

A review of the humanitarian response to the Syrian refugee crisis in Jordan, 2012-13

Analysis of the emergency response capacity of the humanitarian system – Case study 3

October 2013

Sean Healy and Sandrine Tiller

Executive Summary

The conflict in Syria broke out in March 2011 and has since has massive humanitarian consequences both inside and outside the country. In neighbouring Jordan, by June 2013 some 600,000 people had sought refuge. This prompted a large-scale response to meet the needs of those refugees by the Government of Jordan and by the international humanitarian community. This case study reviews this response.

Findings

The Jordanian government and people have been largely welcoming of the refugee influx, and the GoJ has also sought to contain the wider effects of the influx on political stability and living standards. However, government services have come under increasing strain. This has led to growing concerns and therefore growing restrictions, especially on the border. The principal international support to the Jordanian government has been through the humanitarian community. Bilateral development assistance has been generally rather limited.

The single largest refugee camp is at Zaatari, which in May 2013 held approximately 150,000 refugees. Humanitarian agencies have overwhelmingly focussed their efforts in Jordan on the camp, due to its size, visibility and difficult security situation. While there were initial difficulties in establishing it (up until winter), the levels of assistance are now appropriate. There is no health crisis in the camp, watsan, shelter and food likewise. This is despite the unhappiness of many refugees with the conditions. The exception is in protection, where initial failings to set up a proper police system have been compounded by lack of consultation with residents by humanitarian agencies and by refugee unhappiness to create a rather tense situation. This is only now starting to be addressed. Efforts to redirect donor and agency resources away from Zaatari have not been successful.

Despite Zaatari's purpose as a pressure release, the numbers of Syrian refugees in the cities has grown tremendously, to more than 400,000 in June 2013. Most refugees (85%) are registered with the UNHCR and so are eligible to receive assistance from both the humanitarian community (cash, vouchers) and from the government (free access to most services). However, the assistance that even registered refugees receive is not sufficient, either in breadth (numbers who receive it) or in depth (amount that they each receive). As a result, many are finding themselves in situations of destitution: one needs assessment found that 62% of urban refugees were living in situations considered less than acceptable for livelihoods and income, education, health, shelter and non-food items. The most vulnerable are those who are not registered – or whose registration has expired (after six months).

There has been a large mobilisation of “emerging” actors in Jordan, especially from the Muslim and Arab worlds. This includes significant assistance from Arab donor countries, both through UN funds and directly to the Jordanian government. Arab NGOs and Red Crescent societies have also

mobilised to respond to this crisis, with varying degrees of connection to the existing humanitarian system. In health, there is a particularly important representation of these organisations, and they have played a corner-stone role at the Zaatari camp. There are questions about how well these actors adapt to the political and technical (public health) realities of emergencies like this. However, the consensus view is that these actors have filled very important needs: they can be more flexible (especially as they often provide unearmarked cash), they can be better adapted to the middle-income setting and they are certainly culturally acceptable to the refugee population.

MSF started looking more closely at the Jordanian situation from late 2012, and its response has largely tracked the evolution of health needs. A long-running surgical programme in Amman, responding to those who need reconstructive surgery, has been expanded: Syrians now account for 50% of the patient load. MSF responded to a request from the Ministry of Health to intervene at Zaatari by establishing a paediatric inpatient/outpatient department there, which is ongoing and stable. Explos have pointed to larger needs in cities, and MSF is responding now with a surgical programme on the border (OCA) and a soon-to-open PHC/MCH programme in the northern city of Irbid (OCP).

Humanitarian agencies have attached a high level of visibility to the refugee crisis in Jordan, but this has not always resulted in a clear picture emerging of that crisis (rather, the picture in the international media appears considerably worse than it is). Humanitarian agencies have been largely silent on the increasing restrictions on border access for Syrian refugees. If restrictions continue to mount, humanitarians will have some uncomfortable decisions to make.

Conclusions

The overall response has been large and largely effective, and has managed to prevent excess mortality, although refugees did have relatively good background health status. But it has focussed overwhelmingly on the camp settings and so missed crucial needs in the urban settings. In the cities, the strategy has counted too much on refugees' own coping strategies and on the hope that Jordanian government services would not collapse.

UNHCR can be praised for its implementation of a large-scale and largely effective response. There has been greater criticism of its coordination role, although this should be tempered by the scale of the coordination challenge. The more significant criticism is of its ability to lead or strategize. On various crucial points, its advice has either been ignored or not been incorporated, and it doesn't seem to have been very successful in influencing the course of events.

A very large humanitarian machine has been built, and relatively quickly, but it has largely focussed on the easier things, and has found it significantly harder to do more complex tasks, such as the urban response. Further, this appears to have occurred even though many people warned against it. It was not from lack of understanding or knowledge of the needs and challenges; rather it seems that, once in motion, the humanitarian response has been very difficult to direct.

Introduction

Unrest in Syria began in March 2011 and escalated rapidly into a full-scale conflict pitting the government of Bashar al-Assad against a loose alliance of opposition forces ostensibly led by the Syrian National Coalition and the Free Syrian Army. By June 2013, the war had devastated the country, killing some 93,000 people and leading to the displacement of some 4.25 million people within the country and an additional 1.6 million refugees into neighbouring countries. The Jordanian government estimates that some 600,000 Syrians have sought refuge in that Kingdom, sparking a major humanitarian relief operation involving both Jordanian authorities and organisations and the international humanitarian community.

This case study was undertaken to assess and analyse this humanitarian response, to understand better its strengths and weaknesses in order to inform MSF's own positioning as an emergency humanitarian responder in Jordan and the wider Syrian setting. This case study is part of a wider analysis of the emergency response capacity within the humanitarian aid system.

Methodology

Jordan was chosen as the venue for the case study because, firstly, of the scale and significance of the Syrian conflict and the consequent refugee crisis in Jordan and, secondly, because of the relative ease (logistical feasibility, security, political considerations) of an assessment in Jordan in comparison with Turkey, Iraq or Syria itself. A different but overlapping review of humanitarian operations in Lebanon had already been undertaken within the last year¹, effectively excluding that venue also. This paper was based on a field visit undertaken by both authors to Jordan conducted in June 2013, which included visits to MSF projects at the Jordanian Red Crescent hospital in Amman and at the Zaatari refugee camp, as well as a visit to a clinic run by Syrian doctors in the town of Irbid, key informant interviews with members of the humanitarian community (international and Jordanian) as well as a review of reports and documents from MSF and the wider humanitarian community.

A total of 37 key informant interviews were conducted with field and headquarters staff from MSF and international and national humanitarian agencies and with Syrian and Jordanian medical personnel, and three sector working group meetings were also attended (a full list of interviewees is in Annex 1, and an itinerary is in Annex 2). The reference period under review was from the establishment of the Zaatari camp in July 2012 until the field visit a year later. The case study focuses on the internal workings, decisions and processes of the humanitarian community, and therefore uses a qualitative methodology, aimed at drawing on the insights and judgments of a broad set of actors, rather than a detailed review of quantitative data, although (where available) we have sought to incorporate such at certain key points. Further, the case study looks at the overall response, and does not attempt an in-depth review of MSF's medical operations.

Context

The emergency in Syria

The Syrian civil war began as a civil uprising in Deraa, in the south of the country, on March 15, 2011 with mass demonstrations and resultant repression by the government of Bashar al-Assad. By April of that year, the government began launching military strikes against towns and cities considered to be anti-regime; by June, opposition groups were launching attacks on police stations, barracks and government installations. Defections from the military led to the opposition becoming better armed and organized, resulting in the formation of the Free Syrian Army in July; the group would lack a centralized leadership before December 2012 but rapidly added fighting units and capabilities.

¹ Médecins Sans Frontières (2012), *Fleeing the violence in Syria: Syrian refugees in Lebanon*. MSF: Geneva.

Violence spread into the major cities, with government and opposition forces confronting each other in Homs, Damascus and Aleppo throughout much of 2012. (A timeline is provided in Annex 3.)

The impact of the conflict on civilians has been extreme. In June 2013, the Office for the High Commissioner of Human Rights released a detailed estimate of casualties², putting them at some 93,000 individuals, including 27,000 deaths since December 2012. The highest concentration of deaths has been in rural Damascus, Homs, Aleppo and Idlib, followed by Deraa. Cities and towns have been bombed by aircraft and artillery, hospitals and other essential civil infrastructure have been targeted, and there have been many reported cases of summary executions, kidnappings and torture by both sides in the conflict. Some 6500 children have been killed.

The conflict has caused one of the world's largest ever population displacements, both inside and outside the country. Some 4.25 million people are displaced within Syria, while more than 1.6 million people are seeking refuge in neighbouring countries, particularly Lebanon, Jordan, Turkey and to a lesser extent Iraq and Egypt. There has been close to a fourfold increase in that displacement in the first six months of 2013: from 358,173 refugees in neighbouring countries on January 1, 2013 to 1,529,140 on June 30, 2013³.

The refugee crisis in Jordan

Throughout most of the conflict in Syria, the Jordanian government has kept the border open to refugees fleeing for safety – although growing restrictions since March 2013 mean this might be changing. In Jordan, the overwhelming bulk of new arrivals has come in 2013. Between July 2012 and December 2012, the numbers of Syrians registered as having sought refuge in the Kingdom quadrupled from 38,117 to 133,180; in the subsequent six months, a further four hundred thousand registered, bringing the total to 505,851⁴. The Government of Jordan estimates there are now over 600,000 Syrians in the country, of which over half are children.⁵ The largest proportion of refugees, close to 35%, come from the southern Deraa governorate, on the other side of the border⁶.

The humanitarian response

The Syrian government has severely restricted the areas which can receive assistance, especially in opposition-controlled zones, and humanitarian organizations have found it near-impossible to operate within the country. Some agencies, including UN humanitarian agencies, the ICRC and some international NGOs, have managed to negotiate presence in Damascus and government-controlled zones, but those working there admit that the quantity of aid getting through is insufficient as against the needs⁷. Some INGOs, including MSF, do operate in opposition-controlled areas, but without government approval or guarantees of security; again, the quantity of humanitarian assistance is far less than is needed.

