

NEGLECT and the PROTECTION of refugee children



A report on research in Jordan
and the Gaza Strip, Palestine

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A report on research in Jordan
and the Gaza Strip, Palestine

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ACRONYMS AND ABBREVIATIONS

CBO	Community-based organization
CP	Child Protection
CRP	Collateral Repair Project
INGO	International non-governmental organization
JD	Jordanian dinar (currency)
NGO	Non-governmental organization
SGBV	Sexual and gender-based violence
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency



EXECUTIVE SUMMARY

NEGLECT is widely understood as the most prevalent form of maltreatment that children are exposed to globally. To date, however, there has been minimal focus on the extent and nature of child neglect in settings of displacement and armed conflict.

We encourage further debate by sharing findings and analysis from a study into child neglect in two humanitarian settings: Jordan and the Gaza Strip, Palestine. Field-based research included 170 one-to-one interviews, focus groups, and arts-based workshops. The research team also conducted 20 interviews with humanitarian professionals between February 2021 and March 2022. Four locally based non-government organisations (NGOs) collaborated on the project, recruiting researchers and workshop facilitators in Jordan from Syrian, Sudanese, Somali, and Iraqi refugees, and in the Gaza Strip from Palestinians registered as refugees with the United Nations (UN). Following training by the core research team, these ‘peer researchers’ conducted interviews within their own communities. The researchers included five children. Those interviewed included 33 children aged 14 to 18 years.

According to the widely accepted definition of ‘child protection in emergencies’,² protection efforts should be focused on responses to and prevention of violence, abuse, exploitation, and neglect. The first three may be observed either as they occur or through their immediate impact. By contrast, neglect harms children through lack or insufficiency of effort. Neglect may give rise to violence, abuse, and exploitation but the timeframe through which this occurs can be long-term and the chain of causation difficult to identify.





Any effort to study neglect requires a clear definition. We began with the definition suggested in a 2018 literature-based study in humanitarian settings: ‘Child neglect is the intentional or unintentional failure of a caregiver...to protect a child from actual or potential harm or to fulfil that child’s rights to wellbeing...’³

Our study led us to question this definition for its identification of caregivers as solely responsible for neglect. Research findings caused us to situate caregiver failure within a wider social and political context, creating questions about the role of the humanitarian system in producing neglect both directly and indirectly.

By ‘humanitarian system’ we mean all actors who play some role in the protection of displaced and conflict-affected children. In addition to humanitarian organisations with a mandate for child protection, this potentially includes donors, host governments, public sector employees, and community organisations. There may also be context-specific actors, such as the

Government of Israel that systematically and routinely violates its obligations under international law towards the protection of Palestinian children living under its occupation and blockade.

By ‘direct’ neglect we draw attention to the failure to acknowledge and support certain populations of children either entirely or to an extent less than other populations of children. This is the case in Jordan where, for example, displaced children are supported unequally, not due to differences in need, but due to their nationality. ‘Indirect’ neglect, which is given greater focus in this report, refers to how the humanitarian system fails to provide adequate support to caregivers and thus undermines their capacity to provide adequate care and protection to children.

To illustrate our argument of neglect as the product of a system, findings are framed in four categories proposed in the 2018 study: physical, medical, educational, and supervisory.

4 categories





Physical neglect (failure to keep children safe and meet their basic needs)

Whether due to legal constraints on working in the formal economy (Jordan) or because of a chronic lack of employment opportunities in an economy under blockade (Gaza Strip), caregivers struggled to provide basic needs. Reported support came in a variety of forms including stipends from humanitarian organisations, occasional earnings, one-off cash support/food vouchers from community-based organisations (CBOs), small gifts from kin or fellow community members, and loans. The ad hoc nature of support does not address the long-term predicament of many households. Economic pressures thus mount with consequences that may include children taking up unsafe work.

Medical neglect (failure to seek care for a serious physical or mental health condition)

Enabling children to access care for serious physical or mental health issues was a challenge for many caregivers. In Jordan they typically had to invest considerable financial resources and time to obtain paperwork and access medical expertise. Spending money simply to get a consultation entailed cuts to expenditure on other elements of the household budget. The inability of caregivers to access care for their children was compounded in both Jordan and the Gaza Strip by lack of services, notably for mental health and neurological conditions.

Educational neglect (failure to secure a child's education)

There are several reasons for a child's non-participation in school. For many non-Syrian refugees in Jordan, lack of documentation delayed or prevented children's enrolment. Costs included registration, schoolbooks, transportation, and uniforms. For Somali and Sudanese children particularly, school was experienced as a place where

bullying and violence went unchecked. For some, the routine physical harm and humiliation led to drop out.

Supervisory neglect (failure to provide a safe environment with appropriate adult supervision)

Ensuring that home, neighbourhood, and school are safe environments was a considerable challenge for many caregivers. In the Gaza Strip caregivers' capacity to keep children safe is inadequate in the face of military attacks on homes, schools, and medical facilities. In Jordan, the tasks entailed in providing for children and ensuring their safe access to basic services is often beyond the capacity of caregivers. Even families with two adult caregivers struggled to provide supervision given their many demands on their time. This situation was exacerbated by the absence of extended family and long-standing intracommunal bonds.

RECOMMENDATIONS

Brief discussion of these four categories illustrates the need to broaden debate about child neglect beyond common assumptions of caregiver failure. Instead, it is vital to consider the incapacity of caregivers to keep children safe and ensure their access to essential services as a systemic problem in which various actors and institutions are implicated. Two initial steps are important to build interventions that tackle child neglect in humanitarian settings:

1. In each setting conduct a 'neglect audit' involving Child Protection (CP) professionals and community that traces how the humanitarian system contributes to neglect.
2. Address the connections between different elements of the humanitarian system that need change or strengthening to reduce the likelihood of child neglect.



1 INTRODUCTION

“We are living through a situation that we are not supposed to. As adolescents we are supposed to enjoy our life, and not think about these things. But it has been written that we should live these things. I hope that they do not consider this as normal, because it is something not normal, to be honest.”

—17-year-old Somali girl, Amman,
Jordan, October 2021





This report presents **KEY FINDINGS** from research conducted between October 2020 and March 2022 in Jordan and the Gaza Strip, Palestine. The focus was on the protection of displaced and conflict-affected children, with particular attention to child neglect.⁴ Neglect is widely understood as the most prevalent form of maltreatment of children globally. To date, however, there has been little research on this topic in settings of displacement and armed conflict where humanitarian organisations are active.

Aside from seeking to provide insight into and promote dialogue about child neglect, the research was novel in focusing on caregivers and children themselves. This was a departure from the usual focus on conceptual frameworks in child protection. Enquiry led us to consider the relationship between professionalised humanitarian action and the efforts taking place on the ground, within households and communities, to keep displaced and conflict-affected children safe. As we shall explain, consideration of this relationship is vital if the ‘localised’ approach, to which leading humanitarian organisations have stated their commitment, is to be achieved.

1.1. THE CONTEXTS OF RESEARCH

Aside from key informant interviews with experts globally, the research for this project was conducted in the Gaza Strip, Palestine and Jordan. In these two locations, chronic physical, social, and economic insecurity beset the lives of children and their families. These challenges have been compounded by the COVID-19 pandemic. Given that 50% of the inhabitants of Gaza and the people displaced to Jordan in the last two decades are under age 18, child protection has huge implications. The failure to ensure the protection of so many children has potential consequences that extend beyond individual safety and wellbeing: social cohesion and stability are also at stake. In a conflict-affected region, this should be a cause of particular concern.

The Gaza Strip, Palestine

In Gaza, all children are effectively trapped within a narrow territory blockaded by Israel where deepening poverty and access to clean water and electricity is severely limited. In 2020 the unemployment rate was 49%, one of the highest in the world.⁵ The population of roughly 2.1 million people may be divided in two groups: The first are refugees from within the 1948 borders of the State of Israel and their descendants, who together number approximately 1.4 million. The remaining 0.7 million people are originally from the Gaza Strip.⁶



The distinction between ‘refugees’ and ‘Gazans’ matters in terms of sources of support. Refugees have historically received aid and services through the UN Relief and Works Agency (UNRWA). Major funding cuts by the United States government, particularly during the Trump presidency, and by other western governments including Canada, often put such support at risk. Meanwhile, Gazans have historically relied primarily on assistance from the Palestinian governing authorities which, for complex political and economic reasons, have proven incapable. In Gaza, the Hamas-led government has been proscribed as a terrorist organisation by many major donors including the EU, Japan, Australia, the US, Canada, and the UK. Consequently, they have been denied funding.

Both the refugee and local populations have been subject to periods of intense military violence, with displacement camps experiencing the heaviest attacks. The war of 2014 was the fourth that residents of Gaza experienced in a decade. Since then, the population had been living on the brink of a further major outbreak of hostilities. This came in May 2021 with the loss of 256 lives (66 of whom were children), injury of nearly 2000 people, and destruction of buildings and infrastructure.⁷

As elsewhere in Palestine, CP efforts have historically included a strong focus on psychosocial programming, and recently there have been significant efforts to create a system of case management with an emphasis on training, the development of standard operating procedures, and adherence to the Minimum Standards for Child Protection in Humanitarian Action (2019).⁸ The focus on harm caused by political violence, particularly coming from the Israeli military and settler movement, has been intermittent and mostly concentrated on response rather than prevention.

Jordan

In contrast to the Gaza Strip, Jordan has not experienced armed conflict on its own territory within living memory. Rather, it has been a place of sanctuary consistently amongst the ten countries that host the largest number of refugees.⁹ In 1948 and 1967, the country received hundreds of thousands of Palestinians fleeing across the River Jordan. Ten UNRWA-run camps for Palestinian refugees still exist.¹⁰

As of April 2022, the United Nations High Commissioner for Refugees (UNHCR) in Jordan had registered 674,439 Syrians, close to 66,057 Iraqis, 12,874 Yemenis, 5,643 Sudanese, 658 Somalis, and approximately 1,400 other nationalities.¹¹ Other nationalities include Eritreans and Ethiopians who arrived as migrant workers and married registered refugees thereby gaining derivative refugee status at UNHCR. Others await registration. The government fully acknowledges only Syrian refugees and records their total number (both registered with UNHCR and not registered) as 1.36 million.¹² While some Syrians can work



legally in certain sectors, the majority are caught in the same situation of economic insecurity as members of other displaced communities. Access to state services vary according to nationality, while resettlement programmes for applicants deemed eligible by UNHCR lead to resettlement for less than 1% globally.¹³

Approximately 115,000 Syrians live in two refugee camps: Azraq and Zaatari, which are north and northeast of Amman, respectively. The residents of these camps are served by numerous humanitarian organisations that, between them, address the basic needs of children, providing primary health services and schooling. Our research project did not focus on the encamped refugees in Jordan but rather on those who have self-settled.

Refugees who have self-settled are primarily located in urban areas, especially Amman. With barely 25% of UNHCR's funding appeal covered during 2021, for example, support has been perceived as ad hoc, with access to basic services and provision of cash and in-kind assistance contingent on a set of 'vulnerability criteria' developed by UNHCR that conceptualises vulnerability primarily in terms of poverty.

As in Gaza, CP efforts involve several humanitarian organisations: UN, international, and local. Their focus is broadly similar with considerable efforts over several years to develop a systems-based approach in which technical competence and standardisation are viewed as vital elements of success. Child marriage, child labour/begging, domestic violence, and sexual and gender-based violence (SGBV) have typically been the focus of CP efforts.

1.2. LIVING WITH UNCERTAINTY IN THE GAZA STRIP AND JORDAN

A common experience that emerged from our enquiry was uncertainty. While this was felt strongly amongst all communities, the causes differed between research participants in Jordan and Gaza.

The research in Gaza revealed a fundamental sense of uncertainty due to the profoundly fragile political context. Poverty, shortages of clean water and electricity, and severe restrictions on freedom of movement (including for health, work, and education) combined with the constant possibility of intense aerial bombardment upon civilians and basic infrastructure, rendered life tenuous and uncertain. In such a situation, the protection of children could only ever be relative: never conforming to the ideal imagined in documents such as the United Nations Convention on the Rights of the Child (UNCRC)¹⁴ and the Minimum Standards of Child Protection in Humanitarian Action.¹⁵ Furthermore, given the blockade and restrictions on movement beyond the Gaza Strip, planning for the future is difficult.



