



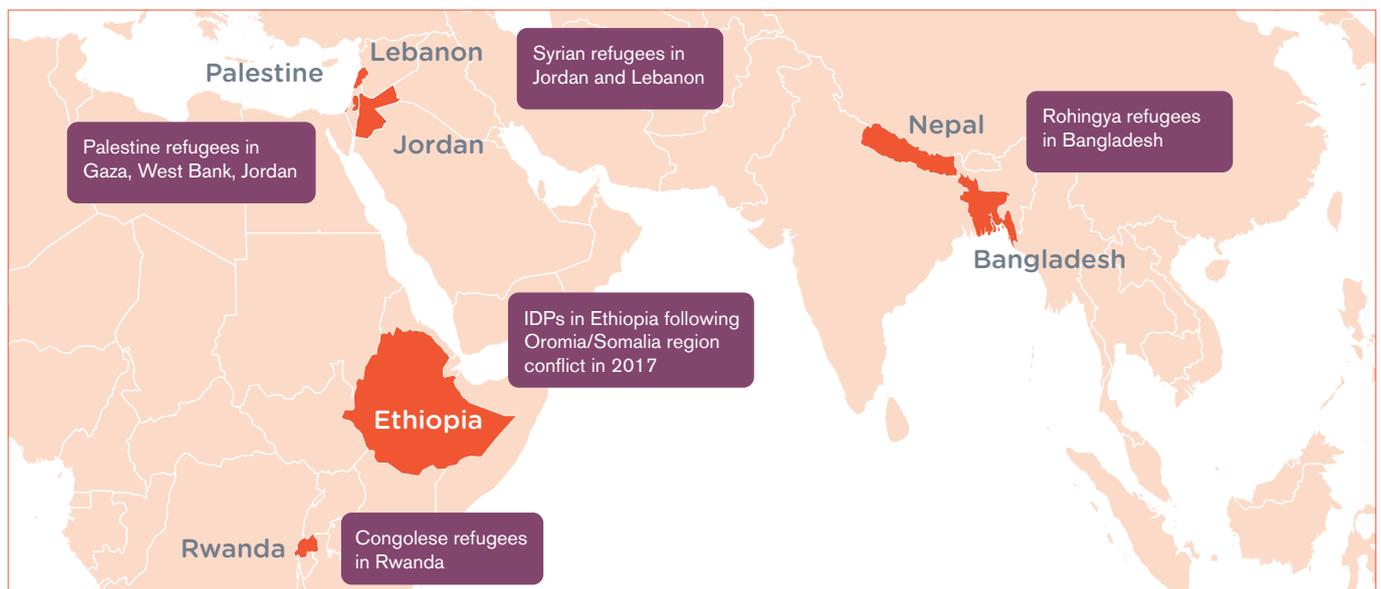
## Leave no adolescent behind: the gender- and age-specific vulnerabilities of adolescent refugees and IDPs

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### Overview

There are more refugees in the world today than at any other time in history. In 2018 there were over 25.4 million refugees around the world, 52% of whom were under 18 (UNHCR, 2018). Internally displaced persons (IDPs) are even more numerous, estimated to total approximately 40 million globally, 17 million of whom are children under the age of 18 (UNDESA, 2017). While adolescence (10–19 years) is acknowledged to be a critical window of opportunity to accelerate progress against poverty, inequity and discrimination (Patton et al., 2012), it can be particularly fraught for young people displaced through forced migration. Evidence suggests that young people and adolescent girls in particular are especially vulnerable to the multiple deprivations and abuses that occur in conflict-affected settings (UNESCO, 2019). If we are to deliver on the 2030 Agenda for Sustainable Development and the commitment to prioritise the most excluded, understanding adolescent girls' and boys' experiences in refugee and IDP communities is critical. Only with a better evidence base will programme designers and implementers be able to adequately tailor programmes and services to ensure no adolescent is left behind.

