



Kindergarten playground in Azraq refugee camp, Jordan. Photo Manar Shukri

Case Studies on Addressing Early Childhood in Three Host Country Contexts Jordan Case Study

Submitted to: Moving Minds Alliance
Revised: May 1, 2020

ACKNOWLEDGMENTS

Moving Minds Alliance commissioned RTI International to prepare this Jordan Case Study. The lead author was Katherine Merseth King, with contributions from Rachel McKinney.

The following report presents a qualitative case study completed in Jordan in late 2019. It reflects a snapshot of information about the refugee experience of early childhood services, based on interviews, focus group discussions, site visits and policy document review. In a qualitative study of this kind, it is not possible to capture every perspective and perception of all stakeholders. The scope of this report was not to provide a comprehensive mapping of all refugee services available or a historical accounting of events that have unfolded over years. The case study investigates individual and group stories and experiences to synthesize common themes with the goal of identifying recommendations to improve the provision of early childhood services for young refugee children and their families.

The [Moving Minds Alliance](https://movingmindsalliance.org) is a funders collaborative and network convened to scale up coverage, quality and financing of support for young children and families affected by crisis and displacement. Drawing from on-the-ground experience and shared learning, Moving Minds seeks to catalyze a new way of responding to crises to address the inter-sectoral needs of the youngest refugees and their families. Learn more: movingmindsalliance.org.

The Moving Minds Alliance is a restricted fund under the auspices of Prism the Gift Fund, Registered Charity No. 1099682.

CONTENTS

Abbreviations	v
Executive Summary	1
Key Findings.....	2
Introduction	3
Planning and Delivery of ECD services for Refugee Children and Their Families	4
Nurturing Care	4
Policy Landscape	5
Current policies and strategies informing the provision of early childhood services for young refugee children and their Jordanian peers	5
Extent to which policies related to Nurturing Care are devolved to the sub-national or municipal level	10
General sources of funding available to implement policies	11
Humanitarian Agencies' Interaction with Jordanian Government Plans and Services	14
Mechanisms of Coordination	14
Perceptions of Effectiveness of Coordination.....	15
Refugee Experiences: Impact of Policy and Practice	17
State of Practice	17
Extent to which policy is translated into practice	17
Barriers to implementation of policy in service provision	22
Recommendations	23
Works Cited	27
Annex	30
Data Sources: Key Informants, Site Visits, and Focus Group Discussions.....	30

FIGURES

Figure 1. Nurturing Care Framework.....	4
Figure 2. Enabling Policies for Nurturing Care	17

TABLES

Table 1. Jordan Response Plan: Specific Budgetary Support Requested for Services for Young Refugee Children	5
Table 2. Channels and Departments Through Which Nurturing Care Policies Are Organized.....	10
Table A-1. Key Informant Table	30

ABBREVIATIONS

AGFUND	Arab Gulf Programme for Development
BPRM	U.S. Bureau of Population, Refugees, and Migration
ECD	early childhood development
ECE	early childhood education
ECED	early childhood education and development
ECHO	European Civil Protection and Humanitarian Aid Operations
HPF	Humanitarian Partners Forum
HRD	Human Resource Development
INGO	international nongovernmental organization
JORISS	Jordan Response Information System for the Syria Crisis
JRP	Jordan Response Plan for the Syria Crisis 2018–2020
KG	Kindergarten
MOPIC	Ministry of Planning and International Cooperation
NCFA	National Council of Family Affairs
NGO	nongovernmental organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

The early years of a child's life are foundational to that child's healthy physical, emotional, and cognitive development. The developing brain of a young child is particularly sensitive to chronic stress and hardship, which are common features of forced displacement and refugee experiences—meaning that young children in conflict- and crisis-affected settings are particularly vulnerable. Globally, the numbers of refugees and asylum seekers have soared in recent years, leaving many receiving, transit, and neighboring countries struggling to respond. How these countries meet the needs of the youngest members of refugee families will have lasting effects on those individuals, their families, and the societies in which they live. As with any large-scale government response, coordination across agencies, accountability for quality and outcomes, and availability of timely and accurate data are essential for meeting the critical needs of young children in crisis. The enormous challenge of responding effectively to a humanitarian emergency is even more difficult when host countries do not already have strong support systems for children's early years in place.

The Moving Minds Alliance has commissioned this case study on the refugee response for young children in Jordan as part of a series that includes Bangladesh and Uganda. Jordan has a long history of hosting refugees, dating back to at least 1948, but the most recent refugee crisis in Jordan began at the start of the Syrian civil war in 2011, when thousands of Syrians crossed the border daily into Jordan. Eight years later, the flow of refugees has slowed, and the emergency response is transitioning to a longer-term, developmental approach. Today, statistics from the Government of Jordan show that approximately 1.3 million Syrian refugees live in Jordan, accounting for nearly 10% of the Kingdom's population. Just over half of these 1.3 million Syrians in Jordan—673,000—are officially registered as refugees with the United Nations High Commissioner for Refugees (UNHCR).¹ More than 80% of the registered refugees live in host communities, which has placed significant pressure on the social and economic resources of the country, while 17% of registered refugees live in one of three refugee camps located in the north of Jordan, near the border with Syria.² The Za'atari Refugee Camp is the second largest refugee camp in the world, hosting 78,000 refugees in prefabricated shelters.³ As of mid-2019, Syrian President Bashar al Assad has reclaimed nearly all of the territory of Syria from opposition groups and is reconsolidating his power; it appears that the apex of the conflict is over.⁴ Despite the slow abatement of the conflict, few Syrian refugees in Jordan are returning home. According to a 2019 report from UNHCR, only 8,100 Syrians returned from Jordan to Syria in 2018.⁵ Furthermore, UNHCR's position is that conditions in Syria are still insufficiently stable for a large-scale repatriation to occur with safety and dignity. This means that the Government of Jordan should not expect a reduction in the current number of refugees in Jordan, and interviews with key informants reflect this understanding of the situation.

¹ Regional Refugee & Resilience Plan. (n.d.). *Regional strategic overview: Summary version 2019-2020*. Published by the Regional Refugee & Resilience Plan. Retrieved from: <https://reliefweb.int/sites/reliefweb.int/files/resources/SUMMARY.pdf>

² United Nations High Commissioner for Refugees (UNHCR). (2018). *Jordan fact sheet*. New York: UNHCR. Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/FactSheetJordanFebruary2018-FINAL_0.pdf

³ UNHCR, 2018.

⁴ Yee, V. (2019, August 20). What 'victory' looks like: A journey through shattered Syria. *New York Times*. Retrieved from <https://www.nytimes.com/2019/08/20/world/middleeast/syria-recovery-aleppo-douma.html>

⁵ UNHCR. (2019). *Global trends 2018 report*. New York: UNHCR. Retrieved from <https://www.unhcr.org/en-us/statistics/unhcrstats/5d08d7ee7/unhcr-global-trends-2018.html>, pg. 29

This case study aims to answer the following questions:

1. How does the Jordanian government plan and deliver early childhood services for young refugee children (from pregnancy through six years of age) and their families, and does this differ from planning and delivery for host populations? Are services for refugee children and families integrated into the mainstream system? Are there differences in policies or practice between camp settings and host community settings?
2. How do international and humanitarian agencies with an interest in supporting refugee children and families interact with Jordanian government plans and services?
3. What impact does the above have on access to services for young refugee children and their families living in Jordan? What are their experiences in accessing services?

To answer these questions, the study team collected qualitative data through 22 key informant interviews with representatives of the Jordanian government, national non-governmental organizations, humanitarian agencies, and service providers, focusing on individuals or groups based in Amman and the Azraq and Zaatari refugee camps. Observations about the type and quality of services provided were captured through five site visits. The study team conducted three focus group discussions with women and men separately (all parents or guardians of refugee children under 6 years old), both inside and outside the refugee camps, to hear the perspectives of refugee families themselves about the quality and access to early childhood services they have experienced. All focus group participants provided signed, informed consent; and discussions were recorded, transcribed, and translated to English. The study team supplemented these data collection methods with reviews of relevant policies and agency reports. An analysis matrix was used to disaggregate data by sub-question considering policy, perception, and state of practice across all domains of the globally adopted Nurturing Care Framework for early childhood development (ECD).

Key Findings

The Jordanian government plans and delivers early childhood services for young refugee children and their families living in host communities through existing sectors of education, health, and child protection. These sectors are managed in alignment with the National Strategy for Human Resource Development (HRD) 2016–2025, which positions early childhood education and development (ECED) as one of its four central pillars. The HRD Strategy calls for a “comprehensive approach to policies and programs for children from birth to eight years of age.”⁶ It provides an excellent starting point for a comprehensive ECD policy or strategy that prioritizes a holistic response to the needs of young children—whether for refugees or Jordanians. Jordan’s National ECED Strategy is 20 years out of date and progress implementing its recommendations has been “unclear,” according to the Government of Jordan.⁷ The ECED pillar of the HRD Strategy now serves to guide the relevant governmental agencies on early childhood service provision in the absence of a comprehensive policy. Much of the ECED pillar in the HRD Strategy is focused on access and quality of pre-primary education, and as a result, conversations with key informants in Jordan on ECD often shift quickly to early childhood education (ECE).

⁶ The Hashemite Kingdom of Jordan. (2015). National Strategy for Human Resource Development 2016-2025. Amman, Jordan: Kingdom of Jordan, Retrieved from https://c0b5bd85-9d6a-41f6-beeb-bbf7fabc6b07.filesusr.com/ugd/176e64_5ad5680491ba47deb1579b450950ac46.pdf p.58.

⁷ Kingdom of Jordan, 2015 , p. 69.

ECD is absent from the Jordan Response Plan, which is the national document of the Government of Jordan and its partners that governs the refugee response. Planning and service delivery for refugees who live in camps differ from those who live among the host population. For families in camps (17% of the total registered Syrian refugees in Jordan), a separate humanitarian response system provides services apart from the mainstream public service system. This is to be expected, given that camps were established as a rapid emergency response by the international community. For refugees who live among Jordanians in host communities (83% of registered Syrian refugees in Jordan), access to the same early childhood services that Jordanians have is ostensibly available, but they often face barriers in accessing those services.

Humanitarian agencies with an interest in supporting refugee children and families interact with Jordanian government plans and services through the Jordan Response Plan, sectoral coordination mechanisms, the refugee response database, and personal relationships. Humanitarian agencies report a very high level of cooperation and engagement from the Government of Jordan. The need for an updated, holistic ECD policy in Jordan that builds on the vision put forth in HRD Strategy, as well as the absence of ECD as a priority in the Syrian response, results in patchy services for refugee families. Some services, such as early education and vaccinations, are provided consistently, while other services such as psycho-social support are lacking. Refugee families report chronic stress (caused by different factors inside and outside camps), bewildering bureaucracy in accessing services, and an overarching concern that their young children are growing up without access to safe spaces for exploration and free play. Nevertheless, the Government of Jordan has done an admirable job of responding to the crisis under difficult circumstances and is pursuing various promising approaches to ensure the best possible outcomes for young children.

