

Ibrahim has a limp and it is hard for him to stand and walk all day. Before they left Syria he was shot in the leg. Razan, Ibrahim's mother, decided to flee to Jordan so her children would be safe. "I am tired after work. My leg hurts, I cannot play soccer anymore. Going up and down the stairs to our apartment is as exhausting as running a marathon is for healthy people," he says.

Ibrahim earns around three euros per day, slightly more than 70 euros a month. Razan pays the rent for their tiny apartment with this money. Ibrahim's job just does not make ends meet. "I am really proud of my son," says Razan. "But I am also worried. He is always nervous; his injury hurts him. More than anything I feel guilty that he cannot live the life of a normal child. But what else can I do?"

Razan's eyes fill with tears. Razan has to take care of her children. The youngest is three years old. None of them are going to school. The schools they were accepted to are too far away and they do not have money to pay the transportation fees. Ibrahim has already missed two years of school in Syria, almost a year in Jordan. "I want my children to grow up in Syria. I want them to go to school. I want them to feel safe and have dreams in life," says Razan. Ibrahim says that he once had a dream. He wanted to become a scientist. "Now I don't have any dreams anymore. I don't want to think about the future. I don't want life to disappoint me over and over again."

MALE AND FEMALE ELDERLY

<i>THE ELDERLY</i> ⁴⁶	<i>Women</i>	<i>Men</i>
Mild Medical Condition	70%	57%
Severe Medical Condition	9%	14%
Disability	8%	13%
In Need of Psychosocial Support	3%	4%
Elderly Without Family Support	30%	17%
Under Threat	1%	5%

The high prevalence of severe medical conditions and disabilities exacerbates this group’s age-related difficulties in accessing assistance and services. 60% of households headed by an elderly person reported hosting at least one person with such difficulties, supporting the case for increasing community outreach and mobile teams to ensure housebound refugees receive the services and assistance they need.

Elderly women are particularly prone to living without family support and suffering from a mild medical condition, while elderly men more often are affected by severe medical conditions and disabilities.

MOST VULNERABLE SYRIAN REFUGEES

During the initial registration process, CARE evaluates Syrian families’ vulnerabilities along 20 criteria specified in CARE’s vulnerability scorecard. Households are subsequently classified as “vulnerable” (score 0–9), “very vulnerable” (score 10–14), and “extremely vulnerable” (score 15+).

67% of all Syrian families that approach CARE are identified as “extremely vulnerable.” Typically, these families include at least one person with a mild medical condition. Extremely vulnerable families are also frequently female headed—typically single parents—and/or share accommodation with other families, sometimes not related to them. About 40% of the most vulnerable families have children under the age of two and have not received support from other agencies when registering with CARE.

67%
**OF ALL SYRIAN
 FAMILIES THAT
 APPROACH CARE
 ARE IDENTIFIED
 AS “EXTREMELY
 VULNERABLE”**

⁴⁶ The data presented here is derived from CARE’s assessment of vulnerabilities of individual household members conducted during the initial registration and case assessment process at the refugee centers in Amman, Zarqa, Irbid, and Mufrag.

TABLE 11: VULNERABILITY GROUPS

	VULNERABLE	VERY VULNERABLE	EXTREMELY VULNERABLE	GRAND TOTAL
Severe Medical Condition	0%	1%	21%	13%
Mild Medical Condition	73%	72%	74%	73%
Psychosocial Needs	2%	7%	18%	13%
Multi-Family Housing	26%	47%	61%	51%
No Organizational Support	70%	48%	33%	43%
More Than 5 Family Members	22%	23%	44%	35%
Single-Parent HH	1%	8%	31%	20%
FHHS	9%	23%	47%	34%
Pregnant	8%	29%	30%	26%
Children Under 2	6%	31%	39%	31%

More FHHs (83%) than MHHs (56%) are identified as extremely vulnerable, while more MHHs than FHHs are identified as very vulnerable or vulnerable (45% vs. 17%). Families headed by an elderly person are also often found to be extremely vulnerable, especially when headed by a woman.

VULNERABLE JORDANIAN FAMILIES

TABLE 12: VULNERABLE JORDANIANS

	ALL FHHS	AMMAN FHHS	IRBID FHHS	MUFRQA FHHS	ZARQA FHHS	ALL MHHs	AMMAN MHHs	IRBID MHHs	MUFRQA MHHs	ZARQA MHHs	GRAND TOTAL
Shelter	36%	21%	67%	33%	46%	40%	40%	38%	40%	42%	38%
NFIs	15%	4%	56%	13%	8%	20%	0%	33%	20%	11%	17%
Of Babies & Children	3%	4%	0%	0%	8%	13%	0%	10%	27%	11%	8%
Financial	23%	38%	33%	7%	8%	30%	60%	57%	7%	11%	26%
Winterization	21%	8%	22%	53%	8%	13%	0%	14%	33%	0%	17%
Clothes	7%	0%	22%	7%	8%	17%	0%	38%	7%	5%	12%
Education	13%	17%	22%	7%	8%	10%	20%	10%	0%	16%	12%
Health	10%	17%	0%	0%	15%	5%	0%	5%	0%	11%	7%
Food	15%	4%	11%	27%	23%	25%	20%	43%	7%	21%	20%

The Jordanian households interviewed during the household survey were all recipients of support from the Jordanian NAF, typically because they had a family member with a disability or severe medical condition. They receive monthly financial support from the NAF, with the amount depending on the degree of severity of the medical condition/disability. The financial support is intended to cover the expenses of the affected family member, not the entire household. Family members receiving NAF assistance are not allowed to work. All families were referred by the NAF to CARE for urgent cash assistance.

During the household survey, Jordanians identified shelter and shelter-related needs (NFIs—primarily furniture, home equipment, and winterization) as primary household needs. 27% of Jordanian households were also concerned about obtaining sufficient financial resources to cover their family's basic needs. Access to food was identified as a household need by 20% of Jordanians, reflecting the fact that vulnerable Jordanian households often struggle to purchase enough food from the support they receive from NAF and any small income they manage to generate. 12% of Jordanian households interviewed were concerned about the quality of/access to education and 8% stated they needed assistance to cover the needs of babies and children.

„One of the Jordanian families we interviewed had only had one set of clothes, so when they washed their clothes, they had to wait until the dried to put them back on again.“

Survey team, Irbid

Children living in unhealthy, damp, and unheated accommodations sometimes suffer from respiratory problems.
Photo: Harry CHUN / CARE



COPING STRATEGIES

Syrian refugees and vulnerable host-community members are employing a series of strategies to cope with the difficulties they face covering their basic needs. The household survey was designed to identify key coping strategies. Comparison with the baseline data allows an analysis of the effects of long-term displacement on refugees' ability to cope.

