RUNNING ON EMPTY

The situation of Syrian children in host communities in Jordan

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Cover photo: a Syrian child learning mathematics at a UNICEF-supported Makani center in Ramtha.
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Executive Summary

The unrelenting conflict in Syria has killed over 250,000 people and led over 3 million people to abandon their assets and seek safety abroad. As of May 2016, Jordan is hosting about 652,000 registered refugees: over 80% of them currently live outside refugee camps. Of these, 265,000 are children under 18 years of age (UNHCR, 2016).

Jordan has been shouldering the burden of the crisis by contributing substantial assistance to refugees. Yet, the situation of refugee children deteriorated significantly in 2015, mainly driven by the prolonged nature of the crisis and increasing unemployment and underemployment amongst the refugee workforce (UNICEF, 2016a). UNICEF data shows a sharp decrease in the capacity of Syrian families to generate income in 2015. This deterioration has arisen in an already critical scenario: in early 2015, the percentage of Syrian refugee families living below the national poverty line of 68 JD per month was as high as 69% (CARE, 2015), peaking at 86% in urban areas (UNHCR, 2015b). Left without income and having exhausted their savings, families are increasingly unable to meet their children's basic needs including feeding them regularly, paying for transportation to school and accessing healthcare. This study found that:

- Financial constraints represent the most significant barrier hindering children’s enrolment in schools and the major determinant for school dropouts. This is particularly true of boys in secondary education\(^1\). Approximately 15,400 Syrian children are not enrolled in formal education due to financial constraints and 5,300 Syrian children have been withdrawn from education since their arrival for the same reason (UNICEF, 2016). At least 40% of children aged 12-17 are not attending education (UNICEF, 2016). Teenage boys are at highest risk of dropping out of school in order to work, as their income often represents a sizeable contribution to their households’ incomes.

- Increasingly more refugees are seeking healthcare outside of the public system due to both financial and procedural barriers. Only 45% of families with a medical need in the last 6 months could benefit from the national healthcare system (UNICEF, 2016). Costs connected with antenatal care have risen for those ineligible to access them free of charge, in turn jeopardising the health of mothers and new-borns (UNICEF, 2016c).

- About 50% of children suffer from nightmares, various forms of sleep disorders or bedwetting as a result of the psychological distress they have been exposed to since the onset of the crisis (UNICEF, 2016).

- Early marriage is on the rise. Data from the 2015 census indicate that median age of first marriage is lower than 18 years: the majority of Syrian girls in Jordan are married before their eighteenth birthday, often due to financial pressures.

- Children living in informal settlements as well as those who do not hold refugee registration documents are very often engaged in child labor and are almost invariably out of education.

- While about 80% of parents of registered Syrian refugee children are satisfied with the quality of educational services in the public system, almost 60% of parents feel their children are exposed to violence at school (UNICEF, 2016).

Despite the multi-faceted nature of this challenges, the Government of Jordan, humanitarian partners, communities, parents and the children themselves continue to strive to meet the needs of all through this prolonged crisis. Critical to their success are sustained and predictable investments, timely implementation of high quality programmes and solid advocacy efforts for sound and evidence-based policy decisions.

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1. Unless otherwise noted, all figures refer to Syrian refugee children registered with UNHCR.
## List of Acronyms

- **ANC**: Antenatal Care
- **CARE**: Cooperative for Assistance and Relief Everywhere
- **CCG**: Child Cash Grant
- **CRC**: Convention on the Rights of the Child
- **ILO**: International Labour Organization
- **ITS**: Informal Tented Settlements
- **JD**: Jordanian Dinar
- **JENA**: Joint Education Needs Assessment
- **MOE**: Ministry of Education
- **NGO**: Non-Governmental Organization
- **NRC**: Norwegian Refugee Council
- **PDM**: Post Distribution Monitoring
- **UNHCR**: Office of the United Nations High Commissioner for Refugees
- **UNICEF**: United Nations Children’s Fund
- **VAF**: Vulnerability Assessment Framework
- **WFP**: World Food Programme
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Introduction

Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the rights in the Convention.

Adapted from Article 22 of the Convention on the Rights of the Child

The conflict in Syria triggered the largest refugee crisis since World War II, putting a whole generation of children at risk. This prolonged crisis calls for an effective response to protect victims of war, especially children who face poverty, displacement, violence and exploitation as a consequence of the conflict.

The total number of Syrians in Jordan (including non-refugees) is 1.265 million (General Population and Housing Census of Jordan, 2015). Jordan has the second-largest ratio of refugees to citizens of any country in the world and the fifth-largest refugee population in absolute terms. As of March 2016, Jordan is currently hosting 3.5 times the amount of refugees that all of Western countries combined have pledged to resettle since the onset of the crisis.

Nearly 82% of registered Syrian refugees live in host communities; 52% of these are children under 18 years of age. These percentages translate to approximately 265,000 registered Syrian refugee children living in host communities in May 2016.

This study is based on data collected by UNICEF, other UN agencies, the Government of Jordan, and other development partners, as of May 2016. The objective is to provide an accurate update on the situation of Syrian children in host communities, and to define any data gaps to be filled by future research.

The authors adopted a multidimensional approach to child welfare. This study analyzes monetary welfare of refugee families with a focus on challenges in child protection (part 1), then examines access to healthcare and education for children (part 2), before concluding with a brief analysis on social cohesion (part 3).

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2. The study considers a refugee as “registered” when he/she is regularly registered with UNHCR. As of May 17, 2016, roughly 652,000 refugees are registered with UNHCR in Jordan.
Methodology

This study combines qualitative and quantitative analysis. UNICEF analyzed primary data collected in early 2016 on a random sample of 1,201 cases – for a total of 4,871 children under 18 years of age – from the governorates of Amman, Mafraq, Irbid and Zarqa. Cases have been interviewed according to a structured questionnaire on education, child health and child protection. The selected four governorates host about 80% of the total refugee population in host communities. Table 1 illustrates the breakdown of cases and children surveyed. The number of cases in each governorate is proportional to the size of the total Syrian refugee population at the time of survey design as per UNHCR data (December 2015). Since mothers are generally better informed on child welfare, they were interviewed when possible: approximately 61% of the respondent were females and 39% males. Children in the sample are evenly split between boys and girls (50.8% males, 49.2% females). About 29% of these children are under 5 years of age, while 71% are of school age (6 to 17 years old).

