



UNICEF Baseline Socio-economic Assessment of
**Households with Children and Youth Living
in Informal Tented Settlements in Jordan**

July 2021

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Executive Summary



Background

Jordan is host to one of the world's largest refugee populations per capita, with 665,000 registered Syrian refugees currently residing in the country¹. In addition to the presence of a large number of registered Syrian refugees, Jordan is home to various communities of refugees, asylum seekers and migrants originating from other countries such as Egypt, Iraq, Pakistan, Palestine, Sudan and Yemen. The majority of these communities are living outside of designated refugee camps in rural and urban areas². A range of vulnerable out-of-reach communities (VOC),³ living in informal tented settlements (ITS)⁴ are located throughout Jordan, and are comprised mostly of Syrian refugees⁵. ITS communities are settled throughout Jordan, particularly in rural and remote areas, and frequently these communities move within the country to access livelihood opportunities or services. These communities face a range of vulnerabilities; in most instances, they are composed of migrants or refugees that work in seasonal and low-skilled labour, live in makeshift shelters exposed to harsh

weather conditions, and lack access to basic infrastructure, including water and sanitation facilities. Furthermore, due to their high rates of movement and as they are commonly located in remote areas, ITS communities experience a range of challenges in accessing services such as healthcare or education.⁶

The Government of Jordan (GoJ) has been working together with humanitarian agencies and non-governmental organizations (NGOs) in camps and host communities to address the multi-sectoral needs of vulnerable populations in Jordan. For populations living in ITSs, the United Nations Children's Fund (UNICEF) provides integrated services in Makani centres, educational kits, school transportation services, water, sanitation and hygiene (WASH) services and supplies, and cash assistance as part of the response to COVID-19⁷. At Makani centres, vulnerable children and adolescents are supported to enhance their learning and engagement opportunities through the delivery of structured learning support (numeracy and literacy), skills-based services aiming to improve a variety of skills – such as

1 United Nations High Commissioner for Refugees, *Operational Portal: Refugee Situations*, UNHCR, 31 April 2021, <<https://data2.unhcr.org/en/situations/syria/location/36>>, last accessed 25 May 2021.

2 Brown, Harry, et al., *Vulnerability Assessment Framework Population Study*, Action Against Hunger, 9 April 2019, <<https://reliefweb.int/report/jordan/vulnerability-assessment-framework-population-study-2019>>, last accessed 25 May 2021.

3 VOC are described as 'out-of-reach' as they commonly settle in rural areas and migrate more often than other populations. They are considered 'vulnerable' as they are often not covered by the relief assistance administered in host communities or formally-managed camps. VOC tend to live in a group of makeshift shelters forming an informal tented settlement (ITS), with a lack of basic infrastructure. VOC are often comprised of migrants or refugees working in seasonal and low-skilled labour. Additionally, ITS communities frequently move within the country in order to access livelihood opportunities or other services. Due to their remoteness and high rate of movement, ITS communities often experience challenges in accessing services, such as healthcare and education. Source: REACH, *Jordan Multi-Sector Needs Assessment of VOC*, May 2020, <<https://reliefweb.int/sites/reliefweb.int/files/resources/REACH-Jordan-VOC-Assessment-Final-Report-May-2020.pdf>>, last accessed 25 May 2021.

4 The generic definition of "informal tented settlement" published by UN Habitat is used in this study: "unplanned settlements and areas where housing is not in compliance with current planning and building regulations". Nevertheless, it should be noted that the definition does not fully cover the range of factors that are known to lead to the establishment of ITSs in the Syrian crisis context. In Jordan, ITS are most accurately defined in relation to two intersecting factors: settlement size and land tenure patterns, both of which play a role in determining settlement vulnerability or welfare. Source: REACH and United Nations Children's Fund Jordan, *Syrian Refugees Staying in Informal Tented Settlements in Jordan: Multi-Sector Assessment Report*, REACH and UNICEF Jordan, August 2014, <https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_UNICEF_ITS_MS_AUGUST2014_FINAL.PDF>, last accessed 25 May 2021.

5 REACH, *Jordan Multi-Sector Needs Assessment of VOC, 2020*, <<https://reliefweb.int/sites/reliefweb.int/files/resources/REACH-Jordan-VOC-Assessment-Final-Report-May-2020.pdf>>.

6 Ibid.

7 United Nations Children's Fund, 'ITS Master Sheet', UNICEF, September 2020.

self-management, cognitive and social skills – and joint action, and structured and community-based child protection services.⁸ UNICEF-supported Makani centres deliver early childhood development interventions, parent and child education programmes,⁹ and a range of other child protection activities, including community awareness sessions, child protection community committees and referrals to other services.¹⁰ In response to the COVID-19 outbreak, UNICEF has conducted hand-washing and social distancing campaigns, distributed emergency hygiene supply kits, delivered financial and technical support to the Ministry of Education, and distributed devices and materials to promote distance learning for vulnerable children with limited or no access to the internet.¹¹

Purpose of the Baseline Assessment

Within this context, REACH conducted a multi-sector needs assessment to determine the situation and needs of both UNICEF beneficiaries and non-beneficiaries living in ITSs. The research aims to inform the ITS programming of UNICEF for the year 2021 by providing a baseline for an impact evaluation at a later stage. It also strives to refine the understanding of the situation of the beneficiary and non-beneficiary households arising from the pandemic.

Methodology

The assessment was conducted using a quantitative approach, involving both structured household-level interviews and key informant interviews (KIIs) with settlement leaders. The assessment covered a total of 597 household interviews in 111 settlements across 6 governorates served by UNICEF.¹² Three population groups of interest stratified the sampling frame: households living in ITSs receiving UNICEF Makani services, households living in ITSs receiving UNICEF services other than Makani, and households living in ITSs not receiving UNICEF services¹³. To ensure the representativeness of the results, the household survey was designed with a probability sampling using a stratified random selection with a 95 per cent confidence interval and a 7 per cent margin of error for each population group assessed. To allow for comprehensive analysis and triangulation of findings, 47 key informants (KIs) were interviewed about settlement-level information, such as priority needs, access to healthcare, livelihood opportunities, and security and child protection concerns. Findings from KIIs are not representative and should therefore be considered indicative only. Data collection for both components was conducted between December 2020 to January 2021.

⁸ United Nations Children's Fund, *Makani Standard Operating Procedures (SOPs)*, UNICEF Jordan, Amman, 2019, pp. 28–50, <www.unicef.org/jordan/reports/makani-standards-operating-procedures-sops-2019>, last accessed 25 May 2021.

⁹ Ibid., p. 65.

¹⁰ Ibid., pp. 70–75.

¹¹ United Nations Children's Fund, *UNICEF and the COVID-19 Response for Education in Jordan: One Month On*, UNICEF Jordan, Amman, May 2020, <<https://reliefweb.int/sites/reliefweb.int/files/resources/76399.pdf>>, last accessed 25 May 2021.

¹² The assessment covered a total of 111 settlements, including 25 ITSs receiving Makani services, 38 ITSs receiving UNICEF services (but not Makani), and 48 ITSs not receiving UNICEF aid.

¹³ These three population groups will be referred to hereafter as Makani beneficiary households, UNICEF beneficiary households (not Makani), and non-beneficiary households.

