EMPOWERING SYRIAN REFUGEE YOUTH LIVING IN URBAN AND CAMP SETTINGS IN JORDAN

Summary of International Medical Corps Youth Empowerment Program Evaluation
International Medical Corps addressed these objectives by developing an adapted YEP curriculum which focuses on building the capacity of adolescents over the course of 10 weeks. This training on life skills, communications, and building relationships also aims to support community engagement and foster dialogue about common problems and potential solutions.

Since 2012 International Medical Corps has been providing protection and psychosocial support to Syrian refugee children living in camp and urban settings in northern Jordan. The Youth Empowerment Program (YEP), along with Adolescent-Friendly Spaces (AFS), was implemented by International Medical Corps to foster positive psychosocial functioning, provide social support and protection within safe spaces, enhance community engagement, and promote mental health for refugee youth affected by conflict. The aim of this program review is to assess the impact of nearly three years (September 2012—June 2015) of YEP in Jordan in order to make recommendations for future programs.

Beginning in August 2012 International Medical Corps partnered with UNICEF to provide a variety of child protection and psychosocial support services for Syrian refugee children living in Zaatari camp and host communities in the north of Jordan. YEP was implemented to fulfill adolescent-focused objectives set forth by UNICEF through the establishment of child protection and informal education sectors within Zaatari and Azraq camps and surrounding urban areas. We have two specific objectives of the program:

**Objective 1:** Improve the psychosocial well-being of vulnerable adolescents, ages 12-18, in urban and camp settings within Jordan.

**Objective 2:** Increase accessibility to psychosocial services for vulnerable adolescents, ages 12-18, in a variety of urban and camp settings within Jordan.
The crisis in Syria, which has entered its seventh year, has resulted in an overwhelming number of refugees and asylum-seekers displaced across the world. The majority (51.5%) of nearly five million registered refugees worldwide are aged 17 years old and under, meaning children and adolescents are particularly at risk. Figure 1.0 represents the age and gender breakdown of registered Syrian refugees in Jordan as of 15 October 2016.

Fig. 1.0 – Age-Gender Breakdown UNHCR Registered Syrian Refugees in Jordan

As of October 2016, Jordan is hosting 655,014 persons of concern, which includes registered refugees living in both urban/rural (78.4%) and camp settings (21.6%). Zaatari camp alone hosts 79,133 persons, 56% of which are adolescents under the age of 18. Additionally, the vast majority of registered refugees, approximately 78.4%, are living among urban areas, particularly in the governorates of Amman, Mafraq, and Irbid—where their large presence continues to increase pressure on Jordanian host communities in regards to growing economic competition in terms of income, housing, and access to services such as quality education for youth. Figure 1.1 represents the locations of registered Syrian refugees in Jordan as of 15 October 2016.

Forced departure from home, friends and family along with the stress of war and ongoing violence has enormous potential to negatively impact the psychosocial wellbeing of adolescents at a time of critical growth. Ongoing stress and displacement threatens the personal sense of security and stability an adolescent needs to develop skills and lead a normal lifestyle. In a state of displacement, boys and girls are susceptible to ongoing psychosocial distress due to the challenging life in camps and non-

Fig. 1.1 – Total UNHCR Registered Syrian Refugees in Urban & Camp Settings in Jordan

TOTAL ACTIVE REGISTERED SYRIANS: 655,014

Jordan is one of the largest host countries of Syrian refugees worldwide following Turkey and Lebanon. As of October 2016, Jordan is hosting 655,014 persons of concern, which includes registered refugees living in both urban/rural (78.4%) and camp settings (21.6%). Zaatari camp alone hosts 79,133 persons, 56% of which are adolescents under the age of 18. Additionally, the vast majority of registered refugees, approximately 78.4%, are living among urban areas, particularly in the governorates of Amman, Mafraq, and Irbid—where their large presence continues to increase pressure on Jordanian host communities in regards to growing economic competition in terms of income, housing, and access to services such as quality education for youth. Figure 1.1 represents the locations of registered Syrian refugees in Jordan as of 15 October 2016.

Forced departure from home, friends and family along with the stress of war and ongoing violence has enormous potential to negatively impact the psychosocial wellbeing of adolescents at a time of critical growth. Ongoing stress and displacement threatens the personal sense of security and stability an adolescent needs to develop skills and lead a normal lifestyle. In a state of displacement, boys and girls are susceptible to ongoing psychosocial distress due to the challenging life in camps and non-
The YEP index was developed by International Medical Corps to promote well-being, empowerment, and protection. It supports vulnerable adolescents to develop life skills in order to further build the capacity of youth and strengthen the community in which they collectively live. This involved the mobilization and training of community volunteers to develop skills and lead youth through the YEP curriculum in order to build positive psychosocial functioning, provide social support, enhance community engagement, and promote mental health among Syrian youth. The program met a variety of key objectives by providing psychosocial support in addition to enhancing feelings of community connectedness among vulnerable Syrian youth. Since 2012 International Medical Corps has actively implemented YEP in five locations across Jordan, including Zaatari and Azraq Camps and urban areas in northern Jordan, including Mafraq, Irbid, and Zarqa.