Table 1. Sample description (wave 1), UNICEF survey in host communities (2016)

<table>
<thead>
<tr>
<th>Governorate</th>
<th># of cases in sample</th>
<th># of children under 18 in sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amman</td>
<td>464</td>
<td>1,991</td>
</tr>
<tr>
<td>Irbid</td>
<td>415</td>
<td>1,578</td>
</tr>
<tr>
<td>Mafraq</td>
<td>210</td>
<td>908</td>
</tr>
<tr>
<td>Zarqa</td>
<td>112</td>
<td>394</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,201</td>
<td>4,871</td>
</tr>
</tbody>
</table>

In order to better estimate trends in children’s welfare and to account for seasonal adjustments, UNICEF adopted a longitudinal study design: the cases interviewed in February will be repeatedly surveyed in June and in September 2016. Expecting sample attrition between 5 and 10% per wave, by late 2016 UNICEF expects to have formed a panel with about 1,000 families interviewed three times in the same year. Unless otherwise noted, all data refers to refugee families living in host communities and registered with UNHCR.

This study also reflects qualitative information coming from four rounds of focus group discussions (FGD) with refugees held by UNICEF between June 2015 and March 2016.

This study features several limitations, summarized below.

- Most of the studies reviewed in this publication are based on large surveys which have only been administered to registered refugees. As such, estimates are not representative of the full population of Syrian refugees in host communities, which also comprises an unidentified amount of unregistered refugees.

- This study relies on secondary data from UNICEF and UNHCR on refugee children living in Informal Tented Settlements (ITS). Primary data on children living in ITS will be collected by UNICEF later in 2016 as part of regular programme monitoring.
• Comparing data across different pieces of research can be challenging since survey questions on the same topic have been often asked in different ways.

• This study only covers the areas of education, child protection and health. UNICEF will collect data on additional sectors (such as WASH) in forthcoming survey waves. Trends will be analysed in future issues of this publication.
Part 1. Monetary Welfare of Refugee Families
1.1 Monetary welfare and access to labor markets

Syrian refugees living in Jordan are different in their socioeconomic features from the population living in Syria prior to the crisis. Refugees are generally younger and display higher fertility rates, thus bearing specific needs vis-à-vis schooling and healthcare. Syrian refugees are also less educated compared to the population living in Syria before the onset of the crisis: only about 16% of all Syrian refugees currently living in Jordan have secondary education or above. The refugee population is also much more likely to be single than the Syrian pre-crisis population and female refugees are more likely to marry under the age of 18. In terms of poverty, case size and the share of children in the case are negatively correlated with monetary welfare: large households are subject to the most binding financial constraints (World Bank and UNHCR, 2016).

When refugees first arrived to Jordan, they typically possessed little economic resources. Many quickly exhausted their savings and started seeking job opportunities in the informal labor market. For those accessing employment, wages have likely fallen over the last two years, driven by the influx of unskilled refugee workers within the growing informal economy. By early 2015, several studies showed that levels of monetary welfare of Syrian households in host communities had reached critical levels: 86% of refugees in urban areas were living on less than 68 JD per month per capita (UNHCR, 2015b), while 85% of families had insufficient income to meet their basic needs (CARE, 2015). The latter study estimates a monthly average labor income of 210 JD to support a family with an average of 3.5 children.

This trend continued to deteriorate in the second half of 2015. Monetary welfare of refugee households rapidly worsened as participation in labor markets of the refugee workforce decreased (UNICEF, 2016b). Figure 1 shows the main monetary contributors to family income for a sample of 500 refugee families receiving UNICEF cash assistance throughout 2015. The data shows a large increase in the number of households reporting economically inactive members. In November 2015, 62% of households had no economically active members.
In the current scenario, accessibility to labor markets is a fundamental driver of refugees’ monetary welfare. When families cannot access labor income, they are increasingly unable to cover their basic needs, with severe consequences for their children (see section 1.3).

In 2015, only 10% of Syrian refugees held a valid work permit (ILO, 2015). With few opportunities available in formal labor markets, refugees are often pushed to accept informal work with low wages and poor safety standards. When refugees do manage to work, their occupations do not reflect their skills level causing losses in human capital and productivity (World Bank and UNHCR, 2016). In 2015, the number of Syrian refugees involved in exploitative and high risk jobs increased by 29% on a year-on-year basis (WFP, 2015). Data from focus group discussion shows that male teenagers are particularly vulnerable to enrolment into exploitative forms of child labor (UNICEF, 2016).

Decreasing levels of monetary welfare pose a major challenge in the fulfilment of Syrian children’s rights: indebted families with unemployed parents are increasingly unable to provide for their children’s basic needs.
1.2 Household expenditure

Most Syrian refugee families spend more than they earn to meet their needs. In 2014, the average expenditure was 1.6 times greater than income (UNHCR, 2014c) and the gap between expenditure and income has been progressively worsening. Several studies find households amassing high levels of debt: over 67% of refugees borrow money (CARE, 2015) while as many as 86% of households took on debt in 2015, compared to 77% in 2014 (WFP, 2015). Therefore, refugee families are at an increased risk of taking up unsustainable levels of debt and falling into debt traps with no steady income streams to bail them out.

Since 2014, decreasing level of income pushed the share of rent and utilities in total expenditure to consistently increase over time. In addition, the average food share in total expenditure grew from 24% in 2014 (UNHCR, 2014c) to 40% in 2015 (UNHCR, 2015b), another indicator of increased economic hardship.

Refugees consistently spent UNICEF cash assistance to meet their basic needs while showing increasing propensity to take on debt and decreasing ability to save. In terms of priorities, focus group discussions highlighted that children's education and healthcare are the most pressing priorities after the basic needs of the household (rent, utilities and food) are covered (UNICEF, 2016a).