Most of the international assistance effort has therefore been concentrated on refugees in the neighbouring countries. In each of those countries, the situation has been markedly different. In

² Price M, J Klingner, A Qtiesh and P Ball (2013), Updated statistical analysis of documentation of killings in the Syrian Arab Republic. Human Rights Data Analysis Group: San Francisco and OHCHR: Geneva.

³ United Nations High Commission for Refugees (2013), "Registered Syrian refugees". [Dataset.] Last accessed 5 August 2013 from <http://data.unhcr.org/syrianrefugees/regional.php>.

⁴ UNHCR (2013), "Syrian refugee response: Jordan". [Presentation.] Last accessed 5 August 2013 from data.unhcr.org/syrianrefugees/download.php?id=2391

⁵ UNICEF (2013), Syria Crisis Bi-weekly humanitarian situation report. 28 June-11 July. Last accessed 5 August 2013 from <http://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Syria%20Regional%20Crisis%20Humanitarian%20SiRep%28Syria%20Jordan%20Lebanon%20Iraq%20Turkey%29-11July2013.pdf>

⁶ UNHCR (2013), "Syrian refugee response: Jordan". [Presentation.] Last accessed 5 August 2013 from data.unhcr.org/syrianrefugees/download.php?id=2391

⁷ International Committee of the Red Cross (2012), "Syria: Much more needs to be done". [Webpage.] Last accessed 5 August 2013 from <http://www.icrc.org/eng/resources/documents/interview/2012/11-14-syria-humanitarian-situation-mardini.htm>.

Lebanon, the government refused to approve the establishment of refugee camps (reportedly because of the Palestinian precedent), and so instead the refugees have taken shelter in Beirut and the other cities and towns. Given the proportions involved (Syrian refugees now constitute 25% of Lebanon's total population⁸), the country is at very high risk of being overwhelmed. Further, there is a high risk of political destabilization within Lebanon, as different Lebanese political forces back different sides in the Syrian civil war. In Jordan, as we will see, the refugees have taken up residence both in the cities and in large refugee camps, international humanitarian assistance has been largely welcomed and there has been a significant mobilization of such assistance. In Turkey, the government has taken on the response to refugee needs itself and has largely refused to accept international humanitarian assistance; the largest proportion of Syrian refugees in Turkey are in camp settings, although many also are in the towns and cities along the Syrian border. In Iraq, it has been mainly Syrian Kurds who have sought refuge, in Iraqi Kurdistan, in a mix of camps and urban settings.

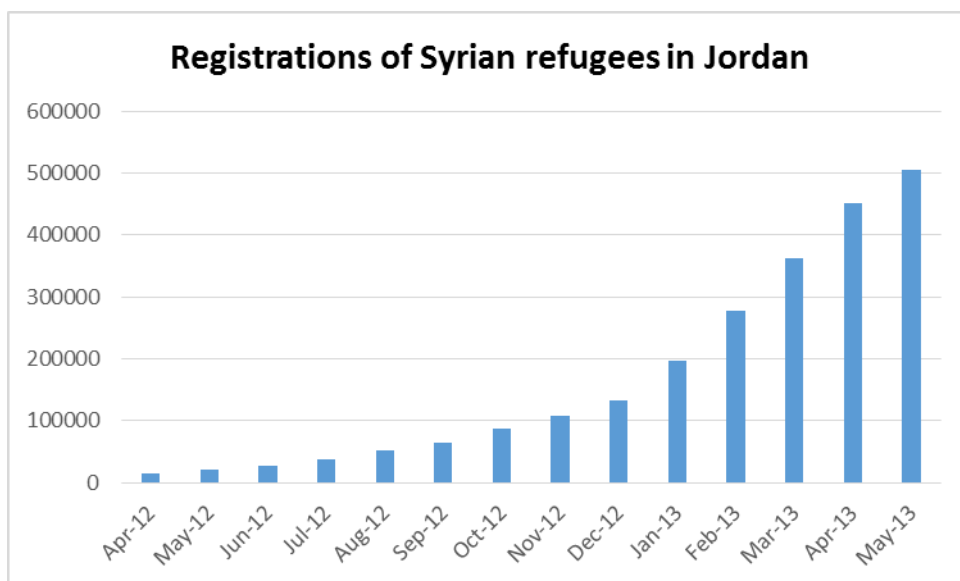
The response in Jordan was initially focused on elsewhere, with agencies using Amman as an administrative and logistical hub for Syria (as well as for other crises in the region.) Many of the UN and other agencies' regional bureaux were located there and it took some time to switch gears and set up country-specific operations. Even now, there are quite a few overlapping UN and INGO offices based in Jordan, some handling regional issues, others dedicated to the Syria crisis and yet others focused on other countries like Iraq. However, with the enormous influx of refugees in late 2012 and early 2013, many already-present agencies (including MSF) have set up operations in Jordan, while other agencies not previously present (such as Oxfam and Norwegian Refugee Council) have entered. Currently, there is a large-scale mobilisation of the 'traditional' humanitarian sector, with 59 INGOs and UN agencies receiving funding through the UN's Regional Response Fund. Coordination for the UN operation is handled by UNHCR, whose Country Representative is also the Humanitarian Coordinator. The response is mainly focused on one large camp, Zaatari, as well as a few other much smaller camps. An estimated two thirds of refugees are outside the camps, mainly living in urban areas near the border or in Amman. At the national level, the response has been coordinated by semi-official national NGOs such as the Jordanian Hashemite Charity Organisation.

The largest proportion of Syrian refugees in Jordan (more than 30%) originate from the province of Deraa, with Homs and rural and urban Damascus also significant points of origin⁹. The overwhelming majority of refugees are reported to be Sunni; indeed, we heard it from several agency representatives that Syrians of other religious backgrounds avoid seeking refuge in Jordan. The vast majority of heads of households, surveyed by CARE, only had a primary level education – with levels of education closely tracking with the urban or rural points of origin¹⁰. Sixty-three per cent reported that bombing and shelling of their homes and neighbourhoods had been the direct cause of their flight.

⁸ UNHCR (2013) Inter-agency regional response for Syrian refugees: Egypt, Iraq, Jordan, Lebanon, Turkey. Special edition: 7 June 2013. [Report.] Last accessed 7 August 2013 from http://reliefweb.int/sites/reliefweb.int/files/resources/Inter-Agency%20Regional%20Response%20for%20Syrian%20refugees_1.pdf.

⁹ UNHCR (2013), Syrian Arab Republic: Syrian registered in Jordan as of 26 May 2013. UNHCR: Geneva.

¹⁰ CARE (2013), Syrian refugees in urban Jordan: Baseline assessment of community-identified vulnerabilities among Syrian refugees living in Irbid, Madaba, Mufraq and Zarqa. CARE Jordan: Amman. April. Last accessed 23 September 2013 from <http://data.unhcr.org/syrianrefugees/download.php?id=1177>.



11

Findings

The national response is increasingly overwhelmed

The attitude of the Jordanian authorities, and of the Jordanian population, to the influx of Syrian refugees has been largely welcoming. Despite the fact that Jordan is not a signatory to the 1951 Refugee Convention or its 1967 Protocol, the Kingdom has respected the right to seek asylum of the 600,000 Syrians who have entered the country since the start of the Syrian conflict. The border has been largely open to arrivals; Syrians have been able to register for refugee status and to receive special assistance as such; Syrian refugees have been allowed to settle in Jordan's cities; registered refugees have also been allowed to access government services on essentially the same terms as Jordanian citizens. At the community level, many Jordanian families have opened their houses to Syrian refugees with tribal, kinship and familial connections.

The government has sought to prevent the influx having an excessive impact on the living standards of Jordanians and political stability in the Kingdom through various measures, and these measures have largely set the parameters for the international humanitarian response. In order to prevent more permanent settlement, refugee registration has been limited to six months (renewable). In order to reduce the impact of the refugee population in the cities, in July 2012 the government approved the establishment of a large refugee camp at Zaatari (and has approved another to be opened at Azraq), which has since then housed all refugees on immediate arrival and very many of the overall refugee caseload. And, in order to reduce the drag on its own resources, the government has invited the international community to fund and support the response and the UNHCR to co-manage it.

As the refugee influx has grown, Jordanian capacities have started to become increasingly overwhelmed. Syrians now account for 7% of the country's population. The continued provision of open access to public services for Syrian refugees has been particularly difficult to maintain. For example, the Jordanian health system is formally free of charge at primary level for Jordanians and also for registered Syrian refugees. According to WHO and the Jordanian Ministry of Health, the number of Syrians in public hospitals has increased dramatically by almost 250% over the past five months, while those requiring surgical operations in Jordanian government facilities has increased

¹¹ UNHCR (2013), Syrian Arab Republic: Syrian registered in Jordan as of 26 May 2013. UNHCR: Geneva.

almost 600%.¹² Bed occupancy rates in hospitals in the north are now at higher than 95%, while reserve medicine stocks (normally at 100% of demand) are now at 30%. ECHO estimates a 40% increase in activity in the health sector.¹³

Jordanian civil society has played a significant role in responding to the crisis, but its capacities have also been overstretched. The Jordanian Hashemite Charity Organisation (JHCO), a semi-official agency, was initially charged with running Zaatari camp. As the scale of the influx increased, the government has instead established an authority of its own, the Syrian Refugee Camp Directorate, which jointly manages the response in the camps with UNHCR.

As the crisis has unfolded, the pressures on Jordanian society have increased. Cost of living for Jordanians has increased considerably, especially for rents: for example, an Oxfam assessment found a three-fold increase in rents in Mafraq (a small town near the border) because of high demand¹⁴. The strain on public services also affects Jordanians. Three in four Jordanians now want the country to close its border to new arrivals, and the parliament has passed resolutions calling on the government to implement further restrictions¹⁵.

