



Needs assessment in Aqaba and Tafela

August 2013

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Contest and Background

The needs assessment has been conducted by Tdh Italia in partnership with four local partners in the Areas of Aqaba and Tafela during the month of August 2013.

The areas have been targeted in line with the priorities highlighted by the Coordination working groups for the Syrian Emergency in Jordan. In fact, the south of the Kingdom is still not totally covered by humanitarian agencies.

Since the beginning of the conflict in Syria, refugees entered the Jordanian territory stopping in the northern areas of Jordan (Mafraq, Irbid, Ramtha, Amman Governorates). Just later and more recently refugees went to the southern areas such as Kerak, Ma'an, Tafela and Aqaba. The fast changing path of such an emergency situation did not make possible an immediate covering of populations who settled in the Southern Areas. More recently, these areas started to be better targeted, nevertheless refugees' basic needs are still strongly uncovered.

In order to shape interventions to support the Syrian refugees who are living in the mentioned southern areas, Tdh Italia, after a first needs assessment in the north of Jordan -Zarqa City- undertook a study in Tafela and Aqaba to analyze the living situation and needs of the Syrian population in this two cities.

Updated detailed data about the baseline population in these two areas are still not available but it is estimated that around 2000 households are registered at UNHCR in Tafela and around 4000 are registered in Aqaba.

Methodology

The study has been undertaken using different tools and taking into consideration gender issues in line with the IASC Gender Marker guidelines.

The targeted areas have been Aqaba and Tafela: in Aqaba the outreach involved the area of Al Mahdude while in Tafela two areas have been covered, Ein Al Beida and Al Tafela Wadi Zaid.

The needs assessment has been conducted with the active participation of Tdh Italia's Partners: Al Tafela Sons for Special Needs (Tafela), Al Khanza' Association (Ein al Beida), Association for the Muhafaza al Quran and the Amira Basma Center/Gathering of the Jordanian National Women's Committes in Aqaba. Partners have been involved since the very beginning of the study in the planning phase. Their staff engaged in detecting the targeted population and they conducted the surveys and FGDs in collaboration with Tdh Italia's staff.

Beneficiaries have been involved actively in the study and they have been informed since the very first contact about the aim of the study and about that fact that no aids were going to be distributed. This has been stressed many times in order to avoid creating false expectations among refugees and to guarantee transparency. Privacy has been assured to the refugees informing them about the specific and internal use of their details. Tdh Italia's staff and the Local Partners explained them how the information they were providing were going to be used.

Personal and contact details have not been disclosed and just the Household general information have been included in the overall data analysis.

The study has been structured through surveys and FGDs in order to have both quantitative and qualitative data. The survey (Annex A) has been a comprehensive study on the living conditions of Syrian households investigating economical issues, health conditions for adult and minors, minors related issues such as education, child labor, early marriage and specific psychological post-conflict diseases. In addition to this, detailed family composition related information has been gathered together with rental and housing conditions. The FGDs have been done gathering groups of 20/25 people divided by gender. More detailed topics have been investigated, such as GBV related issues, social integration and priority needs among participants. The FGDs have been the chance to understand the attitude of refugees and to give them the opportunity to express better their needs and feelings. The discussions have been done following a FG guide (Annex B) giving space of expression to the participants. In detail, the following table summarizes the number of people involved in the overall assessment by area:

Survey	Households	FGDs	Female	Male
Tafela	73	Tafela	31	12
Aqaba	50	Aqaba	100	0
Total	123	Total	131	12

In Tafela, the Mukhtar of the Syrian local community has been involved in the study and in its first presentation phase. The involvement of the Mukhtar has been a key point to be able to reach the area of Wadi Zaid where refugees and local populations are more conservative and more skeptical about providing information related to their families.

Cross cutting issues: gender related issues have been considered since the planning phase of the assessment and in the writing phase of the survey format. Gender has been taken into consideration in the analysis of all core topics investigated in the survey and in the conduction of the FGDs. Data analysis has been conducted reflecting gender issues and data have been presented in the following chapters against gender topics.

Limitations

The needs assessment has been done as a rapid action to understand the needs among Syrian refugees in two areas that have been not fully targeted in the past and in order to possibly provide a fast response. Challenges have been encountered during the conduction of the needs assessment in both areas of Aqaba and Tafela.

In Aqaba the capacity of outreach of the two partners permitted to involve a higher number of women in the FGDs but the limited time availability of the spaces where to organize the activities hindered the possibility to involve the male component. In addition, the limited number of staff that

at the actual could be involved in the conduction of the survey did not permit to visit a high number of households, even if the outreach of the local partners is much more widespread. The limitations in this case have been determined by the fact that the assessment has been conducted during Ramadan in order to accelerate the process but the working hours for local staff were reduced.

In Tafela limitations have been encountered more in the FGDs as the survey action involved a good number of households. The FGDs included both genders but the limited time available did not allow to include a larger number of people. Nevertheless the outreach of the partners has been proved during the conduction of the surveys.

Analysis of findings

The needs assessment covered different issues to assess the overall situation of Syrian Households. In this chapter it follows an analysis by topic and by area of the data collected.

1. Registration status and access to services

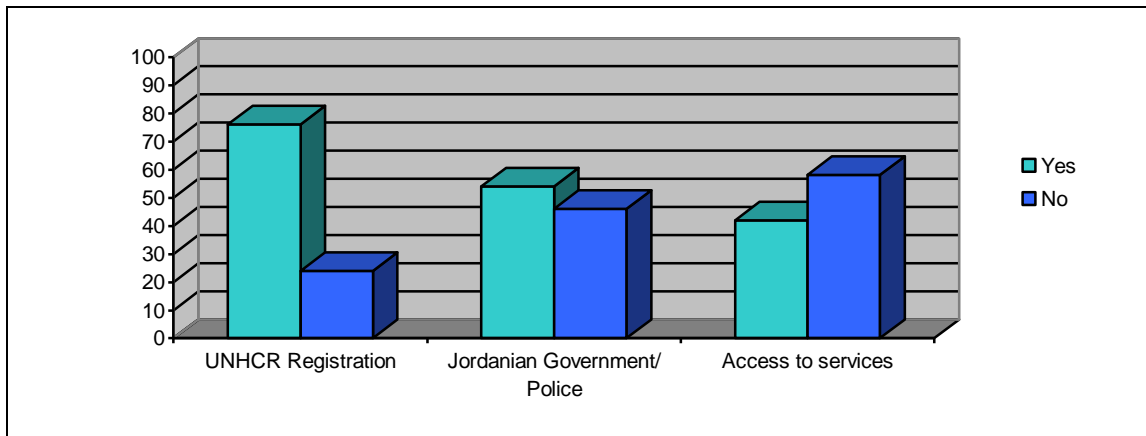


Figure 1 Household registration and access to services in Aqaba

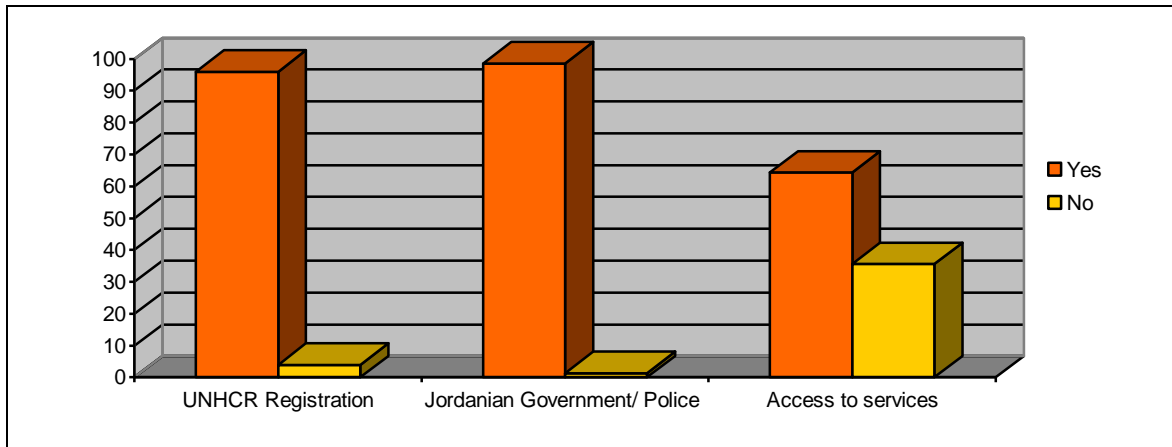


Figure 2 Household registration and access to services in Tafela

In Aqaba, the 58% of Household stated that they do not have access to services. The main reasons they provided for this answer were three: 1) **Lack of knowledge** of services available in the area, 2) lack of documentation to be provided together in addition to a lack of trust about service providers, 3) lack of money to pay for transportation, 4) fear of leaving the house.