**Figure 1: Gender and Adolescence: Global Evidence focal IDP and refugee communities**



GAGE is a unique longitudinal mixed-methods research and evaluation study focused on the capabilities that adolescents need to develop to achieve well-being in the second decade of life and as they transition into early adulthood, including in IDP and refugee communities. This policy note summarises our research findings across refugee communities in Gaza, Jordan and Rwanda, and with internally displaced adolescents in Ethiopia in order to contribute to the broader evidence base essential for advancing programming (see Figure 1).



## Education and learning

### Scope of the challenge

While UNHCR's Guiding Principles on Internal Displacement underscores that national authorities have a responsibility to ensure free compulsory primary education is available to internally displaced children, the majority (92%) of school-aged refugees lack access to formal education. Despite progress in primary school enrolment rates, 80% of school-aged refugee children in the Global South drop out after completion and adolescent girls are half as likely to enrol in secondary school as boys (UNHCR, 2018).

The importance of education notwithstanding, refugee adolescents typically experience interrupted educational trajectories, not least because educational services take time to establish in camp settings and schools in host communities may not have the capacity to absorb a large influx of refugee students in the short-term. Several studies have also highlighted that school violence often plagues refugee adolescents' transition back into school (Ferris and Winthrop, 2010). Furthermore, Wanjiru (2018) underscores that young people in IDP communities often struggle to access education due to continued household movements post-displacement and 'over-age' enrolment.

Displaced girls frequently face gender-specific and multifaceted barriers in accessing secondary education, including the opportunity costs of attending school (especially foregone time needed for domestic and care work tasks), a lack of gender-responsive teacher training, safety concerns travelling to and from school, risk of sexual exploitation within school, and socio-cultural norms that do not prioritise girls' education (UNESCO, 2019).

### GAGE research findings

Notwithstanding governmental efforts across GAGE focal countries, our findings highlight that many adolescent IDP and refugee remain out of school. In Ethiopia, we found that IDPs both immediately post-displacement and even one year on often lacked support to return to school. As one

displaced 16-year-old boy from East Hararghe explained: *'I have not thought about it. Nobody urged me to go back to school.'* This limited support appeared to be particularly problematic for older adolescents, especially if they have already missed several years of schooling because of conflict and displacement. A 17-year-old Syrian refugee girl living in a Jordanian informal tented settlement (ITS) noted that more attention in her community was given to ensuring her younger peers were enrolled rather than to older adolescents: *'[T]hey told me that I can write and read, so there is no need for school.'*

While the scale up of double-shift schools has increased attendance in some refugee contexts including Jordan, our qualitative work highlights that school quality is a widespread challenge and is often a major factor in IDP and refugee adolescents' school drop-out. Quality learning is compromised by a lack of qualified and adequately remunerated teachers, overcrowded classrooms (e.g. up to 70 students per room in Nyabiheke camp in Rwanda), unsanitary facilities and a dearth of classroom materials, all of which are major causes of poor academic outcomes. As a 15-year-old adolescent boy in a Gaza refugee camp explained: *'They can't explain the lesson well. Teachers don't care whether we understand the subjects or not.'* Widespread corporal punishment perpetrated by teachers is also a key contributing factor to school drop-out. Over 40% of adolescents in our sample have experienced corporal punishment administered by teachers, affecting boys twice as much as girls (58% and 27% respectively). Participants in our qualitative research reported that punishments are meted out not only for misbehaviour, but also for not knowing *'how to write on the board'* (younger boy, ITS), *'if the uniform was ripped'* (Syrian mother in a host community), and for being late or absent from school when girls in particular have to undertake domestic and care-related tasks for their parents.

Our findings also highlight that many refugee adolescent girls and young women are routinely exposed to sexualised verbal abuse, especially on the way to school. Boys and young men follow girls on the street and lurk outside school buildings waiting for girls to be released. They *'whistle or say dirty words'*, explained a 16-year-old from an ITS. As a result of this harassment, girls are not only faced with increasing restrictions on their mobility, to the point that they *'can't even visit our friends during the day'* (15-year-old Syrian refugee girl in host community), but they also reported being afraid, particularly because they know that they will be blamed for *'inviting'* the abuse. A 15-year-old Syrian refugee girl from Zaatari camp reported: *'Our community is unmerciful ... if anyone violates any girls, the community thinks that the girl like to do that, and she wanted this action.'*

