

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

Summary of International Medical Corps Youth Empowerment Program Evaluation





PURPOSE OF EVALUATION

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.

PROGRAM OBJECTIVES & SUMMARY

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.

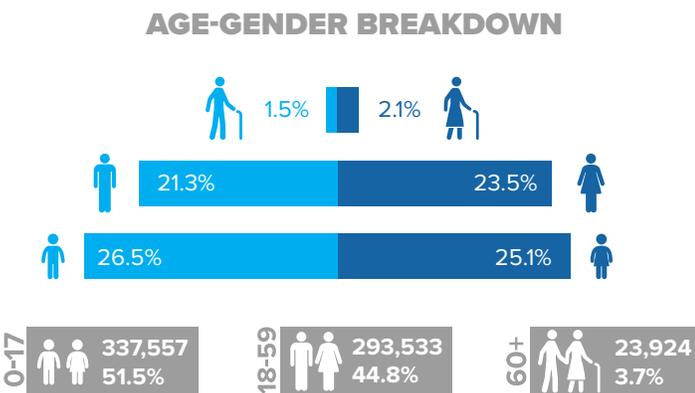
Objective 2: Increase accessibility to psychosocial services for vulnerable adolescents, ages 12-18, in a variety of urban and camp settings within Jordan.

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.

SUPPORTING SYRIAN YOUTH IN 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.¹ 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



Jordan is one of the largest host countries of Syrian refugees worldwide following Turkey and Lebanon.¹ 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 18.² 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.² 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.³ 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



camp settings. This includes discrimination, physical and sexual violence, harsh economic conditions which leads to increased risk of early child labor and early child marriage as well as strained access to basic services such as education and safe spaces.³ Moreover, many Syrian adolescents have witnessed or experienced distressing events firsthand, including violence and conflict.

Previous assessments completed by International Medical Corps Jordan in 2012 and 2014 identified that the main mental health concerns and needs of Syrian youth living in camp areas were high levels of aggressiveness in males, lack of feeling safe for females, and feelings of boredom among both males and females.³ In non-camp areas, the main concerns were violence and discrimination, with bullying at school as a large problem for males, while fears of walking alone or being kidnapped were major concerns for females.³

With these challenges in mind and International Medical Corps' reputation as a lead coordinator and implementing partner in psychosocial support and protection sectors, the Youth Empowerment Program was developed to target the specific needs of Iraqi refugee youth and then adapted to the needs of Syrian refugee youth living in Jordan.

YOUTH EMPOWERMENT PROGRAM (YEP) IN JORDAN

International Medical Corps collaborated with UNICEF to first implement the Youth Empowerment Program in 2009, through safe spaces and linked with case management, for vulnerable Iraqi refugee youth living in Jordan.⁵ By providing a skill-based learning curriculum as well as a community service project component, the Youth Empowerment Program was effective in reducing depressive and anxiety symptoms and providing psychosocial support in addition to enhancing feelings of community connectedness among vulnerable Iraqi youth. Since 2012 International Medical Corps has actively implemented YEP and other psychosocial programs such as adolescent-friendly spaces (AFS) in Syria, Turkey, Lebanon and most recently, in three urban locations in addition to the seven previously existing locations in Azraq (2) and Zaatari (5) camps in Jordan.⁴

Between 2012-2015, YEP was provided as a 10-week curriculum for vulnerable Syrian refugee youth of adolescent age (12-18 years) in five locations across Jordan, including Zaatari and Azraq camps and three urban districts, Irbid, Mafraq, and Zarqa. With the support of International Medical Corps' global MHPSS team, YEP in Jordan aimed to build positive psychosocial functioning, provide social support, enhance community engagement, and promote mental health among Syrian youth. This involved the mobilization and training of community volunteers to develop skills and lead youth through the YEP curriculum in order to further build the capacity of youth and strengthen the community in which they collectively live in. While the Syrian conflict continues to challenge and disrupt Syrian youth's existing social support structures, YEP emphasized supporting vulnerable adolescents to develop life skills in order to promote well-being, empowerment, and protection.⁷ The program included the following ten topics: Communication Skills, Relationship with Parents, Self-Esteem, Friends and Healthy Relationships, Conflict Resolution between Peers, Peer Group Pressure, Gender Relations, First Aid and Community Service.