In Tafela the situation is deeply different. The 35,6% does not have access to services. The totality of respondents who lamented the lack of access were located in the village of Ein Al Beida. In this area refugees do not have any kind of service except than a small Medical Center that is not well equipped. Refugees say that the Hospital in Tafela is too **far** for them to go: they do not have money to **pay for transportation**. In addition to this, they faced a discrimination both in the Medical Center and in the Hospital as their turn has not been respected; this attitude of the local staff pushed them to avoid going to get the support needed.

Among refugees interviewed in Aqaba, the **80%** stated they **did not receive any kind of support** from national or international organizations. The 20% said they did and among them the majority received support just once or twice in several months. They got food support from local charities such as Kullna al Urdun and the Islamic Association. The majority of refugees on the other side states that as they are registered at UNHCR they receive food vouchers on monthly basis.

In Tafela, the **46,6%** of respondents stated that they **did not receive any kind of support** from national or international organizations. Who received it, mainly has been supported by Kullna Al Urdun, the Association for Orphans of Tafela and Al Ajaweed Association of Tafela that distributed Food and NFIs especially during Ramadan for once or twice. Who is registered to UNHCR receives food vouchers but sometimes they do not have the possibility to go to Tafela to the supermarket and some of them mentioned also the fact they are registered in Zarqa' thus their vouchers are still there. A transfer of their residency has not been done yet and they lose the opportunity to get food support.

2. Household Composition

In Aqaba, the 92% of the 50 Households surveyed were male headed while the 8% were female headed households. Differently in Tafela, the 63% of household were male headed while the 37% were female headed.

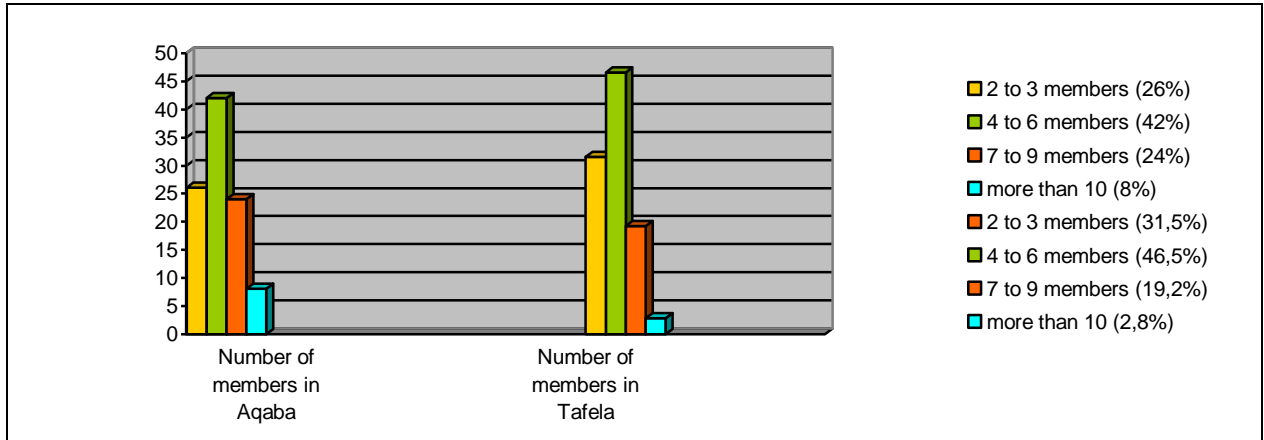


Figure 3 Households composition in Aqaba and Tafela

In Syria, the average income of families was for the high majority of refugees living in Aqaba (53.1%) between 150 and 250 JOD/month, while an equal percentage of 21.8% had an income between 50 and 150 JOD/month or higher than 250 JOD. Just the 3.3% had a low income below 50 JOD/month.

In Jordan, the economical situation for the households changed significantly. The 30% of refugees has zero income, together with a 30% that has an income between 50 and 150 JOD/month. The 12% has to survive with up to 50 JOD, the 18% with an income between 152 and 250 JOD/month, while just the 10% reaches an income higher than 250 JOD/month (generally originated from more than one member). It follows a chart exemplifying the percentage of working Household and gender details (Figure 4).

The situation for refugees living in Tafela is very similar. The 39% of families had an income between 150 and 250 JOD/month in Syria. 30% had an income between 50 and 150 JOD/month and 28% had an income higher than 250 JOD/month. Just the 3% had to survive with less than 50 JOD. In Jordan it is illegal to work for Syrian Refugees and in Tafela unfortunately the work opportunities are not many. Who works does it in the black market engaging in daily jobs. As a consequence, in Tafela, nowadays the majority of refugees does not have an income (48%), the 20% has an income between 50-150 JOD/month, the 19% between 150 and 250 JOD/month and just the 3% manages to have an income higher than 250 JOD. It should be stressed that in Tafela Wadi Zaid, men have more opportunities of work if compared to Ein Al Beida, which is a smaller village close to Tafela Center. In Wadi Zaid the 81% of men manages to have a job even if in the majority of cases it is instable, while in Ein Al Beida just the 31% have a job.

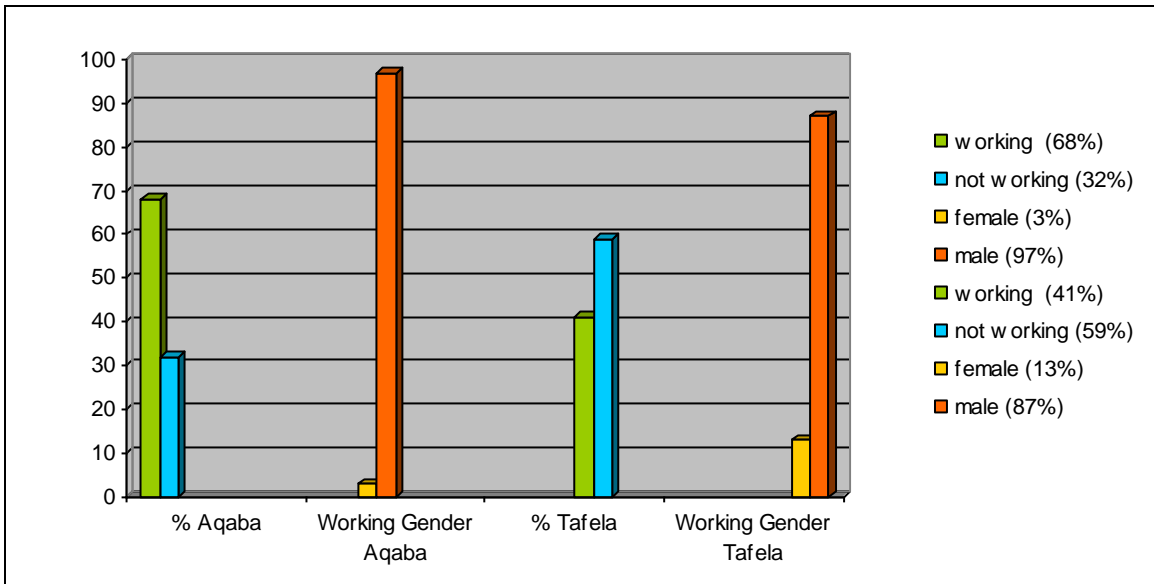


Figure 4 Labor and Gender details in Aqaba and Tafela

3. Social life and integration of households

Generally Syrian people face many challenges in integrating in the local community and especially in the larger society. For example they say neighbors living in the same building supported them when they arrived providing basic items, such as furniture for the house and old clothes. Syrians are thankful but they don't consider having a human relation with neighbors. There are no communications between Syrians and the neighbors except than for simple greetings. Nevertheless, there is a difference from area to area in relation to integration.