## Priority actions for education and learning

- **Maintain and expand quality double-shift schools, evening and flexi-hour schools** to ensure that adolescent enrolment levels continue to climb, and adolescent girls especially are learning skills they need for economically empowering work post-graduation.
- **Provide labelled cash transfers for education which link cash payments to school enrolment** to help cover the costs of school materials and transportation to encourage families to support adolescent school-going. These efforts should be complemented with follow-up social worker and other specialist services to support adolescents at particular risk of school drop-out (e.g. working adolescents, adolescent girls at risk of child marriage).
- **Better publicise existing catch-up and non-formal education programmes** to facilitate educational transitions and skills development. Pay particular attention to targeting the most vulnerable adolescent girls, and rigorously measure programme outcomes by age, gender and nationality.
- **Invest in initial and in-service teacher training on child-friendly pedagogies, non-violent classroom management techniques and the ability to identify and refer cases of adolescents affected by trauma and in need of specialised services.** Given that the expansion of educational services to accommodate IDP and refugee children often requires rapid deployment of new teachers, it is essential that there are adequate investments in teacher training to cope with challenging classroom dynamics, including responding to the complex vulnerabilities of displaced adolescents.

Women's Commission for Refugee Women and Children (2002) highlights how poverty and desperation amongst IDPs and refugees can lead to domestic violence increases, with intimate partners perpetrating the majority of cases (UNHCR, 2018). Exacerbating gender- and age-based violence is the minimal reporting of offences, which reduces the opportunity for intervention or redress (ibid).

During displacement, rates of early marriage often increase due to poverty and lack of protection including the splintering of families, limited access to education, a lack of services and inadequate legislative protections for adolescent girls especially (Girls Not Brides, 2016). In Jordan, for example, refugee girls are twice as likely to be married at 18 if living in camps, with some Syrian girls already married at age 12. Driven by socio-cultural norms and poverty, 40% of all marriages in Gaza in 2015 were to girls aged 15 to 19.

## GAGE research findings

Across all contexts, IDP and refugee girls in our research reported facing myriad threats to their bodily autonomy. The majority experience or are exposed to growing violence at home, driven by increased stress levels due to poverty, or the violation of gender norms. As a Palestinian refugee mother in Jordan noted, for example, *'My 15-year-old daughter once visited her friends without telling me, and I beat her harshly.'*

Despite government initiatives to counter gender-based violence, there are implementation hurdles as well as a lack of reliable disaggregated data on numbers and forms of violence perpetrated. In the home, refugee girls in Jordan noted that IPV can be frequent and extreme on the part of their husbands or other family members. A 19-year-old Syrian refugee girl living in a host community, for example, explained her experience as follows: *'He [my husband] used to pour water in my ears, because these things don't leave any marks on the outside.'*

During displacement and conflict, girls and women are highly vulnerable to sexual violence. In Ethiopia, our qualitative work uncovered multiple examples of rape and sexual torture toward IDP women and girls. An NGO key informant in East Hararghe, Ethiopia, recounted the abuse that displaced Oromo girls and young women had experienced in late 2017 during mass displacement from neighbouring Somali region: *'We observed a lot of abuses against females – even girls as young as 11 years – who have been raped by many males. After the rape they cut her breast and sex organ with a sharp object.'* Similarly, a social worker from the same community described the sexual torture that multiple IDP adolescent girls and young women had reported: *'[They] committed a very huge crime on our girls and women in the region. After having sex many*



## Bodily integrity and freedom from violence

### Scope of the challenge

Evidence suggests that the bodily integrity of adolescent refugees is often jeopardised by age-based violence including corporal punishment in the home and at school and bullying in and around schools; as well as by sexual and gender-based violence (SGBV) within the home, community and schools, and child and forced marriage (UNGEI, 2016).

Statistics drawing on reported cases suggest that 1 in every 5 refugee women experiences SGBV, and due to compounding factors of gender and age, adolescent girls are the cohort most at risk (IRC, 2016). Broader human rights violations during displacement, widespread concerns about sexual harassment and sexual violence, lack of social support and extreme poverty are all contributing factors (Asgary, Emery and Wong, 2013). Furthermore, the

times they inserted a battery into her genitals ... I have also seen many women whose breasts were cut.'

