



**JORDAN**

**MULTI-SECTOR NEEDS  
ASSESSMENT**

Vulnerable Out-of-Reach  
Communities (VOC)

May 2020

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### About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information please visit our website: [www.reach-initiative.org](http://www.reach-initiative.org).

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## SUMMARY

Jordan is one of the world's largest refugee hosting countries relative to its population, with 89 refugees per 1,000 inhabitants.<sup>1</sup> In addition to hosting a large number of registered refugees from Syria, Jordan is home to various communities of asylum seekers, refugees and migrants from other countries such as Egypt, Iraq, Pakistan, Sudan, Palestine and Yemen. Many of these migrant and refugee communities live outside refugee camps.<sup>2</sup> The Government of Jordan and non-governmental organizations (NGOs) have been working together to address the needs of vulnerable populations in host communities and camps. These actors have provided services also to vulnerable out-of-reach communities (VOC), but with limited capacity.

Vulnerable out-of-reach communities are settled throughout Jordan especially in rural areas and often move within the country to access services or livelihoods opportunities. They face a range of vulnerabilities, as many of them are refugees or migrants working as low-skilled seasonal labour, living in basic shelters exposed to weather conditions, and lacking basic infrastructure, such as water and sanitation facilities. Also, due to their remote locations and high rate of movement, VOC experience challenges with accessing services such as education. . There was an assessment, conducted by REACH/UNICEF in 2014, that focused on VOC and covered multiple sectors, but there is little insight on the current needs of this population. Comprehensive and up-to-date information is necessary to better understand and serve this highly-vulnerable population.

Within this context, REACH conducted a Multi-Sector Needs Assessment (MSNA) to inform actors' response and programming, particularly in coordination with the VOC Working Group in Jordan. The assessment was funded by the Swiss Agency for Development and Cooperation (SDC), as well as the Department for International Development (DFID), United Nations Children Fund (UNICEF), World Food Programme (WFP), International Labour Organization (ILO) and Mixed Migration Centre (MMC). The assessment mainly utilized a quantitative approach, and data collection aimed to reach all available VOC settlements throughout the country, from December, 2019 to February, 2020.

The assessment covered a total of 2,435 household (HH) interviews in 373 settlements, which represented 15,761 individuals. In addition, 653 key informants (KI) were interviewed about settlement level information, such as challenges to access livelihoods opportunities, shelter needs, healthcare access, safety and protection concerns, and relations with the surrounding community.

Key findings from the assessment are:

### Geographical location of VOCs

- Around half of the individuals in VOC population (45%) were in Mafraq governorate, followed by 17% in Irbid, 13% in Balqa and 11% in Karak.
- Individuals in VOC were also in Amman (7%), Zarqa (3%), Madaba (3%), Aqaba (1%) and Jarash (1%).
- No VOC settlements were identified in the governorates of Tafleeh and Ajloun.

### Demographic information

- The majority of VOC HHs were Syrian (96%) and 3.6% were Pakistani. Other nationalities (Egyptian, Palestinian and Yemeni) made up 0.45% of the surveyed population.
- Children (under the age of 18) made up around half (55%) of the VOC population. Adults aged 18-59 made up 43% of the VOC population, and adults aged 60 or above made up 2%.

<sup>1</sup> UNHCR data-portal, as of March 2020.

<sup>2</sup> Action Against Hunger, Vulnerability Assessment Framework (VAF), (2019).

- Majority of HHs (81%) consisted of only one family while 14% of two families and 3% consisted of three families.
- On average, HHs had 6.5 members.
- Settlement composition varied from one single HH to a maximum of forty-one HHs. However, most settlements had between one to ten HHs.

### Past movement and movement intentions

- Overall, 50% of HHs reported moving at least once within the past one year.
- HHs in Mafrq reported moving the least. On the other hand, 94% of HHs in Karak reported moving at least once within the past year prior to the assessment.
- The highest reported reason for past movement (90%) was to get better income opportunities. Similarly, 92% of HHs that reported intending to move within the next year (n=489) reported considering to move due to livelihood opportunities.
- For the next year, 57% of HHs reported not intending to move, 22% reported they intended to move and 21% reported not knowing whether they would be moving or not. Mafrq was the highest reported destination (42%) for HHs looking to move to a VOC settlement in a different governorate.
- It can be noted that no HHs reported intending to return to their country of origin or move to another country from Jordan.

### Livelihoods

- The three main reported sources of income were daily labour (80%), taking loans or borrowing money (53%), and cash assistance from charities, non-governmental organizations (NGOs) or United Nations (UN) agencies (53%). In 9% of HHs, child labour was also reported as an income source.
- Average monthly expenditure on basic needs was 249 JOD. The largest proportion of reported HH expenditure in the 30 days prior to data collection was on food, followed by health-related costs and electricity, cooking and heating fuel.
- Eighty-eight percent (88%) of HHs reported having debt, and the average reported debt amount was 949 JOD.<sup>3</sup> Seventy-four percent (74%) of Pakistani HHs reported having debts, with an average amount of 5,120 JOD.<sup>3</sup> Syrian HHs had a larger proportion of reported debt-owners (88%), but with a much smaller average (839 JOD).
- Main reported reasons for debt were purchasing food (74%) and covering health expenses (67%).

### Food security

- Main reported sources of food were purchases from stores/markets (96%) and WFP assistance (79%).
- Results from the Food Consumption Score (FCS) showed that 70% of HHs had an acceptable FCS score, 23% had a borderline score and 7% had poor scores.
- According to the Dietary Diversity Scores, 46% of HHs were consuming an optimal diet with a minimum of six food groups consumed during the week while 54% were consuming a sub-optimal diet.
- The most common reported coping strategy (42%) used on an average of two days per week was to borrow food or receive help from friends or relatives. In addition, in order to mitigate lack of access to food, 40% of HHs reported resorting to less preferred/less expensive food compared with their regular standards on an average of three days.
- Eighty-five percent (85%) of HHs reported using at least one coping strategy, meaning that only 15% of HHs managed to meet their food needs without adopting any livelihood-based coping strategies. Across

<sup>3</sup> HH debt amounts of 30,000 JOD and more (9 cases) were excluded from this calculation for the average reported debt amount.

all livelihood coping strategies, 51% of HHs reported using stress strategies, such as borrowing money or spending savings.

### Education

- Eighty-nine percent (89%) of HHs reported having at least one child and 65% reported having at least one school-aged child between 6 and 17 years of age.
- Overall, 43% of HHs with school-aged children reported that at least one child from the HH was attending formal education while 57% reported that no child was attending formal education.
- Among all children, 59% were reported to be school-aged.
- Thirty-two percent (32%) of all school-aged children were reportedly attending a formal school at the time of the assessment.
- Across governorates, Ma'raq had the highest reported percentage of children attending formal education (47%). Aqaba, Jerash and Ma'an had no attendance in formal education at all.
- The main reported reasons for not attending school were lack of funds to afford related costs (47%), distance/lack of transportation (25%), HHs' frequent relocation (22%) and child labour (18%).

### Health

- Eighty-seven percent (87%) of HHs reported that at least one HH member had a health problem over the 30 days prior to the assessment.
- Sixty-seven percent (67%) of KI reported numerous cases of respiratory diseases, 24% reported cases of fever and 16% reported cases of diarrhoea, as main health problems experienced by individuals in VOC over the month prior to data collection.
- Thirty-seven percent (37%) of HHs reported having at least one member with a chronic health condition. Hypertension was the most prevalent (22%), followed by diabetes (11%), asthma (11%) and heart / cardiovascular disease, including stroke cases (7%).
- The main reported reasons for difficulties accessing healthcare were cost of healthcare (81%), cost of treatment/medication (47%), and cost of transportation (38%).
- Thirty-two percent (32%) of HHs reported having at least one pregnant HH member (n=774). Among these HHs, only 4% reported antenatal care (ANC) registration in a health centre.

### Water, sanitation and hygiene (WASH)

- The main reported sources of water were water trucking (55% for drinking water, 53% for non-drinking water), purchasing water from a shop (29% for drinking water), and connecting to a borehole or well with a pump (12% for drinking water, 30% for non-drinking water).
- Twenty percent (20%) of HHs reported challenges accessing water. The main reported challenges were: not having enough containers to store water (34%), water being too expensive (33%) and difficulty to transport water (25%). Across governorates, Irbid had the highest reported proportion with difficulties accessing water (32%).
- Overall, 6% of HHs reported not having access to drinking water for 5 days or more over the past 30 days prior to the assessment. The main reported coping mechanism in absence of water was borrowing water from family or neighbours (85%).
- The main reported types of toilets used by HHs were pit latrines without a slab/platform (45%), pit latrines with a slab/platform (22%) and open holes (17%). Forty-three percent (43%) of HHs reportedly shared a communal toilet.

### Shelter

- The majority of HHs reported using tents (89%), followed by prefabricated caravans (9%), makeshift shelters (5%), and shelters built of bricks and cement (5%).
- Ninety-three percent (93%) of HHs reported having shelter related needs. The main reported needs were protection from hazards (49%), enhanced privacy and dignity (36%), and structural enhancement and rehabilitation to improve stability (31%).

### Social cohesion

- Forty-two percent (42%) of HHs reported that they interacted with the host community as needed (with no regular frequency), while 35% reported interacting around every day and 15% reported around once a week. In contrast, 7% in Mafraq and 4% in Irbid reported that they never interacted with local communities near their settlement.
- The main reported reasons for frequent interaction (around every day or around once a week) were about employment (79%), to get food (54%), and informal communication – such as friendly visits/casual communication (54%).

### Safety and protection

- Eighteen percent (18%) of KI reported WASH facilities to be areas where women and girls did not feel safe.
- Eighty-two percent (82%) of KI reported that environmental risks could lead to death or injury of children (below 18 years of age) in their settlements.

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## List of acronyms

<b>CFSME</b>	Comprehensive Food Security Monitoring Exercise
<b>CFSVA</b>	Comprehensive Food Security and Vulnerability Assessment
<b>CSI</b>	Coping Strategy Index
<b>DFID</b>	Department for International Development
<b>DDS</b>	Dietary Diversity Score
<b>FCS</b>	Food Consumption Score
<b>HH</b>	Household
<b>HoH</b>	Head of Household
<b>ILO</b>	International Labour Organization
<b>JOD</b>	Jordanian Dinar
<b>KI</b>	Key Informants
<b>KII</b>	Key Informant Interview
<b>MMC</b>	Mixed Migration Centre
<b>NGO</b>	Non-Governmental Organization
<b>r-CSI</b>	Reduced Coping Strategy Index
<b>SDC</b>	Swiss Agency for Development and Cooperation
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNRWA</b>	United Nations Relief and Works Agency for Palestine Refugees
<b>VOC</b>	Vulnerable out-of-reach Communities
<b>WASH</b>	Water, sanitation and hygiene
<b>WFP</b>	World Food Programme

## Geographical classifications

**Governorate:** Highest form of governance below the national level

- The governorate has an executive and advisory board.
- The governorate is headed by the governor.
- The governor is the highest executive authority in the governorate and the representative of the executive authority and leads all government employees in the governorate. The governor also has the authority over all governorate departments except for the judge.

**District:** Governorates are divided into districts.

- The district has an executive and advisory board.
- The district reports to the governorate.
- The district office is an administrative area within the governorate, headed by the district officer or district administrator.

**Sub-District:** Districts are divided into sub districts

- The governorate, district and sub district represent the government and designed to enforce law.

## INTRODUCTION

With roughly 750,000 registered refugees, Jordan is one of the world's largest hosting countries relative to its population, with 89 refugees per 1,000 inhabitants and the majority of registered refugees being Syrian (88%).<sup>4</sup> In addition to hosting refugees and asylum seekers, Jordan is home to various communities of migrants, from Syria and other countries such as Egypt, Iraq, Pakistan, Sudan and Yemen. The majority of these migrant and refugee communities -approximately 83%- are living in areas outside refugee camps.<sup>5</sup>

Over 2013-2014, REACH, in partnership with UNICEF, conducted various multi-sector needs assessments in these communities, with a particular focus on vulnerable out-of-reach communities (VOC). These communities are 'out-of-reach', as they often settle in rural areas and migrate relatively more than similar populations, making it difficult to reach them. They are also 'vulnerable', often falling outside the relief response in formally-managed camps or in host communities. They often live in makeshift shelters and lack basic infrastructure, such as water and sanitation facilities.

The most recent assessment focused primarily on this population, carried out by REACH in August 2014, found VOC settlements across Jordan. This assessment pointed out that VOC residents suffered from a range of specific vulnerabilities, around accessing basic services such water and sanitation infrastructure, education and health. Some main highlights are noted below, all in reference to the above-mentioned report (REACH assessment - Syrian refugees staying in vulnerable out-of-reach communities in Jordan multi sector assessment report, August 2014). Key findings of this report include service gaps in education, as only 3.5% of the school-aged population was reported to attend school at the time of the assessment. In addition, water and sanitation infrastructure and service provision was found to be inadequate, as 23 settlements hosting 784 individuals had no access to either private or communal latrine infrastructure. Also, food insecurity was widespread, as over a third (38.7%) of HHs were identified as vulnerable to food insecurity, whilst a fifth (20.3%) were food insecure.

Since then, the context in Jordan has changed considerably, potentially affecting both the needs and opportunities. Increased numbers of Syrian refugees living outside the camp environment and the subsequent pressure on resources have increased the need to further understand the specific challenges for VOC.

Despite a small number of actors providing support to these communities, programming faces obstacles due to the highly mobile nature of VOC as well as the lack of updated data. As such, current data on the needs, movements, intentions, and demographics of VOC is essential for relevant and effective programming. Providing this updated information will ensure that humanitarian organizations have a better understanding of the VOC and will enable such organizations to provide (further) assistance to VOC. Also, any programming related to support for VOC will be more cost-effective, since the assessment will provide information, including demographic characteristics and sector-specific needs regarding the population within each VOC.

Within this context, REACH conducted a Multi Sector Needs Assessment (MSNA) to inform actors' response and programming. The assessment mainly utilized a quantitative approach and was implemented throughout the country, in order to gain insight into the needs of VOC across the following sectors: livelihoods, food security, education, health, water, sanitation and hygiene (WASH), shelter, social cohesion, and safety and protection.

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<sup>4</sup> UNHCR data-portal, as of March 2020.

<sup>5</sup> Action Against Hunger, Vulnerability Assessment Framework (VAF), (2019).



## METHODOLOGY

### Methodology overview

The assessment was implemented using a quantitative approach to collect data on key indicators, involving structured HH-level interviews and structured key informant interviews (KII). Field teams conducted interviews in accessible areas throughout all 12 governorates of Jordan. Settlements of four tents and above were included in the assessment. A three-day training took place at the commencement of the project. The background and purpose of the study were discussed, as well as the methodology and data collection tools. The training also covered best practices for data collection, ethics, confidentiality, logistics, communication and data entry guidelines. After the training, a pilot of data collection was done on the 4th of December, 2019, to ensure that the enumerators were able to effectively use the tools and determine that the tools were appropriate for the assessment. During the piloting, feedback from the enumerators and respondents was used to review and finalize the tools. Data collection took place between 5<sup>th</sup> of December, 2019 and 27<sup>th</sup> of February, 2020.

Overall, the assessment covered a total of 373 VOC settlements, 2,435 HHs and 653 key informants (KI).

During data collection,

- 475 settlements were identified. Out of these, 373 were included in the assessment and 102 were not surveyed due to reasons such as refusal to participate, unavailability, and language barriers in a small number of cases.
- 2,609 HHs were reached. Out of these, 2,435 HHs were interviewed while 174 HHs were not surveyed due to the reasons mentioned above.
- 712 KI were reached. 653 of these KI were interviewed, while 59 were not surveyed due to the reasons mentioned above. Out of the KI interviewed, 308 were female and 345 were male.

Table 1: Sample

	Settlements	HHs	Key informants
Surveyed	373	2435	653
Not surveyed	102	174	59
Total (Identified)	475	2609	712

Table 2: Number of surveys per governorate

Governorates	Settlements	HHs	Key informants
Mafrq	133	1,181	244
Irbid	66	404	122
Balqa	57	293	95
Karak	39	235	64
Amman	45	155	74
Madaba	8	68	16
Zarqa	17	54	26
Aqaba	3	28	5
Jerash	3	12	5
Ma'an	2	5	2
<b>Total</b>	<b>373</b>	<b>2435</b>	<b>653</b>

## Population of interest

The population of interest consisted of refugees and migrants from Syria or other countries (excluding Jordanians) living in vulnerable out-of-reach communities. The total population meeting these criteria was unknown at the beginning of the assessment and was determined through the assessment. Settlements of four tents and above were included in the assessment.

## Data collection and sampling

KII were selected using a purposive sampling method. For each settlement, field teams asked to conduct two KII with individuals knowledgeable about the situation for the population living in the settlement. One KII was conducted with a male member of the settlement, and another with a female member to gather information on topics such as protection, health and education. The same question set was used for both male and female KI, in order to triangulate results and to detect any variations of insight depending on the gender of respondents.

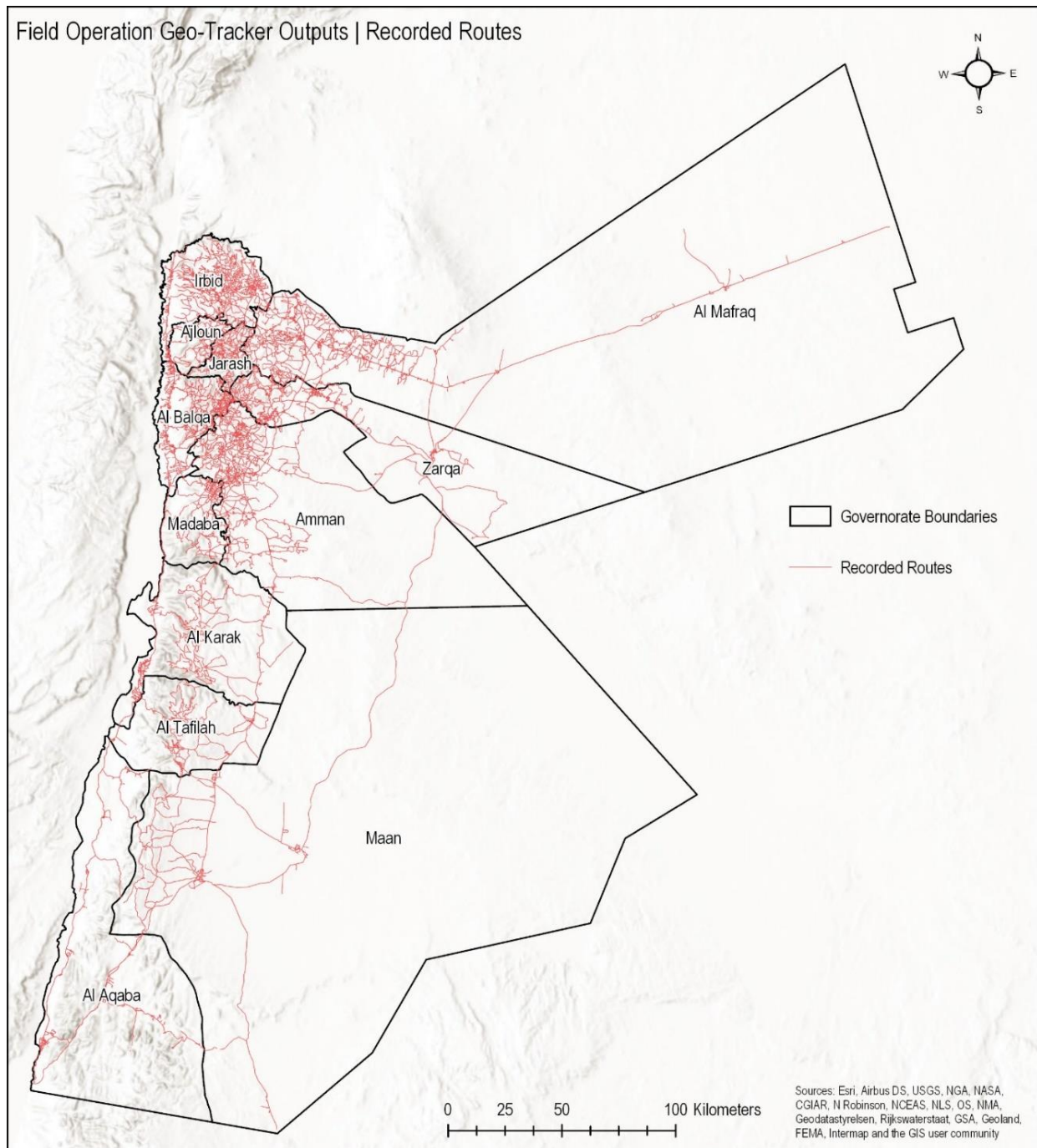
In addition to KII, HH interviews were included in the assessment using a census approach. All available HHs were assessed in every identified settlement across the country. For HH interviews, heads of households (HoH) were asked to participate in the interview. However, if the HoH was not available, an adult member of the HH who was present and knowledgeable about the affairs of the HH was asked to participate in the interview. The HH interviews and the KII were conducted using the mobile survey software application Kobo toolbox.

Given the remote locations of settlements, data collection took three months. Overall, a total of 6 community mobilizers and 3 project assistants were deployed to conduct data collection, with each team consisting of 2 community mobilizers and 1 project assistant.

As the target population was known to have a high rate of mobility, the field teams conducted data collection as soon as VOC locations were identified. To identify VOCs, field teams were deployed throughout Jordan, starting from the north and ending in the south covering all of Jordan (all 12 governorates). Data collection was conducted at the sub-district level, meaning each sub district was scoped by field teams to identify VOCs. The scoping was done by driving in every main road in each sub-district. In addition to this, several other measures were taken to ensure identification was comprehensive. These are described below.

Five different tools for tracking were taken into account to improve detection of VOC. First, surveyed HHs and key informants were asked to provide information for other settlements, thus facilitating VOC identification through a snowballing approach. Second, field teams identified and coordinated with members of local communities to learn about VOC locations in a given sub-district. Third, geographical information systems (GIS) were used to ensure that VOC were identified even if they had not been mentioned by other community members. For example, high-altitude points were provided to field teams so that they could reach elevations (mountains, hills etc.) and observe the landscape for VOC in the area. Fourth, field teams were provided with locations, as global positioning system (GPS) coordinates, where VOC could have been settled. These locations were derived from the dataset of earlier assessments that located VOC, as well as night-light imagery and green landscape identification. Finally, a tracking tool was used to capture the route taken by field teams, thus enabling the teams to assess which parts of a sub-district had been covered and which parts had been left out. Looking at the route, field teams made sure to cover as much of the country as possible. The route taken by field teams is provided below.

Map 1: Recorded routes by field teams



### Data processing and analysis

During data collection, data was reviewed on a regular basis for quality assurance and to identify any errors in data collection and to re-code entries if needed. Also, answers with numerical values were checked to identify any outliers and anomalies. Logic checks were conducted, for example, to identify if responses to two complimentary questions were contradicting each other. Enumerators were contacted to review these values to confirm the validity of data. Upon completion of data collection, final data cleaning was conducted and entries were translated. The data was analysed using STATA 15. Proportions and mean (SD) are reported where required. Detailed analyses for scores and indices are explained in the following paragraphs.

### Food consumption score (FCS)

The FCS measures both the quality and frequency of consumption of different food groups. According to the 2014 Comprehensive Food Security Monitoring Exercise (CFSME), the scores were updated to reflect the dietary profiles of Syrian refugees living in Jordan. Eight food groups are weighted by their dietary value, as defined by WFP, using a seven-day recall period.<sup>6</sup>

Table 3: Food consumption scores

Food Group	Food Item	Weight
Meat	Beef, chicken, goat, eggs, fish, seafood	4
Dairy products	Milk, yoghurt, other dairy products	4
Pulses	Beans, peas, nuts and seeds	3
Main staples	Rice, bread, cereals, tubers	2
Vegetables	Vegetables, leaves	1
Fruit	Fruits	1
Sweets	Sugar, sugar products, sweets, honey	0.5
Oil	Oils, fats and butter	0.5
Condiments	Spices, tea, coffee and salt	0

The FCS scores correspond to HH energy level intake. According to the HHs' overall score, the FCS which is a proxy indicator of HH caloric availability is categorised as poor, borderline or acceptable. The lower the FCS score, the lower the caloric intake of the HHs.<sup>7</sup>

Table 4: FCS thresholds

Profile	Score Threshold
Poor	28 or less
Borderline	Between 28.01 and 42
Acceptable	More than 42

### Dietary diversity score (DDS)

The DDS is a global indicator that measures the quality of food consumption. Dietary diversity is the sum of the number of different foods or food groups consumed by a HH over seven days. Increasing the variety of food, corresponding to a higher DDS, is thought to ensure adequate intake of essential nutrients and thus promote good health. The score is based on the consumption of the seven food groups, and ranges from 0 to 7. The DDS calculates the number of food groups consumed, based on a 7-day recall. The lower the score, the less varied is the diet of the HH.<sup>6</sup>

Table 5: Dietary diversity food groups

DDS food groups
Dairy products
Cereals, roots and tubers
Pulses and legumes
Meats, fish and eggs
Oils and fats
Fruits
Vegetables

<sup>6</sup> Comprehensive Food Security Monitoring Exercise (CFSME), Registered Syrian Refugees in Jordan, 2016

<sup>7</sup> Comprehensive Food Security & Vulnerability Analysis Guidelines, World Food Program, January 2009, first edition, p 219



### Reduced coping strategy index

The reduced coping strategy index (rCSI) measures food insecurity by considering the activities undertaken by HHs to manage food shortages. It takes into account both, frequency and severity of coping strategies used.<sup>8</sup> It calculates the number of times, during a seven-day recall period, that HHs have resorted to five specific coping strategies in response to food shortage. Each strategy employed is weighted in accordance to its severity, which are given below. The product of frequency of use, with weight, gives the final score, which can range from 0 to 56.

Table 6: Consumption based coping strategy weights

rCSI Strategy	Severity weight
Rely on less preferred and less expensive food	1
Limit portion size at meal times	1
Reduce the number of meals per day	1
Borrow food or rely on help from relatives or friends	2
Restrict consumption by adults for small children to eat	3

### Livelihood coping strategies

This indicator consists of eleven coping strategies that are used to understand the stress and insecurity faced by HHs and describes their capacity regarding future productivity, such as asset depletion, acceptance of exploitative work and debt accumulation which the HH may have adopted over a 30- day period.<sup>9</sup> The severity scale ranges from stress to emergency, based on the coping strategy employed, based on the WFP coping strategy index 2015 (

7). HHs are grouped according to one of four security levels: (1) no use of coping strategies; (2) use of stress coping strategies; (3) use of crisis coping strategies; (4) use of emergency coping strategies.

- **Stress strategies**, such as borrowing money or spending savings, are those which indicate a reduced ability to deal with future shocks due to current reduction in resources or increase in total debts.
- **Crisis strategies**, such as selling productive assets, directly reduce future productivity, including human capital formation.
- **Emergency strategies**, such as accepting high risk, socially degrading temporary jobs, affect future productivity, but are more difficult to reverse or more dramatic in nature.

Table 7: Livelihood based coping strategy

Livelihood- based coping strategy	Severity
Spent savings	Stress
Sold HH goods	Stress
Changed accommodation, location or type in order to reduce rental expenditure	Stress
Sold productive assets	Crisis
Reduced essential non-food expenditure	Crisis
Bought food on credit or borrowed money to purchase, from non-relatives and friends	Crisis
Male HH member(s) accepted high risk, socially degrading or exploitative temporary jobs	Emergency
Female HH member(s) accepted high risk, socially degrading or exploitative temporary jobs	Emergency
Children under the age of 18, in the HH worked in order to provide resources for the HH	Emergency
Sent adult HH members to beg	Emergency
Sent child HH members to beg	Emergency

<sup>8</sup> The Coping Strategies Index, Field Methods Manual, Second Edition, January 2008

<sup>9</sup> VAM Guidance Paper, Consolidated Approach for Reporting Indicators of Food Security (CARI), World Food Programme

## Challenges and Limitations

- Despite all measures to identify all VOC settlements in Jordan, there is still a chance that the scoping may have missed some VOC settlements, especially those living far from main and side-roads. In addition, throughout the country, a small proportion of roads were not accessible due to security risks, road safety and weather conditions. For example, roads close to the country borders were avoided as requested by road signs or military restrictions. These roads were not passed by the field teams, thus some areas around these roads were not covered. Also, due to weather conditions such as fog and storms that took place in a few days during data collection, field teams had lower vision and may have missed VOC settlements. Therefore, the assessment must be considered as a census of all known and accessible HHs in assessed VOC settlements
- Another limitation is the validity of the location data in the long-term. It is very likely that many HHs, and settlements altogether, will move. Therefore, geospatial analysis presented here in this report will need to be updated. Continuous longitudinal surveys are required to ensure the validity of location data.
- Because data collection took place in winter, it is important to note that indicators may reflect information for winter only and some seasonal variation in living standards (e.g. for WASH or Livelihoods) may be expected. Also, due to the assessment season and recall period of one month, there may be seasonality effect on food expenditure.
- Data was collected throughout day-time hours, when HoH were typically working. Thus, some interviews may not have been conducted with the lead decision maker. If it was not possible to speak with the lead decision maker, the interview was conducted with an adult member of the HH who was present and knowledgeable about the affairs of the HH.
- In a small number of cases, there were no adults in the HHs who were available for an interview during the data collection visit. In these cases, HHs were excluded from the assessment.
- In a small number of settlements, KII were not conducted because there was no KI available to speak on behalf of the settlement during the day / time of data collection. For example, there was no female individual who was knowledgeable about the settlement as a whole, and therefore, the KII with a female key informant was not conducted. In a few other cases, settlements were entirely made out of female residents, meaning there was no male KI and therefore, the KII with a male key informant was not conducted.
- In some cases, language barriers were faced, especially with regards to Pakistani settlements. In these cases, although field teams managed to identify the settlements, data collection did not take place.
- Results related to needs of the population might be inflated, as respondents may have felt this would increase their likelihood of receiving assistance. To mitigate this, all interviews were conducted in person and began with a clear explanation that the assessment does not guarantee any form of assistance.
- Biases due to self-reporting of HH level indicators are expected in the results. Certain indicators may be under-reported or over-reported, due to the subjectivity and perceptions of respondents (especially “social desirability bias”—the documented tendency of people to provide what they perceive to be the “right” answers to certain questions). These biases should be taken into consideration when interpreting findings, particularly those pertaining to sensitive indicators

## FINDINGS

This section of the report presents the main findings from the assessment and covers the following sections:

- Geographical location of VOC
- Demographic information
- Primary needs
- Past movement and movement intentions
- Livelihoods
- Food security
- Education
- Health
- Water, sanitation and hygiene (WASH)
- Shelter
- Social cohesion
- Safety and protection

### Geographic location of VOC

This section introduces the geographic locations of VOC settlements in Jordan. It also provides information on distribution of individuals living in VOC across governorates.

Overall, 373 VOC settlements were included in the assessment. In total, 2,435 HHs were surveyed within these settlements, which included 15,761 individuals living in VOC.

Around half of the individuals living in VOC (45%) were in Mafrq governorate, followed by 17% in Irbid, 13% in Balqa and 11% in Karak. No VOC settlements were identified in the governorates of Tafleeh and Ajloun (therefore no surveys were conducted in these two governorates and no individuals are reported).