Main Findings

The assessment identified key socio-demographic characteristics of households living in ITSs, with some differences across population groups. The majority of households interviewed were Syrian (96 per cent), with a small minority of Pakistani households (4 per cent) and only one Iraqi household. The typical profile of the head of the household was a male (87 per cent), married (94 per cent), and with either no formal education (30 per cent) or only primary education as the highest level (51 per cent). There was variation by population groups in terms of the gender of the head of household, as a quarter of Makani beneficiary households (25 per cent) were female-headed, compared to 13 per cent of UNICEF beneficiary households (not Makani), and 0 per cent of non-beneficiary households. Overall, the average household size was 6.8 members, with an average of 4.7 child and/or youth members (aged under 25) in the household. Makani beneficiary households were found to be slightly larger on average (7.4 members) and with the highest average number of children and young people (5.3).

A high proportion of households reported having needs across sectors and were found to rely heavily on assistance from humanitarian organizations. The majority of households reported having at least one immediate health need (85 per cent) and WASH need (91 per cent), and 96 per cent of households reported resorting to one or more livelihood-based

coping strategies to address their food needs in the 30 days prior to data collection. Over three-quarters of households (79 per cent) reported food aid to be their main source of food, and cash from humanitarian organizations was the most commonly reported main means to pay for basic needs by Makani beneficiary households (62 per cent), and UNICEF beneficiary households (not Makani) (48 per cent). In terms of nationality, **Pakistani households were found to be particularly vulnerable and most likely to adopt negative coping strategies to address their needs**, as a higher proportion of Pakistani households reported having children working (68 per cent) and engaging in emergency livelihood-based coping strategies to address their food needs¹⁴ (19 per cent) compared to Syrian households (32 per cent and 9 per cent, respectively).¹⁵

Non-beneficiary households were found less likely to have access to services to address their needs across several sectors, namely education, health and WASH. A higher proportion of non-beneficiary households (75 per cent) reported school-aged children (5–17-years old) not to be attending formal school compared to Makani beneficiary households (33 per cent), and UNICEF beneficiary households (not Makani) (47 per cent). Non-beneficiary children (aged four and under) were also least likely to have received all three basic vaccinations (BCG¹⁶, DTP-IPB-Hib¹⁷, and measles) (56 per cent) compared to Makani beneficiary children (80 per cent), and UNICEF beneficiary children

¹⁴ Households were categorised into three categories (emergency, crisis, and stress) according to the most severe coping strategy adopted by a household member to meet basic food needs in the 30 days prior to data collection, based on the index used in World Food Programme and REACH, *Jordan Comprehensive Food Security and Vulnerability Assessment*, WFP & REACH, 21 June 2019, <www.wfp.org/publications/wfp-jordan-comprehensive-food-security-and-vulnerability-assessment-2018>, last accessed 25 May 2021.

¹⁵ Statistical tests showed that differences across household nationality for both indicators were significant (p-value < 1 per cent for each).

¹⁶ Bacille Calmette-Guerin (BCG) is a vaccine for tuberculosis (TB).

¹⁷ The DTP-IPV-Hib vaccine protects against diphtheria, tetanus, pertussis (whooping cough), polio, and *Haemophilus influenzae* type b (Hib).

(not Makani) (73 per cent). Finally, a higher proportion of non-beneficiary households (44 per cent) reported using unimproved sanitation facilities compared to 38 per cent of UNICEF beneficiary households (not Makani), and 30 per cent of Makani beneficiary households.

The impact of COVID-19 on households was notable across sectors.

The pandemic had reportedly disrupted the work of the majority of heads of households (60 per cent). Food security was also majorly affected, with 87 per cent of households reporting that COVID-19 had impacted their food security to either a large or moderate extent. Furthermore, households reported not intending to send over a third of school-aged children (5–17-years old) (38 per cent) back to formal school after the COVID-19 situation improves, most notably non-beneficiary school-aged children (5–17-years old) (63 per cent) and Pakistani school-aged children (59 per cent). The impact of COVID-19 on child protection concerns was less evident, as 63 per cent of households reported no tensions in the interaction between parents and children in the household; however, 2 per cent of households reported an increase in violent interactions with their children.

Households receiving UNICEF services were predominantly positive about the quality of UNICEF services in their community.

Almost half or more of households receiving UNICEF services reported each of the services to be of excellent quality: Arabic classes (59 per cent), Math classes (58 per cent), education kits (47 per cent), school transportation (76 per cent), tankering and water infrastructure (76 per cent), WASH supplies (49 per cent), and Hajati cash assistance (93 per cent). The main improvements recommended

by households receiving UNICEF services related to expanding the services, such as a higher variety of lessons for Makani services (73 per cent), a higher quantity of education kits (61 per cent), and more segregation of buses by gender (17 per cent) and age (13 per cent), showing the high value placed on these services by beneficiaries. Additionally, the other most commonly suggested improvements for the Makani service – each reported by 40 per cent of Makani beneficiary households – were providing food and increasing the length of classes.

Finally, levels of awareness of and a sense of inclusion in UNICEF services were high amongst UNICEF beneficiary households, particularly those receiving Makani services.

The majority of households (62 per cent and higher) reported being aware of each UNICEF service and only 10 per cent of households receiving any kind of UNICEF service reported feeling excluded from services. Makani beneficiary households were more likely to report being aware of each service (72 per cent and higher) compared to UNICEF beneficiary households (not Makani) (30 per cent and higher), and a lower proportion of Makani beneficiary households (2 per cent) reported feeling excluded from services compared to UNICEF beneficiary households (not Makani) (19 per cent).

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Acronyms and Abbreviations

ANC	Antenatal care
COVID-19	2019 Novel Coronavirus Disease
FCS	Food Consumption Score
GoJ	Government of Jordan
HoH	Head of Household
ITS	Informal Tented Settlement
JOD	Jordanian Dinar
KI	Key Informant
KII	Key Informant Interview
LCSI	Livelihood Coping Strategy Index
MSNA	Multi-Sector Needs Assessment
NFI	Non-food items
NGO	Non-Governmental Organization
UN	United Nations
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
VOC	Vulnerable out-of-reach communities
WASH	Water, sanitation and hygiene
WFP	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 are designed to enforce the law.

Introduction



Background

A number of vulnerable out-of-reach communities (VOC) residing in informal tented settlements (ITSs)¹⁸ are located across Jordan, particularly in remote and rural areas, and are composed of a majority of Syrian refugees.¹⁹ Households living in these ITSs either do so out of choice, frequently relocating within Jordan to access livelihood opportunities or services to meet their basic needs,²⁰ or live in these settlements out of necessity, usually due to being unable to afford shelter and rent in urban areas.²¹ The informal and transitional nature of ITSs means that essential services such as education,²² food,²³ healthcare,^{24, 25} shelter,²⁶ and water and sanitation,²⁷ are not formally established (not provided through public structures or services, such as formal camps) and are often intermittent in

these settlements. Furthermore, ITS communities are often not included in the relief response that targets communities residing within host communities or in formally managed camps, resulting in this population group being highly vulnerable.

After a previous assessment of ITS communities for the United Nations Children's Fund (UNICEF) in 2013–2014,²⁸ a recent REACH assessment highlighted that children (under the age of 18) made up around half (55 per cent) of the ITS population.²⁹ The assessment highlighted that, prior to the impact of the COVID-19 pandemic, households and children living in ITSs faced high-level needs across multiple sectors. In terms of education, the majority of households living in ITSs with school-aged children (57 per cent) reported that no children were attending formal school, either because they lacked

18 The generic definition of "informal tented settlement" published by UN Habitat is used in this study: "unplanned settlements and areas where housing is not in compliance with current planning and building regulations." Nevertheless, it should be noted that the definition does not fully cover the range of factors that are known to lead to the establishment of ITS in the Syrian crisis context. In Jordan, ITS is most accurately defined in relation to two intersecting factors: settlement size and land tenure patterns, both of which play a role in determining settlement vulnerability or welfare. Source: REACH and UNICEF *Jordan, Syrian Refugees Staying in Informal Tented Settlements in Jordan*, 2014, <https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_UNICEF_ITS_MS_AUGUST2014_FINAL.PDF>.