DEBT

TABLE 13: AVERAGE DEBT

	2012 SYRIAN HHS	2013 SYRIAN HHS	2014 LONGER-TERM DISPLACED SYRIAN HHS	2014 NEWLY ARRIVED SYRIAN HHS
Amman	225		873	604
Irbid		600	605	474
Mufraq		430	606	466
Zarqa		575	612	514

89%

OF THE SYRIAN HOUSEHOLDS INTERVIEWED HAVE BORROWED MONEY

SYRIAN REFUGEES NOW REPORT AN AVERAGE DEBT OF JOD 573

Debt was found to be an extremely important coping strategy for all groups surveyed: 87% of all households interviewed stated having borrowed money (85% of Jordanian households, 89% of Syrian households). Overall, 85% of female-headed households and 88% of male-headed households interviewed reported having borrowed money.

The percentage of Syrian households found to be in debt is considerably higher than reported in the baseline surveys (37% in Amman⁴⁷ and an average of 72% in Irbid, Madaba, Mufraq, and Zarqa⁴⁸). While the increasing level of debt can be considered an important indicator for the growing destitution among Syrian refugees, newly arrived families were not found to be less prone to accumulating debt. The longer the displacement, however, the higher the amount of debt families accumulated: the average amount of debt found in Amman in the 2012 baseline survey was JOD 225, and average debt for Irbid, Madaba, Mufraq, and Zarqa reported in CARE's 2013 baseline survey was slightly above JOD 500. Syrian refugees now report an average debt of JOD 573. Long-term-displaced Syrian households by now have accumulated debts of an average amount of JOD 606, while newly arrived Syrians reported an average debt of JOD 540.

It is worth noting that the average level of debt was higher among Jordanian than Syrian households. Across all areas, Jordanian households reported having borrowed an average amount of JOD 1,235.⁴⁹

Syrian FHHs and MHHs are equally likely to adopt borrowing money as a coping strategy. However, the average amount of debt accumulated by FHHs (JOD 394) was found to be lower than for MHHs (JOD 610).

Syrian households typically borrow from family (43%), their landlord (25%),

⁴⁷ CARE Jordan, *Baseline Assessment* (2012).

⁴⁸ CARE Jordan, *Syrian Refugees in Urban Jordan* (2013).

⁴⁹ Some Jordanian households reported very high debt above JOD 5,000 and up to JOD 45,000. These cases were taken out of the sample for calculating the average because they must be considered extreme outliers. In addition, a number of Jordanian families, included in the average, also have debt of several thousand and up to JOD 5,000. Among Syrian households, only five families reported debt between JOD 2,000 and JOD 5,000, and two reported debt above JOD 5,000. Families reporting debt above JOD 5,000 were taken out as outliers.

neighbors (16%), or their shopkeeper (10%). The high percentage of refugees taking loans from landlords, neighbors, and shopkeepers could be considered an indicator for functioning community-support mechanisms. At the same time, families owing money to their landlords might also be at an increased risk of eviction in the near future.

Household survey data indicates that FHHs, and particularly those headed by an elderly woman, are the most likely groups to take a credit from their landlord. Again, while this is possibly a sign of community support for these women, risk of exploitation and/or eviction cannot be discarded.

FGD participants explained that when borrowing from other Syrians, sometimes assets/financial resources in Syria are used as a guarantee, with negative consequences for these households' capacities to return to Syria should they be unable to pay back their debt.

INCOME FROM WORK

Across the households surveyed, finding a stable source of income was reported as challenging.

Due to the restrictive legal context, it is difficult to obtain reliable data on the percentage of refugees that are engaged in income-generating activities:⁵⁰ only 6% of all adults in the households interviewed said that they were working.⁵¹ 1% of adult women had a job, compared to 11% of adult men. Newly arrived men (17%) were found more likely to work than longer-term-displaced men (8%). In Zarqa (24%) and Amman (20%) newly arrived Syrian men were found to be particularly successful in finding work.

Syrian men that had been successful in finding employment in Jordan often worked in the same type of job they had in Syria, including construction work, crafts (carpenter, car mechanic, painter, tailor, shoe maker, etc.), and work in small shops.

45% of Syrian men and 14% of Syrian women stated they were looking for work;⁵² in Amman, more than 50% of all Syrian men indicated they were looking for employment. Data on income suggests a higher employment rate: when asked about their sources of income, 27% of Jordanians, 23% of newly arrived Syrians, and 19% of previously interviewed Syrians stated having obtained some income from work or self-employment during the previous month. 26% of male-headed and 17% of female-headed households stated that they had gained income from work or self-employment. Among Syrian households, only 15% of FHHs reported any income from work/self-employment, compared to 23% among MHHs.

1%
**OF ADULT WOMEN
HAD A JOB,
COMPARED TO
11%**
OF ADULT MEN

50 Data on adults' employment, skills, and education and of children's education and labor was collected for all household members. The data provided in the following section on employment refers to all adult members of the households interviewed.

51 Notably, 9% of all household members preferred not to answer the question.

52 No answer for 25% of all individuals surveyed.

TABLE 14: MONTHLY INCOME⁵³

	2012 SYRIAN HHS	2013 SYRIAN HHS	2014 LONGER-TERM DISPLACED SYRIAN HHS	2014 NEWLY ARRIVED SYRIAN HHS
Amman	155		180	179
Irbid		125	210	168
Mufraq		140	227	157
Zarqa		140	158	194

15%
OF SYRIAN FEMALE-HEADED AND
23%
OF SYRIAN MALE-HEADED HOUSEHOLDS REPORTED INCOME FROM WORK/SELF-EMPLOYMENT.

SYRIAN MEN WHO WORK WITHOUT A WORK PERMIT ARE CONCERNED ABOUT EXPLOITATION BY THEIR EMPLOYERS

The average income from work was found to be JOD 184 across all groups.⁵⁴ Syrian households reported having earned JOD 190 during the previous month. The average income reported by Syrian female-headed households was lower than that of Syrian male-headed households (JOD 179 vs. JOD 192). 94% of the Syrian households interviewed reported income below JOD 300, i.e. extremely few households can cover their monthly expenses (average JOD 297) from their income. The shortfall between the average income and the average expenditure for Syrians was found to be JOD 107 per month (no significant difference was found between Syrian female-headed and Syrian male-headed households). Jordanian households in the sample were facing a slightly lower average income-expenditure gap of JOD 93.

While a small number of Syrians have by now been able to obtain a work permit, the high cost of at least JOD 400 (depending on the job category) makes it difficult for the majority of refugees to complete the process. Syrian men who work without a work permit are concerned about exploitation by their employers, particularly related to low payment or not being paid at all, working long hours, and possible legal consequences.

Jordanian and Syrian men with injuries, disabilities, or chronic diseases also reported struggling to find a job suitable to their physical conditions, while women highlighted the need to have income-generating activities that they could do from home, such as sewing, cooking, or small-scale vegetable or meat/dairy production. During group discussions, women explained that their preference to work from home was not only for cultural reasons, but that it was also often difficult for them to find someone to take care of their children or injured/sick husbands while working outside their home.