In Aqaba, refugees **do not go out of the house in the 62% of the cases**, in the 63% of cases because they are afraid of the external society **-especially for women-**, in the 16% of cases due to protection issues -mainly for children- or because they do not know anyone to visit or meet.

When they have been asked to say if they feel integrated or not, they answered that in general they do because neighbors helped them, but they feel people speak badly about them and they don't feel absolutely welcomed. They are afraid for their children to go out and play with Jordanian peers because there have been episodes of violence. In the overall picture they consider their **relation with close neighbors** as **good** in the **50%** of cases or **acceptable in the 48%** of cases. As it is more detailed in the following table, male are those who go out of the house more frequently. **Women generally prefer to stay** at home together with children. Young girls absolutely do not go out of the house as it is considered not safe for lack of protection. More details are pictured in chart 5 and 6.

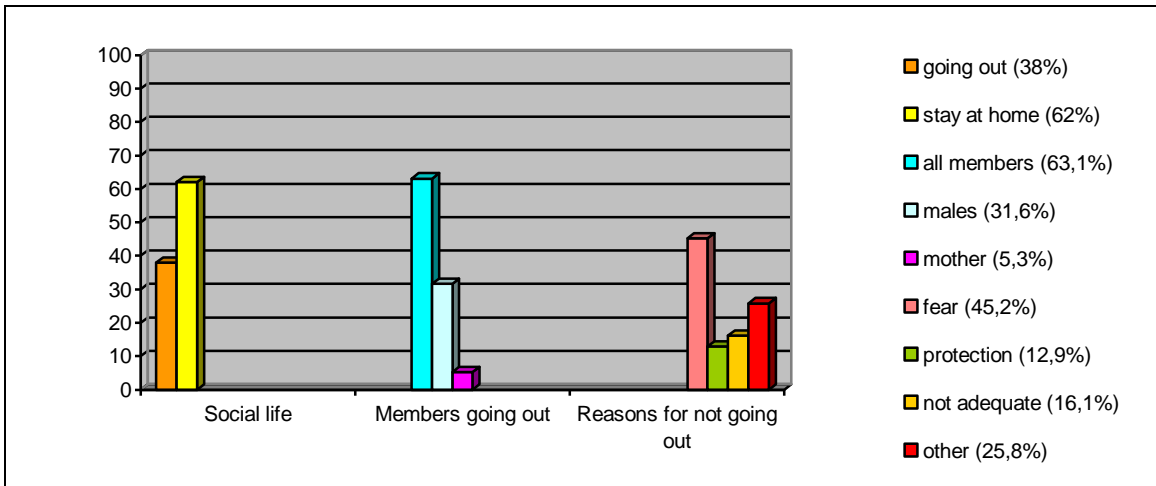


Figure 5 Social life of Syrian Households in Aqaba

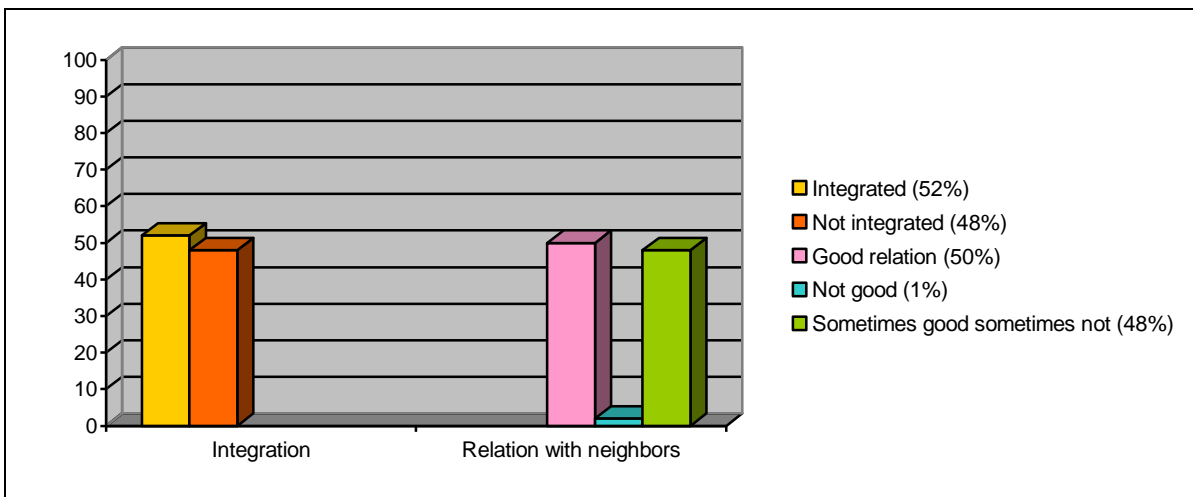


Figure 6 Integration and Relation with neighbors in Aqaba

In Tafela the situation is slightly different. **The majority** of the population interviewed **does go out of the house** (47%). The remaining 33% does not mainly due to **fear** of the external society and for **protection** issues, while **women living alone** without their husbands say they avoid to go out as much as possible because it is **not socially adequate**. These women go out just when needed and they **do not feel protected**. Women in general avoid to go out of the house and if they do it they go with male members. When they have been asked if they feel integrated the 52% said they don't. Nevertheless in this area the feeling of integration is more widespread than in Aqaba. Among Ein al Beida and Tafela Wadi Zaid, in the second location there is the highest percentage of integration, while in Ein Al Beida refugees face higher challenges. Speaking about the **relation with neighbors**, the 67% said that the relation changes **depending** on the persons. Some neighbors are nicer than others, while the 27% agrees in saying that neighbors have been welcoming and they supported them. It follows a chart with further details.

