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# ‘TIME OF LOSS’

The impact of the Syrian crisis as shared by Syrians in Jordan

## ACKNOWLEDGMENTS

This CARE International brief has been produced with the joint efforts, expertise and time of several colleagues across the organization. Particular thanks go to CARE International in Jordan who facilitated focus groups, interviews and access to field research. We are especially grateful to Salam Kanaan, CARE Jordan's Country Director and Kate Washington, Emergency Coordinator and Syria Response Program Manager in Jordan, and many other staff on the ground for their significant support. Sincere thanks go also to local and civil society organizations, UN agencies and other partners in Jordan as well as several colleagues offering input and advice to the report, including Howard Mollet, Sally Austin, Gareth Richards, John Hoare, Jackson Barbara, Jamie Shabalina, Brooke Gibbons and Johanna Mitscherlich. Last but not least, heartfelt thanks go to many men, women and children from Syria, who shared their stories, concerns and time with much openness in this critical period of their life.

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Cover photo: Laura Sheahen © 2013 CARE International

All names in this report have been changed to protect the privacy of those interviewed.



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## SUMMARY

Over two years of uninterrupted conflict have caused appalling suffering to Syria and its people; over 100,000 have lost their lives, nearly half of the country has been displaced; schools have been turned into shelters, and hospitals into military targets. In a formerly middle-income nation, limited food supplies are causing children to go hungry<sup>i</sup>, and violence has caused millions to flee or to become trapped in besieged areas out of the reach of humanitarian aid.

Neighbouring countries including Jordan, Lebanon, Turkey and Iraq are not immune to the consequences of this crisis. In Jordan alone, the refugee influx has risen from 1,000 in September 2011 to over 560,000 at the end of 2013<sup>ii</sup>. Regionally, the number of refugees has surpassed the two million, a figure unmatched since the post-genocide exodus from Rwanda<sup>iii</sup>, and numbers are still rising. In host countries, overstretched medical services, limited employment opportunities, and the daily struggle for food and shelter have amplified the already distressing conditions of women and girls, men and boys who have escaped the conflict. The inability of refugees to generate livelihoods and begin to rebuild their lives has deepened their perceived sense of powerlessness. The heightened border restrictions in the region, the constant call for support from host governments, and disquieting community tensions across the region, all indicate that multiple thresholds have been surpassed.

This research, conducted primarily among urban refugees in Jordan, provides a snapshot of the refugee experience and key priorities to be urgently addressed in order to mitigate actual and perceived losses faced by refugees in exile. CARE International urges donors, UN agencies and partners to increase collaboration with and support to host governments, to ensure that basic needs and rights of crisis-affected populations are met.

### CARE International recommends to:

- (1) **Continue ongoing efforts to embrace a longer term approach to the Syria regional crisis, working towards durable solutions.** This has implications for the current UN Syria appeal (SHARP and RRP), the UN Comprehensive Regional Strategy, national development plans, and future strategic and funding frameworks. It is essential that a multi-stakeholder approach to mainstream, align and harmonize existing strategies is urgently endorsed, to ensure complementarity of intents, mobilize long term funding, and to avoid duplication of efforts or gaps in the response.
- (2) **Increase direct support to host country governments to boost public sector capacity in response to the massive refugee influx.** This implies stepping up engagement of development actors in support to core sectors, and especially education and healthcare, with the aim to increase access for refugee and host communities and fulfil their basic needs and rights. In addition to larger funding allocations to support the public sector, CARE encourages wider

involvement of host governments across the sectors of response, as well as greater alignment of UN and host governments plans going forward.

- (3) **Foster strategies and programs aimed to build resilience of affected communities**, recognizing their imminent need to recover from significant loss of assets, cope with rising living expenses and regain a sense of dignity through economic security. Empowering both displaced and vulnerable host communities with livelihood opportunities and self-sufficiency is likely to engender positive social and psychological effects, mitigate protection risks such as abuse and exploitation, and contribute to local development and economy.
- (4) **Address specific protection concerns, including those arising from gender, age, disability and nationality.** Women and men, girls and boys have specific needs and vulnerabilities requiring a tailored response. Palestinians, Iraqis and other non-Syrian nationals also face unique needs which the current response does not adequately address. Beyond stand-alone interventions, all this requires more effective coordination between agencies and holistic strategies to overcome siloes and divides between sectors and institutional mandates.