Figure 2. Main household priorities on which UNICEF and UNHCR cash assistance is spent (UNICEF, 2016a)

Percentage of respondents identifying expenditure item (multiple choices allowed)

8. According to Engel’s law, as income rises, the proportion of income spent on food falls, even if actual expenditure on food rises.
### 1.1.2 Child-specific expenditure

Focus group discussions highlighted that even if incomes are falling, families remain reluctant to allocate money away from healthcare or primary education of their children, unless they reach extreme levels of financial distress. With reference to child-specific expenditure from UNICEF cash assistance, education and clothing are consistently the three top spending categories (see figure 3).

#### Figure 3. Child specific expenditure on which UN cash assistance is spent (UNICEF, 2016a)

Percentage of respondents identifying expenditure item (multiple choice allowed)

<table>
<thead>
<tr>
<th>Expenditure Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-related expenses</td>
<td>58%</td>
</tr>
<tr>
<td>Children’s clothes and food</td>
<td>57%</td>
</tr>
<tr>
<td>Fresh food</td>
<td>55%</td>
</tr>
<tr>
<td>Children’s medicine</td>
<td>54%</td>
</tr>
<tr>
<td>Infant/children’s milk and food</td>
<td>38%</td>
</tr>
<tr>
<td>Doctor’s fees for children</td>
<td>34%</td>
</tr>
<tr>
<td>Diapers/sanitation products</td>
<td>30%</td>
</tr>
<tr>
<td>Transportation to school</td>
<td>29%</td>
</tr>
<tr>
<td>Transportation to healthcare facilities</td>
<td>19%</td>
</tr>
<tr>
<td>Tuition fees</td>
<td>14%</td>
</tr>
<tr>
<td>Other items</td>
<td>9%</td>
</tr>
<tr>
<td>Recreation and toys</td>
<td>5%</td>
</tr>
</tbody>
</table>

### 1.3 Coping with no income: low monetary welfare and associated risks for children

*Children have the right to be protected from work that is dangerous or might harm their health or their education.*

Adapted from article 32 of the Convention on the Rights of the Child

*Children have the right to be protected from all forms of sexual exploitation and abuse.*

Adapted from article 34 of the Convention on the Rights of the Child

In 2015, 51% of refugees reduced non-food expenditure to meet basic needs compared to 28% in 2014 (WFP, 2015). As household budgets are increasingly under pressure, households are pushed to cover basic needs such as food and healthcare over other expenditure items that are less critical for survival.
Figure 4 shows a summary of the most frequent coping strategies adopted by vulnerable refugee households receiving cash assistance from UNHCR and UNICEF. The most commonly adopted coping strategy is reducing the quantity and quality of food consumed. Well over 90% of families receiving UN cash assistance are reducing their daily food intake or choosing to buy cheaper food. Almost 50% of families try to reduce accommodation costs to the minimum and over 40% of families resort to borrowing money (often at high interest rates).

**Figure 4. Most common coping strategies in use by families receiving UN cash assistance (UNICEF, 2016a)**

Percentage of respondents adopting a given coping strategy (multiple choices allowed)

<table>
<thead>
<tr>
<th>Coping Strategy</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing food intake</td>
<td>93%</td>
</tr>
<tr>
<td>Choosing cheaper food options</td>
<td>92%</td>
</tr>
<tr>
<td>Reducing accommodation costs</td>
<td>50%</td>
</tr>
<tr>
<td>Borrowing money</td>
<td>45%</td>
</tr>
<tr>
<td>Reducing health expenditure</td>
<td>31%</td>
</tr>
<tr>
<td>Reducing education expenditure</td>
<td>23%</td>
</tr>
<tr>
<td>Depleting savings</td>
<td>15%</td>
</tr>
<tr>
<td>Dropping children from school</td>
<td>6%</td>
</tr>
<tr>
<td>Selling food voucher</td>
<td>6%</td>
</tr>
</tbody>
</table>

Virtually all the coping mechanisms described above imply high risks for children. It is critical to note that adoption of these high-risk mechanisms is often a result of low levels of monetary welfare rather than being a spontaneous household choice. In other words, it would be highly likely that the incidence of school withdrawals, child labor, early marriage and similar high-risk coping mechanisms would be significantly lower if refugees achieved higher levels of monetary welfare – an outcome that would likely stem from increased access to labor markets⁹. Additional coping mechanisms and their implications on child outcomes are examined below.

1.3.1 Sharing accommodation or living in substandard shelter

Rent for Syrian refugees has consistently risen, mainly driven by a population increase that has surpassed the provision of affordable housing and in some cases by predatory behavior on behalf of landlords. An increasing proportion of refugees – estimated at around 71% (NRC, 2015) – share accommodation to reduce rent expenditure, a 21% increase since 2014 (UNHCR, 2014c). As a consequence, the average household size increased from 4.5 in 2014 to 6.7 in 2015 (WFP, 2015). In focus group discussions, refugees voiced their concerns about sharing accommodation; living in crowded accommodation

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⁹ World Bank and UNHCR (2016) conclude that income from work does not stand out as a poverty-reducing mechanism for refugees, given that the work permit variable is not significant in the welfare model. Nevertheless, possession of a work permit seems an inadequate proxy to measure access to labor income. In the welfare model, the variable needed for testing whether working matters should be the number of hours worked per month (regardless of one’s possession of a work permit). The bulk of work of the refugee workforce takes place in informal markets, and as such it is illegal and under-reported: the amount of work put in by refugees is underestimated in the Home Visit 2 dataset. All evidence gathered by UNICEF points in the direction that more and better access to labor markets would reduce adoption of coping mechanisms that negatively influence child welfare (such as withdrawals from school, child labor, child marriage, etc.).
is affecting family dynamics and creates social tensions. Concerns are particularly reported about men, women and adolescents having to sleep in the same space for long periods of time with extended families. Humanitarian actors have documented rising domestic violence and early marriages, two trends that may have resulted from crowded shelter conditions (NRC, 2015).