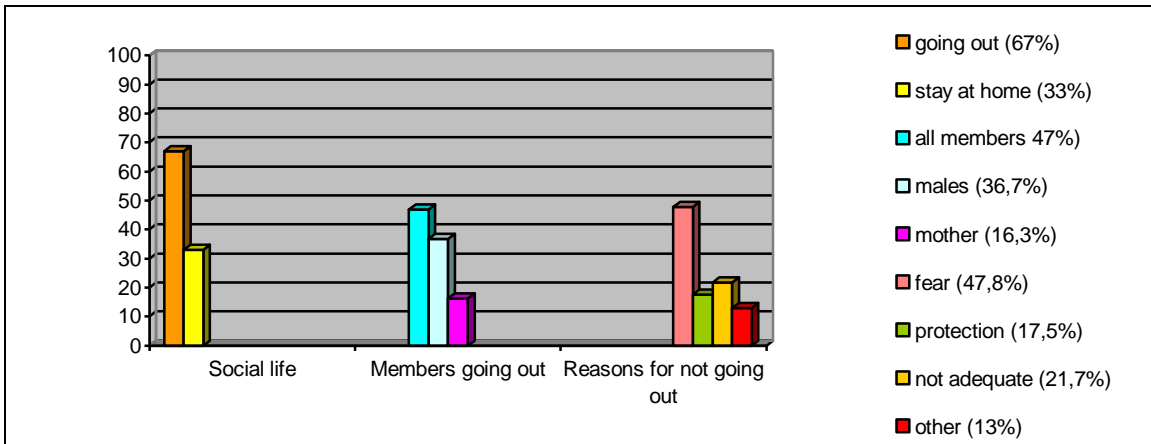


Figure 7 Social life of Syrian Households in Tafela

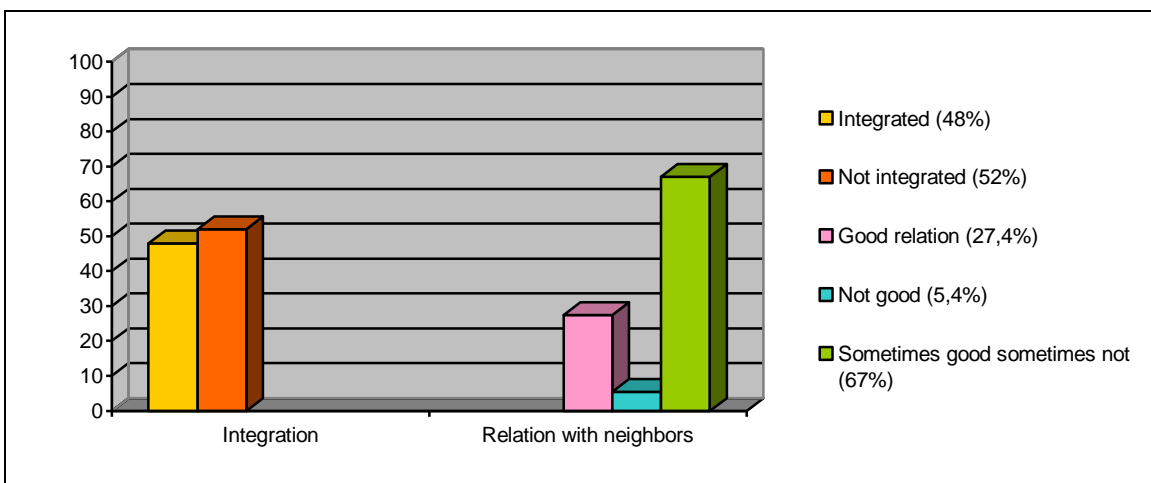


Figure 8 Integration and Relation with neighbors in Tafela

4. Health and health services for adults

In Aqaba, the majority of Syrian refugees interviewed do not suffer of particular health diseases. As a consequence a good percentage did not approach health care providers because it was not in need. Nevertheless there are also other reasons why refugees did not approach health care providers, such as a total lack of trust in the providers themselves and a lack of specialized support. In general they say that a general aid is provided but for more specific issues there are not specific services. Gynecological aid is not provided expect by male doctors and this is a problem for Syrian women that do not feel comfortable and welcomed¹. People that do not have the needed documentation such as the UNHCR registration cannot be supported and often refugees do not know where are the services they could approach. Among the **44% of refugees who approached health care providers**, the **61%** received the needed support. The following chart provides more detailed information.

¹ See FGDs with women, page 17

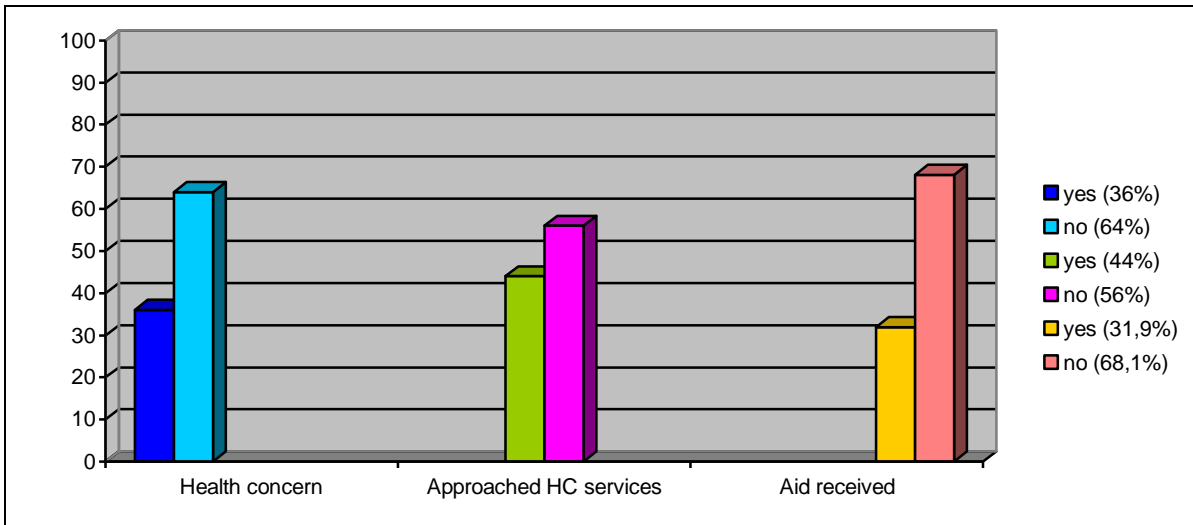


Figure 9 Health and Health care services in Aqaba

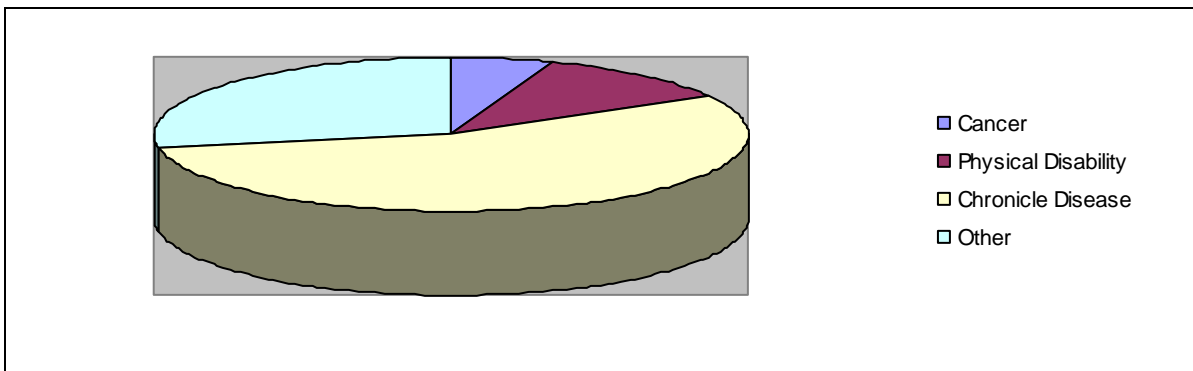


Figure 10 Kind of Health Diseases among adults in Aqaba

In Tafela there are not so many health care providers as in the city of Aqaba. The Military Hospital is the only hospital where Syrian can go to be helped and people living in Ein Al Beida often do not have the possibility to reach it. The Medical Center in Ein Al Beida is not specialized-refugees say. Among the **49,3%** of refugees who **approached the health care providers** , the **19,4%** did **not find the expected support**. The reasons why those people have not been helped is due to the fact that they live in **Ein al Beida** and the Medical Center is not ready to support them, they found a lack of specific medicines and they have generally a lack of trust. People who did not approach an health service provider lament they do not have the money to pay for transportation to go to Tafela City and they again lack trust in the Military Hospital's staff. Gynecological support is not provided and Syrian women do not have gynecological controls since years in some cases.