**CARE believes that affected communities, including women and the youth should be involved at all stages of the response.** All interventions should contribute to mitigating social and psychological effects that protracted displacement is engendering on the Syrian displaced. The latter affect refugees across age and gender, including adult men who often feel emasculated by their inability to generate sufficient income, and who may be depressed by their perceived inability to meet social expectations as fathers, husbands and heads of household. The humanitarian community should focus our efforts on leveraging refugee and host community capacities and potential, regardless of populations' ethnicity, nationality, and religious or political affiliations. While life-saving support is essential, durable solutions are critical to fulfil the inherent human needs – and rights – of every individual, to build a future.



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"We left Syria.

In a matter of hours, our house was demolished, uncle and brother killed, our family scattered:  
Our entire life was left behind."

## FROM NORMALITY TO A LIFE OF DEEP UNCERTAINTY

### Where to live?

"This life-change is greater than the distance between the skies and earth", says Aisha, 34 from Homs. She depicts her transition from pre-war Syria, with a family-owned business and house, family and friends in the neighbourhood, and stability built through generations; to her barren living space in northern Jordan, where she now lives alone with her two children. Jordan is the second-largest host of Syrian refugees, accommodating over 560,000 Syrians, over 75% of whom reside outside of camps, and among them 80% are women and children.<sup>iv</sup>

"We have lost" is one of the most frequent phrases amongst refugee communities. Moving to Jordan translates for many into leaving everything behind, and for the first time, struggling to find food and shelter. The majority of urban refugees have received some form of assistance, but not enough to secure adequate housing, or keep up with expensive rental costs. As a result, a great number are renting small apartments where basic facilities such as heating, toilets, and roofing are inadequate or non-existent. The inability to sustain rental payments has driven many to move to smaller and cheaper accommodation, in likely overcrowded, insecure or unhygienic environments. Many have been forced to move multiple times.<sup>v</sup> A significant proportion of the urban population in Jordan is already living in tents or informal shed dwellings.

**"We can stand  
being hungry, but  
we cannot live  
without a roof over  
our heads."**

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Syrian communities are not accustomed to living such lives of precariousness; war has taken away everything for many refugees. Refugees we interviewed have lost or depleted their financial assets, sometimes even before they reached safe refuge outside their country. It is a journey often beset by violence and distress: "I was hit at the Syrian border" recalls Mara. "... Mocked and beaten heavily with the gun. I had to give all I had, jewellery and money. They stripped my baby's clothes to search for money. Then stopped beating me". She is deeply moved while telling her story, showing her bruises, still markedly visible on her forearms.

The progressive depletion of savings, inflated and unaffordable costs of temporary housing, and fears of eviction have already altered refugees' coping strategies; the most vulnerable now reduce food intake and quality. This is a major concern, especially in northern Jordan where food insecurity was pre-existing among residents. Buying on credit, taking loans or using property as collateral are alternatives widely used by refugees, in spite of the risks they can aggravate their long term vulnerability. Over six months ago, more than 70% of the urban refugees CARE assessed had already fallen into debt that they had no foreseeable means to repay.

"To buy medicines I sell my monthly food coupons and I keep the rest for feeding the children and purchasing mattresses, blankets, milk and diapers for the baby. We skip breakfast in the morning, and eat mainly vegetables - they are cheaper. We need money for rent."

Uweida from Homs, Mufraq, 09/2013



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## How to earn money?

Displacement most often results in the loss of secure employment. Doctors, engineers, businesspeople, and former middle class employees, find themselves struggling to reach even minimum living standards for their families in the absence of stable income generating options. In order to be legally employed in Jordan, Syrians are required to apply for a temporary permit which is extremely difficult to obtain. As a result, informal work is proliferating in Jordan where approximately 160,000 Syrians are estimated to be working in the informal sector. This phenomenon has exposed refugees to dangerous and transitory employment, operating below legal safety and wage standards, while also increasing child labour, exploitation and inter-community tensions.<sup>vi</sup> Risks and incidence of transactional sex, sexual harassment and exploitation are equally on the rise.<sup>vii</sup>

In their eagerness to engage in professional or educational activities, youth are often the most frustrated group: *"I feel confused and lost about my future. I am waiting for something to happen before I can go back to Syria, but don't know what exactly. Perhaps I am just deceiving myself. Tomorrow, when this is all over, what will I do?"* says Razan, a 20 year old woman, volunteering with CARE Jordan. The same frustration is expressed by many young adults and children who are equally suffering from the loss of foreseeable options for their future and the uncertainty surrounding their return to Syria. The youth in urban areas are eager to engage in daily activities which can contribute to household incomes, build their skills, and provide a sense of purpose.<sup>viii</sup>

CARE's experience with Syrian volunteers has underscored the value and positive effects for young men and women of engaging in daily activities to help other refugees and to utilize opportunities to share their stories and empathize with the wider refugee community.

