Anticipating the Unexpected: Urban Refugee Programming in Jordan

International Medical Corps
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Refugees have found their way to foreign cities throughout history, but the numbers residing in urban centers have grown exponentially since the early part of this decade.

Often able to blend in and surrounded by the city's existing local public services and social networks, the self-sufficiency of urban refugees can be easily taken for granted. The fact they tend to be scattered widely across an urban sprawl merely adds to the perception they are too difficult to identify and target for direct humanitarian assistance.

The flood of Iraqi refugees - believed to number 2 million at one point - who have fled war at home for shelter in Amman, Damascus, Beirut and other Middle Eastern cities has refocused global support for humanitarian assistance programs to the urban displaced. It has also highlighted the shortcomings of internationally accepted policies and practices developed primarily to address the needs of refugees in camp settings - easily identifiable populations living in carefully delineated, well defined locations.

Not surprisingly, many of the traditionally accepted guidelines for best practices and minimum standards for assisting refugees in emergency response conditions have only limited relevance in the urban setting. For International Medical Corps, an organization that has worked with refugee and other vulnerable populations across the world for over 25 years, we have learned valuable lessons in the course of our assistance to the urban refugees from Iraq. Three of these we consider especially noteworthy:

- **Flexibility is a must.** International agencies that used project models cut and pasted from other refugee settings found their projects facing unexpected challenges that required flexibility and innovation to overcome. Failure to adapt and adjust can undercut even the best program if it is designed for the wrong conditions.
- **Local partnerships are essential.** Working together with local actors - whether they are national or municipal governments or non-government organizations indigenous to the country - provides the kind of local knowledge and cultural guidance that can strengthen programs and services for refugees in many urban settings. The institutional memory and support of local groups, including those not traditionally engaged in humanitarian assistance, can also lead to creative approaches and be crucial for providing continuity of care.
- **Problems often hide in plain sight.** The visual image of bustling streets and crowded neighborhoods in these large cities masked a potentially crippling isolation of urban refugees. It is an isolation not just from the host population, but - of far greater importance - from close friends, family and others, who may be miles away and out of reach. This is especially true for women refugees who may be even further isolated because of cultural or safety concerns.

Even with the depth of our experience with refugee populations, the extent of this isolation only became evident when it began impinging on our ability to carry out an Early Childhood Development (ECD) program we had launched in Amman for Iraqi refugee mothers. Once we became aware of it as an issue, however, we reshaped the program, which resulted in such positive outcomes during its implementation that it led us to revise our overall approach and strategies for assisting Iraqi refugees.

How it began

We first established refugee assistance programs in Jordan in 2007 to respond to the massive influx of Iraqis that followed the February 2006 terrorist bombing of the Shiite shrine in Samarra. The newly arrived Iraqi refugees settled primarily in three major urban centers of Jordan, renting apartment space according to their means, and

showing no discernable settlement patterns. Recognized as 'guests' by the Jordanian government, most Iraqis quickly overstayed their temporary visas. Once that happened, they had neither legal status nor the ability to gain lawful employment. As the United Nations and international aid community mobilized resources to respond to this forced migration, many questions typical of an urban refugee context arose. But with no accurate tracking system or reliable data on the number of refugees, answers were scarce. How were the most vulnerable among them to be identified, and what measures could be taken to ensure that all in need were being reached? To what extent does the host government's protection and assistance priorities for the newly arrived refugees differ from those of the international community and how should the distance between them be bridged? What is the impact of the refugee influx on the host population and how should humanitarian assistance target host population needs in light of that impact? These questions and many more pre-occupied the government of Jordan, the United Nations High Commissioner for Refugees (UNHCR) and non governmental organizations (NGOs), including International Medical Corps, in designing and implementing a response that would begin to address the many challenging and unique issues.

The vast majority of Iraqis who fled to Jordan came from middle class neighborhoods in Baghdad and possess a relatively high level of education. Health issues reflected this background, with relatively costly and lengthy care of chronic conditions playing a much more prominent role than the treatment of acute conditions, immunization coverage and containment of outbreaks, which are core functions of health agencies in camp refugee settings.