We do not want to live the same night that we lived when my brother was attacked and lost all his teeth. This is not the first time, or second time, and it will not be the last time. We do not know what to do. We have almost lost hope.

—17-year-old Somali girl, Amman, Jordan
August 2021



For displaced people in Jordan, lack of certainty surrounds all aspects of their lives. Several factors contribute to this situation, not least the unclear timeframe for processing asylum applications and the granting of refugee status. According to our interviewees, prior to 2019 it took asylum seekers, on average, two years to have their status as refugees formalised by UNHCR. In that year, the Jordanian government obliged UNHCR to suspend further registration of non-Syrian refugees. This obstacle remained in place at the time of our fieldwork.

The fragility of non-Syrian refugees' legal status in Jordan creates immense uncertainty. People live with the possibility of sudden detention or deportation due to a range of reasons: 'illegal work', failure to provide proper residency paperwork, or failure to provide mixed nationality/mixed status marriage certificates.



Honestly, and looking at the situation we are going through, I never feel safe, and I am always worried and terrified that something bad might happen and hurt my children. They never feel safe or comfortable. They are not mentally or physically healthy.

—Palestinian Mother, Gaza, Palestine, October 2021

For most displaced people in our research in Jordan, resettlement in a third country was the overriding aspiration.¹⁶ Most of our interviewees had spent more than six years in Jordan waiting for resettlement (average: nine years).¹⁷ Anxiety is exacerbated by the difficulty obtaining reliable, detailed information about the progress of one's application.

Meanwhile, displaced people, without the financial resources to purchase quality, private health care, and non-Syrians who do not enjoy automatic access to schooling, experience particular anxiety about the length of time they must remain in a state of uncertainty.

Constant stress, and the impossibility of planning for the future was commonly reported as a significant trigger for depression and other mental health conditions. Many research participants reported symptoms of depression and anxiety experienced by themselves or family members. The mental health impacts of uncertainty have been discussed in the wider literature on asylum seekers.¹⁸ Living with such uncertainty and the pressures it creates inevitably impact the capacity of caregivers to provide for and protect their children.

1.3. CHILD PROTECTION AS A HUMANITARIAN SECTOR

CP is a long-established element of emergency programming. Its history within western humanitarianism may be traced to the efforts of a committed group of British activists in the aftermath of World War One. This group advocated with the British government for the blockade of the defeated nations of Germany and Austria to be lifted so that medicine and food could get through to children at risk of disease and starvation.¹⁹ By the end of 1919, the group



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had established Save the Children: an organisation that pioneered efforts to protect children from the risks of armed conflict and disaster. Save the Children has since been joined by numerous other humanitarian organisations with a similar focus on CP including the United Nations Children's Fund (UNICEF), UNHCR, World Vision International, Plan International, the International Rescue Committee (IRC), and Terre des Hommes.

Now, CP is a sector in itself alongside other sectors a sector in itself such as education, health, and nutrition with which it competes for donor funding. CP work is commonly framed in terms of rights, with reference to the UNCRC (1989) that (a) specifies asylum-seeking and refugee children's right to protection and humanitarian assistance (Article 22);²⁰ and (b) charges States Parties to the Convention with the responsibility for protection and humanitarian assistance. Furthermore, States Parties should co-operate with competent UN agencies and NGOs to fulfil this responsibility.

Like other humanitarian sectors, CP has undergone processes of standardisation, coordination, and professionalisation that require a particular focus upon technical competence. The humanitarian principle of neutrality is often invoked to justify an emphasis on the technical and a distancing from consideration of politics and power. The argument is that any divergence from a position of neutrality, which is rarely defined, increases the risk that host governments might deny access to populations in need of assistance.

As part of the move towards greater technical competence, professionalisation, and standardisation, considerable efforts have been made to create minimum standards for CP work globally²¹; to disseminate 'promising practices'; to develop staff training initiatives; and to ensure effective communication and collaboration amongst UN agencies, international NGOs (INGOs), and local NGOs in humanitarian emergencies. Focus on the last of these has increased, both within the CP sector and across sectors, in response to the COVID-19 pandemic.

Over the past decade there has been considerable focus on a systems-based approach to CP, the development of which has been supported by leading international CP organisations. Reflecting the significant role of experts in social work and mental health, the approach has focused on the creation of referral pathways and case management. Bridging the divide between 'development programming' and 'humanitarian action', the creation of systems is a long-term response that addresses and seeks to go beyond the immediate needs of populations experiencing displacement, conflict, or disaster. Such systems should become embedded within a nation, to be managed by state authorities with ongoing involvement by civil society.



The move towards a systems-based approach is intended to ensure holistic responses to the protection of children. It represents a deliberate move away from an issue-based approach in which agencies address priority issues head-on and potentially in isolation. The issues commonly addressed include, for example, the military recruitment of children, SGBV, child marriage, and child labour.



Photo: FatCamera/iStock

Recently, humanitarians have sought to ground CP activities in local contexts. This is being pursued, for example, through the promotion of children's participation, and through the development of partnerships between UN agencies and INGOs on one hand, and national and local organisations on the other. The 2021–2025 strategy of The Alliance identifies localisation as one of four 'strategic priorities'. This entails '(c)entring children, their views and protection, as well as those of their families and communities, in the processes that generate learning, knowledge, and evidence...'²²

The research presented in this report was focused on community-level engagement with the aim to understand how child protection was conceptualised, the risks that children face, and the steps taken by caregivers and children themselves to prevent such risks from becoming harmful. Efforts to ground the research in local context included the engagement of members of the different communities under study as 'peer researchers'. Details of this initiative may be found in the methodology section of this report.

1.4. 'CHILD PROTECTION' VERSUS 'PROTECTING CHILDREN'

In conducting the research presented in this report we were attentive to the aims and efforts of the institutionalised field of CP. However, a distinction was made between this professional CP work and the everyday actions of households and communities to protect displaced and conflict-affected children and ensure their wellbeing. We refer to this activity as 'protecting children': it is embedded in personal and familial relationships. The distinction between 'Child Protection' and protecting children does not prioritise one over the other in terms of its efficacy in preventing and addressing harm. As we shall explain, the safety and wellbeing of children and the avoidance of neglect requires alignment between institutional efforts (Child Protection) and those



of caregivers in daily life (protecting children). This is a multi-faceted challenge which is especially apparent when, as in our research, experience and perspectives of caregivers and children are placed centre-stage. Table 1 suggests some key distinctions between Child Protection and protecting children in humanitarian contexts. We shall discuss the content of Table 1 in the conclusion.

TABLE 1: Some key distinguishing factors of Child Protection and protecting children

	Child Protection	protecting children
Primary agents of protection	Professional humanitarians, social workers, and CBOs	Parents/caregivers, children themselves
Object of protection	Individual children	Children as family, household, and community members
Source for identifying main protection issues	Institutional (primarily global with effort to 'contextualise')	Daily life (inherently local)
Framing and justifying discourse	Child rights	Children's needs

Enquiry into protecting children within daily life entails identification of the important spaces of childhood: the neighbourhoods in which children socialise, the schools where they go to learn, the streets through which they journey on the way to and from school, the housing that they inhabit, the spaces beyond their immediate surroundings in which they seek sporting and leisure opportunities, the home environment, and the online world that some children engage in through gaming and social media platforms. In each of these domains, the risks to children and the actions of caregivers, school staff, and community members were examined. Moreover, research activities explored the roles that humanitarian organisations played in community efforts to protect children. The data we acquired was immense and extraordinarily rich, reflecting the wide range of ideas and concerns of children and caregivers regarding safety and wellbeing. In this report we convey some of the key findings. Further publications will focus on additional themes.



The **FOCUS** and **CONTEXT** of **RESEARCH**

“If you are a refugee, you are a stranger. You are suffering and you are not trusted. You don’t have a future for your children, and you can’t provide them with health care. The children can’t eat what they want. They can’t live like Jordanians. They can’t move freely. They don’t have freedom. What else I can add?”

—Somali mother, Amman, August 2021





2.1. THINKING SYSTEMICALLY

The research was underpinned by the conceptualisation of organisations pursuing child protection as part of a humanitarian system. This system includes all actors that, by design or default, have a significant role to play in determining the nature and focus of protection efforts. Caregivers and children seeking to address risks within daily life are part of this system along with the following actors:

The host government

In Jordan, the government has handed responsibility to UNHCR for the registration, resettlement, and basic assistance to refugees. At the same time, it is playing an increasingly directive role in determining the nature and focus of humanitarian programming, introducing policies that dictate which communities should receive aid, seeking to ensure that a considerable proportion goes to Jordanian citizens.

In Gaza, the government has been run by Hamas since 2006. The role of government in the everyday lives of the roughly 1.3 million Palestinians who have refugee status is often minimal. Established in 1949, UNRWA²³ has provided schooling and primary healthcare to refugee children. The proscription of Hamas as a terrorist organisation by many western governments has ensured the continued centrality of UNRWA to their daily lives, notwithstanding ongoing heavy fluctuations in donor support.

Public sector employees

Public sector employees play a significant role in the lives of refugee children in Jordan. This includes staff at government schools employed as teachers, school principals, and counsellors. The police and wider justice system were also mentioned repeatedly by caregivers and children, particularly in the Jordanian fieldwork. Medical professionals, including mental health experts, may also play a role in ensuring children's protection and wellbeing.

As already noted, in the Gaza Strip UNRWA plays the role of a quasi-state in relation to Palestinian refugee children. It is the main healthcare provider, including for vaccinations, post-natal care, and maternal care through a network of 22 primary clinics that operate in the eight refugee camps across the Gaza Strip. Moreover, it is the main primary education provider through its 278 schools (up to ninth grade). UNRWA also plays a substantial role in providing cash and food support, especially to refugees who meet certain vulnerability criteria (for example, lack of work and income, family size, and lack of shelter).²⁴



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Bilateral and multilateral donors

Gaza and Jordan are both locations of intense geopolitical interest for western donor governments concerned with the Middle East. Humanitarian funding is inextricably tied to political considerations, as witnessed in the embargo on direct funding of Hamas in Gaza. Additionally, the safety of children exposed to conflict and the consequences of displacement are profoundly sensitive issues in this regional context. The approach to addressing the protection of children that bilateral and multilateral donors seek to pursue should be analysed in direct relation to political agendas.

Local community-based organisations

Aside from humanitarian organisations mandated for CP work (UN agencies, INGOs, and national NGOs), there are also many small, grassroots initiatives that may play a role in protecting children, sometimes directly and sometimes through support to caregivers that enhances their capacity to ensure the safety of children. Their contribution is unlikely to be labelled as a CP intervention but may, nonetheless, be highly valued. Their insights, gained from years of engagement at the community level, are a rich resource of knowledge of the risks faced by displaced children and the measures needed to ensure those risks are effectively addressed. They may play a supplementary or supportive role in relation to educational access (for example, by providing schoolbooks or tutoring). Some offer health consultations and give free medicines for basic conditions.

Neighbourhood figures

Within everyday life displaced children encounter a range of individuals in their neighbourhood who might play an ad hoc and occasional role in keeping them safe. This includes religious leaders, shopkeepers, and neighbours, all of whom might provide material support or play a role in addressing a particular situation of risk. In some cases, they might also offer safe spaces.

Context-specific actors

In certain locations there may be specific actors that have a significant role to play in the humanitarian system. Within our research, the obvious example is the government of Israel. Although the Jewish settler population was removed by the Israeli government in 2005, the Gaza Strip is far from self-governing. In many respects it is still under Israeli occupation. This is manifest in Israeli control over the economy, movement of people and goods in and out, and activities of humanitarian and human rights organisations in the Palestinian Territories. Thus, the Israeli government is unique in its enduring impact on the survival of an entire population of children not residing within its own internationally recognised borders.