In August alone, about 5,000 refugees returned to Syria,<sup>ix</sup> although many may have returned temporarily, poor living conditions in the host country and limited medium-term opportunities are recognized as one of the main reasons for their return.<sup>x</sup> In other words, a number of Syrians prefer to go back to a country beset by violence because they feel they have no options for earning money and/or finding appropriate housing for themselves and their families in the relative safety of neighbouring countries.

CARE is helping close to 190,000 Syrian refugees in Jordan alone, and its Syrian volunteers are an integral part of its efforts.

"The people know that someone cares about them," says Razan, volunteer with CARE. "Even giving a smile to a person helps them. It's hard to help people when you feel you need help yourself, but helping others is what makes us feel we're doing something."

## Implications for women and girls

Conditions are even more challenging for many women who experience displacement without their husbands. In the absence of a male family member, women are exposed to greater difficulties in securing stable accommodation and are more vulnerable to financial shocks and de-prioritize their own needs in favour of the well-being of their children. While they undoubtedly show resilience in making themselves available to undertake economic activities from home opportunities for a sustainable livelihood are very limited. Figures indicate that only 6% of Syrian refugee women are working in Jordan, compared to 18% among Jordanian families.<sup>xi</sup> Most female-headed households rely solely on humanitarian assistance for their survival. Furthermore, in the absence of male relatives, women face higher protection risks, both in camp and urban areas, incidents of sexual exploitation, abuse, and early forced marriage have been reported. Mounting hardship, lack of safety, and parents' inability to provide tangible options for their daughters are likely to increase families' adoption of early forced marriage.

In urban towns, the inability to cover basic living costs has increased the likelihood of women's rights violations, including sexual exploitation and child marriage, as well as the incidence of transactional sexual relations. These negative coping mechanisms are occasionally used in exchange for food, favours, or other assistance from members of the host community. Also of increasing concern, intra-household relationships have also deteriorated as a consequence of the increased stress and worsening levels of poverty which refugees are facing in exile.



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CARE has been responding to the financial and material needs of Syrian refugees and other populations affected by the conflict since April 2012. We have provided emergency cash to thousands of Syrian households, with grants to cover urgent expenditures, such as rent and food. CARE also refers refugees to local organizations that provide medical care, often at low or no cost, and educational establishments which can accommodate school age children, as we believe that the right to education of children is vital even in times of conflict. To date, almost 190,000 Syrians have received assistance in Jordan. Almost 30% of CARE Jordan beneficiaries are female heads of household, who have often greater difficulties in accessing services, securing accommodation, or providing for their families. CARE not only supports Syrian, but also Iraqi refugees and host communities affected by the conflict. Over 10,000 poor Jordanians have been already assisted with cash and basic relief items including blankets, mattresses, winter clothes, and food.

CARE recognizes that financial difficulties remain a major stumbling block for families unable to cope with most basic expenses in Jordan. In this respect:

- (1) CARE recommends that donors continue to assist Syrian refugees and vulnerable host communities with cash assistance to cover the continuing unmet, emergency needs of vulnerable families, specifically female heads of households. A gender sensitive response to shelter needs should be a priority both in urban areas and in camps. This necessitates implementing measures for adequate safety, space and privacy in light of lessons learned from previous camp and urban refugee responses.
- (2) CARE encourages host governments in the region and donors to invest greater resources towards livelihood support and, in particular, vocational training which can provide transferable skills to recipients. Trainings can also have very positive psycho-social effects on refugee households.
- (3) CARE encourages donors to urgently integrate a long term approach, with durable solutions, in their responses to the refugee crisis. CARE also welcomes efforts made in Jordan to establish a coordination platform to support vulnerable Jordanian households and address longer term needs for those affected by this conflict. CARE calls on donor governments to invest in programming that prioritizes essential livelihood and skill acquisition through vocational trainings and resilience building for refugees and host community members affected by the crisis.
- (4) CARE supports initiatives that mainstream culturally-sensitive approaches that reduce discrimination and increase opportunities and access for women and girls. This further necessitates that prevention and response approaches are consistent with the IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings.