For Palestinian refugees resident in Syria, the Jordanian border closed to them *de facto* in March 2012 and was formalized in January 2013. Young men appearing at the border have reportedly been turned back, especially if unaccompanied by families. There have also been border closures for all entrants from Syria at various times, sometimes in response to nearby fighting. Since March 2013, there has been a significant drop in entries. In part, this could be attributed to a turn in the military situation in Deraa governorate – with the FSA no longer in sole control of the border areas, it becomes more difficult for the people to cross. The maintenance of Jordan's open-border policy has been the number one priority of UNHCR and the diplomatic community throughout the refugee crisis.

The principal assistance provided by the international community to Jordan has been through UN humanitarian agencies. Relatively few donor governments have chosen to provide bilateral support to the Jordanian government, although direct budget support has started to be extensively discussed¹⁶. In May 2013 the Government of Jordan received a 'special package' of \$150 million from the World Bank to help handle the burden of the refugee case load. In addition, following a recent visit, the World Bank has agreed to provide budget support to the Jordanian government for medical supplies and for basic commodities such as cooking gas and bread.¹⁷ Jordanian government funding needs have however been included in the UN's Regional Response Plan, as were those of Jordanian NGOs¹⁸. The Jordanian government has also decreed that 30% of aid for refugees should be going to local communities, to offset the effects of the crisis on its own population.¹⁹

Needs in Zaatari are (over-)covered for everything except protection

The cornerstone of the response to the influx of Syrian refugees into Jordan was the July 2012 decision to open the refugee camp at Zaatari, some 70 kilometres north of Amman. Jordan had

¹² Coutts A and FM Fouad (2013), Response to Syria's health crisis—poor and uncoordinated, *The Lancet*, 381:9885, 2242-2243, 29 June. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)61421-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61421-X/fulltext)

¹³ ECHO (2013) Humanitarian implementation plan (HIP) Syria crisis [version 4] [Report] Last accessed 7th August 2013 from http://reliefweb.int/sites/reliefweb.int/files/resources/syria_en_14.pdf

¹⁴ Oxfam GB (2013), Integrated Assessment of Syrian Refugees in Host Communities Emergency Food Security and Livelihoods; Water, Sanitation and Hygiene; Protection. March.

¹⁵ UNHCR (2013), *Regional Response Plan 5*. UNHCR: Geneva. P139.

¹⁶ Interviews with donor agency representatives, Amman, Jordan.

¹⁷ World Bank (2013) Emergency assistance to Jordan to cope with impacts of Syrian crisis, 18 July. Last accessed 23 September 2013 at <http://reliefweb.int/report/jordan/emergency-assistance-jordan-cope-impacts-syrian-crisis>

¹⁸ UNHCR (2013), *Regional Response Plan 5*. UNHCR: Geneva.

¹⁹ Oxfam GB (2013), Integrated Assessment of Syrian Refugees in Host Communities Emergency Food Security and Livelihoods; Water, Sanitation and Hygiene; Protection. March.

previously had little experience of constructing and running refugee camps – most of the refugees from Iraq in the mid-2000s were accepted into the urban centres and initially that had been the plan for the arrivals from Syria. But the increasing numbers of new arrivals over 2012, combined with the risk that they would overwhelm government services in the cities, convinced the Jordanian authorities that a camp was needed, in order to separate the refugees and facilitate assistance to them. While other camps (such as Cyber City or the UAE Red Crescent camp) do exist, policy has therefore been to concentrate as many refugees as possible in Zaatari. Camp numbers peaked in March 2013 when 175,307 refugees were registered there, or 48% of the total number of registered refugees in the country²⁰; since then, the proportion has declined to 29% at the end of May, or 147,030 out of 505,851²¹.

The thinking was evidently also that a large camp would be very visible, attracting international support and resources and preventing the refugee crisis being left to the government to shoulder on its own. This has certainly turned out to be an accurate prediction, as the camp has been the focus for most humanitarian assistance into the country, from both Western and Gulf State countries. The overall 2013 appeal for the Jordan response, on behalf of 59 international and Jordanian agencies, totals US\$976 million, of which 45% was covered by August²². Exact financial breakdowns are impossible to construct, as they would require individual project-level disaggregations of cost distributions between cities and camps; however, informal estimates by several different agency representatives put the concentration at 80% of the total effort going to cover 30% of the refugee population²³. The UNHCR estimate is that one third of refugees in Jordan live in the camps, almost all of those in Zaatari.²⁴

The initial six-nine months of the Zaatari camp were very difficult. The scale of the crisis was initially under-recognised, mistakes were made in the planning stages – there was little overall strategy for the camp, services were mostly sited at one end leading to overcrowding there and poor coverage elsewhere – and also the relief effort lagged behind the numbers and needs, leading to problems in shelter and water and sanitation. UNHCR was closely involved in the government’s decision to establish the Zaatari camp, and took over responsibility for camp management in October 2012. The winter months proved especially difficult in terms of living conditions and assistance levels, with refugees living in tents in the snow and part of the camp flooded. This led to highly critical international media coverage, which has contributed to Zaatari’s rather poor international reputation. From October, UNHCR called for more agencies to intervene in Zaatari; this was the period in which many INGOs, such as Norwegian Refugee Council, Oxfam and MSF (slightly later), started to intervene, eventually leading to better living conditions by approximately February or March 2013.

Today, the camp is, in population size, the fifth largest city in Jordan – and with all the challenges that would be come with establishing the infrastructure and social services for such a sized city within a very short space of time. The costs of running the camp are immense: one million euros per day by one estimate; the electricity bill alone totals €250,000 a month. That in turn has required a massive mobilization by the UN agencies, especially UNHCR, UNICEF and WFP, as well as by a fleet of international NGOs operating on large sub-contracts to them. For example, ACTED holds a six-month US\$10 million contract from UNICEF to provide a part of the water supply, solid waste disposal and health promotion employing 132 staff plus 150 Syrians on “food for work”; this scale of this project is not unusual, according to various agency staff at Zaatari.

²⁰ UNHCR (2013), “UN weekly inter-agency situation report: Jordan”. 25 March to 31 March.

²¹ UNHCR (2013), “UN weekly inter-agency situation report: Jordan”. 26 May to 08 June.

²² UNHCR (2013), “Funding requirements”. [Dataset.] Last accessed 6 August 2013 from <http://data.unhcr.org/syrianrefugees/regional.php>.

²³ Interviews, humanitarian agency representatives, Amman.

²⁴ From slow boil to breaking point: A real-time evaluation of UNHCR’s response to the Syrian refugee emergency July 2013, <http://www.unhcr.org/51f7d9919.html>

As the most easily accessible camp in the highest-profile conflict in the world, Zaatari has also been enormously visible in the media with a daily stream of VIPs through the camp with attendant cameras. In the week that we were there, there was a visit from the World Bank president, while the week before, Angelina Jolie, High Commissioner for Refugees Antonio Gutierrez and the Norwegian foreign minister came for World Refugee Day. The week after we left, Emergency Relief Coordinator Valerie Amos, European Commissioner for Humanitarian Aid Kristalina Georgieva and the Italian foreign minister were due to visit.

Due to both the size and the visibility, the administration and coordination are consequently very heavy, as is the pressure from above on agencies: one implementing partner reported a level of micro-management that they had never seen before, such as being required to submit daily situation and progress reports to their UN donor agency, and receiving 30-50 phone calls a day from their contract holder about minor implementation issues.

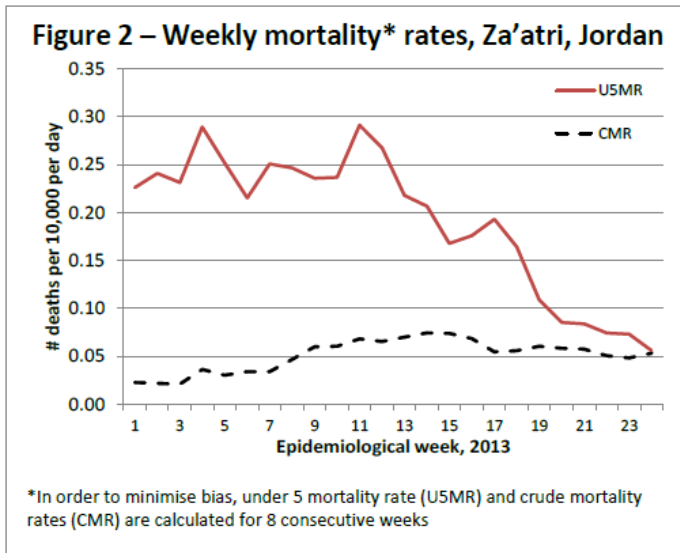
Further, it must be said that the Syrian refugees' own view on conditions in Zaatari appears highly critical. There are frequent demonstrations, and even minor riots, against living conditions, and all informants we spoke to said that the refugee population in the camp was unhappy and difficult to assist. Further, the camp population has declined in the last few months, as people have been "bailed out" of the camp (i.e. paid a fee to be allowed to leave) or have even chosen to return to Syria; some have reported that the conditions in the camp were a significant contributing factor to their decisions. This tension about living conditions might be connected to the fact that the residents had enjoyed a far higher standard of living in their home towns and villages in Syria, and had never expected to be brought so low; their frustration and even trauma is therefore surfacing in anger against humanitarian agencies. It might also be related to a failure by agencies in Zaatari to properly consult with and encourage the participation of the refugees – street meetings between UNHCR and residents' committees did not begin until May and June 2013, by which time the belief had already set in that the humanitarian agencies did not care about the views of the refugees. It also seems that residents' expectations of what relief can provide are very high; how those expectations came to be so high is unclear but several informants did tell us that refugees felt that their living conditions were an affront to their dignity.