In general, few women were found to work outside the house; those who did reported working in hairdresser salons, sewing shops, or in domestic work, and one elderly woman reported drying bread and selling it to generate some income.

COMMUNITY SUPPORT

Community support (both among Syrians and Jordanians and between Jordanians and Syrians) was identified as an important coping mechanism: one in four survey participants reported “assistance from family” or “assistance from neighbors” as a source of income during the previous month. Jordanians (33%) could count more on community support than Syrians (25%). Syrian FHHs (29%) were also more likely to receive support than Syrian MHHs (23%). Community support for Syrians was found to be particularly strong in Irbid (40%), where 75% of newly arrived Syrian FHHs reported having received assistance from family or neighbors, and was particularly

⁵³ Of households stating income earned through work or self-employment during the previous month.

⁵⁴ Average income for all households reporting income > JOD 0.

weak in Mufraq and Zarqa. While it is difficult to quantify this assistance, its flexible nature and benefits on refugees' psychosocial well-being must not be underestimated.

CHILD LABOR⁵⁵

Even if most children are now attending school, some families continue to depend on income from children, especially teenage boys, working to cover their basic needs. While the number of children reported in the household survey working was low—probably reflecting parents' attitude and awareness rather than actual prevalence of child labor—information collected through a focus-group discussion with male teenagers in Irbid indicates that many children and teenagers continue to work, sometimes in addition to attending schools or on the weekends. Of the 11 participants ages 13–17, nine were attending school while the majority was also working or had worked before. While ten of the twelve children reported in the household survey as working were boys, in Mufraq one nine-year-old girl, together with her ten-year-old brother, was identified through the household survey as collecting plastic bottles to support the family.⁵⁶

SELLING ASSETS

Selling assets was also identified as a coping strategy among the Syrian refugees interviewed: 9% of Syrian families had sold assets since arriving in Jordan. A higher percentage of MHHs (10%) than FHHs (3%) had sold assets since arriving in Jordan; newly arrived Syrian refugees (10%) were more likely to sell assets as a coping strategy than the longer-term displaced (7%). Female focus-group-discussion participants reported selling even their clothes and furniture to cover very urgent needs.

While selling assets often helps Syrian households cover an urgent need, by doing so they lose an important mechanism to fall back on, thus increasing their future vulnerability to different exploitation risks.

MARRIAGE⁵⁷

Anecdotal information from focus-group discussions indicates that marriage continues to be a coping strategy for some Syrian families. One male participant in Amman explained that destitution made him agree to his daughter entering a marriage arranged through a matchmaker. (See text box)

„Abu Ahmad, a father of eight, lives with his family in Amman. When they first arrived from Syria, the family had enough cash to rent and furnish an apartment and cover costs associated with school and university education for his children. Over time, their resources were depleted and when Abu Ahmad fell down the stairs and broke his leg the medical costs pushed the family further into destitution. Someone offered the family help and Abu Ahmad was not in a position to refuse, but the support was conditional: Nour, Abu Ahmad's 19-year-old daughter, must enter a marriage set up by the person who offered support. It was not an arrangement the family would have usually approved, but Nour received JOD 3,000 as a dowry; JOD 500 were spent on the wedding and JOD 2,500 were used to cover the family's ongoing expenses. „Now I owe my daughter JOD 2,500,“ says Abu Ahmad, „and my 13-year-old son needs to work to support the family and he buys my children the occasional treat that I cannot.“

Focus-group discussion participant, Amman

55 For further information about prevalence of child labor among Syrian refugees in Jordan see UN Women: Gender-based violence and Child Protection among Syrian refugees in Jordan, with a focus on early marriage. 2013, 35–37, and a forthcoming ILO assessment report.

56 During CARE's baseline survey for Amman, CARE Jordan, *Baseline Assessment* (2012), 6 children were found working, and CARE's 2013 assessment of Syrian refugees' situation for the urban areas outside of Amman, CARE Jordan, *Syrian Refugees in Urban Jordan* (2013), 46 children—all of them boys above the age of 13—were reported as working.

57 For comprehensive data and analysis about the prevalence and patterns of early marriage among Syrian refugees in Jordan see UN Women: Gender-based violence and Child Protection among Syrian refugees in Jordan, with a focus on early marriage. 2013.



43% of Syrian children continue to be out of school, like these two girls who could not register because the local school does not have space to accommodate them.
Photo: Johanna Mitscherlich / CARE

SPECIAL FEATURE I: ACCESS TO SERVICES AND ASSISTANCE

Syrian male-headed and female-headed households interviewed and newly arrived and long-term-displaced Syrians are equally active in seeking assistance: **86% state having contacted one to three new organizations over the past two months.** However, **the percentage of households that have not approached a new organization over the past two months is higher among FHHs (11%)** than among MHHs (6%). Across all geographic areas, refugee families are most active in Irbid and Zarqa when it comes to seeking assistance, while in Amman and Mufraq around 10% of the households interviewed stated not contacting a new organization during the previous two months.

Across all areas, **46% of the Syrian households interviewed stated not receiving any assistance**, one-quarter reported receiving monthly assistance, and another quarter received assistance once.⁵⁸ 48% of Syrian female-headed households and 46% of male-headed households report not having

⁵⁸ All households interviewed are registered with CARE or referred to CARE by the NAF. Some have received assistance, while others are still waiting for their case to be assessed to determine eligibility. Not all families interviewed are eligible for CARE assistance.

received any type of assistance.⁵⁹

The majority of Syrian households reported receiving cash or food assistance, followed by non-food items, health, and psychosocial support.

89% of Syrian households interviewed receive WFP food vouchers; according to household interviews, more families in Mufrag (18%) and Irbid (15%) are not receiving WFP food vouchers than in Amman and Zarqa. 45% report having spent all their food vouchers, one-third did not, and one in five preferred not to answer the question.

12% of Syrian households state receiving financial assistance to help them cover their health expenses—14% among Syrian MHHs and only 5% among Syrian FHHs. More Syrian households in Irbid and Zarqa report receiving financial assistance to cover health costs than households in Amman and Mufrag.

85% of the Syrian households interviewed (92% of female-headed and 83% of male-headed households) stated they needed support they could not find, typically financial support to cover rent as well as medical treatment/medication. 63% reported that they found providers that offered the help they needed but did not receive support. Again, financial support was provided as a primary unmet need in addition to shelter, non-food items, and medical treatment/medication.

Participants in focus-group discussions also complained about a perceived lack of fairness in assistance provision and coordination among agencies. They were particularly concerned that families had to register with different service providers separately, rather than applying to one agency that would then provide all services in a specific geographic area or refer refugees to other service providers. In particular, they noted that the current setup would favor those refugees that could access different service providers more easily. Some families, for instance those living in peri-urban or rural areas or housebound refugees, have more difficulties accessing assistance because they often cannot afford the high transportation costs to reach different service providers.