Our findings also highlighted that reporting SGBV can lead to restrictions on girls' mobility and victim blaming. A 15-year-old girl in Jordan reported, 'He may violate me ... and no one at the home can defend me ... people may think that I brought him to the home'. In a similar vein, an adolescent mother in Kigeme camp, Rwanda stated, 'My mother told me to go back to the person who impregnated me ... I couldn't stay at home and I couldn't even go back.' Unsurprisingly, many SGBV cases therefore go unreported.

In terms of child marriage, our findings among Palestinian and Syrian refugee adolescent girls in Jordan highlight that the problem is widespread in camp and host community settings. Of the older adolescent girls (15–17 years) in our sample, 13.6%, were already married. While some are marrying as early as 12 years, most girls marry at the age of 15 or 16, when their families no longer see them as children: 'We do not consider girls at ninth grade as a young girl,' explained a Syrian mother in a host community. For both Palestinian and Syrian girls, marriage is considered a form of protection. A Syrian mother from Zaatari refugee camp noted: 'I swear to God, her father married her, made her leave eighth grade ... her first day of 16 years, because of the verbal harassment of her peers'. A Palestinian mother explained similarly: 'Families want to marry their daughters quickly because they are worried about them,

and their exposure to drugs and violence. They want to marry their daughters to be free of their burden.' For others marriage constitutes an opportunity to overcome short-term financial needs through dowry payments on the part of the groom's family and for those who marry Jordanian husbands a chance to secure national identification papers and greater security given high levels of uncertainty surrounding options for returning to Syria.



## Physical and reproductive health and nutrition

### Scope of the challenge

Many IDPs and refugees lack access to health care services, including health promotion, disease prevention, treatment and financial protection (WHO, 2019). IDP and refugee adolescent girls are an overlooked group and their sexual and reproductive health (SRH) needs remain largely unmet (ibid). In Jordan, for example 40% of teens aged 15–17, had not heard about sexually transmitted infections (outside of HIV) and two-thirds of Syrian refugee girls in Lebanon aged 15–18 report having no knowledge of contraception (UNFPA et al., 2014). Although SRH is included in the minimal health-care package delivered in humanitarian settings, there is a lack of shared best practices on integrating SRH into existing humanitarian programmes and a lack of disaggregated data by gender, age and nationality in programme evaluations (Ivanova, et al, 2018).

In terms of access to adequate nutrition in humanitarian settings, it is well documented that malnutrition is impacted by violence, fragility and protracted crises, but according to the Global Nutrition Report (2017), the diversity of its manifestations is insufficiently understood. Overlapping forms of malnutrition including wasting, micronutrient deficiencies and obesity are rising among IDP and refugee populations (ibid).

### GAGE research findings

While uptake of basic health services is promising, barriers to quality care and general health remain high. Overcrowded facilities, costs and low sanitation restrict care and health for the very vulnerable. Respondents spoke of overcrowding leading to speedy diagnoses and overmedication. As a 15-year-old adolescent girl in Gaza explained: 'They prescribe the medicines so quickly without diagnosing us well. The clinic isn't clean either.'

Adequate Water, Sanitation and Hygiene (WASH) facilities are a concern for Syrian refugees in Jordan, where running water is limited and four or five families may share a single toilet, and/or be compelled to resort to open

### Priority actions on bodily integrity and freedom from violence

- **Invest in programming that supports non-violent masculinities through school and out-of-school based platforms** to tackle sexual harassment and sexual and gender-based violence, including intimate partner violence, to which adolescent girls married as minors are especially vulnerable.
- **Raise communities' and parents' awareness** about appropriate responses to sexual violence, including the importance of not blaming the victim, and where and how to report abuse.
- **Invest in positive parenting classes** to end violence in the household – including sessions aimed at helping parents of adolescents understand adolescent development and the long-term consequences of violence on children.
- **Share promising practices that tackle child marriage and its underlying gender norms** including community-based structural interventions, economic empowerment activities, the creation of safe spaces, tailored psychosocial care and support to divorced girls.

defecation. For adolescent girls and young women in such settings, menstrual hygiene management is a particular challenge.