Obtaining appropriate shelter is often the toughest challenge for refugees. One in five refugee households live in shelter which cannot offer them basic protection (NRC, 2015); 46% of Syrians in host communities have no heating and one quarter have poor access to electricity (UNHCR, 2014c). Families may decide to live in informal settlements as a coping strategy to reduce rent or to access informal employment in agriculture. Syrians may be particularly sought after by landlords as they are often willing to pay higher rent than Jordanians in an attempt to secure housing (REACH, 2014a). Increasing economic vulnerability also means that refugees are increasingly likely to default on rental payments, resulting in high rates of eviction:

- 40% of Syrian refugees applying to NRC for shelter support had to move at least three times in the previous year (NRC, 2015).
- 10% are under immediate threat of eviction because they are informally sharing with another family and/or their presence is not known to landlords (NRC, 2015).

Increasingly lower standards of living conditions directly impact children’s health: living in substandard dwelling like tents, damp rooms or houses lacking of heating in winter can be very harmful to children’s health. Children’s safety and psychological wellbeing are also greatly affected by repeated relocations. Frequent movement may hinder access to basic services: children may become at risk of dropping out of education or of losing access to other essential services due to supply-side deficits or procedural barriers (e.g. mid-year school enrolment may not be possible).

### 1.3.2 Withdrawing children from school

Before the conflict, over 90% of children living in Syria were enrolled in primary school and literacy rates were at 95% for the age group 15-24\(^{10}\). Almost 70% of boys and girls under 17 were enrolled in secondary education which shows that Syrian families are well aware of the benefits of education. While demand for primary education is very strong, demand for secondary education may diminish in the face of severe financial shocks. Low levels of monetary welfare make it hard for refugees to cover costs related to regular school attendance, the first being transportation to and from school. Various estimates confirm that costs connected with regular attendance (transportation, materials, and clothing amongst others) amount to between 20 and 30 JD per month per child (JENA, 2015), (UNICEF, 2016).

In parallel, low rates of academic achievement amongst parents – 10% of parents are illiterate, while 78% only completed primary school – may constitute an enabling factor to withdraw children from school once the latter achieve basic literacy and numeracy. While under normal circumstances families would display a strong demand for education, as it was the case in pre-conflict Syria, under extreme circumstances this demand may weaken due to financial pressure to cover basic needs, combined with supply-side deficits and the increasing opportunity costs of keeping children in education. This combination of factors compels households to demand a sub-optimal amount of secondary education.
In February 2016, approximately 15,400 Syrian children (equivalent to almost 10% of all school-aged children in host communities) were not enrolled in formal education due to financial constraints. In addition, financial constraints are directly responsible for:

- Withdrawal of about 5,300 Syrian children from education since their arrival (UNICEF, 2016).
- Irregular school attendance (3 times a week or less) of 4,400 Syrian children (UNICEF, 2016).

Severe financial distress in refugee households is likely to jeopardize the efforts of the Government and the international community to keep refugee children in schools.

**Child labor**

In line with international standards and national labor law, the Department of Statistics defines child labor as: (i) all children in employment under the age of 12; (ii) children aged 12–15 employed for 14 hours or more per week; and (iii) children under the age of 18 engaged in hazardous work. The authors define an “economically active” child as a child who works more than 1 hour but less than 14 hours per week.

Prevalence of child labor correlates with monetary poverty: labor force participation among boys is highest among children from households in the lower wealth quintiles, and among households whose head has little or no education (ILO, 2015).

FGD 1, 2016: “My son is 13, and he gets paid 4 JD a day, he works for a blacksmith. He works from 7 am to 7 pm. And his sister is a tailor, she’s 15.”

FGD 1, 2016: “My son worked at a shop for a whole week, from 8 am to 8 pm. He was paid 6 JD for that week. He supposedly was going to give him 3 JD a day, but instead he only paid 1 JD. My other son worked for a month in a watch shop to be paid 100 JD, but he didn’t give him anything.”

FGD 2, 2016: “My sons want to stop working, they’re just boys under 18. They want to live their childhood.”

FGD 1, 2016: “I see that children are now realizing that work is more important than education.”

Amongst refugee households, child labor is often a choice induced by low levels of monetary welfare of the household. Households are increasingly resorting to child labor to reach the income threshold to cover basic needs (CARE, 2015), (UNICEF, 2016a). **Generating income became a priority over attending school.** Prevalence of child labor correlates with monetary poverty: the ILO (2015) reports that labor force participation among boys is highest among children from households in the lower wealth quintiles and among households whose head has little or no education.
FGD 1, 2016: My eldest is 11, he realized that sometimes my husband isn’t making enough to pay rent by the end of the month; so he told me that he wants to go help his father at work. Sometimes he stays there from 7am to 7pm, one day he came back with 2 JD in his pocket.

FGD 1, 2016: My 7 year old son saw me crying, he said to me: “Mom, don’t be sad. When I grow up I’m going to buy you a car, and a house, and I’ll work and help you and my dad. I won’t even get married, I’ll serve you and my dad”.

Child labor represents a barrier in the realization of a child’s right to education. Child laborers are four times more likely to be out of education than their peers who did not enter the job market (ILO, 2015). Employment is more prevalent among boys: the figures below show that teenage males are at highest risk of engaging in child labor.

Figure 5. Economic activity and employment amongst Syrian children (ILO, 2015), by age group and sex

Figure 6. Schooling and employment status among Syrian refugees (ILO, 2015), by age group and sex
Not surprisingly, child labor and withdrawals from school are highest amongst extremely poor households, and decrease as levels of income increase. All major studies show that **teenage males are more likely to drop out** since their earning potential in the labor market can be sizeable, especially as they enter their teenage years. The majority of employed children earn between 100 and 200 JD per month. For 45% of working children, such contribution represents between a third and a half of household’s monthly income (ILO, 2015).

Prevalence of child labor is particularly high amongst families living in ITS. UNICEF estimates that the prevalence of child labor is at least 40% for boys 12 to 15, reaching at least 60% by the age of 16 (UNICEF, 2014a).

### 1.3.4 Early marriage

**FGD 1, 2016**: “My parents had me married when I was 14 years old...I married my daughter when she was 20. My 16 year old daughter gets a lot of marriage proposals, but I refuse as she is too young.”