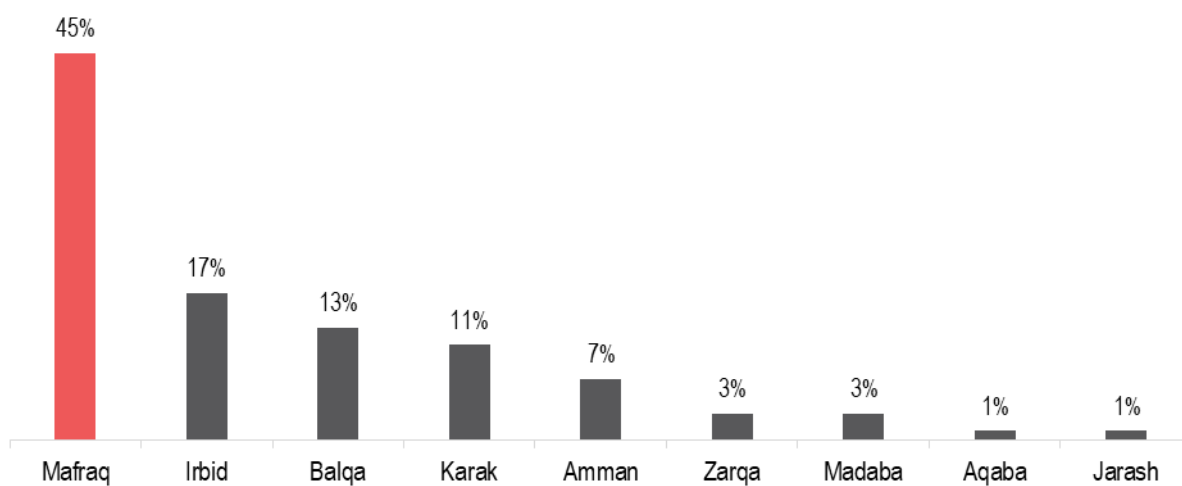
A comparison between the 2019-2020 assessment and the July 2014 assessment (by REACH/UNICEF) can display changes in numbers and sizes of VOC settlements. It should be noted that other assessments (by REACH/UNICEF) can also be found for earlier dates (May 2014 and December 2013).

A key consideration is that data collection for the 2019-2020 assessment took place in the months of December, January and February, while the July 2014 assessment has data collected in the months of June and July. The number and sizes of VOC settlements per governorate may change due to seasonal differences. In addition to these numbers presented below, a key finding is that the number of HHs surveyed in the July 2014 assessment was 1,853 while the 2019-2020 assessment surveyed 2,435 HHs.

Table 8: Number of VOC settlements and individuals per governorate, by date of assessment

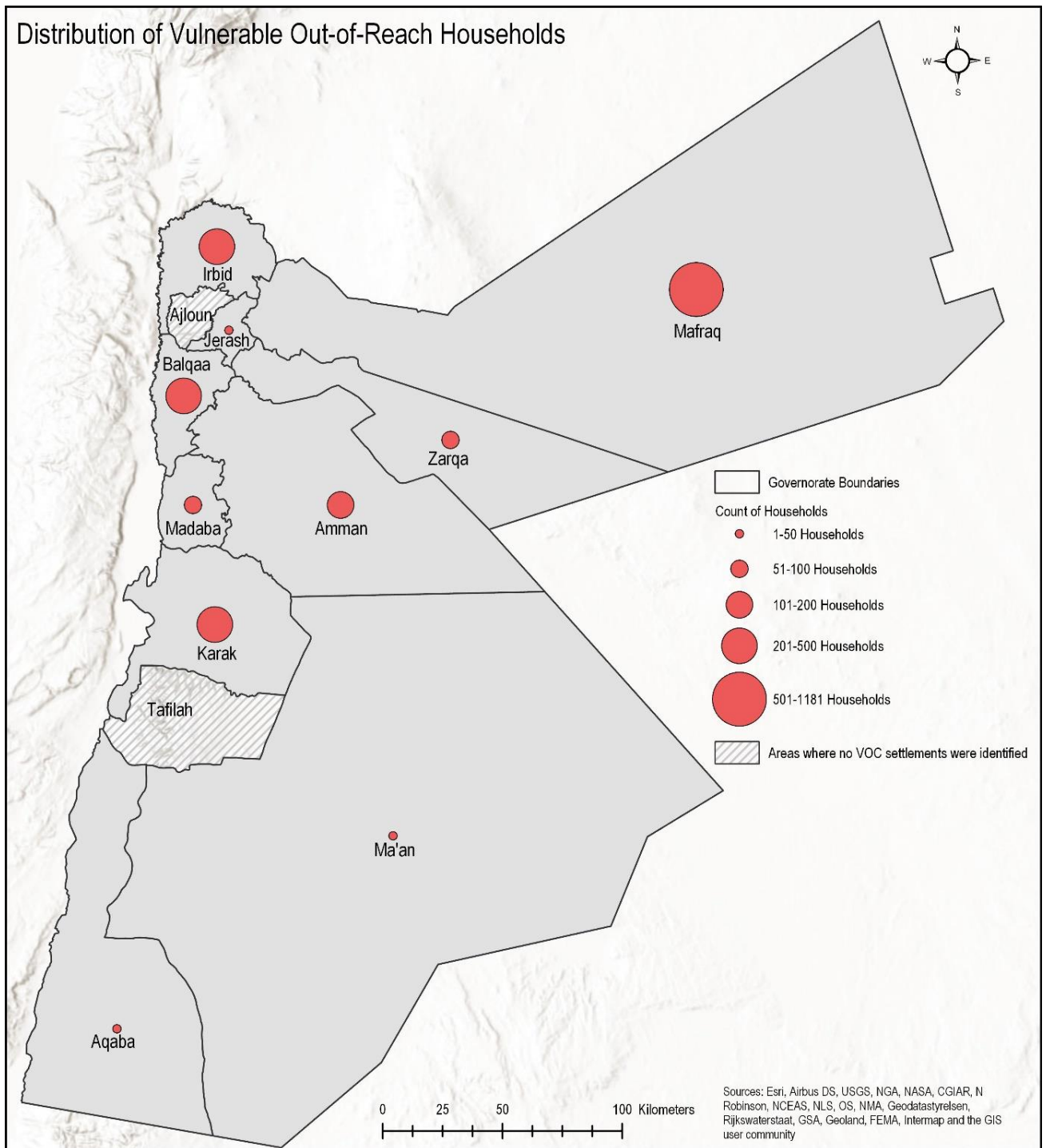
Governorates	July 2014		Dec 2019 - Feb 2020	
	Settlements	VOC residents	Settlements	VOC residents
Mafraq	72	5,756	133	7,133
Irbid	1	163	66	2,630
Balqa	0	0	57	2,023
Karak	0	0	39	1,718
Amman	22	3,540	45	1,136
Madaba	0	0	8	400
Zarqa	13	553	17	406
Aqaba	1	25	3	175
Jerash	0	0	3	107
Ma'an	16	501	2	33
Tafilah	0	0	0	0
Ajloun	0	0	0	0
<b>Total</b>	<b>125</b>	<b>10,538</b>	<b>373</b>	<b>15,761</b>

Figure 1: Distribution of VOC residents (in percentages) across governorates





Map 2: Distribution of HHs in VOC across governorates



## Demographic Information

This section shows demographic information of VOC HHs, including nationality, education level, age, gender and HH composition. It also gives an overview of registration status with UNHCR and the Ministry of Interior (MOI).

From the total number of VOC HHs interviewed (n=2,435), 96% were Syrian (n=2,337) and 3.6% were Pakistani (n=87). Other nationalities made up less than one percent (0.45%) of the VOC population and included surveys conducted with seven Egyptian, three Palestinian and one Yemeni HHs. As mentioned earlier, Jordanian VOC were not included in the assessment.

Among Egyptian HHs, four were located in Balqa governorate, two were in Zarqa and one was in Mafraq. All three Palestinian HHs were in Jerash, and the only Yemeni HH was in Balqa.

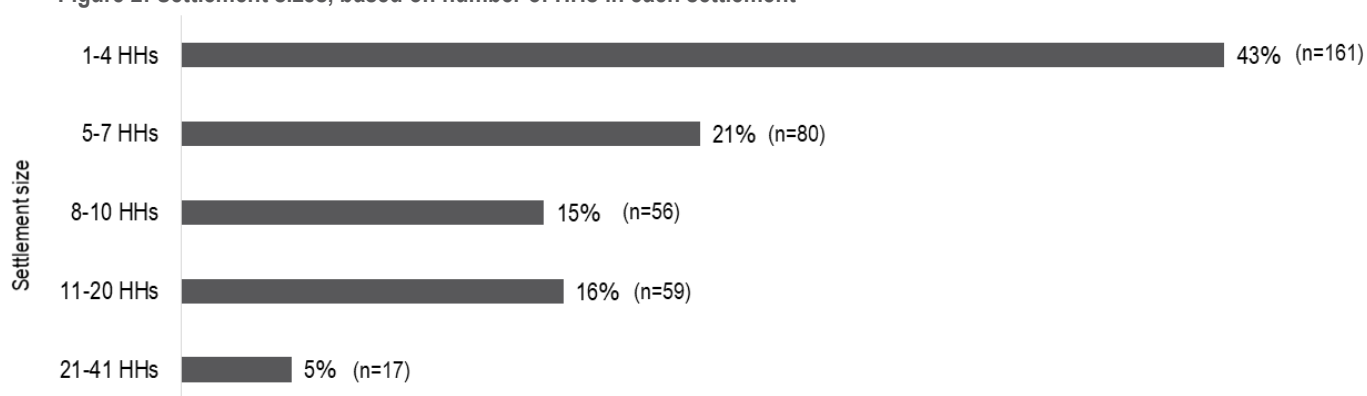
Table 9: Distribution of HHs in VOC settlements by nationality and by governorate

Governorates	Syrian	Pakistani	Egyptian	Palestinian	Yemeni
Mafraq	1,173	7	1	-	-
Irbid	381	23	-	-	-
Balqa	259	29	4	-	1
Karak	212	23	-	-	-
Amman	151	4	-	-	-
Madaba	67	1	-	-	-
Zarqa	52	-	2	-	-
Aqaba	28	-	-	-	-
Jerash	9	-	-	3	-
Ma'an	5	-	-	-	-
<b>Total</b>	<b>2,237</b>	<b>87</b>	<b>7</b>	<b>3</b>	<b>1</b>

Majority of HHs (81%) reported consisting of only one family, 14% consisted of two families and 3% consisted of three families. The remaining 2% of HHs reportedly consisted of four, five or six families. On average, VOC HHs reported having 6.5 HH members.

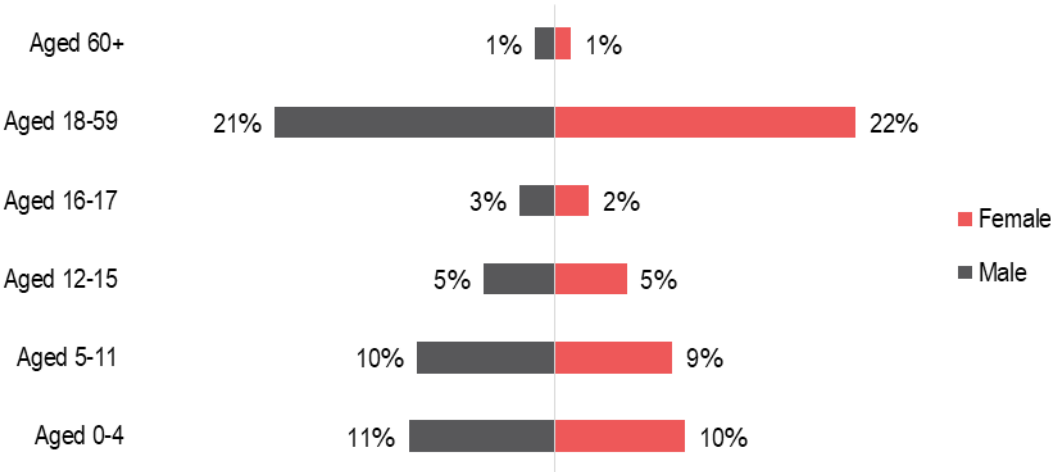
Settlement composition varied from one single HH to a maximum of forty-one HHs. However, most settlements (80%) had between one to ten HHs. A detailed breakdown of the number of HHs per settlement (settlement sizes) can be found below.

Figure 2: Settlement sizes, based on number of HHs in each settlement



Eighty-nine percent (89%) of HHs reported having at least one child. Children (under the age of 18) made up around half (55%) of the VOC population. Out of all children (n=8,608), male children made up 52% and female children made up 48%. Sixty-three percent (63%) of all children were school-aged (5-17 years of age) (n=5,397), and infants (aged 0-4) comprised 37% of all children (n=3,211). A detailed age breakdown of individuals living in VOC is provided in Figure 3.

Figure 3: Reported age distribution of HH members by gender



HH survey respondents were evenly divided according to gender: 52% of respondents were male and 48% were female. Sixty-six percent (66%) of HH surveys were conducted directly with the HoH. Eighteen percent (18%) of HHs reported having a female head while 82% reported having a male HoH.

On average, HoH were 40 years old. In terms of marital status, 89% of HoH were married, 6% were widowed, 3% were single and 2% were divorced. In terms of education level, 5% of HoH had finished high school, 60% had primary school education, and 33% had no formal education. Among KI (n=653), 53% were male and 47% were female. The average reported age of KI was 42 years.

**Early marriages**

HHs were asked for the number of HH members who had been married before the age of 18 since coming to Jordan. Overall, 18% of HHs (n=437) reported early marriages. The majority (82%) of HHs that reported early marriages had only one HH member married before the age of 18, while the remaining 18% reported early marriages of multiple HH members. Total reported number of HH members who were married before the age of 18 was 531.

**Registration status**

HHs were also asked about UNHCR registration status of HH members. From all Syrian HHs (n=2,337), 98% reported that all individuals in their HH were registered. From Syrian HHs in which there were unregistered members (n=57), most HHs (86%) had only one unregistered member while 10% had two unregistered HH members. When asked why these HH members were not registered, 40% reported that UNHCR registration was not applicable because HH members did not meet the criteria / did not have refugee status. In addition, 23% reported that HH members were missing necessary documents, and 19% reported there was no reason for members not to be registered. A small proportion reported that their lack of registration was due to costs of transportation (5%) and costs of registration (7%).<sup>10</sup>

<sup>10</sup> Multiple answer choices were available and thus reported figures may exceed 100%.

From all Pakistani HHs (n=87), 93% reported that they were not registered because HH members did not meet the criteria to register and UNHCR registration was not applicable, while 7% reported that all HH members were registered. The only Yemeni HH reported having all members registered. Among the three Palestinian HHs and the seven Egyptian HHs, all of them reported having unregistered members because HH members did not meet the criteria to register and UNHCR registration was not applicable. The three Palestinian HHs were registered with the United Nations Relief and Works Agency for Palestine Refugees (UNRWA).

Syrian HHs were also asked whether all HH members were registered with the MOI and had biometric service cards. In 83% of Syrian HHs, all members were reported to be registered. Within the HHs in which there were unregistered members (n=400), 52% reported having only one unregistered member, 31% reported having two and 11% reported having three. Reported reasons for not registering included cost of transportation (49%), cost of registration (25%) and missing necessary documents (21%). Also, 16% reported that they did not think it was necessary to register with MOI.<sup>10</sup>

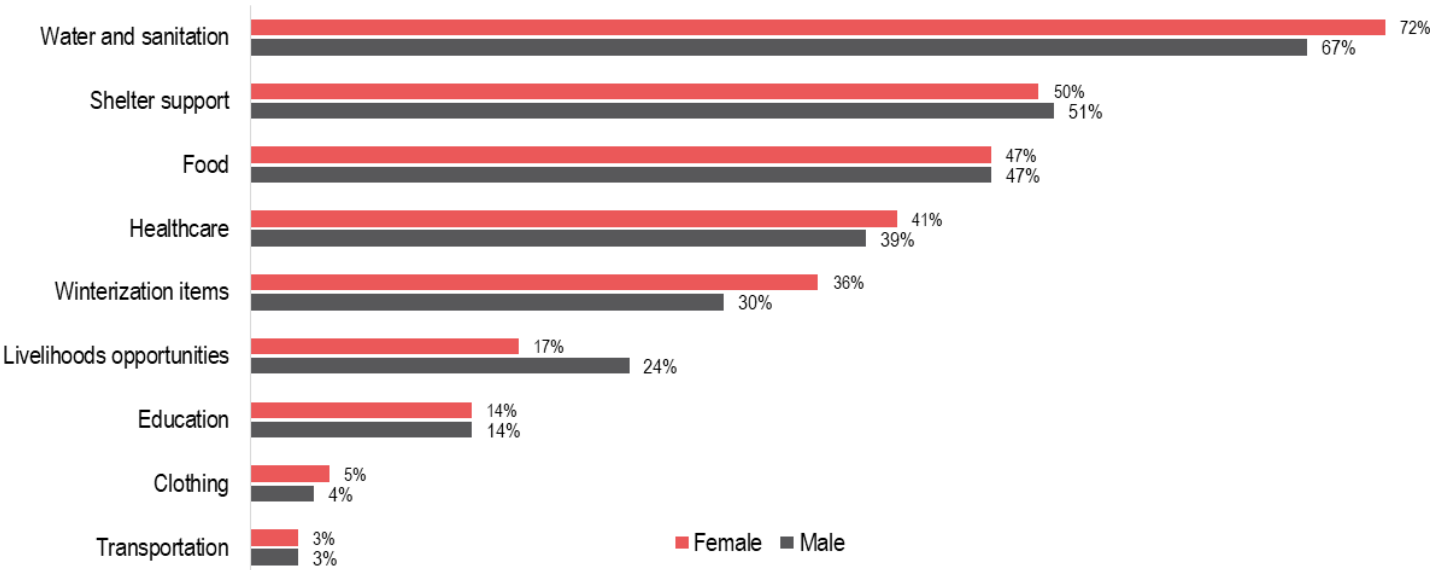
Syrian HHs that reported having MOI registration (n=1.829) were also asked whether the MOI registrations for HH members were renewed within the past year to ensure validity. Seventy-four percent (74%) reported that all MOI registrations were renewed within the past year while 26% reported that some MOI registrations were expired.

**Primary Needs**

In addition, KI were asked about the top three primary needs of their settlements. Sixty-nine percent (69%) reported that one of their primary needs was water and sanitation (including drinking and non-drinking water), 50% reported shelter needs and 47% reported needs related to food.<sup>10</sup> A detailed list of reported primary needs are shown in Figure 4.

The most reported three primary needs were the same for both male and female KI. However, there were differences in proportions among gender for some of the reported needs. For example, water and sanitation was reported by 72% of female KI and 67% of male KI. Similarly, winterization items were reported by 36% of female KI and 30% of male KI. On the other hand, employment and livelihood opportunities were reported by higher proportions of male KI compared to female KI. Twenty-four percent (24%) of male KI reported employment and livelihood opportunities in top three primary needs, as opposed to 17% of female KI.

Figure 4: Primary needs in VOC settlements as reported by KI, disaggregated by KI gender<sup>10</sup>



Primary needs were also analyzed across nationalities, based on the responses given by the Pakistani (n=54), Egyptian (n=3) and Palestinian (n=3) KI. It was found that water and sanitation is the most reported need across all nationalities. For Pakistani KI, this was followed by healthcare (32/54), shelter support (31/54), food (26/54), winterization (8/54) and education (7/54). For Egyptian KI, the most reported needs were water and sanitation (2/3) and food (2/3), while for Palestinian KI, the most reported needs were water and sanitation (3/3), shelter support (2/3) and winterization (2/3).

### Past Movement and Movement Intentions

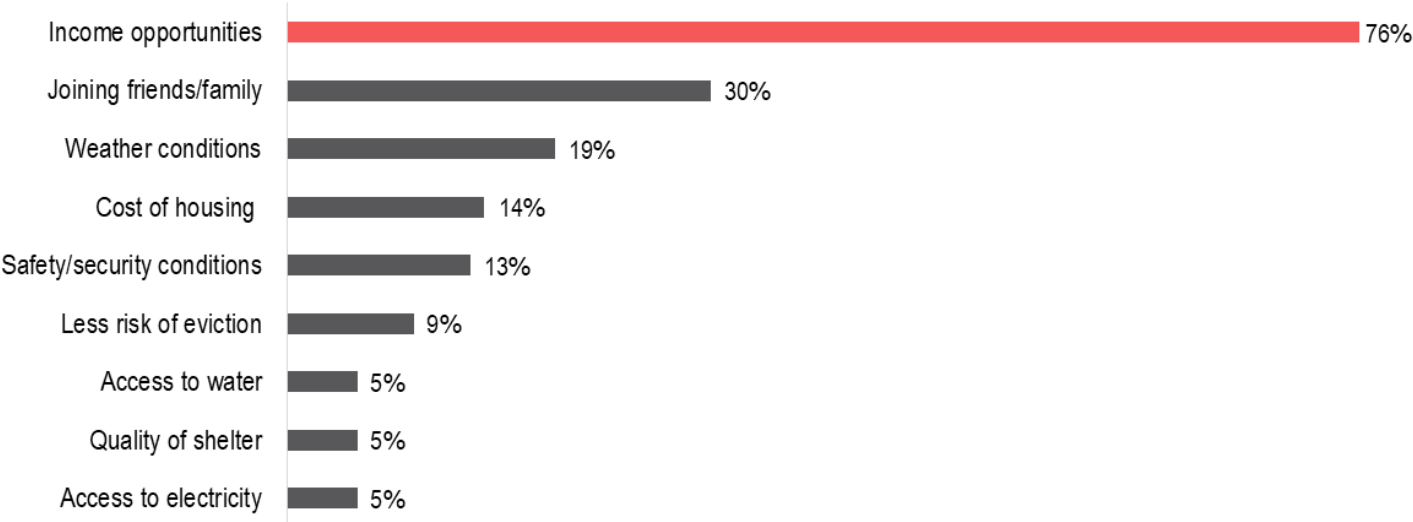
This section covers past movement of HHs within one year prior to the assessment, as well as movement intentions within the next year. This section also presents HHs’ reasons for moving into their current locations, for living in VOC and for movement intentions.

#### Past movement

Overall, 3% of HHs reported being in their location for less than one month, 28% for 1 to 3 months, and 19% for 4 months to one year. HHs that moved less may indicate having more stability, access to services or income opportunities, such as livelihoods. The amount of time spent in a certain location may also indicate higher qualities of accessible services or livelihood opportunities. Both considerations can be important for programme decisions; HHs that are more stable may be easier to reach and to provide services, while HHs that move frequently may be more vulnerable.

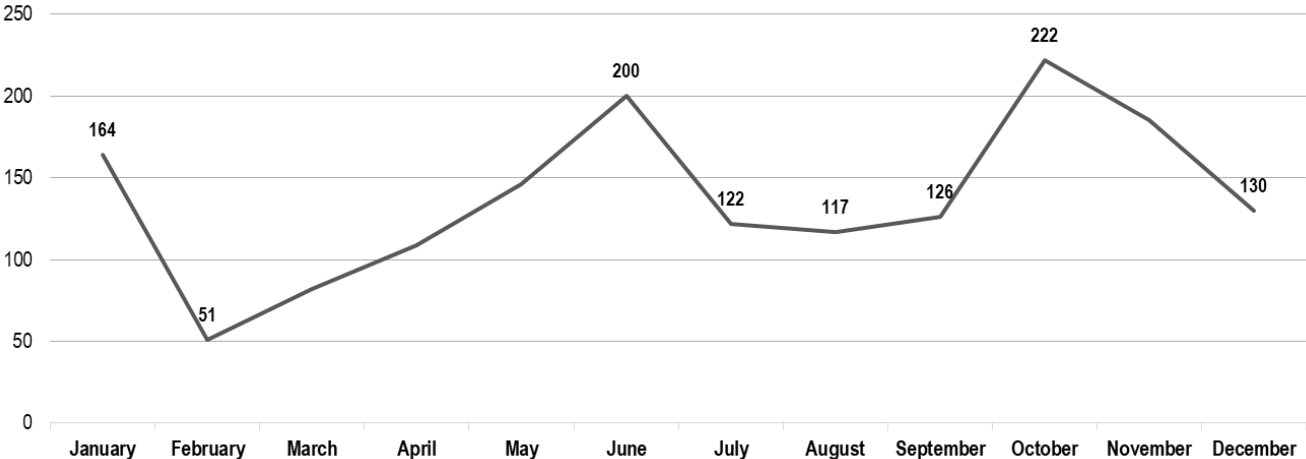
HHs were asked for the main reasons to choose their current location. Majority reported better employment or income earning opportunities (76%) and to join family or friends (30%) as main reasons for choosing their current location (see Figure 5).<sup>10</sup>

Figure 5: Main reported reasons for HHs to choose their current locations



Overall, 50% of HHs reported moving at least once within the past year prior to the assessment. Across all HHs, 22% reported moving once, 12% twice and 6% three times within the past one year. As displayed in Figure 6, movements increased in spring and fall seasons. This may be due to the highly diverse reasons reported by HHs for their movements. Indeed, when asked about their reasons for movement within the past year, 90% of HHs reported that they moved to get better income opportunities, 22% reported weather conditions and 18% reported joining family or friends. A small proportion (4%) reported eviction as their reason for moving within the past year.<sup>10</sup>

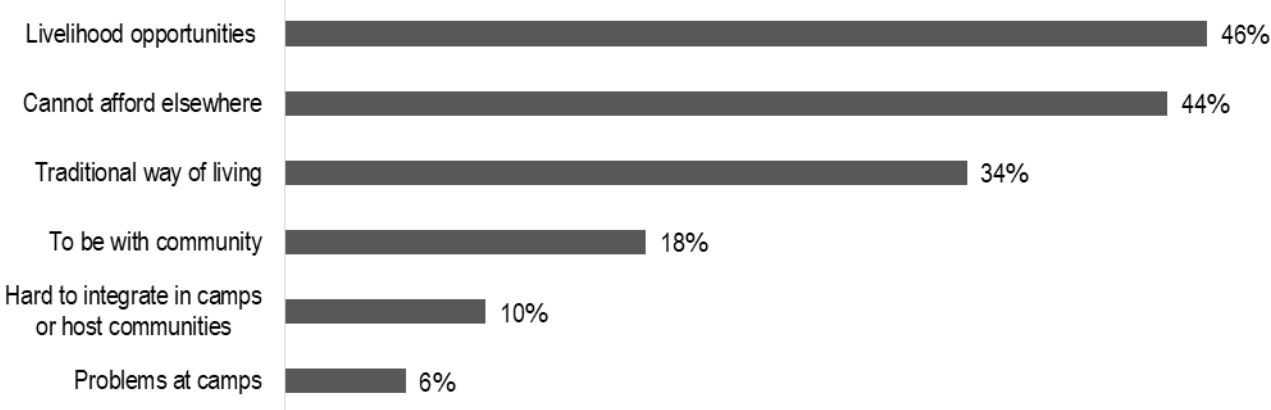
Figure 6: Total number of movements by assessed HHs in VOC settlements throughout the year 2019



Reportedly, HHs in Mafraq moved the least, as 840/1,181 HHs in Mafraq stayed in their location for a year, followed by 37/54 in Zarqa, 43/68 in Madaba, 97/155 in Amman and 247/404 in Irbid. On the other hand, HHs in other governorates had higher proportions of movement, particularly in Karak, where 220/235 HHs moved at least once within the past one year prior to the assessment, followed by 24/28 in Aqaba, 247/293 in Balqa and 83/100 in Jerash. Among HHs that moved within the past one year (since January, 2019) (n=1,073), the highest reported destination was Mafraq (43%), followed by Irbid (14%), Ma'an (12%) and Amman (8%).<sup>11</sup>

HHs were also asked about their main reasons to live in a VOC settlement instead of living in the host community or managed camps. Around half (46%) reported that there were no livelihood opportunities elsewhere and 44% reported that they were not able to afford living elsewhere.<sup>10</sup>

Figure 7: Main reported reasons for HHs to live in VOC settlements<sup>10</sup>



**Movement intentions**

HHs were asked about their intentions to move from their location / leave their current settlement within the next year. Around half (57%) reported no intention to move, 22% reported they intended to move and 21% reported not knowing whether they would be leaving or not. Among the HHs that reported intending to move (n=532), the majority (73%) intended to move in the spring (29% in March, 17% in April and 27% in May), followed by 20% in June 2020.

<sup>11</sup> HHs reported a total of 2,005 movements within the past year prior to the assessment. These reported percentages for the governorates were calculated based on total number of movements into each respective governorate. One HH may have moved in and out of a governorate more than once within one year.



In addition, among the HHs that reported intending to move (n=532), 75% reported that they would again be moving into a VOC settlement in a different governorate, 15% reported not knowing where they would go and 9% reported intending to go to a host community. It can be noted that no HHs reported intending to return to their country of origin or move to another country from Jordan. From the HHs that reported intending to move to a VOC settlement in a different governorate (n=401), their reported intended destinations included the governorates of Mafraq (42%), Balqa (12%) Irbid (15%), Amman (15%) and Ma'an (8%). From the HHs that intended to move to a host community (n=48) their reported destinations included host communities in the governorates of Balqa (48%), Mafraq (33%), Amman (6%) and Irbid (4%).

HHs that intended to move (n=532) were also asked for reasons of movement intentions within the next year. The majority (92%) reported their reason to be related to livelihoods, either lack of employment in their current location or to take advantage of employment in a different area. In addition, 56% reported weather conditions and 11% reported joining family or friends as their reasons to move.<sup>10</sup>

HHs that reported no intention to move were analyzed further for the duration in their current location and for the reasons of their current location, as these can provide information on preferences and priorities. There is also a chance that this group will stay in their current location longer than the rest of VOC, making it possible to consider durable service provision. Among HHs that reported no intention to move (n=1394), many of them (72%) had been in their current location for two years or more. Looking at durations in detail, it is noted that 28% had been in their current location for one year or less, 31% for 2-3 years, 31% for 4-6 years and 10% for 7 years or more.

Among this group that reported not intending to move, the reported reasons to choose their current location were similar to the reasons reported by the overall VOC population. One of the main differences was that this sub-group reported weather conditions less frequently as one of their reasons to choose their location. Among this group that reported no intention to move (n=1394), the reported reasons were employment or income earning opportunities (73%), joining family or friends (31%), costs of housing (18%), safety and security conditions (15%), less risk of eviction (12%), access to water (6%), quality of shelter (6%), access to electricity (6%), access to education (4%), better weather conditions (3%), access to health services (3%) and lower cost of food (1%).

## Livelihoods

This section presents information on livelihoods, including income sources, average income amounts, basic needs spending, amount and reasons for debt, and barriers to livelihoods opportunities.

### Main sources of income

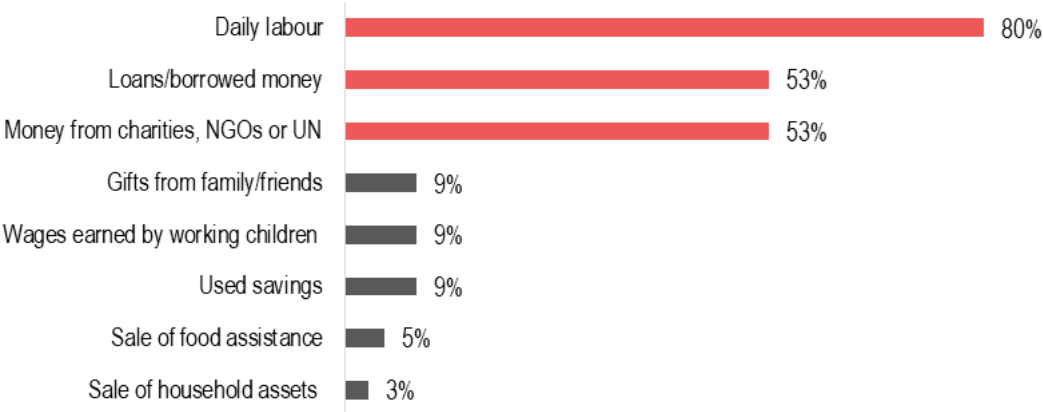
HHs were asked about their main sources of livelihoods (respondents could choose from multiple options). Most HHs (80%) reported daily labour to be one of their sources of income, 53% reported that they took loans or borrowed money and 53% reported the cash assistance from charities, NGOs or UN agencies. In addition, 9% reported gifts and support from family or friends, 9% reported that they used their savings and 9% reported child labour as one of their main sources of income. It is noted that the cash assistance from charities, NGOs or UN agencies is relatively low compared to (other) Syrian refugees in Jordan (including those inside and outside camps). A 2019 report by Fafo Institute for Labour and Social Research stated that in 2017, 90% of Syrian refugee HHs in Jordan received institutional transfer income, which consisted of cash assistance (including food coupons) and in-kind assistance from UN agencies, other international organization, the Jordanian government and Jordanian national and local charities and NGOs.<sup>12</sup>

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<sup>12</sup> The living conditions of Syrian refugees in Jordan, Fafo Institute for Labour and Social Research, 2019.