Presently, however, contrary to both international media reports and angry denunciations by the refugees, the levels of assistance to Zaatari are at a good level and have covered all of the key needs. Indeed, humanitarian workers jokingly but revealingly argue about whether Zaatari is a "three-star" or a "four-star" camp. Shelter is mainly in the form of 12-13,000 prefabricated containers provided by Saudi Arabia and Kuwait, rather than tents; the rate of distribution had slowed to 70 per week at the time of our visit but is ongoing. Water supply is at 35 litres per person per day, well above the minimum SPHERE standard of 15 litres per person per day, while latrine concentration and waste removal are also acceptable. Food is provided to the level of 2,100 kilocalories per day²⁵, to 143,541 beneficiaries on the day of our visit; a nutritional screening of 24,500 children in June found a low global acute malnutrition rate of 2.8%, well below crisis levels. UNICEF supports three schools, with enrolments only 50% of capacity. (There is a table providing estimates of coverage rates of select forms of assistance, under the section on the urban refugee caseload, below.)

Crude mortality rates are 0.1 per 10,000 persons per day, well below the emergency threshold of 1/10,000/day, and have been stable since the turn of the year; under-five mortality has declined appreciably (see graph). While non-communicable diseases such as hypertension are also significant, public health is generally in good shape and there is certainly no health crisis in the camp. Indeed, if anything, levels of health assistance in Zaatari are excessive compared to needs. In health, for example, there are 13 different health units for a population of 120,000. Actors at the time of our

²⁵ WFP (2012) WFP's response in: Jordan, Lebanon, Turkey and Iraq. [Report.] Last accessed 7 August 2013 from data.unhcr.org/syrianrefugees/download.php?id=653

visit included the Moroccan and French military field hospitals, MSF, Médecins du Monde, UNFPA, Gynecologists Sans Frontières, Physicians Across Continents (a Saudi medical NGO), International Medical Corps, Handicap International and the Jordan Health Aid Society. In the inpatient facilities, bed occupancy rates are approximately 50%, meaning significant excess capacity exists. Indeed, if anything, the pyramid is reversed in Zaatari, with more secondary capacity than primary, and more specialists than GPs²⁶.



27

UNHCR has attempted to divert health (and other) resources from Zaatari to other locations, including to refugees in the urban centres, but without much success. For example, Saudi Arabia and Kuwait both plan to set up health centres in Zaatari, despite UNHCR warnings that they will not be needed. It seems that donor governments, from both the West and the Gulf States, are keener to be in the limelight in Zaatari, even if they are superfluous, rather than to be essential but invisible in the open settings. In the case of the French and the Moroccan field hospitals, their placement in Zaatari was at the request of the Jordanian government; it is understood that they would have preferred a location closer to the border, to allow focus on patients coming across from Syria.

The single most significant and persistent failing in Zaatari, however, is in protection and security. The camp is a dangerous place, with demonstrations and riots, rampant theft and fraud, organized crime presence, human trafficking and forced prostitution, murder and the recruitment of young men to rebel units. There is an extensive mafia, which controls much of the camp economy²⁸. Several days before our visit, two women and a man were discovered murdered just outside the camp; while the police investigation was ongoing, the bodies were discovered on a known human trafficking route and it is suspected that the two women had been sold into sexual slavery. Both the Free Syrian Army and the government of Syria reportedly have each their own *Mukhabarat* (security service) working in the camp.

The principal reason for this was that, at the establishment of the camp, there was no significant consideration given to the organization of security within the camp; rather police were only positioned at the egress and exit points. Into this vacuum stepped organized crime gangs. The

²⁶ Interview, UNHCR.

²⁷ Weekly Mortality rates Zaatari, Jordan from UNHCR Iraq, Jordan and Lebanon, Health and Nutrition biweekly June 9-22 2013

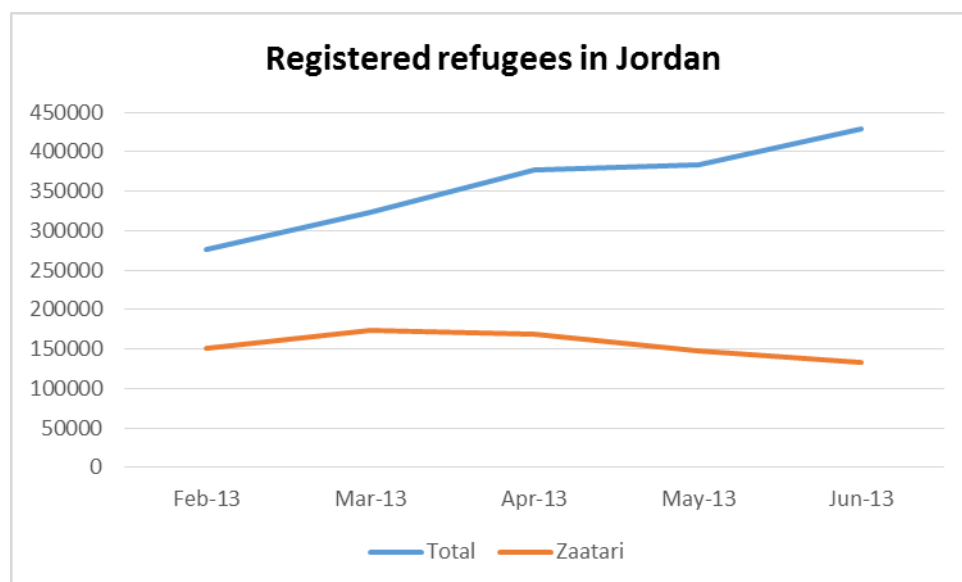
²⁸ Amos D and P Breslow (2013), "The Don who has taken charge of Jordan's biggest refugee camp". *National Public Radio*, July 14. Available at <http://www.npr.org/blogs/parallels/2013/07/14/201153551/The-Don-Whos-Taken-Charge-Of-Jordans-Biggest-Refugee-Camp>, last accessed 13 August 2013.

Jordanian police are now serious about security, forming a Joint Operations Centre with UNHCR for rapid response and increasing presence within the camp itself. Further, humanitarian agencies have responded with high levels of protective measures, including barbed-wire compounds, movement restrictions, curfews and other such regulations – which may possibly have been counter-productive in community relations terms²⁹.

Presently, the Jordanian government is planning another huge refugee camp at Azraq, in the eastern desert. While the planning process is addressing the failings which occurred in Zaatari, especially by starting with an overall governance plan, concerns about the excessive cost and weight of another large camp have been sidelined. The principal concern appears to be keeping Syrian refugees out of its cities, and to instead make them the concern of the international community.

Urban refugees are the most in need but least assisted

While the Zaatari refugee camp was established in order to concentrate refugees outside the country's cities, urban refugees are the majority of the case load in Jordan and are increasing in absolute and relative numbers. An estimated 60-80% of refugees (up to 400,000) live outside the camps, the majority in areas near the border, while the proportions of Syrians in the cities has increased, from 38% in March 2013 to 48% in May, while numbers in Zaatari have stabilised.



Jordan is not a signatory of the 1951 Refugee Convention, and has set up its own system for protecting refugees on its territory. Those who have registered with the UNHCR receive an Asylum Seeker Certificate and qualify for cash distributions and vouchers covering food, non-food items and rental allowances. Registration can take up to three months, less in Amman (two months), more in Irbid (four months); there is a fast-track registration system for those deemed especially vulnerable (e.g. those with serious chronic diseases). The registration card is only valid for 6 months, after which it has to be renewed; while awaiting renewal, refugees lose some entitlements to free services. The renewal process is very long: an MSF team met one refugee family whose registration had expired who have an appointment for their renewal interview in July 2014³⁰. UNHCR has managed to speed up the pace of registration and reduce the backlog, but needs to continue to do

²⁹ Interviews, international humanitarian agency representatives, Zaatari refugee camp.

³⁰ MSF (2013). MSF-OCP Exploratory Medical and Humanitarian evaluation in Southern Syria and in Jordan, May-June. [Internal report.]

so in order to ensure adequate assistance for newer arrivals: after hitting a high point of 83,216 refugees waiting for review in April, the numbers have since declined month-on-month³¹.

A number of humanitarian agencies, including IFRC³², Oxfam³³, CARE³⁴ and others, have conducted needs assessments among the urban population, assessing the refugee population's needs across different sectors. The assessment conducted by CARE found that 62% of urban refugees were assessed to be living in situations considered less than acceptable for livelihoods and income, education, health, shelter and non-food items, thereby constituting the category of "most vulnerable"³⁵. However, UNHCR³⁶ and all humanitarian actors that we spoke with in-country assess that the considerable needs of urban refugees have been less targeted by international humanitarian assistance than those of refugees in the camp settings, and that the imbalance in assistance between the two settings is considerable and shows no sign of changing (quite the contrary).

For those refugees who are registered, the level of assistance provided by UNHCR and its partners is important but insufficient, in either breadth (number of recipients) or depth (size of the assistance package). UNHCR cash assistance is to the value of 100 Jordanian dinars a month (approximately 105 euros), while WFP food vouchers total 40-45 dinars a month. This is not enough to live on: 34% of households report no income and the remainder report income of 190 dinars per month, as against an average refugee family expenditure of 303 dinars per month³⁷, meaning that those who are assisted with cash or vouchers would be able to cover approximately half their monthly needs with that assistance. Further, UNHCR's cash programmes only cover a small part of the overall caseload: one INGO programme manager estimated that, of 80,000 families in the host communities, only 12,000 receive this cash assistance, leaving some 68,000 families with unknown means of survival³⁸. Coverage of food vouchers is higher: WFP estimates it had reached 94% of registered refugee families in the cities with these vouchers by March 2013, although numbers of urban refugees doubled over the following two months reducing this coverage rate³⁹.

The coverage rates for urban refugees are significantly lower than for camp residents for other forms of international humanitarian assistance. For many forms of assistance, there is no data available which disaggregates between camp and urban settings. However, for those for which a direct comparison is possible, there is an evident imbalance. This includes for school enrolments, medical consultations, mental health consultations, distributions of blankets, and assistance with water supply and sanitation⁴⁰ -- as Table 1 shows. Further, the type of assistance offered to urban refugees in particular sectors can be less significant in character than in the camps -- for example, recipients of "improved water provision" in Zaatari receive an average of 35 litres per person per

³¹ UNHCR (2013), "UN weekly inter-agency situation report: Jordan". 26 May to 08 June.