Two-thirds of all Syrian households interviewed (slightly more FHHs than MHHs) stated that they were not satisfied with assistance provision, either because they had not received any support or because they considered the assistance received insufficient. In Amman and Mufrag, more than 80% of refugee households reported dissatisfaction with assistance, reflecting the fact that more than 60% in both locations have not received any support.

In 37% of all households surveyed, there was at least one person who had difficulties leaving the house. 39% of Syrian households (29% female-headed and 42% male-headed households) have a housebound member, as well as 62% of Syrian families headed by an elderly person (71% of elderly female-headed and 58% of elderly male-headed households). This data supports the case for increasing community outreach and mobile teams to ensure housebound people receive the services and assistance they need.

39%
**OF THE SYRIAN
HOUSEHOLDS
INTERVIEWED HAVE
A HOUSEBOUND
MEMBER**

⁵⁹ This contrasts with the analysis of the data from CARE's registration presented under the section "Key Vulnerabilities": 50% of male-headed and 32% of female-headed households that approached CARE were registered as not having received assistance from other organizations.

SPECIAL FEATURE II: COMMUNITY RELATIONS

The data collected on community relations provides a mixed picture, making drawing general assumptions about inter- and intra-community relations difficult.

THREE-QUARTERS OF SURVEY RESPONDENTS STATED THAT THEY PERSONALLY HAD NOT HAD ANY NEGATIVE EXPERIENCES WITH MEMBERS OF THE OTHER (I.E. SYRIAN OR JORDANIAN) COMMUNITY

When asked about community relations in general, three-quarters of survey respondents stated that they personally had not had any negative experiences with members of the other (i.e. Syrian or Jordanian) community. In Mufraq and Irbid, only one out of eight families reported inter-community problems, while 35% of survey respondents did in Zarqa. Syrian households across all areas were more likely to report problems with Jordanians than the other way around. However, 41% of Jordanians in Zarqa reported experiencing problems with Syrians in their community.

In focus-group discussions, some Syrians report exposure to verbal harassment on the street, often related to the perception that the presence of refugees in Jordan has negative effects on commodity prices or availability of jobs for Jordanians. Some female participants report exposure to verbal harassment based on stereotypes about Syrian women.

Of the households that stated having primarily Syrian neighbors, 36% said their relations were mostly positive. Jordanians living with Syrians in general rated relationships with neighbors better than Syrians living with other Syrian refugees (47% vs. 33% “very positive”). About one-third of all households surveyed reported neither positive nor negative community relations. About one-quarter of all households living with Syrians considered relations with neighbors negative or very negative, with Syrian households rating relations slightly more negatively than Jordanians living with Syrians.

28% of all households living mainly with Jordanians rated relations with neighbors as mostly positive; Jordanians were more positive about relations with Jordanian neighbors than Syrians (36% vs. 24%). At the same time, a higher percentage of Jordanian (29%) than Syrian (20%) households thought relations with Jordanian neighbors were very negative. About half of Syrians living with Jordanians rated community relations as neither positive nor negative.

About 20% of all households living with Syrians and about 30% of households living with Jordanians report having received help from their neighbors. Syrians were more likely to receive assistance from both Syrian and Jordanian neighbors.

Some FGD participants in Mufraq explained that they had family ties and/or had lived in Jordan before, and some said they did “not feel to live in another country.” This is in line with survey results, where 55% of Syrians living with other Syrians in Mufraq and **45% of Syrians living with Jordanians rated relations with their neighbors as mostly positive**—more than in any other area.

In Amman, some Syrian FGD participants reported minimizing their contact with Jordanian neighbors to avoid conflict and others stated not even knowing their neighbors. Again, this is reflected in the survey data: two-thirds of Syrians in Amman and Zarqa rated relations with Jordanian neighbors as neither positive nor negative.

FGD participants that reported positive community relations often talked about exchange visits and having received support from neighbors in the form of NFIs or food. Conflict among neighbors was reported, for instance related to the distribution of costs for electricity or water in cases where several households shared a meter for electricity or water. Other conflicts involved, for example, children fighting or adults being loud during the night.

Jordanian participants in several FGDs clearly distinguished between their relations with Syrians on a personal level and their perception of the effect of the influx of Syrian refugees on their expenses and livelihoods. They also highlighted that some members of their own community, particularly Jordanian landlords and shopkeepers, were profiting from the presence of Syrians while exacerbating the negative effects on basic commodity prices. Jordanian women in one focus group conducted in Zarqa highlighted the need to raise awareness among local children, youths, and adults about the situation of Syrian refugees to reduce prejudice among host communities.

Jordanian and Syrian parents reported that their children were exposed to physical violence and verbal harassment by peers, teachers, and other parents. About one-fifth of survey respondents stated that their children had faced problems at school with teachers or peers. A higher percentage of Syrian than Jordanian children were reported as having experienced ill treatment from teachers or peers (22% vs. 12%). In geographic terms, the situation was found to be most problematic in schools in Zarqa, where 36% of Syrian parents reported that their children had faced problems with peers and/or teachers. For Syrian girls, this was often based on stereotypes about Syrian women, sometimes used also by female peers. Conflict between peers was also sometimes given as a reason for parents to not send their boys to school for fear they would be involved in fighting.

In Amman in particular, Syrians also reported some exposure to verbal harassment by taxi drivers. Some female participants said they feel uncomfortable or unsafe when using taxis.

ABOUT ONE-FIFTH OF SURVEY RESPONDENTS STATED THAT THEIR CHILDREN HAD FACED PROBLEMS AT SCHOOL WITH TEACHERS OR PEERS

SPECIAL FEATURE III: ACCESS TO AND USE OF INFORMATION AND COMMUNICATION TECHNOLOGY

Survey data suggests that use of information and communication technology varies considerably between age/sex groups and locations.

TV is the single most important medium through which Syrians access information of importance to them: 79% of all respondents report obtaining information from watching TV. This reflects the fact that the majority of households indicate that they need more information about the situation in Syria, and TV is an important source for this. Adult men especially depend heavily on information obtained through watching TV.

Communication with people in Syria (29%) and Jordan (13%) was another important source of information, particularly for FHHs. Survey data indicates that women have stronger community relations than men and/or consider different information items important to them. Internet searching and Facebook were reported as important sources of information for adult men ages 35–59, particularly in Irbid and Amman. 5% of adult men also obtained information when visiting the mosque, with higher percentages among newly arrived men (9%) particularly in Mufraq (32%). Radio was not identified as a source of information by any group, except for adult men in Mufraq.

For communication with family and friends in Syria, refugees primarily use the phone (79%), which is slightly more important for older heads of household than for younger ones. Notably, 29% of female and male adult respondents also use WhatsApp for communication with Syria, making the application a more important communication tool than e-mail or Facebook.