The actors noted in Figure 1 are presented in our research as elements of a system which, when adequately resourced, sufficiently aligned with each other, and focused, above all else, on the protection of children, should serve to identify and respond to the risks faced by children. Each could potentially play a role within any given context but not all will do so. And while each element may connect, somehow, to all others, certain connections are more impactful to the protection of children in different contexts. For example, in Jordan we witnessed the importance of analysing the assistance offered by humanitarian organisations in relation to the policies of the host government. This was much less the case in Gaza where the Hamas-led government does not connect formally to the efforts of international and UN humanitarian organisations given the political divide between the governments in the Gaza Strip and the West Bank, and the preference of western governments to recognise and deal with the Palestinian Authority in the West Bank.

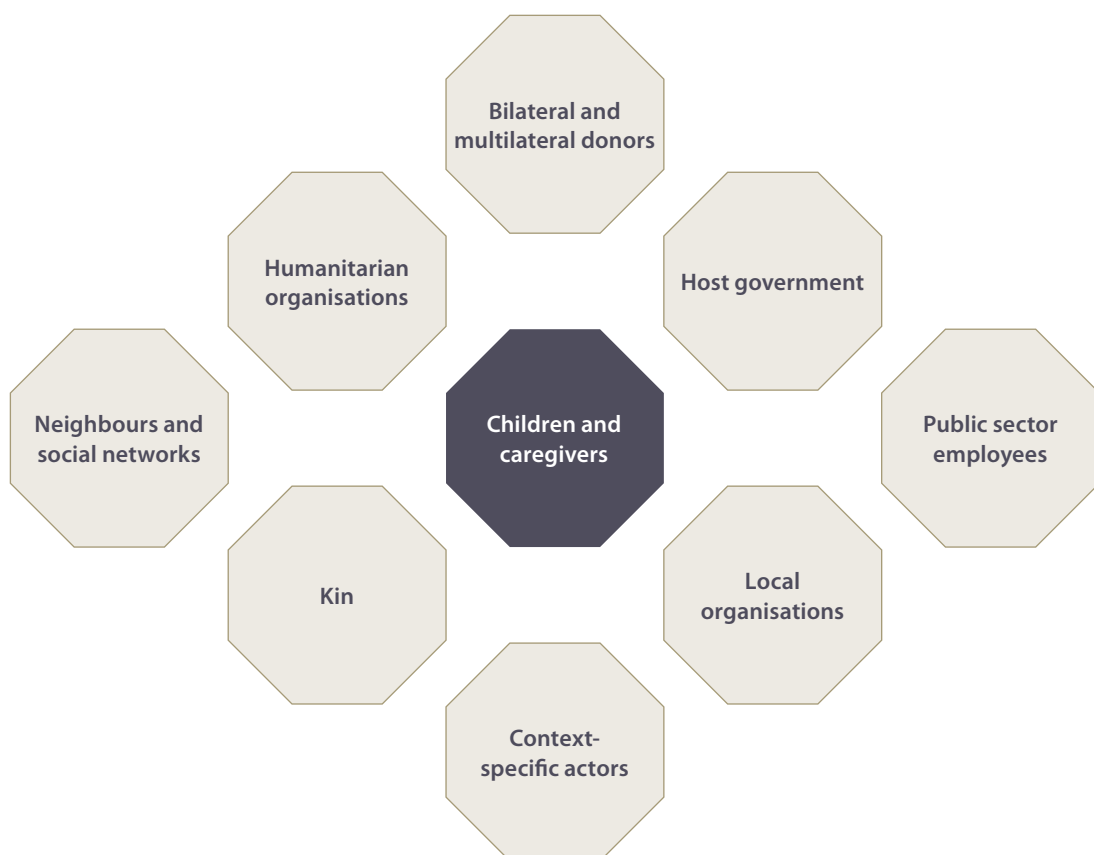
FIGURE 1
ELEMENTS OF THE HUMANITARIAN SYSTEM


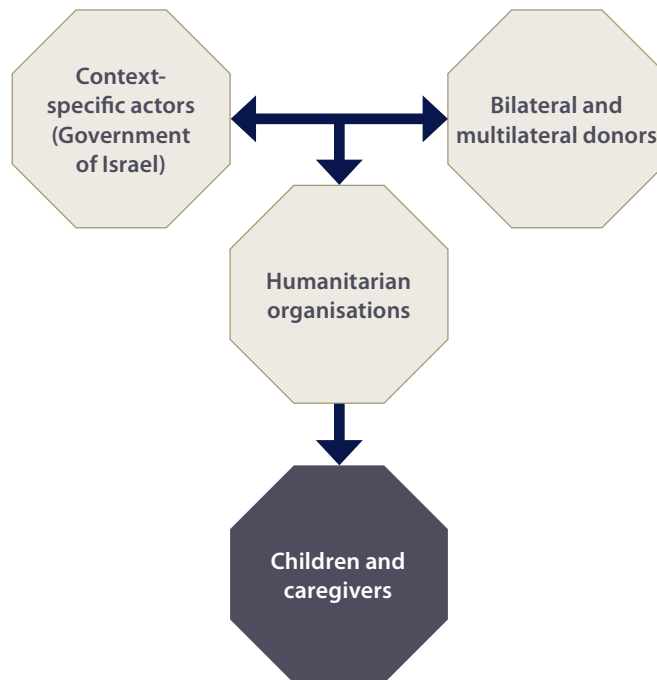


Figure 1 might serve as the starting point to analyse the functioning of the humanitarian system within a given context. Elements in this figure and the connection between them that are especially impactful on the protection outcomes of a system can be identified and depicted visually. Such depiction, in turn, enables us to think more deeply about the distribution of power within the humanitarian system in a specific setting. Which elements and connections have the power to determine the nature and extent of support that caregivers and children receive?

Taking the example of the Gaza Strip, we might visualise the functioning of the humanitarian system as in Figure 2. Here the power of the Israeli government and the relationship between that government and major donors – western governments and bodies such as the European Union – have an immense bearing on humanitarian organisations and the safety of Palestinian children residing within the blockaded Strip. In this case, we can see that neglect of children’s survival, good health, and security is the product of a system in which certain political agendas and ideologies take precedence over child protection considerations.

FIGURE 2

DIAGNOSTIC DEPICTION OF IMPACTFUL CONNECTIONS IN THE HUMANITARIAN SYSTEM IN GAZA





Our vantage point from which to explore the workings of the system and its consequences in terms of protection from/exposure to risk was the perspectives and experiences of the intended beneficiaries: children and their caregivers. Through research that engaged with different nationalities – Somali, Syrian, Sudanese, Iraqi, and Palestinian – in Jordan and Palestine we sought to understand if and how the system, in our terms, functioned differentially: producing outcomes that varied for children depending on their nationality and location.

2.2. NEGLECT AS THE PRODUCT OF A SYSTEM

According to the widely accepted definition of ‘child protection in emergencies’,²⁵ protection efforts should be focused on responses to and the prevention of violence, abuse, exploitation, and neglect. While efforts in respect of the first three have been extensively discussed and pursued, attention to neglect has been scant, until recently. This is not surprising. Violence, abuse, and exploitation are all forms of harm to children that may be observed either as they occur or through their immediate impact. By contrast, neglect is marked by absence or lack. It may give rise to violence, abuse, and exploitation but the timeframe through which this occurs can be long term and the chain of causation difficult to identify.

A 2018 review of literature on child neglect commissioned by The Alliance stimulated overdue debate on the subject. The study’s authors note plentiful anecdotal evidence that ‘neglect is one of the most prevalent forms of child maltreatment in contexts of crises and conflict’.²⁶ Their study is focused on caregivers, but they also draw attention to the role of institutions and highlight neglect that may be associated with the failure to provide essential services such as education, housing, and nutrition. **Their core definition of ‘child neglect’ is:**



...the intentional or unintentional failure of a caregiver – any person, community, or institution (including the State) with clear responsibility for the wellbeing of the child – to protect a child from actual or potential harm or to fulfil that child’s rights to wellbeing when:

- a. Caregivers have the required abilities, financial capacities, and knowledge, and choose not to protect or provide for the child (intentional);
- b. Caregivers lack the required abilities, financial capacities and knowledge, and intentionally choose not to seek assistance in protecting or providing for the child (intentional); or
- c. Caregivers lack the required abilities, financial capacities, and knowledge and other duty bearers choose not to provide the necessary services and assistance (unintentional).²⁷



In our research, we did not encounter caregivers who had the resources to protect children but who chose not to do so (scenario 'a' in the list above). Instead, we encountered caregivers struggling with immense and diverse obstacles in the effort to protect children. Nor did we come across situations described in 'b': caregivers who lacked the resources but who chose not to seek

support. The reality we consistently found was that of caregivers unable to access the assistance needed to compensate for their own insufficient resources. Scenarios 'a' and 'b' suggest neglect on the part of caregivers. Our research consistently revealed situations that related to scenario 'c'.

According to research participants, the basic support needed to empower caregivers was often elusive: hard to learn about, complicated to access, or simply unavailable. Furthermore, the support provided might be unequal to the challenges of protection. An obvious example is children in the Gaza Strip. This is a population living under blockade, exposed with regularity to extreme military violence that is impossible



Photo: rrodrickbeiler/iStock

to escape. UN agencies and other humanitarian organisations are incapable of preventing the consequent harm to children or supporting caregivers to do so. Such a tragic situation needs to be understood as a product of the humanitarian system as it operates in that specific location, paying particular attention to the interactions between bilateral and multilateral government donors and the Israeli government, to the impact of this relationship on the work of humanitarian organisations and the resulting neglect of children (see Figure 2).

The scenario depicted in 'c' above emphasises the role of organisations with a CP mandate. The question that arises from our research with respect to these organisations is: how do the interactions between different actors within the humanitarian system result in the safety and wellbeing of children, or their neglect?

Our research draws attention to two aspects of neglect produced by the humanitarian system: direct and indirect. 'Direct neglect' would be a descriptor for a situation in which the most powerful elements in the humanitarian system (typically donors, host governments, and humanitarian organisations) ignore the child protection-related needs of certain populations, such as particular ethnic, national, or religious minorities. Direct neglect might also be a label for cases where the specific protection concerns faced by children and caregivers are ignored in favour of a pre-determined set of CP issues. Additionally, direct



neglect may relate to the ways in which issues are addressed, for example, when child labour is addressed as a primarily cultural or parenting issue, requiring awareness raising with caregivers and ignoring the political and economic conditions of refugee families that drive children into the workplace to support a household on the brink of destitution.

We suggest the term ‘indirect neglect’ for situations in which caregivers are unable to meet the basic needs of children despite their best efforts. Rather than focus solely on the caregiving, our research indicates the need to consider if and how the humanitarian system supports caregivers and children to ensure children’s wellbeing and protection. Is this support correctly focused and does it complement the actions of caregivers? Is it adequate in relation to caregivers’ minimum needs for support? The 2018 Alliance study, mentioned above, identifies seven distinct categories of child neglect that typically arise in humanitarian settings. By default, indirect neglect may play a role in relation to these categories, underwritten by direct neglect, which entails lack of focus on (a) populations of displaced children routinely experiencing threats to their safety and wellbeing; and (b) the issues of concern to children and caregivers. The categories in the 2018 Alliance study²⁸ are:

- **Physical neglect:** failure to protect a child from harm or to fulfil a child’s rights to the necessities for survival including adequate food, shelter, clothing, and basic medical care.
- **Medical neglect:** failure to seek timely and appropriate medical care for a serious physical or mental health condition.
- **Emotional neglect:** failure to provide a child with regular emotional attention, nurture, and opportunities for developmental enrichment; or exposing a child to intimate partner violence, drug, or alcohol abuse.
- **Educational neglect:** failure to secure a child’s education through attendance at school or otherwise.
- **Supervisory neglect:** failure to provide a safe environment with appropriate adult supervision, thereby placing the child at risk of harm.
- **Abandonment:** failure of a caregiver to maintain contact with a child or to provide reasonable support for a specified time.
- **Discriminatory neglect:** failure of a caregiver to care for a certain subset of their children due to individual characteristics. The characteristics that most often lead to discrimination relate to a child’s gender identity or disability. Discriminatory neglect may take any of the forms above.

In the discussion of findings ([Section 7](#)) we focus on neglect that is physical, medical, educational, and supervisory.



3 METHODOLOGY

“The most important point was thinking of the community while trying to structure the questions. We did it with passion. This is *our* community; we are in the same boat. We put the questions carefully, so everyone feels comfortable. This was the most important moment for me, the brainstorming sessions.”