Regarding completions, YEP, the surveys noted significant improvements in social skills, relationship with parents, community connectedness, and significant reductions in depressive mood, anxiety, and negative feelings for Syrian youth (p<.05). Figures 2.0 and 2.1 illustrate these outcomes.

EVALUATION HIGHLIGHTS

The program met a variety of key objectives by providing psychosocial and protection support to youth in both Za’atari and Azraq Camps and urban areas in northern Jordan, including Mafraq, Irbid, and Zarqa.

- A total of 7,644 youth both male (50.3%) and female (49.7%) ages 12-18 completed YEP.
- A total of 7,575 youth completed pre- and post-YEP surveys in Arabic at the beginning of the program (at Week 0) and at the end of the program (at Week 10).
  - The 8 psychosocial domains measured by the survey were social skills, relationship with parents, community connectedness, self-esteem, depressive mood, anxiety, negative feelings and positive feelings.
- After completing YEP, the surveys noted significant improvements in social skills, relationship with parents, community connectedness, and significant reductions in depressive mood, anxiety, and negative feelings for Syrian youth (p<.05). Figures 2.0 and 2.1 illustrate these outcomes.

- **YEP Baseline Differences between Male and Female Youth:**
  When comparing males and females, differences were seen only in two subscales, depression and anxiety, at baseline and there was no significant differences post-YEP for any subscales. Male youth reported significantly higher levels of depressive mood (p<.005) than females. Males felt more depressed on a range of “rarely” (1) to “sometimes” (2) at baseline with an average score of 1.763, and felt anxious “rarely” to “sometimes” with a score of 1.647 in comparison to females.

- **YEP Outcome Differences between Urban and Camp Youth:**
  At baseline, camp youth demonstrated higher levels of social skills, relationships with parents and community connectedness and had lower depressive mood and anxiety scores in comparison to urban youth. Urban youth had slightly higher positive feelings and self-esteem scores than camp youth (p<.005). Figures 3.0 and 3.1 illustrate these outcomes.
Overall, the differences in between pre- and post-YEP performance scores indicate significant improvements for Syrian refugee youth in the YEP’s targeted psychosocial domains.
Overall, there were no significant differences in psychosocial outcomes between males and females participating in YEP. Similarly, there were no significant differences between average scores of YEP when examined by each year YEP was implemented in comparison to its baseline year, 2012. However, when assessing findings across location of Syrian youth, results indicated that youth living in Zaatar and Azraq camps reported significantly better post-YEP scores than Syrian refugee adolescents living in the urban settings (Irbid, Mafraq, Zarqa) throughout Jordan. These findings are similar to research carried out by International Medical Corps in which they identified that refugees living in camps like Zaatar have greater accessibility to basic services, including mental health care, than refugees in urban settings mostly explained by the distance and the expense of travel to service locations in Jordan.

**EFFECT OF YEP ON CAMP VS. URBAN YOUTH:**

Syrian youth living in camp settings had lower scores than youth living in urban settings (p<.05), indicating higher psychosocial performance in the domains shown in Fig 3.0 and Fig 3.1:

With over three-quarters of refugees served by UNHCR living in urban areas, it is more challenging for aid agencies to provide accessible services as they would in a confined camp setting. This is often complicated by protection risks, lack of resources and limited social support for urban refugee communities. Although significant programming and Adolescent-Friendly centers in urban areas do exist, governorates are large in size and include a high number of villages housing refugee families. Consequently, urban adolescents may find it more difficult to leave home and attend YEP sessions in the city center due to barriers such as safety, transportation, and primarily, concerned parents. The data from YEP programming indicates the disparities between urban and camp youth and as a result, the need to continue the scale-up of basic services for youth living in urban parts of Jordan and to facilitate access to existing services through outreach support—practices of which have been noticeably helpful since the establishment of three additional sites with YEP programs in urban parts of Jordan over the past 3 years. Although urban youth had poorer psychosocial scores at baseline in comparison to camp youth, they made larger improvements after YEP. The observed differences between urban and camp youth outcomes post-YEP underscore the need and opportunity for aid agencies to reach vulnerable Syrian adolescents by expanding youth services in urban settings.

**Overall, the significant improvements between pre- and post-YEP index scores of adolescents ages 12-18 urban and camp demonstrates the effectiveness of the Youth Empowerment Program in promoting positive psychosocial performance related to social skills and feelings of community connectedness, and preventing negative psychosocial indicators such as depression, anxiety and negative feelings among vulnerable adolescents exposed to conflict.**

---

**Fig. 3.0 – Positive psychosocial sub-scores before & after YEP for urban vs. camp youth**

**Fig. 3.1 – Negative psychosocial sub-scores before & after YEP for urban vs. camp youth**
We would like to thank the International Medical Corps staff in Jordan for their hard work on the Youth Empowerment Program as well as the International Medical Corps’ Adolescent Task Force staff in DC for their dedication to support Syrian refugee youth throughout the globe.