Syrian refugees typically receive information about available services and assistance through word-of-mouth (family, neighbors, friends, etc.), and to a far lesser extent through phone calls. Very few Syrians reported receiving information about services/assistance from TV, ads, or referrals/information from other service providers. When asked how they would like to be informed about available services/assistance, the overwhelming majority of refugees stated that they preferred phone calls or information through SMS. This was also confirmed in FGDs, where participants highlighted that they appreciated organizations informing them by phone about their services and particularly for setting appointments, as this saved them from having to queue outside of assistance centers—an experience they find very humiliating. To a far lesser extent, refugees preferred to receive information through community members, written informational material (leaflets, brochures), or TV/ads.

With the overwhelming majority of refugee households reporting that they own a mobile phone (94%) and the majority also preferring to receive phone calls/SMS for information provision and appointments with assistance providers, the use of mobile phone technology for these purposes should be enhanced. At the same time, differences in access to and use of communication and information technology highlight the need for diversified information channels, including community outreach, written informational materials, and information provision via mosques, CBOs, Internet, and possibly TV to reach all interested groups.

29%

**OF FEMALE AND
MALE ADULT
RESPONDENTS
ALSO USE
WHATSAPP FOR
COMMUNICATION
WITH SYRIA**

**THE
OVERWHELMING
MAJORITY OF
REFUGEES
STATED THAT
THEY PREFERRED
PHONE CALLS OR
INFORMATION
THROUGH SMS**

When asked what kind of information that they would need, the majority of refugee households said they required more information about the developments inside Syria, both in general terms (the “fate” of Syria) and specifically on the situation of family members. Second to this, refugees expressed a need for more information about access to aid and assistance, as well as more general information about the economic situation in Jordan, the situation of Syrian refugees in Jordan, and particularly their rights and obligations (fear of deportation/relocation, resettlement, work permits, etc.). To a lesser extent, Syrian households said they would need information about job opportunities, health services, access to education (including university enrollment), and psychological support

Samah, Omar, and Reem are out of school. 15-year-old Samah worked in a shop instead, but working during late shifts was too dangerous and she had to quit.
Photo: Sabine Wilke / CARE



CONCLUSIONS

As the data presented in this study shows, Syrian refugees are increasingly struggling to cope with displacement to urban areas in Jordan, to cover their ongoing household expenditure, and to deal with periodic financial shocks. An increasing number of families is accumulating ever higher levels of debt with family, landlords, neighbors, or shopkeepers, and many Syrians have depleted their resources and sold assets brought from Syria. Access to the labor market continues to be restricted and few Syrians have managed to obtain work permits. Without options to engage in formal work, Syrian men and boys, and to a lesser extent women and girls, seek informal work opportunities where they are exposed to risks of exploitation and legal consequences. Some families also have to resort to very negative coping strategies such as child labor or transactional marriage.

It was clear throughout the survey that Syrian refugees and vulnerable Jordanians continue to be primarily concerned about high and increasing rental prices and the instability of housing arrangements that often force them to live in overcrowded, shared accommodation. Some very vulnerable families have to resort to alternative housing arrangements such as makeshift shelters or tents.

While UNHCR registration provides refugees with access to health care in Jordan, not all required treatment is available at public facilities, forcing many families—typically those with a severe medical case—to use private services. The associated costs are often far beyond the households' financial capacities, pushing families further into debt or forcing them to adopt negative coping strategies.

Education also remains an important concern for many refugee families—with a high percentage of children, and particularly youths, out of school, the interruption of education that often started in Syria is prolonged in Jordan. In addition, high costs associated with university education prevent many young Syrian adults from starting or continuing their studies.

The many difficulties Syrians face during their life in displacement—particularly worries over their financial capacities to cope, stressful housing conditions, fear of exploitation, insecurity about rights and obligations in Jordan, the well-being of family and friends in Syria, and the overall development of the situation in Syria—are major stressors that have negative impacts on refugees' psychosocial well-being.

Vulnerable Jordanian host communities that live alongside Syrian refugees often share their needs and are equally concerned about lack of availability and quality of health and education services. Contrary to common assumptions, the survey team—a mix of Jordanians and Syrians—did not find clear indications of increasing inter-community tensions. A considerable share of Syrian and Jordanian families interviewed reported positive relations with neighbors from the other community, and many Syrians mentioned having received assistance from Jordanian neighbors. While prejudice against Syrians no doubt exists—verbalized in harassment in the street, in schools, or at the workplace—a considerable number of Jordanians in group discussions showed understanding for the situation of Syrians and clearly distinguished between the refugees' needs and the impact the refugee crisis had on impoverished Jordanians' lives. It is this understanding of each other's

**A CONSIDERABLE
SHARE OF SYRIAN
AND JORDANIAN
FAMILIES
INTERVIEWED
REPORTED
POSITIVE
RELATIONS WITH
NEIGHBORS
FROM THE OTHER
COMMUNITY**

vulnerabilities, needs, and capacities—also expressed by Syrian members of the research team who were taken aback by the vulnerabilities they encountered in some impoverished Jordanian households—that humanitarian actors should build on and foster, aiming to strengthen acceptance and community-support mechanisms.

While Syrian refugees in Jordan will continue to depend on humanitarian assistance while awaiting return, three years into the displacement crisis, all actors involved in the response will increasingly need to diversify their programs with the aim of bringing vulnerable Jordanian and Syrian families closer together in community-support activities, strengthening the capacities of local service providers, and creating income-generating activities to reduce the feeling that refugees and vulnerable local communities are competing over resources and services.

This analysis of the situation of Syrian refugees and Jordanians affected by the crisis highlights six key areas of concern. Outlined below are the concerns and the following section details possible interventions to address them.

Livelihoods:

CARE's analysis shows that access to financial resources to cover basic household needs remains a major concern for Syrian refugees and vulnerable host communities alike. Female heads of households often find it particularly difficult to generate an income as they struggle to balance the need to work, take care of their children or housebound (injured or sick) husbands, and deal with socio-cultural factors that sometimes limit women's interaction in public. Female-headed households require specific support to engage in home-based income-generating activities.

During interviews and focus-group discussions it became clear that many Syrian and Jordanian males also feel frustrated by their inability to provide for their families or successfully access safe and gainful employment. This is in many cases leading to strained family relations, intra-family violence, and/or deterioration in family well-being. Additionally, Syrians' participation in the informal economy not only has considerable protection risks,⁶⁰ but secondary evidence suggests that it has also pushed down the average wage for daily labor. This is negatively impacting the Jordanian working poor⁶¹ and vulnerable Syrian families both economically and in terms of community relations/tensions.