INTRODUCTION

This case study investigates the various approaches the Jordanian government has taken to receiving refugee families with young children and meeting their needs. The case study reviews the current policy landscape, including the presence or absence of official ECD policies toward newly arrived families with young children, and the state of practice, focusing on the degree of alignment between policies and what is happening in reality. It also reviews the mechanisms for collaboration between humanitarian agencies and the Government of Jordan, and perceptions about the effectiveness of that collaboration. This case study presents the impact of these policies and practices on refugee children and their families, as parents and caregivers describe their experiences in their own words. Finally, the case study identifies the challenges and barriers that impede the effective delivery of quality services and make recommendations on how these barriers could be addressed. The Syrian response in Jordan offers lessons for Jordan's own progress toward comprehensive, quality ECD services for its citizens and future newcomers, and for other countries receiving large numbers of refugees.

This case study is organized in four sections. The first section will address **how ECD services are planned and delivered for young refugee children and their families**. This section will consider how services for refugees differ in planning and delivery from services for the Jordanian population, whether services for refugee families are well integrated into the mainstream system, and whether there are differences in policies or practice between camp and host community settings. The second section will address **how humanitarian agencies interact with Jordanian government plans and services** for young refugee

children and their families. This section will explore the Jordanian government’s perceptions and the international humanitarian agencies’ perceptions of the effectiveness of their collaboration and interactions. The third section will address **the experiences of refugee families themselves** in accessing early childhood services—including the five domains of Nurturing Care—considering systematically how the policies, practices, and stakeholder coordination impact them. The fourth section will propose **recommendations** derived from these findings.

PLANNING AND DELIVERY OF ECD SERVICES FOR REFUGEE CHILDREN AND THEIR FAMILIES

Nurturing Care

Figure 1. Nurturing Care Framework



Source: WHO, UNICEF, & World Bank, 2018

To frame the analysis, it is important to first define what is meant by “early childhood services.” For this, the study team turns to the Nurturing Care Framework, a concept first introduced in the 2016 ECD series published in the *Lancet* medical journal.⁸ Nurturing Care is defined as five inter-related and indivisible elements that young children need to survive, thrive, grow, and develop into healthy, actualized adults.⁹ The five components of Nurturing Care are good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning (see **Figure 1**). Since the launch of the framework, the World Health Organization (WHO), United Nations Children’s Fund (UNICEF), and leading multilateral donors have adopted Nurturing Care as the global standard for integrated ECD. This framework provides a useful benchmark against which to evaluate the services offered to young refugee children and their families.

There is no debate among ECD experts that all children, regardless of refugee status, would ideally be provided quality care and services in the five domains.

Two global resource documents guide application of the Nurturing Care Framework to the research questions: the WHO 2018 report, *Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential*,¹⁰ and the UNICEF *Early Childhood Development in Emergencies Integrated Programme Guide*.¹¹ These two documents align with each other and with the global

⁸ Black, M.M., Walker, S.P., Fernald, L.C.H., et al. (2016). Early childhood coming of age: Science through the life-course. *Lancet*. 389(10064). Retrieved from <https://www.thelancet.com/series/ECD2016>

⁹ The Nurturing Care Framework applies to children from conception through age 8. The scope of this study was conception through age 6.

¹⁰ World Health Organization (WHO), UNICEF, & World Bank. (2018). *Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential*. Geneva: WHO. Retrieved from https://www.who.int/maternal_child_adolescent/child/nurturing-care-framework/en/

¹¹ United Nations Children’s Fund (UNICEF). (n.d.). *Early childhood development in emergencies: Integrated programme guide*. New York: UNICEF. Retrieved from https://www.unicef.org/earlychildhood/files/Programme_Guide_ECDiE.pdf

consensus on the importance of Nurturing Care for young children. The WHO Nurturing Care Framework report delineates the laws, policies, services, and interventions that are required for the health, nutrition, responsive caregiving, education, and social protection domains. The UNICEF *Integrated Programme Guide* presents strategies and sample indicators by domain for early childhood services in emergency settings. Drawing from these documents, the study team investigates a range of services in each domain that are contextually relevant in Jordan.

Policy Landscape

The response to the Syrian refugee crisis is led by the Government of Jordan, specifically the Ministry of Planning and International Cooperation (MOPIC), and supported by the UNHCR. The response involves a wide range of donors, United Nations agencies, international and national nongovernmental organizations (NGOs), and civil society organizations.

Current policies and strategies informing the provision of early childhood services for young refugee children and their Jordanian peers

The Jordanian government coordinates the Syrian refugee response through the **Jordan Response Plan for the Syria Crisis 2018–2020 (JRP)**.¹² The JRP has 12 focal areas: education; energy; environment; food security; health; justice; livelihoods; local governance and municipal services; shelter; social protection; transport and water, sanitation, and hygiene. Although ECD does not have its own sector, ECD topics are touched on in 6 of the 12 focal areas, and some of them—such as health and nutrition—with significant depth. The JRP functions as a fundraising document for the Government of Jordan to seek financial support from the international community for the response, as well as a framework for organizing the many agencies offering support in the 12 targeted sectors. The JRP discusses the overall needs in each sector and then outlines a budgetary support request, with itemized priorities and a budget amount requested for each year. ECD, being inherently cross-sectoral, is not presented as a holistic concept from the JRP. However, aspects of some of these sectoral plans that would contribute to improved early childhood services are included in some sector budget requests, as shown in **Table 1**.¹³

Table 1. Jordan Response Plan: Specific Budgetary Support Requested for Services for Young Refugee Children

Sector	Budget Lines Related to ECD
Local Governance & Municipal Services	Improving access to inclusive and safe public spaces for social cohesion through the establishment, maintenance, and upgrading of public spaces
Water, Sanitation, & Hygiene	Targeted women, men, boys, and girls in host community practicing better hygiene in schools, clinics, and child-friendly spaces
Social Protection	Improving well-being through safe spaces, community centers, and psycho-social support interventions
	Providing quality child protection services to the most vulnerable children in Jordan
	Strengthening national child protection systems

¹² The Hashemite Kingdom of Jordan, Ministry of Planning and International Cooperation (MOPIC). (2018). *Jordan response plan for the Syria crisis 2018–2020*. Amman, Jordan: MOPIC. Retrieved from <http://www.jrp.gov.jo/>

¹³ See MOPIC, 2018.

Table 1. Jordan Response Plan: Specific Budgetary Support Requested for Services for Young Refugee Children

Sector	Budget Lines Related to ECD
	Promoting community and family reliance on positive practices to protect children and build child resilience against risks
Education	Building new schools for kindergarten (KG), primary and secondary level
	Expanding access to pre-primary/KG in single-shift schools in the host community and camps
Food Security (Nutrition)	Strengthening national nutrition information systems
	Conducting comprehensive assessments of food security and nutrition of Syrian refugees in Jordan
	<i>[Several lines related to promotion of food security for vulnerable populations inside and outside camps]</i>
Health	Creating national newborn screening program for early detection and treatment
	Strengthening post-natal care
	Promoting child growth and development
	Strengthening accessibility to mental health services within primary health care centers
	Providing integrated sexual and reproductive health and gender-based violence services to women of reproductive age, adolescent girls, and youth
	Providing life-saving emergency obstetric reproductive health services to Syrian refugees and Jordanians, in particular, pregnant women
	Providing comprehensive reproductive, maternal, neonatal, and child and adolescent health services for Jordanians and Syrians
	Reviving baby-friendly hospital initiative with Ministry of Health support
	Integrating management of maternal, neonatal, child health, and nutrition services
	Strengthening early detection and early intervention services for children

The implementation of the activities in the 12 sectors is organized under tripart leadership: a donor, a humanitarian agency, and a Government of Jordan Ministry. For example, the education sector has the United States Agency for International Development (USAID) as its lead donor, UNICEF as its lead humanitarian agency, and the Ministry of Education as the leading governmental agency. These co-leads work with task forces, which include international NGOs (INGOs), local NGOs, and other donors for each sector. The sectoral task forces conduct meetings, highlight priorities, determine needs for fundraising, and lead the implementation. Because ECD is not its own sector and is not otherwise designated as a priority in the JRP that cuts across the sectors, it lacks this coordinating structure. There is no systematic tracking of these early childhood-related budget requests, activities, or outcomes. Although ECD is not on the radar of the primary decision-makers leading the Syrian response, fortunately there are aspects of the response contributing to early childhood services. The Government of Jordan is in an excellent position to build upon the aspects of ECD that are already incorporated into the response planning and implementation.

Outcomes Sought for Young Children in the HRD Strategy

- All children have access to quality early childhood learning experiences (nurseries, KG1, KG2, informal learning) and services (e.g., health, nutrition, psychosocial support).
- All children are taught by appropriately qualified early years educators with a modern curriculum that combines literacy, numeracy and opportunities for imaginative play to develop social and emotional skills in a safe and healthy environment.
- All children are fully prepared for the first formal stage in their academic and social lives with the skills, knowledge and expectation that they will need to succeed.
- All children experience cognitively stimulating, emotionally supportive home environments with adequate resources.
- All children's rights are protected and upheld through the implementation of policies and programmes to support children and families.

Extracted from the HRD Strategy, p. 24

The Government of Jordan has myriad policies and strategies to achieve its long-term developmental objectives.

Preeminent among these is the **HRD Strategy, 2016–2025**.¹⁴ The HRD Strategy was commissioned by the Royal Hashemite Court and is intended to be an overarching guide for all reform efforts in the Kingdom (drawing on the previous Jordan 2025 national plan¹⁵), including considerations of the needs of Syrian refugees, under the leadership of His Majesty King Abdullah II. The HRD Strategy has four pillars for “talent-driven prosperity,” the first of which is quality early childhood education and development. For children, it envisions “the opportunity to realise their full potential as happy, healthy, empowered, and active citizens who have a love of life-

long learning and who follow their own aspirations—academically, economically, and socially” (HRD Strategy, p. 17). This excellent vision provides a strong national framework and direction for the Government’s efforts to advance ECD service provision. The HRD Strategy outlines outcomes that Jordan aspires to achieve by 2025 for children, employers, teachers, caregivers, social and health workers, the community, and the Kingdom. A closer look at the desired outcomes for children reveals a heavy emphasis on early learning and academic preparedness.

Illustrative interventions focus primarily on increased access to (and quality of) the first year of kindergarten (KG1) and the second year of kindergarten (KG2). Partly as a consequence of this strong focus on pre-primary education in the HRD Strategy, interviews with some key informants about ECD in Jordan quickly turned to ECE. The Government of Jordan has had great success expanding access to KG2 in the past decade. However, the progress made on KG access has overshadowed that on other ECD priorities in the HRD Strategy, such as mobilizing families to support learning, health, nutrition, and social protection at home. Progress on addressing critical aspects of sustainably delivering quality ECD services, such as data use for decision-making and piloting innovative financing approaches, outlined in this central Government of Jordan policy document has not yet been substantial.