—Sudanese peer researcher,
January 2022



WE PRIORITISED
WORKING
CLOSELY WITH
COMMUNITIES
OF REFUGEES IN
JORDAN AND THE
GAZA STRIP.

3.1. PREPARING THE RESEARCH

This research project entailed collaboration between academics, researchers, experts, and practitioners in the field of child protection in humanitarian settings. This collaboration started with extended consultations with prospective partners in Jordan and the Gaza Strip. Those who joined the project collaborated on the distinct phases including development, design, implementation, data collection, analysis, dissemination, and knowledge exchange. Design and methodology were also the product of dialogue with partners.

We prioritised working closely with communities of refugees in Jordan and the Gaza Strip. In part, we strove to achieve this goal through engaging peer researchers in the design, data collection, analysis, and dissemination phases. Peer researchers were selected based on the following criteria:

1. Interest in developing skills in research and commitment to working with refugee communities.
2. Membership in one of the refugee communities that were the focus this research (Somali, Sudanese, Syrian, and Iraqi communities in Jordan and Palestinian refugees in Gaza).
3. Lack of strong attachment or link to international organisations in a way that might influence the research methodology and questions.

The research team worked with three cohorts of peer researchers recruited and hosted by Sawiyan, CRP, and Tamer Institute. Each group received training separately. The groups recruited by CRP and Tamer Institute received training tailored to their needs as identified through dialogue between the 'Bath team' (Alruzzi, Hart, Procter) and the management team of both organisations. The peer researchers recruited by Sawiyan had relevant experience in social research thus it was advantageous to engage with them directly to identify skills to prioritize in their training. Broadly speaking; however, there was significant overlap between the groups regarding training topics.

3.2. PROJECT PARTNERS

Sawiyan for Community Development

Sawiyan was established in Jordan in 2016 evolving from a volunteer organisation to a non-profit NGO focused on marginalised groups of displaced people as well as impoverished Jordanians. They have been particularly active in supporting African refugees in Jordan, notably Sudanese and Somalis, as well as Yemenis. Eight members of the Sudanese and Somali communities who are active with the organisation participated as peer researchers on the project.



Collateral Repair Project

Since 2006, CRP has been supporting displaced people in Jordan through their community centre. Initially the focus was on Iraqis, followed by Syrians and impoverished Jordanians and Palestinians in the surrounding neighbourhoods. Recently they have expanded their outreach to Sudanese, Somalis, and Yemenis through the opening of a second community centre. CRP recruited 14 peer researchers from the Iraqi and Syrian communities, including eight children.

German-Jordanian University

In 2018, the German-Jordanian University created a master's level programme: Social Work / Migration and Refugees, a unique course of study in the Jordanian context. Dr Rawan Ibrahim, a core staff member delivering this programme, was involved in the training and mentoring of peer researchers, follow-up research, and dissemination of findings. As part of the project's capacity-building dimension, Hart and Alruzzi presented initial findings to students in the master's programme.



Seenaryo

Founded in Lebanon in 2015, Seenaryo specialises in participatory theatre and play-based learning. The organisation has been working in Jordan since 2018, focusing particularly on marginalised communities. For this project, Seenaryo conducted a 12-week theatre-workshop initiative with two groups of children aged 12 to 18 years from the Sudanese and Somali communities. This process culminated in a public performance of two original theatre pieces, written and performed by the participants and facilitated by professional theatre makers. Through this activity themes of safety, wellbeing, and protection were explored. Seenaryo produced videos of the two plays and a third [video about the project](#).

Tamer Institute for Community Education

In Gaza we worked with the Tamer Institute for Community Education, which is a Palestinian NGO that has been working with children since 1989. Alruzzi and Procter had collaborated with Tamer Institute previously. The Institute's team recruited 16 peer researchers and a trainer/mentor. They also facilitated research activities, including writing and visual arts workshops with children to explore safety and wellbeing themes.



Proteknôn Foundation for Innovation and Learning

Proteknôn is an international consulting group of over 40 senior academics and practitioners focused on advancing the care, protection, and wellbeing of children facing adversity. Proteknôn contributed one of the lead researchers, Caitlin Procter, and was involved in various stages of the project, from concept development to training and the development of outputs.

3.3. TRAINING

Most of the training activities were organized in person and were facilitated by local trainers working in Arabic using material prepared by the core team in Arabic and English. In total, 38 peer researchers across the three organisations received training and mentoring to undertake qualitative research with members of their own communities (20 females and 18 males, including five children between 16 to 18 years old). The groups received a training package on different topics including conducting social research with children and caregivers, designing research questions, ethics, safeguarding, and conducting fieldwork. Throughout the training, the researchers were involved in a series of discussions on the meaning of protection as perceived by their communities.

In the latter stages of training, participants developed data collection tools and selection criteria in collaboration with trainers. Identification of core research questions entailed extensive dialogue in which concerns identified by peer researchers (and the most appropriate way to frame enquiry into those concerns) were balanced against the needs of the Bath team to ensure an adequate degree of commonality across different communities.



Photo: Anas-Mohammed/Shutterstock

**TABLE 2: Training schedule**

Day	Topics	Objectives
Day 1	Diverse childhoods and universal discourses on childhood	<ul style="list-style-type: none"> • Provide overview of the training. • Build understanding of expectations. • Introduce the (provisional) scope and objectives of the project. • Build a shared language of childhood in line with local understanding. • Develop understanding of rights-based definitions.
Day 2	Social research, doing research with children, and ethics of doing social research with children	<ul style="list-style-type: none"> • Enable clarity about why we do social research with and about children. • Promote understanding of diverse ways of interviewing: their advantages and disadvantages, and what we can learn through the interview process. • Nurture appreciation for what is particular about doing research with children. • Begin to develop awareness of ethics in research with and about children.
Day 3	Ethics, ²⁹ safety and safeguarding in doing research with children	<ul style="list-style-type: none"> • Build further awareness of ethics and safety of data collection before, during, and after interviews. • Co-construct an ethics and safety code of conduct for the full research team. • Develop protocol on referral pathways in case of emergencies (for example, disclosure of sensitive or concerning information, COVID-19 escalation, and questions from security/authorities).
Day 4	Research methodology, tools (interview guide)	<ul style="list-style-type: none"> • Build collective understanding of the issues of concern to the refugee communities. • Develop research questions and methods.
Day 5	Participatory workshops with children	<ul style="list-style-type: none"> • Create familiarity with participatory methods of working with children. • Develop awareness of the advantages and potential challenges of organizing participatory workshops.
Day 6	Practice undertaking interviews with caregivers and children	<ul style="list-style-type: none"> • Reach a shared understanding of how to facilitate discussions of protection issues in a conversational way.
Day 7	Practical scenarios and managing challenges in the field	<ul style="list-style-type: none"> • Ensure clarity about protocols related to obtaining informed consent, putting ethical standards into practice, safeguarding, referral, COVID-19, and data management.



Training activities were quickly followed by fieldwork, organised in parallel by the four partners. Fieldwork included semi-structured interviews and participatory workshops with caregivers and children (12–18 years old) in the five communities. Partner organizations facilitated the selection and recruitment of research participants with help from peer researchers. Peer researchers interviewed 100 research participants (70 from Jordan and 30 from Gaza, see Table 3 for details). Additionally, the project engaged 30 children (12–18 years old) through theatre-based workshops and focus group discussions, and 35 children through participatory workshops in Jordan, and approximately 60 children (11–18 years old) through creative writing and arts in Gaza. The aim of such activities was to create an opportunity for children to share their views and experiences in a group setting through creative methods. As the theatre project in Amman illustrated, the activity also served to build community and demonstrate the value of that community to children. Peer researchers observed theatre project activities and summarised conversations and ideas explored through improvisation. For example, in one of the sessions a group of children enacted the experience of racist bullying in the street and invented a magical tailor who could alter the stature of short children, thereby helping them to deal with bullies.

The interviewees were selected according to an agreed sample size for each community.³⁰ Table 3 shows the geographical, gender, age, and community distribution.

TABLE 3: Participant distribution

Location	Community	Gender	Children/ caregivers
Amman (and Sahab), Jordan	Sudanese community – Sahab (10)	7 female, 3 male	3 children, 7 caregivers
	Sudanese community – Amman (15)	9 female, 6 male	5 children, 10 caregivers
	Somali community – Amman (15)	8 female, 7 male	5 children, 10 caregivers
	Syrian Community – Amman (15)	13 female, 2 male	6 children, 9 caregivers
	Iraqi Community – Amman (15)	11 female, 4 male	4 children, 11 caregivers
The Gaza Strip, Palestine	Palestinian refugees—Gaza (30)	14 female, 16 male	10 children, 20 caregivers
Total		62 female, 38 male	33 children, 67 caregivers



At various stages, either the facilitators or members of the Bath team met the peer researchers for debriefing, feedback, and one-to-one mentoring. To varying extents the peer researchers participated in related activities including transcription, translation of collected data, and initial analysis. In November 2021, the Bath team conducted data analysis workshops in Jordan with peer researchers and, in the case of CRP, they trained and supported four peer researchers to conduct four focus group discussions with members of the Syrian and Iraqi refugee communities.

3.4. COVID-19 IMPACT

The coronavirus pandemic began a few months before the proposed research start date and impacted project activities significantly throughout. But it also prompted team members to develop flexibility and creativity in all elements of the research process. The Bath team adopted a cautious approach guided by the principle of ‘do no harm’. This necessitated continual monitoring of the COVID-19 situation in Jordan and Gaza. At times activities that could not be conducted online had to be postponed until conditions on the ground improved. The rollout of vaccines, accessibility to testing, and lifting of travel restrictions made in-person activities possible from June to November 2021.

In addition to delays due to the pandemic, in Gaza the intense hostilities in May 2021 required further activity postponement to allow for the situation to calm and for people to regroup.

Protocols for managing the pandemic and minimising infection risks were developed with each partner. Fortunately, no cases of infection that might be attributed to research activities were reported. However, development and implementation of protocols created dilemmas for participants. For the Bath team, the responsibility for the health and safety of participants was a fundamental consideration. However, the team was mindful of not introducing a colonial dynamic by insisting that certain measures be followed. For some of the peer researchers, measures were initially felt to be an unwelcome and intrusive imposition. Through steady dialogue, sometimes involving mediation from project partner staff, the protocol was agreed. The protocol included regular testing, maintenance of sanitisation procedures, additional cleaning of offices used for interviews, and wearing masks in training sessions. In a review meeting with peer researchers and management of one of the project partners, a researcher shared the following observation:



We were doing tests on a weekly basis. No one was happy when the team from the lab called to schedule an appointment with the test, but this was taking max responsibility to keep the participants safe.

—Peer researcher, Sawiyan team



3.5. DATA ANALYSIS

In addition to workshop analysis with peer researchers, we used MAXQDA to code translated transcripts, identifying themes and sub-themes shared across communities as well as those specific to each. More detailed analysis was then implemented for the following themes:

- harms that refugee children in Jordan and Gaza need to be protected from,
- efforts to protect children from identified risks and strategies to provide care, and
- role of humanitarian actors in relation to the protection of children.



Photo: Ismail Rajo/Shutterstock



4

SUMMARY of FINDINGS: Protection concerns

“Half of our childhood was destroyed, frankly. Half of the children of Gaza are accustomed to such bombs. These sounds became normal for them, and they feel that the bombing has become a part of their lives.”

—11-year-old girl, the Gaza Strip, Palestine,
October 2021



In this section we share **FINDINGS** from research conducted with caregivers and children from the five displaced communities: Syrian, Somali, Sudanese, Iraqi (Jordan), and Palestinian refugees in the Gaza Strip. We cannot provide a comprehensive account given the volume of data produced. We instead focus on three protection issues that strongly emerged across all communities: education, health, and direct verbal and physical violence.

In addition, we share insights concerning (a) the ways that caregivers and children understood the protection of children, (b) the ways in which they sought to address protection challenges, and (c) their experience of agencies working to support and protect them. In the analysis section, we will consider these findings in relation to child neglect, employing four of the categories suggested in the 2018 Alliance study: physical neglect, medical neglect, educational neglect, and supervisory neglect.