Discussions with both communities also highlighted the lack of livelihood/economic opportunities for young people (both male and female) from vulnerable communities. For many vulnerable Syrian and Jordanian families, tertiary or even late secondary education and training is unaffordable or difficult to access and a subsequent lack of opportunities is a barrier to young people enrolling.

CARE's analysis suggests that joint livelihood activities could help enhance community relations and prevent tensions between Syrian refugees and vulnerable host communities from rising.

For some families, however, livelihood activities, even home-based ones, will

FEMALE-HEADED HOUSEHOLDS REQUIRE SPECIFIC SUPPORT TO ENGAGE IN HOME-BASED INCOME-GENERATING ACTIVITIES

⁶⁰ See "Protection."

⁶¹ For further discussion see the discussion of livelihoods in the *Jordanian National Resilience Plan*.

never be an option. This is particularly true where a female head of household has young dependents or is the caregiver for an elderly or disabled family member, or for households with disabled or sick members.

Shelter:

As household survey results and feedback from focus-group discussions indicate, increasingly high rental prices and instability of housing arrangements continue to be primary concerns for Syrian and vulnerable Jordanian families. Families are also concerned about low-quality and overcrowded accommodation. Female-headed households often share accommodation with other families, sometimes not related to them, potentially with negative impacts on their psychosocial well-being and increased risk of gender-based violence.

Although a smaller percentage of vulnerable Jordanians than vulnerable Syrians lived in rental apartments and felt insecure about the status of their rental contracts and their ability to both afford and maintain accommodation, both communities would benefit from more secure contracts and rental support. This is particularly true for female- and child-headed households who are at particular risk of exploitation and harassment from landlords when contracts are informal or short-term.

Additionally, a considerable percentage of the families interviewed do not feel that the sanitation facilities in their accommodation offer them enough privacy. Comprehensive responses are therefore required that enhance the quality of shelter, increase the stability of housing arrangements, and decrease the pressure on the rental market to ensure that Syrian refugees and vulnerable Jordanian families can live in affordable accommodation that does not negatively impact their psychosocial well-being and health.

Food:

Feedback from the Syrian community clearly shows that support through food vouchers has a positive impact on Syrian refugees' capacities to cover both basic food needs and maintain family well-being. Refugee families appreciate support provided through vouchers, but some need to monetize (part of) the food vouchers they receive to cover other urgent needs often related to rent or health. In group discussions, women in particular reported difficulties covering the costs for baby milk, diapers, and cleaning materials. CARE recommends that humanitarian actors continue to provide specific food support, but consider complementary forms of assistance that allow refugees to make their own decisions over expenditure and prioritize their most urgent needs.

Jordanian families interviewed, all very vulnerable households themselves, were also struggling to cover their basic food needs. There appears to be a widespread perception in both communities that the refugee influx is contributing to rising prices of basic commodities, making it even more difficult for vulnerable host-community members to access a sufficient quantity and appropriate quality of food.

Health and Education:

CARE's data indicates that while most refugees have access to the public health and education facilities in Jordan, many have concerns about the quality and capacities of public services. Some cannot access the services they need.

Specific services and medication needed for treatment of certain medical

**CARE
RECOMMENDS THAT
HUMANITARIAN
ACTORS CONTINUE
TO PROVIDE
SPECIFIC FOOD
SUPPORT, BUT
CONSIDER
COMPLEMENTARY
FORMS OF
ASSISTANCE**

conditions, including war-related injuries and cancer, are often not available at public health centers, forcing refugees to access private facilities. Associated costs are often far beyond the refugees' capacities, forcing many Syrians to take loans or sell assets or vouchers/non-food items received to cover these costs, exposing them more to exploitation risks and decreasing their ability to cope with financial shocks in the future. Serious medical conditions also often remain untreated, sometimes with life-threatening consequences. Specifically, CARE is concerned about the access of women and girls to maternal, sexual, and reproductive health services and thus calls upon all actors to ensure these services are available to Syrian women and girls who have fled to Jordan.

CARE IS CONCERNED ABOUT THE ACCESS OF WOMEN AND GIRLS TO MATERNAL, SEXUAL, AND REPRODUCTIVE HEALTH SERVICES

Access to education also remains a major concern for many Syrian families in Jordan, and despite considerable efforts, Jordanian schools struggle to accommodate large numbers of Syrian boys and girls, with the effect of crowded classrooms, commonplace violence, harassment between students and from teachers, and decreased quality of education, especially during the afternoon shifts. It is crucial to continue to invest in the Jordanian education system to both ensure that it has the capacities to accommodate all Syrian school-age children and that specific groups particularly affected, such as teenage boys, receive additional support to access education.

Vulnerable Jordanian families living in areas with a high refugee concentration are affected by the increasing demand on Jordanian health and education facilities, and they typically share refugees' concerns about the availability and quality of services and treatment.

Urgent action is required to increase Syrian children's, youths', and young adults' access to education to prevent the long-term effects that conflict and displacement have on their academic and personal development, capacity to continue their lives, and ability to help rebuild Syrian society when they return.

Community Well-Being:

CARE's research shows that while many refugees are receiving support from local community members in the neighborhood where they live, some, particularly refugees living in Amman and Zarqa, have difficulties establishing positive relations with their Jordanian neighbors. It is important to build on the positive examples of community relations and mutual support by offering additional spaces and opportunities for refugees and Jordanian women, men, girls, and boys living with them to meet, develop joint activities that help both communities better cope with the impact of the Syria crisis, and maintain their psychosocial well-being.

Refugees interviewed often lack opportunities to deal with the psychological impact of their situation outside of their immediate family. This is particularly true among longer-term-displaced men who are concerned with their family's ability to cope with the costs of living in Jordan and sometimes harassment when engaging in informal work. This is also true among female heads of households who struggle to generate sufficient resources to cover their family's most basic needs and often live in crowded, shared accommodation. They require spaces where they can engage in psychosocial support activities, safely disclose specific protection concerns, and receive additional follow-up services. Both refugees and vulnerable Jordanians need stable points of reference where they feel their concerns are heard and their needs attended to.

REFUGEES TYPICALLY RECEIVE INFORMATION ABOUT AVAILABLE SERVICES AND ASSISTANCE THROUGH WORD- OF-MOUTH

ALMOST ALL REFUGEES HAVE ACCESS TO MOBILE PHONES

Children in East Amman, where lots of Syrian refugee families live.
Photo: Johanna Mitscherlich / CARE

Access to the Community:

Feedback from the household survey and focus-group discussions indicates that refugees typically receive information about available services and assistance through word-of-mouth. While most refugees might be sufficiently connected to other members of their communities, the information they receive through other community members is not always accurate and many families are concerned about the fairness of information provision and targeting. Some very vulnerable households—including female-headed households, those who are housebound, and families living in peri-urban and rural areas—are also likely to have more difficulties receiving sufficient information about the services they need. CARE thus calls on the humanitarian actors to increase and diversify the outreach of their communication activities to ensure that all refugees, particularly the most vulnerable households, have sufficient and accurate information.