19 REACH, *Jordan Multi-Sector Needs Assessment of VOC*, May 2020, <<https://reliefweb.int/sites/reliefweb.int/files/resources/REACH-Jordan-VOC-Assessment-Final-Report-May-2020.pdf>>.

20 Ibid.

21 Mixed Migration Platform, *Precarious Living: Access to housing in transit for refugees and other migrants*, MMP, July 2017, p. 3, <https://reliefweb.int/sites/reliefweb.int/files/resources/MMP-Briefing-Paper_Access_Housing_Final.pdf>, last accessed 25 May 2021.

22 War Child, *Education Needs Assessment Informal Tented Settlements and Host Communities in Jordan*, February 2018, <www.alnap.org/system/files/content/resource/files/main/dec2013reachunicefinformaltentedsettlementsinjordan-amulti-sectorbaselineassessment-%281%29.pdf>, last accessed 25 May 2021.

23 REACH and UNICEF, *Syrian Refugees Staying in Informal Tented Settlements in Jordan*, 2014, p. 18, <https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_UNICEF_ITS_MS_AUGUST2014_FINAL.PDF>.

24 Ibid., p. 92.

25 REACH and UNICEF, *Syrian Refugees Staying in Informal Tented Settlements in Jordan*, 2014, <https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_UNICEF_ITS_MS_AUGUST2014_FINAL.PDF>.

26 Brown et al., *Vulnerability Assessment Framework*, Action Against Hunger, 2019, <www.ilo.org/wcmsp5/groups/public/-ed_norm/-ipecc/documents/publication/wcms_734065.pdf>.

27 Overseas Development Institute, United Nations Children's Fund and United Nations High Commissioner for Refugees, *A Promise of Tomorrow: The Effects of UNHCR and UNICEF cash assistance on Syrian refugees in Jordan*, ODI, UNICEF, UNHCR, November 2017, p. 68, <<https://odi.org/en/publications/a-promise-of-tomorrow-the-effects-of-unhcr-and-unicef-cash-assistance-on-syrian-refugees-in-jordan>>, last accessed 25 May 2021.

28 REACH and UNICEF, *Syrian Refugees Staying in Informal Tented Settlements in Jordan*, 2014, <https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_UNICEF_ITS_MS_AUGUST2014_FINAL.PDF>.

29 REACH, *Jordan Multi-Sector Needs Assessment of VOC*, 2020, <<https://reliefweb.int/sites/reliefweb.int/files/resources/REACH-Jordan-VOC-Assessment-Final-Report-May-2020.pdf>>.

funds to cover the costs (47 per cent), or due to a lack of transportation or too great a distance to the school (25 per cent), household's frequent relocation (22 per cent) or the child working instead of attending school (18 per cent).³⁰ Health concerns were found to be prevalent amongst households living in ITSs as 87 per cent reported at least one household member having a health problem in the 30 days prior to the assessment and 37 per cent reported at least one family member with a chronic health condition.³¹ Additionally, a majority of households (85 per cent) had been found to be adopting at least one negative coping strategy to meet their food needs in the 30 days prior to data collection, most commonly borrowing food or receiving help from friends or relatives, with 74 per cent of households reporting having gone into debt in order to purchase food. Finally, the assessment demonstrated further needs in other sectors, including widespread shelter-related needs (93 per cent) and challenges faced by households in terms of accessing safe drinking water (20 per cent).³²

Since the onset of the COVID-19 pandemic, a further REACH rapid assessment on the impact of COVID-19 on ITS communities conducted in March 2020³³ provided a preliminary understanding of how the pandemic

has further exacerbated the needs and situation of households living in ITSs. A multi-sectoral rapid needs assessment by UNICEF, the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) conducted in April 2020 described the impacts of the pandemic and associated governmental measures, such as transportation restrictions. The main challenges resulting from the COVID-19 pandemic and lockdown were found to be: a reduction in access to food – related to movement restrictions and an increase in food prices;³⁴ an increase in the spending of household savings to address basic needs;³⁵ barriers preventing ITS communities from reaching health facilities and accessing essential medicine; and reported difficulties in accessing safe drinking water as well as improved sanitation facilities in ITSs.³⁶ These challenges are likely to compound the existing prevalence of health concerns and the adoption of negative coping strategies in ITSs, as demonstrated by previous assessments.³⁷ Households living in ITSs also reported barriers related to the continuity of education for children, namely challenges in accessing government-issued online learning materials due to limited internet connectivity and a lack of available devices.³⁸ This raises further concerns in a context with already high

³⁰ Ibid.

³¹ Ibid.

³² Ibid.

³³ REACH, *Jordan COVID-19 Brief Vulnerabilities among VOC settlements in Jordan amid the spread of the COVID-19 outbreak*, April 2020. This REACH brief is not publicly available.

³⁴ United Nations Children's Fund, United Nations High Commissioner for Refugees and World Food Programme, *Multi-Sectoral Rapid Needs Assessment: COVID-19 – Jordan*, UNICEF, UNHCR and WFP, May 2020, pp. 16, 33, <www.unicef.org/jordan/media/2441/file/RAN.pdf>, last accessed 25 May 2021.

³⁵ Ibid., p. 23.

³⁶ Ibid., pp. 24–27.

³⁷ REACH, *Jordan Multi-Sector Needs Assessment of VOC, 2020*, <<https://reliefweb.int/sites/reliefweb.int/files/resources/REACH-Jordan-VOC-Assessment-Final-Report-May-2020.pdf>>.

³⁸ Ibid., pp. 28–29, 35.

rates of child non-attendance of formal school.³⁹ Finally, protection issues were a further challenge, as 17 per cent of ITS households reported having used physical or emotional violence against children.⁴⁰ Therefore, the outbreak of the COVID-19 pandemic may have resulted in considerable changes in the situation of ITS communities, potentially affecting a range of sectors, including education, health, livelihood, and WASH, both in terms of community needs and the delivery of services by humanitarian organizations.

UNICEF Jordan focuses their activities on improving the situation for the most vulnerable children and youth, both through engagement and advocacy at the policy level as well as through service delivery. UNICEF aims to reach all marginalised and vulnerable children (aged 0–18) in Jordan,^{41, 42} irrespective of nationality, status or ability. This vulnerability-based approach covers six priority sectors, namely, education, health, nutrition, WASH, social inclusion and youth engagement, and safety and protection.⁴³ For populations living in ITSs, UNICEF provides integrated services in Makani centres, educational kits, school

transportation services, water, sanitation and hygiene (WASH) services and supplies, and cash assistance in response to COVID-19.⁴⁴ At Makani centres, vulnerable children and adolescents are supported to enhance their learning and engagement opportunities through the delivery of structured learning support (numeracy and literacy), skills-based services aiming to improve practical life skills, and structured and community-based child protection services.⁴⁵ UNICEF-supported Makani centres deliver early childhood development interventions, parent and child education programmes,⁴⁶ and a range of other child protection activities, including community awareness sessions, child protection community committees and referrals to other services.⁴⁷ In response to the COVID-19 outbreak, UNICEF has conducted hand-washing and social-distancing campaigns, distributed emergency hygiene supply kits, delivered financial and technical support to the Ministry of Education, and distributed devices and materials to promote distance learning for vulnerable children with limited or no access to the internet.⁴⁸

39 Ibid.

40 Ibid., p. 31.

41 The most vulnerable and marginalized children are as follows: unaccompanied and separated children, children under profound stress, children affected by armed conflict, children belonging to marginalized minority groups, adolescents at risk of exploitation by extremist groups, children engaged in labour, out-of-school children, children with poor school performance, adolescent girls, particularly girls at risk of early marriage or already married, children with disabilities, parents and families of vulnerable children.