In alignment with the HRD Strategy, the Ministry of Education’s Education Strategic Plan for 2018–2022¹⁶ has pre-primary education as a priority domain, with a focus on access and quality. Childcare services for younger children (aged 0–3) are the domain of the Ministry of

¹⁴ The Hashemite Kingdom of Jordan, National Committee for Human Resources Development (NCHRD). (2016). *Education for prosperity strategy*. Amman, Jordan: NCHRD. Retrieved from <https://www.hrd.jo/nationalstrategy>

¹⁵ The Hashemite Kingdom of Jordan. (2015). *Jordan 2025: A national vision and strategy*. Amman, Jordan: Kingdom of Jordan. Retrieved from http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/jordan/jo2025part1.pdf

¹⁶ The Hashemite Kingdom of Jordan, Ministry of Education. (2018). *Education strategic plan 2018-2022*. Amman, Jordan: Kingdom of Jordan. Retrieved from http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Amman/pdf/ESP_English.pdf

Social Development. The Ministry of Social Development's strategy has prioritized streamlining the procedures to register a nursery, revising regulations of employer-provided nurseries, and transitioning children who do not have immediate family support from institutional care to alternative family care. In the last year, the Ministry of Social Development has sought to improve the quality of care in registered nurseries by establishing regulations on the use of TV, tablets, and other electronic media and by training providers to accommodate children with disabilities. According to one government key informant, "What happens [in nurseries] is that children spend around 8 hours watching TV while the teacher is on her smart phone." While this may be an overestimate, the concern about too much TV time aligns with findings of a recent study of nurseries, which found that surveyed nursery caregivers reported an average of 2 hours of TV per day and 25% of them reported watching 3-4 hours of TV with children per day – well above recommended limits.¹⁷ The Ministry of Social Development is taking steps to remedy the deficits in care services.

In May 2019, the Prime Minister launched the Social Protection and Poverty Alleviation Strategy for 2019–2025, which primarily aims to provide financial support to the 14.4% of Jordanians living in poverty and also expands access to KG. The announcement did not address the needs of Syrians or those of other nationalities living in poverty in Jordan because their needs are expected to be addressed by the JRP.¹⁸ According to UNICEF, parallel cash transfer systems for Syrian refugees were established by humanitarian agencies at the start of the refugee crisis, but these systems are now in jeopardy as international funding ebbs.¹⁹

The HRD Strategy notes that early childhood health care is already "relatively strong—with high vaccination rates, free health insurance for children under six, and well-developed antenatal care" (HRD Strategy, p. 18). Jordan's National Strategy for the Health Sector in Jordan 2015–2019²⁰ is very high level, focused on the governance of the health sector as a whole, and does not directly address the needs of young children (Jordanian or Syrian). Jordan has also ratified the Convention on the Rights of the Child and is active in pursuing aspects of the 2030 Sustainable Development Goal agenda that are most relevant for Jordan (goals 1, 2, 3, 5, 9, and 14), but without any explicit focus on early childhood.²¹

The overarching vision for young children in the HRD Strategy is holistic and integrated and takes a life-course view. Few countries have articulated a vision for children this comprehensively, and it is an opportunity for Jordan to seize. Specifically, the HRD Strategy presents an opportunity to guide Jordan's government structures toward operationalizing that excellent vision in ministerial policies and strategies. As of yet, existing ministerial policies and strategic plans do not recognize that aspects of their separate plans could be

¹⁷ Queen Rania Foundation. (2018). Nurseries in Jordan: Findings from the Queen Rania Foundation National Early Childhood Development Survey 2015. Retrieved from http://qrf.org/sites/default/files/2019-07/qrf_nurseries_report_en.pdf

¹⁸ Hussein, R. (2019, May 30). PM launches social protection strategy to alleviate, fortify against poverty. *The Jordan Times*. Retrieved from <http://www.jordantimes.com/news/local/pm-launches-social-protection-strategy-alleviate-fortify-against-poverty>

¹⁹ United Nations Children's Fund (UNICEF) Jordan. (n.d.). Social protection: An end to poverty for every child. New York: UNICEF. Retrieved from <https://www.unicef.org/jordan/social-protection>

²⁰ The Hashemite Kingdom of Jordan, The Higher Health Council (HHC). (n.d.). The national strategy for health sector in Jordan 2015–2019. Amman, Jordan: HHC. Retrieved from http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/jordan/jordan_national_health_sector_strategy_2015-2019.pdf

²¹ United Nations. (n.d.). *Sustainable development goals: Knowledge platform, Jordan*. Retrieved from <https://sustainabledevelopment.un.org/memberstates/jordan>

indivisible parts of a complex, multi-domain system to meet young children's needs. Each sectoral policy or strategy is focused on a particular population, such as 4- and 5-year-olds or newborns, rather than having a holistic, life-course view of early childhood. This also means that the desired outcome of the policies is not children's holistic well-being but something narrower—for example, improving children's nutritional status or their school readiness. This can be addressed by more closely linking ministerial policies and strategic plans to the HRD Strategy vision and priorities.

The government's policy for refugees (outlined by the JRP) is separate from the policies of the government's mainline ministries, although the reality is that the Syrians living in host communities (83%) are accessing schools, clinics, and other services just like the Jordanians. The Ministry of Education and Ministry of Health strategies outlined above only briefly discuss the Syrian population and do not consider whether their needs may differ from those of Jordanians (e.g., for having suffered trauma). The lack of integration between the refugee response and the mainstream government plans and services is likely because funding for the Syrian response provided by international donors and agencies is managed and accounted for separately from the Government of Jordan's own operational budget. Despite financial commitments from the international community, the Government of Jordan ultimately must make up the shortfall from its own national resources.

In key informant interviews, several ECD service provider organizations (referred to as "implementing partners" from here forward) noted that there is a gap in knowledge about ECD within government and particularly in the Syrian crisis response. Several noted the lack of a policy or legal framework for ECD in Jordan. Early childhood services are spread across different ministries, and several implementing partners noted that it is difficult to get the ministries to cooperate, because each is busy pursuing its own sector strategies – a challenge that predates the Syrian crisis. Implementing partners report having to interact with three or four ministries at the same time to implement early childhood programs. Humanitarian agencies agree that there is no comprehensive ECD strategy, noting that each sector has its own entry point to reach families with young children, and there is no complementarity across sectors. The study team heard several times that programming for young children is reactive instead of proactive, and the lack of awareness about ECD among policy makers results in missed opportunities for integrated programs. UNICEF, the National Council of Family Affairs (NCFA), and some implementing partners are aware of the concept of Nurturing Care, but it has not been widely disseminated within the Jordanian government and therefore is not reflected in policies.

In the development of strategy for the Syrian response, implementing partners and government representatives agree that ECD has not been raised as a priority. The process of designating a technical area as a priority depends on the senior leaders of key humanitarian agencies. For example, UNICEF would decide its own priorities for the Syrian response in Jordan and then advocate for those priorities with MOPIC to have them included in the JRP. Within a humanitarian agency, technical teams may jockey for different areas of investment, but ultimately the senior leadership determines the agenda for that agency and communicates it at a very high level to the Government of Jordan. That priority setting and advocacy from the large humanitarian agencies heavily influences the resulting policy documents, according to government representatives. Some key informants noted that the priority setting of leading agencies is sometimes based on their own international agendas, campaigns, and flagship programs more than on needs assessments in the Jordanian context. This may undermine the capacity of Jordanian institutions to set their own priorities in a crisis.

Several key informants described the JRP committees as open and flexible, noting that local NGOs are encouraged to participate, but at the same time the agenda ends up being set by the largest organizations with the most clout. At least one humanitarian agency representative expressed that ECD is something that can wait for sustainable development partners to address—in other words, *after* the emergency response is concluded and Jordan transitions from emergency response to long-term development efforts. Indeed, the absence of ECD in the Syrian response policies indicates that this view prevailed, whether by intentional agreement or simply by default as ECD fell to the bottom during the prioritization process.

Extent to which policies related to Nurturing Care are devolved to the sub-national or municipal level

Jordan’s system of government is a parliamentary monarchy in which the King is the head of state and supreme leader of the military, and the Prime Minister (appointed by the King) is the head of government and of the security directorate. The parliament is made up of the Chamber of Deputies (130 members who are elected to four-year terms by the public) and the Assembly of Senators (65 members who are appointed by the King). The country is organized in 12 governorates, led by governors who are appointed by the Prime Minister. However, day-to-day governance is highly centralized, in that the mainline ministries set policy and implement it across the country without significant autonomous interpretation of policies by governorates or municipalities. Sometimes the central government pursues a policy with a regional concentration, such as anti-poverty programs that may be focused in the south, but these regional variations are still centrally planned. Jordan is a relatively small country (just under 90,000 km²) and is more demographically homogeneous than neighboring countries in the region (such as Lebanon), making centralized governance more feasible. Key informants confirm that implementation of ECD-related policies is no different from that of other policies with respect to centralized direction. Whatever is decided in central Ministries of Health or Education, in alignment with the HRD Strategy, is implemented through the ministries’ field directorate offices throughout the country (**Table 2**). One implementing partner stated that the only touch point for municipalities to ECD services is that private childcare centers must register their businesses with municipalities.

Table 2. Channels and Departments Through Which Nurturing Care Policies Are Organized

Domain of Nurturing Care	Government of Jordan Lead Agency	Organizing Channels and Departments
Health	Ministry of Health	Maternal and Child Health Department
Education	Ministry of Education, Ministry of Labor, Ministry of Higher Education	Childhood Directorate leads all pre-primary education efforts; Ministry of Labor oversees work-based nurseries; Ministry of Higher Education trains ECD personnel
Responsive Caregiving	Ministry of Social Development, Ministry of Awqaf and Islamic Affairs, Ministry of Health	Family and Childhood Directorate, Nurseries Section, and Parenting programs, delivered through mosques and clinics
Safety and Security	Ministry of Social Development, Ministry of Interior	Public Security Directorate (Ministry of Interior), Family Protection Department (Ministry of Social Development)

Table 2. Channels and Departments Through Which Nurturing Care Policies Are Organized

Domain of Nurturing Care	Government of Jordan Lead Agency	Organizing Channels and Departments
Nutrition	Ministry of Health	Non-Communicable Diseases Department

Nurturing Care policies in host communities are organized through the mainline ministries as described above. These ministries interact with each other only in limited fashion, such as health visits from doctors (under the Ministry of Health) to nurseries and childcare centers (under the Ministry of Social Development). The ministries are supported by the Hashemite Royal Court and several Royal Initiatives, which are civil society organizations launched by members of the royal family (particularly Queen Rania Al-Abdullah and King Abdullah II) and operated under their political patronage.²² NCFA is one such Royal Initiative that operates as a quasi-governmental body founded by royal decree in 2001. NCFA’s mandate, according to its website, is to act as “an umbrella organization that supports, coordinates and facilitates the work of its partners and relevant institutions which are involved and influential in the field of family affairs.”²³ NCFA is independent of the ministries, but its board of trustees includes the Director of the Public Security Directorate and the Ministers of Education, Health, Planning and International Cooperation, Social Development, and Awqaf and Islamic Affairs. This board of trustees, chaired by Queen Rania, meets quarterly. Despite this powerful governance structure, NCFA does not have sufficient budget or personnel to implement the support, coordination, and facilitation envisioned in its mandate. The HRD Strategy calls for establishment of “a single body to coordinate all [ECED] activities and decision-making” (p. 25), but real progress has not been made on this objective.