³² Syrian Refugees living in the Community in Jordan Assessment Report International Federation of Red Cross and Red Crescent Societies and the Jordan Red Crescent, September 2012

³³ Hamai L, R McCormack, E Niederberger, L Lasap (2013). Integrated assessment of Syrian refugees in host communities. Oxfam Great Britain: Amman, Jordan. March.

³⁴ CARE (2013), Syrian refugees in urban Jordan: Baseline assessment of community-identified vulnerabilities among Syrian refugees living in Irbid, Madaba, Mufraq and Zarqa. CARE Jordan: Amman. April. Available at data.unhcr.org/syrianrefugees/download.php?id=1177, last accessed 13 August 2013.

³⁵ CARE (2013), Syrian refugees in urban Jordan: Baseline assessment of community-identified vulnerabilities among Syrian refugees living in Irbid, Madaba, Mufraq and Zarqa. CARE Jordan: Amman. April. Available at data.unhcr.org/syrianrefugees/download.php?id=1177, last accessed 13 August 2013.

³⁶ From slow boil to breaking point: A real-time evaluation of UNHCR's response to the Syrian refugee emergency July 2013, <http://www.unhcr.org/51f7d9919.html>

³⁷ CARE (2013), Syrian refugees in urban Jordan: Baseline assessment of community-identified vulnerabilities among Syrian refugees living in Irbid, Madaba, Mufraq and Zarqa. CARE Jordan: Amman. April. Last accessed 13 August 2013 from <http://data.unhcr.org/syrianrefugees/download.php?id=1177>.

³⁸ Interview, INGO representative. By "unknown", we mean unknown by international humanitarian agencies.

³⁹ UNHCR (2013), *Regional Response Plan 5*. UNHCR: Geneva.

⁴⁰ UNHCR (2013), *Regional Response Plan 5*. UNHCR: Geneva.

day, while those in urban centres have simply received water assistance *of any kind*, regardless of the quantity or character of that assistance.

Table 1: Numbers of recipients, and coverage rates for select forms of international humanitarian assistance, Syrian refugees in Jordan, May 2013

Sector	Indicator	Numbers		Coverage	
		Camp	Urban	Camp	Urban
	Estimated total registered refugee population	111000	360000		
	Estimated total registered school-age children	36000	94434		
Protection	Children reached through child protection/SGBV activities	31056	6808	86%	7%
Education	School-age children enrolled in school	10000	23000	28%	24%
Food	Recipients of food assistance	103766	121581	93%	34%
Health	Medical consultations per person per year	3.6	1.5	N/A	N/A
Health	Recipients of mental health services	1947	450	1.8%	0.1%
NFIs	Blankets distributed	220000	21300	198%	6%
Watsan	Recipients of improved water provision	100000	74000	90%	21%
Watsan	Recipients of improved sanitation	100000	46000	90%	13%

Source: UNHCR (2013), *Regional Response Plan 5*. UNHCR: Geneva.

Government services are essential components of the assistance received by the urban refugee population, but as noted above they are coming under severe strain and becoming more difficult to access as a result. In health, health care is available free of charge for registered refugees through the Jordanian health system (and preventative care such as childhood vaccination is available to all, regardless of registration)⁴¹. However, as already mentioned, this capacity is almost completely overstretched. Private health care is available but expensive: refugees claim that a private consultation costs about \$40. Syrian doctors are not registered to practice, and so those who do are ‘volunteers’ with Jordanian doctors at the front. Others do so clandestinely from their homes and rely on donations from diaspora groups or NGOs.⁴² There is also a significant amount of injured people coming in from the border: on the week of 5 August, 2013, the number was 50, most of whom war-wounded⁴³. Even though some patients are initially stabilised at a field hospital inside Syria, they often arrive in a poor state and face long waits as referrals are arranged. Syrian diaspora groups are trying to cope with referrals but these are complex because hospital beds need to be arranged, a

⁴¹ MSF (2013). Exploratory mission to North West of Jordan: Issues related to Syrian refugee influx. February. [Internal report.]

⁴² MSF (2013). MSF-OCP Exploratory Medical and Humanitarian evaluation in Southern Syria and in Jordan, May-June. [Internal report.]

⁴³ Luck T (2013). “Number of injured Syrian refugees entering Jordan ‘on the rise’”, *Jordan Times*, 05 August. Last accessed 5 August 2013 from <http://jordantimes.com/article/number-of-injured-syrian-refugees-entering-jordan-on-the-rise>.

police escort found and funding has to be secured. Funding is provided by local charities, family members, diaspora groups or external donors.⁴⁴

Reportedly, the strain of the refugee influx also affects how much assistance refugees receive for their other needs: for example, the Jordanian public school system is also under significant strain, which is one reason why some 60% of Syrian refugee children are not currently in school.⁴⁵ In water provision, increased demand in cities with a high refugee population has reduced the frequency and volume of water supply, pushing households into purchasing water from private tanking companies, and thereby increasing their financial precarity.⁴⁶

The risk factors affecting the refugee population are significant, but are different to those affecting other displaced populations (e.g. in South Sudan or North Kivu). Excess mortality is a risk but given the relatively good health status of the Syrian refugee population on arrival, this risk principally takes the form of chronic diseases, including the difficulty or inability to assure continued treatment for them or to access treatment for associated complications; in contrast, the risks of communicable diseases are very low. In Jordan, there is no available data on levels of excess mortality in the urban refugee population, although rates of child malnutrition were reported to be similar in both camp and urban settings and are relatively low by international standards (in December 2012, global acute malnutrition was 5.1% in host communities, and 5.8% in the camp settings)⁴⁷. Instead, the risks which confront Syrian refugees in Jordan are of another order, and are more associated with destitution: bad living conditions, lack of schooling for children, and so on.

The result of the difficulties in assistance provision to urban refugees is widespread poverty, debt and increasing vulnerability. Whilst during the first year of the crisis refugees settling in cities might have been hosted by local families with tribal or family links, these resources have now run out and most now live in rented accommodation, often in unsuitable housing (such as half-completed apartments) or in overcrowded areas.⁴⁸ One third of urban refugees report no income, 72% reported that they were in debt with an average household debt of 500 dinars, half of all accommodation was rated as poor, 55% had poor or very poor flooring, 31% had poor or very poor roofing, a third had poor or very poor heating, 57% had no available clean drinking water and had to buy it instead⁴⁹. Because Syrian refugees are not legally entitled to work, an increasing number of refugees are turning to day labour and are thereby driving economy-wide labour costs down, offsetting any positive market impact of the cash and voucher assistance they receive. Reselling is also common; an IFRC and Jordanian Red Crescent assessment found that most refugees were living off a combination of aid, gifts and cash gained by selling off aid they had received.⁵⁰ Other coping strategies included expanding debt and reducing food consumption⁵¹.

⁴⁴ MSF (2013) Assessment report MSF OCA: Syrian Refugees in border region Jordan. March. [Internal report.]

⁴⁵ CARE (2013), Syrian refugees in urban Jordan: Baseline assessment of community-identified vulnerabilities among Syrian refugees living in Irbid, Madaba, Mufraq and Zarqa. CARE Jordan: Amman. April. Last accessed 13 August 2013 from <http://data.unhcr.org/syrianrefugees/download.php?id=1177>.

⁴⁶ Hamai L, R McCormack, E Niederberger, L Lasap (2013). Integrated assessment of Syrian refugees in host communities. Oxfam Great Britain: Amman, Jordan. March.

⁴⁷ Hamai L, R McCormack, E Niederberger, L Lasap (2013). Integrated assessment of Syrian refugees in host communities. Oxfam Great Britain: Amman, Jordan. March.

⁴⁸ Syrian Refugees living in the Community in Jordan Assessment Report International Federation of Red Cross and Red Crescent Societies and the Jordan Red Crescent, September 2012

⁴⁹ CARE (2013), Case analysis of vulnerabilities among Syrian refugees. CARE Jordan: Amman. June. Available online at: <http://data.unhcr.org/syrianrefugees/download.php?id=2850>, last accessed: 23 September 2013.

⁵⁰ Syrian Refugees living in the Community in Jordan Assessment Report International Federation of Red Cross and Red Crescent Societies and the Jordan Red Crescent, September 2012

⁵¹ Hamai L, R McCormack, E Niederberger, L Lasap (2013). Integrated assessment of Syrian refugees in host communities. Oxfam Great Britain: Amman, Jordan. March.

Agencies assess that one of the most significant groups within this category is those refugees who are unregistered – they comprise some 38% of CARE’s “vulnerable” caseload for example⁵². Comprising an estimated 70,000⁵³ but possibly more, those who are not registered can only rely on assistance from family or kin or support from local organisations and some INGOs, as they are not eligible for most forms of assistance through the UNHCR or the Jordanian government. Some have not registered because they didn’t believe they would be staying very long (or couldn’t accept that they needed help), others because they were suspicious about the list taking (could it be used to identify them as supporters of the opposition?), or because they just didn’t understand how to do so. Some similar difficulties are faced by those refugees whose registration has expired and who have not yet received an extension – they too become ineligible for certain forms of assistance.

Humanitarian agencies have identified these problems but struggle to find effective ways to reach the urban refugee caseload, and especially the unregistered. Cash distributions have proved to be the most vital and effective form of assistance – but obviously only for those who are registered and only to the extent that supply can be assured at a reasonable price (and increasingly it cannot be). UNHCR has only just begun to put in place outreach and protection monitoring for refugees, to reach refugees in the host communities⁵⁴. What is needed is better access to services – and that requires improved humanitarian efforts to both substitute and support government services, so that aid agencies can ‘graft’ services to Syrians onto existing Jordanian structures. Additionally, major support is needed in order to improve and expand infrastructure for water, electricity and sanitation services, at the level of both financial and technical assistance. Such efforts have been lacking, certainly in the sphere of health but perhaps less in others (for example, Mercy Corps is working on improving civil infrastructure). This has been a particular challenge for agencies with stronger capacities in humanitarian project management than in the provision of technical skills⁵⁵. Further, greater provision has to be made for unregistered refugees to be able to access services – including by humanitarian agencies who in several cases admitted to us that they turn away unregistered Syrian refugees.