## HEALTH AND EDUCATION IN EXILE: A SYSTEMATIC LOSS

### Healthcare under siege?

Both urban and camp refugees interviewed are facing extreme hardship in dealing with serious health issues or disabilities that cannot be treated sustainably. In addition to chronic health conditions, many refugees still suffer from wounds contracted during exposure to armed conflict. Many were unable to obtain immediate medical care in their country and for some the physical pain continues in exile. Zena, from Homs, was beaten at the border and now displays a pile of documents as proof of a degenerated renal dysfunction. She has sought services from different health centres, some public, other charity-held, but she expresses with regret the long delays in obtaining medical expertise and the unaffordable costs of medicines. Health concerns can also be a result of poor environmental settings, including substandard living conditions and overcrowding in camps and urban accommodation, circumstances which can lead to the rapid spread of endemic diseases. In addition to the delays, costs and the increasing health risks, refugees report cases of discrimination against Syrians and the long distance to public facilities as reasons for accrued stress.<sup>xii</sup> Services are often too far for those who are most vulnerable; a long journey does not guarantee their quality and availability. Even camp structures can be ill-equipped, as a doctor in Zaatari compellingly expresses it:



*"We do not avail of the minimum tools and equipment to treat most basic needs. For a banal kidney stone, we have to refer refugees to Mufraq's hospital. They struggle to access services, sometimes coming back with aggravated conditions. This system creates unnecessary suffering. Only first-line emergencies are relatively fast. Long-standing sicknesses are a disaster. If we doubt one may have cancer, we face an ethical conundrum: do we even make a diagnosis, if we know from the outset we cannot provide sustained treatment?"*  
(Zaatari, 09/13)

## Barriers to education

Education is an essential right, a mean of empowerment which provides children with a sense of normality and community. Despite its traditional importance within the Syrian culture, it is another sector being greatly affected by the scale of displacement. In Jordan, as for other host countries, UNHCR-registered children have access to public schools but, in practice, more than a half are not enrolled or attending. In spite of the efforts made by the government and the international community to implement double-shift systems in some public schools, build new infrastructure and equip the old, and to raise awareness amongst communities, it is simply not enough to overcome the many logistical, social, economic and emotional barriers blocking a great number of children from being able to access this basic right.<sup>xiii</sup>

The simple narrative of schools being full, in spite of the double shifts that are already in place, is nuanced by the crude fact that even without school-fees, family's lack of funds are such that parents are unable to purchase pens, books, or school-uniforms. The remoteness of many households from educational facilities, the fear of sending children outside their immediate community, or the inability to pay the daily bus fare, has forced many families to painfully select which of their children they will invest in, and which will stay home and miss out on education opportunities altogether. Child labour has become an alternative in many Syrian families, where, it has been assessed, close to 50% of households.<sup>xiv</sup> Many of these children who stay home are girls, families often perceive girls to be more vulnerable to harassment or exploitation and females in general have fewer income generating opportunities. Reportedly, in urban Jordan, about 56% of Syrian children are not receiving any formal schooling.<sup>xv</sup> Some students fear perceived or actual discrimination, believing that they are treated differently by teachers and students. Verbal harassment, bullying and other forms of violence are recounted both in urban areas and within camps, as reasons, especially for boys, to discontinue schooling.

## Implications for women and girls

Overall, accessing education and healthcare basic and specialized services remain challenging for many women and girls due to social restraints, specifically their inability to leave home without a male relative. UNIFEM has assessed that up to 20% of Syrian girls in Jordan never leave the house, while adult women are only half as likely as under-age boys to leave the house daily.<sup>xvi</sup> In interviews, mothers voiced concerns around sending daughters outside the house. These concerns result in greater seclusion for girls as they are prevented from going to school, visiting relatives, participating in economic activities, or simply escaping the loneliness that displacement can generate. They can even be prevented from seeking assistance or community support to meet their most basic needs. An overall feeling of discrimination, inferiority, victimhood, or mistreatment against refugees reaching out for help, has been voiced by Syrian women and girls in particular as reasons to withdraw from, rather than benefit from charity support or successfully integrate in the community.



**12-year-old Hadeel tells us of her last days in school.** It was last September, in Syria, before her family fled, the last image she had was of her school. A building riddled with bullets, all its windows broken. For long weeks, Hadeel had heard shooting and bombs fall near her school. Terrified, she would hide with the other children under desks, or in the teacher's office. Hadeel says she still loves going to school, and she dreams to become a doctor so that she "can heal the wounded". Her mum wants her to go to school too, but she's been told there is no place for her daughter; the local schools in Irbid, Jordan, are already overcrowded, working double shifts.