Among HHs that reported the presence of at least one individual with a difficulty / disability (n=270 HHs), 66% reported that one of their income sources was cash assistance from charities, NGOs or UN agencies. This figure is higher than the overall proportion of HHs that reported cash assistance (53%), but other HHs with reported disabilities (n=93) may be considered for cash assistance programmes.

Figure 8: Main reported sources of income for HHs in VOC settlements

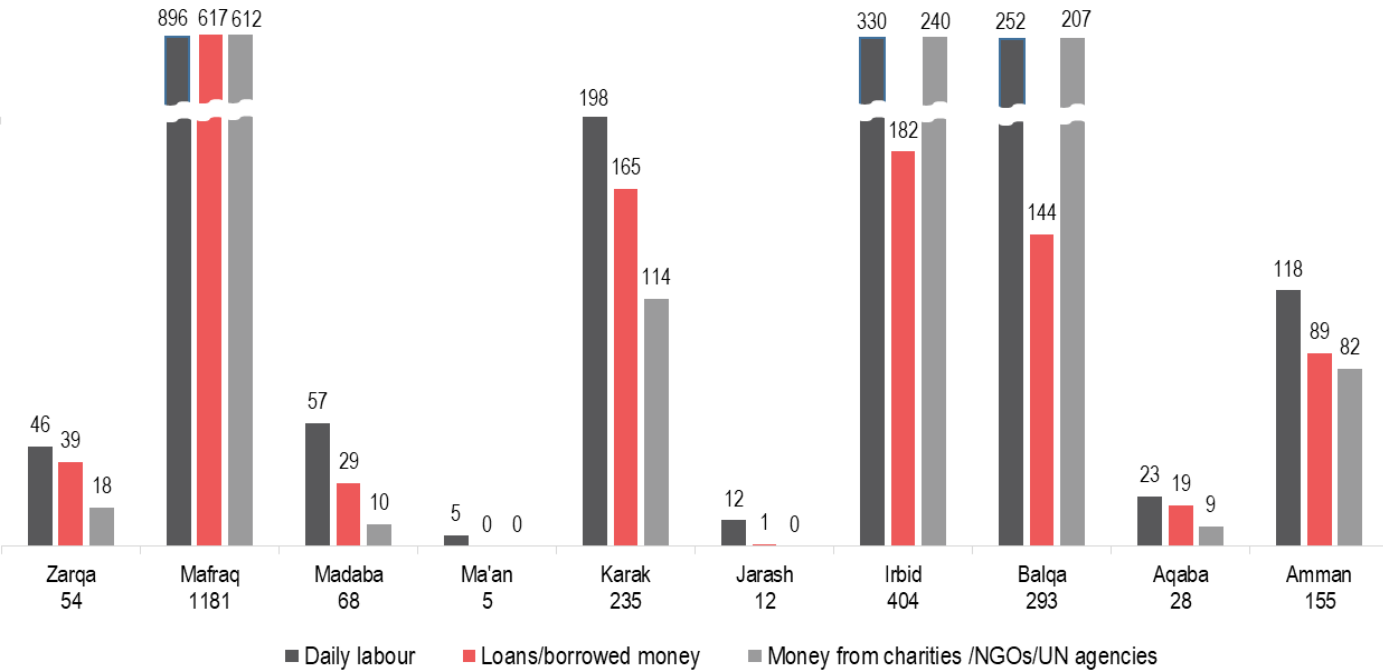


Daily labour was reported as one of the main sources of income by all HHs in Ma'an (5/5) and Jerash (12/12), and by 118/155 HHs in Amman and 896/1,181 in Ma'raq. In Ma'raq, income was also supported by other sources, such as loans or borrowed money (reported by 617/1,181 HHs) and cash assistance from charities, NGOs or UN agencies (612/1,181). In Amman, income was supported by the same sources: loans or borrowed money (89/155 HHs) and cash assistance from charities, NGOs or UN agencies (82/155 HHs). In contrast, Amman had a relatively high proportion of HHs reporting savings being used, reported by 30/155 HHs. In addition, child labour was reported by 22/155 HHs in Amman, 49/235 in Karak, 28/293 in Balqa, 75/1,181 in Ma'raq, 25/404 in Irbid and 5/28 in Aqaba.<sup>10</sup> Although 9% of HHs across VOC reported child labour, HHs in several governorates reported this in much higher numbers (i.e. Karak and Amman). These numbers can be directly related to education and considered in light of children who were reported to be outside both formal and informal education. As detailed in the Education section, 208/338 school-aged children in Amman, 534/610 in Karak 386/632 in Balqa, 972/2363 in Ma'raq, 442/794 in Irbid and 67/67 in Aqaba were reported to be out of formal or informal education.

Financial assistance from charities, NGOs or UN agencies (cash assistance) was reported as one of the most common sources of income. It was most frequently reported in Balqa by 207/293 HHs, followed by 240/404 in Irbid, 82/155 in Amman, 612/1,181 in Ma'raq, 114/235 in Karak. 18/54 in Zarqa and 9/28 in Aqaba. On the other hand, cash assistance was not reported in high numbers in the governorates of Madaba (reported by 10/68 HHs), Ma'an (0/5) and Jerash (0/12).

Almost all HHs (98%) reported working in the agricultural sector. Only 1% of HHs (n=23) reported working in construction, and 1% (n=18) reported working in international organizations or NGOs.

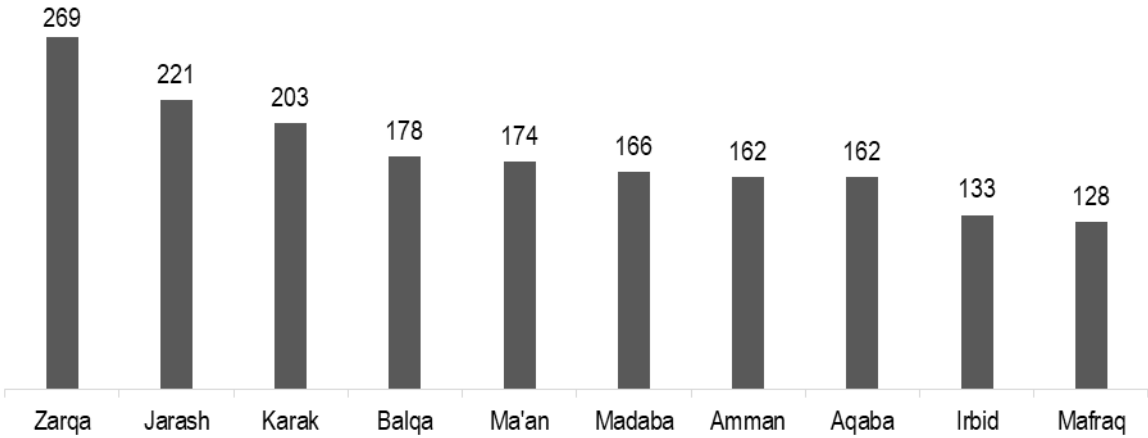
Figure 9: Three most frequently reported income sources across governorates, by number of HHs



HH income

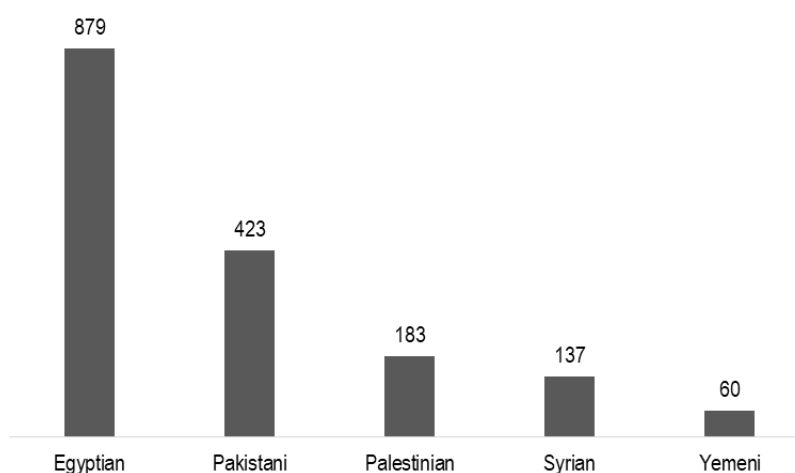
Reported average monthly income of HHs from all sources (excluding savings and assistance from organizations) over the last 3 months was 150 JOD. As shown in the figure below, in Irbid and Mafraq governorates, where highest numbers of VOC population was observed, reported average monthly incomes were lower than the overall average.

Figure 10: Average reported HH income by governorate (in JOD)



Across nationalities, Egyptian HHs (n=7) had the highest levels of income, followed by Pakistani (n=87), Palestinian (n=3), Syrian and Yemeni HHs (n=1).

Figure 11: Average reported HH income level by nationality (in JOD)



From the total number of HHs, 84% (n=2,053) reported having at least one HH member who had undertaken an income generating activity in the past three months prior to the assessment. From these HHs, 59% reported having only one working individual, 24% reported having two working members and 12% reported having three working members.

The HHs that had a working HH member in the past 3 months (n=2,053) were also asked about valid work permits. More than half (56%) of respondents reported that they did not know how many working HH members had a work permit that was currently valid for their employer and sector of work (n=1,154). By the respondents who had a working HH member and had knowledge on work permit status (n=893), it was reported that in 73% of these HHs, all working members had a valid work permit while in 27%, some working members were missing valid work permits. From the HHs in which some working members were missing valid work permits (n=240), 45% of working HH members reported having a valid work permit while the remaining 55% reporting working without one. For the 56% of respondents who reported no knowledge of work permit status, it may be the case that all working HH members work without a valid work permit.

In addition, respondents who had a working HH member and had knowledge on work permit status (n=893) were asked about the type of work permits. Ninety-seven percent (97%) reported that working HH members had flexible permits and 3% reported that working HH members had fixed work permits (connected to an employer for one year).

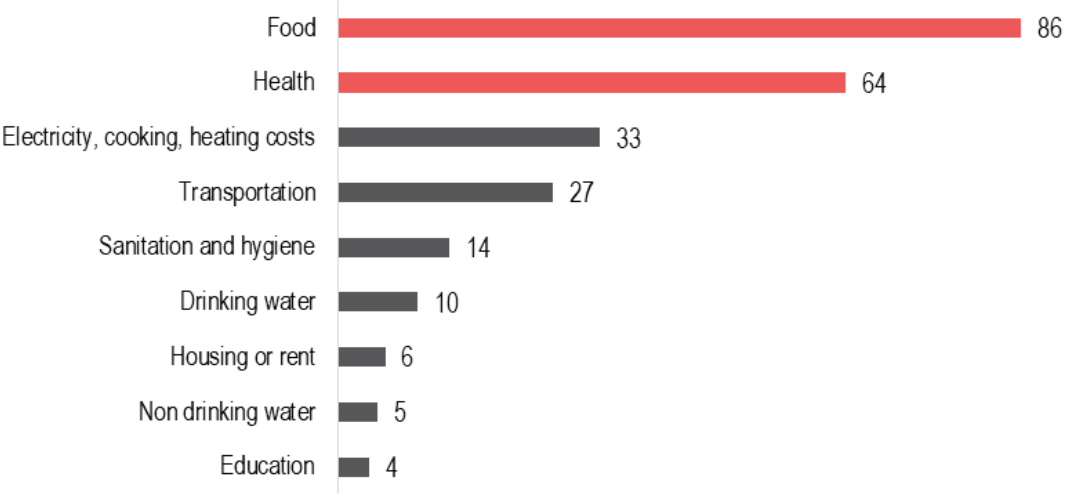
### HH expenditure<sup>13</sup>

The average reported monthly expenditure on basic needs was 249 JOD. The largest reported proportion of HH expenditure in the 30 days prior to data collection was on food, costing an average of 86 JOD and making up 35% of average monthly expenditure. The next largest reported share of HH expenditure (26%) was on health-related costs (costing an average of 64 JOD). The third largest reported expenditure (13%) was on electricity, cooking and heating fuel, costing an average of 33 JOD.<sup>14</sup> A detailed breakdown of average reported HH expenditures is available in Figure 12.

<sup>13</sup> HH expenditure findings reflect respondents' estimates of expenditures during the month prior to data collection. During data cleaning, REACH teams investigated findings such as HHs reported spending 0 JOD on food in the 30 days prior to data collection (often related to HHs reporting to rely on external food assistance). However, self-reported expenditure estimates may introduce bias or uncertainty in the findings.

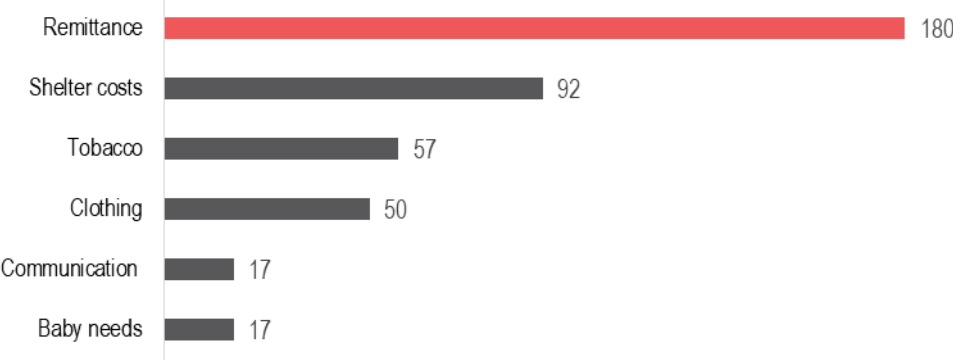
<sup>14</sup> Field observations suggest that HHs were able to access electricity by pulling it from nearby houses.

Figure 12: Average reported HH expenditure on basic needs in the 30 days prior to data collection (in JOD)



Only 17% of HHs reported spending any money on housing and rent in the 30 days prior to data collection. Other expenses were also reported. Fifteen percent (15%) of HHs reported that they spent an average of 92 JOD in the 30 days prior to data collection to build or improve their shelter. Even though a relatively small proportion had this cost, the absolute value of cost was even larger than food spending which had an average of 86 JOD. In addition, a small proportion (5%) of HHs reported spending an average of 180 JOD in the 30 days prior to data collection for remittances. Moreover, clothing was reported as an expense by 20% of HHs, costing an average of 50 JOD. More than half (60%) of HHs also reported having expenses related to their infants, such as diapers and milk, costing an average of 17 JOD.

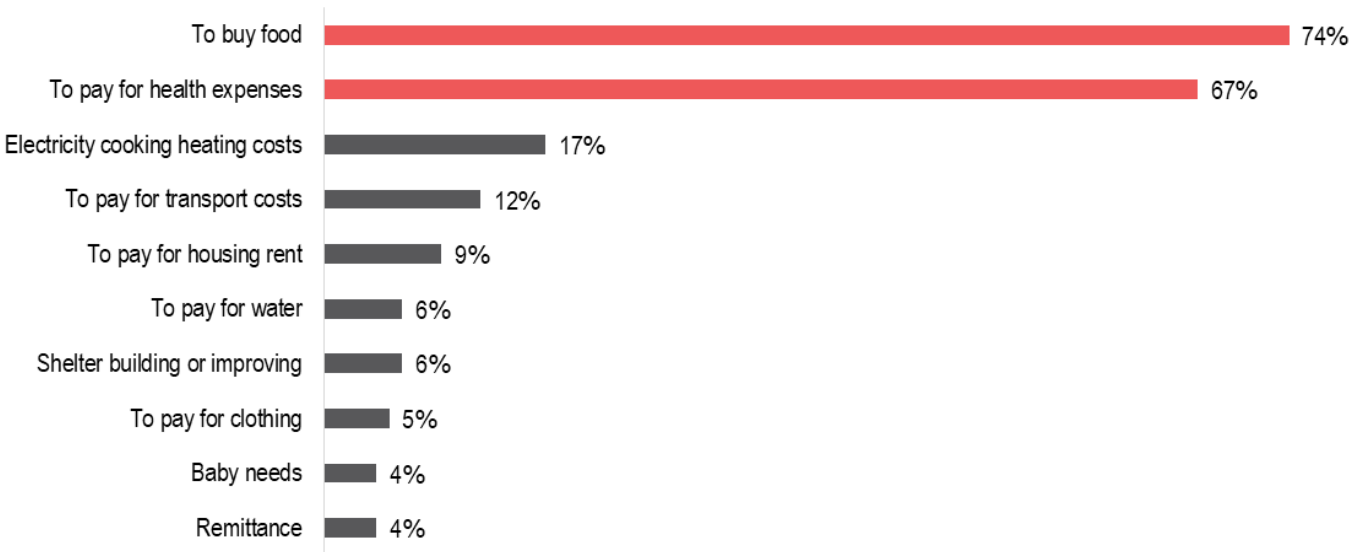
Figure 13: Average reported HH expenditure on other needs in the 30 days prior to data collection (in JOD)



**Debt**

Eighty-eight percent (88%) of HHs reported taking on debt, and the average reported debt amount was 949 JOD. The majority of HHs reported resorting to debt to purchase food (74%). Using debt to cover health expenses was also frequently reported, with 67% of HHs reporting this as a reason for debt accumulation. These main reasons were followed by a relatively small proportion of 17% that reported taking on debt to pay for electricity, cooking and heating fuel costs.<sup>10</sup>

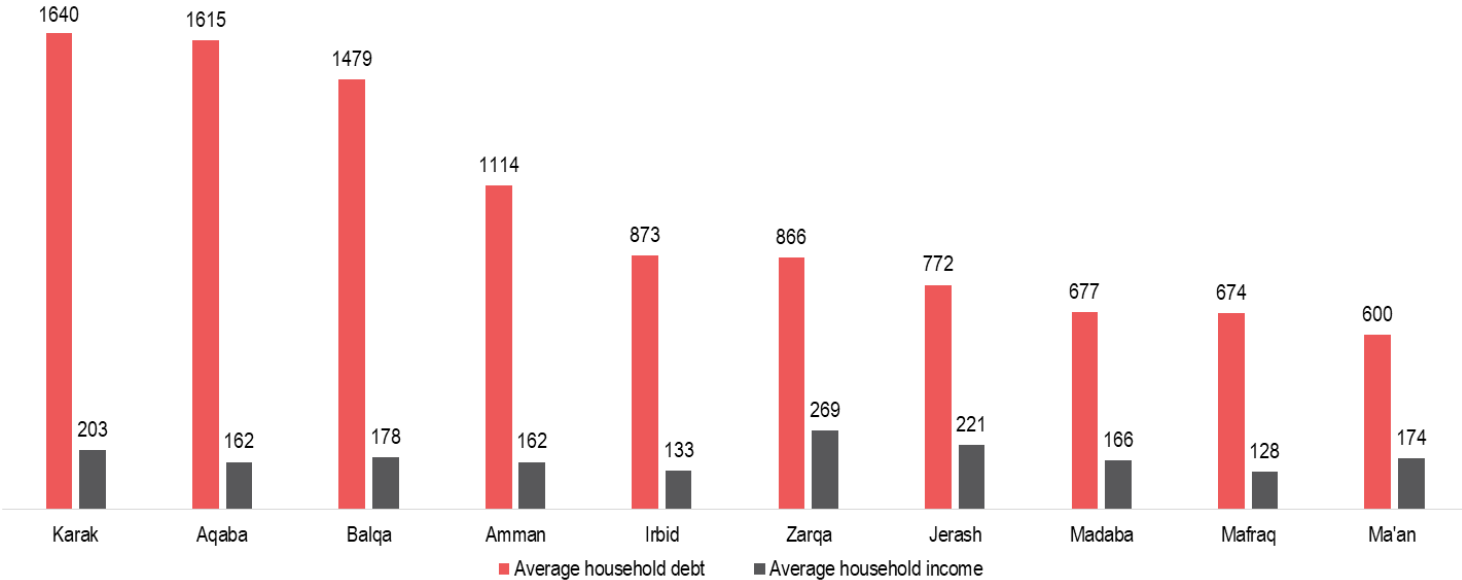
Figure 14: Primary reported reasons for accruing debt



Food and health expenses were reported as main reasons for accruing debt in every governorate. All HHs in Ma'an (5/5) reported to have debts to pay for food and health expenses. High proportions of taking debt to buy food was also reported by 46/49 HHs in Zarqa, and 101/140 in Aqaba.

It was observed that high levels of debt were reported relative to income across all HHs. This may reveal that that HHs were unable to afford basic needs and resorted to debt-fuelled consumption to overcome financial constraints (see Figure 15).

Figure 15: Average reported HH debt and income by governorate (in JOD)



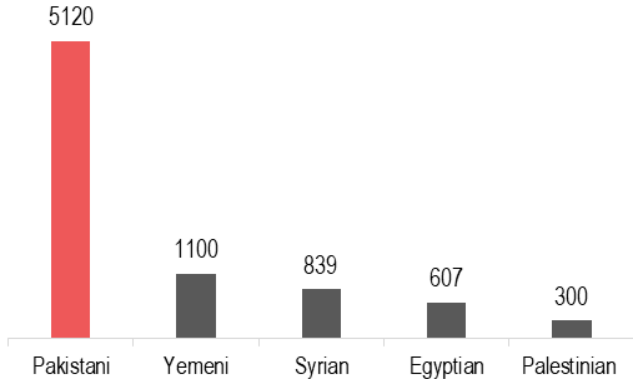
Moreover, 64/87 Pakistani HHs reported having debts and their reported average debt amount was 17,477 JOD. The reported amounts of debts were relatively large because there were nine HHs that reported having debts larger than 30,000 JOD each. These HHs significantly increase the average debt amount. When they are taken out from the calculation, the reported average debt amount for Pakistani HHs was 5,120 JOD. Among the 64 Pakistani HHs that reported taking on debt, 21 HHs reported reasons such as buying farmland, investing in their existing land and



paying worker salaries. Therefore, at least for these 21 Pakistani HHs, the reported debts were not only to meet basic needs. On the other hand, 43/64 Pakistani HHs with debts had an average debt amount of 2,711 JOD and their reasons were mainly to cover basic needs. Based on this last figure, it can be noted that the debt amount for Pakistani HHs is still higher compared to other nationalities.

Syrian HHs reported having a larger proportion of debt-owners (2,067/2,337), but their reported average debt amount was much smaller (839 JOD). In addition, 3/7 Egyptian HHs reported having debts, averaging 607 JOD, and 1/3 Palestinian HHs reported having a debt of 300 JOD (refer to Figure 16).

Figure 16: Average reported HH debt by nationality (in JOD)

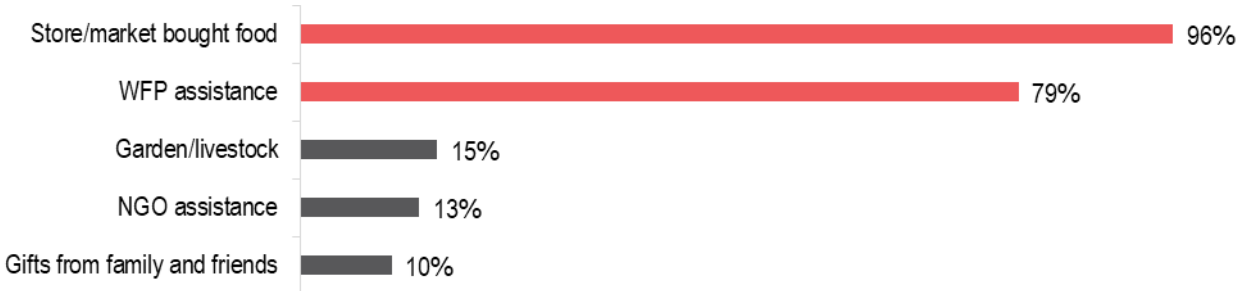


In addition, KI were asked about challenges faced by individuals in their settlements to access job opportunities or income generating activities. The majority (85%) reported that there were not enough jobs available. Also, around a quarter (23%) reported that the available jobs offered low salaries.<sup>10</sup>

### Food Security

This section presents the analysis of food consumption and food security patterns, including primary sources of food, food consumption scores, consumption based coping index, dietary diversity and livelihood-based coping strategies. It also provides information on barriers for access to food.

Figure 17: Primary sources of food, as reported by HHs



HHs were asked about their main sources of food (respondents could choose from multiple options). Seventy-nine percent (79%) identified WFP assistance as one of their primary sources of food (n=1,926). This figure is almost the same as the previous REACH assessment in 2014, in which 78% reported WFP assistance as one of their primary sources of food.

More than half (66%) of the HHs that received WFP assistance also reported being in debt to buy food (n=1280). In the 2014 assessment, 25% of the HHs relying primarily on WFP assistance also reported buying food on credit

to overcome food shortages for the household in the 30 days prior to the assessment. This indicates that despite comprehensive coverage, the assistance provided was either not enough to sustain HHs' food requirements or was redirected to income generation.

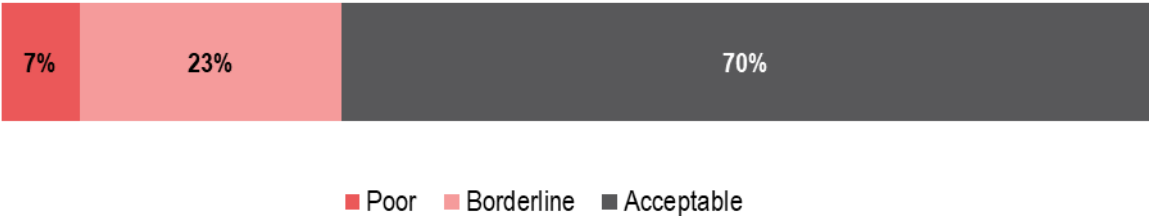
Six percent (6%) of HHs that received WFP assistance also reported selling food from food assistance to pay for basic needs (n=114). This was most frequently reported in Zarqa, where 5/40 HHs that received WFP assistance reported resorting to sale of food assistance, followed by 1/11 in Jerash, 62/928 in Mafrq and 23/335 in Irbid. In addition, 6% of HHs that received food assistance from other organizations also reported sale of food assistance to pay for basic needs.

**Food consumption score (FCS)**

FCS is a composite score based on frequency and adequacy of food consumption, and relative nutritional importance of different food groups. Food items are grouped into standard food groups with a maximum value of 7 days per week. The consumption frequency of each food group is multiplied by an assigned weight that is based on its nutritional content, and the total score is used to categorize HHs as having an "acceptable", "borderline" or "poor" FCS.

Overall, 70% of HHs had an acceptable FCS, 23% had a borderline FCS and 7% were classified in the poor FCS category. This represents some improvement since the 2014 assessment, which found that 23% of HHs had a borderline FCS and 10% had a poor FCS.

Figure 18: Distribution of HHs' FCS groups



Across nationalities, 536/2,337 Syrian HHs had borderline FCS and 163/2,337 had poor FCS. Syrian HHs had the lowest scores, having poorer food consumption patterns than other nationalities. Moreover, acceptable FCS scores were low in comparison to Syrian refugees living in host communities (85% in acceptable FCS) and Syrian refugees living in Zaatari camp (94% in acceptable FCS) who were assessed in WFP's 2018 Comprehensive Food Security and Vulnerability Assessment.<sup>15</sup>

Among Pakistani HHs, 16/87 had borderline FCS and 5/87 were classified in the poor FCS. Among Egyptian HHs there was no case of poor score and 1/7 were classified in borderline FCS. For Palestinian and Yemeni HHs, all HHs (3/3 and 1/1) were in acceptable score levels.

It is noted that some governorates had relatively more of the VOC population in borderline or poor FCS groups. In the governorate of Zarqa, 5/54 HHs had poor FCS and 17/54 had a borderline score. In Mafrq 97/1,181 had poor FCS and 262/1,181 had a borderline score. In Aqaba, 9/28 HHs had a borderline score.

<sup>15</sup> Comprehensive Food Security and Vulnerability Assessment. WFP. 2018

Figure 19: Distribution of HHs' FCS groups, by number of HHs across governorates (includes governorates with less than 100 HHs) <sup>16</sup>

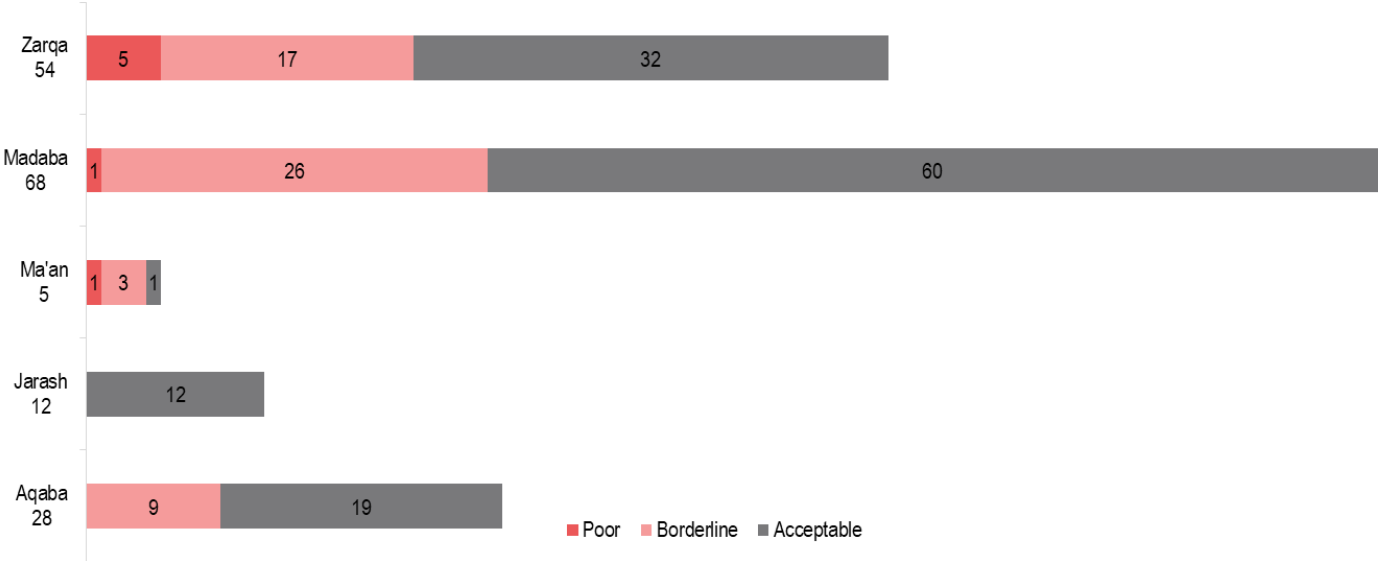
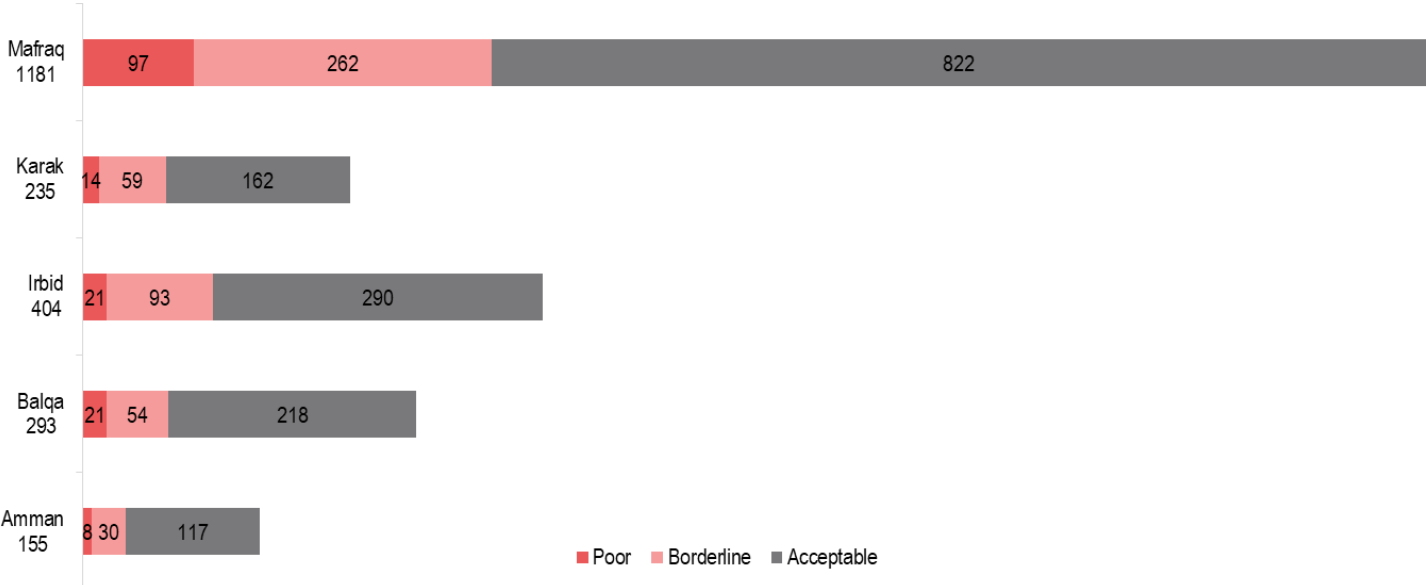


Figure 20: Distribution of HHs' FCS groups, by number of HHs across governorates (includes governorates with more than 100 HHs)



High proportions of HHs reported not consuming any fruits (88%), fish or other seafood (80%), and meat (48%) over the course of the seven days prior to the assessment. Also, 35% reported not consuming any eggs, 31% any pulses, nuts and seeds, and 35% reported not consuming any milk and dairy products during the same recall period.