**FGD 2, 2016**: “Although I married my wife when she was 12, I would never let my daughters get married at such an age. She has to be 18 at least. I had a neighbor in Syria whose daughter didn’t get married until 15 and they considered that to be very old. But I don’t see that happening here, although this mentality is still out there.”

**FGD 1, 2016**: “I know a girl in my daughter’s school, who happens to be a friend of my daughters, her mother forced her into engagement with a Jordanian man. They got married, and then he sent her back to her parents and said that there is no proof they got married. Her mother ended up marrying her to a 40 year old to get out of that situation.”

**FGD 2, 2016**: “I personally wouldn’t let my daughter get married before the age of 14 or 15.”

**FGD 2, 2016**: “I’m telling you that when a man wants to get married he looks for a 14 year old or 15, if he finds a 20 year old he doesn’t want her.”

Early marriage often leads to premature withdrawal from school, early pregnancy and other critical risks. Child brides are often heavily dependent on their husbands and very vulnerable to deprivation of their fundamental rights to health, education and safety. Their young age exposes them to greater risk of experiencing dangerous complications in pregnancy and childbirth. They are more likely to suffer from domestic violence, and with little access to education and economic opportunities, they and their families are more likely to live in poverty.

Data on early marriage is challenging to obtain through household surveys, given the sensitivity of the topic. UNICEF’s 2014 study on early marriages in Jordan, based on data from Sharia court, showed an alarming trend in registered marriages among Syrian refugees in Jordan: amongst registered marriages in 2014, **one third of new brides were under 18**. About 48% of all married girls aged 15-17 are married to men who are older than them by 10 years or more; about 5.4% married men who were in another marriage.
Qualitative evidence gathered in focus group discussions confirmed that early marriage is an increasing trend in 2015, especially amongst the most economically vulnerable population. There is anecdotal evidence that early and forced marriage is becoming more common and its prevalence is strongly related to low monetary welfare and protection deficits (CARE, 2015). These concerns found confirmation in the data from the 2015 National Census: the average marriage age for Syrian males is 23.7 years and 18.9 for females, while the median age is 22.8 and 17.7 years for males and females respectively. In other words, more than 50% of Syrian women in Jordan were married before their eighteenth birthday.

1.4 Cash assistance

Children have the right to be helped if they are poor or in need.

Adapted from article 26 of the Convention on the Rights of the Child

Refugee families are currently receiving cash assistance from UNICEF and UNHCR, as well as and food vouchers from WFP. Today, such assistance represents the main source of income for over 90% of refugee families who received UNICEF cash assistance in 2015 (UNICEF, 2016a).

In February 2015, UNICEF initiated an unconditional child cash grant programme to assist children of most vulnerable families in host communities. The aim is to provide immediate financial relief to refugee families and deter economically challenged families from adopting negative coping strategies that affect children’s welfare such as child labor or early withdrawal from school. UNICEF reached about 55,000 children with financial assistance in 2015, providing a monthly 20 JD per child to about 15,000 families. The cash transfer scheme is still ongoing and will be expanded in 2016, subject to availability of funds.

UNHCR initiated a cash assistance programme in host communities in 2012, targeted to the poorest cases. The programme has grown to include 30,000 cases receiving a monthly transfer; assistance ranges from 80 JD for households of one person to a maximum of 155 JD for families of 7 and above. WFP is currently paying a monthly food voucher of 20 JD per person for all refugee families registered in host communities.
UNICEF cash assistance proved effective at alleviating short-term monetary poverty, and combined, had a small but sizeable effect in supporting some families to borrow less money and keep their children in school (figure 8).

FGD 3, 2015: “Last year two of my children were out of school, but when I started receiving UNICEF cash assistance I was able to enroll them in school again.”

**Figure 8. Coping strategies that Syrians avoided since receiving UNICEF’s cash assistance (UNICEF, 2016a)**

<table>
<thead>
<tr>
<th>Coping Strategy</th>
<th>Percentage of Respondents Avoiding Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borrowing money</td>
<td>20%</td>
</tr>
<tr>
<td>Selling food voucher</td>
<td>17%</td>
</tr>
<tr>
<td>Dropping children out school</td>
<td>7%</td>
</tr>
<tr>
<td>Reducing health expenditure</td>
<td>5%</td>
</tr>
<tr>
<td>Asking for money</td>
<td>5%</td>
</tr>
<tr>
<td>Return to Syria</td>
<td>4%</td>
</tr>
<tr>
<td>Let children work</td>
<td>3%</td>
</tr>
</tbody>
</table>

While much-needed cash assistance represents a lifeline for many refugees – over 90% of recipients agreed that UNICEF cash assistance helped cover their children’s basic needs (UNICEF, 2016a) – cash transfers alone are not sufficient to sustainably improve monetary welfare of refugee families. Focus group discussions with refugees highlighted that UN cash transfers and food vouchers may not have been large enough to deter families from adopting some coping strategies that negatively affect the long-term development of their children.

Cash assistance has an important role to play in humanitarian emergencies as a social protection tool: it can be most effective in the immediate aftermath of a natural disaster or play the role of economic stabilizer in times of crisis. The institution of a long-term, large scale system to guarantee a minimum level of income to ensure all families meet their basic needs (commonly defined as “social protection floor”) could represent a solid social protection instrument, while supporting sustainable economic growth by stabilizing aggregate demand and stimulating the local economy.

FGD 4, 2015: “I still don’t pay for education; my daughter is still only 5. But if I want to pay for a kindergarten, I would need to pay JD 30 per month, on top of the first payment of JD 150. I asked all kindergartens near my house and they all said the same thing. How am I supposed to get all this money if I cannot work?”

FGD 5, 2016: “Do you think I am happy to send my 9 year old to work instead of school? I hate myself for it, but both of us need to work to pay the rent.”

FGD 5, 2016: “My 3 year old son asked me: “Mum, if I go to work, would we be able to keep the house?”
Part 2. Access to Services
2.1 Health

*Children have the right to good quality healthcare – the best healthcare possible.*

Adapted from article 24 of the Convention on the Rights of the Child

Since the onset of the crisis, the national healthcare system has come under mounting pressure to deliver healthcare services. In spite of the generous support offered by the Government, some refugee families face barriers in securing appropriate healthcare for their children.