**Hanadi's steep climb.**

Hanadi, a wheelchair-bound Syrian refugee in her late twenties, lives with relatives in a multi-storey apartment building in a poor area of northern Jordan, on the fourth floor. Unlike thousands of Syrians who have been wounded and permanently disabled during the country's civil war, Hanadi's leg problems have been with her since childhood, but the challenges are the same; the 60+ steps between her and the rest of the world. "There's no elevator," Hanadi states. She uses her hands to crawl down the stairs and drag herself up them several times a week. She and her family left Syria in August 2012. "There were so many bombs. So many people died," she says. "We moved from place to place, trying to find somewhere safe. Then there was none." Once her family reached Jordan, Hanadi and her family lived in a refugee camp with communal latrines that are difficult for people in wheelchairs and lack privacy. Syrian refugees struggle often with serious health issues which need to be urgently addressed. Many were unable to obtain immediate medical care due to lack of access in their country of origin. Though Jordan has provided free health care services for refugees, its facilities have been stretched to their limit and as a result many refugees search and pay for their own medical which causes a large strain on the family unit.

By Laura Sheahan, CARE 2013

## CARE'S RESPONSE AND RECOMMENDATIONS

In a context of extreme vulnerability and at a time where the Syrian crisis appears to have no end in sight, host governments' public sectors are over- stretched in their capacity to absorb and assist refugees with basic services, accommodate children at education facilities, and provide basic and advanced medical services to Syrians in need. CARE has played a central role in providing essential information, raising awareness of available services and basic rights to which refugees are entitled, as well as facilitating case management and referrals services for specialized assistance. CARE operates from four centres located in Amman, Irbid, Mufraq and Zarqa, to fulfil this key function along with supporting vulnerable families with material and emergency cash assistance in order to cover extra expenses, including educational material, transportation and ad hoc medical expenses. Given the magnitude of need in Jordan however, greater efforts should be mobilized by the international community to overcome key structural challenges faced by communities in exile. In particular:

- (1) CARE calls on donors to invest larger funding and direct support for host governments' public sectors, especially health and education; this may involve expanding and better equipping existing medical infrastructure, and an urgent scale up medical services in urban areas and camps, avoiding the creation of multiple parallel structures which cannot be sustained over time. In addition, it is essential for communities to be provided with adequate means to scale-up of all services to support vulnerable host communities and other populations affected by the conflict. Discrimination on the basis of status or nationality must be absolutely avoided. CARE urges partner agencies and local authorities to increase efforts to mitigate this phenomenon and associated risks.
- (2) CARE strongly recommends strengthening referral mechanisms and specialized referral pathways; to ensure that all those in need of medical support are adequately assisted. The successful application of the case management approach across sectors is essential to maximize the impact of different humanitarian actors, government initiatives, social opportunities and networks support. This commitment should include an increase in awareness raising activities and information sharing sessions to enable children who live in rural and remote areas to be adequately informed about available services.
- (3) CARE recognizes the value of community building activities, aimed to overcome and/or prevent inter-community conflicts, social stigma and discrimination. Such approaches are also beneficial to build new relationships, strengthen mutual support, knowledge and information sharing, as well as much needed recreation and diversion that new refugees often lack, especially in urban areas. These can be indispensable to forge greater social cohesion and a sense of community.
- (4) CARE stresses the importance of working in closer partnership with host governments and development actors in the view of integrating durable solutions and long-term considerations in the refugee response. Henceforth, CARE urges UN agencies to increase alignment of the Regional Response Plan with host government plans and donor development plans, especially in view of the new phase of the response plan starting in January and subsequent mid-term revisions and planning for 2015.

## THE MULTI-FACETED FACE TO LOSS

“... Our family has been scattered. We have lost many, some are prisoners, and others are displaced.”

Family visit, Mufraq, 09/13



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Syrian refugees across the region leave behind over 100,000 dead in Syria, of which at least 11,000 are children. About one third of all Syrian children have lost or been separated from their fathers as a direct result of the conflict. Not only have these children had to confront parental loss, conflict and forced displacement has further increased levels of depression and symptoms of post-traumatic stress disorder. Parents voice grave concerns about the psychological wellbeing of their daughters and sons, some of whom will have to grapple with worrying

behavioural changes post-displacement. Women in focus groups tell compelling stories of the distress that their young children face, such as learning disabilities, nightmares, increased reactive fear and anxiety, and loss of speech.<sup>xvii</sup> Children are haunted by their experiences. In a focus group, Uweida, 13, from the town of Daraa, recalls:

*“I will always remember when we were all tight underground, we could barely breathe, bombs were falling outside, and everybody was shouting the “alshaada”, a prayer you say before you die. It’s like dying. But then you open your eyes, and you are still alive”.*

Transition is also associated with a heavy burden on the family and on the societal roles that women and men have to fulfil. Female heads of household describe the difficult situation they face in Jordan without their husbands and the pressure of added responsibilities. Men can associate displacement with loss of dignity and deep-rooted frustrations related to their perceived and actual inability to fulfil traditional roles as fathers, family providers, and heads of household. In focus groups, adult men verbalize compelling examples of the feeling of powerlessness and humiliated resulting from not being able to as frequently fulfil basic responsibilities for their children, wives and other relatives. The Syrian traditional culture of “togetherness” is now undermined by the inability to offer or reciprocate hospitality to friends and relatives—called *diafeh*. Displacement can equate to greater isolation, weakened social ties and support networks on which households would usually rely upon in time of need.

Being a man, being a refugee.



“My daughters coming home in tears, reprimanded by teachers for not having books, or mocked by classmates for being poor, make me literally depressed. I am her father, and head of the family, I feel responsible.”

“My wife’s medical check has been postponed for over a year, I am her husband, it’s my responsibility to find a solution. Yet I feel utterly powerless.”

“I had three short term jobs, but in the end I wasn’t paid. Now I have no claim without a formal contract. As the family provider, this kills my dignity.”

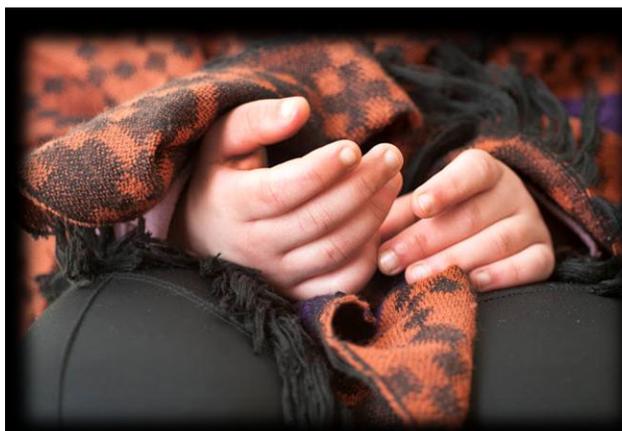
(Focus group, Syrian men, Amman, 09/13)

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"I want to go back to Syria, hear the voice of my brother and the rest of my family again." Says Razan, volunteer with CARE.

"My son is in Alep, under siege, and I hear his voice for one minute, once every three weeks." Tells us Amina, Razan's mother.

Nearly all households have been separated from family members as a result of the conflict, two thirds of Syrian refugee children have been lost or separated from their fathers, and about one fourth of households are now female-headed.<sup>xviii</sup> Such separation is source of growing restlessness. "Often there is no phone coverage; it's now been three months we have not heard from him" continues Amina, mother of a Syrian volunteer with CARE. "The constant anguish of not knowing if he is dead or alive, the fear of getting the news that he's been killed, make us feel miserable", she ends. Such levels of distress are widespread, and reflect not only the reality of war in Syria but also the growing protection concerns faced by civilians who are prevented from crossing into neighbouring countries, as a result of internal disturbances or border restrictions.<sup>xix</sup>



**"This year's Eid was different. I had no gifts, no one to play with, many relatives missing. Instead of rejoicing, we all gathered remembering those who have left us."**

**"And even when the family gathers, everyone focuses on himself, as if they were away, each with their own pain."**

(Focus group, young girls, 09/13)

Intra-family relationships have also been severely affected; a direct result is a reported increase in domestic violence. In addition to a general sense of isolation, missing long-standing friendships, lacking safe spaces to play, or being encouraged by parents to stay home, a child eloquently express their alienation as: "The loneliness of being each with their own pain".<sup>xx</sup>

The Institute of Family Health at the Nour Hussain Foundation reports that least 30% of Syrian men screened for psycho-social support have undergone torture and abuse in the form of kidnapping, violent detention, witnessing killing, or physical abuse.<sup>xxi</sup> Men are often suffering as a result of their given responsibilities, duties and limited spare time, as well as carrying the strong traditional roles they need to uphold for their families. Torture rehabilitation, which is usually not part of the first phase of acute emergency family response, is essential for the wellbeing of the family and for reducing growing levels of

aggressiveness and domestic violence spreading through both urban and camp family contexts. Women survivors of sexual abuse and unaccompanied minors are extremely vulnerable and in need of urgent psycho-social care and information about how to access counselling services and specialized support. Rape and sexual violence remain extremely sensitive and women are often more comfortable

in approaching relatives, the local imam, or a neighbour with such problems.<sup>xxii</sup> In addition, a significant difficulty for women is the lack of information surrounding available services. A stronger inter-sectoral approach through outreach, information sharing and effective case management should be put in place to optimize existing capacity and concerted response to such key protection issues.