EVALUATION METHODS

The YEP index was developed by International Medical Corps to capture the improvement of participants in relevant domains

and is written in 6th grade level Arabic. Scale scores range from 0 (always) to 4 (never). The YEP index was administered before the beginning of the program (Week 0) and after the end of the program (Week 10). Sociodemographic data collected include gender, location (urban or camp), and year of enrollment in YEP. YEP data from 7,575 participants collected between 2012-2015 was analyzed using STATA 13.0 statistical software to examine changes over time and differences based on sociodemographic data. Statistical analysis included t-tests, univariate, and multivariate regressions with significance level $p < .05$.

During the program time frame, a total of 69 youth dropped out due to two reasons: 1) Families were moving more frequently during the initial years of displacement, as they determined the optimal community setting for limited financial resources available; 2) Other NGOs were providing considerable stipends for youth participants to join other activities, which created an incentive for them to leave International Medical Corps' groups to join the others (and inadvertently changed the motivation for participation).

EVALUATION HIGHLIGHTS

The program met a variety of key objectives by providing psychosocial and protection support to youth in both Zaatari 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.*

EFFECT OF YEP ON YOUTH:

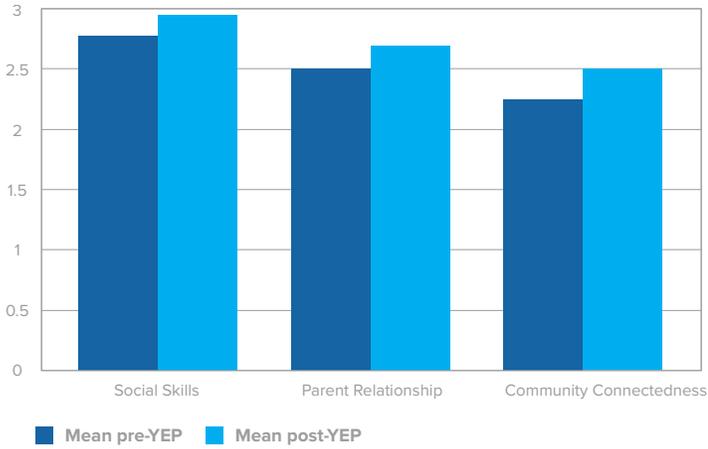


Fig. 2.0 – Positive psychosocial sub-scores before & after YEP

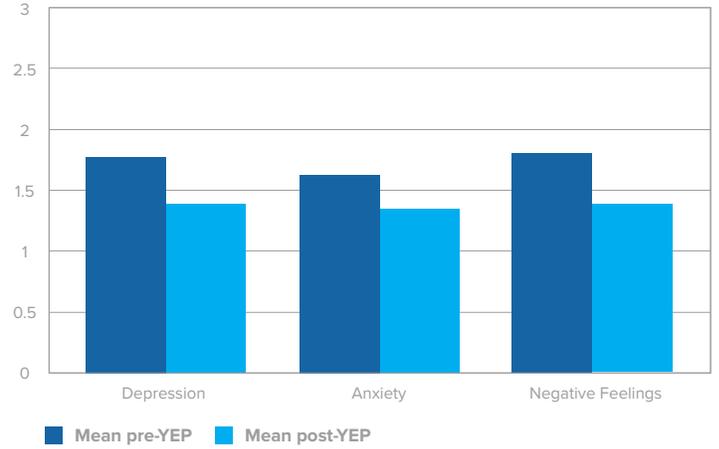


Fig. 2.1 – Negative psychosocial sub-score & after YEP

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 Zaatari 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 Zaatari 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.³