42 UNICEF Jordan, *Makani Standard Operating Procedures*, p. 12, <www.unicef.org/jordan/reports/makani-standards-operating-procedures-sops-2019>.

43 United Nations Children's Fund, *What We Do – Our Programmes*, UNICEF, <www.unicef.org/jordan/what-we-do>, last accessed on 25 May 2021.

44 UNICEF, 'ITS Master Sheet', 2020.

45 UNICEF Jordan, *Makani Standard Operating Procedures*, pp. 28–50, <www.unicef.org/jordan/reports/makani-standards-operating-procedures-sops-2019>.

46 Ibid., p. 65

47 Ibid., pp. 70–75.

48 UNICEF, *UNICEF and the COVID-19 Response for Education in Jordan: One Month On*, 2020, <<https://reliefweb.int/sites/reliefweb.int/files/resources/76399.pdf>>.

Objective of the Baseline and COVID-19 Impact Assessment

Within this context, REACH conducted a multi-sector needs assessment to inform UNICEF's 2021 programmes, as a baseline for an impact evaluation at a later stage. The assessment utilised a combination of a household-level survey and key informant interviews (KII), and was conducted in the 6 governorates in Jordan in which UNICEF operates in order to gain insight into the conditions and situational needs of communities living in ITSs and the impact of COVID-19 across the following sectors: education, health, nutrition, WASH, social inclusion and youth engagement, child protection and security. Furthermore, the assessment also aimed to better understand beneficiaries' perceptions of the quality, access and barriers to UNICEF services.

Structure of the Report

The first section of the report introduces the methodology designed and applied by REACH. The second part of the report presents the key findings from the analysis of the assessed populations living in ITSs, divided into the following nine sections:

- Socio-demographic characteristics
- Socio-economic characteristics
- Education
- Health
- Nutrition and food security
- WASH
- Youth engagement and social inclusion
- Child protection and security
- Perceptions, access and barriers to UNICEF services

Methodology



Assessment Objectives and Research Questions

The general objective of this assessment was to establish a baseline of UNICEF interventions in ITSs and to better understand the situation of children and adolescents living in ITSs. To address the research question and provide a baseline, the assessment was designed to address three main research questions:

1. What are the socio-economic characteristics of communities living in ITSs?
2. What challenges do households living in ITSs face in regard to the following main sectors: education, health, nutrition and food security, WASH, social inclusion and youth engagement, social protection, security and child protection?
3. To what extent do UNICEF services respond to the population's needs in ITSs?

This report presents the key findings of the household-level interviews and KIIs conducted as part of this assessment, in order to address these three research questions.

Area and Population of Interest

The population of interest for both the household survey and KIIs consisted of refugees and migrants from Syria or other countries (excluding Jordanians) living in ITSs. Furthermore, as UNICEF programming covers mainly children and youth, the population of interest for the household survey additionally

consisted only of households reporting the presence of children and/or youth in the household, to ensure that the findings are of the highest relevance to UNICEF programmatic interventions. Accordingly, only households with at least one child or youth member (aged under 25)⁴⁹ were sampled in the household survey and findings outlined in this report are representative only of households with children or youth members.

In administering this study, UNICEF aimed to understand ITS programming's impact and differentiate the impact according to the different types of services received by beneficiaries. Given the range of services provided by UNICEF and the variety of combinations of services received in ITSs, it was technically challenging and resource-intensive to establish a baseline that reflects each individual and combination of service. Therefore, considering the timeline and the available financial resources, the ITS population was stratified into the following three groups according to the most effective means of providing the relevant information for meeting the assessment objectives:⁵⁰

1. Households living in ITSs receiving UNICEF Makani services and any other combination of services;
2. Households living in ITSs receiving any type of UNICEF service but not Makani services;
3. Households living in ITSs that do not receive any form of UNICEF service – this served as a control group.

The assessment was conducted in the locations where UNICEF implements its

⁴⁹ Children and youth are defined throughout the report as being under the age of 25.

⁵⁰ These three population groups will be referred to hereafter as Makani beneficiary households, UNICEF beneficiary households (not Makani), and non-beneficiary households.

programmes, which includes 6 of the 12 governorates in Jordan.

Secondary Data Review

To identify available information on priority needs of ITS communities and UNICEF programming, and to determine information gaps in order to delineate the appropriate scope of the study, the design of this assessment took into consideration the previous findings from recent REACH

and UNICEF assessments in Jordan, as well as other reports and data produced by international organizations, NGOs and think tanks. These sources contributed to defining the research questions, the rationale, the methodology, the survey indicators, and, finally, the development of the data collection tools. A summary of the main secondary sources consulted for this assessment are presented in Table 1 below.

Table 1: List of secondary data resources

Organization	Title of the resource	Date
UNICEF	UNICEF and the COVID-19 Response for Education in Jordan: One Month On ⁵¹	2020
UNHCR UNICEF WFP	Multi-Sectoral Rapid Needs Assessment: COVID19 – Jordan ⁵²	May 2020
REACH	Jordan Multi-Sector Needs Assessment of VOC ⁵³	May 2020
REACH	Jordan COVID-19 Brief Vulnerabilities among VOC settlements in Jordan amid the spread of the COVID-19 outbreak ⁵⁴	April 2020
UNICEF	Jordan Makani Standard Operating Procedures ⁵⁵	2019
Action Against Hunger	Vulnerability Assessment Framework Population Study ⁵⁶	2019
War Child	Education Needs Assessment Informal Tented Settlements and Host Communities in Jordan	February 2018
ODI, UNICEF, UNHCR,	A Promise of Tomorrow: The Effects of UNHCR and UNICEF cash assistance on Syrian refugees in Jordan ⁵⁷	November 2017
IOM	Mixed Migration Platform, Precarious Living: Access to housing in transit for refugees and other migrants ⁵⁸	July 2017
REACH, UNICEF	Syrian Refugees Staying in Informal Tented Settlements in Jordan, Multi-Sector Assessment Report ⁵⁹	August 2014

51 <<https://reliefweb.int/sites/reliefweb.int/files/resources/76399.pdf>>.

52 <<https://reliefweb.int/report/jordan/multi-sectoral-rapid-needs-assessment-covid19-jordan-may-2020>>, last accessed 25 May 2021.

53 <<https://reliefweb.int/sites/reliefweb.int/files/resources/REACH-Jordan-VOC-Assessment-Final-Report-May-2020.pdf>>.

54 <www.reach-initiative.org/wp-content/uploads/2020/04/REACH_Jordan_Assessment_COVID-19_Brief_16_April_2020.pdf>, last accessed 25 May 2021.

55 <www.unicef.org/jordan/reports/makani-standards-operating-procedures-sops-2019>.

56 <<https://reliefweb.int/sites/reliefweb.int/files/resources/68856.pdf>>, last accessed 25 May 2021.

57 <<https://odi.org/en/publications/a-promise-of-tomorrow-the-effects-of-unhcr-and-unicef-cash-assistance-on-syrian-refugees-in-jordan>>.

58 <https://reliefweb.int/sites/reliefweb.int/files/resources/MMP-Briefing-Paper_Access_Housing_Final.pdf>.

59 <https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_UNICEF_ITS_MS_AUGUST2014_FINAL.PDF>.