Overall, the stories women, girls, men and boys tell about their survival bear testimony to incredible resilience in coping with abhorrent emotional and physical abuses, constrained social environments and poor living conditions. Both men and women mention "*faith in God and trust in people*" as motivating and encouraging factors for their survival. Others mention the local communities, neighbours, and the presence of relatives as part of their coping mechanisms. Sadly, older women refer to the strength and hard-core resistance they have developed over the past decades of abuse and social disturbances within Syria. The director of the *Saban al Kheir* Foundation also highlights the strengths of the Jordanian character, which refuses to victimize the Syria population, and thus, in doing so, prevents Syrians from being further harmed by the vulnerability stigma.<sup>xxiii</sup>

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## CARE'S RESPONSE AND RECOMMENDATIONS

To date, CARE Jordan has provided significant psycho-social support to refugees with the establishment of peer support groups which offer information exchange, discussion forums and mutual support networks for women, men, the elderly and children. CARE has also opened additional community safe spaces for peer support groups, open play time and educational activities for children and youth in Amman, Zarqa, Irbid and Mufraq. In addition, in those same cities CARE has played a key function in referring vulnerable groups to specialized services, community mobilization opportunities and information sessions.

- (1) CARE believes that better channeled social care and psycho-social support measures should be provided to refugees escaping conflict, who have undergone violence and abuse or who are suffering from psychological consequences of forced displacement. In addition to mainstreaming protection across all sectors and programs, it is essential that refugees are provided with opportunities to embed themselves in purposeful activities and build their capacity and self-confidence while in exile.
- (2) CARE supports the establishment of vocational trainings; educational opportunities and the engagement of the refugee community within and across the response region. CARE also recognizes the need for immediate response to aggravated exposure to violence, abuse and torture and the need to strengthen both basic and advanced treatment for survivors of such abuses.
- (3) Given that the growing refugee crisis may yield accrued risks for women and girls, CARE urges donors, UN agencies and host governments to increase efforts to avoid their second victimization, and prevent an aggravation of their social status through mitigating the risks of Sexual and Gender Based Violence during their exile by:
  - a. Ensuring that women and girls have free access to and information about specialized medical, psycho-social and legal services that ensure the safety, confidentiality, respect of and non-discrimination, taking into consideration their particular needs.
  - b. Ensuring that emergency response initiatives mainstream culturally-sensitive means to ameliorate or rectify gender-based violence through prevention and response approaches are consistent with the IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings, reflect obligations to enable women's participation as per UN Res. 1325 and 1820. These efforts should ensure that response and programming around SGBV address key difficulties faced by men and boys in the community.
  - c. Promoting and developing a full-fledged policy against sexual exploitation to prevent or minimize the occurrence of direct/indirect abuses, harassment, and discrimination based on gender on the provision of humanitarian assistance.
  - d. Increasing UN and NGO presence in border areas where vulnerable refugees are likely to cross and be in need of essential assistance, information and services, and where unaccompanied minors, the sick and wounded should be adequately assisted.
  - e. Increasing the availability of safe spaces to refugees and host communities, as well as the overall safety of camps and urban areas, to ensure that women, girls and boys have the opportunity access services, are incentivized to go to school, and safeguarded from security concerns.

## CONCLUSION

Responding to the significant losses refugees are facing is paramount to preserve their dignity. Enhancing refugees' conditions during displacement, however, is not a substitute for peace. Displacement will remain a time of mourning for many who love their country, seek stability, and harness a collective sense of nationality and trust in their own roots. CARE stresses the need for durable solutions to be embraced. As a humanitarian, impartial and neutral organization, CARE calls on all stakeholders to put an immediate halt to the conflict. CARE believes that the continuation of the conflict by violent means can only exacerbate the internal division, social fragmentation and resentment which are likely to bear long lasting consequences on the entire region. CARE calls on all political and military actors to immediately undertake the track of peace and reconciliation, and spare future lives, as a proof that humanity, beyond political interests and gains, ethnic and religious divisions, the quest for power and domination, not only still exists, but can be made more tangible for those who suffer.