4.1. CONCEPTUALISING PROTECTION

Fundamental to our research was identification of the ways that participants across the five communities thought about the protection of children. To that end, we adapted our approach to fit with specific conditions in Gaza and Jordan, respectively. In Gaza, we asked explicitly about the interviewees' ideas regarding child protection. In Jordan, through dialogue with peer researchers, we agreed on an implicit approach that combined discussion of risks and potential harms with enquiry framed around care and wellbeing. Differences in perception across the two locations were not significant: both approaches led us to a similar discussion across the 100 individuals interviewed, within focus group discussions, and other research activities.

For most refugees we engaged with in Jordan, protection entailed securing the means to address children's basic needs. At the most immediate level these included food, schooling, health, and bodily safety. Beyond that, many research participants talked about securing a future for their children that ensured stability and a reasonable standard of living.

Most of the participants reported that they were incapable of fully protecting their children regarding their identified needs. Many linked their inability to protect children to lack of access to the formal labour market, which kept them in extreme poverty. Some noted the impact of discrimination, leading to inaccessibility of public services such as health and education, including tertiary education and training opportunities. The many years spent in Jordan were not perceived to have any positive bearing on refugees' access to public



services in comparison to Jordanian citizens. Non-Syrian refugees noted better access afforded to Syrian refugees than themselves. However, Syrian refugees reported incidents of discrimination that affected their access to services due to their refugee status.

In Jordan, personal networks and the ability to call upon mediators ('wasta') from within one's network commonly play a vital role in gaining access to services and economic opportunities. The lack of connections is often a defining feature of displacement where familiar networks of mutual support are reduced or lost entirely. This has important consequences for the efforts of caregivers to secure the means to protect children and ensure their wellbeing.

In Gaza, protection is perceived somewhat differently, which reflects specific political, economic, and social conditions. Like research participants in Jordan, there was a widely held conviction that the protection of children is a parental responsibility, and that the family is the first line of protection against threats to survival and wellbeing. However, ideas and concerns about safety, protection, and wellbeing in the Gazan context were strongly associated with the ongoing blockade and recurrent warfare. Within everyday life, conditions created by blockade and war impact children's lives in a myriad of ways: from rendering the physical environment unsafe due to destruction, to social and economic conditions that undermine the capacity of caregivers to support and protect children effectively.

4.2. VIOLENCE

Children's exposure to interpersonal violence was a key concern discussed across the refugee groups. Violence can take several forms including bullying, discrimination, exclusion, and direct physical violence. In Jordan, research participants related violence to xenophobic prejudice amongst host communities against minority refugee groups. In addition to anti-refugee prejudice

and abuse, Somali and Sudanese children are subject to anti-Black racism.

Interpersonal violence in Jordan manifests in several forms, increasing in frequency and severity as children grow through their teenage years. While boys were more likely to experience physical violence, girls reported verbal abuse and attempts to humiliate them through actions such as pulling off their headscarves.



My son's two teeth are half broken by some random kids who threw an object at him. He doesn't know them except one...His back was torn with the metal cover of the tuna can. He has many scars on his back, but he sees none of them. He only sees his half-broken teeth. And the other son can't forget about his eye.

—Somali mother, Amman, Jordan, August 2021



VIOLENCE CAN
TAKE SEVERAL
FORMS INCLUDING
BULLYING,
DISCRIMINATION,
EXCLUSION,
AND DIRECT
PHYSICAL VIOLENCE.

Violent attacks could occur in various locations inhabited by children in daily life: schools, public play spaces, the street, and school buses. Agents of violence are commonly children around the same age, including classmates in schools with mixed refugee and non-refugee students. However, the research also produced accounts of incidents of violence and abuse perpetrated by teachers and school administrators.

Some forms of violence are normalized as part of childhood experience. However, caregivers and children interviewed shared numerous incidents that went far beyond the kind of bullying and fighting seen as typical, particularly amongst teenage boys. The experience of interpersonal violence amongst Sudanese and Somali children was more frequent and more intense. In some cases, boys had to be hospitalised due to injuries sustained.

The following quotes are typical of interpersonal violence and abuse described by interviewees:



Even when he was working, he kept his average grade high. However, some boys in the neighbourhood still shout at him ‘you Syrian, you beggar’ because he used to work.

—14-year-old Syrian girl talking about her brother, Amman, August 2021



There is a group of Jordanians boys like a gang; they target Somali kids, catch them, and treat them like slaves. It’s not only me; you can also ask [name of mutual acquaintance] about this story. They catch Somali boys and then tell them to stand in the roads, and they hide in the corner and tell them to beg, and the one who refuses got beaten.

—Somali father, Amman, Jordan, August 2021



Sometimes girls harass me. They don’t become friends with me, they don’t talk with me. That’s why at school I always stay by myself. For example, they harass me, and they think that every Black person is not good at school: he has problems with smartness or with his mind. Even when I was in second grade, girls were afraid to touch me that their colour not become the same as my colour.

—15-year-old Sudanese girl, Sahab, Jordan August 2021



In the Gaza Strip the majority of residents are refugees: people who fled during the 1948 War and their descendants. Here, experiences of interpersonal violence were not attributed to xenophobic prejudice. Rather they were perceived, in part, as a product of the harsh living conditions, the immense stress caused by the economic blockade, and constant threat of extreme military aggression. Research participants in Gaza discussed domestic violence more frequently than did members of the different communities in Jordan.

Caregivers can only hope to have a limited effect in protecting children from violence given the ongoing situation of warfare and blockade. Fear is not limited to the outbreak of fresh hostilities, but the risks children may encounter in an environment of destroyed buildings and damaged infrastructure.

Research participants described their strategies to reduce the fear experienced by children during military attacks, but with the knowledge that they cannot address the cause of such fear. Some described their efforts to alleviate anxiety by, for example, keeping children close and playing games to distract them. Such efforts have not prevented long-term psychological harm, as explained by several caregivers.



My husband gets frustrated from the current situation and his unemployment and direct his anger at me and the kids, especially the girls. He beats and hurts them for the least reason, and we always argue about the way he raises our kids.

—Palestinian mother, Gaza, Palestine, October 2021



In our area there is a cliff that resulted from the erosion of the seashore. In order to solve the problem, the municipality brought the remains of destroyed houses that contain many iron rods. My house is only a short distance from the beach, which means that if I neglected my child a little, for example while I was preparing food he would have reached the beach near the iron bars. If he was accompanied by his cousin or the son of his neighbour or any violent boy and he pushed my son on the iron bars, his life would end completely.

—Palestinian mother, Gaza, Palestine, October 2021



The last aggression and the aggressions that took place before, have mostly affected the mental health of children...I have a 12-year-old son that suffers from involuntary peeing and his 10-year-old brother suffers from the same problem as a result of constant fear. The biggest problem, I figured out after the war, is that my son...also has the problematic habit of biting his nails and fingers. He harshly hurts them, and I realized it eight months ago when I saw his hands full with bleeding wounds.

—Palestinian mother, Gaza, Palestine, October 2021



4.3. EDUCATION

While discussing protection, participants consistently highlighted access to education. They expressed that schooling was vital for the wellbeing of children not only in the immediate term but in relation to their future, adult lives. Many caregivers identified the possibility of a better, safer, and more stable life for their children as a motivating factor to leave their country of normal residence and come to Jordan in the hope of resettlement. Therefore, lack of access to adequate schooling caused great anxiety, undermining their effort to protect children's futures.

There are many difficulties in getting them registered in schools, you have to have many connections in order to get them accepted.

—Iraqi mother, Amman, Jordan, August 2021

If your children cannot get education and you left your home country for war and seek refuge in this country and still you can't get education and development for your children, this is a big problem for their future. I don't think there is a problem bigger than that.

—Somali mother, Amman, Jordan, August 2021

In Gaza, as in the other fields where UNRWA operates,³¹ access to primary health care and schooling, until at least ninth grade, is assured. In Jordan access is more tenuous, contingent on a range of interacting elements of the system. For some caregivers it depends on their ability to provide documentation to the prospective school that indicates registration with UNHCR and thus status as a refugee or asylum-seeker. It also entails expenditure. Some noted the requirement to pay approximately 40 JD per year to 'reserve a seat' at the school. In addition, caregivers of non-Syrian refugee children must pay for books and uniforms. Many families lacked finances to cover these costs and sought assistance from various organisations. The process was complicated and might result in a one-off payment that was enough to ensure access for one academic year but with no guarantee after that. One Iraqi father in Amman explained his struggle to ensure access for his children:

When we first came to Jordan, they asked us for our residency, but we didn't have it. So, my children lost a year ... they didn't go to school even though we came before the school year by two months, but they weren't accepted... it was very difficult suffering until they went back to school.

A Somali mother in Amman described the problems surrounding the provision of textbooks:

This year until now our children are not given books and the monthly exam is going on. How can you examine two students: one with a book and the other never got the textbook of the course? It cannot be a fair exam. It will affect the child's education and mental wellbeing. The mothers want their children to be like the other children, to have what the others have but they are not able financially.



Initial access to school poses one set of challenges. Remaining at school may entail tackling further obstacles. In some cases, dropout occurs due to caregivers' inability to pay for ongoing costs of transportation, uniforms, lunch, and, as mentioned, new books.

Interpersonal violence may also affect attendance. Several research participants described regular incidents of physical violence, verbal abuse, and bullying causing children to drop out or their caregivers to remove them from school for their own safety:



I stopped my two children from going to school: the old one who was about to go to eighth grade, and the younger one I stopped him when he too reached eighth grade. Problems are not ending.

—Somali father, Amman, Jordan, August 2021

A further reason for dropout, noted particularly by Palestinian research participants in Gaza and Syrians in Amman, was the dire economic situation within households causing children (usually male) to drop out in order to work, often under exploitative conditions. Such a scenario seemed to occur in families where the father had a serious illness and was unable to work. In Gaza, the link between the wider political-economic situation (Israeli blockade), the high rate of unemployment, and dropout from school is evident:



[My son] left school and went to work as a result of the situation we found ourselves in after his father became unemployed. He sometimes works with his uncle as a construction worker or with our neighbours in [day] labour.

—Palestinian mother, Gaza, Palestine, October 2021

4.4. HEALTHCARE

Refugees' access to medical services in Jordan is often hindered by bureaucracy and lack of financial resources. The complex system operates with shifting policies concerning access to health care for different refugee populations. At the time of our research, all those registered with UNHCR (and, in the case of Syrians, who also had an ID card) could access healthcare. The cost was the same as that paid by Jordanians who did not have private health insurance. For anything beyond routine healthcare, it was necessary to get approval from UNHCR, which was required prior to visiting a designated health facility for free or subsidised treatment. Those who arrived in Jordan after the government obliged UNHCR to suspend registration in 2019 had no entitlement to healthcare at a reduced cost through the public health system.



When it comes to health, we are suffering a lot. Your son is sick and in pain, crying in front of you, and you can't do much and have no money to take him to a hospital.

—Somali father, Amman, Jordan, August 2021



At the UNRWA clinic there's this doctor who said my son needed surgery and another who said he didn't need to. I held onto the second one's opinion since we cannot afford surgery and the medicines. And such things that he requires after surgery I cannot fulfil.

—Palestinian mother, Gaza, Palestine, October 2021

Numerous research participants commented that the number of health facilities had declined in recent years, particularly since the start of the COVID-19 pandemic. Consequently, it was often necessary to travel considerable distances at great expense (public transport is minimal and taxis are often the only viable option).



The Caritas clinic that helps us is in Hashemi. Imagine from Sahab. If we wanted to come, we would need 10 JD.³²

—Sudanese mother, Sahab, Jordan, August 2021

For those who obtain the necessary permissions and can cover the incidental costs, treatment is principally provided at Al-Basheer Hospital in South Amman. This hospital has a poor reputation. Interviewees described long waiting times to see a doctor, exacerbated by Jordanians often jumping the queue thanks to connections with staff.

Given the obstacles, several refugees sought more immediate alternatives. Participants from the Sudanese and Somali communities spoke of assistance offered two days per week at a local church. However, this was only for basic medicines. Some caregivers perceived the purchase of further medicines from a pharmacy as cheaper and easier than seeking treatment through the public health system. However, for some conditions, medications from the pharmacy were a means to manage, rather than overcome, the health issue.