Sampling and Primary Data Collection

Sampling

The household survey was designed with probability sampling using a stratified random selection at a 95 per cent confidence interval and a 7 per cent margin of error per population group assessed. The population was stratified into three population groups: households living in ITSs receiving Makani services and any other combination of aid, households living in ITSs receiving any type of aid but not Makani services, and households in ITSs that do not receive any UNICEF assistance. Only households with at least one child or young person (aged under 25) were sampled in the household survey.⁶⁰ As ITS households are a mobile population, a buffer of 10 per cent was included in the household sample to account for households and/or settlements moving since the last REACH Multi-Sector Needs Assessment (MSNA).

To get a representative sample of the population of interest, REACH and UNICEF datasets, respectively updated in February 2020 and November 2020, were overlapped to estimate the population size of the three assessed population groups.

Firstly, location data was mapped from both datasets and spatially joined in each governorate. Subsequently, to establish the stratum of non-beneficiaries, the location data of UNICEF and REACH were overlapped. Due to uncertainties related to the high mobility of VOC, discrepancies were verified by enumerators in a call centre prior to the beginning of the data collection to ensure that contact and location data were still valid.

REACH found that 1,725 households were receiving Makani services, and that 2,143 households were receiving other UNICEF services. As for the control group, it was determined that 1,311 households do not receive any form of UNICEF services. The population of the three groups was estimated to be 5,179 households. In total, 614 households participated in the assessment. Out of these, 597 were included in the analysis and 17 were not considered due to incomplete, incorrect, inaccurate or irrelevant data. Table 2 below indicates the sampling frame by a group of population and type of interview conducted. Table 3 shows the final household-level assessment sample by population group and governorate, and Figure 1 shows the geographic distribution of the household sample.

Table 2: Sampling frame by group of population receiving UNICEF services in UNICEF areas of operation

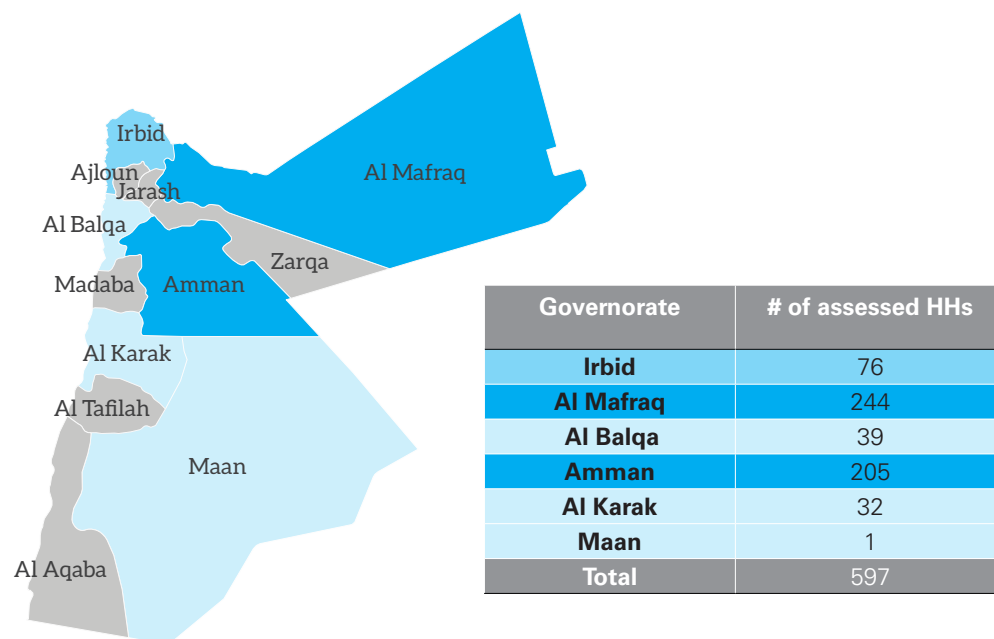
Population	Households	Sample (95/7)	Kills
Receiving Makani services	1,725	209	17
Receiving services, not Makani	2,143	197	13
Receiving no UNICEF services	1,311	191	17
Total	5,179	597	47

⁶⁰ Findings outlined in this report are representative only of households with at least one child or youth (under 25-years old).

Table 3: Total number of households interviewed per governorate, per population group

Governorate	Makani beneficiaries	UNICEF beneficiaries (not Makani)	Non-beneficiaries	Total
Amman	71	69	65	205
Al Mafraq	112	95	37	244
Irbid	16	26	34	76
Al Balqa	9	0	30	39
Al Karak	0	7	25	32
Ma'an	1	0	0	1
Total	209	197	191	597

Figure 1: Geographic distribution of household interview sample



Additionally, 47 key informants (KIs) were reached for the KII component of the assessment (Table 4). KIs were sampled purposefully and, where needed, through snowball sampling to gain additional information to contextualise or supplement the household survey and provide an

in-depth understanding of ITS UNICEF beneficiaries' situation compared to that of non-beneficiaries in Jordan. The initial target was to conduct 40 KIIs (15 in ITSs receiving Makani services and any other combination of assistance, 15 in ITSs receiving UNICEF assistance but

not Makani services, and 10 in ITSs not receiving UNICEF assistance) and to reach a similar number of female and male KIIs overall in order to capture the perceptions of both males and females. KIIs were conducted with the settlement leader (Shawish) and female representatives

for the ITSs, who were introduced by the Shawish. In the final sample, the target was reached with a slightly higher representation of female KIIs (Table 5). Where KIIs are included in the report, these are therefore disaggregated by the gender of the respondent.

Table 4: Number of key informants interviewed per governorate, per population group

Governorate	Makani beneficiaries	UNICEF beneficiaries (not Makani)	Non-beneficiaries	Total
Amman	4	6	3	13
Al Mafraq	9	6	7	22
Irbid	4	1	3	8
Al Balqa	0	0	2	2
Al Karak	0	0	2	2
Ma'an	0	0	0	0
Total	17	13	17	47

Table 5: Number of key informants interviewed by gender of respondent and population group

Gender	Makani beneficiaries	UNICEF beneficiaries (not Makani)	Non-beneficiaries	Total
Female	10	6	9	25
Male	7	7	8	22
Total	17	13	17	47

Primary Data Collection⁶¹

Data collection took place between 24 December 2020 and 30 January 2021, both remotely and through face-to-face interviews, and was comprised of two phases. The first phase involved collecting household data, providing a representative understanding of household needs and characteristics across all the assessed populations, and identifying potential trends. The household surveys were conducted with heads of households between 27 December 2020 and 13

January 2021. If the head of the household was not available, any present household member above 18 with enough knowledge about the household needs and characteristics was asked to participate.

The second phase of data collection involved the collection of data through KIIs. KIIs were conducted with the settlement leaders (Shawish) and settlement members of the opposite gender of ITS in the six governorates in which UNICEF operates. The household interviews and

⁶¹ Further information on data collection and processing is presented in Annex 1.

the KIIs were both conducted using the mobile survey software application Kobo Toolbox. A total of 597 households and 47 KIIs were interviewed, covering 111 settlements.⁶²

Data Processing and Analysis

Upon completion of data collection, final data cleaning was conducted, and entries were translated. For the household-level data, data cleaning was performed using macro-powered sheets to ensure data consistency, validity and reliability, and the cleaned data were analysed using SPSS. Statistical tests were run to determine the presence of significant differences between groups of interest.⁶³ Data for KIIs were analysed through the frequency distribution of responses using Excel. Data were analysed comparing the KIIs' gender and population group.