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:

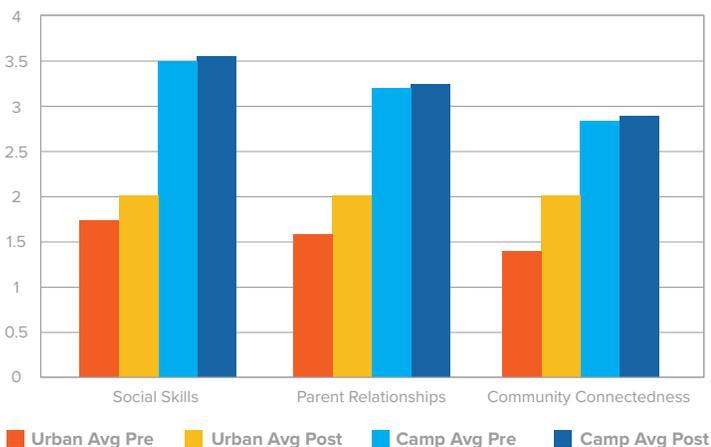


Fig. 3.0 – Positive psychosocial sub-scores before & after YEP for urban vs. camp youth

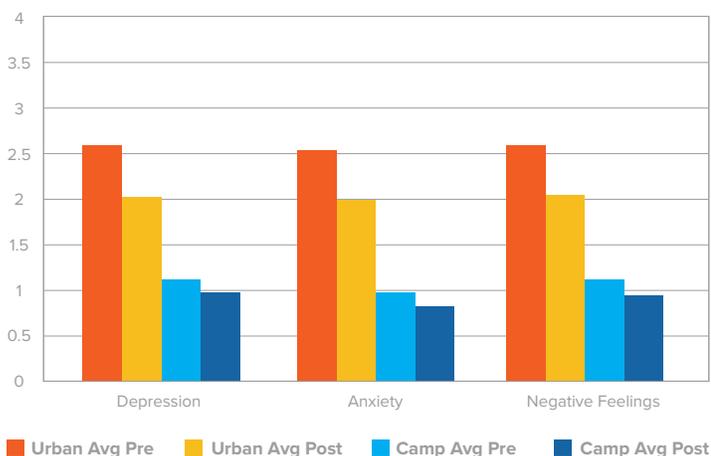


Fig 3.1. – Negative psychosocial sub-scores before & after YEP for urban vs. camp youth

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.² This is often complicated by protection risks, lack of resources and limited social support for urban refugee communities.⁶ 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.² 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.



1. United Nations High Commissioner for Refugees (UNHCR) "Syria Regional Refugee Response". Inter-agency Information Sharing Portal, October 2016.

2. UNHCR "External Statistical Report on Registered Syrians in Jordan as of 15 October 2016". Interagency Information Sharing Portal, October 2016.

3. United Nations Children's Fund (UNICEF) & International Medical Corps, "Mental Health / Psychosocial and Child Protection for Syrian Adolescent refugees in Jordan." UNICEF, 2014.

4. The Youth Empowerment Program's successful strategy and outcomes have now been blended into UNICEF's larger "Makani" My Space Approach which involves the distribution of Makani centers throughout Jordan that offer comprehensive child protection, education, youth empowerment and psychosocial support approaches to ensure that vulnerable youth have safe access to quality services.

5. International Medical Corps "Syria Crisis: Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis." Washington DC: International Medical Corps, 2015.

6. Quosh C. "Mental health, forced displacement and recovery: Integrated mental health and psychosocial support for urban refugees in Syria." Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict. 2013;11(3):295-320.

7. Hassan, G, Kirmayer, LJ, Mekki- Berrada A., Quosh, C., el Chammay, R., Deville-Stoetzel, J.B., Youssef, A., Jefee-Bahloul, H., Barkeel-Oteo, A., Coutts, A., Song, S. & Ventevogel, P. "Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict." Geneva: UNHCR, 2015.

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