Table 2 shows the various ministries involved in the provision of mainstream ECD services in the host communities. Unfortunately, there is no ECD coordinating body to provide oversight across the domains led by the ministries and departments. Although NCFA is ostensibly positioned to play this role, it is not part of Jordan’s formal governance structure (i.e., it is outside of the executive, legislative, and judicial branches), and therefore lacks authority over the ministries that would be needed to provide meaningful coordination and oversight. Operating within a parliamentary monarchy, the Royal Initiatives may be cautious to not overstep their authority vis-à-vis Jordan’s ministerial governance structure.

General sources of funding available to implement policies

The primary sources of funding to implement policies for young refugee children and their families are the Government of Jordan’s own budget (about 60% of all JRP costs in 2019, according to one key informant), dispersed to the ministries to provide basic services, and funding from international donors. Approximately 31% of revenue for the Government of Jordan is categorized as ‘grants and other revenue’, the majority of which is international

²² The Hashemite Kingdom of Jordan. (2019). Queen Rania Initiatives. Amman, Jordan: Kingdom of Jordan. Retrieved from <https://www.queenrania.jo/en/initiatives>; The Hashemite Kingdom of Jordan. (2019). King Abdullah Initiatives. Amman, Jordan: Kingdom of Jordan. Retrieved from <https://kingabdullah.jo/en/page/initiatives>

²³ National Council for Family Affairs. (2014). Retrieved from <http://ncfa.org.jo:85/NCFA/en/content/about-us>

donor funding.²⁴ Lead international donors include the European Union; USAID; the U.S. Bureau of Population, Refugees, and Migration (BPRM); the British Department for International Development; the German development agency; and the Canadian government. United Nations agencies provide technical leadership in key areas in camp settings, such as UNICEF for education or UNHCR for nutrition, but these bodies are primarily not sources of funding. Typically, donors designate their funding contributions to particular sectors, topics, or projects, which limits the flexibility of the Government of Jordan to allocate funds according to its own understanding of the most urgent needs. The Canadian government has been a noteworthy exception to this, providing unrestricted funds to the government and implementing partners to use as they see fit.

Many key informants believe that the Syrian crisis has come to an end—or, at least, that international donors perceive it that way—therefore funds for Syrians in Jordan are dwindling. Some representatives of the government note that, although funds are being reduced, the Jordanian government does not have the financial resources to continue to support services for Syrians. Several key informants believe that the international attention span for refugee disasters is short, and that the global media has moved to a new focus: Yemen.

The World Food Programme has the largest budget of the Syrian response for food distribution, although according to the International NGO Forum, food security is not the biggest issue for Syrians. In the education sector, there is a “multi-donor account,” which is a working group of donors supporting the education sector. This working group allows the donors to coordinate their investments and avoid duplication. This group is led by USAID, which provides direct budgetary support to the government, and BPRM, which funds local NGOs. UNHCR and UNICEF also participate in this group, with a particular focus on child protection.

Non-Syrian Refugees in Jordan

While the Syrian crisis stabilizes and becomes a new normal for the Government of Jordan, funding for the Syrian response from international donors has dwindled. In the meantime, the number of refugees of other nationalities in Jordan have been slowly increasing in recent years. The multi-donor account is now focused on advocacy and investment for these populations as well as Syrians—particularly 56,000 Iraqis, and 16,000 Yemenis, as well as smaller but significant numbers of Sudanese refugees, Somalis, and Egyptians.

UNHCR and the Zakat Fund operate a cash transfer program for vulnerable Syrian families, in the amount of 20 Jordanian dinars per child per quarter. Other United Nations response efforts include providing clothes and supplies for “winterization.” One key informant noted documented cases of Syrians selling blankets they received from UNHCR to Jordanians, an indication that income insecurity is a more pressing concern than the need for household items. Funding to operate camps relies heavily on international donors, rather than the Jordanian government. One key informant reported that the operation of Azraq camp is entirely funded by international donors, and it is operated by international NGOs. This reliance on donors makes precipitous drops in external funding particularly worrisome.

The European Civil Protection and Humanitarian Aid Operations (ECHO), the humanitarian response arm of the European Union, has seen its budget drop steadily over the past three years—from \$36 million in 2017 to \$20 million in 2018 to \$15 million in 2019.

Representatives of ECHO believe the decrease is because the Syrian crisis in Jordan is a “protracted emergency” and that Jordan is transitioning from emergency assistance to long-

²⁴ World Bank. (2020). World Development Indicators. Online database. Retrieved from <http://datatopics.worldbank.org/world-development-indicators/>

term development. Many key informants referred to this as the nexus between relief and development. Several implementing partners spoke about the competition for funds among NGOs and suggested that this competition limits coordination. In some cases, it appears that certain NGOs have monopolized funds from a particular donor or in a particular technical area.

In the host community, kindergarten and primary education are funded by the Ministry of Education (with budget support from donors), but there are not enough kindergarten spaces for all children. A recent study of kindergarten enrollment in Jordan found that only 56% of Syrian 5-year-olds attended KG2 in 2017–2018, much lower than the 92% of Jordanians who did.²⁵ Participation in KG1 (almost exclusively private) is low for both Jordanians and Syrians.

Meanwhile, nurseries and childcare centers (for children under 4) are left to the private sector. Private sector nurseries and childcare centers typically charge fees to families. There are a few free or subsidized nurseries (NCFA runs 80 nurseries, and the Arab Gulf Programme for Development [AGFUND] has established 10 nurseries at universities and hospitals), but these are the exception. Having to pay out of pocket for services in the host community means that many Syrians will in effect be shut out of the service, simply because they have lower household incomes on average than Jordanians.²⁶ In a site visit to a nursery for children 0–4 years old in Ruseifeh, outside Amman, the study team learned that only one Syrian child was enrolled, out of over 40 children. The nursery teachers believed the low Syrian enrollment was because the cost of 25 Jordanian dinars per month was too high for Syrian families.

Child and family health services are provided through the Ministry of Health with support from NGOs. Pre-natal and post-natal care, vaccinations, and basic care are provided free of charge to registered Syrian refugees, as they are to Jordanians, under the national health insurance system. However, surgeries and unusual medications often must be paid out of pocket, which becomes a barrier to services for vulnerable families. (See below for further discussion of out-of-pocket expenses for Syrians, and bureaucratic barriers and transportation limitations associated with accessing health care.)

At the time of the data collection in September 2019, a new JRP was being prepared now based on a needs assessment of each sector conducted in early 2019. There is a delicate interplay between donors and the Government of Jordan related to the control of funds that unfolds throughout the life of a (timebound) response plan. For example, although the current JRP has 12 priority sectors that were all committed to be supported by donors, a government representative reported that 3 of the 12 (energy, transportation, and environment) did not get any funding from donors last year. Those 3 unfunded sectors will now be collapsed into other sectors in the next response plan. This is an important example of the nuanced relationship between the Government of Jordan's autonomy in setting priorities for the response and its reliance upon international donors to come through with financing that has been committed to make envisioned activities happen. In prior versions of the JRP, the funding allocation agreed to was "70-30"—meaning that 70% could be spent on Syrians and 30% on Jordanians. Several key informants referred to this funding allocation

²⁵ DeStefano, J., Merseth, K., & Shukri, M. (2018). *KG data for decision-making Phase II National Survey of Families*. Retrieved from <http://shared.rti.org/content/jordan-kindergarten-data-decision-making>

²⁶ CARE International. (2018). *Eight years into exile: How urban Syrian refugees, non-Syrian refugees and vulnerable host communities in Jordan are coping and meeting challenges, eight years into the Syria crisis*. https://www.care-international.org/files/files/publications/reports-issue-briefs/2018_CARE_Needs_Assessment_Summary_web_final.pdf

split between Jordanians and Syrians as “the grand bargain,” and suggested that emergency response funds had to be spent on Jordanians (not just Syrians) since some 80% of Syrians are in host communities. Now that the flow of refugees has stabilized and the crisis is seen to be winding down to a “new normal” for Jordan, the JRP guidance is that funds should be split 50-50 (but really, as one implementing partner put it, 51-49, in favor of Jordanians).

Policy Landscape: Key Findings

- There is no comprehensive ECD policy for the Syrian crisis, or for Jordanians, that covers all aspects of Nurturing Care. There are many sectoral policies and strategies that do not connect to each other or see themselves as part of a broader focus on young children’s well-being.
- The sectoral structure of the Jordan Response Plan does not prioritize ECD, although some of its sectors touch on aspects of services for young children. The prioritization of sectors is heavily influenced by international agencies.
- The Jordan Response Plan and the Human Resource Development Strategy operate in parallel systems.
- There is no coordination of ECD service provision across the Syrian response or across the mainstream public sector. NCFA is ostensibly positioned for this role but is not operationally empowered with the authority it needs.
- The Syrian response has been funded by the Government of Jordan and by international donors, who are now withdrawing support as it is perceived that the Syrian crisis is ending. Jordan remains with significant budget shortfalls.

HUMANITARIAN AGENCIES’ INTERACTION WITH JORDANIAN GOVERNMENT PLANS AND SERVICES

Mechanisms of Coordination

MOPIIC has created a large-scale data management system called Jordan Response Information System for the Syria Crisis (JORISS), through which implementing partners apply for approval to implement activities and submit reports for review and oversight. The purpose of JORISS is to centralize the organization and oversight of all activities associated with the Syrian response. JORISS allows for the tracking of activities and funding by sector, implementing partner, donor and geographical location. The system aims to increase overall transparency of the response and strengthens the government’s capacity to monitor the JRP.

In addition to JORISS, a variety of working groups and coordination bodies are made up of Royal Initiatives and international and local NGOs organized around the sectoral priorities in the JRP. These coordination bodies are not focused on ECD, but some of them have overlapping interests with ECD. For example, efforts to coordinate early identification and intervention for young children with disabilities (for Syrians and Jordanians) are led by Jordan’s Higher Council for the Rights of Persons with Disabilities, through a working group with humanitarian agencies and implementing partners. Similarly, the Humanitarian Partners Forum (HPF), another large-scale coordination body, aims to coordinate among their members and to advocate for investments in major sector priorities, such as education. The HPF does not get into technical details as a working group, and their members do not push the group to prioritize ECD in their advocacy efforts. Members of the INGO Forum, another coordination body hosted on a rotating basis by different NGOs (currently with the Norwegian Refugee Council), work together to gather data, agree to a consensus, and present targets to government. As with the multi-donor education account group, members of the INGO Forum

International refugee response programs “tend to be donor driven, rather than need driven” according to one key informant.

are now focused on the needs of refugees of other nationalities (non-Syrians), in particular getting them admitted to Ministry of Education schools. These groups are illustrative of the coordination mechanisms that surround and support the implementation of the JRP (which does not have an ECD designation in its current form).