Worryingly, adolescents' access to age-tailored SRH information across the GAGE research settings appears to be limited. In Jordan, because marriage and sexual activity are tightly linked, few unmarried adolescents have accurate information about pregnancy or contraception. Of the older adolescents in our sample, only 21% could name at least one form of birth control, with girls being significantly better informed than boys (30% versus 13%), and Jordanians than non-Jordanians (34% versus 20%). Our qualitative work, which primarily included married Syrian and Palestinian girls given that Jordanian girls are less likely to marry before the age of majority, found that not only do unmarried girls often have limited information about contraception, but they may have no information about sex up until their wedding night. As one key informant

in a host community explained: *'I worked with some children who were pregnant and they found that they're pregnant in their sixth month, ninth month, because they do not know that sexual relations makes women pregnant'*. Although a few married girls reported using contraception, which is free in Jordan to all regardless of nationality, the majority noted that they were, as one married 18-year-old Syrian girl living in a host community put it, *'leaving it up to God'* in part because early pregnancy is necessary in order to demonstrate fertility and keep their husband from taking a second wife. *'They told me that he would marry another one if I couldn't become pregnant.'*



## Psychosocial well-being

### Scope of the challenge

Adolescence is a life-course juncture where boys and girls begin to develop a sense of belonging in society, establish their own identity and determine their relationship with others. Forced migration disrupts this and can result in a loss of social connection with significant psychosocial effects (Hassan et al., 2016). It is therefore not surprising that adolescent refugees experience high rates of psychosocial ill-being. Syrian adolescent refugees experience a high level of anxiety and depressive symptoms, particularly in older adolescents (Jabbar and Zaza, 2014). Adolescent refugees in Bangladesh also have high levels of emotional and peer problems (Khan et al., 2018). Feelings of marginalisation and the sense of being an outsider can make it very challenging for young refugees and IDPs to develop good self-esteem and form positive connections with others (Wanjiru, 2018). Furthermore, adolescent refugee exposure to violence impacts rates of anxiety and PTSD (Koltveit et al., 2012). These impacts can be lasting, as seen in Uganda, where four years after conflict 57% of adolescents still had post-traumatic stress symptoms (McMullen et al., 2012).

In addition to experiences of trauma, refugees often face discrimination, negatively impacting adolescents' sense of belonging, and impeding caregivers' ability to provide support (Stark et al., 2015). Social support systems, including relationships with peers, are important in providing resilience to psychosocial problems and strong associations were found between depression and social isolation (92%) (Jabbar and Zaza, 2017).

### GAGE research findings

Our findings highlight that conflict has had a considerable psychosocial impact on adolescent refugees. In Palestine, fear of further outbreaks of war, concern for relatives, traumatic memories and economic hardship were all

### Priority actions on physical and reproductive health and nutrition

- **Ensure that access to primary health care and basic medication is free of charge for IDPs and refugees**, and that related costs, especially transportation, are affordable to the most vulnerable through the provision of cash transfer programmes and/or social health insurance initiatives.
- **Scale up WASH initiatives** in camps to reduce infectious diseases, and ensure that girls and women have access to menstrual hygiene management supplies and facilities.
- **Provide free health care to adolescents with disabilities**, including waivers for the costs of medications and assistive devices, to overcome the heightened barriers to health care young people with disabilities face in refugee communities.
- **Design age-tailored health education classes and awareness-raising campaigns to encourage healthy lifestyles** – including the importance of physical exercise and strategies to reduce tobacco and substance use by adolescents.
- **Ensure that school canteens provide nutritious food and include free fruit along with bread distribution in camps** to improve adolescent diets.
- **Ensure that SRH, including the topic of puberty, is covered in both school and community-based programme curricula** to reduce fear and increase knowledge and access to information among adolescents, including married adolescent girls.

reported as major stressors. In a similar vein, IDPs in Ethiopia faced significant psychosocial issues due to the high levels of violence. As a 17-year-old adolescent girl explained: *'We passed through fire, we were seriously beaten, we observed when individuals were beheaded, and individuals were discarded like birds. We do not have an interest for anything now, we do not get satisfied whether we eat or not.'*