The inherent complexities and stress of displacement, together with the scattering of Iraqi refugees throughout a sprawling urban setting, had also fractured social ties among Iraqis in Jordan, making efforts at community mobilization particularly difficult. The lack of natural social networks hampered outreach efforts to identify vulnerable families, disseminate information and assess needs. The abrupt break in social and family networks among Iraqis caused by the displacement, coupled with anxieties about navigating through a foreign city and accessing unfamiliar public spaces, resulted in a sense of loneliness and isolation that profoundly affected the daily rhythm of Iraqi families, particularly parents.

It was against this backdrop that International Medical Corps, in partnership with the Jordan River Foundation, a Jordan-based NGO, initiated its early childhood development project in 2008 as a complement to its health provision and health education programs for Iraqi refugees. The ECD project sought to target vulnerable Iraqi and Jordanian parents, young adult women intending to become mothers, and older women recognized as matriarchs of their families. The overarching aim was to promote healthy child development from birth to eight years. A more specific goal was to teach positive behavior modification techniques in order to improve parenting practices and parenting confidence.

Overcoming barriers

We recruited vulnerable Jordanian and Iraqi women through the Jordan River Foundation's Queen Rania Center. Training sessions were conducted at the center, located in East Amman in an area with high concentrations of Iraqi refugees. Although mothers confirmed their interest in the program curriculum, attendance among Iraqis in particular was sporadic. Through informal conversations, and later through focus group discussions, we learned why. Jordanian mothers felt comfortable attending courses at the Queen Rania Center, but their Iraqi counterparts were hesitant. They expressed feelings of insecurity and a general discomfort about traveling outside of their immediate home environment. Although the Jordanian government assured the safety of their Iraqi guests, Iraqis frequently felt vulnerable to harassment and discrimination. Moreover, unlike the commonly perceived refugee camp setting, where both refugees and services are generally within close proximity, the urban setting tends

to be a sprawl that requires multiple methods of transportation to reach services. In addition to being time consuming and exhausting, it can create an economic burden that further hinders access to support.

During the initial ECD program, we ultimately reached our targeted number of Iraqi mothers. Still, it was clear that safety and security concerns, as well as the strong cultural imperative to protect female members of the community, were contributing to a lack of focus and erratic attendance. Even our decision to pay generous transportation allowances to Iraqi participants had little impact. It quickly became clear that changes would be needed in order to reach a broader cross-section of the Iraqi female population in the continuation phase of the project.

Finding solutions

We re-evaluated and then replaced the original, centralized program design that required travel to the Jordan River Foundation Center and instead initiated a pilot home and community-based approach.

Home and community-based programming reaches out to and meets beneficiaries within their own environments. It is an inherently intimate approach that gives the service provider immediate and unfiltered insight into a family's circumstances and the community environment. In the West, service providers are increasingly called upon to meet clients in home and community settings.

While home and community-based intervention is not a new concept, it was not commonly used in Jordan. Seeking solutions, International Medical Corps and the Jordan River Foundation decided to try it, using Iraqi women as trainers of trainers (ToT). Our thinking was simple: such an approach would boost accessibility and participation rates by easing the logistic and security constraints that had kept the refugee women away. We also anticipated that training Iraqi women for a ToT role would carry its own benefits. It would be a cost effective way of reaching more mothers, build leadership capacity and ensure a greater level of trust and investment in the program among the beneficiary population.

Turning assumption into reality

After a comprehensive selection process, 20 Iraqi women were trained during a two-week ToT course on ECD. Each trainer was then expected to invite 8-10 neighboring women into her homes to participate in a five-day ECD training, which would be repeated for new groups throughout the project period. With just limited outreach efforts, demand for these home-based trainings quickly grew within the communities, and each trainer soon found herself hosting no less than 20 women—twice the expected number—in modestly-sized apartments. Attendance rates consistently topped 90%. This overwhelmingly positive response held throughout the subsequent training sessions, helping us reach 2,100 mothers in the course of eight months – well in excess of the targeted number.