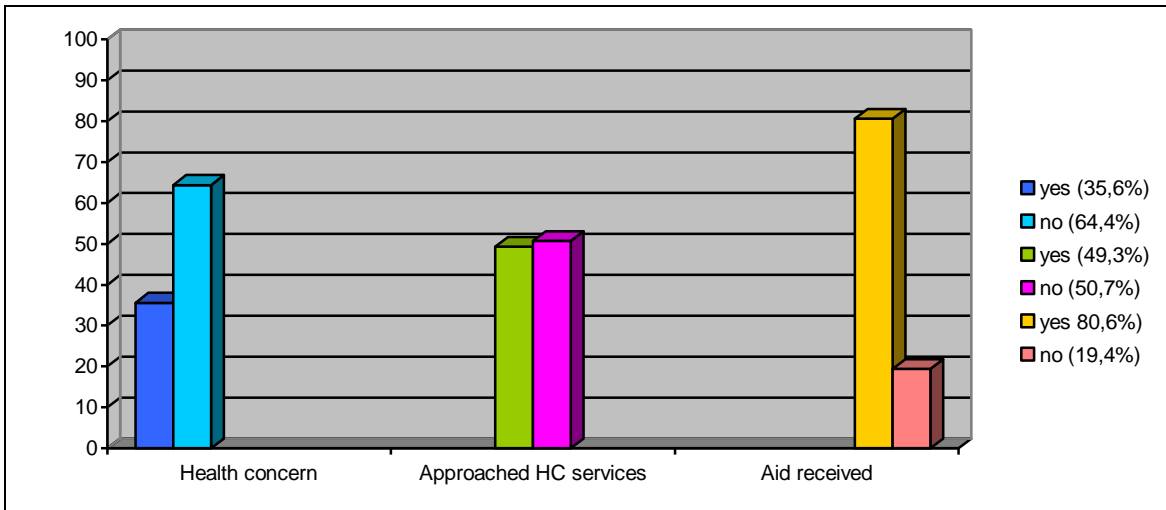


Figure 11 Health and Health care services in Tafela

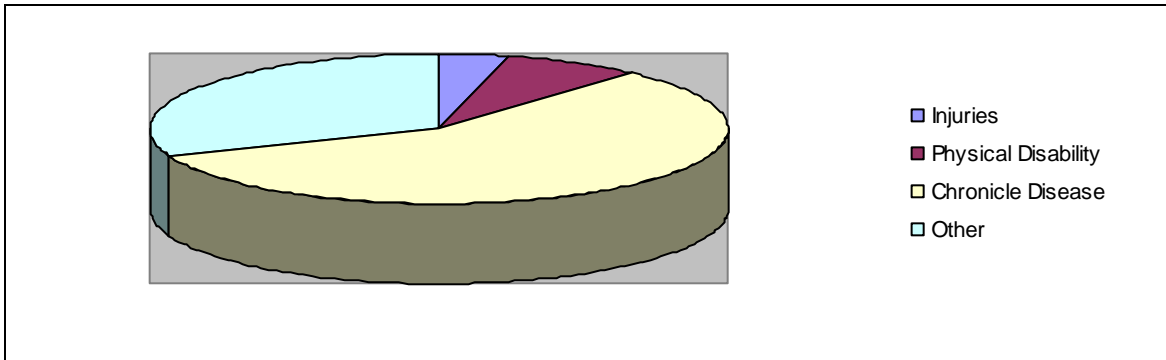


Figure 12 Kind of Health Diseases among adults in Tafela

In addition to this, in Aqaba the **14%** of households has **1 old person** among its members while the **20%** has **2 elders**. Old people are affected by chronicle diseases in the 80% of cases, 6,7 % cannot move due to physical problems, 6,7% has cancer and the same percentage other kind of minor diseases. In Tafela, the **5,5%** has **1 old person** among its members, the **10%** has **2 old members** while the **1%** has **three elders**. Among them the high majority has chronicle diseases and a minor number has physical problems in moving.

The **16%** of interviewees in **Aqaba** and the **20,5%** in **Tafela** stated that in their families there is **at least one pregnant woman**. Among pregnant women, the **89,5%** in **Aqaba** and the **90,5%** in **Tafela** states that **they do not have needed items for their babies** such as diapers and hygienic tools. Some of them cannot breastfeed their children thus they need milk powder that is very expensive and that they cannot afford.

5. Minors' Education and Child Labor

Aqaba: Number of members under 18 by family	Zero: 14,3%	Up to 3: 53%	4 to 7: 32,7%
Tafela: Number of members under 18 by family	Zero: 20,5%	Up to 3: 41,5%	4 to 7: 35,7%
			More than 8: 2,8%
Aqaba: Average age of children *Number of families with children Over 13: 25/50	... Under 5: 26/50	... From 6 to 12: 27/50
Tafela: Average age *Number of families with children Over 13: 41/73	... Under 5: 46/73	... From 6 to 12: 17/73
Aqaba: Children's Gender	Male: 50,7%	Female: 49,3%	
Tafela: Children's Gender	Male: 52,6%	Female: 47,4%	

Children face strong challenges in integrating in the local community. The relations with Jordanian peers are very rare especially because a high percentage of Syrian children **do not go to school** (48,5% in Aqaba and 54,7% in Tafela). Children are likely to start looking for a job as daily workers in order to help their families (**28,1%** of children starting **from the age of 12 years old in Aqaba** and **15%** of children starting **from the age of 7 years old in Tafela**). The reasons why children do not go to school are multiple : in Aqaba **20% has not been accepted**, **20% lacks the needed documents** and again **20%** states the school is too far away to pay for transportation. The **6,7%** is not interested in going to school and the **13,3% refuses to go due to fear of clashes with Jordanian peers**. In Tafela the reasons why children do not go to school are much different: the **34,9%** does not go **due to economical problems**, families do not have money to pay for transportation or for school kits and clothes. The **26%** states that the **school is too far** away or that children **lack needed documents**. The **4,4%** **has been refused** due to lack of space while the **8,7%** of the children **refuses to go** to school as they are afraid of clashes with Jordanian peers.