Key Challenges and Limitations

- Due to **time restrictions and the presence of COVID-19**, some areas were not accessible, resulting in the need to collect data remotely. All KIIs were conducted remotely, while the majority of household interviews (95 per cent) were conducted face-to-face. Households were contacted via a call centre before the start of primary data collection to confirm both the locations and phone numbers of respondents.
- The **long-term validity of location data** is limited as ITS households are a highly mobile population, and it is likely that many households and settlements will move. For this reason, a buffer of 10 per cent was added in the household sample.
- Data was collected at a time during the day when **the head of the household was typically working**. In these cases, the interview was carried out with a different adult member present at the time of the interview and knowledgeable about the household situation.
- As **data collection was conducted during winter**, specific indicators may reflect information relevant to the winter months only, and some seasonal variation is expected in the living standards reported by households (e.g., livelihoods or WASH).
- Finally, **biases due to the self-reporting** of household-level indicators are expected and should be taken into consideration during the interpretation of findings.

⁶² The assessment covered a total of 111 settlements, including 25 ITSs receiving Makani services, 38 ITSs receiving UNICEF services (but not Makani), and 48 ITSs not receiving UNICEF aid.

⁶³ Other than the three population groups of interests, statistical tests were run on several indicators of interest to determine the presence of significant differences across gender of the head of household, governorate, household size (small, medium, large), and nationality.

Findings



This part of the report presents the key findings from the assessment. The main findings will be presented, highlighting the differences and similarities between the three assessed population groups. It covers the nine following sections:

- Socio-demographic characteristics
- Socio-economic characteristics
- Education
- Health
- Nutrition and food security
- WASH
- Youth engagement and social inclusion
- Child protection and security
- Perceptions, access and barriers to UNICEF services

Socio-Demographic Characteristics

Nationality

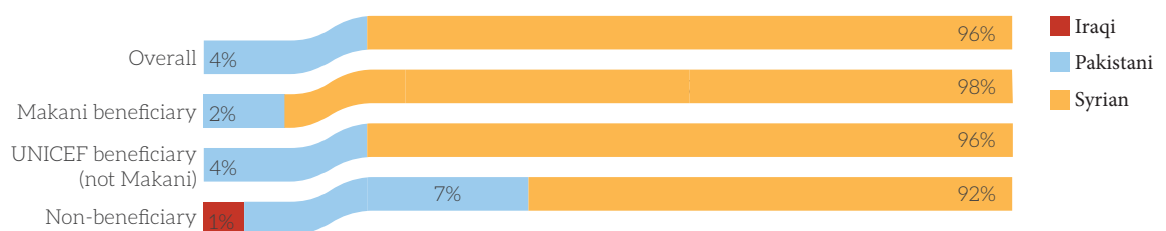
The majority of the assessed households were Syrian (96 per cent) across population groups, particularly of the Makani beneficiary households (98 per cent) and of the UNICEF beneficiary households (not Makani) (96 per cent) (Figure 2). Although still a high majority, a slightly lower proportion of non-beneficiary households were found to be Syrian (92

per cent). Pakistani households were also represented in the survey (4 per cent overall), mostly among non-beneficiary households (7 per cent). A further 2 per cent of Makani beneficiary households and 4 per cent of UNICEF beneficiary households (not Makani) were Pakistani. Only one non-beneficiary household reported their nationality to be Iraqi and the household was located in Amman.

Age distribution of children and youth (aged under 25)⁶⁴

The average number of child or youth members per household was 4.7. Makani beneficiary households were found to have the highest average number of children and youth, with an average of 5.3 children or youth per household compared to 4.4 in UNICEF beneficiary households (not Makani), and 4.2 in non-beneficiary households. When children and youth are categorised by age groups, 27 per cent were in the infant / young children age (under 5), 51 per cent were of basic education age (5–15), 7 per cent of secondary education age (16–17), and 15 per cent were youth (18–24-years old) (Figure 3).

Figure 2: Percentage of households by nationality and population group



⁶⁴ Throughout the report, children and youth are defined as household members aged under 25-years old.

Differences were found across population groups in terms of the proportions of children or youth in each age category. A higher proportion of Makani beneficiary children (57 per cent) were of basic education age (5–15) compared to UNICEF beneficiary children (not Makani) (51 per cent), and non-beneficiary children (44 per cent). In contrast, there was a higher proportion of non-beneficiary children at both ends of the age ranges: 30 per cent were infants (<5) and 18 per cent were youth (18–24), compared to Makani beneficiary children (23 per cent infants; 13 per cent youth) and UNICEF beneficiary children (not Makani) (28 per cent infants, 14 per cent youth). Overall, around half of the children and youth were reported to be female (49 per cent). This repartition is similar when disaggregated by age group; however, in the youth category (18–24) there was a slightly higher proportion of males (57 per cent) compared to females (43 per cent).

Profile of heads of household

Thirteen per cent of households (n=77), reported the head of household being female (Figure 4). The population group with the highest proportion of female-headed households was Makani beneficiary households (25 per cent), compared to 13 per cent of UNICEF beneficiary households (not Makani). No female-headed households were identified amongst non-beneficiary households.

The typical profile of the head of the household was a male (87 per cent), married (94 per cent), and with a low level of education. Around half of the households (51 per cent) reported primary school as being the highest level of educational attainment of the head of household, while 30 per cent reportedly received no formal education. Around one-fifth of households (17 per cent) reported that the head of household had completed high school, with a small minority (2 per cent) reportedly having achieved a university education. Findings on marital status (Figure 5) and education level of the head of household (Figure 6) were similar across population groups.

Figure 3: Percentage of children and youth (aged under 25) in each age category, by population group

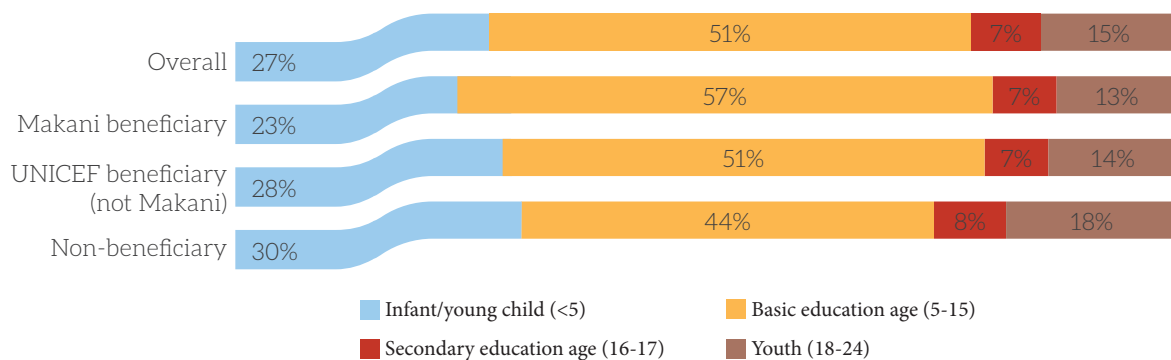


Figure 4: Percentage of households by gender of head of household, by population group

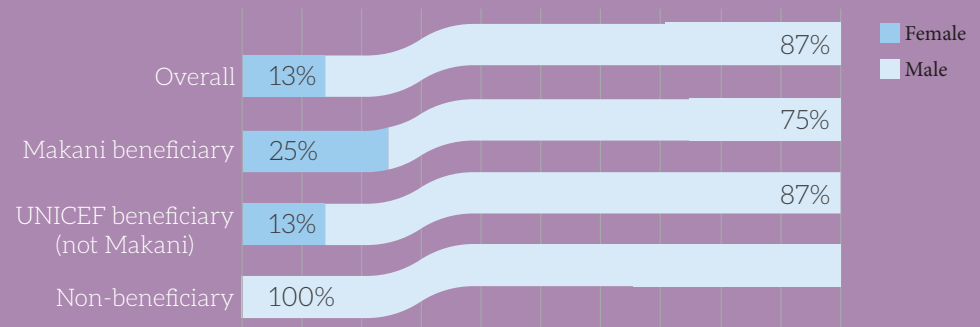


Figure 5: Percentage of households by marital status of head of household and population group