**Dietary diversity score (DDS)**

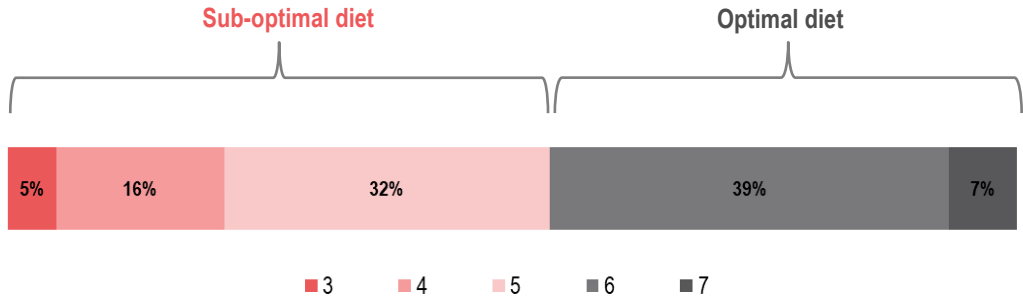
The DDS is a global indicator that measures the quality of food consumption based on the frequency of consumption of the seven different food groups (see Methodology section for more information). HHs with a lower dietary score

<sup>16</sup> Two graphs were produced to better represent the findings. The first includes governorates in which the number of assessed HHs are up to 100, and the second graph includes governorates in which the number of assessed HHs are higher than 100.

have a diet which is less varied and of lower nutritional value. DDS categorizes HHs as consuming a “sub-optimal” diet when five or fewer groups were consumed and an “optimal” diet when six or more groups were consumed.

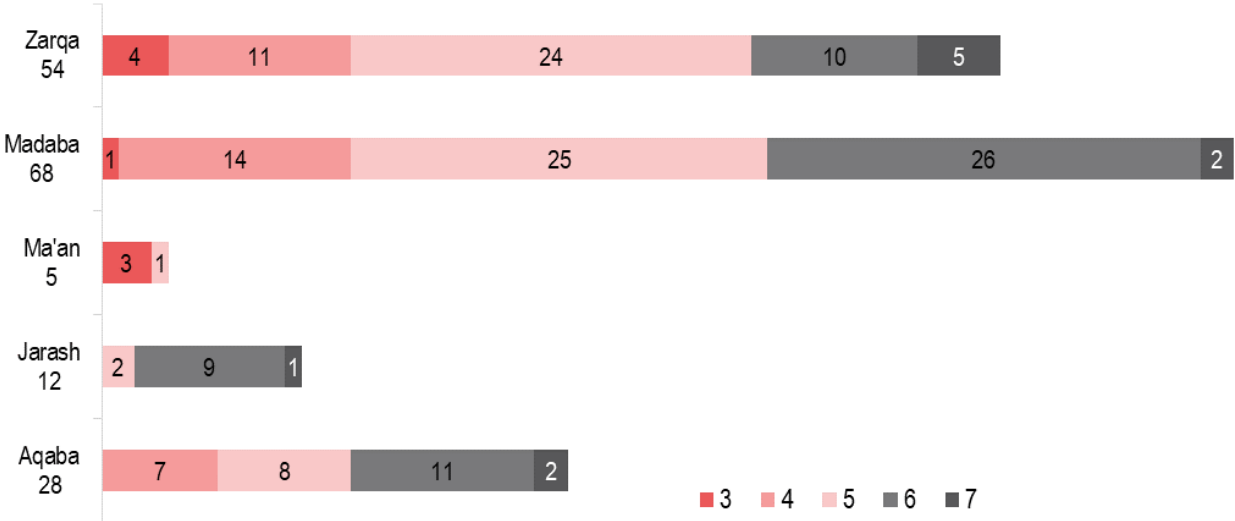
Forty-eight percent (46%) of HHs were consuming an optimal diet with a minimum of six food groups consumed during the week. On the other hand, 54% were consuming a sub-optimal diet. Results of the DDS displayed much lower scores compared to Syrian refugee HHs in host communities (69% in optimal DDS) and Syrian refugees in Zaatari camp (80% in optimal DDS) who were assessed in WFP’s 2018 Comprehensive Food Security and Vulnerability Assessment.<sup>17</sup>

Figure 21: Distribution of HHs’ DDS



DDS varied across governorates. For example, 83/155 HHs in Amman and 10/12 in Jerash had an optimal diet. On the other hand, only 15/54 HHs in Zarqa and 0/5 in Ma’an had an optimal diet.

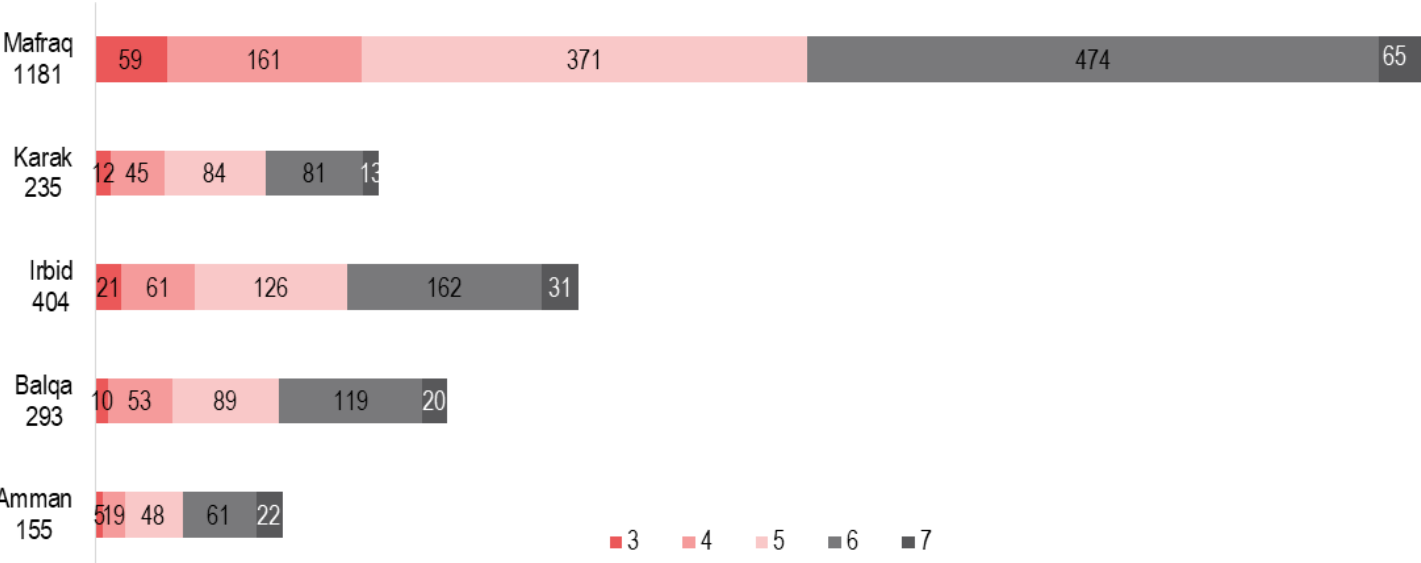
Figure 22: Distribution of HHs’ DDS, by number of HHs across governorates (includes governorates with less than 100 HHs)<sup>18</sup>



<sup>17</sup> Comprehensive Food Security and Vulnerability Assessment. WFP. 2018

<sup>18</sup> Two graphs were produced to better represent the findings. The first includes governorates in which the number of assessed HHs are up to 100, and the second graph includes governorates in which the number of assessed HHs are higher than 100.

Figure 23: Distribution of HHs' DDS, by number of HHs across governorates (includes governorates with more than 100 HHs)

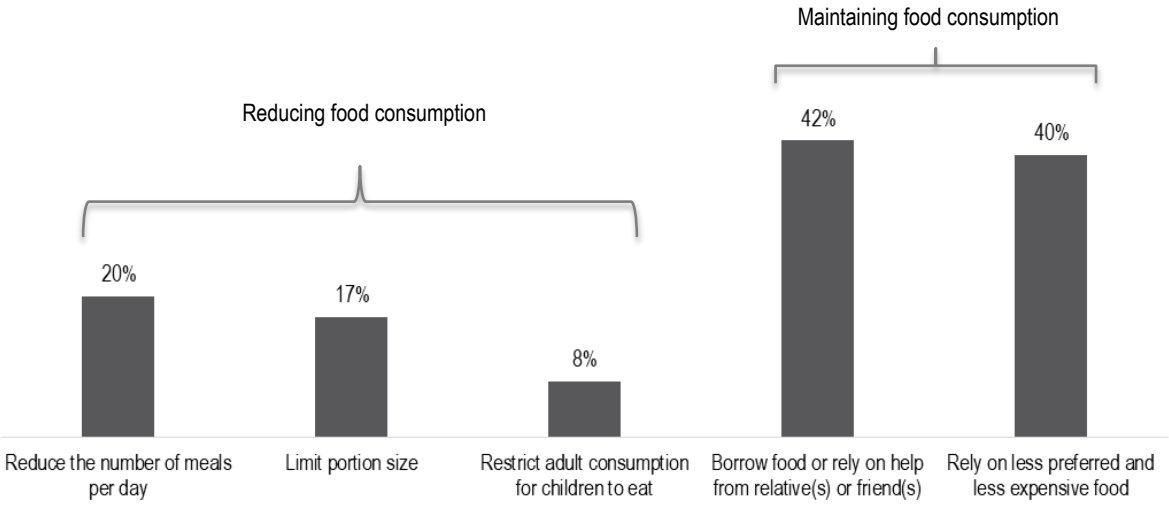


**Reduced coping strategy index (rCSI)**

The rCSI is an indicator of HH food security. The acquisition of food and the provision of adequate nutrition to one's children are among the most basic requirements towards food security. The more HHs have to rely on consumption-based coping strategies, the less food secure they are. The mean rCSI score was 7.5 for all HHs, and 67% of HHs reported using a reduced consumption based strategy.

The most common coping strategy used, reported by 42% of HHs on an average of two days per week, was to borrow food or received help from friends or relatives. In addition, in order to mitigate lack of access to food, 40% of HHs reported resorting to less preferred or less expensive food compared with their regular standards on an average of three days. One in five HHs (20%) reported reducing the number of meals per day and 17% reported limiting portion sizes. A higher proportion of HHs reported using coping strategies that maintained access to food, compared to coping strategies that lowered the volumes of food consumed. All coping strategies reported by HHs are detailed in Figure 24.

Figure 24: Consumption based coping strategies reported by HHs



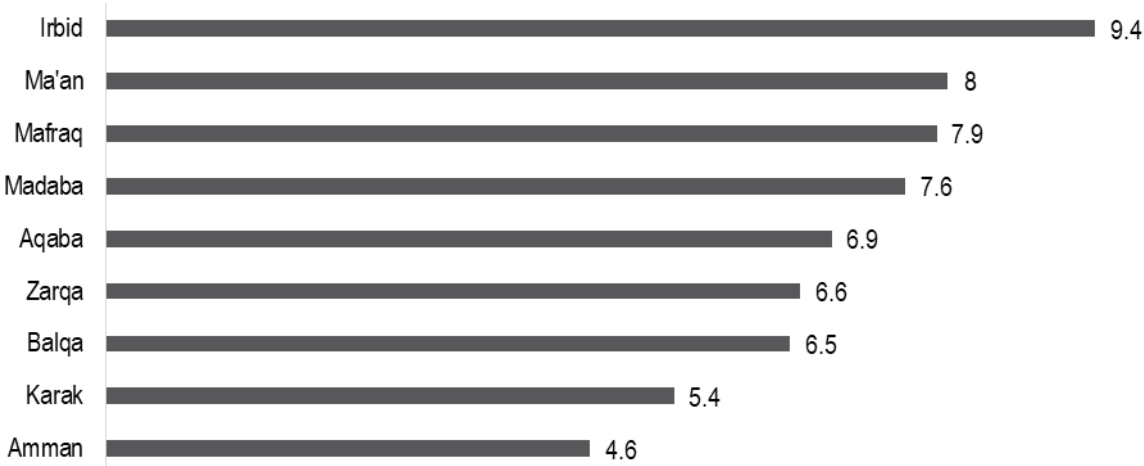
The number of days per week that HHs reported using food consumption-based coping strategies differed according to the strategy employed. Restricting adult consumption for children to eat was reported most, with the mean being 3.7 days per week. The mean number of days for all coping strategies reported is given below in Table 10.

Table 10: Mean number of days in which reported coping strategies were employed

Coping strategy used	Number of days (mean)
Rely on less preferred and less expensive food	3.0
Limit portion size	3.1
Reduce number of meals per day	3.4
Borrow food or rely on help from relative(s) or friend(s)	2.1
Restrict adult consumption for children to eat	3.7

rCSI figures are higher – indicating that HHs depend more on coping strategies in order to meet food needs – in the governorates of Irbid, Ma’an, Mafraq and Madaba.

Figure 25: Mean rCSI scores by governorate



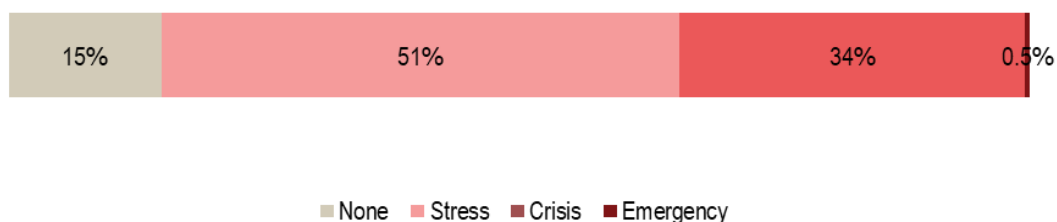
**Livelihood-based coping strategies**

The livelihood-based coping strategy index aims to better understand stress and insecurity faced by HHs and describes their capacity regarding future productivity. Understanding the behaviours HHs engage in to adapt to recent crisis, provides insight into the difficulty of their situation, and how likely they will be to meet challenges in the future. Context-relevant strategies are grouped according to their severity: stress, crisis and emergency (See the methodology section for more details).

In total, 85% of HHs reported using at least one coping strategy, meaning only 15% of HHs managed to meet their food needs without adopting any livelihood-based coping strategy. The highest proportion (51%) was reported in stress coping strategies. In addition, 34% of HHs reported engaging in crisis based coping mechanism on a 30-day recall period prior to the assessment. Based on severity, emergency coping strategies were rated most severe, and 0.5% of HHs reported engaging in emergency coping strategies.



Figure 26: Distribution of HHs according to livelihood-based coping strategies severity scale



The most used reported coping strategies were the purchase of food on credit or borrowing money to purchase food (72%), followed by reduced essential non-food expenses (22%), and spending savings (15%). The proportion of HHs employing livelihood-based coping strategies is outlined in Table 11.

Table 11: Proportion of HHs using livelihood-based coping strategies over a 30-day period prior to data collection

Livelihood-based coping strategies		%
Stress Coping Strategies	Spent savings	15%
	Sold HH assets	9%
	Changed accommodation type <sup>19</sup>	-
	Bought food on credit or borrowed money to purchase food	72%
Crisis Coping Strategies	Sold productive assets	4%
	Reduced essential non-food expenses (e.g. education / health)	22%
	Sent children to work	12%
Emergency Coping Strategies	Took jobs that are high risk, illegal and/or socially degrading	0%
	Sent child HH members to beg	0.1%
	Sent adult HH members to beg	0.1%

The use of livelihood-based coping strategies differed among governorates. In Aqaba, all HHs (28/28) reported using at least one livelihoods-based coping strategy, while in Ma'an, no HH reported using these strategies (0/5). Emergency coping strategies were reportedly used only by HHs in Irbid (4/404), Madaba (1/68) and Mafraq (6/1,181).

<sup>19</sup> Under the stress variables, relocation as a method was not considered applicable for HHs in VOC settlements and was not included as an answer choice.

Figure 27: Distribution of livelihood-based coping strategies severity scale, by number of HHs across governorates (includes governorates with less than 100 HHs)<sup>20</sup>

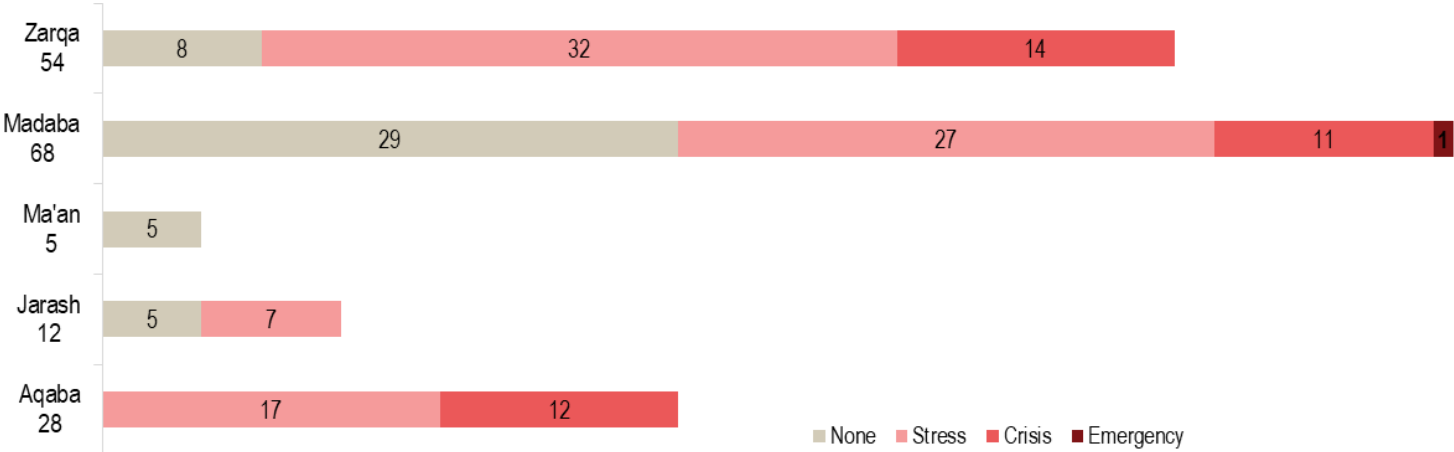
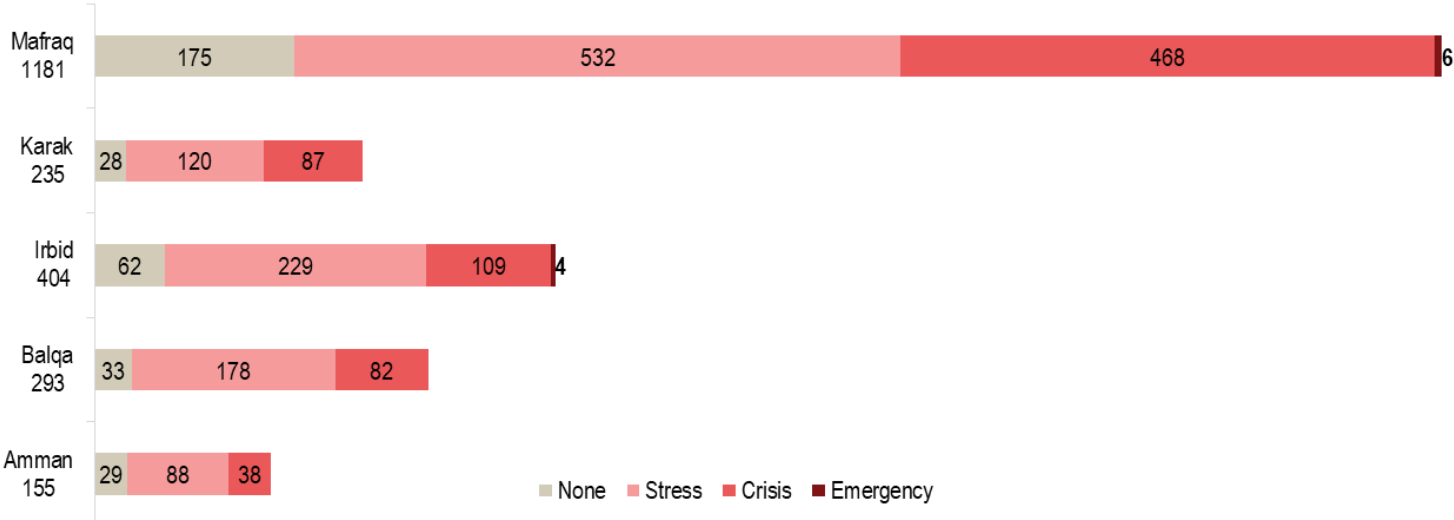


Figure 28: Distribution of livelihood-based coping strategies severity scale, by number of HHs across governorates (includes governorates with more than 100 HHs)



**Infant feeding**

Forty-four percent (44%) of HHs reported having at least one pregnant or lactating women. In times of reduced food consumption, mothers may be unable to breastfeed children as a result of their own nutritional health. HHs that reported having a pregnant or lactating women (n=1,058) were asked how they feed or intend to feed their child aged from 0 to 6 months. Within these HHs, 45% reported exclusive breast feeding, 30% reported mix of breast and bottle feeding and 24% reported only bottle feeding.

**Barriers for access to food**

KI were asked whether individuals in their settlements were able to access adequate food. Thirty-six percent (36%) reported that at least some residents in their settlements had problems with access to food. Among these KI who reported at least some access problems (n=177), 27% reported that one quarter of individuals in their settlements had problems accessing food. Among these KI who reported at least some access problems (n=177), 65 were in

<sup>20</sup> Two graphs were produced to better represent the findings. The first includes governorates in which the number of assessed HHs are up to 100, and the second graph includes governorates in which the number of assessed HHs are higher than 100.

the governorates of Mafraq, 31 in Karak, 28 in Amman, 28 in Irbid and 18 in Balqa. In addition, around half (47%) of all KI reported food to be one of their priority needs in their settlement.

## Education

This section covers information on education for school-aged children (6-17 years of age) in VOC settlements, including proportions of children attending / not attending formal education, barriers for access to education, transportation and distance to schools, expenditure on education, education intentions, and perceived violence in schools.

### School attendance

Eighty-nine percent (89%) of HHs reported having at least one child (n=2,176 HHs), and 65% reported having at least one school-aged child (n=1,583 HHs). Among all children (n=8,608), 59% were school-aged (n=5,120). Overall, only 32% of school-aged children were attending a formal school at the time of the assessment (n=1,657).<sup>21</sup> Moreover, from HHs with school-aged children (n=1,583 HHs), 32% reported that no child in their HHs had ever been registered / enrolled in formal education in Jordan or in their country of origin (n=507 HHs).

From HHs with school-aged children (n=1,583 HHs), 43% reported that at least one child from the HH was attending formal education, while 57% reported that no child was attending formal education. From HHs that reported that at least one child was attending formal education (n=683 HHs), half of them (50%) reported that all school-aged children in their HHs were in formal education while the other half reported that only some of the school-aged children in their HHs were attending school. Among HHs in which children attended formal education, all of them reported that children attended school 5 days per week.

KII included questions regarding informal education. Sixteen percent (16%) of KI reported that children in their settlement attended informal education. Across governorates, 9/26 KI in Zarqa, 17/74 in Amman, 20/95 in Balqa, 44/244 in Mafraq, 5/64 in Karak and 7/122 in Irbid reported that children were attending informal education in their settlements. From the KI who reported informal education (n=103), 89% reported that informal education was provided by community centres (e.g. provided by a UN Agency or NGO) and 6% reported informal education at home.

In addition, HHs with school-aged children were asked whether any child had missed more than three years of education in total. Fifty-two percent (52%) reported that at least one child in their HHs had missed more than three years of education.

HHs in Aqaba, Jerash and Ma'an reported having no formal or informal education, even though 20/28 HHs in Aqaba reported having had 67 school-aged children, 11/12 HHs in Jerash reported having 44 school-aged children and 5/5 HHs in Ma'an reported having 13 school-aged children.

### Barriers for access to education

HHs in which at least one school-aged child was not attending school were asked for the reasons why children were not attending formal education (n=1,240 HHs) (this question allowed the respondents to choose from multiple options). The main reported reasons were lack of funds to afford related costs (47%), distance / lack of transportation (25%), HHs' frequent relocation (22%) and child labour (18%).<sup>10</sup> Disabilities were also reported as a reason by 1.45% (n=18 HHs) in Mafraq (n=9), Irbid (n=6), Balqa (n=2) and Amman (n=1).

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<sup>21</sup> Formal education was defined as education in a public school or a state-recognised private school.

Figure 29: Reported reasons for why children were not attending formal education

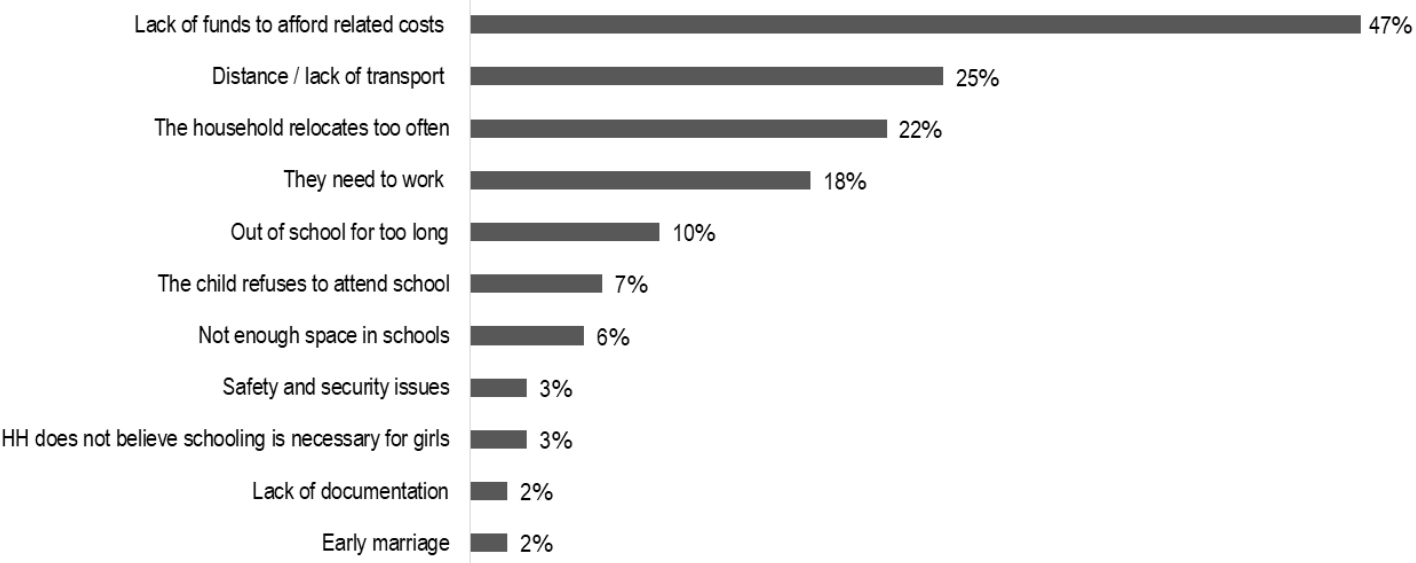
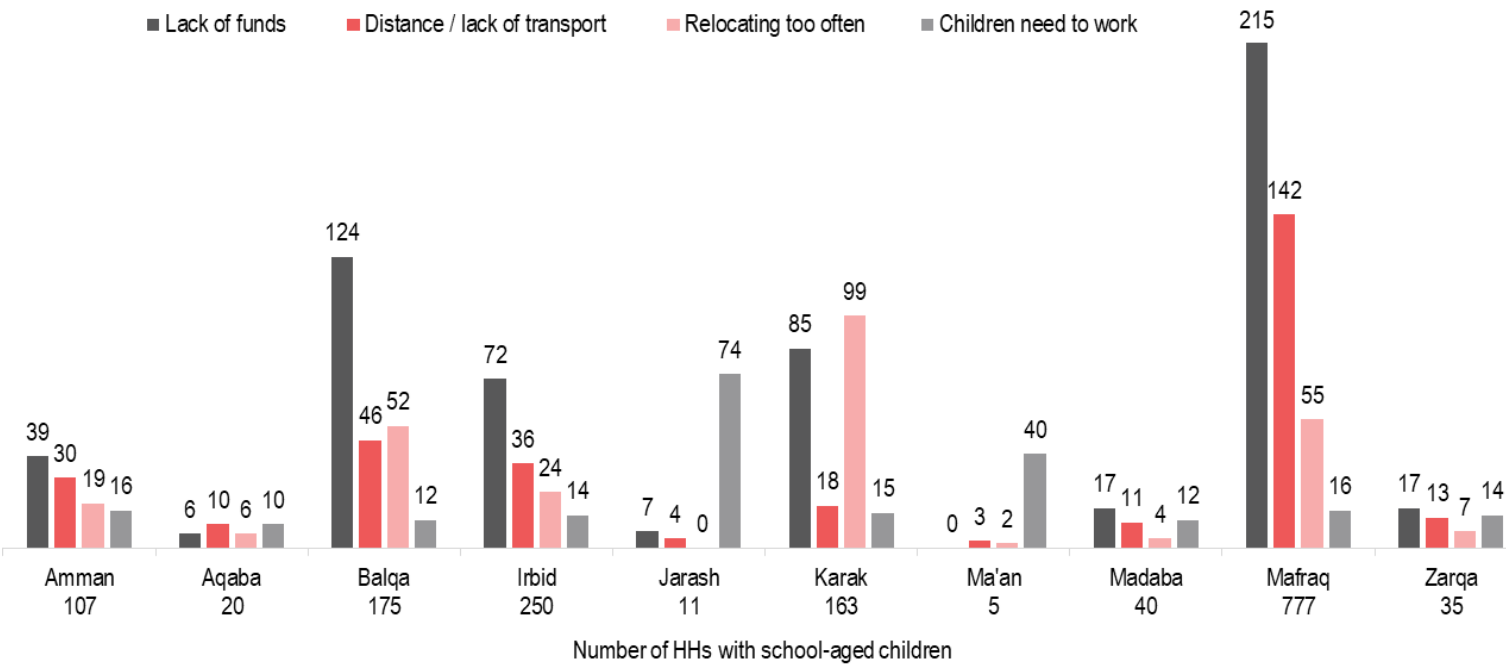


Figure 30: Reported reasons for why children were not attending formal education, by number of HHs with school-aged children across governorate



Detailed information on number of children in formal and informal education<sup>22</sup> is provided below in Table 12. In addition, information on education is also provided at the HH level in Table 13. It should be noted that some children were reported to be attending both formal and informal education.