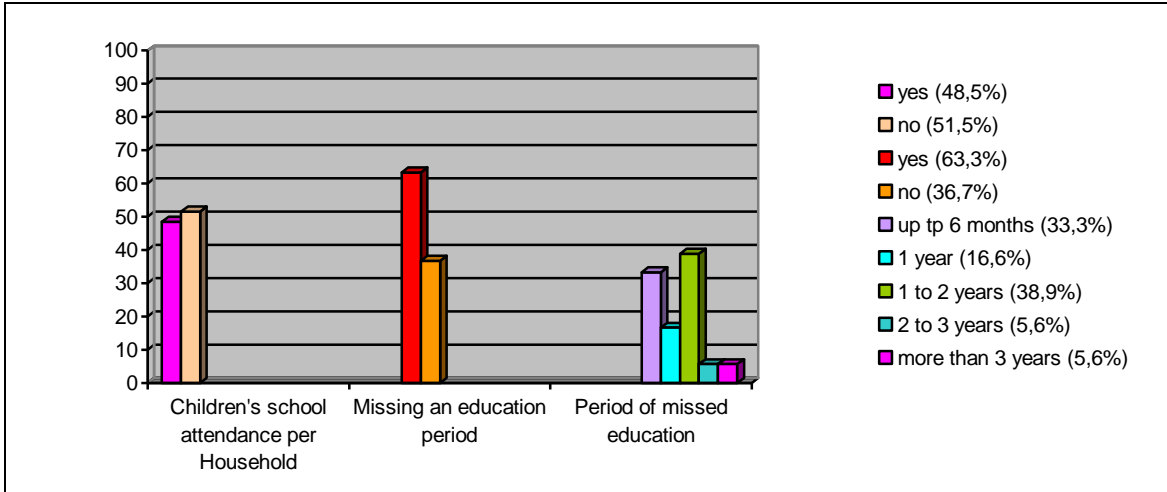


Figure 13 Children's education in Aqaba

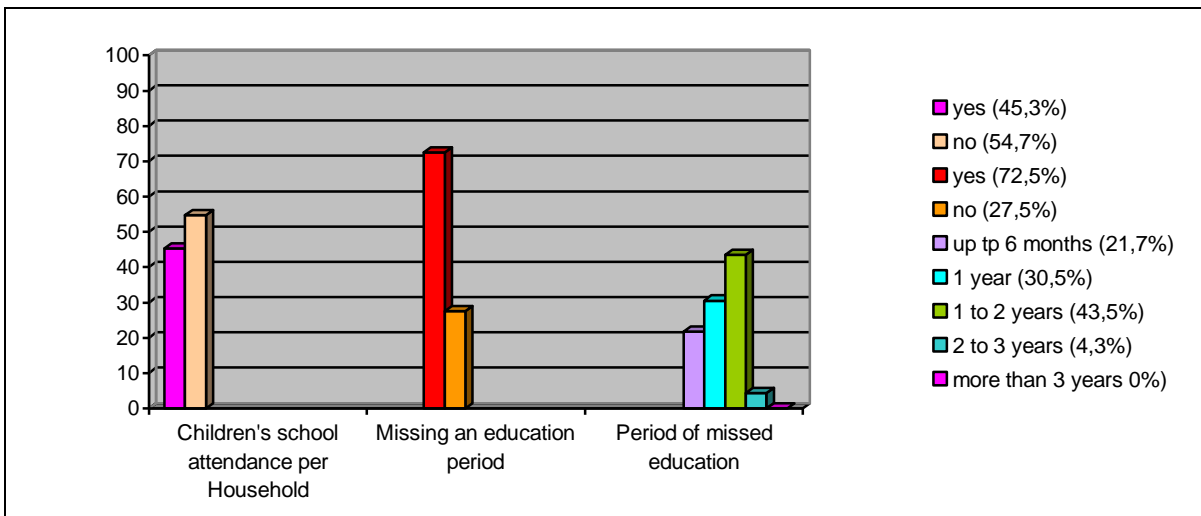


Figure 14 Children's education in Tafela

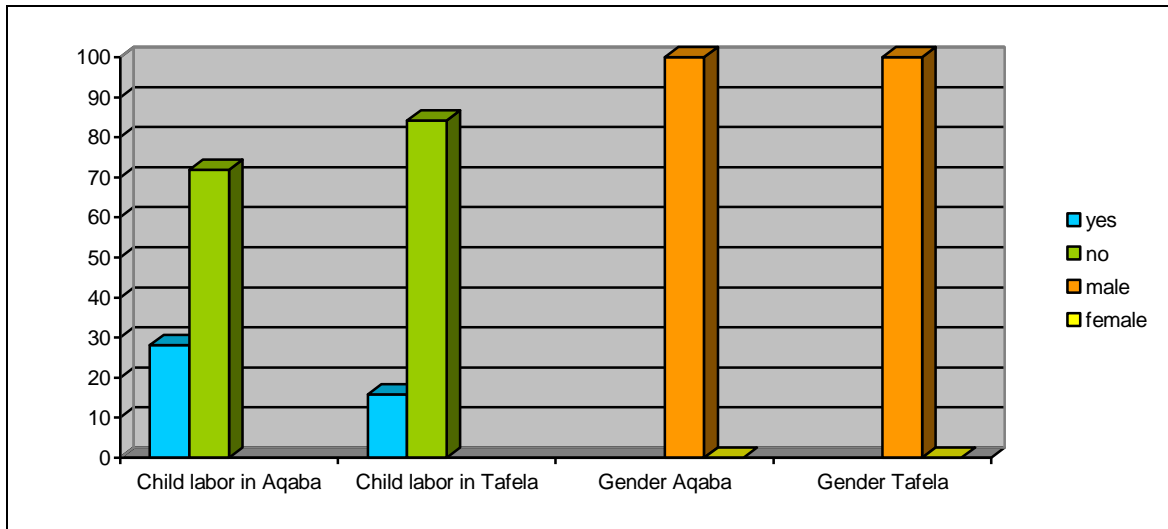


Figure 15 Child Labor and Gender in Aqaba and Tafela

6. Early marriage

Early marriage does not seem to be a widespread practice among Syrian refugees interviewed in Aqaba and Tafela. Just the **9% of interviewees in Aqaba and 5,8% in Tafela married before the age of 18**: of a total of 6 girls, **4/6 girls** were already married in **Syria** while just 2/6 married later on in Jordan. As expected the totality of the few early marriage cases involved just women. No men said to get engaged before the age of 18.

7. Children's health

Diseases among children are multiple even if the majority of them 64, 3% in Aqaba and 70,7% in Tafela does not have any specific problem. In general the high majority -98%in Aqaba and 100% in Tafela- of children have been psychologically affected by the conflict, mothers say. In Aqaba the 56% has multiple diseases, among these, **36, 6% are afraid** of airplanes and fireworks, **31,7% does not sleep** during the night or has an irregular day-night rhythm. The **14, 6% are depressed** as they do not have a normal social life while the **4, 9 %** do not have a social attitude. The 12,2% is nervous and violent. Seemingly, in Tafela, the **55,3% has multiple diseases** and among them, **62,6% are afraid** of airplanes and fireworks, , the **19,6% does not sleep** and the 7,2% is **violent and nervous**. The **5,3%** is **not social** and again the 5,3% sleeps the whole day being **not active**.

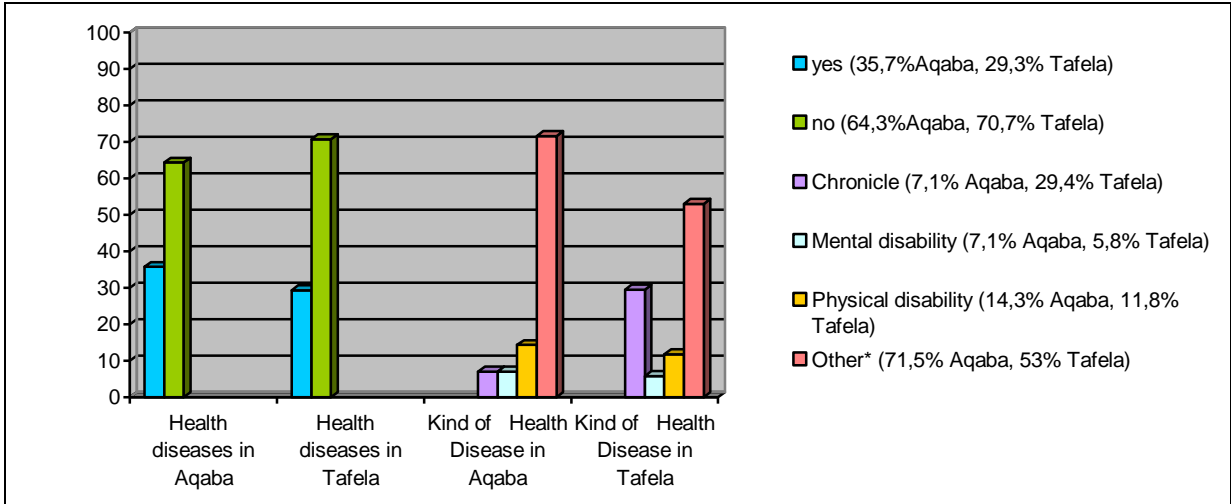


Figure 16 Children's health

* renal problems, skin diseases, mute, urinal problems, neurological problems, pneumonia, injuries (skin burn), digestion problems

8. House situation

The **98%** of household in **Aqaba** and the **97,2%** in **Tafela** is **renting** a place for living, just the **2%** in Aqaba and the **1,4%** in Tafela lives with a Syrian host family. Generally, in Aqaba for the **86%** of the households interviewed just **1 family** lives in the house, while in the **14%** of the cases **2 families with different HH** share the same place dividing equally bills. The **52%** of households live in a **two rooms apartment**, in addition to kitchen and bathroom, the **42%** lives in a 3 rooms place while the **6%** in a 1 room plus kitchen and bathroom apartment. **In Tafela** the situation is different: in the **74%** of cases there is **just one household in the same apartment**, but in the **11%** of cases **2** are the **families with different HH** sharing the same place, in the **12,3%** of cases are **3** and in the **2,7%** of cases are **4**. The majority of families (**69,5%**) are living in a **2 rooms apartment** in addition to the kitchen and bathroom. The **23,6%** lives in a 3 room place , the **5,5%** in a 4 room apartment and finally the **1,4 %** lives in a 1 room apartment. Here it follows a chart that details the rental fees and utilities bill's trends (Figure 17).

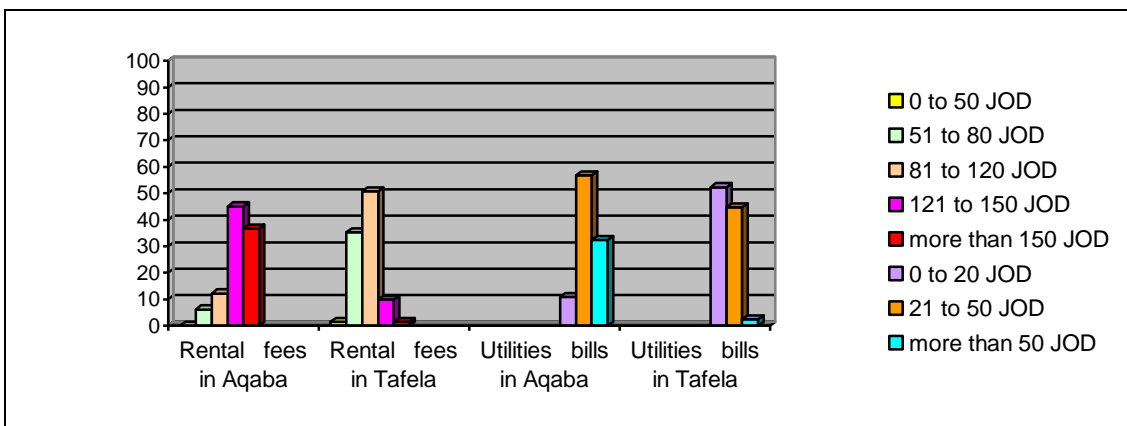


Figure 27 Rental fees and utilities bills

In **Aqaba** the majority of the households, the 56%, state they have all needed mattresses, pillows and cleaning tools. Nevertheless, **the 30%** states that they need more of **all these items**, the 6% asks just for mattresses, the 6% just for cleaning materials and the 2% just for kitchen tools.

In **Tafela** the majority of people interviewed stated they lack **all basic items** in the house (**43,8%**) such as mattresses, blankets, cleaning tools etc. The **15%** specifically asked for **cleaning materials** for the house and clothes, **5,5%** asked for more **blankets** as the winter is approaching, the 2,8 asked for more mattresses and the 1,4% for kitchen tools.