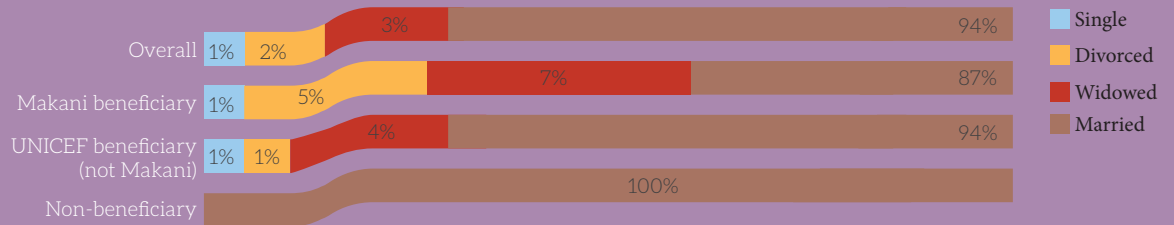
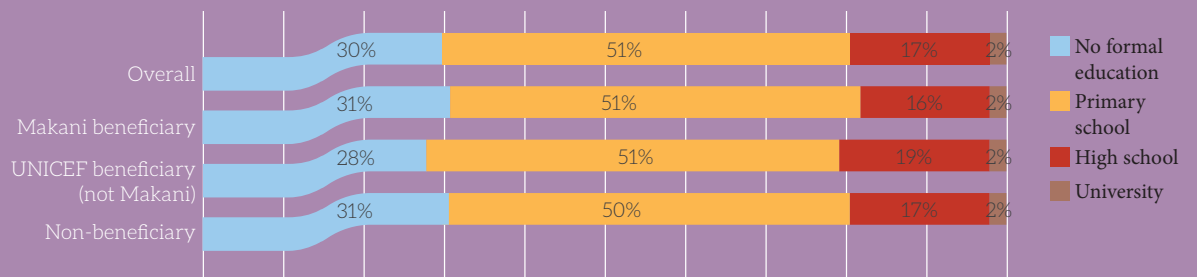


Figure 6: Percentage of households by the highest level of educational attainment of the head of household and population group

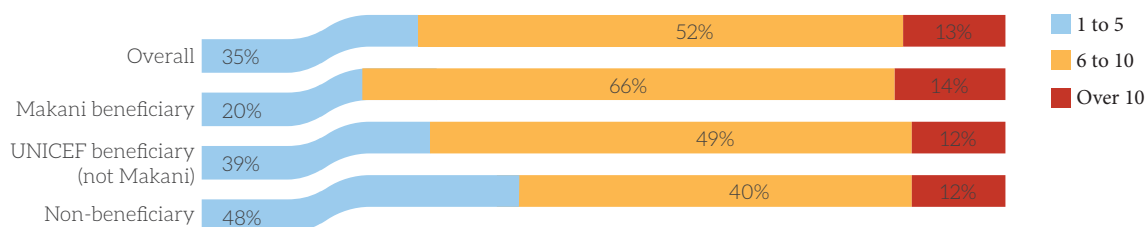


Average household size

Overall, the average size of households was 6.8 household members. Makani beneficiary households were found to have a slightly higher average household size (7.4 members) compared to UNICEF beneficiary households (not Makani) (6.4) and non-beneficiary households (6.2). Household sizes were divided into categories for the purpose of comparison across groups: small (1–5 members), medium (6–10 members), large (over 10 members). **The majority of households (52 per cent) were found to live in a medium-sized household, with notable variation across population**

groups (Figure 7). Around two-thirds of Makani beneficiary households (66 per cent) reported living in a medium-sized household, compared to around half of UNICEF beneficiary households (not Makani) (49 per cent). In contrast, non-beneficiary households were generally smaller, as 48 per cent of non-beneficiary households reported living in a small household and 40 per cent in a medium-sized household. Across all groups, a small minority of households (around 13 per cent) reported living in a large household. No statistically significant differences were found between female- and male-headed households in terms of household size.

Figure 7: Percentage of households by reported household size (number of members) by population group



Socio-Economic Characteristics

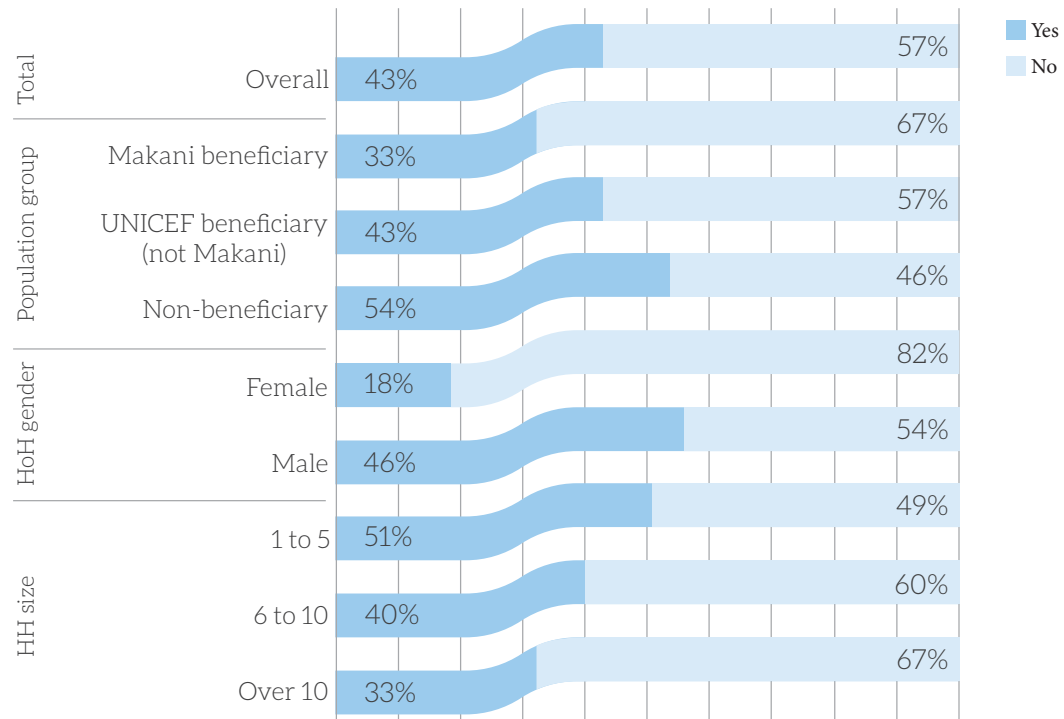
Employment and type of work

More than half of the households (57 per cent) reported that the household head did not work in the 7 days prior to data collection (Figure 8). **A higher proportion of Makani beneficiary heads of household (67 per cent) were reported as not to have worked compared to UNICEF beneficiary households (not Makani) (57 per cent) and a notably lower proportion of non-beneficiary households (46 per cent).**

Significant differences were found across household size and the gender of the head of household.⁶⁵ A higher proportion of female-headed households (82 per cent) reported the head of household as not having worked in the 7 days prior to data collection compared to male-headed households (54 per cent). Furthermore, the proportion of households reporting the head of household as not having worked was found to be proportionally higher in larger households. Less than half of small households (1–5 members) (49 per cent) reported the head of household as not

⁶⁵ Statistical tests showed significant differences between households of different sizes (small, medium, large) and also between male- and female-headed households in terms of the head of household working (p-value < 1% for both).