Our research also found significantly higher levels of emotional distress in younger adolescents, perhaps due to them spending most of their life as refugees, compared to older adolescents who have had some period of stability. As a mother of an adolescent girl in Kigeme camp, Rwanda, explained: *'The thing that makes her sad is the fact that we are refugees and she wonders if she is going to know her motherland and whether she will recognise the place.'*

Perhaps because of the effects of widespread trauma, refugee adolescents reported receiving limited emotional support from their parents. Jordanian adolescents reported having a closer relationship with their parents compared to Syrian refugees. Additionally, adolescents in Jabila Camp in Gaza emphasised the need to improve parent–adolescent communication: *'We need to educate parents how to deal with their daughters and give attention to their problems... Girls like us can't spend their lives going to psychologists.'* Our findings further suggest that gender norms impact refugee girls' ability to seek psychosocial support. In Gaza, some girls were unable to access psychosocial support due to parental fear that it would ruin their reputation and marriage chances.

### Priority actions on psychosocial well-being

- **Provide awareness sessions for refugee and IDP parents on the benefits of psychosocial help for adolescents**, particularly aiming at adolescent girls, to help to reduce stigma.
- **Design parent–child support groups to encourage positive communication** and increase adolescent support systems.
- **Ensure that clear information on how to access psychosocial services is disseminated widely through the community** and tailored to gender, age and disability specific needs.
- **Invest in training for teachers and health workers** about how to identify and refer cases of trauma and mental ill-health.
- **Increase funding for specialised referral services** and undertake robust monitoring and evaluation of the effectiveness of referral systems.



## Voice and agency

### Scope of the challenge

Displacement can significantly impact adolescents' voice and agency. Lack of social status, in addition to age hierarchies, can make this population isolated and invisible to humanitarian actors (Ball & Moselle, 2016). Adolescent girls often have particularly limited voice due to the intersection of vulnerabilities due to conservative gender norms, their age and refugee status. Furthermore, due to displacement, refugee girls may face heightened protection risks, and in contexts such as the Middle East where girls and young women are viewed as the embodiment of family honour, this can result in strict limitations in their mobility outside the home (DeJong et al., 2017).

Conversely, in some contexts conflict and displacement can potentially open up opportunities for women and young people due to the collapse of the traditional social order, which can ultimately influence a change in gendered norms and open up space for women to become more active members of the community. Analogously, the impact of conflict can also influence adolescents' view of parental authority. A study by Smetana et al (2015) found that conflict-related trauma was associated with the belief that parents have less authority over young people's behaviour.

### GAGE research findings

Perceptions about community safety can have a major impact on adolescents', especially girls', mobility following displacement, particularly because of the violence and trauma that many families and communities suffered during conflict episodes. In Jordan, for example, our findings indicate that Jordanians were 106% more likely to travel outside their community compared to refugee adolescents. This is likely a reflection of greater poverty and concerns about safety, as seen in our qualitative data, particularly for girls. In Palestine, while most adolescent boys are able to freely move around and access public spaces, girls are not afforded the same level of freedom, mainly due to fears of harassment. As a 17-year-old girl from Gaza noted: *'Many girls feel jailed inside their own houses. This is violence and that must be addressed.'*

While our survey findings in Jordan did not point to significant differences between refugees and nationals in terms of decision-making within the family, our qualitative research suggests that adolescent refugees have more limited say within the family in terms of decisions about education and marriage given high rates of poverty as well as perceptions of limited safety. As a married 19-year-old Syrian refugee girl living in a Jordan host community

## Priority actions on voice and agency

- **Create safe spaces where refugee adolescents can take an active role in their new communities and spend time with their peers**, including through volunteer opportunities, ensuring that these spaces are accessible to out-of-school adolescents, adolescent girls and adolescents with disabilities. In host communities, particular attention should be paid to ensuring that adolescents from host communities and IDP and refugee adolescents have opportunities to mix, so as to promote social cohesion.
- **Improve internet access in IDP and refugee communities**, paying particular attention to closing the digital gap between adolescent girls and boys, and between adolescents with and without disabilities given high levels of social isolation which may be partially addressed through access to virtual communities.
- **Provide outreach sessions with parents to highlight the importance of supporting adolescents' access to safe spaces with peers**, especially for girls who are married or divorced and adolescents with disabilities, all of whom are at heightened risk of social isolation.

explained: *'Because of the rape cases in Syria, people started to give their daughters for marriage at 13/14 years old ... I wanted to pursue my education but the war changed everything.'* Our findings in Palestine among refugee communities were similar: many refugee girls face discriminatory social norms that limit their ability to decide on issues such as marriage and education.