<sup>22</sup> Informal education was defined as education by schools or centres that are not public schools and not state-recognized private schools. For example, centres operated by NGOs, by UN, by elders etc. These may be classes, workshops or seminars.

**Table 12: Reported education information for school-aged children in VOC**

Governorate	School-aged children	Ever enrolled	In formal education	Outside formal education	In informal education	Outside all education	Missed 3 years of school
Amman	338	209	88	250	58	208	128
Aqaba	67	32	0	67	0	67	41
Balqa	632	205	88	544	128	386	295
Irbid	794	51	317	477	59	442	284
Jerash	44	41	0	44	0	44	14
Karak	610	243	29	581	35	534	300
Ma'an	13	0	0	13	0	13	10
Madaba	134	77	19	115	4	102	67
Mafraq	2363	1642	1104	1257	346	972	589
Zarqa	125	54	12	113	31	68	48
<b>Total</b>	<b>5120</b>	<b>2954</b>	<b>1657</b>	<b>3461</b>	<b>661</b>	<b>2836</b>	<b>1176</b>

**Table 13: Reported education information for HHs that reported having school-aged children**

Governorate	Total HH number	HH with children ever enrolled	HH with children in informal education	HH with children in formal education	HH with children outside all education
Amman	107	76	21	43	70
Aqaba	20	14	0	0	20
Balqa	175	73	49	32	118
Irbid	250	168	25	131	160
Jarash	11	11	0	0	11
Karak	163	74	14	16	145
Ma'an	5	0	0	0	5
Madaba	40	25	4	11	33
Mafraq	777	619	130	445	454
Zarqa	35	16	11	5	22
<b>Total</b>	<b>1583</b>	<b>1076</b>	<b>254</b>	<b>683</b>	<b>1038</b>

### Transportation and distance to schools

From the total number of HHs with children attending formal education (n=683), 57% reported that transportation was provided by an organization. From these HHs that reported school transportation by an organization (n=389), some also provided more detail in terms of the service providing organization (n=262). Among these HHs that were asked whether the transportation was provided by UNICEF or another organization, 94% reported transportation was provided by UNICEF.<sup>23</sup> On the other hand, 22% of HHs in which children attended formal education reported that transportation was paid by HHs. In Balqa, 26/32 HHs in which children attended formal education reported that HHs paid for transportation, as well as 6/16 in Karak, 3/11 in Madaba, 10/43 in Amman, 95/445 in Mafraq and 1/5 in Zarqa. Overall, school transportation as a public service was reported by a very small number of HHs (n=10).

<sup>23</sup> This question to identify the service provider for transportation was added later in the assessment to understand the scope of UNICEF's support. In total, 389 HHs reported transportation being provided by an organization. Among these, 127 HHs were not asked further details. Later, HHs were asked whether transportation was provided by UNICEF or another organization, and 245 out of 262 HHs reported transportation provided by UNICEF.

Regarding distance to school, 19% of HHs in which children attended formal education reported that school was walking distance. Average reported time to school was 24 minutes. However, 3/5 KI in Amman and 2/5 in Karak reported the walking time to school to be one hour or more.

### Expenditure

HHs that spent on education (n=391) reported spending an average of 24 JOD on education over the 30 days prior to the assessment. Education spending was reported by 240/1,181 HHs in Mafrq, 31/155 in Amman, 77/144 in Irbid, 5/54 in Jerash and 26/293 in Balqa. From HHs that reported at least one child was attending formal education (n=683 HHs), 51% reported spending on education over the 30 days prior to the assessment.

### Intentions

HHs in which children attended formal education were asked about their intention to keep children in formal education after the age of 12 (n=683 HHs). Ninety-seven percent (97%) of these HHs reported that they intended to keep all children in formal school after the age of 12, 2% reported that no children were intended to stay in school, and 1% reported that only some children were intended to stay in school. From these HHs that reported not intending to keep children in formal education (n=20), 70% reported that their reason was related to lack of funds to send children to school, 30% reported that children needed to work instead of attending school, 15% reported distance as a barrier and 10% reported lack of transportation.<sup>10</sup>

### Violence in schools

HHs in which at least one school-aged child had attended formal school in the past three years (n=683) were asked about presence of violence in school (between students, or teachers to students). Ninety-three percent (93%) reported that there was no violence in schools while 5% reported violence between students and 1% (in Mafrq) reported violence by teachers towards students. Regarding the violence between students, the highest reported proportion was in Balqa, where this was reported by 5/32 HHs in which at least one school-aged child had attended formal school in the past three years, followed by 1/16 in Karak, 4/43 in Amman, 5/32 in Balqa and 19/445 in Mafrq.

### Health

This section present information of VOC settlements on health, including main health issues, chronic health conditions, healthcare facilities, barriers to access healthcare, vaccination and maternal health.

### Main health issues

Overall, 87% of HHs reported that at least one member of their HHs had a health problem over the last 30 days prior to the assessment. In addition, KI were asked about health issues experienced by individuals in the VOC settlements in the last 30 days prior to the assessment. Sixty-seven percent (67%) of KI reported numerous cases of respiratory diseases, 24% reported numerous cases of fever and 16% reported numerous cases of diarrhoea.<sup>10</sup>

Across governorates, 62/64 KI in Karak reported health issues experienced in the past 30 days prior to data collection. Similar high proportions were reported by 24/26 KI in Zarqa and 86/95 in Balqa. Specifically, numerous cases of respiratory diseases were reported in high proportions by 60/64 KI in Karak, 23/26 in Zarqa, 74/95 in Balqa and 52/74 in Amman. High proportions for numerous cases of fever were reported by 8/26 KI in Zarqa, 8/64 in Karak and 35/122 in Irbid. Numerous cases of diarrhoea were reported especially in high percentages by 24/64 KI in Karak.



## Chronic health conditions

HHs were asked whether any HH members suffered from chronic health conditions. Thirty-seven percent (37%) of HHs reported having at least one member with a chronic condition. The most common reported conditions were hypertension (by 22% of all HHs), diabetes (11%), asthma (11%) and cardiovascular disease, including stroke cases (7%).

Across governorates, hypertension was reported in high numbers by 9/28 HHs in Aqaba and 41/155 in Amman. Diabetes was reported by 114/1181 in Mafraq, 44/293 in Balqa, 29/235 in Karak, 17/155 in Amman and 44/404 in Irbid. Asthma was reported in high numbers by 121/1181 HHs in Mafraq, 43/404 in Irbid, 40/293 in Balqa, 26/235 in Karak and 17/155 in Amman. Heart / cardiovascular disease, including stroke cases, were reported in high numbers by 32/293 in Balqa, 14/155 in Amman, 69/1181 in Mafraq and 35/404 in Irbid.

Epilepsy (1%) and cancer (1%) were also reported by HHs in some VOC settlements. Epilepsy was reported in 6/235 HHs in Karak, 2/68 in Madaba, 7/293 in Balqa and 8/404 in Irbid. Cancer was reported by 3/155 HHs in Amman, 5/235 in Karak and 1/68 in Madaba.

When all chronic conditions were investigated together across governorates, it is noted that Balqa had the highest proportion of HHs with chronic conditions. Almost half (45%) of HHs in Balqa (131/293) had chronically ill members, as well as 11/28 in Aqaba, 91/235 in Karak and 60/155 in Amman. The highest number of chronic conditions in absolute terms were reported in the governorates of Mafraq (417/1,181) and Irbid (156/404).

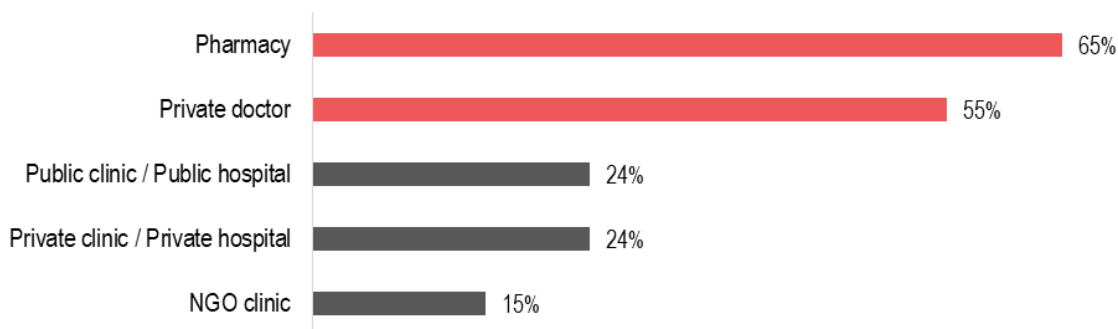
Overall, eleven percent (11%) of HHs reported the presence of at least one individual with a difficulty / disability. Overall, 5% of HHs reported having at least one HH member with walking difficulty. Other reported difficulties / disabilities were self-care difficulty (5%), communication difficulty, remembering difficulty (3%), seeing difficulty (3%) and hearing difficulty (2%).

In Balqa, 47/293 HHs reported the presence of at least one individual with a difficulty / disability, followed by 47/404 in Irbid, 18/155 in Amman, 127/1,181 in Mafraq, 24/235 in Karak, 5/68 in Madaba, 2/54 in Zarqa. No HHs reported such cases in Aqaba, Jarash and Ma'an.

## Healthcare facilities

Among HHs that reported that at least one HH had a health problem and received treatment over the last 30 days prior to the assessment (n=2,088), the main reported accessible healthcare facilities were pharmacies (65%), private doctors (55%), public clinics or public hospitals (24%) and private clinics or private hospitals (24%). NGO clinics were also reported by 15% while no HH reported receiving treatment from an informal community doctor.<sup>10</sup>

Figure 31: Accessible health care facilities, as reported by HHs



Pharmacies were the most reported across all nationalities. Among HHs that reported receiving treatment (n=2,088), 65/80 Pakistani HHs, 1,281/2,001 Syrian HHs, 1/2 Palestinian HHs, 2/2 Egyptian HHs and 1/1 Yemeni HH reported receiving healthcare services from a pharmacy. Private doctors were also reported as providers of healthcare by all nationalities, except for Palestinian HHs. Private clinics or hospitals were reported as providers of healthcare only by Syrian and Pakistani HHs. On the other hand, public clinics or hospitals were reported as providers of healthcare by all nationalities, except for the Yemeni HH (n=1).

Overall, less than one in five HHs reported visiting an NGO clinic when health care was needed over the last 30 days prior to the assessment (15%). Among the HHs that reported visiting an NGO clinic (n=314), 208/314 were in Mafrq, 86/314 were in Irbid, 14/314 were in Balqa, 3/314 were in Amman and 1/314 was in Aqaba, Jarash and Karak. Among these HHs, almost all were Syrian, except for one Palestinian HH.

**Distance to healthcare facilities**

On average, the nearest accessible primary health service was reported to be 8 kilometres (km) from HHs. The average reported distance was higher in Aqaba (28 km) and in Amman (13 km); 2/5 KI in Aqaba and 11/74 in Amman reported that the nearest accessible primary health service was in 30 km or further. Overall, majority of KI (82%) reported that their settlements were within a 10-km distance from primary health services, and 92% reported a 15-km distance.

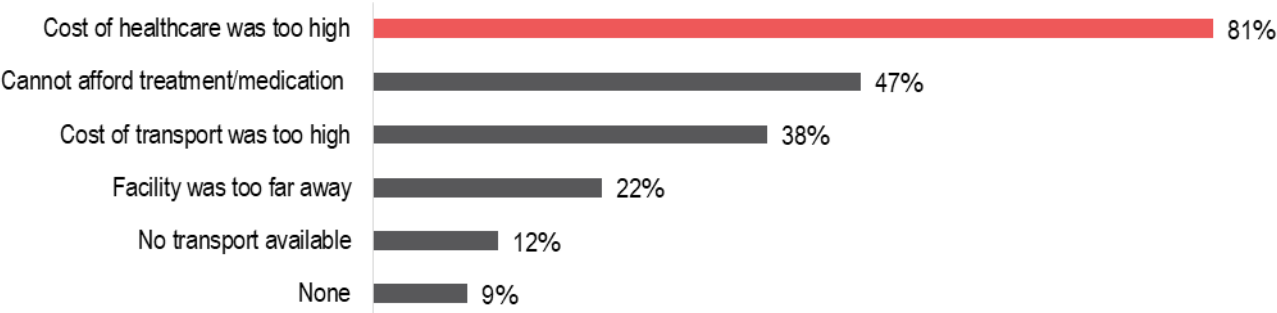
The average reported distance to the nearest accessible health care provider for pregnant and/or lactating women was 15 kilometres. Overall, 13% of KI reported that the nearest accessible primary health care provider for pregnant and/or lactating women was in 30 km or further. Across governorates, 3/5 KI in Aqaba, 5/64 in Karak, 1/26 in Zarqa and 5/122 in Irbid reported that their settlements were 60 km or further away from a health care provider for pregnant and/or lactating women.

**Access to healthcare**

As mentioned earlier, 87% of HHs reported that at least one member of their HHs had a health problem over the last 30 days prior to the assessment. From these HHs (n=2,110), almost all (99%) reported receiving treatment. The HHs that reported not receiving treatment (n=22) were all Syrian, across seven governorates. All of them (22/22) reported one of their barriers to be financial (cost of transport, healthcare fees, etc.) and 2/22 reported lack of transportation to health facilities as another barrier.<sup>10</sup>

KI who reported health issues in the past 30 days prior to the assessment (n=501) were asked about problems encountered when individuals in VOC needed healthcare. Among these KI, a large proportion (81%) reported that cost of healthcare was too high and 47% reported insufficient funds to purchase treatment or medication (the costs of these were too high).

Figure 32: Healthcare access problems, as reported by KI



Proportions of reported healthcare access problems changed slightly across governorates. Cost of healthcare was reported in high numbers by 128/167 in Mafraq, 76/86 in Balqa, 76/95 in Irbid, 57/62 in Karak, 48/55 in Amman and 15/24 in Zarqa. Inability to afford treatment or medication was reported in high numbers by 45/62 in Karak, 15/24 in Zarqa, 95/167 in Mafraq, 25/55 in Amman, 15/86 in Balqa and 38/95 in Irbid. Cost of transport being too high was reported in high numbers by 91/167 in Mafraq, 11/24 in Zarqa, 11/62 KI in Karak, 32/95 in Irbid, 22/55 in Amman and 17/86 in Balqa. Facility being too far was reported in high numbers by 59/167 in Mafraq, 7/24 in Zarqa, 10/95 in Irbid and 15/55 in Amman. In addition, having no transportation was reported as a barrier by 21/167 KI in Mafraq, 3/24 in Zarqa, 2/8 in Madaba, 23/95 in Irbid and 9/86 in Balqa.

KI were also asked about impediments to accessing healthcare for women. Similar to the overall healthcare access, the reported access barriers for women were related to costs: cost of healthcare (67%), cost of transport (39%) and cost of treatment or medication (37%). These challenges were followed by the distance of healthcare facilities (34%) and lack of transport (10%).

HHs were asked whether they received any help to pay for medical expenses. Forty-seven percent (47%) reported that they received no help while 53% reported receiving some type of help. Among HHs that received help (n=1,292), 89% reported that their employer supported them and 21% received help from an NGO.<sup>10</sup> No HH reported social security or any type of insurance. For medical costs, 3/7 Egyptian and 2/3 Palestinian HHs reported receiving help. Support from an NGO (n=274) was received almost exclusively by Syrian HHs, with the exception of two Palestinian HHs. Among these HH that reported receiving help from medical expenses (n=274), 180 were in Mafraq, 70 in Irbid, 9 in Balqa, 5 in Amman, 5 in Jarash, 3 in Karak, 1 in Aqaba and 1 in Madaba.

## Vaccination

HHs that had a child aged 0 to 4 were asked whether their children under the age of 5 had been vaccinated for polio and measles. From these HHs (n=1570), 82% reported that all children in this age group had been vaccinated while 12% reported none had been vaccinated. Across governorates, 11/41 HH in Madaba, 38/166 in Karak and 51/282 in Irbid reported unvaccinated children in this age group.<sup>24</sup>

## Maternal health

Forty-four percent (44%) of HHs reported having at least one pregnant or lactating woman (n=1,058). Forty-one percent (41%) of HHs reported having only one pregnant or lactating woman, 2% reporting having two pregnant or lactating women, and 1% reporting having three or four pregnant or lactating women.

These HHs with at least one pregnant or lactating member (n=1,058) were asked whether there was a pregnant HH member and whether this member was registered for antenatal care (ANC) in a health centre. ANC is care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. The components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion. It was reported that overall, 32% of HHs had at least one pregnant woman. Among these (n=774), only 4% reported having registration for ANC.

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<sup>24</sup> The findings are only reflective of HHs with "all" or "none" answers, and HHs with some children vaccinated are not included in this calculation. Therefore, the proportion is valid only for HHs that either had all children vaccinated or no child vaccinated. Despite this limitation, it was included in the report as it may inform a targeted vaccination programme.

## Water, Sanitation and Hygiene (WASH)

This section presents findings concerning access to WASH. It includes insight on sources of drinking and non-drinking water, challenges in accessing water, types of toilets used and practices such as waste disposal and handwashing.

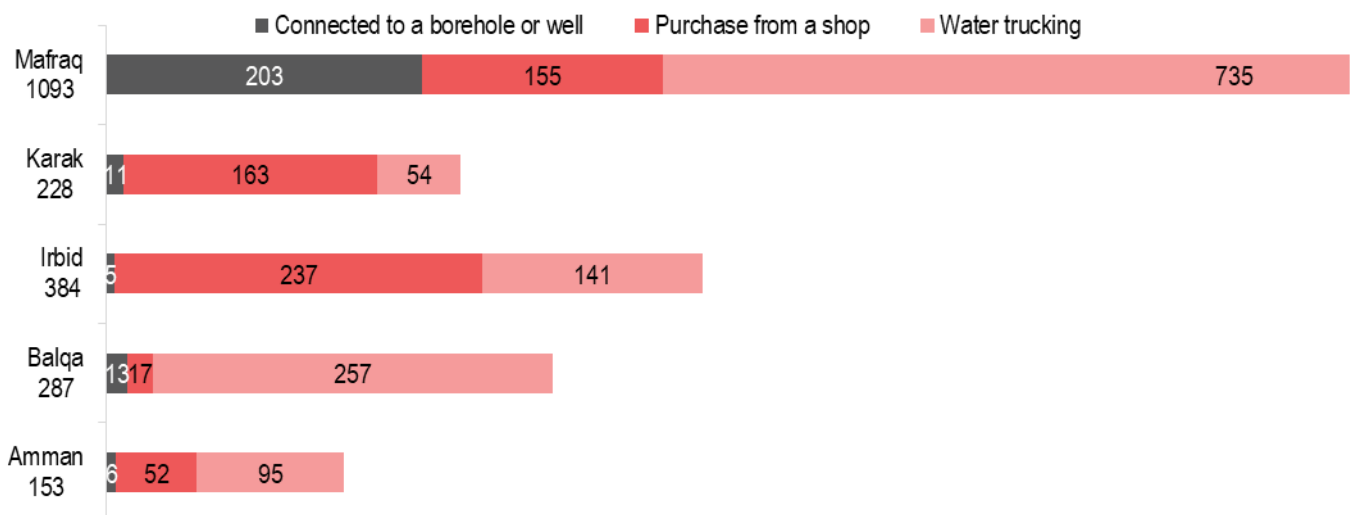
### Sources of water

HHs were asked about their main source of water. Around half (55%) of the HHs reported water trucking to be their main source of drinking water, 29% reported that they purchased water from a shop and 12% reported that they connected to a borehole or well with a pump.

Figure 33: Reported top three sources of drinking water, by number of HHs across governorates (includes governorates with less than 100 HHs)<sup>25</sup>



Figure 34: Reported top three sources of drinking water, by number of HHs across governorates (includes governorates with more than 100 HHs)



Detailed information on "water trucking" was also collected as either "paid" (by the HH) or "unpaid" (such as water provided by employers, landowners, organizations or municipalities). From HHs that reported water trucking as their main source of drinking water (n=760), 96% reported that it was a paid service and only 4% reported it to be

<sup>25</sup> Two graphs were produced to better represent the findings. The first includes governorates in which the number of assessed HHs are up to 100, and the second graph includes governorates in which the number of assessed HHs are higher than 100.

free. Free water trucking for drinking water (n=30 HHs) was reported by 19/1,181 HHs in Mafrq. 4/54 in Zarqa and in small numbers in Irbid, Madaba and Amman.<sup>26</sup>

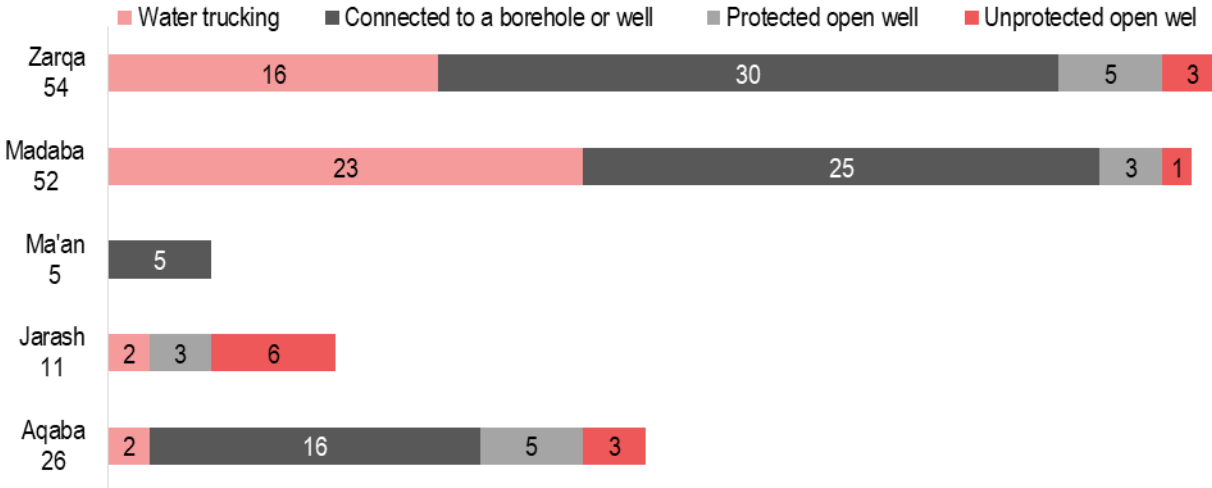
Purchasing from a shop (n=694 HHs) was reported in high numbers by 163/235 in Karak, 155/1181 in Mafrq, 44/68 in Madaba, 237/404 in Irbid and 52/155 in Amman. In addition, connecting to a borehole or well with a pump (n=280 HHs) was reported in high numbers by 18/54 in Zarqa and 203/1,181 in Mafrq. Other sources for drinking water were also reported relatively less. For example, protected open well (n=78 HHs) was reported in Mafrq by 71/1,181 HHs.

HHs were also asked whether their main source of drinking water was acceptable in terms of colour, taste and smell. Fourteen percent (14%) reported that it was not acceptable. From the HHs that reported the drinking water to be unacceptable (n=331), 170/1,181 were in Mafrq, 60/293 in Balqa, 50/404 in Irbid, 19/155 in Amman, 5/28 in Aqaba and 9/54 in Zarqa.

One of the health issues linked with unsafe drinking water can be diarrhoea. It can be noted that 16% of KI reported numerous cases of diarrhoea experienced by individuals in their VOC settlements over the last 30 days prior to the assessment. Across governorates, 46/244 KI in Mafrq reported numerous cases of diarrhoea, followed by 24/64 in Karak, 14/74 in Amman, 4/26 in Zarqa, 9/122 in Irbid and 6/95 in Balqa.

In addition to drinking water, HHs were asked about their main source of water used for other purposes, such as cooking, bathing, cleaning and washing. Similar to drinking water, around half (53%) of the HHs reported water trucking to be their main source of non-drinking water, 30% reported that they connected to a borehole or well with a pump, 8% reported protected open well and 5% reported unprotected open well.

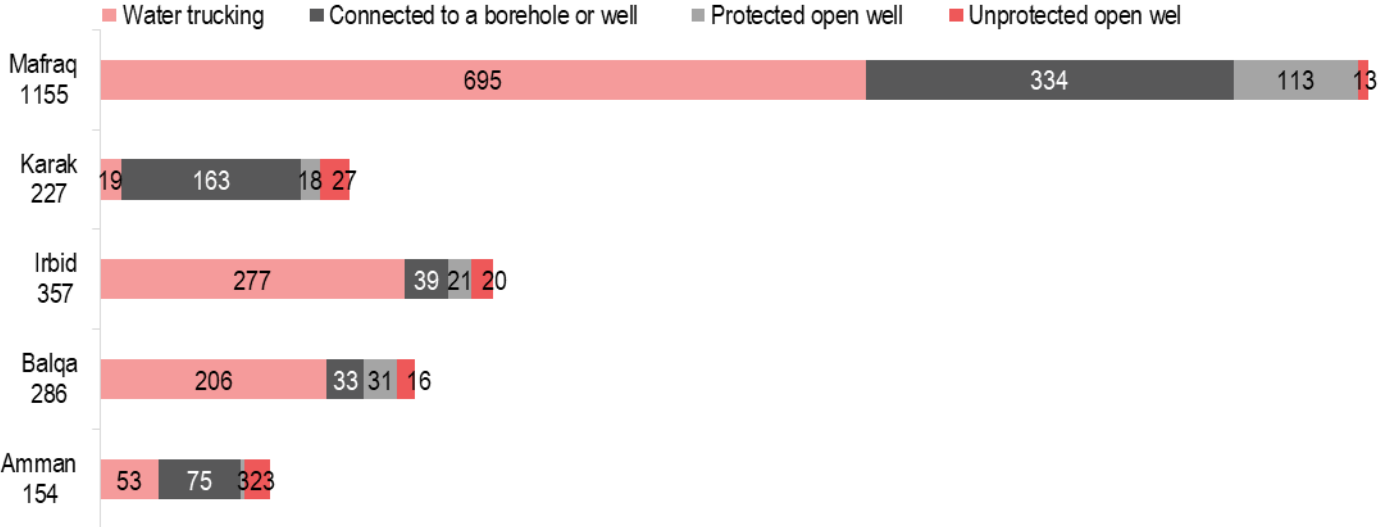
Figure 35: Reported top four sources of non-drinking water, by number of HHs across governorates (governorates with less than 100 HHs)<sup>27</sup>



<sup>26</sup> Information on "water trucking" as either "paid" or "unpaid" after the first four weeks of data collection. Therefore, 63% of all HHs (n=1,537/2,435) were asked about the type of water trucking, and 49% (n=760/1,437) of these HHs reported water trucking to be their main source of drinking water, which is close to the overall proportion of water trucking (55%) across all governorates. In light of this proportion being close to the overall percentage, the answers given for water trucking types may be taken as good-enough indication. From the HHs that were asked about water trucking types (n=760), 96% reported that water trucking was a paid service while 4% reported water trucking to be unpaid.

<sup>27</sup> Two graphs were produced to better represent the findings. The first includes governorates in which the number of assessed HHs are up to 100, and the second graph includes governorates in which the number of assessed HHs are higher than 100.

Figure 36: Reported top four sources of non-drinking water, by number of HHs across governorates (governorates with more than 100 HHs)



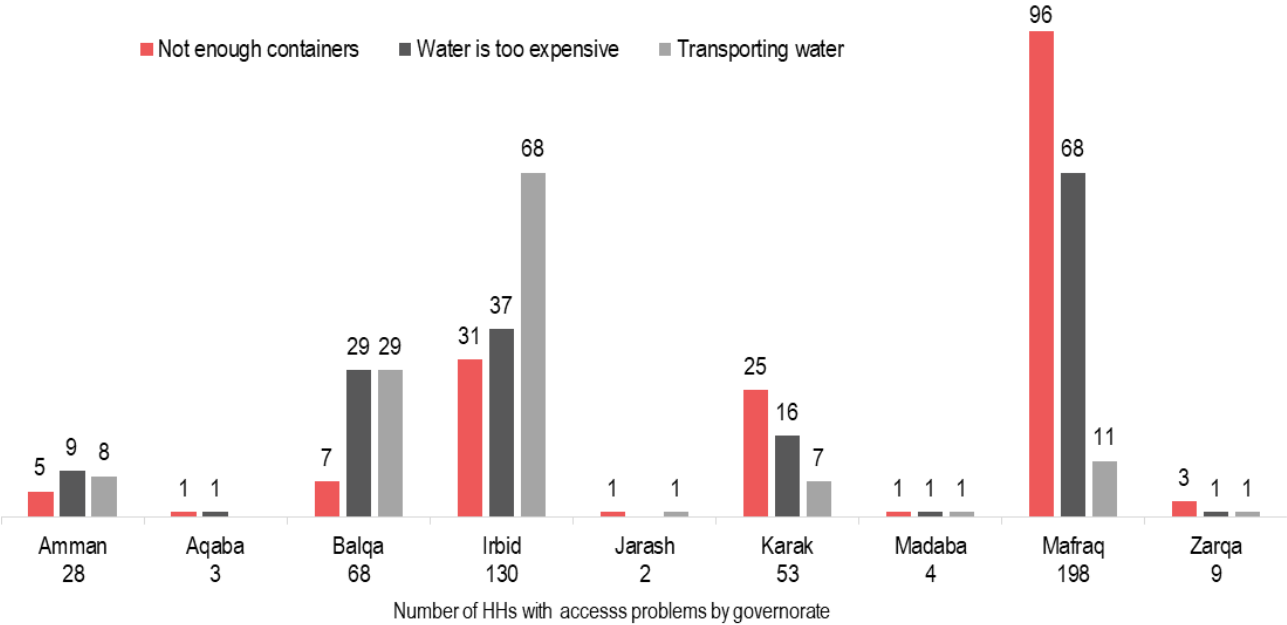
As mentioned earlier, detailed information on "water trucking" was collected as either "paid" (by the HH) or "unpaid" (such as water provided by employers, landowners, organizations or municipalities). From HHs that reported water trucking as their main source of non-drinking water (n=777), 96% reported that it was a paid service and 4% reported water trucking was unpaid. Unpaid water trucking (n=34 HHs) was reported by 22/1181 HHs in Mafrq, 4/155 in Amman, 2/54 in Zarqa and in small numbers across other governorates.<sup>28</sup> Connecting to a borehole or well with a pump (n=720 HHs) was reported by 163/235 HHs in Karak, 16/28 in Aqaba, 75/155 in Amman, 25/68 in Madaba, 334/1,181 in Mafrq and 5/5 in Ma'an.