Perceptions of Effectiveness of Coordination

In any refugee crisis situation, international and humanitarian agencies respond with their own skill sets and priorities. As described above, these entities advocate for topics to be prioritized in the JRP, and then take the lead on the implementation (or hire others to implement) those activities. This process of prioritization seems to be largely driven by their own interests, more than the Government of Jordan's priorities, according to government sources. A representative of a humanitarian agency concurred that "programs tend to be donor driven, rather than need driven."

Several implementing partners reported that the approval process in JORISS might take up to eight months. Some hypothesized that the approval process has been intentionally slowed by the Government of Jordan to force partners to spend money on infrastructure construction. Infrastructure construction uses up resources quickly, and implementing partners are under pressure from donors to spend their budgets within tight timelines. Delayed approvals in JORISS may result in lost funding for implementing partners. In principle, implementing partners want to support the government's objectives, but like the humanitarian agencies, they have their own agendas as well (e.g., NGO-branded global strategies and flagship programs they would like to promote). The Government of Jordan does not acknowledge any intentional delays in the JORISS project approval process, but it does actively encourage implementing partners to spend money on infrastructure construction, which the government sees as critical to sustained capacity to host the Syrians indefinitely.

All key informants agreed that the approval process is much more meticulous now than it was three or more years ago. Several hypothesized that, in the beginning of the crisis, there was less capacity for thorough reviews when so much money came in so quickly, whereas fewer applications and increased capacity for review at MOPIC now result in a more deliberative process. For at least one implementing partner, the JORISS approval process has stymied large-scale, multi-sectoral ECD implementation. This organization has resorted to implementing new activities as add-ons to programs that were previously approved in JORISS to circumvent long delays. In this case, hopes that MOPIC would help broker agreements for cross-sectoral coordination between the Ministry of Education and the Ministry of Health have not materialized.

Another perspective on collaboration heard from a few key informants is that the government is very willing to collaborate, but the humanitarian organizations and implementing partners do not always do a good job of engaging them. An anecdote was provided to illustrate this point: recently, government representatives were invited to a conference organized by an INGO. Unfortunately, the proceedings were conducted in English and no translation services were provided by the conference organizers, so the government representatives could not fully participate. Failure to provide translation services at important technical workshops and conferences suggests that some humanitarian agencies and implementing partners see government officials more as representational figureheads than substantive partners in decision-making.

These trends apply to coordination efforts across technical sectors of the refugee response. For ECD coordination in particular, a recent effort to form a national ECD team and conduct

a workshop was enthusiastically received. Results of a landscape review were circulated, and according to a few implementing partners, a donor briefing was planned but never happened. “The effort just fizzled out,” according to one key informant. Another person noted that some ECD coordination meetings are not really *coordinating* anything, per se—they are just a way for organizations to “show off” what they are doing and are used for professional networking. This is a missed opportunity to leverage investments and programming.

The perspective of one representative of the Government of Jordan involved in the Syrian response is that “there has been no investment in sustainability over the last 6–8 years.” In the key informant interview, this government representative expressed that the Jordanian people want to see tangible investments in their country and visible results of the millions of dollars in foreign assistance that has poured into the country since 2011. Yet donors and implementing partners are opposed to using their resources for critical infrastructure such as school construction, which the Ministry of Education and MOPIC see as essential to address the enormous numbers of out-of-school students (currently estimated at 264,821 Jordanian primary school-aged children²⁷ and 83,920 Syrian children aged 5-17 years²⁸). The Government of Jordan tries to emphasize its priorities and does reject some project proposals that do not align with those priorities, this key informant reported. But this is obviously difficult, because the government needs the money, employment opportunities, and political capital these donor-funded projects bring. Another concern raised by government representatives about the humanitarian agencies is the proportion of their staffs that are not Jordanian. This is seen as not contributing to Jordan’s long-term human capacity. One government official believes that the JRP needs an external impact evaluation. There is a fear in some circles that the JRP has had no discernible impact outside of Amman, and there is no empirical data on how successful the response plan has been in achieving its goals.

United Nations agency representatives described the Jordanian government’s response to the crisis as “exemplary.” They noted a lot of collaboration in the immediate response, in terms of allocation of land, shelter, and proactive engagement in every aspect of the response. These key informants noted that, while there is no ECD policy or strategy specifically for the Syrian response per se, the well-being of young children depends in large part on the socioeconomic stability of the family as a whole, and the Jordanian government

Key Findings

- The Jordanian government handled the Syria crisis with competence and a high degree of coordination with INGOs and local NGOs.
- In the process of setting priorities for the Syrian response, the needs of young children and their families were not represented in a holistic or cross-sectoral way, resulting in an absence of ECD in the Jordan Response Plan.
- Although there are many working groups and coordination bodies, none provides an institutional home for ECD during the refugee response.
- The Jordanian government and humanitarian agencies have different perspectives about what the priorities for the response should be, resulting in some tension. and yet the government relies upon the funding from the international humanitarian response.

²⁷ World Bank and United Nations Educational, Scientific and Cultural Organization (UNESCO). (2019). Children out of school, primary - Jordan. Online database for UNESCO Institute for Statistics. Paris: Retrieved from <https://data.worldbank.org/indicator/SE.PRM.UNER?locations=JO>

²⁸ Carlier, W. (2018). *The widening educational gap for Syrian refugee children*. Report for KidsRights Foundation. Amsterdam: KidsRights. Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/Background%20Report%202018%20-%20The%20Widening%20Educational%20Gap%20for%20Syrian%20Refugee%20Children_0.pdf

has helped with this by allowing Syrians to get work permits (over 176,000 permits between 2016 and 2019, with just under 48,000 being issued in 2019 alone²⁹)—something not often done in other refugee responses. This is a significant achievement of the Government of Jordan and a positive example for other countries hosting refugees. Another implementing partner described their interactions with the government as “easy and smooth” but noted that they were not pushing the ministries for any major changes and that, in general, the government seemed overwhelmed by requests from NGOs and donor-funded projects.

REFUGEE EXPERIENCES: IMPACT OF POLICY AND PRACTICE

State of Practice

Extent to which policy is translated into practice

Figure 2 shows conceptually how enabling policy is translated into Nurturing Care practice—through supportive services, empowered communities, and caregivers’ capabilities—to

Figure 2. Enabling Policies for Nurturing Care



Source: WHO, UNICEF, & World Bank, 2018

reach the individual child. As discussed, Jordan has an excellent vision for comprehensive ECD services for children under 8 years old, described in the HRD Strategy. The challenge for Jordan is to operationalize that vision in a national ECD policy for Jordanians. Similarly, ECD should be prioritized in the Syrian response policy, in alignment with the HRD Strategy. Some supportive ECD services are already provided through mainstream sector plans, and this case study examines the state of practice for these services for refugee families in the absence of an enabling policy environment.

Without an evaluation of the JRP or systematic evaluations of the Ministry of Health or Ministry of Education sector strategies, it is difficult to determine how policy has been translated into

practice empirically. It is clear that there has not been any holistic approach to Nurturing Care for young refugee children or young Jordanian children and their families. Policies and strategies developed for different sectors at different times make it challenging to determine how particular policies have resulted in particular outcomes. The variable timing of strategic planning cycles in Jordan is exacerbated by changes in ministerial appointments, which can slow down or stall implementation of policies and strategies. At the national level, the mainline ministries report on their progress on the HRD Strategy to the Royal Court quarterly. As noted above, the overall effectiveness of the JRP has not been evaluated to date.

²⁹ The Hashemite Kingdom of Jordan, Ministry of Labour (MOL) Syrian Refugee Unit. (2019). *Syrian refugee unit work permit progress report December 2019*. Amman, Jordan: MOL. Retrieved from <https://reliefweb.int/sites/reliefweb.int/files/resources/73629.pdf>

Although Jordan's policies for young refugee children and their families are not organized around the Nurturing Care Framework, it is important to review each of the five domains to ensure a comprehensive analysis of service provision. Lacking the policies and strategies to support a comprehensive approach to ECD service delivery, Jordan is meeting the needs of young refugee children and their families to varying degrees, depending on the sector involved. To understand how these services are received by refugee families, this report shares their words verbatim as much as possible.

Good Health

In the area of good health, the study team focused on health services related to maternal and newborn health, child and adult mental health services (including psycho-social support), vaccinations, and early detection of disabling conditions. The study team found variation across these services in terms of supply and demand, access and use, and quality. Maternal and newborn health care and vaccinations are consistently provided. Within camps, NGO and agency-run hospitals and clinics provide health care. In the host community, Syrian families can use Jordan's national health system, with some barriers. There was a brief period beginning in November 2014 when the government withdrew health care support for Syrians due to budgetary constraints.³⁰ During this period, Syrian families had to pay out of pocket to access services. But then the international community came forward with funding, and the Jordanian government reversed its decision. Regarding the quality of these services, the study team heard and observed a few major trends:

- Quality and coverage of vaccines is excellent, and generally parents and caregivers seem happy with individual interactions: **“The treatment is perfect for children who are under 5 years, they always check the anemia[...], and when the doctor gives them the vaccine she does it carefully”** (East Amman mother).
- Both inside and outside camps, costs for surgeries or uncommon medications must be paid out of pocket, and many Syrian families cannot afford them.
- Outside camps, there is a bewildering bureaucracy of referrals needed to access health care. Many focus group participants told long stories of getting bounced around from one doctor and one clinic to another and another. Given that transportation to clinics is also costly, this administrative nuisance becomes a financial strain.
- Refugee mothers and fathers reported that there is no health care follow-up for their young children after immunizations are completed, but did not specify which health care needs in particular were not followed-up.

“My children in Syria weren't immunized. When we came to Jordan, they got all the vaccines, even at 4 and 5 years old.”