Inevitably, challenges in accessing adequate healthcare can have a knock-on effect in terms of education and the opportunity to enjoy leisure activities with peers. Due to a lack of specialised services, children with physical conditions that might be treated through specialised therapy or surgery must instead live with a disabling condition. This can be a severe disadvantage within and beyond the classroom. Moreover, they may be subject to additional bullying and verbal abuse due to a visible condition that marks them out as different.

Access to primary healthcare, reported by research participants in Gaza, was different from that in Jordan. The healthcare system has suffered immensely due to war and blockade.³³ Facilities have been damaged, and the import of equipment and medications is controlled by Israeli authorities. Against this troubling background, and in contrast to findings from Jordan, most research participants spoke positively about accessing primary care, including maternity services. Most were treated for free in an UNRWA clinic. However, dental treatment and anything beyond primary care had to be accessed elsewhere, often at a cost beyond the means of our interviewees.



5

SUMMARY of FINDINGS:

Efforts to protect

“We are connected well with the Somali community. They are part of my life, and we go to one another’s house, eat together, and take time together. Our children all play together, and they are connected. They take care of each other. When my children want something, I go to a Somali house.”

—Somali father, Amman, August 2021





Having shared with researchers their **UNDERSTANDING** and **EXPERIENCE** of risks to children's safety, participants were invited to explain strategies they used to minimise harm.

Some strategies were commonly identified across the different refugee communities. Some, however, were specific to certain communities reflecting the particularity of that community and its situation. Furthermore, there were differences within communities for example, challenges faced by households with a sole caregiver compared to those with two or more caregivers. There was also a difference between those trying to address immediate risks and those whose primary concern was to protect children's long-term futures.

5.1. TURNING TO LOCAL AUTHORITIES

Refugee communities may turn to school administration or teachers to address bullying, physical violence, or verbal attacks against their children. In Jordan especially, caregivers reported that they usually complain to the school only when incidents of violence became frequent. In most cases, they tried to resolve the issue informally with the administration. This is also true when the perpetrator is a teacher or the school principal. This restrained approach is preferable for caregivers who fear that formal complaints may create a backlash against them or their children. Caregivers described using a similar approach when dealing with violence against children in the street, for example, on their way to and from school, playing in the park, or just hanging out. Some reported that they complained to the perpetrator's parents, which may have resolved the issue momentarily, or that specific incident, but it did not necessarily reduce tensions that underlie many attacks by peers.

It is not common for refugees to report interpersonal violence to the police or wider justice system. Different refugee communities in Jordan listed several reasons for not seeking redress through national authorities, including previous experience or the general impression that the police and other institutions would always side with Jordanian citizens against refugees. Furthermore, several caregivers explained their fear that involving authorities could put them at risk of greater harm. Several research participants shared personal or third-party experiences:



I called the police, and they came to arrest the adult who had beaten my son. His family came after me in a car to the jail and asked me to give up on this case and not to report. I didn't agree to give up...because it happened more than once...But this time, it was different as he hit my son in front of me, and I saw everything. He is bigger and older than my son as he is in his twenties...He threatened me that he will hire some people to come after me and beat and kill me...He said that 'I am a Jordanian, and I am the son of this land.' That made me not report the incident.

—Somali mother, Amman, Jordan, August 2021

Nonetheless, when violence resulted in injury, or involved higher levels of violence, such as sexual harassment, some caregivers sought justice from the authorities. For example, when a child was beaten by a group of children, the mother reported them to the police irrespective of the consequences:



First thing when I saw the boy was beaten everywhere; I couldn't think. The first thing that came to my mind was to go to the police to report it because it shouldn't happen to be beaten by more than 20 students. I went to the police, they referred me to the juvenile department, and most importantly, we wrote an undertaking that they would not attack him again.

—Somali mother, Amman, Jordan, October 2021

Whenever possible, participants chose local mediation instead of reporting to the police and criminal justice system. Mediation might entail direct dialogue between families or through the assistance of others in the community who could defuse a tense situation or help find a settlement that all parties might accept. This was also a strategy employed by caregivers in Gaza.

5.2. SHIELDING

A common approach to protection is shielding children from potential harm and threats of violence. In Jordan, research participants often minimised interactions with host communities and encouraged their children to build friendships within their own national group. Many caregivers take their children to school daily or use a bus service if they can afford it. Several stated that they keep their children indoors or close by and accompany them as much as possible when they go further afield for leisure opportunities to avoid verbal or physical violence. Through such efforts, however, caregivers end up isolating their children, potentially limiting their activities.



IN BOTH JORDAN
AND GAZA,
RESEARCH
PARTICIPANTS
OFTEN MENTIONED
THE NEED TO
REQUEST CASH
FROM FRIENDS
AND FAMILY TO
COVER MEDICAL
OR EDUCATIONAL
EXPENSES.



My children don't play outside at all. They only go to the store to shop, and it is impossible for my young son to go, only to school. Their father takes them to school, and I pick them up from school at noon. Because I fear for them, I can't leave them alone. So, my children don't go to the streets, and they don't have any friends at all...my son was beaten twice, and I fear it happening again, and I know that children in this age suffer from worse things than beatings.

—Iraqi mother, Amman, Jordan, August 2021

To protect children who suffer regular bullying and abuse, shielding sometimes entails taking children out of school.



If this beating continues, I can keep him home, right? There is no other solution. If you send your child, they beat him and they don't do anything about it. This is a difficulty.

—Somali Mother, Amman, Jordan October 2021

Particularly in Gaza, some caregivers explained that they encouraged their children to defend themselves when subjected to violence. As already noted, this is a setting where, in sharp contrast to the refugees in Jordan, the position of refugees and their descendants is not politically fragile. For the Syrians, Sudanese, Somalis, and Iraqis in Jordan, retaliation might lead to worse outcomes, such as further violence and problems with the authorities.

5.3. SEEKING SUPPORT FROM OTHERS

In both Jordan and Gaza, research participants often mentioned the need to request cash from friends and family to cover medical or educational expenses. In Jordan this was perpetuated by lack of access (Somalis, Sudanese, and Iraqis) to the formal labour market, or by limited access (Syrians) to certain sectors. This strategy is limited because members of these refugee communities, in comparison to some citizens, lack vertical social connections to people with influence and better economic conditions.^{34 35} Within their immediate refugee networks most are in a comparable situation. Nonetheless, people help when they are able.

Reliance on family is more common in the Gaza Strip than in Jordan. This finding was expected given the strong extended family ties there. The parents of female caregivers were identified as a common source of support.



In Jordan, by comparison, refugees are mostly in nuclear families due to displacement. Parallel to seeking help from family members in Gaza, refugee communities in Jordan usually seek support from friends, especially co-nationals.

In Gaza, both those registered as refugees and those considered to be Gazans are likely to have large extended family networks close by. Grandparents, uncles, and aunts may be a source of financial and in-kind support. However, an adult unemployment rate of approximately 60% and the consequent poverty means this support may be limited and intermittent:



To be honest, my parents are the ones who help. Thank God for having them. A woman without her parents can't bear life. For example, when I can't provide something, they get it for me. When I can't get diapers for my kid, they buy it for me. My husband does provide, of course, but my parents offer great help.

—Palestinian mother, Gaza, Palestine, October 2021

5.4. TAKING ON DEBT

When research participants could not seek help from within their networks, they employed different strategies to get funds needed to ensure children's access to basic social services. One of the practices mentioned repeatedly across all five communities is buying on credit at local shops and pharmacies or delaying rental payments. Debt relationships require trust and the ability of the refugees to repay within an agreed timeframe. Without that, such strategies become unsustainable. However, non-payment of debts may be a necessary step for some, creating a cycle of constant upheaval. Here a Sudanese refugee father describes how he manages the debt owed to property owners:



I was staying at home for more than three years. I didn't manage to cover even rental payments. I owe rent on three homes, more than 800 or 900 dinars. Each time the owner evicted us; I found a new house. Now I live in a house where I owe four months' rent. The money that I receive from UNHCR goes to debts.



In Gaza, taking on debt was also a common strategy for managing economic hardship, but many seek on support from extended family before pursuing this option. Most reported that they had acquired a lot of debt. Sometimes, this accumulated debt becomes a burden and prevents a family from meeting children's needs. For example, a male community worker in Gaza described the impact of parental debt on children's access to specialised medical services:



I went personally to the Health Ministry about children with kidney diseases and I asked them to separate children from the rest of the family in the insurance. Deal with the child as a child as he or she has an incurable disease without insurance. There is a father with 1000 shekels' insurance debt. He can't pay it. His children are connected with their father. So, it's better that they let children to have free healthcare.

In addition to taking on debt, caregivers explained how they make choices to prioritise children's needs:



Sometimes I have to take from the food coupon. Instead of buying food, I save some of the amounts to get the medication for the child.

—Syrian mother, Amman, Jordan August 2021

Choices are also made between children's immediate and long-term needs, for example, by spending limited resources to support children's education. Research participants reported many dilemmas on how to use very limited funds to best protect their children:



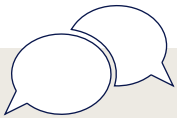
My son needed a dental check-up, and I was unable to pay the treatment expenses - it's 10 JD. So, I had to feed him apples so that [the tooth] breaks off on its own.

—Iraqi mother, Amman, Jordan September 2021



5.5. CHILDREN'S EFFORTS TO PROTECT THEMSELVES

Several children described strategies for self-protection to deal with threats of interpersonal violence and ensure they can cope with challenges in school that might otherwise cause them to drop out. Such accounts remind us that children are not passive objects of protection efforts but can ensure their own wellbeing and that of others, including caregivers. For example, children shared experiences of trying to tackle racist abuse:



Peer researcher: Have you ever tried to raise awareness at school? And was it successful?

Interviewee: I did once with my classmates. They said something to me, and I complained to the teacher, and she told me to tell them what the problem was and how to solve it. So, I told them that it's just the colour that's different and that we all think the same and have the same brains and that if they touched me their colour wouldn't change.

Peer researcher: Did you feel that they responded to you and that the way they treated you changed?

Interviewee: Yes, I felt that it changed.

—15-year-old Sudanese girl, Sahab, Jordan, August 2021

Strategies to minimise risks on the street often entail joining with others, invariably with peers from the same community:



I don't go to places I don't know how to get to. I'm afraid of getting kidnapped. Abdali Mall, I know how to get to. There are some older girls with us. One of them is 22 years old. When we go, most of us go with her and we feel confident she can protect us. Even the young girls now go with us, and they see us as older girls.

—16-year-old Somali girl, Amman, Jordan, 2021

Strategies were highly gendered. Young men were more likely to respond to violence and abuse in a comparable manner, sometimes bringing together a group of friends from the same community to respond to attacks.



Finally, several children explained how they manage their difficulties to minimise their caregivers' stress. Typically, they chose not to share their struggles at school or the abuse and attacks they suffered. They also chose to go without certain basics rather than place further demands on caregivers striving to maintain a household in the face of deepening poverty:



When I grew up a little bit, I realized that the lack of [money to take to school] was not due to my mother. It is our situation in general of being in Jordan: that we are refugees who left our country, and we cannot return. So, it is already a hopeless situation. So, I reached the point to be silent... Before it was hurting me a lot. Now it is hurting, but it's not the same as when I was little.

—17-year-old Somali girl, Amman, Jordan, October 2021



Photo: Anas-Mohammed/Shutterstock



6

SUMMARY of FINDINGS:

Accessing humanitarian assistance

“I only knock on God’s door. I don’t know
any other door to knock on.”

—Somali mother, Amman, August 2021





In our research we keep in mind **THE DISTINCTION BETWEEN** (a) the protection of children within daily life, principally by those in their immediate environment, and (b) Child Protection as an institutionalised set of practices undertaken by humanitarian organisations. Having discussed the efforts of caregivers and others to address serious threats of harm to children, we now consider community members' perspectives on the role these organisations have in relation to their own efforts to protect the young. We offer insights into the connection between humanitarian workers and research participants, and participants' views on the relevance and utility of the support provided.