**Access to water**

Overall, 20% of HHs reported facing challenges accessing water (n=495). Across governorates, 130/404 HHs in Irbid, 198/1,181 in Mafrq, 68/293 in Balqa, 28/155 in Amman, 9/54 in Zarqa and 53/235 in Karak reported water access challenges. HHs that reported facing challenges accessing water (n=495) were also asked about the types of challenges they faced. The most reported type of challenge was not having enough containers to store water (34%), followed by water being too expensive (33%) and difficulty to transport water (25%).<sup>10</sup>

<sup>28</sup> Information on "water trucking" as either "paid" or "unpaid" after the first four weeks of data collection. Therefore, 63% of all HHs (n=1,537 in 2,435) were asked about the type of water trucking, and 51% (n=777 in 1,437) of these HH reported water trucking to be their main source of non-drinking water, which is close to the overall proportion (53%) across all governorates. In light of this proportion being close to the overall percentage, the answers given for water trucking types may be taken as good-enough indication. From HHs that were asked about water trucking types (n=760), 96% reported that water trucking was a paid service while 4% reported water trucking was unpaid.

Figure 37: Main reported barriers to water access by number of HHs across governorates



Over the past 30 days prior to the assessment, 27% of HHs reported having at least 1 day without access to drinking water and at least 1 day without access to non-drinking water. Overall, 6% of HHs reported not having access to drinking water for 5 days or more over the past 30 days prior to the assessment (n=135). This situation was reported in high numbers by 73/1,181 HHs in Mafraq, 23/404 in Irbid, 4/54 in Zarqa, 15/293 in Balqa, 10/235 in Karak and 5/68 HHs in Madaba.

With regards to non-drinking water, 344/1,181 HHs in Mafraq and 147/404 HHs in Irbid reported lack of access for at least one day over the past 30 days prior to the assessment. Overall, 6% of HHs reported not having access to non-drinking water for 5 days or more over the past 30 days prior to the assessment. This situation was reported by 44/404 HHs in Irbid, 74/1,181 in Mafraq, 3/54 in Zarqa, 16/293 in Balqa and 11/235 in Karak.

HHs that reported lack of access to drinking or non-drinking water at some point over the last 30 days (n=901) were asked about their coping mechanisms. Majority (85%) of HHs reported borrowing water from family or neighbours, 4% reported borrowing money to buy water, 3% reported purchasing water with debt and 3% reported staying without water.

**Sanitation practices**

Overall, 45% of HHs reported using a pit latrine without a slab or platform, 22% reported using a pit latrine with a slab and platform, 17% reported using open holes, 8% reported using pit VIP toilets (ventilated improved pit latrine), 5% reported using flush or pour/flush toilets, and 2% reported practicing open defecation.

From HHs that had a latrine (n=2377), 54% reported having a private toilet only used by their HHs while 43% reported communal toilets.<sup>29</sup> From HHs that reported using communal toilets (n=1,061), the average of individuals sharing a single communal toilet was 14, which is within the SPHERE standard of maximum 20 people per available latrine.<sup>30</sup> However, from all HHs that reported using a communal toilet, 13% reported sharing communal toilets with more than 20 individuals. Overall, 28/68 HHs in Madaba, 46/1181 in Mafraq, 26/404 in Irbid, 13/293 in Balqa and 18/235 in Karak reported sharing a communal toilet with more than 20 individuals.

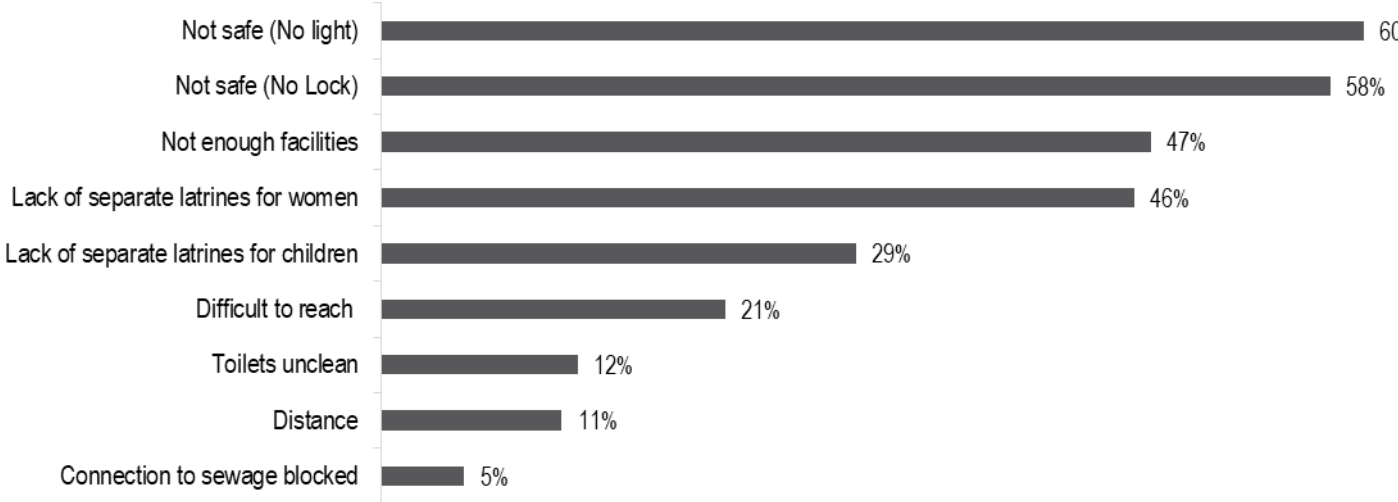
<sup>29</sup> HHs that reported using methods such as open defecation were not asked whether the toilet was private or communal.  
<sup>30</sup> The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, 2018.



In light of SPHERE standards, HHs were also asked whether the toilets they used were separated for men and women. Only 2% reported that there were separated toilets. Also, 47% of HHs reported there were no doors for the toilets they used while 39% reported that there were doors, but no working locks on the inside. In addition, 70% of HHs reported that there was not enough lighting for the toilets.

KI were also asked about challenges experienced by individuals in their settlements with regards to accessing latrines (they could select multiple answer choices). Sixty percent (60%) of KI reported that accessing latrines were not safe due to lack of lighting, 58% reported safety problems due to lack of locks, 47% reported that there were not enough facilities and 46% reported lack of separate latrines for women.

Figure 38: Latrine access problems in VOC settlements, as reported by KI



With regards to managing the disposal of sewage, 97% of HHs reported that they handled on site (dumped/backfilled), 2% reported using private tanks and desludging, and 1% reported having public sewerage networks. In order to prevent the presence of insects, rats or flies, 37% of HHs reported that they did not take any measures, 34% reported using insect repellents, 20% reported that there was nothing that could be done and 6% reportedly used pesticides or poison.

**Hygiene practices**

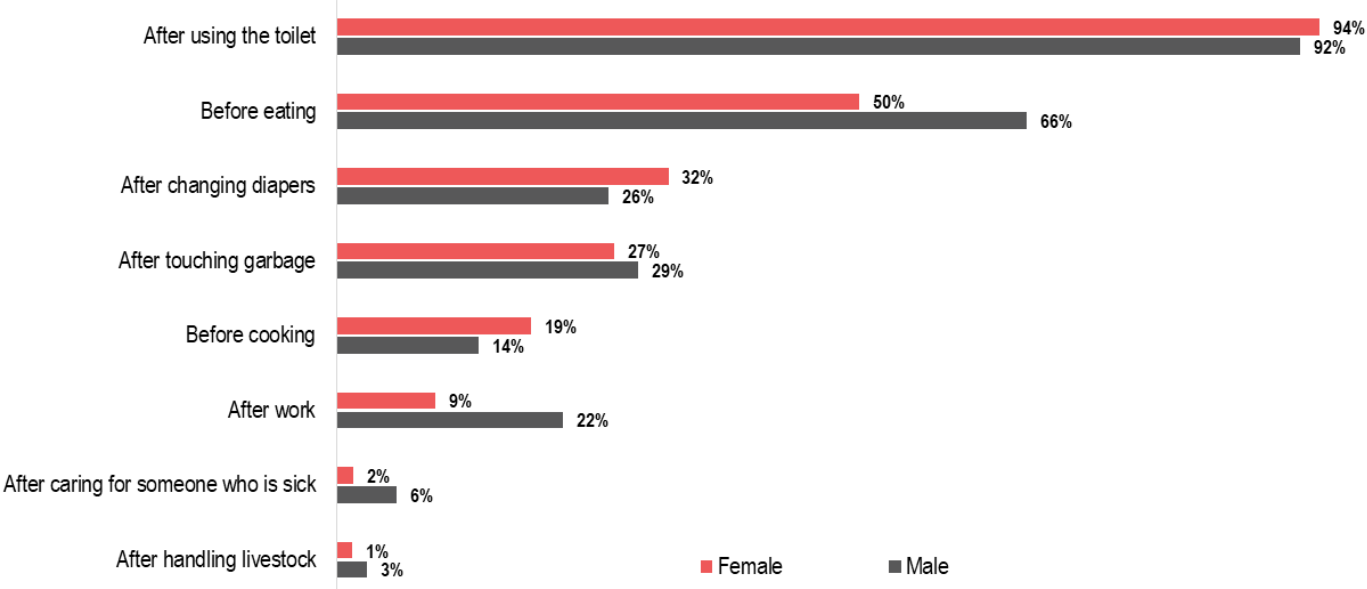
Information related to hygiene practices, including handwashing and the use of soap, was also collected due to the fact that hygiene practices reduce risks of disease transmission. Overall, 98% of HHs reported having soap. The HHs that reported not having soap (n=48) were asked about the reasons why they did not have soap. Among these HHs, 77% reported that soap was too expensive and 29% reported thinking they did not need soap.<sup>10</sup> Among HH surveys in which the respondents were women (n=1,180), 98% reported having soap, just as the overall proportion.

When asked about the reasons for not having soap, female respondents (n=25) reported that soap was too expensive (76%) and 28% reported thinking they did not need soap. Their responses were similar to the overall responses. HHs were also asked to name the times when HH members washed their hands. Forty-four percent (44%) reported having knowledge of at least three of the critical times of handwashing.<sup>31</sup> Overall, the most commonly reported critical times were after using the toilet (93%), before eating (58%), after changing diapers (29%), after touching garbage (28%), before cooking (16%) and after work (16%).<sup>10</sup>

<sup>31</sup> The critical handwashing times included in this calculation were: before eating, after using the toilet, after changing diapers, after caring for someone who is sick, after sneezing / blowing nose, after handling livestock, after touching garbage, before cooking, after work. Many respondents (21%) also reported that HH members washed their hands "before every prayer". This was not included in the calculation above, but if it is added, HHs with knowledge of at least three critical times of handwashing becomes 49%.

Among HH surveys in which the respondents were female (n=1,180), 40% reported having knowledge of at least three of the critical times of handwashing. A detailed breakdown of critical hand washing times reported by male and female respondents can be found in the figure below.

Figure 39: Reported critical times when HH members wash hands, disaggregated by gender of respondents



In addition, HHs were asked whether women in their HHs had access to menstrual hygiene products. Eighty-one percent (81%) reported that women in their HHs had access to menstrual hygiene products while 12% reported that women in their HHs did not have access to menstrual hygiene products and 7% reported that they did not know. Among HH surveys in which the respondents were women (n=1180), 85% reported that women in their HHs had access to menstrual hygiene material while 14% reported not having access and 1% reported that they did not know

### Shelter

The assessment asked a set of questions about shelter types, number of shelters, rent, eviction, and shelter needs and non-food items needs.

#### Types of shelter

Regarding shelter types, the vast majority of HHs reported using tents (89%), 9% reported using prefabricated caravans, 5% reported using makeshift shelters with a mix of plastic and metal sheets, and 5% reported living in shelters built of bricks and cement.<sup>10</sup>

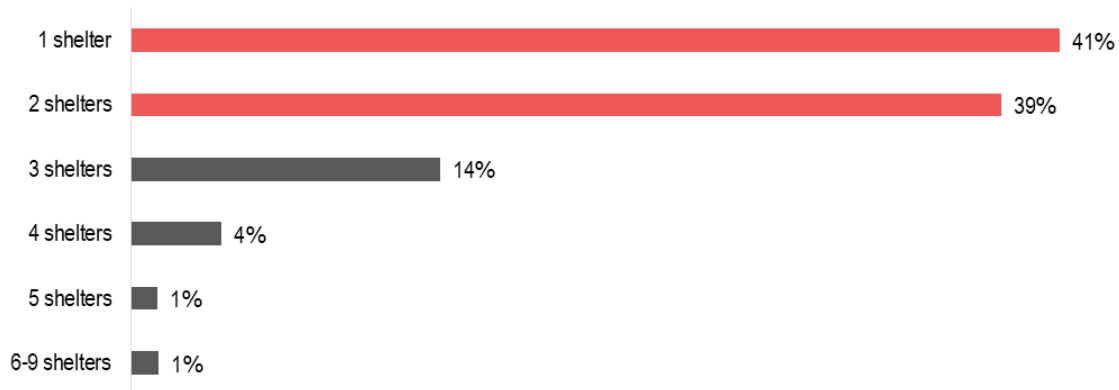
Figure 40: Reported types of shelter used by HHs in VOC settlements



## Numbers of shelter

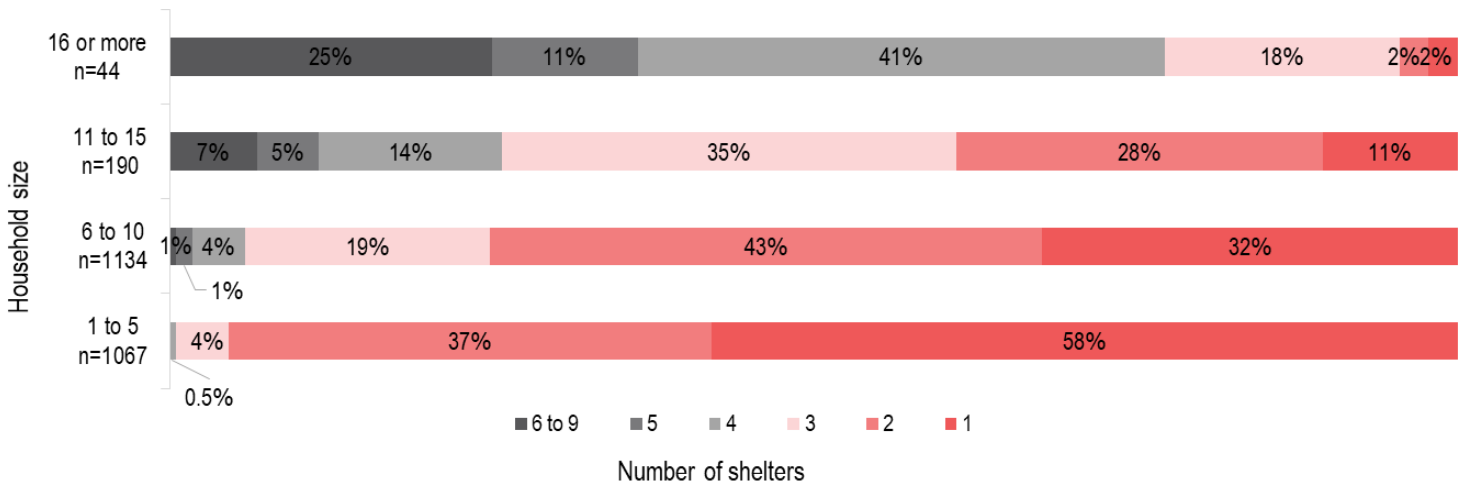
Regarding shelter diversity, 85% of HHs reported using only one type of shelter, 14% reported using two different types and 1% (n=6 HHs) reported using three different types of shelters. HHs were also asked about the number of shelter units they used. Majority (94%) reported that their HH had one to three shelter units, 4% reported using four shelter units and 2% reported using five to nine shelter units. Nine was the largest reported number of shelters used by a single HH.

Figure 41: Reported number of shelters used by HHs in VOC settlements



As illustrated in Figure 42, the number of shelters used by HHs change according to the HH size (number of individuals in a given HH). Among HHs that consisted of 5 members or less (n=1,067), 95% reported using one or two shelters while larger HHs reported using higher numbers of shelters.

Figure 42: Reported number of shelters per HH in VOC settlements, by HH size

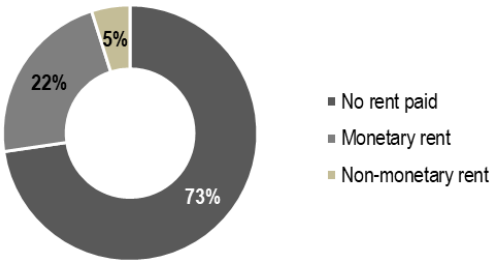


## Rent

Regarding rent, 73% of HHs reported that they paid no rent / resided for free. Based on field observations and secondary research, it can be assumed that housing was free because housing was provided by the employer or was public land. In addition, 22% of HHs reported paying monetary rent and 5% reported paying non-monetary rent (with goods or services). As majority of HHs reported working in daily labour in agriculture, it may be the case that the non-monetary payment for rent is provided by labour in exchange for housing.<sup>32</sup>

<sup>32</sup> 3 HHs reported using both methods of rent payment: monetary and with labour

Figure 43: Reported types of rent payments used by HH in VOC settlements



**Eviction**

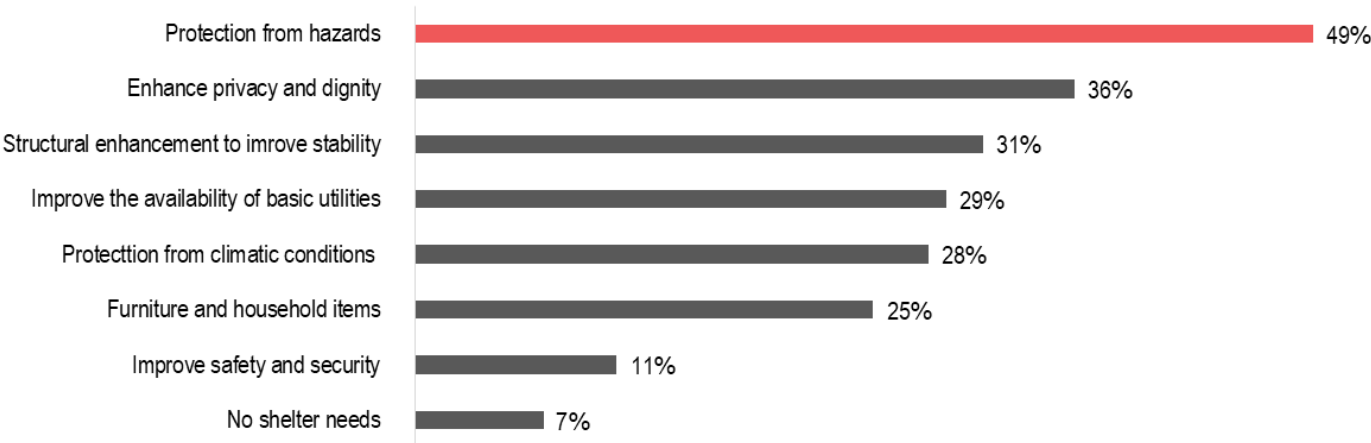
HHs were also asked whether they had been threatened with eviction over the past three months prior to the assessment, by governmental authorities, police or landowner. The vast majority reported not facing such threats (96%) while 4% reported that they were threatened with eviction. The threats of eviction were reported by 21/404 HHs in Irbid, 44/1181 in Mafraq, 4/68 in Madaba, 3/28 in Aqaba and 2/54 in Zarqa.

Several reasons for eviction threats were reported by HHs that faced such threats (n=86). Forty-three percent (43%) reported the reason to be lack of funds to pay the rent, 30% reported that the local community did not accept the VOC population living in the area, 5% reported that the authorities did not want the VOC in the area and 6% reported that the land owner decided to cultivate the land.

**Shelter and non-food items needs**

Ninety-three percent (93%) of HHs reported having shelter related needs. Among HHs that reported shelter needs (n= 2,276), 49% reported a need for protection from hazards, 36% reported needing to improve the shelter to enhance its privacy and dignity, 31% reported that their shelter needed structural enhancement and rehabilitation to improve its stability, 29% reported their shelter needed improved utilities and HH items, and 28% reported that they needed protection from climate conditions such as heat, cold, humidity, wind, rain and flooding.<sup>10</sup> When asked if they had fire safety equipment available, nearly all HHs reported not having fire safety equipment (99%). Only 1% (n=13) had fire extinguishers and two HHs had fire blankets.

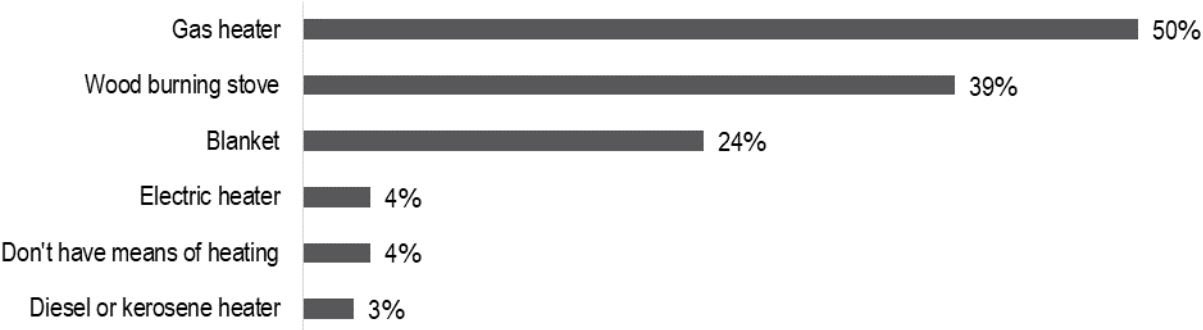
Figure 44: Reported shelter needs in HHs living in VOC settlements



In total, 28% of HHs reported not having sufficient fuel for cooking, heating and other daily needs over the 30 days prior to assessment. Regarding heating methods, 50% of HHs reported using gas heaters, 39% reported using wood burning stoves and 24% reported relying on blankets.<sup>10</sup> Seventy-one percent (71%) of HHs reported that their current heating methods were not adequate, and 47% reported facing challenges in obtaining heating supplies over the 30 days prior to the assessment. From HHs that faced such challenges (n=1,154), 88% reported having financial problems to buy heating supplies, 33% reported that heating supplies were not available in their area or were hardly

available in different areas, 14% reported lack of documentation to register and collect assistance that they may be eligible for, and 1% (n=11) reported other challenges including lack of heating materials and inaccessible areas by gas distributors.<sup>10</sup>

Figure 45: Reported heating methods used by HHs in VOC settlements



In terms of waste disposal practices, 87% of HHs reported that they burned garbage, 25% reported putting the garbage in a communal collective bin, as part of the municipal solid waste management service, 16% reported dumping waste in an open field and 4% reported using a pit for garbage.

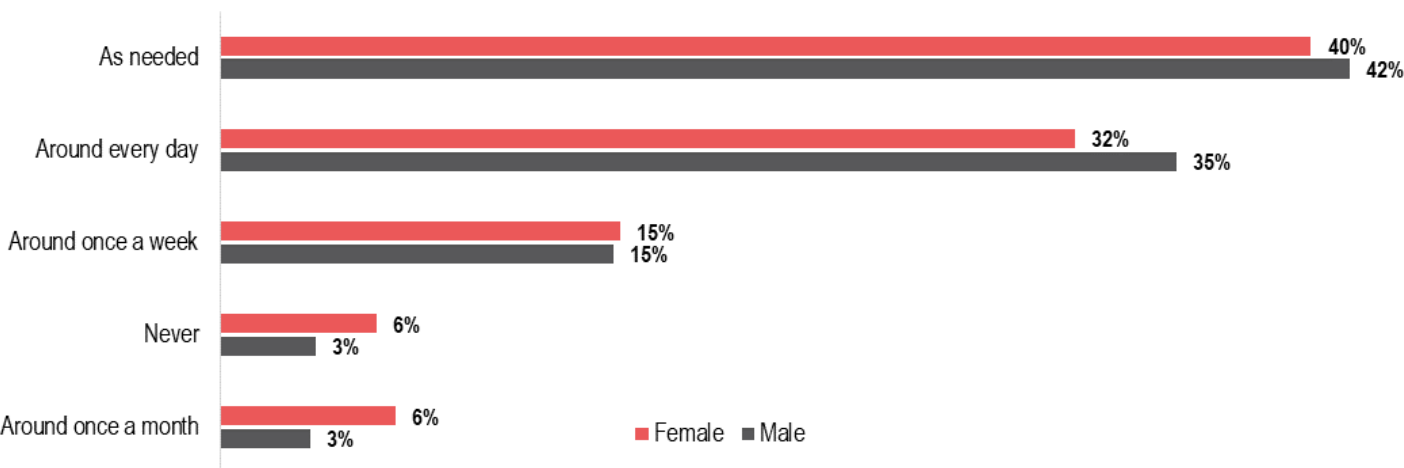
### Social Cohesion

This section features the frequency and reasons of communication between VOC settlements and external groups, such as NGOs, municipalities and other VOC settlements. It also touches upon communication and potential tension with local host communities.

HHs were asked about the frequency in which they interacted with local host communities near their settlements. Forty-two percent (42%) reported that they interacted as needed (with no regular frequency), 35% reported interacting around every day and 15% reported interacting around once a week.<sup>10</sup> On the other hand, 77/1,181 HHs in Mafraq and 17/404 in Irbid reported that they never interacted with local host communities near their settlement.

Among HHs that reported having at least one individual with a disability (n=270), a higher proportion compared to overall responses (39%) reported interacting around every day, while 41% reported that they interacted as needed (with no regular frequency) and 12% reported interacting around once a week.

Figure 46: Frequency of interaction with host communities, as reported by HHs, disaggregated by HoH gender



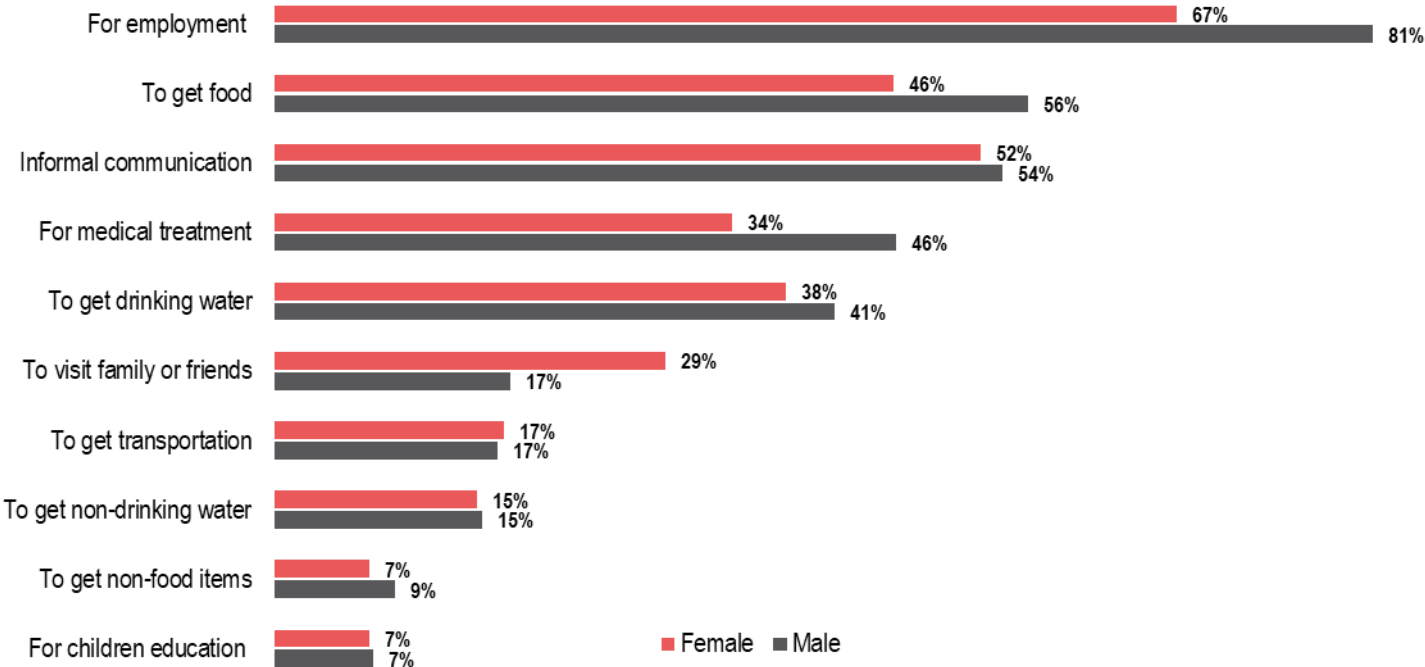
The frequency of interaction was analysed with regards the respondent gender and HoH gender. When the respondent was female (n=1,180), 44% reported that they interacted as needed (with no regular frequency), 28% reported interacting around every day, 15% reported interacting around once a week, 6% reported never interacting and 6% reported interacting around once a month. Compared to the overall figures, female respondents reported less daily interaction and more monthly interactions, as well as more cases of never interacting with host communities.

When the HoH was female (n=433), 40% reported that they interacted as needed (with no regular frequency), 32% reported interacting around every day, 15% reported interacting around once a week, 6% reported never interacting and 6% reported interacting around once a month. These figures present a finding similar to the one with female respondents. Compared to the overall figures, female HoH reported less daily interaction and more monthly interactions, as well as more cases of never interacting with host communities.

HHs that reported frequent interaction (around every day or around once a week) (n=1,201) were also asked about the reasons of their interaction. Majority (79%) of these HHs reported that they got in contact with the host community about employment, 54% reported they interacted to get food and 54% reported informal communication, such as friends visits or casual communication.<sup>10</sup>

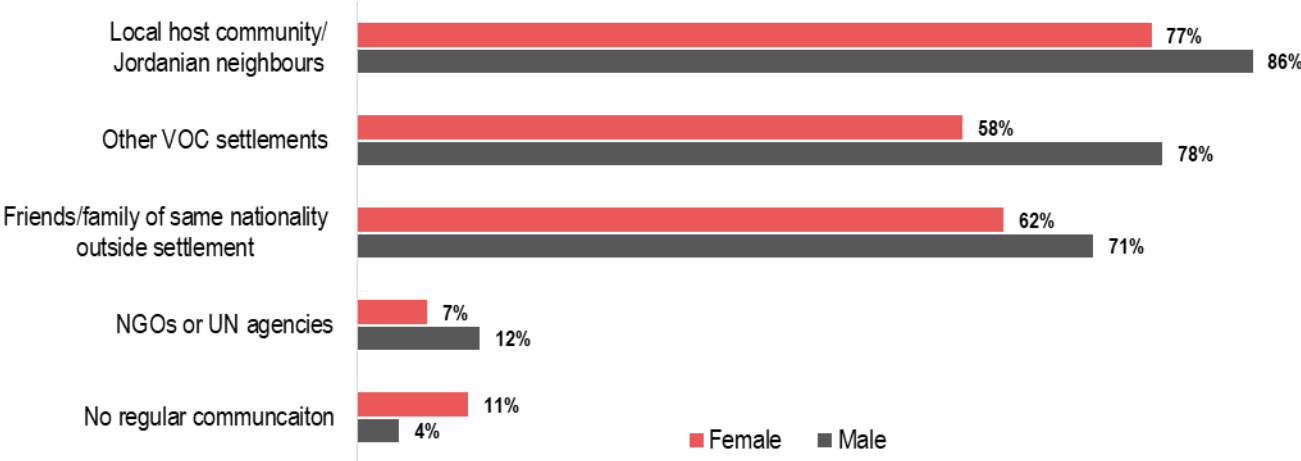
Among HHs that reported having at least one individual with a disability (n=270), a lower proportion compared to overall responses (74%) reported that they got in contact with the host community about employment. Other reasons were to get food (64%), informal communication, such as friend visits or casual communication (50%), medical treatment (57%), drinking water (48%), among others. Compared to the overall responses, this group reported a higher proportion of HHs seeking medical treatment.