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## CARE INTERNATIONAL

*CARE is working with host country governments, the United Nations, and international and local organizations to help refugees and host communities meet their most urgent needs and protect their dignity. CARE is providing life-saving services to Syrian refugees in Jordan and Lebanon and to people affected by the crisis in Syria. As the conflict escalates, we have also started activities in Egypt in support to Syrian refugees. CARE is an impartial and neutral organization. Our support to families affected by the crisis in Syria is based on humanitarian needs alone, no matter which religion, political affiliation or ethnicity people belong to.*

*While in Jordan many refugees are staying in the refugee camps, significantly more have found shelter with host families or rented apartments in border towns or in the capital Amman. Since the beginning of the crisis, CARE Jordan has supported urban Syrian refugee households with a variety of targeted assistance, including winterization support for the unregistered, emergency cash assistance and case management and psychosocial support. To date, CARE Jordan has reached almost 190,000 Syrians with case management support, referrals, psycho-social support as well as cash assistance to pay for basic living costs, such as rent and food. In addition, CARE has reached over 10,000 people among host communities with emergency relief items, including emergency cash, to support their gracious efforts in hosting the growing influx of Syrians desperately seeking safety.*

*Last year, CARE set up a refugee centre in East Amman where CARE volunteers, who are refugees themselves, assist in organizing and preparing distributions and provide information on access to support services. This year, CARE has opened another centre in Zarqa and in three other cities in northern Jordan. Overall, about 35,000 families have sought assistance at these centres. Furthermore, CARE Jordan started psychosocial activities and will continue to support communities in Amman, Zarqa, Mufraq and Irbid.*

*CARE in Jordan has decades of experience working with refugees and local communities. CARE Jordan was established 65 years ago, in 1948, initially supporting Palestinians who sought refuge in Jordan. Since 2004, CARE has also supported Iraqi refugees with cash, relief items, training and psychosocial assistance. From its experience CARE knows that building community support networks in order to break the isolation of refugees and give them a sense of security is an important yet often overlooked aspect of refugee assistance.*

## ENDNOTES

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- <sup>i</sup> ACAPS, Regional Analysis for Syria, August 2013
- <sup>ii</sup> Amnesty International, Growing Restrictions, Tough Conditions, October 2013
- <sup>iii</sup> [UN says Syria Refugee Crisis Worst Since Rwanda](#), BBC News, July 1, 2013
- <sup>iv</sup> ACAPS, Regional Analysis for Syria, August 2013
- <sup>v</sup> CARE International, Syrian Refugees In Urban Jordan, April 2013, p.18
- <sup>vi</sup> ACAPS, Regional Analysis for Syria, August 2013
- <sup>vii</sup> Institute of Contemporary Arab Studies, Syrian Refugees In Jordan and Lebanon, A Snapshot from Summer 2013, Global Protection Cluster, Gender-Based Violence Area of Responsibility, July 2013.
- <sup>viii</sup> Focus group with Syrian young adults, volunteers at Amman Nuzha centre, September 2013
- <sup>ix</sup> ACAPS 09/13, *ibid.*, p. 14
- <sup>x</sup> ACAPS, *ibid.*, p.14
- <sup>xi</sup> ACAPS, *ibid.*, p.18.
- <sup>xii</sup> Focus group with Syrian men, Amman, September 2013
- <sup>xiii</sup> Interview, Ministry of Planning and International Cooperation, September 2013
- <sup>xiv</sup> ACAPS, Regional Analysis for Syria, October 2013, p.6
- <sup>xv</sup> UNHCR, The Future of Syria: Refugee Children in Crisis, November 2013, p. 44
- <sup>xvi</sup> UNIFEM, Interagency Assessment: Gender Based Violence and Child Protection among Syrian Refugees in Jordan, with a Focus on Child Marriage, July 2013, p. 23
- <sup>xvii</sup> Focus groups with women head of household, Amman, September 2013
- <sup>xviii</sup> UNHCR, Syria Refugee Response in Jordan, July 2013
- <sup>xix</sup> Visits to Syrian Refugee Families, Amman, September 13.
- <sup>xx</sup> Focus group with young girls, Amman, September 2013
- <sup>xxi</sup> Interview with Director of Nour Hussein Foundation, Institute for family Health, September 2013
- <sup>xxii</sup> UNIFEM, CARE, *Ibidem*
- <sup>xxiii</sup> Interview with Director of Saban alKhair Foundation, Amman, September 2013