9. Needs highlighted

The last question of the survey asked refugees to range from 1 to 7 a list of needs, in order of importance. Among the choice there were: health support, psychological support, rent, food, cleaning tools, hygiene tools, support for children. The following table summarizes the main findings.

In Aqaba the 93,1% and in Tafela the 95,7% ranged **among the first 2 needs** rent and food provision. Refugees are convinced that this is their core problems as they do not have money to pay for rent and often the vouchers provided by UNHCR it is not enough - they say. Excluding the highest preference for rent and food provision support, it follows the range of the other needs:

Kind of need and range	Aqaba	Tafela
Health support - 1st Place	56,8%	46,5%
Cleaning tools provision – 1st Place	18,2%	24%
Hygiene Tools provision – 1st Place	6,8%	14%
Children support – 1st Place	13,6%	12,7%
Psychological support – 1st Place	4,6%	2,8%

10. Focus Groups Discussions Overview

Aqaba

Integration and women's life: Women confirmed they **stay at home** during the whole day. The challenge is to go out and have a normal social life as they don't know people and as there are groups of Jordanian boys who **harass** them while walking. They do not feel comfortable and secure walking around and they try to avoid going out. They would like not to be noticed and to be one day able to answer to all the words they are used to hear. They are very scared for their young daughters as they feel there is a string lack of protection. **Girls stay at home** for the majority of time if they do not go to school and when they do, they do not have other social life. If they go out they are generally with their husbands or elder male sons. Generally **neighbors** are kind and they help them with basic stuff, the problem widens in relation to the larger local community. As stressed before, women say young Jordanians bother Syrian youth or children just for the sake of doing it. They tell them bad words and they treat them without respect. This affect strongly the children that often refuse to go to school. Women say that Jordanians in general **exploit** their situation increasing bills and rent, avoiding paying their husbands and sons for long working hours or paying them just with symbolic salaries.

Main needs: Women are very focused in stressing the fact that they and their families need **money**. Money for them is the solution to their problems, in order to pay the rent and thus using the unstable salaries of their husbands and sons for paying for their daily life needs (food and other). Together with the economical support, the second priority is **health** aid. In relation to general health concerns, they states that even if they have UNHCR registration they face challenges in getting support. Hospitals and clinics ask for papers to get medicines and aid. Women speak about **long procedures** in order to finally get support. In case they need **specialized support** there are not services available for free and they do not have money to pay specialized visits whenever needed.

In relation to women's specific problems and needs, women stress strongly they need specifically **gynecological support** from a female doctor as often there are male doctors and they don't feel comfortable explaining their problems to them. When they have been asked if they would like to be involved in **social activities** with Jordanian women such as sharing experiences, handcrafts courses, literacy courses (etc), they agreed on the idea and they said they need to be more social and to go out more. Women would like to be more active and contribute to maintain their families thus they would like to be part of productive activities/income generating activities through which they would be able to support the family and have opportunities to socialize. In general they say they are psychologically very tired of the overall situation and a small group clearly asked for **psychological support** by a female doctor because they feel **tired, depressed** and they do not know how to deal with the situation. They hope to go back to Syria soon and to stop being in this condition.

Pregnant women often ask for milk as some of them cannot breastfeed their babies. Diapers are also a need as they cost and families do not have often the possibility to buy them.

Children's needs are not among the main priority for women in general due to the fact that women focus totally on their economical needs. Just a small group of women stated that children's education is among their priorities. The impression is that these women stopped being sensitive to their children's needs.

Children have been strongly affected by the situation: generally they **don't sleep** during the night and they have the day-night rhythm changed as they sleep longer during the day –they don't go to school- and they stay up during the night. They have clear **post-conflict distress** with **fear** of fireworks and planes. In some cases are violent or very nervous –mothers say.

Children are absolutely **not integrated** in the local community: the majority doesn't go to school so they don't have the chance to socialize with other peers. It happened that some of them they went to school but after they refused to go as they were afraid of other children. They have been harassed and addressed by bullying; in many cases they do not have contacts with other Syrian or Jordanian peers.

In the women's opinion, children need to be involved in **recreational activities** to play and socialize with other children even if the basic concern of mothers is education. When women have been addressed with direct questions about children needs they said that there is a need for **education courses** and **catch up classes** as many children missed school periods. Children do not have the equipment if they go to school or if they will be involved in educational activities thus mothers say it would be useful to have **school kits**. Mothers ask to have lessons following the Syrian curricula in order for the children to go back to the Syrian schools.

The main concern of women in relation of access to education for older sons is that many of them, starting from **12 years old**, are **working** as daily workers in order to support their families. Women say they cannot send their **sons** to school or any educational activities because it is basic for them to have an income from their children, especially if the father cannot work or is not present.

A small group of participants stated that they have sons who are **university students** and they themselves care a lot about their future education and they would like to continue studying. The problem is that in Jordan Syrians have to pay as all foreign nationalities and university fees are too high for them to pay. What's more they often lack documentation as they left everything in Syria.

Marital relation: in the majority of cases **husbands** are very nervous as they cannot maintain their family, they are worried about the situation in Syria and they feel they lost their role of breadwinner. The economical problems together with the concern related to Syria stress them a lot and they **reverse their anger** on children and women. Women says that –generally speaking- all of them have problems with their husbands even if they state there is not corporal violence, while there is **violence in communicating** (clashes and bad words). In this period the majority of them try to **avoid having children** due to the already difficult situation. Many of them use coils and for this reason they also ask for a female gynecologist.

The general **attitude of refugees** towards humanitarian actors both local and international is **skeptical** and critical. They say they did not receive support and that aids are not equal among people while there are some other persons that manipulate the support. In general there is **no trust** among refugees who say they have been involved in many studies but without receiving support. Refugees are angry, upset. New trust needs to be built up in future interventions.

Tafela

The majority of women and men interviewed is from Deraa. Generally they registered to UNHCR in different locations than Tafela, some in Ma'an but some in the north (Zarqa'). They moved to Tafela as the rent fees are less expensive.

In Tafela and especially in Ein al Beida where the FGDs took place, there are no services except for an hospital in Tafela City and a health center in Ein Al Beida which unfortunately –refugees say- it is not specialized. Schools are available for children but not everybody is accepted or want to go due to integration problems. Schools available are often not close especially for families living in Ein Al Beida.

FGD with women

Integration and women's life: Women spend their days at home taking care of the house and of the children. They do not feel integrated and they say there are many problems with the local community. The women's perspective is much different from their husbands' one as women say there is a strong **lack of protection**, their husbands have in some cases been threaten by Jordanian men who obliged them to work with them without paying them back. Women **do not feel comfortable** walking around neither they feel like sending their children out of the house to play with other peers. They are afraid especially for their children and young daughters. They do not feel integrated and they stressed more than once that it was better staying in Za'atari refugee Camp, as at least, there were just Syrians and they were feeling more protected. Children and adolescents already have been affected by bullying and violence at school and many of them prefer not to go back to school as they are scared.

Main needs: Women do not put as a priority their psychological status, they say that they do not need to speak with anyone, just to go back to Syria and in the meanwhile to have a decent life in Jordan. They want to see their children smiling. They agree on the possibility to be involved in **social activities** but this is **not their priority**. The priority is to have **cleaning tools** for the house, feed the children and have enough **blankets** and tools for the coming **winter**. Their needs are more material than emotional. They want to live in an acceptable way and in a safe environment. They clearly ask for protection as they do not feel safe in the Jordanian community. What's more, they stress that there are not enough **services** in Ein al Beida, especially **health support**. The Health center is not specialized when a more specific aid is needed and the staff do not care about Syrian cases. The same problem is present at the military hospital in Tafela, where refugees have been discriminated in different occasions- refugees say. What's more the Hospital is far to be reached for people living in Ein Al Beida.

Specifically as women, they strongly ask for a **gynecological support** by a female doctor. The high majority says they have gynecological inflammation and they need a female doctor to visit them. They do not want a male as they do not visit them in detail. Many of the women involved in the discussion use contraceptive such as **coils** and they do not check them since years. **Pregnant women** give birth in their houses as they refuse to go to the military hospital-they heard it is not safe and that the nurses do not follow up with pregnant women leaving them alone. During the pregnancy they do not receive any kind of support or specific visits. In general they do

not have any kind of tools for the new born, such as **hygienic tools or diapers**. Some of them cannot breastfeeding and they ask for milk.