2.1.1 Children’s access to healthcare services

Refugee families are shifting away from public healthcare and turning to NGOs or private service providers (CARE, 2015), (UNHCR, 2015b). Only 45% of families with a medical need in the last 6 months accessed the national healthcare system (UNICEF, 2016).

*Figure 9. Access to healthcare by type of provider (UNICEF, 2016)*

Out of the 11% who were unable to access any healthcare service, 90% cited financial constraints as the main reason13. Refugees are no longer choosing public clinics or hospitals mainly because of substandard quality of services; expensive services and missing documents are also important factors driving refugee’s choice of seeking healthcare outside of governmental structures (UNICEF, 2016).

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13. These findings may not directly compare to those illustrated by CARE (2015) or UNHCR (2015c) – which found higher barriers to healthcare access due to financial constraints – since UNICEF’s sample only comprises households with children and the questions asked are inherently on child health.
Figure 10. Reasons for not accessing public healthcare system (UNICEF, 2016)

Families with a medical need in the last 6 months who accessed non-governmental or private facilities

Specific trends in child access to healthcare will be analyzed when additional data points from the longitudinal survey become available in late 2016.

2.1.2 Childhood vaccinations, assisted childbirth and antenatal care

Syrian children appear to have slightly lower full vaccination rates (84.8%) when compared to Jordanian children (93.2%) (UNICEF, 2016c). Awareness on free access to vaccines is declining: only 82% of households knew that under-fives have free access to vaccines representing a decrease from 92% of households in 2014 (UNHCR, 2015c). UNHCR data on vaccinations for 2014 and 2015 are summarized in figure 11. Vaccination rates remain high in Jordan, yet pockets of children not holding valid documents or living in informal settlements may not be vaccinated.
Costs connected with assisting childbirth have risen. The odds of refugee women having to pay for medically assisted childbirth in 2015 were nearly three times higher than in 2014 (UNICEF, 2016c).

Similarly, various studies found that decreasing levels of monetary welfare are negatively impacting access to antenatal care. Regular contact with a doctor, nurse, or midwife during pregnancy allows women to receive services vital to their health and that of their future children. About 15% of Syrian refugee women who were pregnant in 2014-2015 had difficulty accessing antenatal care services compared to only 4% in 2014 (UNHCR, 2015c); about 50% could not do so because of binding financial constraints. About half of pregnant women could not afford to pay for antenatal care and 60% of mothers with new-born children could not afford postnatal care, thus jeopardizing their health and that of their children (CARE, 2015). As of 2016, the Ministry of Health is granting free antenatal care to all refugees who hold UNHCR documentation as well as valid MoI service card, amongst other documents.

2.1.3 Psychological wellbeing

As the crisis protracts, the direct psychological distress of conflict experienced by most refugees is being compounded by mounting psychological distress borne from financial hardship, increasing sense of alienation, and lack of social cohesion. An estimated 33% of children aged 4 to 18 suffer from bedwetting and 34% suffer from recurring nightmares during sleep (UNICEF, 2016).

Profound psychological distress call for continuous psychosocial support, a more efficient system for referrals and therapy for all types of psychological distress borne by children and more access to specialized mental health professionals.
2.2 Education

Every child has the right to education on the basis of equal opportunity.

Adapted from articles 28 and 29 of the Convention on the Rights of the Child

Continuous access to quality education for refugee children is not only a precondition to prevent a lost generation, but also the first and most fundamental act of reconstruction that UNICEF and the international community can support.

2.2.1 Formal education

The Government allows refugee children free access to schools in the public education system, provided they possess a valid MoI service card. Data from the Ministry of Education (MoE) confirmed that approximately 119,300 Syrian children are enrolled in public schools in host communities.

Figure 12 shows that increasingly more Syrian children are able to access public schools. The joint efforts of the MOE, UNICEF and the international community resulted in a 12% increase in enrollment rates in host communities between 2014/2015 and 2015/2016. Yet, the gap between enrollment of males and females is growing larger, driven by early entry in labor markets of teenage males.

Figure 12. Enrollment of Syrian refugee children in public schools in host communities (MoE, 2015)

Comparison between the past and the present school year

UNHCR registration data indicates a total of about 160,500 registered Syrian children of school age (i.e. between 6 and 17 years old) in host communities; of these, about 74% of children are enrolled, while about 40,800 (26%) remain not enrolled in formal education in host communities.

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15. This percentage is calculated dividing total enrollment of Syrian children in host communities by the total of registered refugee children aged 6-17.
16. For a more detailed analysis on the reasons why Syrian children fail to enroll, see section 2.2.
FGD 1, 2016: “I have 4 children. I literally begged for the principal to enroll my kids, she refused until next year. She says there weren’t any places."

FGD 2, 2016: “The schools there they did not accept them in any way. There weren’t any places. My children got depressed, so I had to move yet again. My kids want to learn, I tried looking at private schools but I can’t afford it."

To increase supply of services in formal education, donors committed to fund an additional 102 double-shift schools for the 2016/2017 school year, in addition to the 98 already operational. These schools may accommodate up to 50,000 refugee students, thus significantly increasing access to education for registered refugee children. Open questions remain on access to education for children without valid refugee documentation: the latter are currently ineligible to access the public education system. Both their total number and their geographical distribution remain largely unknown.

FGD 1, 2016: “My brother’s sister in-law and her family were in Za’atari camp, her children were all studying there, God bless such smart kids; all four of her children. They were brought here about 6 months ago, and now live next to us. They were not allowed to be enrolled in school – they had no valid documents.”

Children living in ITS face very high barriers preventing access to formal education. According to UNHCR, about 41% of all school-aged children residing in ITS have never been enrolled in formal education either in Jordan or in Syria; only 6% of school-aged children living in ITS are enrolled in school. Such low levels of enrolment are related to high levels of mobility combined with high incidence of child labor (UNHCR, 2014c). Years of absence from school make the great majority of children living in ITS ineligible to enter formal education. WFP (2015) estimates confirm that 69% of households living in ITS have at least one child out of school.