Although these outcomes confirmed our initial assumptions, the more compelling issue for us came with the recognition of just how strong the sense of isolation was among many Iraqis in Jordan. For these isolated refugee women, the simple opportunity to meet socially through the training was clearly of equal or even greater value than the training itself. The sudden break in social and family networks that had accompanied their chaotic departure from Iraq, coupled with the anxieties of traveling through a foreign city to unfamiliar public spaces, generated an acute sense of loneliness and isolation among Iraqis that the intimate, home-based peer trainings helped ease. Participants quickly took advantage of the training sessions to share stories and develop bonds of friendship that outlasted the training period and effectively helped expand their natural support networks.

Measuring the results

To measure the impact of the ECD program, we used a mix of quantitative and qualitative methods. Qualitatively we conducted focus groups, in-depth interviews and visual observation. The quantitative survey tools included an ECD knowledge questionnaire, an evaluation of trainer and training questionnaire, a value, applicability, learning and skills (VALS) questionnaire, plus a focus group questionnaire. We also coded parent child interactions.

The sampling strategy relied on random sampling, conducted over time with three time points. Data was collected at baseline as well as at two follow-up time points—the end of a five-day ECD program period and one month after the conclusion of the ECD training. Comparisons were drawn between these three periods.

Results showed the project was highly effective in transferring knowledge on early childhood development theories and practices. For example, the VALS questionnaire, designed to measure uptake in knowledge, improvement of parent/child relationships, participant

perceptions of the program, and its overall benefit, found 99% of participants exhibited at least a 60% increase in knowledge of ECD principles.

But it was the program's impact on refugee isolation and loneliness—essentially a side effect only partially measured by the VALS questionnaire—that was extraordinary. Qualitative assessments conducted through focus group discussions with participants and debriefs with trainers showed improvements in the mental health and psychosocial well-being of all women involved in the program. Participants and mother educators (ToTs) reported significant increases in self-esteem and self-confidence and a decrease in depressive feelings. The sense of isolation that many experienced was mitigated through the regular social interaction with peers in a controlled, safe environment. Equally notable was the positive impact of mixing Jordanian and Iraqi mothers together in the program. Many reported that training sessions broke down pre-existing barriers and stereotypes between the two groups. Some participants even reported developing friendships with members of different groups for the first time in their lives. Through the one-month delayed post assessment, we were able to confirm that the social groups and friendships developed in the course of the trainings remained an important part of the participants' lives, providing them with increased levels of comfort in their immediate neighborhoods and an expanded social network on which to rely.

The extent of positive change brought by the program even altered the community's perception of humanitarian groups working to help them—in this case the Jordan River Foundation and International Medical Corps. Participants interpreted program adjustments that brought training sessions into their neighborhoods and their homes as an indicator that these organizations were truly committed to addressing their needs. Many seemed surprised that such a community-based approach was even possible. For us, the change offered both greater contextual insight and a more holistic understanding of the needs of urban refugees in Jordan than any health clinic data or home-based surveys could provide.

Leveraging lessons learned

Our experience designing and implementing programs to respond to the urban refugee crisis in Jordan, including the ECD program discussed above, has led us to draw the following conclusions that now shape our ongoing projects: 1) bringing programming to beneficiaries in their communities and homes can dramatically improve outcomes; 2) bringing such programming into the community can also ease the weight of isolation and loneliness, an affliction we now recognized as a major concern among urban refugees in Jordan; 3) supporting the kind of social networks that ease isolation is also an effective way to deliver messages to the community on such issues as primary health care and protection.

The lessons we have learned in Jordan have produced two broad primary strategies: (1) design programs that strengthen social networks through target populations and natural community supports and (2) identify and train informal refugee community leaders already engaged in running programs to strengthen and support the existing overlapping social networks.

International Medical Corps' ongoing programs shaped by our experience and based on these strategies include:

- Establishment of home-based social network groups. A minimum of two families gather once per week to engage in structured recreational activities together;
- A youth empowerment project. Iraqi and Jordanian youth form social networks to design and implement a civic project while engaging in weekly peer support groups;
- An urban soccer project. Community leaders and the local government are engaged to renovate existing urban sites to provide safe places for refugees to gather and engage in sport. The project also engages adult refugee coaches to mentor youth in the game of soccer.
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