Children's needs: As above mentioned the main concern for women is for children to have a chance. They are missing school thus they need **educational opportunities** together with **recreational activities**. Minors have been strongly affected by the conflict and they have clear **post conflict distress**: they do not sleep, they are very nervous. Children do not have a social life as they do not play with other peers, especially Jordanian. They are afraid to be threaten just for the fact they are Syrians. They often refuse to go to school because they had bad experiences and now they are afraid.

Generally the **marital relation** is very tense as **men are stressed**, the economical burden increase and every member is psychologically tired. Women speak about **clashes** and discussions but none of them affirm to be affected by corporal violence.

FGD with men

Integration and men's life: Men are not allowed to work legally in Jordan thus many of them try to find opportunities in the black market. Nevertheless there are a lot of challenges even in finding an illegal job as - they say- they are generally exploited and they are often not paid. If they manage to find a job, they are paid daily. None of them has a monthly payment. They stressed that they are taking **debts** in order to be able to pay rent and basic needs of their families and they do not know how they will pay them back. The totality of men involved in the discussion say that there is a good relation with the local community and that in general they feel integrated - this is a totally different point of view if compared to the one expressed by women.

Main needs: Men are strongly worried about the **coming winter**, even if they still have the hope to go back to Syria before. They say they do not have **heaters** or enough **blankets and clothes** especially for the children.

In general men are in good health conditions except some cases for whom there are chronic diseases. They totally refuse the possibility of being involved in activities for psychological support. What they strongly stress is the **lack of services in Ein al Beida**. The military hospital is in Tafela Center and not everybody has the possibility to pay for transportation. What's more, who went there did not have a complete support. The Health Center located in Ein al Beida does not provide a full and specialized support. Basically men ask for more services available in Tafela, especially health support. They lament the fact that the UNHCR office is located far away in Amman or in Ma'an (just for registration).

Children's needs: The **core priority** for men for what concerns the family , is **children's well being**. Men stress that their children have been strongly affected by the conflict and they need **psychological support** and to be involved in **recreational activities**. Many children are also not going to school, thus they need to be involved in **catch up classes** as they also missed medium up to long period in their education path.

In some cases there are also university students among the members of the family. The totality of them does not have the chance to attend university in Jordan as they lack the documentation required by the university and they do not have the chance to get it from Syria.

Marital relation: When men are asked about the women's situation and psychological status they say that women are doing well, that basically their core role is to stay at home so they do not need to have extra support. What is important is to support children and their recover after the shock cause by the conflict. Men do not support the possibility for women to be involved in social activities.

Recommendations

The multiple needs detected in the needs assessment ask for a multiple sector response that should be strengthen in both areas where there is still a lack of service providers in support of Syrian refugees. Here it follows a list of recommendations by sector of intervention.

Child Protection:

1. Provision of educational opportunities for children that are not able to enroll in the formal educational system for different reasons is strongly needed. The need should be covered in both locations as there is a high percentage of children that are still not involved in an educational process. In both areas (Aqaba and Tafela) there is a lack of service providers for such specific support. To be taken into consideration the location of services provided as one of the main concern of parents is that often schools are too far away to let children go by walk or to pay for transportation. Eventually transport (bus) should be provided for children to reach the building where activities will be implemented. It is also suggested to provide school kits for children in order to soften the burden of families for those children that are already going to formal schools or that will be involved in informal education activities.
2. Provision of stress release support for children that have been strongly affected by the conflict's events is needed. The psychological status of children becomes of urgent priority. Psychological diseases should be addressed through recreational activities targeted to improve their internal emotions, to overcome their fears and to go back being social with other peers. In the activities it is strongly suggested to involve also vulnerable Jordanian children in order to facilitate the integration of Syrians in the local community. The involvement of Jordanians it is also of key importance in order to avoid stigmatization of Syrians participating to "unique" activities.
3. Specific cases of children abuse or of relevant psychological distress that cannot be overcome through specific recreational and stress-release activities, should be addressed by a direct individual psychological help in order to provide a more concrete support to the single child. A specialized staff should be available to support these cases.
4. Working children should be involved in different activities in order for families to avoid send them to work. Children have the right to education and they should be involved in a comprehensive protection program to safeguard their well-beings. Families could be induced to enroll their children in informal educational activities or in recreational/stress release activities through awareness campaigns on education and through distributions of NFIs for winterization

that all families independently from the presence of minors will receive. The availability of a mean of transportation or a cash for transport to activities' locations -using fix rates depending on the distance- and school kits for children could also be an inducement for parents to send them to school or other activities while guaranteeing that cash support is effectively spent for transportation as the amount would be limited and avoiding dependence of refugees on cash aids.

GBV/RH:

5. In both locations it is necessary a specialized gynecological support for women to be provided by a female doctor. In addition to this, it should be organized a reproductive health awareness campaign specifically on contraceptive use, importance of regular gynecological controls, sexually transmissible diseases and in general about hygiene. This intervention should be undertaken on the basis of the direct needs expressed by women on this issue during the assessment of families' living conditions. This is also a relevant action to be undertaken as prevention action in both areas.

High rates of early marriages and sexual abuse have not been detected in the needs assessment. Nevertheless, and specifically in Aqaba, there is space and need for more detailed awareness campaigns on early marriage and GBV issues, mainly as prevention actions.

6. In Aqaba women stressed the importance to receive psychological support through a direct help by a female doctor. The psychological support should thus be provided through two kind of activities: individual and groups psychological sessions and recreational activities for women to offer them the opportunity to socialize. Recreational activities for women could include: handicrafts, literacy and computer courses (especially for young women). The opportunity to socialize can in fact be the chance for women to disclose other problems and challenges in a protect environment where they can feel safe.

In Tafela, direct psychological support has not been asked, nevertheless, the possibility to involve women in social activities can be the indirect opportunity to offer them a protect space where to disclose their feelings and problems thus providing a psychological support whenever needed.

Community services and community outreach:

Access to services

7. In order to facilitate the access to services, in Aqaba there is further need to inform refugees about the services that are available and about how to access them. Even refugees living in the area since a while are not fully aware of service provider's locations and about procedures to be undertaken. Differently, in Tafela there is a lack of service providers and at least the main health care provider, the military hospital, should be accessible by refugees in need that do not have money to pay for transportation. It is possible to provide cash for transport in accordance with the hospital itself with fix rates and whenever the refugees -coming from outside Tafela- will approach the hospital. This in order to facilitate at least the access to health services. The fact that rates will

be fixed and the fact that the amount will be received just at the hospital location will ensure that the support will be strictly service related.

In relation to formal educational activities for children, it is also possible to provide parents, who do not send children to formal schools for economical reasons, with a cash for transport with fix rates on the basis of the location. This could be an inducement for parents to send their children to school but guaranteeing that cash support is effectively spent for transportation as the amount would be limited.

Outreach

8. The promotion of peaceful co-existence with local communities is of priority importance as in both location strong problems of integration and communication with Jordanians have been stressed. All activities organized should include always a component of Jordanians both children, boys and girls and women. This is of strong relevance to support the communication between the two groups. The interventions could also promote open days where Syrian and Jordanian children could present activities together to their parents and in order to create common spaces of communications between the two communities.

NFIs

9. As winter is approaching, a winterization action is strongly needed especially in Tafela where the weather conditions are even harder than in Aqaba. Nevertheless in both areas there is a strong need for blankets (in Tafela potentially also for heaters) and for mattresses that can work as isolation of floors from the cold.

10. Houses generally have just basic items, thus there is also a general need for pillows and mattresses and of cleaning materials both for the house and for clothes. Hygienic tools are essentials as with UNHCR's vouchers refugees cannot buy this kind of items. This is very important for hygienic issues among families that live generally in overcrowded situations.

11. Pregnant women strongly stressed that they do not have specific hygienic tools for new born babies as well as diapers. Diapers for women are also needed. In addition to this, there could be also the possibility to distribute powder milk for women who cannot breastfeed, under a specialized doctor prescription and in respect of international protocols.