Figure 47: Reasons of interaction with host communities, as reported by HHs, disaggregated by HoH gender



In addition, KI were asked about the groups of actors they communicated with regularly (n=653). Local host community or Jordanian neighbours were reported by 82%, followed by other VOC settlements (69%) and friends or family belonging to the same nationality outside of settlement (67%). Only 9% reported regular communication with NGOs or UN agencies, and 7% reported that they did not communicate regularly with any external group.<sup>10</sup>

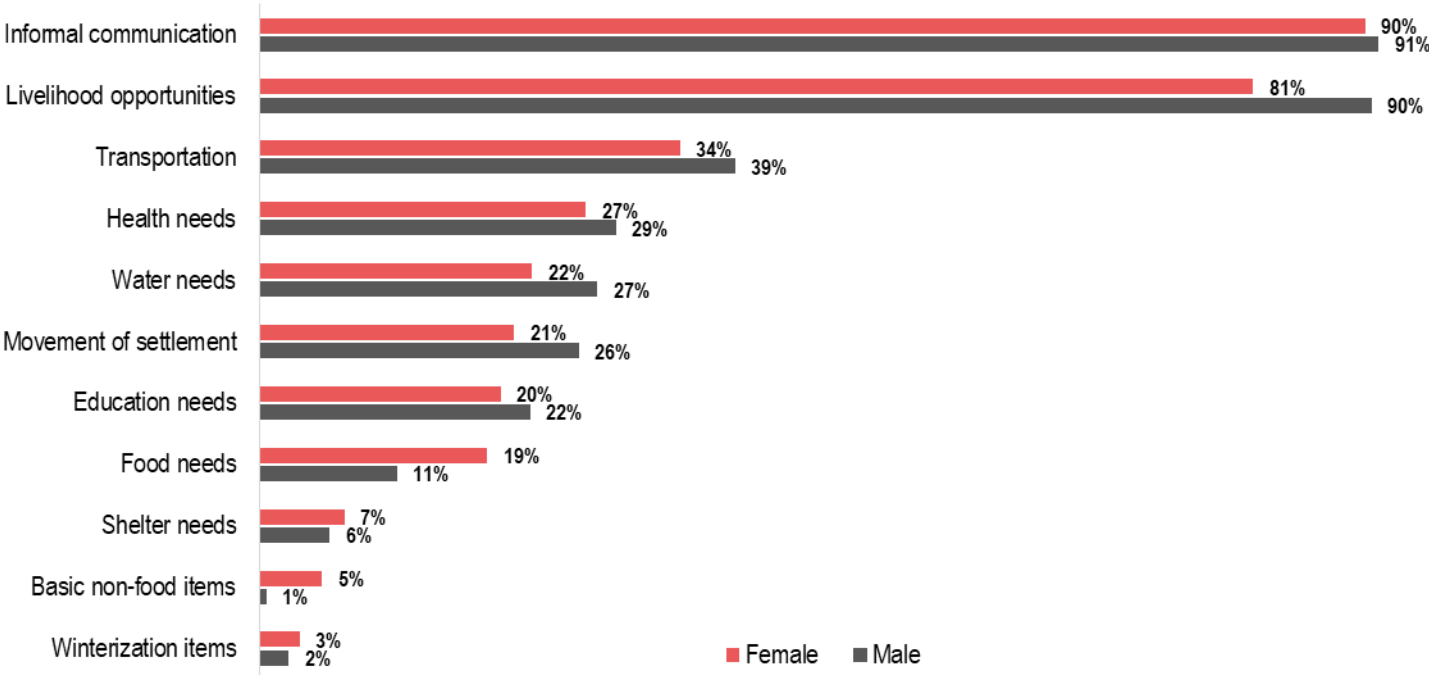
Figure 48: External actors that were regularly communicated, as reported by KI, disaggregated by KI gender



KI who reported regular communication with UN or NGOs (n=62) were in Mafraq (42/244), Zarqa (4/26), Irbid (9/122), Amman (4/74), Karak (2/64) and Balqa (1/95).

KI who reported regular external communication (n=606) were also asked about communication topics. Main reported topics were informal communication (90%), livelihood opportunities (86%), transportation (37%), health needs (28%), water needs (25%), movement of settlement (24%) and education needs (21%).<sup>10</sup>

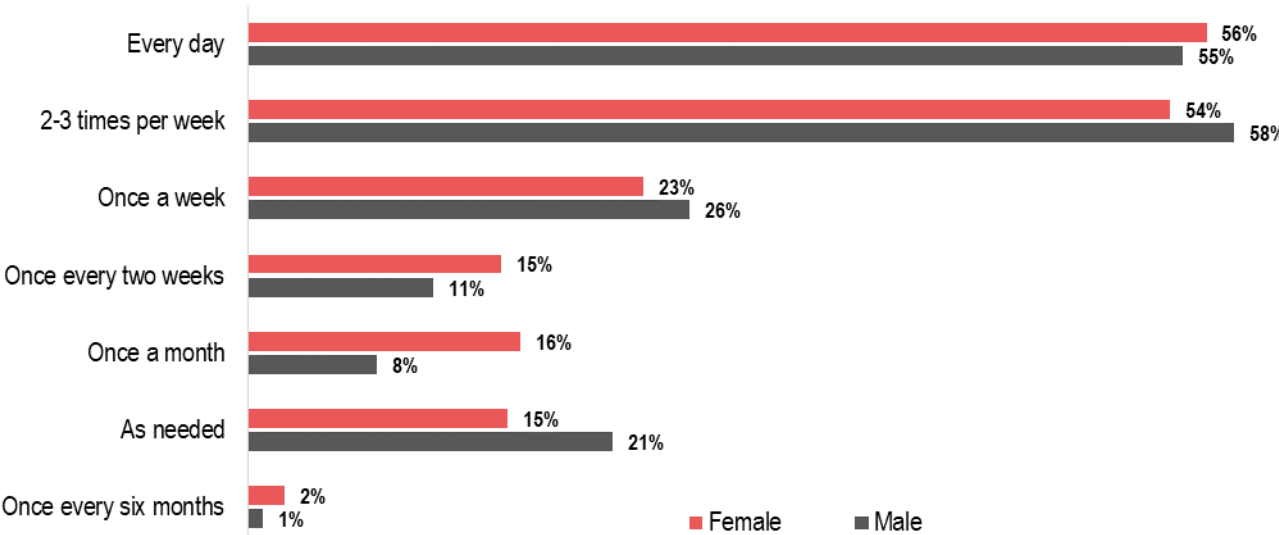
Figure 49: External communication topics between VOC population and external actors, as reported by KI, disaggregated by KI gender





Moreover, KI who reported regular communication (n=606) were asked about the frequency of their external communication. Around half (56%) reported that their communication took place every day, 56% reported communicating 2-3 times per week, 25% reported communicating once a week and 19% reported communicating as needed (with no regular interval). There were only 13 KI who communicated rarely (once every six months or once a year). Six of these KI were female, and seven were male.

Figure 50: Frequency of communication between VOC population and external actors, as reported by KI, disaggregated by KI gender



When asked whether there was any tension between VOC population and local host community, almost all (99.7%) of KI reported that there was no tension. Only two KI (in Mafrag) reported experiencing tension. One of these two KI reported that the tension was due to personal disputes and the other reported the reason to be strain on shared services.

### Safety and Protection

This section gives insight on safety and protection concerns of VOC population, movement restrictions, unsafe places, and risks for children. Questions regarding safety and protection were only addressed to KIs in KII.

#### Protection concerns

KI were asked about the most significant protection concerns facing women and girls in their settlements. The majority (93%) reported no concerns while 5% reported wild or stray animals to be concerning. Protection concerns for men and boys were also asked. Similarly, the majority (98%) reported no concerns while 1% reported the same concern about wild or stray animals.

#### Support services

In addition, KI were asked where women and girls most often seek for support services if/when they had been victims of violence. Half (51%) of the KI reported the police, 37% reported the family protection department of the MOI, 15% reported community / settlement leaders, 5% reported that they did not and 3% reported that there was nowhere to go. Responses from all KIs, including male and female, were compared to responses of only female KI (n=308). The objective of this was to assess if female KI had different insights on questions related to women and girls’ protection and safety. A relatively smaller proportion (44%) of female KI reported the police to be a place of support, and 40% reported the family protection department of the MOI. In Irbid, 8/122 KI reported there was

nowhere to go, as well as 8/95 in Balqa and 5/244 in Mafraq. UN Agencies or NGOs were reported as support services for women and girls victims of violence only by 5 KI.<sup>10</sup>

When asked where men and boys most often went for services if/when they had been victims of some form of violence, 87% of KI reported the police, 25% reported community / settlement leaders, 3% reported that they did not know and 3% reported that there was nowhere to go. The family protection department of the MOI was not reported at all.<sup>10</sup>

### Movement restrictions

KI were also asked about movement restrictions. Six percent (6%) reported that individuals in their settlements faced movement restrictions. Movement restrictions were reported in relatively high numbers by 9/95 KI in Balqa and 10/122 in Irbid. When the answers for only the female KI were analysed (n=308), movement restrictions were reported in relatively high numbers by 10/121 in Mafraq and 4/57 in Irbid. The reported primary barriers to movement were lack of money for transportation (33%), lack of security clearance (33%), missing civil documents (20%) and gender-based movement restrictions (18%). Female KI also reported violence in their area to be a movement barrier (5%).

### Security concerns

Six percent (6%) of KI reported that security incidents occurred in their settlements in the last 30 days prior to the assessment (i.e. incident with local security forces, robberies or violence), reported by 7/95 KI in Balqa, 9/122 in Irbid, 18/244 in Mafraq, 2/64 in Karak and 1/16 in Madaba. Overall, 18% of KI reported WASH facilities as areas where women and girls did not feel safe. This proportion was 21% when considering solely the answers from the female KI. Among female KI (n=308), 9/30 in Karak, 32/121 in Mafraq, 8/32 in Amman and 9/57 in Irbid reported WASH facilities as areas where women and girls did not feel safe. In addition, 82% of KI reported that environmental risks could lead to death or injury of children (below 18 years of age) in their settlements. This was reported by 212/244 KI in Mafraq, 109/122 in Irbid, 57/74 in Amman, 83/95 in Balqa, 30/64 in Karak, 13/16 in Madaba, 5/5 in Aqaba and 5/5 in Jerash.

## CONCLUSION

The most recent assessment that focused primarily on VOC was the 2014 REACH / UNICEF assessment. This 2020 multi-sector needs assessment was built on the earlier assessment and provides updated information on the locations, demographics, needs and movements of the population in VOC settlements. The objective of this is to ensure that humanitarian organizations have a better understanding of the population living in VOC settlements and are able to provide them with (further) assistance according to their needs. In addition, by providing sector-specific needs of VOC settlements across the different governorates in Jordan, this assessment aimed to increase the targeting of humanitarian programming to deliver aid that better suits the needs of VOC populations. In addition to providing an update, this assessment included refugees and migrants from other nationalities and expanded the scope of focus for a more diverse and complete picture of VOC settlements across Jordan.

To reach all available VOC HHs, data collection covered all 12 governorates of Jordan and enabled a comprehensive understanding of VOC across different governorates. The methods designed to ensure nationwide data collection proved to be effective, especially as GIS tools guided field teams on a daily basis with 'checkpoints', which were a) pre-designated Global Positioning System (GPS) points marking potential VOC settlements and b) elevation points to facilitate scoping vast landscapes. GIS tools also allowed field teams to track routes and monitor daily activities, thus efficiently covering sub-districts and making swift adjustments in field plans as needed.

The assessment identified VOC settlements across Jordan and reached 373 settlements, thus making it possible to update the map of VOC population in Jordan. In total, 2,435 HHs were surveyed in VOC settlements, which hosted 15,761 individuals. Mafraq was the governorate with highest numbers of VOC individuals (45% of all individuals in assessed VOC settlements). In addition, the majority of assessed HHs were of Syrian nationality (96%) followed by Pakistanis (3.6%). Moreover, most of the HHs consisted of only one family (81%), and children made up around half (55%) of the total VOC population.

This assessment has identified significant unmet sectoral needs of the VOC population. Sectors with the most reported unmet needs include WASH, shelter, food security, health and livelihoods.

As reported by 69% of KI, WASH was a crucial area with unmet needs. Most (81%) of the HHs reported using paid methods of accessing drinking water and 51% reported the same for non-drinking water, while only around 1% reported having municipal water sources. One in five HHs reported facing challenges accessing water, and 14% reported their main source of drinking water to be unacceptable in terms of colour, taste and smell. In terms of facilities, only 2% of HHs reported having separate toilets for men and women, and 13% reported sharing a communal toilet with more than 20 individuals, which does not comply with the SPHERE standards. Lack of doors, locks and lighting in facilities were also commonly reported, some of which led to protection and safety concerns. Regarding hygiene, 14% of female respondents in HH surveys reported that women in their HHs did not have access to menstrual hygiene products.

Shelter was another sector in which various unmet needs were reported, as pointed out by 50% of KI and 93% of HHs. The majority of assessed HHs reported using tents (89%) and many reported needs related to protection from hazards (49%) and climate conditions (28%), as well as structural stability (31%). Also, regarding non-food items, 71% of HHs reported lacking sufficient heating methods, 47% reported challenges in obtaining heating supplies and 28% reported inadequate fuel for cooking, heating or non-food items needs.

Food security sector also had unmet needs, as reported by 47% of KI. Only 46% of HHs were consuming an optimal diet with a minimum of six food groups consumed during the week. Results of the DDS in the population of VOC settlements displayed lower DDS compared to Syrian refugee HHs in host communities (69% in optimal DDS) and

Syrian refugees in Zaatari camp (80% in optimal DDS).<sup>33</sup> Moreover, only 70% of HHs in VOC had an acceptable FCS score, which was low in comparison to Syrian refugees living in host communities (85% in acceptable FCS) and Syrian refugees living in Zaatari camp (94% in acceptable FCS).<sup>33</sup>

Regarding education in VOC settlements, overall school attendance of school-aged children was reported to be low, with only 32% of school-aged children attending a formal school at the time of the assessment. There were also children attending informal education, making up around 12% of all school-aged children, while 55% did not attend either formal or informal education at the time of the assessment. In addition, 23% of school aged-children were reported to have missed three years of schooling. The main reported reasons for not attending formal education were lack of funds to afford related costs (47%), distance / lack of transportation (25%), HHs' frequent relocation (22%) and child labour (18%).

Furthermore, healthcare was also reported by 40% of KI as a sector with unmet needs. Cost of healthcare (81%), cost of treatment / medication (47%) and cost of transportation (38%) were reported as main barriers for access to healthcare. In addition, from 32% of HHs that reported having at least one pregnant woman, only 4% reported being registered for ANC, meaning that there is a high risk of pregnancy complications for pregnant women living in VOC settlements. Also, 18% of HHs (n=437) reported early marriages, with a total reported number of 531 individuals who were married before the age of 18.

In the livelihoods sector, high prevalence (88%) and high amounts of debts (average of 949 JOD) were reported. Basic needs such as food, health and electricity/cooking/heating were reported as the main HH expenses and the main reasons for accumulated debt. In addition, child labour was reported by 9% of HHs, and was reported in higher proportions in some governorates such as Karak (59/235 HHs). These numbers and needs, among others in these sectors, further emphasized vulnerabilities of VOC population.

Reported movements by HHs displayed high rates of mobility. For example, half of the HHs reported being in their current location for one year or less, and 31% reported being in their current location for 3 months or less. Reported reasons for movement were mainly in search for livelihoods (90%), followed by weather conditions (22%) and joining family or friends (18%). These same reasons were reported for movement intentions in the next year. Reported common destinations were Mafraq (42%), Balqa (12%) Irbid (15%), and Amman (15%) governorates.

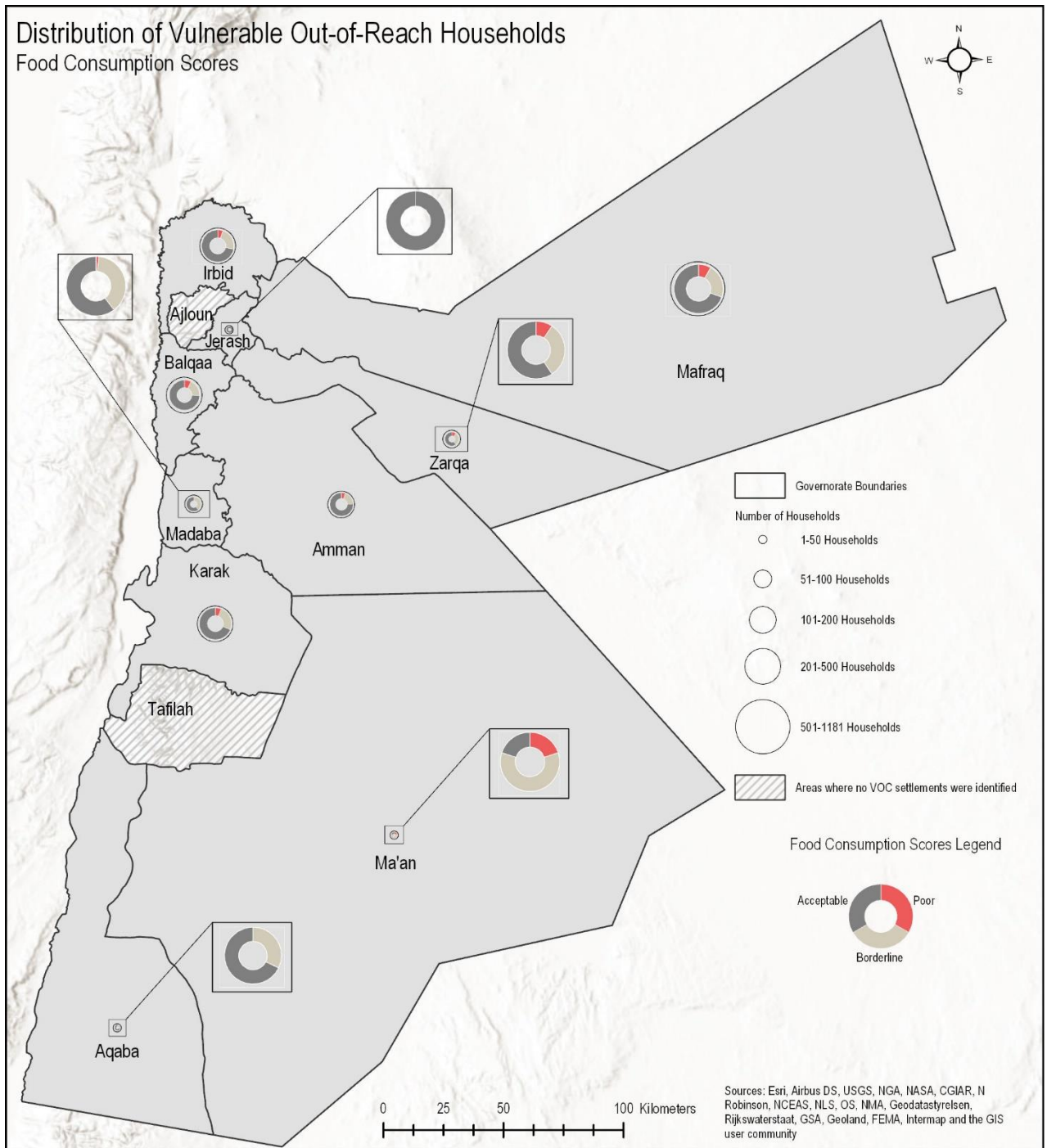
According to the results of this report, social cohesion between VOC settlements and external actors, including host communities, other VOC settlements, and NGOs or UN agencies seems to be positive. Only 2/606 KI reported tensions with local host communities. HHs reported frequent communication with local host communities, as half of them reported interacting around every day or once a week. In addition, most KIs reported engaging regularly with the host community (82%), as well as other VOC settlements (69%) and friends or family belonging to the same nationality outside of settlement (67%). Regular communication with NGOs or UN agencies was limited, reported only by 9%.

On a final note, when considering these findings, close attention should be given to the fact that many VOC HHs, and settlements altogether, are likely to move within the country. Similarly, as HHs change their locations, their access to services, livelihoods opportunities and needs are likely to change. Therefore, regular monitoring of communities should be considered and continuous longitudinal surveys are needed to regularly update the geographic locations of VOC settlements, as well as their needs in multiple sectors. This will help humanitarian actors to deliver aid to VOC settlements more efficiently and to target the aid according to the needs of the VOC population.

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<sup>33</sup> Comprehensive Food Security and Vulnerability Assessment. WFP. 2018

Annex 1: Food Consumption Scores by governorate



## Annex 2: Household questionnaire

### 1. Household Profile

1.1 Governorate

1.2 District

1.3 Sub-district

1.4 Are you willing to participate in this exercise?

Yes

No

1.5 Gender of respondent

Male

Female

1.6 How old are you?

1.7 What is your nationality?

1.8 Are you the head of household (HoHH)? Household is defined as one individual or multiple individuals, who may be related or unrelated (through blood, adoption or marriage) or a combination of persons both related and unrelated, living together and sharing basic living expenses, eating out of the same pot. HoH is considered as the main decision maker)

Yes

No

1.6.a) If no, what is the gender of the head of household?

Male

Female

1.6.b) If no, what is the age of the HoHH?

1.7 What is the marital status of the head of household?

Married

Single

Divorced

Widowed

Engaged

1.8 What is the highest level of education of the head of household?

University

High school

Primary School

Vocational training

No formal educational

1.9 How many (nuclear) families are included in your household? (Nuclear family must have at least 2 members and may be: Married-couple family (with children/without children, father with child(ren) and mother with child(ren))

1.10. How many household members are in your household?

1.11 How many household members does your household have in each of these age-groups? (Constraint: total values cannot exceed value entered for "Number of people")

Male

0-4y

5-11y

12-15y

16-17y

18--59y

- 60+y
- Female

- 0-4y
- 5-11y
- 12-15y
- 16-17y
- 18-59y
- 60+y

1.13 How many pregnant or lactating women are in your household?

1.14 How many members of your household have been married before the age of 18 since coming to Jordan?

1.15 Do you, or any HH member, have difficulty seeing even if wearing glasses? If yes, how many individuals in your HH has such difficulty?

- No HH member has difficulty seeing even if wearing glasses
- One or more HH members has difficulty seeing even if wearing glasses (Enter number)

1.16 Do you, or any HH member, have difficulty hearing even if using a hearing aid? If yes, how many individuals in your HH has such difficulty?

- No HH member has difficulty hearing even if using a hearing aid
- One or more HH members has difficulty hearing even if using a hearing aid (Enter number)

1.17 Do you, or any HH member, have difficulty walking or climbing steps? If yes, how many individuals in your HH has such difficulty?

- No HH member has difficulty walking or climbing steps
- One or more HH members has difficulty walking or climbing steps (Enter number)

1.18 Do you, or any HH member, have difficulty remembering or concentrating? If yes, how many individuals in your HH has such difficulty?

- No HH member has difficulty remembering or concentrating
- One or more HH members has difficulty remembering or concentrating (Enter number)

1.19 Do you, or any HH member, have difficulty with self-care, such as washing over or dressing?

- No HH member has difficulty with self-care, such as washing over or dressing
- One or more HH members has difficulty with self-care, such as washing over or dressing (Enter number)

1.20 Using your usual language do you, or any HH member, have difficulty communicating, for example to understand or to be understood? If yes, how many individuals in your HH has such difficulty?

- No HH member has difficulty with communicating
- One or more HH members has difficulty with communicating (Enter number)

1.21 Are there any household members (including HoH) who are not registered with UNHCR?

- Yes
- No
- I don't know
- I don't want to answer
- UNHCR registration is not applicable because HH members do not meet the criteria to register

1.21.a) If selected yes, how many HH members are not registered with UNHCR?



1.21.b) If selected yes, what is the reason (or reasons) for why these household members are not registered with UNHCR?

- It is too expensive
- HH members do not have the necessary documents
- HH members do not believe it is necessary
- No reason
- UNHCR registration is not applicable because HH members do not meet the criteria
- Other, please specify

1.22 Are there any household members (including HoH) who do not have biometric service cards from the Ministry of Interior (MOI cards)?

- Yes
- No
- I don't know
- I don't want to answer
- MOI registration (MOI card) is not applicable because HH members do not meet the criteria to register

1.22.a) If selected yes, how many HH members do not have biometric service cards from the Ministry of Interior (MOI cards)?

1.22.b) If selected yes, what is the reason (or reasons) for why these household members are not registered with the MOI?

- |   |  |
|---|--|
| <input type="checkbox"/> Because they are not registered with UNHCR | <input type="checkbox"/> Other, please specify   |
| <input type="checkbox"/> Fear of authorities                        | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> Cost of transportation                     | <input type="checkbox"/> MOI registration (MOI card) is not applicable because HH members do not meet the criteria to register |
| <input type="checkbox"/> Missing documents                          |  |
| <input type="checkbox"/> HH members do not think it is necessary    |  |

1.22.c) If selected No, (meaning all HH members have MOI cards), was their registration renewed within the past one year to ensure its validity?

- Yes, all renewed within the past one year
- No, some are not renewed within the past one year
- I don't know
- I don't want to answer

## 2. Livelihoods

2.1. What means did your household use to pay for basic needs in the last 3 months?

- |  |  |
|--|--|
| <input type="checkbox"/> Used savings  | <input type="checkbox"/> Sale of non-food assistance           |
| <input type="checkbox"/> Sale of household assets (jewellery, household appliances, furniture, etc.) | <input type="checkbox"/> Cash from charities /NGOs/UN agencies |
| <input type="checkbox"/> Sale of productive assets (tools, machinery, vehicles, etc.)                | <input type="checkbox"/> Remittances                           |
| <input type="checkbox"/> Begging   | <input type="checkbox"/> Income from small business            |
| <input type="checkbox"/> Daily labour (construction, carpentry, etc.)                                | <input type="checkbox"/> Gifts from family/friend              |
| <input type="checkbox"/> Income from waged labour  | <input type="checkbox"/> Wages earned by working children      |
| <input type="checkbox"/> Loans/borrowed money  | <input type="checkbox"/> Other (please specify)                |
| <input type="checkbox"/> Sale of food assistance   | <input type="checkbox"/> I don't know                          |
|  | <input type="checkbox"/> Prefer not to answer                  |

2.2 Have any HH members undertaken an income generating activity in the past 3 months?

- Yes
- No
- I don't know
- I don't want to answer

2.2.a) If yes, how many?

2.2.b) If yes, in which sectors have HH members worked in the past 3 months?

- |   |  |
|---|--|
| <input type="checkbox"/> Agriculture                      | <input type="checkbox"/> Administrative and support services |
| <input type="checkbox"/> Construction                     | <input type="checkbox"/> Education                           |
| <input type="checkbox"/> Manufacturing                    | <input type="checkbox"/> International Organizations or NGOs |
| <input type="checkbox"/> Wholesale/Retail                 | <input type="checkbox"/> Trades                              |
| <input type="checkbox"/> Transportation and storage       | <input type="checkbox"/> Other, please specify               |
| <input type="checkbox"/> Accommodations and Food services |  |

2.2.c) If yes, do you know how many working HH members have a work permit that is currently valid for their employer and sector of work?

- Yes
- No
- I don't want to answer

2.2.d) ) If yes, how many working HH members have a work permit that is currently valid for their employer and sector of work?

2.2.e) What type of work permit do HH members have?

- |   |   |
|---|---|
| <input type="checkbox"/> Flexible permit (agriculture, construction)                        | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> Fixed work permit (1 year connected to employer)                   | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Employment intensive investment programme (EIIP) short term permit | <input type="checkbox"/> Prefer not to answer |

2.3 What was the average monthly income of HH from all sources (excluding savings and assistance from organizations) over the last 3 months? (in JOD)

2.5 How much money did the HH spend on the following needs over the last 30 days? (in JOD)

- |  |   |
|--|---|
| <input type="checkbox"/> a) Housing/rent: ___JOD                     | <input type="checkbox"/> g) Transportation ___JOD               |
| <input type="checkbox"/> b) Food: ___JOD                             | <input type="checkbox"/> i) Sanitation and hygiene items ___JOD |
| <input type="checkbox"/> c) Electricity/cooking heating fuel: ___JOD | <input type="checkbox"/> j) Education___JOD                     |
| <input type="checkbox"/> d) Health: ___JOD                           | <input type="checkbox"/> k) Other:___JOD                        |
| <input type="checkbox"/> e) Drinking water: ___JOD                   | <input type="checkbox"/> Prefer not to answer                   |
| <input type="checkbox"/> f) Non-drinking water __ JOD                | <input type="checkbox"/> I don't know                           |

2.6 Is your household currently in debt?

- Yes
- No
- I don't know
- Prefer not to answer

2.6.a) If yes, how much is your HH's current debt? (in JOD)

- \_\_\_ JOD
- Prefer not to answer

2.6.b) If yes, what are the top 3 reasons that the HH took this debt?

- |  |  |
|--|--|
| <input type="checkbox"/> To buy food                                     | <input type="checkbox"/> To pay for hygiene and cleaning products                      |
| <input type="checkbox"/> To pay for housing/rent                         | <input type="checkbox"/> To pay for a work permit or recruitment                       |
| <input type="checkbox"/> To pay for health expenses                      | <input type="checkbox"/> To pay for household costs (electricity, fuel, cooking costs) |
| <input type="checkbox"/> To pay for education expenses                   | <input type="checkbox"/> Communication / mobile credit recharge                        |
| <input type="checkbox"/> To pay for clothing                             | <input type="checkbox"/> Shelter (building or improving etc)                           |
| <input type="checkbox"/> To buy tools and machinery                      | <input type="checkbox"/> Baby needs (diapers, milk etc.)                               |
| <input type="checkbox"/> To pay for household costs (electricity, fuel)  | <input type="checkbox"/> Remittance (sending money to others in other locations)       |
| <input type="checkbox"/> To pay for drinking-water                       | <input type="checkbox"/> Other, please specify   |
| <input type="checkbox"/> To pay for non-drinking-water                   | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> To pay for transport costs                      | <input type="checkbox"/> I don't know  |
| <input type="checkbox"/> To pay for sanitation and desludging activities |  |

### 3. Shelter

3.1 What type of shelter does your HH live in?

- |   |  |
|---|--|
| <input type="checkbox"/> Tent   | <input type="checkbox"/> Caravan               |
| <input type="checkbox"/> Makeshift shelter (modified tent: plastic, metal etc.) | <input type="checkbox"/> House made of bricks  |
|   | <input type="checkbox"/> Other, please specify |

3.2 How many shelters does your household have? (Enter number)

3.3 Does your HH pay rent, either with goods and services, or money?

- Yes, non-monetary payment
- Yes, monetary
- Yes, both monetary and non-monetary payment
- No rent paid

3.4 Has your household been threatened with eviction – by police, government officials or the landowner –over the course of the last 3 months?