CARE's data also indicates that almost all refugees have access to mobile phones and prefer to be informed about services and assistance through phone calls and SMS. During focus-group discussions, refugees also indicated that they appreciate when humanitarian actors conduct home visits, as this gives them more confidence in organizations' understanding of their specific needs; this was mentioned by both male and female refugees during focus groups.

While all humanitarian actors are seeking to include vulnerable Jordanian families directly affected by the settlement of Syrian refugees in their neighborhoods, Jordanians participating in focus-group discussions were often not aware that they could seek humanitarian assistance.



RECOMMENDATIONS

CARE is committed to coordinating with the government of Jordan and international stakeholders to advance the recommendations outlined below.

Livelihoods:

- The international community should support the government of Jordan in creating an enabling environment that allows for small-scale and home-based income-generating activities for both Jordanians and Syrian-refugees, with a particular emphasis on female-headed households;
- The government of Jordan should consider applying flexible policies that ensure an enabling environment for the development of micro-enterprises to meet the needs of vulnerable Jordanians and Syrian refugees;
- The government of Jordan should reassess providing work permits for Syrian refugees for the formal sector of the market for particular vocations based on mapping skills among the refugee population and an updated assessment of market needs;
- The government of Jordan may wish to further clarify for Syrian refugees processes of applying for work permits, including the kinds of professions that are open to male and female refugees and the payment of fees associated with obtaining work permits in order to ensure refugees' ability to adhere to Jordanian law;
- The government of Jordan should call on international actors to support its efforts in providing oversight over private businesses that are employing vulnerable Jordanians and Syrians in order to decrease the likelihood of labor exploitation;
- National and international NGOs operating in Jordan are requested to increase investments in skills development and identify market opportunities for Jordanian and Syrian women who have the capacity and interest to establish home-based businesses;
- The international community should support the government of Jordan and other actors to ensure that young people from both Jordanian and Syrian-refugee communities have access to capacity-building activities that equip them with the skills needed within the Jordanian market and abroad;
- National and international NGOs need to increase awareness among the Jordanian business community of responsible and protective employment practices for both Jordanians and Syrian refugees, especially female refugees.

Cash Assistance and Complementary Services:

- The international community must continue to offer financial support in the form of targeted monthly cash assistance to the most vulnerable Syrian refugee households, with a particular emphasis on female-headed households and households with members with special needs;
- Non-governmental organizations and UN agencies must continue to work together in order to ensure that cash assistance is fully coordinated across the kingdom;
- Cash actors should ensure that cash assistance is complemented

by other forms of community support, including psychosocial support, information provision and service connectivity, and support on issues identified by vulnerable Jordanian and Syrian-refugee women, such as sexual and reproductive health, early marriage, and other protection risks;

- Humanitarian actors should increase outreach and diversify their communication activities to ensure that the most vulnerable Jordanian and Syrian refugee households have sufficient and accurate information regarding existing health, education, and legal services so as to better understand what sort of assistance they can access;
- The government of Jordan should establish a platform for dialogue with INGOs, UN Agencies, and donors to discuss the most appropriate and sustainable livelihood-support interventions for vulnerable Jordanians currently accessing or awaiting access to financial assistance;
- The government of Jordan should consider revisiting existing directives provided to donors and the international community in order to redirect a portion of current cash assistance to activities that expand sustainable livelihood possibilities, such as vocational training for vulnerable Jordanians, and skills development and businesses setup options for Syrian-refugees.

Shelter:

- Humanitarian actors should develop programs that support vulnerable Jordanians and Syrian-refugees in accessing longer-term rental contracts and then follow up with beneficiaries, both to ensure the stability of rental arrangements and to resolve disagreements with landlords;
- Humanitarian organizations should increase vulnerable Jordanians' and Syrian refugees' awareness and information of written rental contracts in order to ensure their ability to access appropriate legal recourse, particularly for vulnerable groups, such as female-headed households;
- The international community should support national NGOs to provide mediation and legal advice to vulnerable Jordanians and Syrian-refugees to have the capacity to represent renters and to assist in the mitigation and resolution of disputes with landlords through dialogue or through the Jordanian legal system;
- The government of Jordan should clarify the mechanisms through which vulnerable Jordanians and Syrian refugees can avoid exploitative rental situations. An example of this would be by supporting vulnerable households to register their rental contracts with the specified Jordanian authorities.

Food and Non-Food Item Support:

- The international community should ensure continued food support for the most vulnerable Syrian refugees, with special targeting of female households, pregnant and lactating women, and households with infants, as well as explore the possibility of supporting the government of Jordan in ensuring that the most vulnerable Jordanians also have food security;
- The international community should provide complementary

forms of assistance that respond to the specific needs of women and children, as well as guarantee access to items that households may not otherwise afford, such as baby milk, diapers, and hygiene items;

- Humanitarian actors should revisit their distribution practices in order to ensure that households with either cultural or physical mobility challenges are able to access support for required food and non-food items;
- The government of Jordan and the international community should consider commissioning research to investigate the impact of food and cash assistance on the Jordanian commodity and rental markets.

Health and Education Services:

- The international community should continue to support the government of Jordan and the Jordanian Ministry of Health to ensure the necessary access, affordability, and quality health-care services including maternal, sexual, and reproductive health care for Syrian-refugees and vulnerable host-community members;
- The international community should continue to support the government of Jordan and the Jordanian Ministry of Education to ensure the necessary access to and affordability and quality of education services for both Jordanians and Syrian refugees;
- International NGOs should invest in projects that provide back-to-school incentives to help the most vulnerable Jordanian and refugee families cover school-related expenses;
- The international community and the Jordanian Ministry of Education should develop complementary programs that mitigate parental concerns over potential conflicts in school, and that foster non-violent conflict-resolution skills for both Syrian and Jordanian children;
- The international community and the Jordanian Ministry of Education need to invest in extracurricular activities that address students' remedial-learning needs and improve their ability to perform in schools, particularly for Syrian-refugee students who may have lost years of schooling;
- The government of Jordan, with support from international community, may wish to explore the capacity of qualified Syrian educators to provide the remedial support necessary for Syrian-refugee students to be able to perform in Jordanian schools and adapt to the differences in the Jordanian curriculum.

Psychosocial and Community Well-Being:

- International humanitarian actors and local counterparts should increase the availability of safe spaces where Jordanian and Syrian women, men, girls, and boys can meet, exchange experiences, and build community support through activities that enhance their capacities to deal with the impact of the Syria crisis on their lives, and that aim to prevent community tensions from rising;
- International and national civil-society organizations should continue to develop physical activities that address the specific

needs of men, women, girls, and boys, with a special focus on men who may not have other outlets for post-conflict-related stress.