Local Syrian organisations have sprung up and organised themselves. They are generally not formally organised or registered, and so have difficulty accessing funding from the formal humanitarian system. Their approach is sometimes haphazard and not always impartial, but they are providing important assistance to those who are not receiving aid through the humanitarian system. In particular, they are the principal support mechanism for unregistered refugees. There have been some efforts made by some humanitarian agencies (for example, Oxfam), but most have not pursued this potential avenue. Rather, most ‘partnerships’ between INGOs and local organisations are of the subcontractor type. There are also many examples of partnerships between Syrian and Jordanian community-based organisations.

Emerging actors bring a new dynamic

There has been a significant mobilisation of many organisations which can be considered ‘new’ or ‘emerging’ humanitarian actors as they only have limited experience in working in humanitarian contexts, and don’t participate in the existing system structures. Most of these have come from within the Muslim world, and especially within the Middle East, as a demonstration of Muslim unity and Arab solidarity.

⁵² CARE (2013), Case analysis of vulnerabilities among Syrian refugees. CARE Jordan: Amman. June. Available online at: <http://data.unhcr.org/syrianrefugees/download.php?id=2850>, last accessed: 23 September 2013.

⁵³ Hamai L, R McCormack, E Niederberger, L Lasap (2013). Integrated assessment of Syrian refugees in host communities. Oxfam Great Britain: Amman, Jordan. March.

⁵⁴ From slow boil to breaking point: A real-time evaluation of UNHCR’s response to the Syrian refugee emergency July 2013, <http://www.unhcr.org/51f7d9919.html>

⁵⁵ Interviews with INGO representatives. It was notable that the broader an agency’s sectoral footprint was (i.e. the more project-management oriented, and the less technical), the more difficulties it reported to us in its urban refugee assistance programmes, or (on the contrary) the more they become cash-distribution programmes.

Donors from the Middle East have come out in force and played an especially important role in supporting the overall response, bringing with them substantial funding provided in a mix of assistance to UN agencies and funds and bilateral aid to the Jordanian government. They are the states which have aligned themselves with the Syrian opposition, along with other major western powers. Of the major Middle Eastern donors, Kuwait has decided to provide its funding through the UN's Syria Emergency Response Fund (ERF) and, after the US, is the second largest donor.⁵⁶ UAE, Saudi Arabia and Qatar are also providing funding through the UN system; as mentioned, it is Saudi and Kuwaiti assistance which has covered the majority of shelter needs at the Zaatari camp, probably the single most expensive component of the entire operation. Saudi Arabia and the UAE have policy to direct all aid through official (or semi-official) channels: this is in order to control and restrict funding from rich donors to Islamic radicals.⁵⁷ Most Middle Eastern donors have also made direct arrangements with the Jordanian government to provide aid. For example, the United Arab Emirates (UAE) have agreed to manage a refugee camp for the government. It is handled directly by the UAE Red Crescent. This camp houses a proportionately small number of refugees (3000), who are housed in good conditions, with air conditioned caravans and outside catering.⁵⁸

There has also been a very wide range of civil society and non-government organisations who have responded to the refugee crisis in Jordan. These organisations range from small Jordanian community-based groups (e.g. the Al-Sarieh Charitable Association) to Syrian community groups (there was a sizeable Syrian community in Jordan before the crisis) to Syrian diaspora groups (e.g. Syrian American Medical Society). JHAS, the Jordanian Health Aid Society, has played a significant role in providing health care to Syrians who aren't able to access health care for one reason or another, paying medical costs for patients in private hospitals and also arranging for patient transfers from the border. There are also religious charitable associations such as the Islamic Charity Society (with links to the Muslim Brotherhood) and large organisations such as Al-Kitab wa-h'l Sunna.⁵⁹ Some of these organisations are connecting with the UN system and some are funded by UNHCR (e.g. AKWS and JHAS) and some of the smaller organisations have become implementing agencies for larger international NGOs. But many of the small 'start ups' lack the organisational capacity to attend the numerous UN meetings and fulfil onerous reporting requirements and generally operate outside the parameters of the UN-centred humanitarian system.⁶⁰

Within the Red Cross Red Crescent movement, the large Middle Eastern Red Crescent societies have had a strong deployment to respond to the Syrian crisis, usually as a significant implementer of their government's response. The Qatar Red Crescent for example has developed large cash support programmes to pay for care for war-wounded Syrians in Jordan.

In Zaatari camp, some non-traditional health actors are operating health facilities and have played a very significant role in ensuring the coverage of the health needs at Zaatari. The French and Moroccan military hospitals were established in the early days of the camp, and have gained a reputation for running efficient, impartial and reliable facilities. MSF and other health providers in the camp refer patients to them for surgical procedures and adult in-patient services. Physicians

⁵⁶ UN OCHA (2013) Financial tracking system: Jordan. [Dataset.] Last accessed 21 July 2013 from http://fts.unocha.org/reports/daily/ocha_R24c_C107_Y2013_asof_1307210203.pdf.

⁵⁷ Hassan H (2013) "Syria: the view from the Gulf states", European Council on Foreign Relations, 13 June. Last accessed 8 August 2013 from http://ecfr.eu/content/entry/commentary_syria_the_view_from_the_gulf_states135.

⁵⁸ Reed J (2013) "Five-star' refugee camp illustrates Gulf's growing role in Syria", Financial Times, July 1. <http://www.ft.com/cms/s/0/33b9a60c-de2f-11e2-b990-00144feab7de.html#axzz2ZfvKWIVk>

⁵⁹ IRIN (2011), Jordan: Civil Society at heart of Syrian refugee response. April. <http://www.irinnews.org/report/95273/jordan-civil-society-at-heart-of-syrian-refugee-response>

⁶⁰ CAFOD estimates that only 14% of UNHCR's funds have gone to National NGOs. Poole L (2013), *Funding at the Sharp End, Investing in National NGO response capacity*, CAFOD: London, July.

across Continents, a Saudi NGO (reportedly Salafi), runs primary health care services in Zaatari⁶¹ and relations with MSF and other health actors are good.

Opinions vary as to whether some of the Middle Eastern medical and humanitarian actors are able to adapt their response to emergency contexts, taking into account both the political dimensions of the aid response and the technical needs of such emergencies also. Many of the staff sent to work in Jordan are technical staff and they may not be able to engage with the wider issues relating to allocations of aid or political bias. Others have been accused of having a political or religious bias, providing assistance only to veiled women, for example. Many organisations have also been accused of seeking to make donations that have 'visual impact', for example, taking photos with wounded people, or showing off infrastructure projects. Further, some health actors are also not very experienced in refugee health and the specific approaches within it. There has been some criticism that they lack an emergency public health perspective, as they have doctors coming in from wealthy countries and running their clinic as they would at home, without much regard for the specific risk factors in a refugee setting⁶².

The general consensus is that these organisations are filling an important gap within the response. They have large amounts of flexible and disposable cash funding, which means they can respond to needs as they arise, without many of the pre-conditions of the traditional aid system. They are in some ways also more adapted to middle income settings as they are willing to fund existing health services, for example, or set up partnerships with private health providers, rather than set up completely parallel structures. There are also no problems with their cultural acceptability to the Syrian refugee population. Collectively, these emerging actors are challenging the existing humanitarian system by bringing in a new dynamic. One INGO representative told us "Yes, they are erratic, unpredictable and have a need to be visual, but their financial contributions have covered 60-70% of the surgery needs. It's amazing. They have leveraged private donations, ensured coherence and a consistent volume. They've mobilised large sums of unearmarked money."

Nevertheless, they suffer from the same problems as many organisations from the 'traditional' system, in particular in terms of the politicisation of aid. Most of the Gulf state INGOs and Red Crescent societies are implementing their government's aid agenda, which is directly derived from their political agenda. Although much of the assistance is based on the Muslim charitable tradition of giving, it is framed in terms of their governments' agendas. The other issue that can be raised is that 'emerging actors' also suffer from focusing on the 'easy' problems, and trying to solve them with cash injections. They are also failing to address the more difficult and challenging needs.

Health for refugees in Jordan – where does MSF fit?

MSF has been present in Jordan since 2006, but principally as a rear base for the missions in Iraq rather than for operations within Jordan itself. Of the four sections present in the country, three (OCA, OCBA and OCG) were present in the form of coordination teams for missions in Iraq. This is similar to other humanitarian agencies in Jordan – the ICRC and the major UN humanitarian agencies were also principally present with support operations to the wider region, before the present refugee crisis.

The fourth, OCP, is present in the form of a specialized surgical and physiotherapy project for victims of conflict in the Middle Eastern region as a whole, based at the Jordanian Red Crescent hospital in Amman. The project was established initially for Iraqis, but the project later began accepting patients from the Occupied Palestinian Territories, Yemen and, since October 2011, Syria. The project was established because it was found that the specific needs of patients requiring reconstructive surgery could often not be met in a conflict setting such as Iraq or, now, Syria:

⁶¹ They have since transferred their clinic to the Saudi Government.

⁶² Interviews, INGO and UN agency representatives.

treatment was long, costly, specialist-heavy and required careful infection control; it also required a safe and stable environment for recovery⁶³. As a result, surgery departments in the region were generally well able to provide immediate lifesaving trauma surgery to war-wounded, but secondary post-operative and later reconstructive care was often weak – for example, if a patient’s fractures re-set badly, there was little capacity for reconstructive surgery, often leaving the patient with impaired function. The project has re-adapted to the Syrian conflict. Presently, Syrian patients comprise 60% of the total patient load in OCP’s surgical project⁶⁴; an outpatient department has also been added, targeted at Syrian refugees in Amman. The project appears to be reaching its own capacity limits: in 2012, its budget was 7.7 million euros, for an average of just under 100 surgeries per month; the number of new arrivals each month and the bed occupancy rate (at 92% in 2012) have increased dramatically in comparison to 2011⁶⁵.