For the current school year, attendance rates for the age group 6-11 were in the region of 70% for both boys and girls. Rates then drop sharply to about 50% for boys aged 12-17 and to about 55% for girls of the same age group (UNICEF, 2016). Children living in female-headed households are 10 to 15% more likely to attend education regularly compared to those living in male-headed households (JENA, 2015); this gap increases with age and correlates with levels of education of the household’s head. In other words, male teenagers in households headed by uneducated males are those at highest risk of dropout. The main factors driving dropout are related to low levels of monetary welfare, followed by social tensions, difficulty in accessing schools and quality of teaching (UNICEF, 2016).
Figure 13. Determinants of school dropout (UNICEF, 2016)

Reasons given by families who withdrew their children from formal education since arrival to Jordan

- Could not afford costs connected to schooling: 18%
- Child has to work: 14%
- Harassment/bullying from Jordanian students: 13%
- School is too far: 10%
- Curriculum is too difficult: 8%
- Low academic performance: 8%
- Class is overcrowded: 6%
- Moved during the school year: 6%
- Child is getting married soon: 3%
- Harassment / bullying from Syrian peers: 3%
- Poor quality of teaching: 3%
- Child has to help around the house: 3%
- Health reasons: 3%
- Poor school infrastructure: 1%

FGD 1, 2016: “My son said that every time he would go to school he would get threatened, now he’s scared to go. I told him that he goes to school to learn.”

FGD 2, 2016: “My daughter is 8th grade, and as soon as she leaves the school’s premises she’s frightened by the all the boys standing outside the school.”

FGD 1, 2016: “The class used to have 20 students, now there are 60 in each class. They used to have places but now they don’t... The teaching isn’t like it was, there is a big difference between morning and afternoon classes.”

About two thirds of children currently out of education have never enrolled since arrival to Jordan, mainly due to financial constraints and lack of available places.
As far as quality of education is concerned, findings are generally positive, yet, the incidence of violent behaviour on behalf of teachers as well as prevalence of bullying are alarmingly high. The perceptions of Syrian parents on quality of formal education are synthesised below and illustrated in figure 15.

- Three quarters of families agree that the curriculum in use suits their children’s needs.
- About 70% of Syrian children are bullied or ridiculed at school.
- As many as 78% of families complained that their children are subject to physical violence by teachers; the same percentage holds true for verbal violence.
- In spite of violent behaviour by teachers, 77% of parents reported that the instructional methods in use meet their children’s learning needs.
- 85% of parents agree that they see their children learning and progressing.
- 80% of children are eager to learn more, in addition to what they learn at school.
- 89% of parents agree that their children take responsibility for their own learning.
- 85% of parents agree that child’s behavior and outlook has improved positively since attending school.
- 83% of parents agree that teachers genuinely care about the cognitive development of their children.
Part 2. Access To Services

2.2.2 Other MoE-certified forms of education

The MoE runs a variety of certified courses targeting children and young people between 13 and 20 years of age who missed at least one school year or have never been enrolled in formal education in Jordan. The objective of such courses is to re-integrate dropouts into the formal system. As this study goes to press, over 2,500 students have been enrolled in these courses through MoE’s and UNICEF’s implementing partners since January 2015.

The MoE has recently announced that a catch-up programme will become operational from September 2016 to include out of school children between the ages of 8 and 12, regardless of their nationality. Upon completion, each student will receive a certificate by MoE and will be eligible to sit a placement test to re-enrol in formal education.

2.2.3 Learning support at Makani centers

UNICEF and its partners are providing learning support to all children – regardless of age and nationality – through a network of 187 Makani centres in host communities. Makani centers are safe and multi-functional spaces where children obtain support to learning, access psycho-social support, obtain referrals to specialized services (such as specialized healthcare), play or attend courses to learn new skills. The centers are free for all, regardless of nationality, age, faith, or registration status. Centers are run at the premises of local community-based organizations.

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17. These courses may be referred to as “Non-Formal Education” (NFE).

18. A total of 218 Makani centers are currently operational nationwide (including also refugee camps).
Since January 2015, UNICEF has reached over 30,000 individual children with different types of learning support services, although a proportion of these children attended them intermittently or may have attended in addition to formal education. In order to rigorously monitor access to UNICEF-supported services in real time and on an individual basis, in April 2016 UNICEF rolled out an innovative monitoring system – *Bayanati*, which means “my data” in Arabic. Amongst other benefits, data collected on Bayanati allows UNICEF to track the child’s progress in Makani centres and study the reasons why registered out of school children could not access formal education, or dropped out from it. The chart below is based on a sample of approximately 7000 Syrian children nationwide and illustrates determinants of out-of-school status by age group and sex.

**Figure 16. Main determinant of out-of-school status for Syrian children registered at Makani centers**

Percentage of children divided by main determinant of out-of-school status (Bayanati system)

Over one quarter of children are currently learning at Makani centers due to missing availability of places at public schools. While these deficits will be addressed by the upcoming batch of double-shift schools, concerns remain for those families who are missing the necessary documentation to enrol their children in the formal system. Factors that are immediately related to low monetary welfare are extremely important: when combined, child labor (6%), financial constraints (11%), unaffordability of transportation (13%) and the need to move often to make a living (9%) make up the single most significant driver of out-of-school status. The majority of children eligible to join the formal education system cannot do so because their families are running on empty.
Part 3. Social Cohesion
While many definitions of social cohesion exist, two key dimensions of social cohesion can be singled out: **equality**, which represents access to equal opportunities, absence of disparities and social inclusion; and **social capital**, which signifies the presence of strong social relations, interactions and ties within and between groups (Center for Lebanese studies, 2015).