- Yes
- No
- I don't know
- Prefer not to say

3.5 What are the main reasons for threats of eviction?

- Lack of funds to pay the rent
- Local community does not accept our community living in the area
- Authorities do not want our community living in the area
- To make settlement residents work for the landowner
- Don't know
- Prefer not to say
- Other (specify)

3.6 What are the current shelter needs of your household?

- Protection from hazards (land at risk of flooding or landslides, solid waste dumping site, fire risks, etc.)
- Improve safety and security (shelter located in an insecure/ isolated area, shelter not solid enough to offer protection from intruders, not fenced, without security of tenure, etc)
- Improve privacy and dignity (no separate rooms, not enough space, shared facilities such as toilets & showers, low/high ceilings, lack of natural lighting)
- Protect from climatic conditions (leaking roof, floor not insulated, opening on the walls, broken windows, lack of ventilation, missing heating system, etc.)
- Improve basic infrastructures and utilities (access to electricity, cooking and bathing/toilet facilities)
- Improve structural stability of the building (signs of failure such as leaning walls, big cracks and bends in structural components - beam, slab, column, rafter, purlin and wall; risk of falling debris)
- There are no shelter needs
- Other
- Do not know

3.7 How does your HH manage waste?

- Collective bin
- Rubbish pit/unused septic pit
- Burning
- Dump in an open field
- Other (please specify)

3.8 Is there any fire safety equipment available?

- Fire extinguishers
- Smoke detectors
- Fire blankets
- Sand buckets
- Other (specify)
- None

3.9 Over the past 30 days did your HH have enough fuel for cooking, heating etc. to meet daily household needs?

- Yes
- No

3.10 In the winter months, how does HH heat your shelter or stay warm?

- |   |  |
|---|--|
| <input type="checkbox"/> Gas heater       | <input type="checkbox"/> A heater that works with diesel |
| <input type="checkbox"/> Electric heater  | <input type="checkbox"/> There is no means of heating    |
| <input type="checkbox"/> Blanket          | <input type="checkbox"/> Other, please specify           |
| <input type="checkbox"/> Heater with wood |  |

3.11 Are the heating methods adequate for your HH In the winter months?

- Yes
- No

3.12 Over the past 30 days did your HH face challenges in obtaining adequate heating supplies?

- Yes
- No

3.12.a) If yes, what?

- High costs / Lack of money
- Lack of availability of supplies
- Lack of documentation to receive assistance
- Other, please specify

## 4. Water and Sanitation

4.1 Currently, what is your household's primary source of drinking water?

- Municipal water network (communal access)
- Municipal water network (private access)
- Connected to a borehole or well with functioning pump
- Water trucking (paid)
- Water trucking (free, provided by employer, landowner, organization etc.)
- Purchase water from shop
- Unprotected open well
- Protected open well
- Natural water source
- Other (specify)

4.2 Is the primary source of drinking water acceptable in terms of colour, taste and smell?

- Yes
- No

4.3 What is the main source of water used by your household for other purposes such as cooking, bathing, cleaning and washing?

- Municipal water network (communal access)
- Municipal water network (private access)
- Connected to a borehole or well with functioning pump
- Water trucking (paid)
- Water trucking (free, provided by employer, landowner, organization etc.)
- Municipal pipeline
- Surface water (lake, pond, dam, river)
- Protected well or spring
- Unprotected well or spring
- Purchase water from shop
- Other, please specify

4.4 Does your household have problems related to access to water?

- Yes
- No

4.4.a) If yes, what problems?

- Water points are too far
- Water points are not functioning
- Water is too expensive
- Landowner refuses to provide water or cuts it down etc
- The water provider makes delays or refuses to deliver
- Transporting water is difficult
- Not enough containers to store water
- Do not like the taste/quality of water
- Other, please specify

4.5 Over the past 30 days, how many days did your HH spend without access to drinking water?

4.6 Over the past 30 days, how many days did your HH spend without access to other household water?

4.7 If your HH did not have access to drinking and other HH water at some point over the last 30 days, what did your HH do to cope with this?

- Borrowed from family/neighbours
- Borrowed money to buy water
- Shop credit
- Nothing (stayed without water)
- I have access to over the last 30 days
- Other please specify

4.8 What type of toilet does your household use?

- Flush or pour/flush toilet
- Pit latrine without a slab or platform
- Pit latrine with a slab and platform
- Open hole
- Pit VIP toilet (ventilated improved pit latrine)
- Bucket toilet
- Plastic bag
- Hanging toilet/latrine
- None of the above, open defecation
- Other please specify
- Prefer not to answer

- Don't know
- 4.9 Does your household have a private toilet (only used by your HH)?
  - Yes
  - No
- 4.9.a) If no, does your household have access to a communal toilet (shared by multiple HH)?
  - Yes
  - No
- 4.9.b) If yes, (meaning access to a communal toilet) how many individuals share usage of this communal toilet?
- 4.10 For the toilet that your HH uses, are the toilets separated for men and women to use?
  - Yes
  - No
- 4.11 For the toilet that your HH uses, are there working locks on the inside?
  - Yes
  - No
  - Not applicable because there are no doors
- 4.12 For the toilet that your HH uses, is there enough lighting?
  - Yes
  - No
- 4.13 How does your household manage the disposal of sewage?
 

<input type="checkbox"/> Handled on site (dumped/backfilled)	<input type="checkbox"/> Don't know
<input type="checkbox"/> Private tank and desludging	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Public sewerage networks	
- 4.14 Does your HH have soap for handwashing?
  - Yes
  - No
- 4.14.a) If no, why does your HH not have soap for handwashing?
 

<input type="checkbox"/> It is too expensive	<input type="checkbox"/> Soap and other hygiene items are not available at the market
<input type="checkbox"/> I do not think I need it	<input type="checkbox"/> Going to the market is dangerous
<input type="checkbox"/> It is too difficult to reach a location to buy more	<input type="checkbox"/> Other
- 4.15 Do women in your HH have access to menstrual hygiene material?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> I don't know
<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
- 4.16 When do you and other HH members wash hands?
 

<input type="checkbox"/> Before eating	<input type="checkbox"/> After touching garbage
<input type="checkbox"/> After using the toilet	<input type="checkbox"/> Before every prayer
<input type="checkbox"/> After changing diapers	<input type="checkbox"/> Before cooking
<input type="checkbox"/> After caring for someone who is sick	<input type="checkbox"/> After work
<input type="checkbox"/> After sneezing, blowing nose	<input type="checkbox"/> Other
<input type="checkbox"/> After handling livestock	
- 4.17 How does your HH prevent the presence of insects/rats/flies in your household?
 

<input type="checkbox"/> Do not leave food scraps out	<input type="checkbox"/> Ensure that solid waste is properly disposed
<input type="checkbox"/> HH sprays insect repellent	<input type="checkbox"/> Not keeping pets
<input type="checkbox"/> HH sets up protection nets on my windows and or/doors	<input type="checkbox"/> Pesticides / poison
<input type="checkbox"/> Put food in metal containers	<input type="checkbox"/> There is nothing that can prevent them
<input type="checkbox"/> Hang food containers	<input type="checkbox"/> I don't want to answer
<input type="checkbox"/> Keep the shelter or kitchen very clean	<input type="checkbox"/> HH does nothing
	<input type="checkbox"/> Other, please specify

## 5. Health

5.1 Has a member of your household had any health problems over the last 30 days?

- Yes
- No

5.1.a) If yes, did you or they have professional treatment?

- Yes
- No

5.1.b) If no, why?

- Finances (cost of transport, fees, etc.)
- We live in an area different to the area of registration of our Mol card
- Transportation
- Did not want to go
- Did not know where to go
- Other, please specify
- Don't know

5.1.c) If yes, which of the following did the person visit?

- Public clinic/Public hospital
- Private clinic/private hospital
- Informal community doctor
- NGO clinic
- Pharmacy
- Private doctor
- Other, please specify

5.2 For health expenses, does your household receive any help for payment?

- No help received
- HH employer
- NGO
- Social security
- Work injury insurance
- Other, please specify

5.3 Do any household members suffer from these Chronic Health Conditions?

- Diabetes
- Hypertension
- Asthma
- Heart disease and cardiovascular diseases, including stroke cases
- Epilepsy
- Cancer
- Other (Please specify)
- No (No household member suffers from these Chronic Health Conditions)

5.4 (If HH has pregnant women) are they registered for ANC in a health centre?

- Yes
- No
- No pregnant women

5.5 Have children under the age of 5 in your household been vaccinated for polio and measles?

- Yes
- No

5.5.a) If selected or `no`, why?

- Finances (cost of transport, fees, etc.)
- We live in an area different to the area of registration of our Mol card
- Transportation
- HH did not want to go
- HH did not know where to go
- Other, please specify

## 6. Food Security

6.1 What were the top 3 sources of food for your household over the last 30 days?



- WFP assistance
- Store/market bought food
- Garden/livestock
- NGO assistance
- Gifts from family and friends
- Other, please specify

6.2 Over the last 7 days, how many days did your HH consume the following foods?

- Cereals (bread, pasta, wheat flour, bulgar)
- White tubers and roots (potato, sweet potato)
- Vegetables, yellow tubers, leaves
- Fruits
- Meat
- Eggs
- Fish and other seafood
- Pulses, nuts and seeds (beans, chickpeas, etc.)
- Milk and dairy products
- Oil and fats
- Sweets (sugar, honey, jam, cakes, sweet coffee)
- Spices and condiments

6.3 During the last 7 days, how many times (in days) did your household do any of the following in order to cope with lack of food?

- Eat cheaper food that is not as good as normal
- Borrowed food or received help from friends or relatives
- Eaten less meals a day than normal
- Eaten smaller amounts of food than normal at meals
- Adults eat less so younger children can eat
- Women eat less so men and small children can eat
- Men eat less so women and small children can eat

6.4 In the past 30 days, has your household done any of the following to meet basic food needs? (0 = No, 1 = Yes, 2 = No, because we have already used this up)

- Spent savings
- Bought food on credit or borrowed money to buy food
- Spent less money on other needs (e.g. education/health)
- Sold household assets (jewellery, phone, furniture, etc.)
- Sold productive goods/assets (sewing machine, tools/machinery, car, livestock, etc.)
- Taken jobs that are high risk, illegal and/or socially degrading
- Sent adult household members to beg
- Sent children household members to beg
- Sent child household members to work

6.5 (If HH has pregnant or lactating women) How do they feed or intend to feed their child from 0-6 months?

- Exclusive breast feeding
- Mix of breast and bottle feeding
- Only bottle feeding
- No pregnant or lactating women

## 7. Education

7.1 How many of the school-aged children (5-17 years of age) in this household have ever been registered/enrolled in formal school in Jordan or in the country of origin?

7.2 How many of the school-aged children in your household attend formal education during the school year now?

7.3 How often do the children in your household attend formal school?

- 5 days per week
- 2-4 days per week
- 1 day per week
- Few days per month

- Prefer not to answer
- Other

7.4 How do school-aged children (5-17 years of age) reach school?

7.5 For children attending formal education, do you (or the guardians of the children in your HH) have intentions to keep children in formal school after the age of 12, and how many of them are intended to stay in school?

- Yes, all children are intended to stay in school
- Only some children are intended to stay in school [enter value]
- No children are intended to remain in school
- No children are attending formal education at the moment

7.5.a) If selected options other than `Yes, all children` (meaning only some children or no children), why?

- Lack of funds to send children to school (materials, uniforms, books, etc.)
- They need to work instead of attending school
- Distance
- Lack of transport
- Not enough space in schools
- The child refuses to attend school
- Safety and security issues
- The household relocates too often for children to enrol
- Children have been out of school too long to go back (ineligible)
- Lack of documentation
- Household tasks/domestic work
- Early marriage
- Prefer not to answer
- Other

7.6 If some school-aged children have attended formal school in the past 3 years, does your HH perceive violence in the school to be a problem between students, or teachers to students?

- Yes, violence between students
- Yes, violence from teachers to students
- There is no violence in the school

7.7 What are the most important reasons for why children in the HH are not attending school?

- Lack of funds to send children to school (materials, uniforms, books, etc.)
- They need to work instead of attending school
- Distance / Lack of transport
- Not enough space in schools
- The child refuses to attend school
- Safety and security issues
- The household relocates too often for children to enrol
- Children have been out of school too long to go back (ineligible)
- Lack of documentation
- Household tasks/domestic work
- Early marriage
- Due to disability
- Due to health problems
- Due to traumatization
- HH does not believe schooling is necessary for girls
- HH does not believe schooling is necessary for boys
- Issues related to menstruation
- Children is not at school age (younger than 6 years old)
- Don't want to answer
- Other, please specify

7.8 Are there any children who attend informal education? (Informal education is given by schools or centres that are not public schools and not state-recognised private school. For example, centres operated by NGOs, by UN, by elders etc. These may be classes, workshops or seminars)

- Yes, all children
- Yes, some [enter value]
- No

7.9 For children who do not attend school, have any of them missed more than three years of education in total?

## 8. Movement

8.1 Since what date has your HH been in this location? (Enter date)

8.2 Why did the HH choose this location?

- |  |  |
|--|--|
| <input type="checkbox"/> Better employment/income earning opportunities in this area | <input type="checkbox"/> Lower cost of food                |
| <input type="checkbox"/> More access to health services                              | <input type="checkbox"/> Lower cost of housing             |
| <input type="checkbox"/> More access to education in the destination area            | <input type="checkbox"/> Less risk of eviction             |
| <input type="checkbox"/> More access to water  | <input type="checkbox"/> Better safety/security conditions |
| <input type="checkbox"/> Better quality of shelter                                   | <input type="checkbox"/> Better weather conditions         |
| <input type="checkbox"/> Joining friends/family                                      | <input type="checkbox"/> Access for electricity            |
|  | <input type="checkbox"/> Other (please explain)            |
|  | <input type="checkbox"/> Prefer not to answer              |

8.3 Over the past one year, how many times has your HH moved?

- (Number)
- Prefer not to answer

8.3.a) (If entered 1 or more) When did the movements happen and to which governorates?

- Date 1 \_\_\_ To\_\_
- Date 2 \_\_\_ To\_\_
- Date 3 \_\_\_ To\_\_

- |                                       |                                     |                                      |
|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> October 2018 | <input type="checkbox"/> March 2019 | <input type="checkbox"/> August 2019 |
| <input type="checkbox"/> Nov 2018     | <input type="checkbox"/> April 2019 | <input type="checkbox"/> Sept 2019   |
| <input type="checkbox"/> Dec 2018     | <input type="checkbox"/> May 2019   | <input type="checkbox"/> Oct 2019    |
| <input type="checkbox"/> January 2019 | <input type="checkbox"/> June 2019  | <input type="checkbox"/> Nov 2019    |
| <input type="checkbox"/> Feb 2019     | <input type="checkbox"/> July 2019  |                                      |

- To (Jordan governorate list)
- Prefer not to answer

8.3.b) (If entered 1 or more) What were the main reasons for these movement?

- |  |  |
|--|--|
| <input type="checkbox"/> Better employment/income earning opportunities in this area | <input type="checkbox"/> Lower cost of food in destination area    |
| <input type="checkbox"/> More access to health services in destination area          | <input type="checkbox"/> Lower cost of housing in destination area |
| <input type="checkbox"/> More access to education in the destination area            | <input type="checkbox"/> We were evicted                           |
| <input type="checkbox"/> More access to water in destination area                    | <input type="checkbox"/> We were afraid of being evicted           |
| <input type="checkbox"/> Better quality of shelter in destination area               | <input type="checkbox"/> Safety/security concerns                  |
| <input type="checkbox"/> Joining friends/family                                      | <input type="checkbox"/> Better weather / physical conditions      |
|  | <input type="checkbox"/> Other                                     |
|  | <input type="checkbox"/> Prefer not to answer                      |

8.4 Why does your household live in a settlement instead of within the host community (or instead of managed camps if the HH has refugee status)?

- |  |  |
|--|--|
| <input type="checkbox"/> HH cannot afford to live elsewhere                              | <input type="checkbox"/> Because of the problems at the camps  |
| <input type="checkbox"/> There are no livelihood opportunities elsewhere                 | <input type="checkbox"/> HH struggles to integrate with other nationalities in camps or host communities |
| <input type="checkbox"/> Lack of documentation   | <input type="checkbox"/> Other, please specify   |
| <input type="checkbox"/> To be with members of community from the HH's country of origin | <input type="checkbox"/> I don't know  |
| <input type="checkbox"/> This is the traditional way of living                           | <input type="checkbox"/> Prefer not to answer  |

## 9. Intentions

9.1 Does your household intend to leave this settlement within the next 1 year?

- Yes
- No
- I don't know
- Prefer not to answer

9.1.a) If yes, what month does your HH intend to leave within the next 1 year?

9.1.b) If yes, where does your HH intend to go?

- Host community (specify Governorate)
- Return to Country of Origin (please explain)
- Another informal settlement (specify Governorate)
- Another country
- Refugee camp
- Other (please explain)
- I don't know
- Prefer not to answer

9.1.c) If yes, why does your HH intend to leave the settlement?

- Lack of employment/income earning opportunities in this area
- To take advantage of employment opportunities elsewhere
- Inadequate access to health services in this area
- Inadequate access to education in this area
- Inadequate water in this settlement
- Poor quality of shelter in this settlement
- Joining friends/family
- Cost of food in this area is too high
- Cost of housing in this area is too high
- Eviction
- Safety/security concerns in this area
- Weather conditions
- Other
- Prefer not to answer

## 10. Community Interaction

10.1 How often do you, or a member of your HH, interact with Jordanian local community near this settlement?

- As needed
- Around every day
- Around once a week
- Around once a month
- At least once every six months.
- At least once a year.
- Never
- Not sure/don't know
- Prefer not to answer

10.1.a) If selected "Around every day" or "Around once a week", why?

- For employment
- For medical treatment
- To get food
- To get non-food items
- To get drinking water
- To get non-drinking water
- For children education
- To visit family or friends
- To get transportation
- Informal communication
- Other (explain)
- Prefer not to answer
- Prefer not to say

## Annex 3: Key informant questionnaire

### 1. Key informant Profile

1.1. Are you willing to participate?

- Yes
- No (End of survey)

1.2. Key informant gender

- Male
- Female

1.3. How old are you?

1.4. What is your nationality?

- Syrian
- Yemeni
- Sudanese
- Iraqi
- Somali
- Pakistani
- Egyptian
- Other, please specify

1.5. Are you willing to provide your phone number in the case of follow up questions?

- Yes, (enter number)
- No

1.6. Governorate

1.7. District

1.8. Sub-district

1.9. How many households are there in this settlement? (household is defined as one individual or multiple individuals, who may be related or unrelated (through blood, adoption or marriage) or a combination of persons both related and unrelated, living together and sharing basic living expenses, eating out of the same pot.)

1.10. Within the past one year, what was the smallest number of households in this settlement?

1.11. Within the past one year, what was the largest number of households in this settlement?

1.12. What are the priority needs in the settlement? (Select up to 3)

- |  |   |
|--|---|
| <input type="checkbox"/> Food                                  | <input type="checkbox"/> Psychosocial support |
| <input type="checkbox"/> Water and sanitation                  | <input type="checkbox"/> Civil documentation  |
| <input type="checkbox"/> Waste management                      | <input type="checkbox"/> Basic non-food items |
| <input type="checkbox"/> Healthcare                            | <input type="checkbox"/> Clothing             |
| <input type="checkbox"/> Education                             | <input type="checkbox"/> Summarization items  |
| <input type="checkbox"/> Employment/ livelihoods opportunities | <input type="checkbox"/> Winterization items  |
| <input type="checkbox"/> Shelter support                       | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Transportation                        |   |

### 2. Livelihood

2.1 What are the challenges faced by site residents to access job opportunities or income generating activities?

- There are not enough jobs available

- Available jobs are low-skill jobs and settlement residents cannot use their experience / skills
- The opportunities are very far
- The available jobs offer low salaries
- The available jobs have bad working conditions (long work hours, etc)
- Lack of security in the workplace (including incidents or fears of incidents of physical or verbal harassment)
- Lack of security on the way (including incidents or fears of incidents of physical or verbal harassment)
- Local community prefers not to hire the settlement residents (including tension)
- Difficult to get a work permit
- Settlement residents do not have the experience or skills needed for available jobs
- Settlement residents have some work experience or skills but these are not accepted by employers
- Many site residents need to take care of children or elders
- There are no problems
- Other (specify)
- I don't know

### 3. Shelter

3.1 Is the land the settlement lives on public or private? (Public land is owned by the government. Private land is owned by individuals)

- Public
- Private
- I don't know
- Prefer not to say

3.2 Have any households in this settlement been threatened with eviction – by police, government officials or the landowner –over the course of the last 3 months?

- Yes
- No
- I don't know
- Prefer not to say

3.2. a) If yes, what are the main reasons for threats of eviction?

- Lack of funds to pay the rent
- Local community does not accept our community living in the area
- Authorities do not want our community living in the area
- To make settlement residents work for the landowner
- Don't know
- Prefer not to say
- Other (specify)

3.3 What are the current shelter needs of households in the settlement?

- Protection from hazards (land at risk of flooding or landslides, solid waste dumping site, fire risks, etc.)
- Improve safety and security (shelter located in an insecure/ isolated area, shelter not solid enough to offer protection from intruders, not fenced, without security of tenure, etc.)
- Improve privacy and dignity (no separate rooms, not enough space, shared facilities such as toilets & showers, low/high ceilings,)
- Lack of ventilation, lack of natural lighting)
- Protect from climatic conditions (leaking roof, floor not insulated, opening on the walls, broken windows, lack of
- Ventilation, missing heating system, etc.)

- Improve basic infrastructures and utilities (access to electricity, cooking and bathing/toilet facilities)
- Improve structural stability of the building (signs of failure such as leaning walls, big cracks and bends in structural components)
- beam, slab, column, rafter, purlin and wall; risk of falling debris)
- Furniture
- There are no shelter needs
- Other
- Do not know

3.4 Do households benefit from municipal waste collection?

- Yes
- No
- Prefer not to say

3.5. a) If yes, how often?

- Every day
- 2-3 times a week
- Once a week
- Once every two weeks
- Once a month
- Other (please specify)
- Don't know

3.5. b) If no, how do people in this settlement manage waste?

- Collective bin
- Rubbish pit/unused septic pit
- Burning
- Dump in an open field
- Other (please specify)

3.6 Is there any fire safety equipment available?

- Fire extinguishers
- Smoke detectors
- Fire blankets
- Sand buckets
- Other (specify)
- None

3.7 Do households in this settlement have electrical connections?

- All
- Around 3/4 (three quarters)
- Around half
- Around 1/4 (one quarter)
- Less than 1/4 (less than one quarter)
- None
- I don't know

3.7. a) If yes, how many hours in a day do households have electricity?

3.7. b) If yes, what is the source of this electricity?

- Diesel generator
- Municipal connection (formal)
- Municipal connection (informal)
- Other
- Prefer not to say
- I don't know

3.8 Over the past 30 days, how many days did your HH spend without access to electricity?

- Yes
- No

## 4. Water and Sanitation

4.1 What are the main challenges to site residents accessing latrines?

- Distance
- Lack of separate latrines for women
- Lack of separate latrines for children
- Latrines are frequently locked and hard to access key
- Not enough facilities too crowded
- Connection to sewage blocked
- No water to flush
- Septic tanks not emptied
- Toilets unclean

- Lack of ability to get there without assistance
- It is not safe (No Lock bolt);
- It is not safe (No light);
- It is not safe (incidents or fears of incidents of verbal or physical harassment on the way);
- Difficult to reach because of the path and weather conditions such as muddy ground rainy weather etc
- No problems
- Other (specify)

## 5. Health

### 5.1 What health issues have site residents experienced in the last 30 days?

- Numerous cases of diarrhoea
- Numerous cases of skin diseases
- Numerous cases of fever
- Numerous cases of respiratory diseases
- Numerous cases of pregnancy related diseases
- Numerous trauma-related injuries
- Physical disabilities
- Mental disabilities
- No issues
- Other (specify)
- I don't know
- Prefer not to say

### 5.2 What healthcare facilities can the settlement residents access?

- Primary health clinic (national)
- Hospital (national)
- Primary health clinic run by NGO or UN
- Hospital run by NGO or UN
- Jordanian military/civil defence hospital
- Private clinics or private doctor
- International military field hospital/emergency care
- Pharmacy
- Other (please explain)

### 5.3 How far away is the nearest accessible primary health services from the settlement location (in km)?

### 5.4 How far away is the nearest accessible health care provider for pregnant and/or lactating women from the site location (in km)?

### 5.5 What problems did site residents encounter when they needed health care in the last 30 days?

- Cost of healthcare was too high
- No qualified healthcare professionals
- Facility was not equipped to deal with the problem
- Facility was too far away
- Insufficient funds to purchase treatment / medication (the costs of these were too high)
- Medication was not available
- Facility refused to accept / treat
- Language barrier
- Lacked civil documentation
- Facility was not open
- No transport available
- Cost of transport was too high
- None
- Other (specify)

### 5.6 Are there any impediments to accessing healthcare for women?

- Cost of healthcare is too high
- Reproductive health services are not available
- Hygiene/dignity kits are not available
- No qualified healthcare professionals
- No female healthcare professionals
- Facilities are not equipped to deal with the problem
- Facilities are too far away
- Insufficient funds to purchase treatment / medication
- Medication is not available



- Facilities refuse to accept / treat
- Language barrier
- Lacking civil documentation
- Facilities are not open
- No transport is available
- Cost of transport is too high
- None
- Other (specify)

## 6. Food Security

6.1 Are site residents able to access adequate food?

- Yes, all
- Around 3/4 (three quarters)
- Around half
- Around 1/4 (one quarter)
- Less than 1/4 (less than one quarter)
- None have adequate access
- I don't know
- Prefer not to answer

6.1. a) If no, why not?

- Food in shops/market is too expensive
- Shops/market too far away
- Security problems on the route to shops/market
- Lack of cash
- Community not included in food voucher or food distribution
- Other (specify)

## 7. Education

7.1 How do school-aged children from this settlement (5-17 years of age) reach school?

- School is walking distance
- Transportation provided as public service (i.e. by municipality)
- Transportation provided by UNICEF
- Transportation provided by an another organization, not UNICEF
- Transportation is paid for by households
- School-aged children from this settlement do not attend formal education
- Other, please specify

7.1 a) If selected 'School is walking distance', how much time does it take to walk to school from this settlement on average in minutes?

7.2 Do children living in this settlement attend informal education? (Informal education is given by schools or centres that are NOT public schools and NOT state-recognised private school. For example, centres operated by NGOs, by UN, by elders etc. These may be classes, workshops or seminars)

- Yes
- No
- Prefer not to answer
- I don't know

7.2. a) If yes, what kind of education do they have access to?

- Employer providing professional training
- Non formal education at faith based organization
- Non-formal education at home
- Non formal education at community centre by UN Agency / NGO
- Other
- I don't know
- Prefer not to answer

## 8. Safety and Protection

8.1 What are the most significant protection concerns facing women and girls in the settlement?

- Domestic violence
- Trafficking
- Harassment/ fighting with other members of the settlement
- Harassment/ fighting with people outside the settlement
- Harassment/ by authorities (police, security forces, etc.)
- Harassment/ by non-governmental armed groups
- Forced Marriage
- Female Genital Mutilation (FGM)
- Sexual violence and/or rape
- Animals such as stray, dogs, hyenas, scorpions etc
- Other
- Prefer not to answer

8.2 What are the most significant protection concerns facing men and boys in the settlement?

- Domestic violence
- Trafficking
- Harassment/ fighting with other members of the settlement
- Harassment/ fighting with people outside the settlement
- Harassment/ by authorities (police, security forces, etc.)
- Harassment/ by non-governmental armed groups
- Forced Marriage
- Sexual violence and/or rape
- Animals such as stray, dogs, hyenas, scorpions etc
- No concerns
- Other
- Prefer not to answer

8.3 Where do women and girls most often go for services when they've been victims of some form of violence?

- Community leader
- Public medical centre
- Family protection department of the MOI
- UN Agency
- Police
- NGO
- Nowhere to go
- I don't know
- Prefer not to answer
- Other (please explain)

8.4 Where do men and boys most often go for services when they've been victims of some form of violence?

- Community leader
- Public medical centre
- Family protection department of the MOI
- UN Agency
- Police
- NGO
- Nowhere to go
- I don't know
- Prefer not to answer
- Other (please explain)

8.5 Do site residents face movement restrictions?

- Yes, always
- Yes, often
- Yes, sometimes
- Yes, rarely
- No

8.5. a) If yes, what are the primary barriers to movement that people in the settlement face?

- No money for transportation cost
- Missing civil documents
- Lack of security clearance
- Risk to personal safety
- Gender-based movement restrictions
- Community-imposed movement restrictions

- Violence in the area
- Other (specify)
- None
- Prefer not to answer

8.6 Have any security incidents occurred in the site in the last 30 days i.e. incident with local security forces, robberies, violence, etc.?

- Yes
- No
- Do not know
- Prefer not to answer

8.7 Are there areas where women and girls do not feel safe?

- Shelters / tents
- Food centre / distribution point
- Water point
- Market
- School
- Healthcare facility
- WASH facilities (latrines/ bathing)
- Other (specify)
- Prefer not to say
- None

8.8 Are there areas where men and boys do not feel safe?

- Shelters / tents
- Food centre / distribution point
- Water point
- Market
- School
- Healthcare facility
- WASH facilities (latrines/ bathing)
- Other (specify)
- Prefer not to say
- None

8.8 What are the existing risks that can lead to death or injury of children (below 18 years of age) in this settlement?

- Environmental risks (dangerous animals, open water, pit latrines, barbed wire etc.)
- Sexual violence
- Criminal activities
- Domestic violence
- Armed violence
- Landmines or unexploded ordinance
- No risks
- Other (please explain)
- Prefer not to answer

## 9. Community Interaction

9.1 Does the settlement communicate regularly with the following groups?

- Other tented settlements / VOC
- Religious leaders
- Local host community / Jordanian neighbours
- Friends or family belonging to the same nationality outside of settlement
- Municipal council members/municipality employees
- Police
- NGOs/UN agencies
- Other (please explain)
- No
- Prefer not to answer
- Prefer not to say

9.1. a) If selected one other than 'No' or 'Prefer not to answer', what does the settlement commonly communicate about?

- Livelihood opportunities
- Education needs / opportunities
- Health needs / opportunities
- Shelter needs
- Water needs
- Waste management

- |   |   |
|---|---|
| <input type="checkbox"/> Movement of settlement | <input type="checkbox"/> Summarization items    |
| <input type="checkbox"/> Food needs             | <input type="checkbox"/> Winterization items    |
| <input type="checkbox"/> Transportation         | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Civil documentation    | <input type="checkbox"/> Informal communication |
| <input type="checkbox"/> Basic non-food items   | <input type="checkbox"/> Other, please specify  |
| <input type="checkbox"/> Clothing               |   |

9.1. b) If selected one other than ~ No~ or `Prefer not to answer`, how often does the settlement communicate with the selected groups?

- |   |   |
|---|---|
| <input type="checkbox"/> As needed            | <input type="checkbox"/> Once every six months. |
| <input type="checkbox"/> Every day            | <input type="checkbox"/> Once a year.           |
| <input type="checkbox"/> 2-3 times a week     | <input type="checkbox"/> Never                  |
| <input type="checkbox"/> Once a week          | <input type="checkbox"/> I don't know           |
| <input type="checkbox"/> Once every two weeks | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Once a month         | <input type="checkbox"/> Other (please specify) |

9.2 Do you think there is tension between Jordanian local communities and settlement residents?

- Yes
- No
- I don't know
- Prefer not to answer

9.2. a) If yes, why?

- |   |  |
|---|--|
| <input type="checkbox"/> Competition for jobs | <input type="checkbox"/> Competition over resources  |
| <input type="checkbox"/> Increase in prices   | <input type="checkbox"/> Strain on service provision |
| <input type="checkbox"/> Access to assistance | <input type="checkbox"/> Other (please explain)      |
| <input type="checkbox"/> Personal disputes    | <input type="checkbox"/> Prefer not to answer        |