Priority Groups for Assistance:

- Women, boys, and girls living in shared accommodation;
- Women and girls in the most vulnerable households and at risk of sexual exploitation and/or “transactional” marriage;
- Female heads of household;
- Housebound cases—people with disabilities, severe medical conditions, and the elderly;
- Boys and girls working;
- Boys affected by violence and girls affected by harassment at schools;
- Men engaged in informal work and/or exposed to harassment or exploitation in the workplace.

Priority Concerns:

- Monitor the prices of basic commodities, particularly rent;
- Assess the effect of increased demand and cash assistance on the development of basic commodity prices;
- Monitor coping strategies adopted in regard to livelihoods and food;
- Monitor food security, particularly access to quantity and variety of food items;
- Assess intra-household differences on access to food items;
- Assess intra-household and intra-shelter gender dynamics, particularly to enhance the understanding of housing arrangements on the safety and psychosocial well-being of women, men, boys, and girls;
- Assess availability of and access to sexual and reproductive health care, particularly related to family planning and pre- and post-natal care.

Community Concerns and Feedback:

- Lack of coordination among and efficient referral systems between humanitarian actors;
- Concerns around *wasta* (clout), favoritism, and unequal access to assistance;
- Concerns about the availability and capacity of health and education services;
- Food vouchers, types of items available, and prices at supermarkets where vouchers can be redeemed;
- Jordanians are concerned about not having food assistance.



Jordan. Amman. Syrian refugees.
Thursday April 18th 2013. Home of
Samah, 24 and Darwish 34 and 4 chil-
dren (including a one month old baby).
Photo: Jenny Matthews / CARE

TABLE 15: ANNEX: KEY INDICATORS

	AMMAN					IRBID			
	2012 SYRIAN HHS	2014 LONGER-TERM DISPLACED SYRIAN HHS	2014 NEWLY ARRIVED SYRIAN HHS	2014 ALL SYRIAN HHS	2014 JORDANIAN HHS	2013 SYRIAN HHS	2014 LONGER-TERM DISPLACED SYRIAN HHS	2014 NEWLY ARRIVED SYRIAN HHS	2014 ALL SYRIAN HHS
Survey Population	327	262	221	483	133	422	173	204	377
Households (HHs)	-	49	32	81	29	-	30	30	60
Household Size	5,5	5,4	6,9	6	4,6	7,1	5,8	6,8	6,3
Female-Headed Households (FHHs)	10%	20%	34%	26%	83%	13%	13%	40%	27%
Children	49%	46%	54%	50%	49%	51%	50%	57%	54%
School-Age Children Out of School	64%	23%	51%	39%	6%	73%	40%	47%	44%
Children Working*	6	0	1	1	1	12	1	4	5
Men Working*	65%	7%	20%	13%	55%	35%	10%	8%	9%
Monthly Income**	JOD 155	JOD 180	JOD 179	JOD 180	JOD 199	JOD 125	JOD 210	JOD 168	JOD 179
Monthly Expenditure	JOD 245	JOD 299	JOD 312	JOD 304	JOD 257	JOD 380	JOD 329	JOD 396	JOD 363
Monthly Expenditure Rent-Health-Food	-	JOD 340	JOD 419	JOD 370	JOD 304	-	JOD 316	JOD 411	JOD 359
Average Shortfall	JOD 90	JOD 119	JOD 133	JOD 124	JOD 58	JOD 255	JOD 119	JOD 228	JOD 184
Average Debt***	JOD 225	JOD 873	JOD 604	JOD 641	JOD 1,023	JOD 600	JOD 605	JOD 474	JOD 540
Average Rent	JOD 135	JOD 182	JOD 232	JOD 202	JOD 103	JOD 175	JOD 228	JOD 171	JOD 199
Average Food		JOD 117	JOD 76	JOD 92	JOD 93	-	JOD 82	JOD 104	JOD 92

	MUFRAQ					ZARQA					2014 GRAND TOTALS	
2014 JORDANIAN HHS	2013 SYRIAN HHS	2014 LONGER-TERM DISPLACED SYRIAN HHS	2014 NEWLY ARRIVED SYRIAN HHS	2014 ALL SYRIAN HHS	2014 JORDANIAN HHS	2013 SYRIAN HHS	2014 LONGER-TERM DISPLACED SYRIAN HHS	2014 NEWLY ARRIVED SYRIAN HHS	2014 ALL SYRIAN HHS	2014 JORDANIAN HHS	2014 ALL SYRIAN HHS	2014 ALL JORDANIAN HHS
201	364	155	135	290	159	308	181	206	387	182	1,537	675
30	-	30	30	60	30	-	30	32	62	32	263	121
6,7	5,1	5,2	4,5	4,8	5,3	6,1	5,7	6,4	6,2	6,1	5,8	5,6
30%	32%	37%	37%	37%	50%	18%	13%	9%	11%	41%	25%	50%
55%	52%	69%	58%	64%	43%	49%	56%	51%	53%	47%	54%	49%
2%	69%	48%	94%	65%	15%	37%	28%	33%	31%	10%	43%	7%
0	19	2	0	2	1	6	2	0	2	1	10	3
24%	41%	13%	8%	7%	32%	54%	9%	24%	17%	42%	12%	37%
JOD 170	JOD 140	JOD 227	JOD 157	JOD 210	JOD 176	JOD 140	JOD 158	JOD 194	JOD 186	JOD 158	JOD 190	JOD 175
JOD 331	JOD 320	JOD 295	JOD 207	JOD 253	JOD 263	JOD 230	JOD 280	JOD 250	JOD 264	JOD 234	JOD 297	JOD 268
JOD 303	-	JOD 390	JOD 355	JOD 337	JOD 268	-	JOD 288	JOD 233	JOD 258	JOD 290	JOD 291	JOD 343
JOD 161	JOD 180	JOD 68	JOD 50	JOD 43	JOD 87	JOD 90	JOD 122	JOD 56	JOD 78	JOD 76	JOD 107	JOD 93
JOD 1,329	JOD 430	JOD 606	JOD 466	JOD 530	JOD 1,402	JOD 575	JOD 612	JOD 514	JOD 558	JOD 1,220	JOD 573	JOD 1,235
JOD 102	JOD 150	JOD 223	JOD 209	JOD 216	JOD 102	JOD 125	JOD 141	JOD 157	JOD 149	JOD 124	JOD 193	JOD 107
JOD 168	-	JOD 101	JOD 110	JOD 106	JOD 127	-	JOD 77	JOD 58	JOD 67	JOD 111	JOD 90	JOD 125

* Underreporting assumed.

** For those who stated income above JOD 0.

*** Some Jordanian households reported debt above JOD 5,000; they were not included in the average.



Syrian and Jordanian women are in need of home-based income-generating activities as they struggle to balance the need to work and take care of their children or housebound (injured or sick) husbands.
Photo: Johanna Mitscherlich / CARE