6.1. UNHCR AND UNRWA

A parallel emerged from our research concerning UNHCR and UNRWA. Both were mentioned repeatedly by research participants. However, while the UNHCR plays a key role in the lives of Syrians, Somalis, Sudanese and Iraqis, they discussed UNHCR in different terms compared to how Palestinians in Gaza spoke about UNRWA. In certain respects, both organisations function as quasi-governmental bodies, but activities and modes of engagement differ.

UNRWA is a unique humanitarian organisation within the UN system given that its staff are overwhelmingly Palestinians registered as refugees. Indeed, UNRWA is a major employer in Gaza and thus plays a key role in the local economy. The agency was most mentioned for health and education services, the quality of which met expectations. Child protection was not mentioned by research participants. It is likely that, in part at least, this reflects an assumption that the source of major risks – war and blockade – are beyond the capacity of UNRWA to address in any meaningful way.

UNHCR does not directly deliver basic services but facilitates refugees' access to health and education. The basis of such facilitation is the provision of documentation that provides a semi-formal status. Refugees who arrived in Jordan after UNHCR had stopped formal registration in 2019 (according to the demands of the Jordanian government) were provided with an 'appointment' letter indicating that UNHCR would interview them for registration after the government policy changed. All research participants received a monthly



stipend from UNHCR of 100 to 300 JD depending on factors such as family size. In some cases, part of the stipend came through food vouchers from the World Food Programme. Such support was the main income for most families, particularly non-Syrians who were not allowed to work in the formal labour market.

Regarding healthcare, UNHCR made referrals to various international and national NGOs in Amman. Experience with this agency was mixed. Some participants recounted frustrating interactions, noting long response times. When seeking access to both education and healthcare, such slowness exacerbated conditions of many households obliged to pay for medical or school fees:



But the school wants the fees of 40 JD for the whole year. They told me that I have to pay. Yesterday the teacher called me, and she said you have to pay on your own. I said, 'Ok what about UNHCR?' She said 'No, UNHCR is late, we want the fees.'

—Sudanese mother, Sahab, Jordan, October 2021

UNHCR's role in protecting children from violence was mentioned principally in terms of legal support and advice. As with health and education, research participants were commonly referred to another agency with specialisation in that area. Nevertheless, there was a widespread sense that UNHCR was responsible for the protection of refugees. For some this expectation was met. Others expressed frustration or resignation:



Now I consider myself safe because we are under the protection of the UNHCR and my children have documents, and if they need treatment, they can be treated, and if someone assaults them, they can go to the UNHCR. So, I consider it safer here than in Sudan.

—Sudanese mother, Amman, Jordan, August 2021



A lawyer from the UNHCR was in contact with me because I am a minor. We told him that an old person wanted to assault me...He told us: 'This is a community problem. We have nothing to do with this, so it's better to leave this place.' He didn't help us.

—Sudanese 17-year-old girl, Amman, Jordan, October 2021



We do not have the space in this report for detailed discussion of different humanitarian agencies' CP programming. However, our research indicates differences between protection issues identified by major agencies and primary concerns articulated to us by participants.

As noted in [Section 1.1](#), the issues typically receiving attention within the CP sector in Gaza and Jordan include child marriage, child labour/begging, and violence against children, particularly violence that is gender-based/sexual/domestic. Regarding child labour, caregivers expressed anxiety about exploitation rather than the work itself. Indeed, participants in both Gaza and Jordan spoke of children's employment as necessary for household survival.



There are Sudanese children – 12, 13, 14, 15 years old – working as casual labour to support their families in covering everyday expenditure. Parents are not able to cover that cost, kids are working in coffee shops...I understand that they are in need: I lived with them for a long time and know them personally. They are really in need.

—Sudanese father, Amman, Jordan, August 2021

Child marriage was never discussed and domestic violence was rarely mentioned. We do not suggest that these are not issues but rather that these were not the sources of harm prioritised by participants.

6.2. OTHER ORGANISATIONS

Participants in both Jordan and Gaza mentioned several other organisations as sources of support. In Jordan, these can be divided into two groups. The first group consists of agencies that are part of a formal structure of humanitarian aid: national and international organisations that are often encountered through referral by UNHCR. In Jordan this included INGOs like Caritas and CARE; national NGOs like the Institute for Family Health/Noor Al-Hussein Foundation offering health and counselling services; or the legal aid organisation Arab Renaissance for Democracy and Development. From the way they were discussed, it seemed that for many refugees these are seen as an extension of UNHCR. This view reflects the arrangement that exists between UNHCR and other organisations that are funded to conduct various activities on the former's behalf.

Like UNHCR, engagement with these organisations was mixed. Some described specific needs that were met or specific problems, such as mental health challenges faced by children, that were ameliorated. Others described receiving responses too late.



The second group of organisations was more informal, with an ethos of voluntary service and ongoing community engagement, for example, Sawiyan and CRP, which were amongst the research partners in Jordan. Unlike many of the larger agencies that refugees approached for assistance, these organisations offered support and a range of leisure and community activities over extended periods, building relationships in the process. Alongside such community-based initiatives, research participants discussed small initiatives that provided immediate material support for specific needs. These were often associated with a religious organisation, such as a church or mosque. Iraqi participants from small religious minorities spoke of mutual aid groups for co-believers, the knowledge of which spread by word of mouth. Assistance given might be rationed according to available resources and was unlikely to be sustained. Nevertheless, participants recounted situations of desperation when such an organisation quickly provided valuable support:



Our charity for Sabians helps us but not on a monthly basis. Just on the religious occasions, and they give just 10 JD per family...The support to the charity is very little, since there is not a specific institution to support. It's just a group of individuals who belong to the sect and live abroad...The collected amounts are either distributed as aid, or for medication purposes, or for the urgent cases.

—Iraqi mother, Amman, Jordan, August 2021

Gaza participants mentioned a smaller range of organisations from which they sought support. Beyond UNRWA these included project partner, the Tamer Institute, and the local Red Crescent Society, both of which offered varying assistance and opportunities. Discussion of assistance from extended family was greater than mention of support from institutions. This was the opposite of Jordan where most participants lived in nuclear, two-generational households, and lacked a family network of support.

In Gaza we enquired about people's experience of government support in caring for their children but there were few examples. In fact, discussion of political authorities in Gaza was largely negative, alluding to the failure to provide for children. Given the schism between Hamas and the Fatah-led Palestinian Authority, and the no-contact policy of major donors towards Hamas, it is unsurprising that caregivers should see the government as unsupportive.



...no one cares about the children from the government...the government is supposed to provide psychological support for children, entertainment, open parks, and playing areas, but the government does nothing.

—Palestinian Father, Gaza, Palestine, October 2021



DISCUSSION of FINDINGS: Understanding neglect

“We do not provide for them. I mean, it is not in my hands. I cannot provide them with anything. But the help is in my heart, and from the bottom of my heart I can help them. I mean, I talk to them about the current circumstances, and that they must be patient, and I tell them that this is what we have, if we don’t have, that is it.”

—Sudanese mother, Amman, August, 2021



In [Section 2](#), informed by research, we made several **OBSERVATIONS** regarding child neglect in humanitarian settings, which are summarised below:

- neglect is widely acknowledged within the literature as the most widespread form of child maltreatment and thus a major child protection concern
- the study of child neglect in settings of humanitarian action is limited
- neglect, when discussed, is commonly framed as a failure of caregivers to meet children’s basic needs
- research indicates that neglect is also a product of the humanitarian system

We also noted the findings of a 2018 desk-based study of child neglect in settings of humanitarian action commissioned by The Alliance.³⁶ Drawing on the literature, the authors identified seven forms of neglect. We consider four in relation to our community-based research: (1) physical neglect, (2) medical neglect, (3) educational neglect, and (4) supervisory neglect. The intention is to illustrate that child neglect should be seen as the product of a humanitarian system as it functions in different geographical settings for different populations. This perspective does not deny caregivers’ responsibility; however, a wider picture is vital to prevent neglect. Moreover, we must consider how the humanitarian system may be neglectful when it is undermined in its child protection and wellbeing efforts by underfunding and, in some cases, lack of donor government political will. This perspective connects neglect at the local level to national and global decisions.

PHYSICAL NEGLECT:



failure to protect a child from harm or to fulfil a child’s rights to the necessities for survival including adequate food, shelter, clothing, and basic medical care.

Caregivers require financial resources to meet children’s basic needs. We described the effects of grinding poverty on all five communities. Whether due to legal constraints on working in the formal economy (Jordan) or because of chronic lack of employment opportunities in an economy under blockade



(Gaza), caregivers are forced to piece together resources to provide for children. This may be a combination of stipends from humanitarian organisations, occasional earnings from exploitative labour, small gifts from extended family or community members, and the amassing of debt. Long-term poverty creates pressure for children to take up employment that may be unsafe.

Elements of the humanitarian system contribute to physical neglect. In Jordan, the host government's policy against refugees accessing legal employment prevents caregivers from providing basic necessities for children's survival. Humanitarian organisations and major governmental donors have managed to influence the government to some extent. Since 2017 some Syrian refugees have been granted work permits in a few sectors. Meanwhile, donors have given insufficient funds for the universal rollout of cash assistance to provide food, housing, clothing, and medical care. Caregivers limited resources result in priority dilemmas that consider not only children's physical survival but also their dignity. The state of the clothing children wear to school or the food they bring with them to eat alongside classmates have a bearing on how they feel about themselves and can impact their willingness to participate in formal schooling.

MEDICAL NEGLECT:



failure to seek timely and appropriate medical care for a serious physical or mental health condition.

As reported above, in Gaza access to basic medical care for refugee children is generally adequate, principally through UNRWA clinics where diagnosis and treatment are free. But beyond basic care the limitations and costs of the health system create significant challenges for caregivers of children with more serious conditions. Blockade, damage through military attack, under-funding, and shortage of senior health professionals cause medical neglect, compounded by caregivers' poor economic circumstances that limit access to private health facilities.

In Jordan, access exists in principle; however, as participants explained, accessing health professionals for diagnosis and treatment is difficult and can be costly. Obtaining approval for medical costs from UNHCR can be time consuming and is followed by long waiting times at a limited number of accessible clinics. Opportunity costs are not looking after other children and foregoing



opportunities to earn money (albeit in the informal economy). Thus, the humanitarian system in Jordan is implicated in medical neglect. Caregivers are likely to seek more accessible treatments, often palliative rather than remedial, to try and manage a child's health problem, minimising financial costs and time. Options are more limited for mental health issues.

EDUCATIONAL NEGLECT:



failure to secure a child's education through attendance at school or otherwise.

For most caregivers, gaining children's access to medical services is an occasional task. By comparison, ensuring children's access to formal schooling is an ongoing, sometimes daily, challenge. In Jordan, particularly non-Syrian refugees can face hurdles every school year and sometimes more frequently. Several hurdles are direct consequences of the humanitarian system. Lack of consistency of and poor coordination between public sector employees (notably school principals), humanitarian organisations, host government, and major donors have produced many of these hurdles. The need to get specific documentation demanded by schools for registration, the time required to get free schoolbooks through a complex system, and the lack of certainty that free access will continue year over year are some of the problems due to the humanitarian system. In addition, caregivers reported the need to regularly visit schools to address verbal and physical abuse, and mistreatment by teachers. These challenges are in addition to the ongoing need to find funds for uniforms, food, and transportation to and from school. Numerous participants in Jordan said they had to remove children from school due to cost barriers and, most commonly, to prevent direct physical and psychological harm against children.

In Gaza dropout was also mentioned but generally due to the family's economic situation, which is a further consequence of the dynamic that has led to steadily worsening poverty; a dynamic that the humanitarian system has not been able to address.



SUPERVISORY NEGLECT:



failure to provide a safe environment with appropriate adult supervision, thereby placing the child at risk of harm.

For different reasons, children across the five communities do not enjoy a safe environment. In Gaza this is most obviously due to military violence routinely injuring and killing children and destroying civilian infrastructure. Given the impossibility for caregivers to prevent such harm, the common response was to try to reduce children's fears and trauma. In addition to immediate risks created by armed conflict, children's environment is chronically unsafe. Ruined buildings, simply left in rubble, perpetuate risk to children, particularly when they seek play spaces, amidst the densely populated terrain of the Gaza Strip. Caregivers cannot solve this issue alone. It requires concerted efforts to render the environment safe and ensure children can enjoy suitable space for play.