MSF started looking more closely at the refugee situation in the country in the second half of 2012. At that time, it looked likely that the response at Zaatari would not be sufficient to meet the needs and UNHCR appealed directly for MSF assistance. (Other humanitarian agencies, such as Norwegian Refugee Council and Oxfam, also began operations at this point, in reaction to direct appeals from UNHCR). Following several explo missions in December 2012 and January 2013, OCP at this time identified gaps particularly in paediatric care in Zaatari, an area where other responders appeared to lack capacity particularly at secondary level, and in March 2013 established a 28-bed paediatric inpatient ward at Zaatari⁶⁶. In April 2013, it added an outpatient component. As it has turned out, the health needs were able to be met by the combined effort of the many responders; however, given the expenditure needed to build the hospital and put the team in place has already taken place, the project will stay for the foreseeable future.

In March 2012, OCA conducted the first explo in Jordan looking at needs among Syrian refugees⁶⁷, but found that needs at that time in Jordan were not lifesaving and did not need intervention. At this time, the number of Syrian refugees within the country was fairly small, and seemingly within national capacities to manage. This had changed by the time of the second explo, done by OCG, in February 2013, which found that “the Jordanian health system is completely overwhelmed in terms of consultations (PHC), offer and bed capacities (hospitals)”⁶⁸. The medical needs were considered to be greatest in the northern cities and towns of Jordan, with two specific gaps identified for an MSF response – support to the surgical services in Ramtha Hospital, which was close to the border and getting overwhelmed by wounded being evacuated from the other side, and primary health care in Irbid, another town with a large concentration of Syrian refugees where government health services were being overwhelmed and where access to primary health care was becoming uncertain. OCA took up the recommendation to intervene in Ramtha with a surgical programme. The team arrived in April and began work in August, after a prolonged process with the government to get the memorandum of understanding signed. Noting the unfilled needs outside the camp settings, OCP took up the recommendation for a primary health intervention in Irbid, and is presently in negotiations with the Ministry of Health to establish it. A UNHCR request to take up health provision in the planned Azraq refugee camp has been considered, but is unlikely to be agreed to, at least at this stage.

⁶³ MSF (2012), Regional platform of reconstructive surgery: 2012 annual report. MSF: Amman, Jordan.

⁶⁴ MSF (2013), “MSF-OCP exploratory report: Medical and humanitarian evolution in southern Syria and in Jordan”. [Internal report.] June 2013.

⁶⁵ MSF (2012), Regional platform of reconstructive surgery: 2012 annual report. MSF: Amman, Jordan.

⁶⁶ MSF (2013), “MSF-OCP exploratory report: Medical and humanitarian evolution in souther Syria and in Jordan”. [Internal report.] June 2013.

⁶⁷ MSF (2012), “OCA mini-explo and discussion paper: Syria, March 2012”. [Internal report.]

⁶⁸ MSF (2013), “Exploratory mission report: North-west Jordan, issues related to the Syrian refugees influx”. [Internal report.] February 2013.

MSF's medical interventions did therefore react to the evolution of medical needs among refugees in the country, although with some degree of time lag. The organization intervened in each setting – in Zaatari, in Ramtha, in Irbid (pending) – once it had become clear that there were significant unmet needs there and that other responders, whether Jordanian government or international humanitarian, would not be able to cover them. This is consistent with the organisation's greater focus on the events occurring within Syria itself, and its ambition to expand there, where its operational footprint is still relatively small. From the beginning, the reports conducted by MSF focus principally on the medical needs within Syria and investigate cross-border possibilities. The recognition of the seriousness of the issue within Jordan took longer to occur.

Speaking out in Jordan has its limits, and humanitarian agencies have not challenged them

There has been a very high level of visibility attached by humanitarian agencies to the Syrian refugee crisis in Jordan, as mentioned above. The relative proximity of Jordan and Zaatari camp and the relative ease of visiting for VIPs and journalists has created a steady stream of reporting on refugees in Jordan. Government donors, the UN and large NGOs are competing for profile, and need to raise funds, so they have been producing reports, charts and maps with great frequency. Often information is duplicated or even triplicated, as when donor agencies such as DFID, intermediaries such as UNICEF and implementers such as Save the Children all report on the same activities.⁶⁹ This is combined with a profusion of journalists visiting Zaatari, 'looking for the angle' on the situation there and usually with a pre-existing narrative about how awful the situation is. All of this leads to often confusing and misleading messages, creating a real difficulty for decision-makers to understand the situation as it really is. For example, many interviewees complained that there was too much media attention on the problems in Zaatari during the winter, which led many agencies to concentrate their resources on Zaatari. MSF was also requested to step up operations in the camp at that time. Overall, it appears that the international reading of the situation inside Jordan, and especially inside Zaatari, is worse than it is in reality, and humanitarian agencies have contributed to the creation of that.

Most of the extensive and elaborate reports chart the number of activities organisations are doing ('in partnership') and items they distribute, and combine this with appeals for more assistance. However, NGOs have also highlighted important issues in particular around protection: IRC's report on the Syria refugee crisis in January 2013 shone the spotlight on the precarious nature of life in the camps for women, with many families sending their daughters into early marriage or forced prostitution.⁷⁰ Norwegian Refugee Council reported the frustrations and marginalisation of young men and the problems facing young women, such as sexual harassment, domestic violence and limitations on their movement by social norms and fear of harassment.⁷¹ Other reports are more generic, and focus on issues such as inadequate global funding for the crisis,⁷² or call for more assistance due to harsh winter weather or hot summer weather.^{73 74} Whilst assistance to refugees has been forthcoming (encouraged by these reports and by the high visibility of Zaatari camp), it is

⁶⁹ DFID report:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212566/15.07.13_DFIG_Syria_Humanitarian_Programme_Summary.pdf, UNICEF report: <http://reliefweb.int/report/syrian-arab-republic/syria-crisis-bi-weekly-humanitarian-situation-report-syria-jordan-11> Save the Children: <http://jordan.savethechildren.net/what-we-do/humanitarian-response>

⁷⁰ *Syria: a regional crisis, the IRC Commission on Syrian refugees*, IRC publication January 2013

http://www.rescue.org/sites/default/files/resource-file/IRC_Report_MidEast_20130114_b.pdf

⁷¹ Norwegian Refugee Council (2013). Syrian Refugee Youth: Drivers of change – ignored and marginalized. [Report.] 4 July. <http://www.nrc.no/arch/ img/9678735.pdf>

⁷² Oxfam (2013). Overtaken by need. [Report.] May. <http://policy-practice.oxfam.org.uk/publications/overtaken-by-need-the-worlds-failure-to-meet-syrias-humanitarian-crisis-285471>

⁷³ Mercy Corps (2012) The Syria refugee crisis: Mercy Corps helps meet the needs of Syrian refugees in Jordan [Report] Last accessed 7 August 2013 from <https://www.mercycorps.org/sites/default/files/SyriaRefugeeFactSheet.pdf>

⁷⁴ UNICEF (2013) Children of Syria: a UNICEF update. Impact of winter [Report] Last accessed 7 August 2013 from http://www.unicef.org/infobycountry/files/UNICEF_Syria_Crisis_Newsletter_3_Jan_2013_English.pdf

unclear whether the reporting on conditions in the camp and outside have led to any protection gains for refugees.

MSF's public advocacy and communications, in contrast, have been mainly focused on Syria. In May 2012, MSF published a report focusing on wounded Syrians treated at MSF's hospital in Amman and, on the second anniversary of the conflict, issued a report detailing the catastrophic effect of the conflict on the health care system.⁷⁵ The problems in assistance in Zaatari camp were briefly described, which at the time were considerable. Shorter communications pieces on Syrian refugees in Jordan have mainly been descriptive, or focused on the global failures of provision of aid for Syrian refugees, and have called for borders to be kept open.⁷⁶

UNHCR has implemented relatively well, but found it difficult to lead

UNHCR is an obvious target for criticism, given its legal mandate for refugees and its central role in any given refugee crisis. Further, its triple role as an implementer, a funder and a coordinator has significant potential for conflicts of interest.⁷⁷ Many representatives of other humanitarian agencies that we met with had praise for its capacity to implement, but criticized its capacity to coordinate and partner and called it top-down, heavy and overly hierarchical. Certainly, as already mentioned, the UNHCR has led a response which has achieved a large scale and a moderately good effect. Criticisms of its coordination role in Jordan do therefore need to be tempered – partly because of the results, and partly because it's certainly not for lack of effort. There are eight different sectoral working groups operational plus five more sub-sectoral working groups that meet in Zaatari weekly or even bi-weekly, and the same number are operational at Amman level as well. But a heavy-handed bureaucratic approach was the strong impression we gained of UNHCR's implementation and coordination role from the sectoral and coordination meetings we attended within Zaatari. The accounts by UNHCR implementing partners in Zaatari should be noted: excessive levels of micro-management and control which concentrated on relatively minor issues (such as the daily conduct of waste disposal). It was not at all clear to us that the rather heavy system of contract enforcement added much to the quality of the particular sectoral responses – especially when much more major issues had been largely ignored for many months, such as the weakness of policing in the camp. Rather, it seemed that UNHCR attention to (some types of) detail was considered an antidote to criticism of larger issues: “yes, there are challenges over there, but look, here we are doing well”.

One factor here is likely simply the imperatives of the camp setting itself, especially when UNHCR has both *de jure* (mandate) and *de facto* (management) responsibilities for it. In such an instance, the pressure on it to perform, and to meet the accepted international standards, must be immense, from headquarters, from the rest of the humanitarian community, from the host government and from donor governments. After all, a refugee population in such a setting is entirely dependent on you for its protection and assistance – quite different from urban refugee populations who have greater autonomy, and also greater potential to be lost to view and forgotten about.