East Amman Mother

Meanwhile, there are major gaps in mental health and psycho-social support for refugee families. A recent study led by the International Medical Corps in partnership with the Ministry of Health found that over 50% of Syrians report themselves to be “in distress” (defined as feeling anxious, depressed, nervous, tense, sad, or aggressive), an increase since the same data were collected in 2017.³¹ In the host

³⁰ UNHCR. (2017). *Health Access and Utilization Survey: Access to health services in Jordan among Syrian refugees*. New York: UNHCR. Retrieved from <https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR-HealthAccess%26UtilizationSurveyinJordan2017-Syrians.pdf>

³¹ International Medical Corps. (2017). *Understanding the mental health and psycho-social needs, and service utilization of Syrian refugees and Jordanian nationals*. Report for International Medical Corps, Jordan. Retrieved from <https://data2.unhcr.org/en/documents/download/62036>

community, both Syrians and Jordanians reported they are reluctant to seek professional medical care for mental health and psycho-social support. (The public mental health system maintains three psychiatric hospitals and a substance abuse treatment facility and faces a lack of clinicians trained in psychiatry. NGOs and INGOs support the public system through programs aimed at providing psychiatric and psychological support to vulnerable Jordanian and Syrian families.³²) Social norms inhibit demand for mental health services, and there are few providers as a result, both inside and outside camps. Similarly, there is very little access to early detection of disabling conditions. Several data sources noted that, while progress has been made in recent years to strengthen Jordan's disability and inclusion infrastructure, particularly at diagnosis, the availability of quality service in this regard is limited.

Adequate Nutrition

One key informant working in the nutrition sector noted that in Jordan there is a misconception that the term “malnutrition” means children are starving. A food security assessment in 2016 found that over 70% of Syrians living in host communities were either food insecure or vulnerable to food insecurity, while being completely dependent on food assistance provided by the international community.³³ While stunting rates are low (8%),³⁴ micronutrient deficiencies are a significant problem according to UNICEF. A new survey of the nutritional status of children under age 5 was undertaken in 2019 but results were not available in time for this report. Anecdotal comments from key informants suggest a perception that Syrian families who work on farms have more access to healthy fruits and vegetables than those in urban areas who are not working on farms. Inside camps, food is provided by the World Food Programme, while Syrians living outside camps purchase food in markets, and their ability to access nutritious food is linked to their household financial stability. Cash transfer programs are intended to support families in need, but good data are not available on the effectiveness of these programs in improving nutritional outcomes of young children.

In all three focus groups with families, a very high percentage of participants reported breastfeeding their infants. This finding aligns with data from Jordan's Population and Family Health Survey 2017–2018, which reports relatively high rates of breastfeeding practice among Syrians (higher than Jordanians).³⁵ For example, 57.4% of Syrian mothers of newborns were observed breastfeeding in the first two days after birth (p. 166) and 92.6% of Syrian mothers reported “ever breastfeeding” (p. 208). For Syrian mothers, the median duration of breastfeeding is 11.3 months and median duration of exclusive breastfeeding for Syrians is 1.5 months (p. 210)—both of which are longer duration than Jordanians' practices, according to the data. In East Amman, families reported lacking fruits, vegetables, milk, and eggs in their regular diet. In Za'atari camp, participants agreed that fruit is not regularly available. Several families stated that they can afford to buy fruit only once every two weeks. A parent in Za'atari said, **“The majority of children have anemia and we don't know**

³² Ibid.

³³ World Food Programme, REACH Initiative. (2017). *Comprehensive Food Security Monitoring Exercise (CFSME) - Registered Syrian Refugees in Jordan- 2016*. Retrieved from <https://reliefweb.int/report/jordan/comprehensive-food-security-monitoring-exercise-cfsme-registered-syrian-refugees>

³⁴ Thrive Nurturing Care for Early Childhood Development. (2018). *Country profiles for early childhood development*. Retrieved from <https://nurturing-care.org/resources/2030-Countdown.pdf>

³⁵ Department of Statistics (DOS) and ICF. (2019.) *Jordan Population and Family and Health Survey 2017-18*. Amman, Jordan, and Rockville, Maryland, USA: DOS and ICF. Retrieved from <https://dhsprogram.com/pubs/pdf/FR346/FR346.pdf>

why.... There's a big lack of fresh things for children" (Za'atari father). In Azraq camp, all participants reported that meat and fruit are the most difficult to find and afford.

In site visits to ECD centers, KGs, and nurseries, the study team observed that food was not provided in some KGs and nurseries, and in others the quality of the snack was poor (such as artificial flavored juice and a high-sugar cookie). In a nursery in Ruseifeh, the center staff said that not having food to provide the children was their biggest challenge. They explained that children are attending from 8 am to 4 pm, and sometimes their families do not send any food for them. This is a very long time for children to go without eating.

Responsive Caregiving

Qualitative information is lacking about nurturance and caregiver responsiveness in refugee households in Jordan, but there are data on proxy measures of responsive caregiving, such as playful activities engaged in at home, number of age-appropriate books in the home, and percentage of children left in inadequate care. For example, the Jordan Population and Family Health Survey reports that 89.3% of Syrian children have engaged in four or more activities with an adult in their household in the preceding three days, compared to 95.3% of

"My little daughter sometimes cries without any reason. She's 3. I don't know how to deal with this problem. I want to strengthen her personality. Because my elder sons are over 6 years, they already have weak personalities."

East Amman mother

Jordanians (p. 289).³⁶Ten percent of Syrian children under 5 have three or more children's books at home, compared to 17% of Jordanians (p. 291). Just over 9% of Syrian children under 5 years old were left alone or in the care of another child in the previous week, compared to 13% of Jordanians (p. 292). While a useful reference point, these data provide limited visibility into the values and norms that underpin caregiving practices or reasons why there may

be disparities between Syrians and Jordanians (e.g., availability of books at home is likely strongly correlated with poverty, and available time to engage in playful activities may be constrained by factors related to caregivers' employment).

There are a few NGO-led programs supporting parents, such as the Better Parenting Programme and Ahlan Simsim/Reach Up & Learn. Yet the concept of responsive care, typified by serve-and-return interactions beginning in infancy (including non-verbal communication), are not well known in Syrian or vulnerable Jordanian households. Because there is little national data, and it is not a significant focus of government services, the study team can draw few conclusions about supply, demand, access, or quality of responsive caregiving support for parents. There was a strong consensus among key informants that this is significant gap in Jordan's services for young children and their families.

Considering parenting education in general (not specifically responsive caregiving), Syrian parents in East Amman reported having attended some parenting programs.³⁷ They said that they take time to play, talk, and sing to their children under 6. Still they are uncertain about whether they are doing the right things. As one mother put it, **"How do I deal with my children who are under 6 years? I have two daughters. I try to teach them and understand them but sometimes I feel like I'm not doing my best"** (East Amman mother).

³⁶ DOS and ICF, 2019.

³⁷ When considering the high number of participants reporting that they have received parenting education, it is important to keep in mind that the focus group discussion in East Amman was held at an NGO center that provides this service. So, it is likely that the participants in the focus group would have received parent education at that location—which may not be representative of the larger population in host communities.

Similarly, in Azraq camp, most parents reported having attended a parenting class or program. Most say they try to prioritize spending quality time singing, playing, or talking with their children. When asked specifically about reading at home, one parent in Za'atari camp shared, **"My children watch the baby channel. Nobody reads to them in our house"** (Za'atari father).

Opportunities for Early Learning

In Jordan, most conversations that start about ECD quickly steer toward ECE—specifically preschool, called KG1 and KG2. As discussed above, the HRD Strategy has access to quality ECE as the first pillar of its national strategy; therefore, progress toward universal enrollment is being carefully monitored. Under the leadership of the Ministry of Education, and with significant support from USAID, there have been ongoing efforts for over 10 years to open new kindergarten classrooms and enroll more children. Ongoing national efforts to expand KG2 for Jordanians and refugees are laudable.

In addition to public Ministry of Education KGs, there are a variety of NGOs providing KG (or "KG-like" services, such as accelerated KG experience of three months) and nurseries for children under age 4. But these usually charge fees (outside of camps), and most Syrians cannot afford to send their children to them. For those children who do attend, quality is generally good in the NGO-run settings, according to site observations. Inside camps, the service is free, and quality is generally good, but the time of enrollment for each child is short—a three-month rotation allows NGOs with limited space to serve more children. But it also means that, when children end their three-month turn in KG, they do not have alternative activities to engage them with their peers. Inside camps, these KGs/childcare centers become a hub for reaching parents with responsive care sessions and sessions about health, hygiene, and nutrition. Training provided by NGOs to parents is good on safety and child protection. However, student-to-teacher ratios are high, and one KG in Za'atari camp is double shifted, daily serving 550 children aged 4 and 5 in two shifts.

"Children don't go to school in the winter due to water pooling in the street. It looks like a big sea."

Za'atari father

In East Amman, participants with 4–5-year-olds enrolled in KG reported being very happy with their quality. They reported that the teachers were excellent and their children were happy going there. Almost none of the participants with children aged 0–3 have them enrolled in any kind of nursery or childcare center.

Opportunities for early learning are not limited to formal school experiences however, and caregivers play a critical role in providing age-appropriate cognitive stimulation to young children prior to school entry. Although statistics for Syrians specifically are unavailable, data for the general population of Jordan from the UNICEF Multiple Indicator Cluster Survey found that 71% of households have playthings at home, but only 16% have children's books.

In Za'atari, participants noted that some children cry about going to KG and are fearful when they see others crying. Most participants live close to the KG, but they are afraid to send their children walking alone (dangers include cars, street maintenance and construction, kidnapping) so they walk them to KG and pick them up again. Most respondents say that KG quality is excellent. But social and emotional learning may be a challenge for teachers to promote, according to several parents. As one parent described: **"I asked my daughter who she plays with [at KG]. She says she plays alone. I asked the teacher to let the children interact with each other, and she replied that my daughter goes to play with them but they refuse her"** (Za'atari father).

Parents would like support on how to use learning apps with their children and “how to strengthen my child’s personality” (Za’atari father). In Za’atari, transportation to school is a big issue in the winter, because roads are not paved and they flood in the rain.

Security and Safety

In all focus groups, all participants reported that their children had birth certificates. Obvious, visible threats to children’s safety are avoided or quickly addressed at childcare facilities,

“My husband hits my children in a cruel way when he gets agitated. Sometimes I cry when I see my 6-year-old twins like this. I haven’t consulted anyone about it. He used to hit me but when the twins were born, he forgot about me and hit them instead. I want to complain about him because he doesn’t control himself when he’s upset. But when he is calm, he’s very sweet.”

East Amman mother

which tend to have safe and hygienic facilities according to focus group feedback and site observations. Yet the less-visible aspects of security and safety, such as having secure relationships with adults and freedom from fear of violence or injury, are harder to observe and less well documented. A study conducted by UNICEF in Jordan found that, on average, 66% of children experienced physical punishment in the home, and this punishment was more common for young children aged 2–4 (76%) than for older children aged 10–14 (52%).³⁸ There are no disaggregated data available about the prevalence of these practices in the refugee population for children under 5 years old specifically, but health survey data suggest that

violent discipline is experienced by 83.9% of Syrian children aged 1–14 (only slightly higher than the 81.6% of Jordanian children who experience violent discipline).³⁹

There are referral systems in place through the Public Security Directorate to report case of abuse, neglect, and domestic violence. Two mothers in the Azraq focus group reported that they have used a referral system (a UNICEF hotline) to report a child they thought was in danger. However, there is stigma among some families about seeking help for domestic violence, as one participant described, **“Sometimes we hear that the father of our neighbors hit his children in a crazy way. But if you want to complain about this father, we think it’s none of our business. We heard that there’s a family protection center but don’t know where it is or why people go there”** (East Amman mother).