As noted in part 1 of this study, the majority of Syrian refugees settled into poor municipalities in Northern Jordan. The prolonged nature of the crisis is such that newcomers are competing with the local populations for employment opportunities, housing, resources and services. The large influx of refugees triggered an increase in public frustration about water scarcity, unemployment, rural marginalization and gaps in provision of healthcare and education. Existing studies found that the economic burden of hosting Syrians seems to disproportionately weigh on vulnerable Jordanian populations. Figure 17 summarizes main topics of tension between Syrians and Jordanians (REACH, 2014) on a sample of 1,294 key informants. Social tensions are mainly driven by the following:

- Syrians are perceived to overburden national systems for provision of basic services, especially with regards to education and healthcare.
- Syrians are perceived as crowding out local workforce from labor markets.
- The influx of Syrians has raised competition over housing, thereby leading to an increase in the cost of living and deterioration of housing conditions for both Jordanians and Syrians.
- Syrians are perceived as receivers of an unfairly excessive amount of aid compared to the social safety nets accessible to disadvantaged families in the local population.
- Syrians may be perceived as relatively unwilling to integrate within host communities.

**Figure 17. Main topics of tension between Syrians and Jordanians (REACH, 2014)**

Percentage of respondents listing factor as a topic of tension (multiple choice allowed)
Tensions between Jordanians and Syrians in schools contribute to a “feedback loop” on the following lines: parents experience socio-economic hardship in host communities and children perceive their anxiety; tensions at schools between Syrian and Jordanian exacerbate Syrians’ pre-existing feelings of discomfort and reinforce social tensions. Few opportunities for positive interaction between the two groups guarantee that this loop remains intact (Generations for Peace and the Refugee Studies Centre, 2015).

FGD 1, 2016: “When he first got in [to the school] he loved it, unlike now (…) He feels scared, and there is no learning involved anymore [referring to quality of education]… The Jordanian boys form an alliance against the Syrians, they wait for them at the door and fight them.”

FGD 2, 2016: “I have a sister who had come here from Syria with her children (…) every day her children used to come home beaten up by local students, because they are refugees. So she stopped sending them to school, and kept them home safe.”

FGD 1, 2016: “My daughter’s friends are all Jordanian, when it was her birthday they all got her gifts.”

Social tensions within host communities can have multiple consequences for children and youth, such as the following:

a) Increased social isolation, especially women and girls, since they typically have far less favorable conditions to access the job market and may feel less comfortable to leave the house.

b) Decreased access to education for Syrian refugee children and youth: bullying in school was mentioned as a fundamental driver of dropouts for the current school year. About 13% of all dropouts can be attributed to bullying on behalf of Jordanian children – this is equivalent to almost 1,600 Syrian children leaving school this year because of bullying (UNICEF, 2016). Additional data from UNICEF shows that over 400 children currently attending Makani centers did drop out as a consequence of bullying.

c) Increased protection needs for children, youth and women across the board.

To foster social cohesion between Syrians and Jordanians, UNICEF is partnering with national and international NGOs to implement innovative programmes such as the Makani initiative. Currently, Makani centers in host communities attract a combination of Syrian (74%), Jordanian (20%) and Iraqi children (4%), providing a much-needed opportunity for positive interaction between the local population and the refugee community.
Concluding remarks

For Syrian refugees living in host communities, increased access to income would reduce adoption of emergency coping mechanisms that negatively influence child welfare and expose children to high risks (such as withdrawals from school, child labor and child marriage). There are indications that humanitarian cash assistance mitigates the risk of adopting negative coping mechanisms; yet, integrated interventions must be paired with enhanced access to labor markets to address the intricate and multi-faceted nature of the vulnerabilities they face. In April 2016 the Government eliminated fees for work permits and declared quotas for foreign employment for several sectors. While the impact of these policy changes on Syrians’ welfare remains to be investigated, this shift is expected to offer much-needed opportunities for refugees to access labor income. Yet, should the local economy be unable to generate the jobs needed to sustain the livelihoods of hundreds of thousands of refugees, the international community should continue providing support to strengthen existing social safety nets for the benefit of all children. In parallel with the measures to reduce financial constraints, access to basic services must also be ensured through a mix of specific interventions – such as the integrated and community-based Makani approach, interventions to combat child labor, sensitization campaigns with parents, counselling and initiatives to curb violence in schools. Special attention and advocacy efforts are required for children in informal settlements and those without valid refugee documentation as they face significant barriers in accessing basic services.

In Part 2, this study analysed access and quality of healthcare and education, since national systems for service provision have been under mounting pressure to accommodate the large-scale increase of users after the refugee influx. Financial and procedural barriers are pushing Syrian refugees away from the public healthcare system towards non-governmental structures and in some cases excluding the poorest from accessing healthcare services. In addition, costs connected with antenatal care and assisted childbirth have risen, especially for those who fail to qualify for free delivery of these services. As far as education is concerned, the outlook for the 2016-2017 school year is positive, with more double-shift schools and more certified courses for dropouts being activated; nonetheless, schools remain affected by violence and bullying, as well as heterogeneity in quality standards. While families’ demand for secondary education is severely weakened by financial constraints – especially for teenagers, and particularly for males – access to education for refugees in host communities remains fairly good.

This study also highlights the need for further evidence on the prevalence of child labor, the dynamics of early marriage or the extent of gender-based and domestic violence involving children. Additional data gaps concern the number and the geographical distribution of children who do not hold valid refugee documentation.

UNICEF will continue to gather data to monitor Syrian children’s welfare: the refugee families interviewed in February 2016 will be surveyed again in June and in September 2016. This type of longitudinal studies provide opportunities to investigate patterns of child outcomes over time, learn about cause-and-effect relationships, and examine connections between different events or shocks that occur over time. To help uncover possible risk factors and inequities UNICEF disaggregates data by sex, age, residence, household income, education, and other key social and demographic variables. The objective is to generate a solid evidence base for UNICEF to improve its response, and its support to the Government in implementing policies that guarantee fulfilment of the rights of all children in Jordan.

Following the international community’s reaffirmation on their commitment to Syrian children at the London Conference in 2016, accelerating equitable progress for all children in Jordan will be essential to achieving the targets set in the Jordan Response Plan. Informed by past experience – and moved by a steadfast commitment to giving a fair chance for every child – families, host communities, the Government and all development partners must work collectively to prevent a lost generation of Syrian children.
References