What's more concerning is the capacity of the UNHCR to lead and to strategize. In the specific case of Jordan, this is not for lack of capacity or vision – the UNHCR has been clear-eyed in Jordan throughout about where the needs and gaps are. Rather, the agency has simply not been very successful in influencing the course of events. The UNHCR has said, for nine months, that protection and security are major problems in Zaatari – but the development of the camp has been almost entirely ad hoc and a governance plan between it and the Jordanian government was only developed a full year after the camp opened. The UNHCR has said that Zaatari has passed the point

⁷⁵ MSF (2013). Syria two years on: the failure of International Aid so far. [Report.] February.

http://www.msf.org.uk/sites/uk/files/Syria_Two_Years_On_The_Failure_of_International_Aid_So_Far_Final_201303141857.pdf

⁷⁶ MSF (2013). International aid urgently needed for Syrian refugees. [Press release.] May

<http://www.doctorswithoutborders.org/press/release.cfm?id=6799&cat=press-release>

⁷⁷ This was also noted, with some candour, in the UNHCR's Real Time Evaluation.

of maximum efficiency and that large camps are not the way to go – but there is now an even larger camp at Azraq being built. The UNHCR says that donors should be funding programmes for refugees in the cities (and has been speaking about the increasing importance of urban settings in general for some years⁷⁸) – but few have listened or responded. If the response had proceeded according to UNHCR advice, it would have been significantly improved; and yet isn't this the agency which is supposed to be in the lead?

Part of the political equation for UNHCR has been its determination to help the Government of Jordan maintain its open borders policy. That has been its top priority and it seems to have been willing to acquiesce on the other major issues as part of the bargain. But that does not explain why it does not seem to have succeeded in redirecting the priorities of the international community, or even humanitarian agencies (many of whom work on contracts for them), who are still overwhelmingly focussed on Zaatari.

Conclusions

The humanitarian response in Jordan has met essential measures of impact and effectiveness. Assistance has been provided to more than 400,000 registered refugees to meet their most vital needs, including for food, shelter, water and sanitation, and health. In health, while no figures exist on the rates outside of the camp settings, the mortality rates for both children under five and for the whole population in Zaatari show that there has been no major excess mortality. It seems that, once refugees crossed the border, their risk of death diminished dramatically – although the health status of the Syrian refugees was relatively good to begin with. Certainly for those in Zaatari, and despite their complaints about the situation in the camp, refugees' principal needs have been well-covered.

This is a significant achievement, given the numbers involved and the rate of new arrivals during the second half of 2012 and the first half of 2013. The capacity of the Jordanian authorities to provide essential services, and not only to the refugees but also to its own citizens, has certainly been tested and put under great strain, but it has not been completely overwhelmed – at least not yet. The international humanitarian community has responded, and in a large-scale way. The Zaatari camp went from 0 to 150,000 registered residents within nine months. This rapid growth did cause problems for the response during the first six-nine months after the opening of the Zaatari camp, partly due to some problems in contingency and site planning and partly due to the rapidity of scale-up needed and the initial lack of actors.

However, and it is a large however, the focus of the humanitarian response was concentrated on only one segment of the refugee population, and arguably not those most in need. The overwhelming majority of resources, time, effort and thinking went into the camp settings, and into Zaatari above all. The sheer size of the camp, and its international visibility, has turned it into a sinkhole, to the detriment of needs elsewhere. In part because of this concentration of resources on Zaatari, it seems that the risks of Syrian refugees falling into abject destitution, exploitation and illness became greater in the urban centres.

In the cities, in contrast, many fewer agencies have been at work, and with much smaller efforts. The principal strategy for urban refugees has been to count on their coping mechanisms, call for international assistance for Jordanian government services and hope that the Jordanian public services don't collapse. The major UN humanitarian agencies, including UNHCR, UNICEF and WFP, have all sought to address needs of urban refugees and their efforts have been important – but inadequate in both breadth (proportion of refugees covered) and depth (level of assistance provided to each refugee family, as against their needs). MSF likewise has not as yet provided any significant assistance to Syrian refugees in Jordanian cities, except for needs assessments notwithstanding.

⁷⁸ UNHCR (2009), *UNHCR policy on refugee protection and solutions in urban areas*. UNHCR: Geneva. Available at: <http://www.unhcr.org/4ab356ab6.pdf>, last accessed 12 August 2013.

Few donor governments, and fewer humanitarian agencies, have seen value in seeking to shore up government services, whether through bilateral donor support or through either substitution or support programmes within government services.

Even less has been done for groups which should be considered most vulnerable. UNHCR has just started to make efforts to try to reach out to 70,000 unregistered refugees and register and assist them, but some 15% of the total refugee caseload in-country remain in this highly precarious situation. Further, the government stipulation that registration expires after six months (a measure designed to ensure that refugees don't settle permanently) is continuously creating new vulnerability, as those without registration must pay more for essential services.

This imbalance in assistance is a cause for disappointment, especially because the response in Jordan has had many factors playing in its favour: it has been relatively well-funded, the government has largely welcomed assistance and has not put many barriers in place, national response capacity has been relatively good, there have been significant additional resources brought in by emerging actors from the Muslim world. Surely, more could have been expected then in terms of coverage and impact.

What has been built in Jordan, and in a relatively short space of time (only a year), is a massive machine – close to US\$1 billion in expenditure, with many thousands of staff running services across eight different sectors for hundreds of thousands of people. What is worrying is that this machine has only really managed to do the “easy” things. Within the quite specific parameters set by the Jordanian government – basically the camp setting and the “protection architecture” – the machine has functioned relatively well. But any operation with a level of difficulty above basic engineering (e.g. establishing a water system, or building a clinic) has been much more difficult and much less successful – providing levels of assistance to refugees in the cities sufficient to keep them from becoming destitute, advocating for a proper level of protection from the Jordanian authorities for refugees, finding and reaching out to the unregistered Syrians, all these essential but difficult measures have been relative failures. This machine appears to be best at picking low-hanging fruit.

Further, it appears that this pattern forms even regardless of the desires or wishes of those leading it. To take but one example: the UNHCR has been pointing out significant gaps in assistance to urban refugees since the beginning of the crisis; Oxfam, the International Federation of the Red Cross, CARE and many others have all pointed out that the vulnerabilities are much higher outside the camps; the Jordanian government likewise has been concerned about the strain on its social infrastructure. There is no lack of know-how in urban response – while a developing area, the essential features (including the importance of vulnerability-based targeting, the need for strong community outreach, the game-changing possibilities of cash programming, among others) already seem clear enough. But none of those actors, and none of this knowledge, have managed to shift the direction of ‘the machine’. The focus instead has remained on the more visible, and easier to manage, aspect of the crisis – as though the crisis is more in the appearance and perception of unmet needs than in its reality.

Part of this appears to be the heavy reliance of many humanitarian agencies on their donors – one INGO representative recounted that their agency’s approach of “integrated” and “holistic” programming was rendered almost meaningless as they ended up implementing a series of large UN sector-specific contracts (distributing bread, for example). We also met too many INGO representatives who seemed to have been seduced by the mere scale of the programmes they were now managing, as though the size of a budget meant so much. Part of it is also undoubtedly due to the significantly greater demands of the middle-income setting, both on any given agency’s technical skills (as existing systems and levels of expectation are far more complex) and simply on project finances. But part of it also appears to be a lack of ambition – everyone seems to feel powerless to actually change anything, even in the humanitarian response let alone in the wider conflict and

crisis. Indeed, this particularly applies to INGOs – UNHCR does have very real political and legal obstacles to taking too strong a stance on certain issues, a set of restrictions which does not apply to non-government organisations.

As for MSF, the agency has kept its head down and focused on its core priorities and responsibilities – and it's hard to argue with that. OCP's surgical and physiotherapy programme has addressed a specific set of needs that few, if any, other organizations would be capable of meeting, and has re-adapted and expanded to meet the new needs generated by the Syrian conflict. Other programmes of both OCP and OCA have sought to address the much more significant and unmet medical needs on the other side of the frontier – either through cross-border support or through the new surgical programme in Ramtha. While it could be argued that response to urban needs in Jordan could have been mounted sooner, given that the picture has been clear since the end of 2012, this can also be balanced against the fact that most health needs among Syrian refugees in Jordan are still a long way from being at emergency levels – MSF's principal spur to action.

Annexes:

List of organisations interviewed

MSF:

1. MSF Operational Centre Paris (8 people interviewed)
2. MSF Operational Centre Amsterdam (3 people interviewed)
3. MSF Operational Centre Barcelona Athens
4. MSF Operational Centre Geneva
5. Humanitarian Advocacy and Representation Team

INGO:

6. ACTED
7. Norwegian Refugee Council
8. Oxfam
9. Médecins du Monde
10. Islamic Relief (2 people interviewed)
11. ICVA Geneva
12. Save the Children UK

Red Cross Red Crescent:

13. ICRC (3 people interviewed)
14. IFRC
15. Qatar Red Crescent Society

Representatives of IDPs and local communities:

16. Zaatari Camp
17. Pharmacist working in clinic in Irbid

Jordanian organisations

18. Jordan Hashemite Charity Organisation
19. Helping Refugees in Jordan

United Nations:

20. UNHCR (3 people interviewed)
21. WHO

Donor agencies:

22. ECHO (2 people interviewed)
23. DFID

Also, attended meetings of the UNHCR security working group and camp coordination and camp management sector at Zaatari and the health sector in Amman, June 24-25, 2013

Itinerary/Programme

Date	Sandrine Tiller	Sean Healy
Sat 22/6	Travel to Amman	Travel to Amman
Sun 23/6	Amman	Amman
Mon 24/6	Amman	Amman
Tues 25/4	Zaatari	Zaatari
Wed 26/6	Irbid	Amman
Thurs 27/6	Amman	Amman
Fri 28/6	Return home	Return home