Domestic violence seemed to be more common in the host community focus group in East Amman than in the two focus groups in the camps.

The cost of transportation also creates challenges with accessing mental health services for those who would like to use them. **“Nour Al-Hussein Center [offers mental health services] but I don’t go there because it’s too far, so I go to my neighbor instead. If there was a closer place, I would go to it. I used to live in Madaba which is near Nour Al-Hussein Center, but it’s too far for me now that I live here”** (East Amman mother).

Barriers to implementation of policy in service provision

Many key informants agreed that the ministries attempt to deliver services in adherence with policy governing each sector (for example, of the Ministry of Health’s national strategy). Reasons that the government may be unable to deliver services according to policy include bureaucratic inefficiencies, inadequate technical skills, and insufficient resources. Key informants noted that at the peak of the arrivals, there were no beds available in hospitals in Irbid and Mafraq, leaving Jordanians without care. Policies that are officially codified tend to

³⁸ Butt, A.I. (2018). *Changing norms and behaviours to end physical violence against children in Jordan 2019 - 2021*. Report for UNICEF. Retrieved from <https://data2.unhcr.org/en/documents/download/64040>

³⁹ DOS and ICF, 2019, p. 294.

have support of the experts in the sector, and implementing partners tend to align their programs with these policies. Across sectors, the Jordanian government has done its best to absorb increased demand on national services, despite facing resource constraints even prior to the crisis.

Service provision in the refugee response tends to be structured and organized first by sector with relevant ministry leads, and then within sectors, by donors and implementing partners. This structure is largely driven by international funding (in silos, which donors separate to avoid redundancy) and overlaid on the Government of Jordan's own financing and institutional structure, which allocates budget and assigns authority to ministries that control people and resources.

This structure is inherently contrary to coordination across silos and departments, which would facilitate delivery of a truly integrated Nurturing Care Framework. Currently, there is no incentive for a program providing a parenting intervention to coordinate or share information with a program promoting healthy nutrition. Each program has its own funder and its own reporting requirements, which do not overlap with those of other sectors. Working groups, such as the ECD National Team chaired by Plan and the Mental Health and Psycho-social Support working group chaired by International Medical Corps, aim to break down these silos, but they remain outside of the core functioning of the system, which is driven by how funding flows to sectoral priorities.

RECOMMENDATIONS

The Syrian crisis was not Jordan's first experience hosting refugees, and given political instability in the region, this wave of refugees may not be the last. It is therefore important to ask what learning and recommendations Jordan's experience with the Syrian crisis can provide for the future and for other governments hosting refugee families.

The Government of Jordan did many things well that have had, without doubt, a positive impact on Syrian families in Jordan, including young children. First, the government coordinated openly, transparently, and effectively with humanitarian agencies from the start of the crisis. Second, the government collaborated with stakeholders to develop the JRP as a guiding document of the response and—critically—established the JORISS database to keep organized information about the huge array of investments and project activities undertaken. Third, the government approved work permits for Syrian adults. By ensuring that refugee adults could access legal, paid employment, policymakers reduced poverty among Syrians living in the host community, thereby enhancing household stability for young children. Fourth, despite a brief reversal, the government has authorized registered refugee families' access to free national health services. All of these were key steps in the response that many other countries in similar circumstances struggle (or do not wish) to accomplish, illustrating the Government of Jordan's hard-earned experience in responding to humanitarian crises.

Despite these accomplishments, there have been a variety of challenges to ensuring adequate support for Syrian families with young children in Jordan.

The first challenge is that holistic, integrated ECD has not been broadly adopted as a priority for the Jordanian government—or for the Syrian crisis. It is politically unpalatable to set an approach to or to offer services for a refugee population that could be seen as “more than” the services offered for the host population. While there is political support for ECED encapsulated in the HRD Strategy, and much progress has been made on KG access and

quality in particular, actors within the government bureaucracy lack understanding of what integrated ECD programs and services entail. Related to this lack of understanding is the structural constraint derived from ECD services that are provided by a variety of ministries, which do not have a mandate to collaborate with each other. There is no entity with the necessary authority to guide and oversee those ministries, meaning that there is no “institutional home” for ECD in Jordan.

- Recommendation: The operationalization of the vision put forth in the HRD Strategy must be led by Jordan’s public service ministries. As described above, several ministries play important roles related to ECD services. But two in particular are well positioned to act as the institutional home for ECD: the Ministry of Health and the Ministry of Education. These two are logical choices for several reasons: first, they have the largest “footprint”—bureaucratic resources such as strategic planning capacity and data management systems, large annual operating budgets and huge workforces, and many geographically dispersed entry points for service delivery to families (i.e., schools, clinics, and hospitals). Second, health services and education need to “shake hands” for a life-course approach to ECD services to succeed. For children under 2, the health sector is the primary connection between government and families. At age 4 (or soon after), the education sector becomes the primary platform of services between government and families. Bridging the gap between 2 and 4 must be a priority, but the Government of Jordan should begin by building from the considerable strength of these anchor institutions. When considering the progress of the HRD Strategy thus far, the noteworthy successes lie in expansion of access to KG, led by the Ministry of Education, and excellent maternal, newborn, and young child health indicators, led by the Ministry of Health.
- Recommendation: Humanitarian agencies and international donors should consider how to establish an inter-ministerial agency or coordination body that is co-chaired by the Minister of Health and the Minister of Education. The Ministry of Social Affairs should not be sidelined in this inter-ministerial agency but engaged in integrated planning and supported in growing its capacity to play a more significant role over time. The National HRD Strategy has been very effective in providing a vision for ECD, and the National Council for Family Affairs is best positioned for continued national advocacy, awareness raising, and technical assistance to the lead ministries. Within the Ministry of Education and Ministry of Health, there are capable and ambitious department heads who would make strong candidates to lead new initiatives outside of their current mandates (with support of their leadership). The inter-ministerial agency/coordination body could be supported by external funders, but its core budget would be comprised of the resources already allocated to early health and education services.
- Recommendation: In general, international donors should pay less attention to individual programs run by NGOs, and significantly more attention to supporting the systems and capacity of the Jordanian government.

The lack of a firm foundation of ECD services in Jordan prior to the Syrian crisis meant that representatives of the government were not well positioned to ensure that ECD services would be prioritized in the JRP. Unfortunately, humanitarian agencies and international donors—which have outsized influence—did not push for ECD to be a priority either. As a result, in the context of scarce resources and an unfolding emergency, ECD was simply not on the agenda in any meaningful way.

- Recommendation: Humanitarian agencies and international donors must be fully committed to ensuring that ECD is a priority in any emergency and advocate strongly for that with host governments. In the context of the JRP, that prioritization should mean that ECD is established as a crosscutting theme that is integrated across the sectors of the response plan. Codified in the plan itself and in reporting requirements, ECD services should be included where they fit under the leadership of the relevant sectors. As each sector of the JRP has a working group, ECD needs a working group to promote its integration within the sectors, advocate for resources, and monitor progress. This group—perhaps drawn from members of the sectoral groups to facilitate integration—would ensure that JORISS includes appropriate indicators for reporting on ECD services and outcomes. When the planning process begins for the development of the next JRP, agencies and donors should conduct high-level meetings with the leadership of MOPIC to ensure that ECD is on their agenda and commit among themselves to share the responsibility for continued advocacy in planning meetings and allocation of human resources to provide technical support to MOPIC, other ministries, and the sectoral working groups on ECD integration.
- Recommendation: Although the Syrian crisis has reached a plateau, many refugees will not return to Syria in the near term and it seems likely that Jordan will host more refugees in the future. The humanitarian community should begin now to raise awareness and build the capacity of MOPIC and other ministries on the importance of ECD from a Nurturing Care perspective and, concretely, what that can look like when operationalized. Ongoing, smaller-scale emergencies, such as that of the Yemeni refugees in Jordan, may be an opportunity to build that Government of Jordan capacity in integrated ECD in practical ways.

There are no comprehensive data available about the impact and effectiveness of services for young refugee children and families in Jordan. Within sectors, such as access to KG or to vaccinations, data are tracked, and depending on the source of data may or may not be disaggregated by nationality. The JORISS database is an excellent starting place for managing data on the Syrian response, but lacks an explicit focus on early childhood services. As a result, it is not feasible to access data about the reach, take-up, or quality of ECD services.

- Recommendation: Along with a national ECD strategy in the host country and having ECD as an explicit priority in the refugee response plan, there must be a monitoring system that produces timely, accurate, and detailed data about ECD service delivery to the refugee and native population. As noted in the first recommendation, both the Ministry of Education and the Ministry of Health have very strong management information systems. These databases could be linked, without having to disrupt either one or create a new, separate monitoring system (which would be partially redundant with those existing ones). Critically for the next humanitarian crisis in Jordan, ECD indicators must be agreed upon, with protocols established and then incorporated into the emergency response monitoring system (JORISS or other).

Among many stakeholders in the Syrian response, there was a common view that Syrian families have access to every service and public good that Jordanians do, because this is what the law prescribes. Yet Syrian families themselves described a variety of barriers to accessing those goods and services, including bewildering bureaucracy, lack of transportation, and inability to pay fees. It is likely that these barriers affect the most

disadvantaged Jordanians and refugees from other countries such as Yemen and Somalia, as well.

- Recommendation: Humanitarian agencies and implementing partners should conduct a systematic review of the barriers to uptake of services for vulnerable families—Syrians and other nationalities, including Jordanians—to ensure that the most disadvantaged are able to access what they need. Unless barriers are identified and systematically addressed, it is likely they will remain in the future and prevent services from being effective, if another emergency occurs.

WORKS CITED

Black, M.M., Walker, S.P., Fernald, L.C.H., et al. (2016). Early childhood coming of age: Science through the life-course. *Lancet*. 389(10064). Retrieved from <https://www.thelancet.com/series/ECD2016>.

Butt, A. I. (2018). Changing norms and behaviours to end physical violence against children in Jordan 2019–2021. UNICEF. Retrieved from <https://data2.unhcr.org/en/documents/download/64040>.

CARE International. (2018). Eight years into exile: How urban Syrian refugees, non-Syrian refugees and vulnerable host communities in Jordan are coping and meeting challenges, eight years into the Syria crisis. Retrieved from [https://www.care-international.org/files/files/publications/reports-issue-briefs/2018 CARE Needs Assessment Summary web final.pdf](https://www.care-international.org/files/files/publications/reports-issue-briefs/2018_CARE_Needs_Assessment_Summary_web_final.pdf).

Carlier, W. (2018). The widening educational gap for Syrian refugee children. Report for the KidsRights Foundation. Amsterdam: KidsRights. Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/Background%20Report%202018%20-%20The%20Widening%20Educational%20Gap%20for%20Syrian%20Refugee%20Children_0.pdf.