## Economic empowerment

### Scope of the challenge

UNHCR's report on engagement with displaced youth finds many describing their lives as in a *'state of limbo'*, with limited access to livelihood opportunities and education and facing significant poverty and protections risks (Evans, et al, 2013). Poverty among IDPs and refugees can have a gendered effects at a household level, with Congolese IDP women, for instance, reporting eating chronically less than men to help their families cope with the lack of food available (Rohwerder 2013). In addition, poverty can result in increased pressure for displaced adolescents to provide for their families through involvement in paid work. This may result in adolescents seeking unsafe income generating activities, such as transactional sex, casual daily labour or recruitment into armed violence (Evans, et al, 2013). Refugee adolescents (mainly boys) are often involved in paid work

from a young age, and due to a lack of employment rights can be exposed to exploitative conditions (Evans, et al, 2013).

Adolescent refugees' lack of economic opportunities can ultimately impact their future career aspirations. An assessment of Syrian refugees found that, due to their refugee status, a high proportion do not believe they will ever obtain a *'real'* job (USAID, 2015). Additionally, in Gaza Camp in Jordan, although many Palestinian refugees highly valued paid work, a lack of identity cards means a large number of adolescents are excluded from formal employment (Van Blerk and Shand, 2017).

### GAGE research findings

Our findings highlight that many IDP and refugee adolescents are involved in paid work. In Jordan, we found a high proportion of refugee adolescents were engaged in paid work activities, especially Syrian refugees (39.8%). Palestinian refugees from Gaza Camp were less likely to be involved in paid work (26.5%) and often highlighted high unemployment rates and a lack of economic opportunities, likely due to a lack of identity cards that are needed to gain employment. In a similar vein, our research underscored

## Priority actions on economic empowerment

- **Integrate vocational guidance counselling into school curricula that is tailored to the realities that IDP and refugee adolescents face**, including realistic and affordable options for post-secondary education.
- **Raise awareness of TVET courses and ensure courses are designed to accommodate the needs of refugee adolescents**, especially adolescent girls who often face mobility restrictions because of conservative social norms, and adolescents with disabilities.
- **Ensure adolescent IDPs and refugees are aware of the current regulations regarding safe and non-exploitative labour practices in their host country through awareness sessions**, and through information sharing about anonymous reporting options for abuse (e.g. through hotlines, via adolescent and youth centres).
- **Link adolescent IDP and refugees with appropriate work-related roles models in their community and educate adolescents on different pathways to achieving career aspirations**, including via technical and vocational skills development.
- **Ensure that IDP and refugee adults' access to the labour market is facilitated so as to preclude the need for adolescent labour** (and costs to schooling, health and safety) by expanding the range of occupations for which refugees can secure labour permits.

that internally displaced adolescents in Ethiopia face significant economic hardship, poor food security and lack of employment opportunities. As one 13-year-old displaced adolescent boy from East Hararghe explained: *'I feel happy for escaping from torture in Somali region but I feel sad that I have been suffering from hunger. This is not a good life because I could not get food sufficiently and I could not get a house to live in.'*

Social protection for refugees is limited and does not always reach those who need it most. In Jordan, our findings indicated that food vouchers, although highly valued, are insufficient to cover families' basic needs. Moreover, due to a reduction in donor support in Jordan, social assistance programmes for Syrian refugees have been significantly scaled down in the last two years, rendering many refugee families additionally vulnerable. Similarly, following major cuts to UNRWA's budget by the US government in early 2018, Palestinian refugees have seen already limited social protection services further curtailed.

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