In Jordan, refugee children's environment is rendered unsafe by the threat of physical and verbal abuse. We have shared quotes illustrating some of the serious harm that children experience, particularly those of darker skin. Police, the legal system, and public sector employees often fail to act impartially to ensure children can learn, play, and relax without fear of harm. There seems to be a disconnect between humanitarian organisations and the Jordanian authorities. As non-citizens, caregivers are often left to seek justice or protection on their own from a position of considerable disadvantage.

The provision of appropriate adult supervision emerged in interviews in both Jordan and Gaza. Alongside the constraints arising from poverty and the need to devote time to scrape together the means to meet basic needs, many caregivers described situations of overload. Particularly in Jordan, the threats to children in everyday life require refugee caregivers to be present in more settings, more regularly than most citizens. As noted, they also commonly lack extended family networks to draw on for assistance. The numerous lone caregivers, typically women, face particular challenges in supervising several children at once.



CONCLUSIONS and RECOMMENDATIONS

“I say, God willing, we as children will live in safety. I do not want peace just for myself. This peace should be available to everyone.”

—11 year-old girl from the Gaza Strip, Palestine,
October 2021





The research that informs this report provides a **UNIQUE PERSPECTIVE**. Rather than taking humanitarian programming as the central focus we chose to prioritise the perspectives and experiences of caregivers and children from different national communities: Palestinian, Iraqi, Sudanese, Somali, and Syrian. Adopting this approach allowed us to consider the relevance of humanitarian action to these vulnerable populations and their efforts to protect the young.

By placing the experience and perspectives of caregivers, striving to protect children, at the heart of our enquiry, we did not intend to dismiss the significant role of CP professionals. Indeed, our research participants had clear ideas about the need for local, national, and international organisations to play their respective part in ensuring children are protected from ongoing, serious threats to their wellbeing.

Central to our analysis was the distinction between (a) CP as an institutionalised field of humanitarian action, and (b) the efforts of caregivers and children to ensure the protection of children in everyday life. Some differentiating characteristics of (a) and (b) are indicated in [Table 1 in section 2](#) and reproduced here:

Table 4: Some key distinguishing factors of Child Protection and protecting children

	Child Protection	protecting children
Primary agents of protection	Professional humanitarians, social workers, and CBOs	Parents/caregivers, children themselves
Object of protection	Individual children	Children as family, household, and community members
Source for identifying main protection issues	Institutional (primarily global with effort to 'contextualise')	Daily life (inherently local)
Framing and justifying discourse	Child rights	Children's needs

The differences indicated in Table 4 should not be seen as irreconcilable. Quite the opposite. We contend that addressing child neglect necessitates a dynamic relationship between CP professionals and communities. For example, humanitarians' focus on children as individual rights holders, should not preclude engagement with the concerns of caregivers about meeting the protection needs of all children in their care. Indeed, it seems vital that CP programming



ENCOURAGINGLY, IN ITS FIVE-YEAR STRATEGY THE ACPHA CALLS FOR THE 'REDISTRIBUTION OF POWER' FROM THE UN AGENCIES AND INGOs TO 'NATIONAL AND LOCAL ACTORS'.

takes account of the considerations of caregivers trying to ensure the safety of several children simultaneously. As our research indicates, given economic deprivation, inaccessible basic services, and threat of violence, caregivers must prioritise, asking questions about which child is most immediately under threat and who is most vulnerable to harm due to gender, age, personality, and so on.

Professional humanitarians, caregivers, and children need to bring their different perspectives into sustained dialogue if CP programming is to make a meaningful contribution to everyday efforts to protect children. Protection issues that should receive specific attention must be identified collaboratively, and institutional assumptions considered through the lens of local experience.

Professional humanitarians need a reflexive approach that questions assumptions behind efforts to target caregivers with messages intended to change attitudes and behaviours considered by humanitarians as giving rise to the neglect or harm of children. Child neglect should, instead, be seen as a product of the humanitarian system, broadly conceived, in which humanitarian organisations and caregivers are the two central elements, each needing the other to develop a broader understanding.

In-depth ongoing dialogue between professional humanitarians and caregivers is strongly implied in the localisation vision that is a key element of The Alliance's five-year strategy. We endorse this focus on localisation, which according to the Alliance, involves:



Re-conceptualising understandings of capacity and expertise that prioritise Indigenous values and approaches to children's protection and well-being; that build on the wealth of knowledge from community, local, and national actors; and that use these as the basis for capacity sharing and learning initiatives.

—The Alliance 2021–2025 Strategy, p.24³⁷

Within the CP field, the rights-based approach, partnership, and participation are well-established notions that resonate with localisation and bring into question the distribution and exercise of power. Encouragingly, in its five-year strategy The Alliance calls for the 'redistribution of power' from the UN agencies and INGOs to 'national and local actors'. Strengthening channels for ongoing communication between humanitarian organisations and communities where children are at risk could contribute to a redistribution of power. But it needs to be thorough and ongoing, with regular discussions about project conceptualisation, evaluation, review, and so on. Such communication would both constitute and promote appreciation for the insights that



caregivers and children can provide. We hope, through this report, to have shared findings that demonstrate the immense value of those insights and the ethical and practical rationale for CP professionals to embrace these in the design, implementation, and evaluation of their work.

8.1. RECOMMENDATIONS

1. Conduct a 'neglect audit' in each setting involving CP professionals and community members that traces if and how the humanitarian system contributes to neglect, asking these key questions:
 - are all populations of displaced and conflict-affected children being served, and being served equitably, by child protection programming, in keeping with the core humanitarian principle of impartiality and the notion of universality that is central to the UNCRC?
 - do humanitarian organisations fully understand the risks faced by children and the challenges encountered by caregivers in addressing those risks? What steps are they taking to develop their understanding of an evolving situation through engagement at community level?
 - are measures to address the risks appropriate and holistic. For example, when addressing issues such as child labour and child marriage do humanitarian organisations consider political and economic causes as well as those associated with social and cultural forces?
2. Address directly the connections between elements of the humanitarian system in each setting that need change or strengthening to reduce the likelihood of child neglect.





ENDNOTES

- ¹ Grant number AH/T007508/1.
- ² Global Protection Cluster (2014). '[Child Protection in Emergencies is About Preventing and Responding to Violence, Abuse, Exploitation and Neglect of Children During Times of Emergency Caused by Natural and Man-Made Disasters, Conflict or Other Crises.](#)' Accessed 3 February 2022.
- ³ The Alliance for Child Protection in Humanitarian Action (2018). [Child Neglect in Humanitarian Settings: Literature review and recommendations for strengthening prevention and response.](#) Geneva: The Alliance.
- ⁴ We followed the 2018 study of child neglect commissioned by the Alliance for Child Protection in Humanitarian Action, in defining neglect as 'the intentional or unintentional failure of a caregiver – any person, community, or institution (including the State) with clear responsibility for the wellbeing of the child – to protect a child from actual or potential harm or to fulfil that child's rights to wellbeing'. The Alliance for Child Protection in Humanitarian Action (2018). [Child Neglect in Humanitarian Settings: Literature review and recommendations for strengthening prevention and response.](#) Geneva: The Alliance.
- ⁵ UNRWA, accessed 13 April 2022 at <https://www.unrwa.org/where-we-work/gaza-strip>.
- ⁶ Ibid, accessed 5 May 2022.
- ⁷ UNOCHA (2021). '[Protection of Civilians Report | 24-31 May 2021.](#)' accessed 5 May 2022.
- ⁸ The Alliance for Child Protection in Humanitarian Action (2019). [Minimum Standards for Child Protection in Humanitarian Action](#) (2019 Edition). Geneva: The Alliance, accessed 5 May 2022.
- ⁹ Eirik Christophersen (2020). "[These 10 countries receive the most refugees.](#)" the Norwegian Refugee Council, published 01 Nov 2020, accessed 5 May 2022.
- ¹⁰ UNRWA, accessed 5 May 2022 at <https://www.unrwa.org/where-we-work/jordan>.
- ¹¹ UNHCR (2022). '[Jordan - Statistical Report on UNHCR Registered PoC as of 15 April 2022.](#)' accessed 24 April 2022.
- ¹² The Hashemite Kingdom of Jordan Ministry of Planning and International Cooperation (2020). [Jordan Response Plan for the Syria Crisis 2020-2022.](#) United Nations and Jordan Response Platform for the Syria Crisis, accessed 24 April 2022.
- ¹³ UNHCR, accessed 5 May 2022 at <https://help.unhcr.org/jordan/en/helpful-services-unhcr/resettlement-unhcr/>.
- ¹⁴ United Nations (1989). "[Convention on the Rights of the Child.](#)" Treaty Series 1577 (November): 3.
- ¹⁵ Ibid, The Alliance 2019.
- ¹⁶ Jordan is not a State Party to the 1951 Refugee Convention and the 1967 Protocol; hence residency is generally limited only to those with considerable financial resources or sought-after professional skills.
- ¹⁷ On average, the research participants from the Iraqi community had been in Jordan for four years, nine years for the participants from the Syrian community. The participants from the Sudanese community had been in Jordan for 12 years on average, and more than half of them had been in Jordan for longer than 14 years (56%).
- ¹⁸ See K. Vitus, '[Waiting Time: The De-Subjectification of Children in Danish Asylum Centres.](#)' *Childhood* 17(1), 26–42. Also, K. Robjant, R. Hassan, & C. Katona (2009). 'Mental Health Implications of Detaining Asylum Seekers: Systematic Review,' *British Journal of Psychiatry* 194(4), 306-312. doi:10.1192/bjp.bp.108.053223.



- ¹⁹ Baughan, E. (2022). *Saving the Children: Humanitarianism, Internationalism, and Empire*. Oakland: University of California Press; Cabanes, B. (2014). *The Great War and the Origins of Humanitarianism 1918-1924*. Cambridge: Cambridge University Press.
- ²⁰ Ibid, United Nations (1989).
- ²¹ See, for example, The Alliance [Minimum Standards for Child Protection in Humanitarian Action](#) (2019 Edition), *ibid*.
- ²² The Alliance for Child Protection in Humanitarian Action (2021). '[Clarion Call: The Centrality of Children and their Protection within Humanitarian Action, 2021-2025 Strategy](#),' Geneva: The Alliance. Accessed 2 June 2022.
- ²³ The United Nations Relief and Works Agency (UNRWA) for Palestine Refugees in the Near East.
- ²⁴ UNRWA, accessed 13 April 2022 at <https://www.unrwa.org/where-we-work/gaza-strip>.
- ²⁵ Global Protection Cluster, Child Protection (2014). '[What is Child Protection in Emergencies?](#)' accessed 3 February 2022.
- ²⁶ Ibid, The Alliance (2018), p.3.
- ²⁷ Ibid, p.8.
- ²⁸ Categories are quoted directly from The Alliance (2018), p.8-9.
- ²⁹ Ethics approval for the project was obtained through the ESRC-compliant Social Science Research Ethics Committee at the University of Bath.
- ³⁰ 10 and 15 from the Sudanese community in Sahab and Amman respectively, 15 from the Somali community, 15 from the Syrian community, 15 from the Iraqi community, and 30 from refugees in the Gaza Strip.
- ³¹ The five fields of UNRWA operations are: Gaza, the West Bank, Jordan, Lebanon, and Syria. As well as being a source of support, UNRWA is also a major employer.
- ³² At the time of research, 1 JD (Jordanian dinar) was equivalent to roughly £1.10. So, the journey would cost around £11 (\$15) – a significant amount for families living on cash assistance of 300 JD per month or less to cover housing, food, utilities, and all other bills.
- ³³ ICRC, '[Gaza: Health situation in Gaza](#),' accessed 5.5.2022.
- ³⁴ Johnston, R., Kvittingen, A., Baslan, D., & Verduijn S. H. (2019). [Social Networks in Refugee Response: What we can learn from Sudanese and Yemeni in Jordan](#). Amman: Mixed Migration Centre. Accessed 26 April 2022.
- ³⁵ As opposed to horizontal social connections that link people to others who share similar social characteristics, in this case the same socio-economic status.
- ³⁶ Ibid, The Alliance (2018).
- ³⁷ Ibid, The Alliance (2021).