Department of Statistics (DOS) and ICF. (2019.) Jordan Population and Family and Health Survey 2017-18. Amman, Jordan, and Rockville, Maryland, USA: DOS and ICF Retrieved from <https://dhsprogram.com/pubs/pdf/FR346/FR346.pdf>

DeStefano, J., Merseth, K., & Shukri, M. (2018). KG data for decision-making Phase II National Survey of Families. Retrieved from <http://shared.rti.org/content/jordan-kindergarten-data-decision-making>.

Government of Jordan, Ministry of Planning and International Cooperation. (2019). Jordan Response Plan for the Syrian refugee crisis. Retrieved from <https://static1.squarespace.com/static/522c2552e4b0d3c39ccd1e00/t/5c9211e6e79c7001701ba9b3/1553076715901/Final+2019+JRP.pdf>.

Government of Jordan. (2016). The Jordan Compact: A new holistic approach between the Hashemite Kingdom of Jordan and the international community to deal with the Syrian refugee crisis. Retrieved from <https://reliefweb.int/report/jordan/jordan-compact-new-holistic-approach-between-hashemite-kingdom-jordan-and>.

Husseini, R. (2019, May 30). PM launches social protection strategy to alleviate, fortify against poverty. *The Jordan Times*. Retrieved from <http://www.jordantimes.com/news/local/pm-launches-social-protection-strategy-alleviate-fortify-against-poverty>.

International Medical Corps. (2017). Understanding the mental health and psychosocial needs, and service utilization of Syrian refugees and Jordanian nationals. Retrieved from <https://data2.unhcr.org/en/documents/download/62036>.

The Hashemite Kingdom of Jordan. (2015). *Jordan 2025: A national vision and strategy*. Amman, Jordan: Kingdom of Jordan. Retrieved from http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/jordan/jo2025part1.pdf

The Hashemite Kingdom of Jordan. (2019). King Abdullah Initiatives. Amman, Jordan: Kingdom of Jordan. King Abdullah Initiatives. (2019). Retrieved from <https://kingabdullah.jo/en/page/initiatives>.

Ministry of Education. (2018.) Ministry of Education: Education Strategic Plan 2018-2022. Amman, Jordan: Kingdom of Jordan. Retrieved from http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Amman/pdf/ESP_English.pdf.

The Hashemite Kingdom of Jordan, National Committee for Human Resources Development (NCHRD). (2016). *Education for prosperity strategy*. Amman, Jordan: NCHRD. Retrieved from <https://www.hrd.jo/nationalstrategy> National Council for Family Affairs. (2014). Retrieved from <http://ncfa.org.jo:85/NCFA/en/content/about-us>.

The Hashemite Kingdom of Jordan. (2019). Queen Rania Initiatives. Amman, Jordan: Kingdom of Jordan. Retrieved from <https://www.queenrania.jo/en/initiatives>

Queen Rania Foundation. (2018). Nurseries in Jordan: Findings from the Queen Rania Foundation National Early Childhood Development Survey 2015. Retrieved from http://qrf.org/sites/default/files/2019-07/qrf_nurseries_report_en.pdf

Regional Refugee & Resilience Plan. (n.d.). Regional strategic overview: Summary version 2019-2020. Published by the Regional Refugee & Resilience Plan. Retrieved from <https://reliefweb.int/sites/reliefweb.int/files/resources/SUMMARY.pdf>.

Sustainable Development Goals: Knowledge Platform. Jordan. (n.d.). Retrieved from <https://sustainabledevelopment.un.org/memberstates/jordan>

The Hashemite Kingdom of Jordan, The Higher Health Council. (2015). The National Strategy for Health Sector in Jordan 2015-2019. Amman, Jordan: HHC. Retrieved from http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/jordan/jordan_national_health_sector_strategy_2015-2019.pdf.

The Hashemite Kingdom of Jordan, Ministry of Labour (MOL) Syrian Refugee Unit. (2019). *Syrian refugee unit work permit progress report December 2019*. Amman, Jordan: MOL. Retrieved from <https://reliefweb.int/sites/reliefweb.int/files/resources/73629.pdf>

The Hashemite Kingdom of Jordan. (2015). National Strategy for Human Resource Development 2016-2025. Amman, Jordan: Kingdom of Jordan, Retrieved from https://c0b5bd85-9d6a-41f6-beeb-bbf7fabcb6b07.filesusr.com/ugd/176e64_5ad5680491ba47deb1579b450950ac46.pdf

The Hashemite Kingdom of Jordan. Ministry of Planning and International Cooperation (MOPIC). (2018). *Jordan response plan for the Syria crisis 2018–2020*. Amman, Jordan: MOPIC. Retrieved from <http://www.jrp.gov.jo/>

Thrive Nurturing Care for Early Childhood Development. (2018). Country Profiles for early childhood development. Retrieved from <https://nurturing-care.org/resources/2030-Countdown.pdf>.

Tiltnes, A., Zhang, H., & Pedersen, J. (2019). The living conditions of Syrian refugees in Jordan: Results from the 2017-2018 survey of Syrian refugees inside and outside camps. Oslo: Fafo Foundation. Retrieved from <https://reliefweb.int/report/jordan/living-conditions-syrian-refugees-jordan-results-2017-2018-survey-syrian-refugees>.

United Nations Children's Fund (UNICEF). (n.d.). Early childhood development in emergencies integrated programme guide. New York: UNICEF. Retrieved from https://www.unicef.org/earlychildhood/files/Programme_Guide_ECDiE.pdf.

United Nations Children's Fund (UNICEF) Jordan. (n.d.). Social protection: An end to poverty for every child. New York: UNICEF Retrieved from <https://www.unicef.org/jordan/social-protection>.

United Nations High Commissioner for Refugees (UNHCR). (2017). Access to Health Services in Jordan Among Syrian Refugees. Retrieved from <https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR-HealthAccess%26UtilizationSurveyinJordan2017-Syrians.pdf>.

UNHCR. (2018). Jordan Fact Sheet. New York: UNHCR. Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/FactSheetJordanFebruary2018-FINAL_0.pdf.

UNHCR. (2019). Global trends 2018 report. New York: UNHCR. Retrieved from <https://www.unhcr.org/en-us/statistics/unhcrstats/5d08d7ee7/unhcr-global-trends-2018.html>

Verne, P., Gigliarano, C., Wieser, C., Hedlund, K., Petzoldt, M., & Santacroce, M. (2016). The welfare of Syrian refugees: Evidence from Jordan and Lebanon. Geneva: World Bank Group and UNHCR. Retrieved from <https://openknowledge.worldbank.org/bitstream/handle/10986/23228/9781464807701.pdf?sequence=21&isAllowed=y>.

World Bank and United Nations Educational, Scientific and Cultural Organization (UNESCO). (2019). Children out of school, primary - Jordan. Online database for UNESCO Institute for Statistics. Paris: Retrieved from <https://data.worldbank.org/indicator/SE.PRM.UNER?locations=JO>.

World Bank. (2020). World Development Indicators. Online database. Retrieved from <http://datatopics.worldbank.org/world-development-indicators/>

World Food Programme, REACH Initiative. (2017). Comprehensive Food Security Monitoring Exercise- Registered Syrian Refugees in Jordan- 2016. Retrieved from <https://reliefweb.int/report/jordan/comprehensive-food-security-monitoring-exercise-cfsme-registered-syrian-refugees>.

World Health Organization (WHO), UNICEF, & World Bank. (2018). Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential. Geneva: WHO. Retrieved from https://www.who.int/maternal_child_adolescent/child/nurturing-care-framework/en/.

Yee, V. (2019, August 20). What 'Victory' Looks Like: A Journey through Shattered Syria. *The New York Times*. Retrieved from <https://www.nytimes.com/2019/08/20/world/middleeast/syria-recovery-aleppo-douma.html>.

ANNEX

Data Sources: Key Informants, Site Visits, and Focus Group Discussions

Table A-1. Key Informant Table

Data Source	Organization Type	Format	Date	Location
International Medical Corps	INGO	Key Informant Interview	7 Oct 19	Amman
INGO Forum (hosted by Norwegian Refugee Council)	INGO	Key Informant Interview	17 Sep 19	Amman
No Lost Generation	INGO	Key Informant Interview	18 Sep 19	Amman
ECHO	INGO	Key Informant Interview	18 Sep 19	Amman
War Child Canada	INGO	Key Informant Interview	17 Sep 19	Amman
International Refugee Committee - Regional	INGO	Key Informant Interview	16 Sep 19	Amman
International Refugee Committee – Jordan	INGO	Key Informant Interview	26 Sep 19	Amman
Mercy Corps	INGO	Key Informant Interview	16 Sep 19	Amman
Save the Children	INGO	Key Informant Interview	16 Sep 19	Amman
World Vision	INGO	Key Informant Interview	15 Sep 19	Amman
US State Dept Bureau Population Refugees & Migration	Donor	Key Informant Interview	15 Sep 19	Amman
Plan International	INGO	Key Informant Interview	15 Sep 19	Amman
UNHCR - Jordan Country Office	UN Agency	Key Informant Interview	24 Sep 19	Amman
UNHCR - MENA Regional	UN Agency	Key Informant Interview	17 Sep 19	Amman
UNICEF Education	UN Agency	Key Informant Interview	15 Sep 19	Amman
UNICEF Nutrition	UN Agency	Key Informant Interview	15 Sep 19	Amman
Royal Health Awareness Society	Royal Initiative	Key Informant Interview	23 Oct 19	Amman – USA phone interview
Queen Rania Foundation	Royal Initiative	Key Informant Interview	26 Sep 19	Amman – USA phone interview
National Council for Family Affairs	Quasi-gov't	Key Informant Interview	17 Sep 19	Amman
Hashemite Royal Court	Gov't	Key Informant Interview	27 Nov 19	Amman – USA phone interview
Ministry of Planning and International Cooperation	Gov't	Key Informant Interview	19 Sep 19	Amman
Ministry of Social Development	Gov't	Key Informant Interview	24 Nov 19	Amman

Table A-1. Key Informant Table

Data Source	Organization Type	Format	Date	Location
Mental Health and Psycho-Social Support Meeting	Working Group	Meeting Minutes	18 Sep 19	Amman
Azraq KG	INGO	Site Visit	19 Sep 19	Al Azraq Camp
Nursery	INGO	Site Visit	18 Sep 19	Ruseifeh
Azraq ECD Center	INGO	Site Visit	19 Sep 19	Al Azraq Camp
Markka Aljnobeh ECD Center	INGO	Site Visit	18 Sep 19	East Amman
Rainbow KG Za'atari	INGO	Site Visit	3 Oct 19	Za'atari Camp
Refugee Families	-	Focus Group	19 Sep 19	Al Azraq Camp
Refugee Families	-	Focus Group	24 Sep 19	East Amman
Refugee Families	-	Focus Group	3 Oct 19	Za'atari Camp