Figure 8: Percentage of households reporting on whether or not the head of household worked in the 7 days prior to data collection, by population group, gender of head of household, and household size



having worked, compared to around two-thirds (67 per cent) of large households (over ten members).

The main type of work practised by heads of households at the time of data collection⁶⁶ was farming or livestock-rearing, as reported by 64 per cent of households. The second most commonly reported type of work was informal work, including daily casual labour (12 per cent); however, a higher proportion of households reported the head of household being unable to work due to disability or sickness (21 per cent). Findings were similar across population groups, although a higher proportion of Makani beneficiary households reported

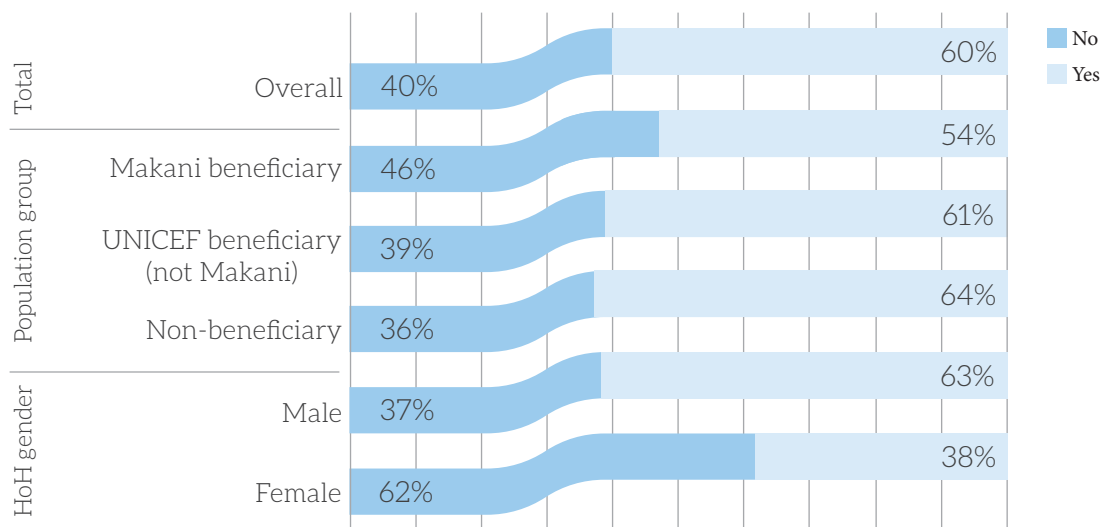
that the head of household could not work due to sickness or disability (26 per cent) than UNICEF beneficiary households (not Makani) (16 per cent) and non-beneficiary households (19 per cent). On the other hand, a lower proportion of Makani beneficiary households (57 per cent) were found to be working in farming or livestock-rearing compared to UNICEF beneficiary households (not Makani) (69 per cent) and non-beneficiary households (68 per cent), potentially reflecting the previous finding that a higher proportion cannot work due to health issues.

Impact of COVID-19 on work

The COVID-19 outbreak was found to have had a notable impact on heads

⁶⁶ The generalisability of these responses may be limited as no specific recall period was included in the question. Findings on the type of work practised by heads of household therefore does not directly correspond to findings on the proportion of head of household that are out of work.

Figure 9: Percentage of households reporting the disruption of the work of the head of household as a result of the COVID-19 outbreak, by population group, and gender of head of household



of households' ability to work. The majority of households (60 per cent) reported disruption of the work of the head of household due to COVID-19, more notably non-beneficiary households (64 per cent) compared to Makani beneficiary households (54 per cent) and UNICEF beneficiary households (not Makani) (61 per cent) (Figure 9). Additionally, a higher proportion of male-headed households (63 per cent) reported the work of the head of household to have been disrupted compared to female-headed households (38 per cent).⁶⁷ This may reflect the fact that a large proportion of non-beneficiary households and male-headed households also reported the head of household to be working.

Of the 60 per cent of households that reported a disruption in employment, the main manner in which work was reported to have been disrupted was through an

inability to travel as a result of the travel restrictions and lockdown, particularly for non-beneficiary households (77 per cent) but also for Makani beneficiary households (65 per cent) and UNICEF beneficiary households (not Makani) (69 per cent).

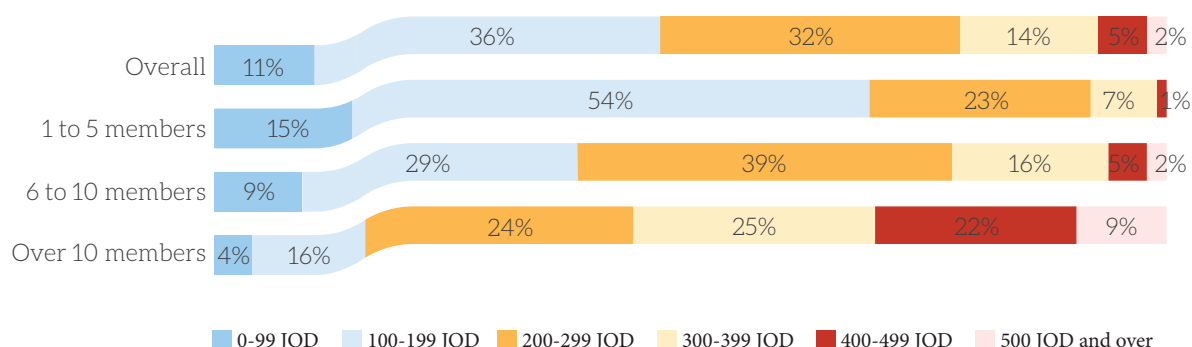
Monthly income

The total income of households received from all sources, including assistance, in the 30 days prior to data collection was mainly reported in the range of 100–299 JOD (Figure 10).⁶⁸ Around two-thirds of households (68 per cent) across all population groups reported incomes between 100–299 JOD; however, a slightly higher proportion of **Makani beneficiary households (28 per cent) reported income at the highest end of the spectrum (300 JOD and over)**, compared to 22 per cent of non-beneficiary households and 15 per cent of UNICEF beneficiary households (not Makani).

⁶⁷ Statistical tests showed that differences between male- and female-headed households were significant ($p < 1$ per cent).

⁶⁸ JOD = 1.41 USD – XE currency converter <www.xe.com/currencyconverter/convert/?Amount=1&From=JOD&To=USD>, last accessed 25 May 2021.

Figure 10: Percentage of households by total reported household income from all sources in the 30 days prior to data collection, by household size



Monthly income was found to be lower for smaller-sized households,

despite the fact that a higher proportion of small-sized households reported the head of household to be working; 69 per cent of small households (1 to 5 members) reported an income below 200 JOD compared to 38 per cent of medium-sized households (6 to 10 members) and 20 per cent of large households (over 10 members).⁶⁹ No statistically significant differences were found between female- and male-headed households in terms of monthly income.

Monthly expenditure on basic needs⁷⁰

In parallel to findings on monthly income, **total monthly expenditure on basic needs in the 30 days prior to data collection was also reported by the majority of households (73 per cent) to be within the range of 100 to 299 JOD** (Figure 11). This could suggest that households are spending most of their income on basic needs. As with income, monthly expenses were found to be similar across population groups,

with the majority of households in each group reporting expenditure within the 100–299 JOD range. Furthermore, monthly expenditure was also found to increase with household size, following a similar trend to monthly income, and reflecting the fact that larger households must cover the expenses of a higher number of members.⁷¹ No statistically significant differences were found between female- and male-headed households in terms of monthly household expenditure.

Means to pay for basic needs

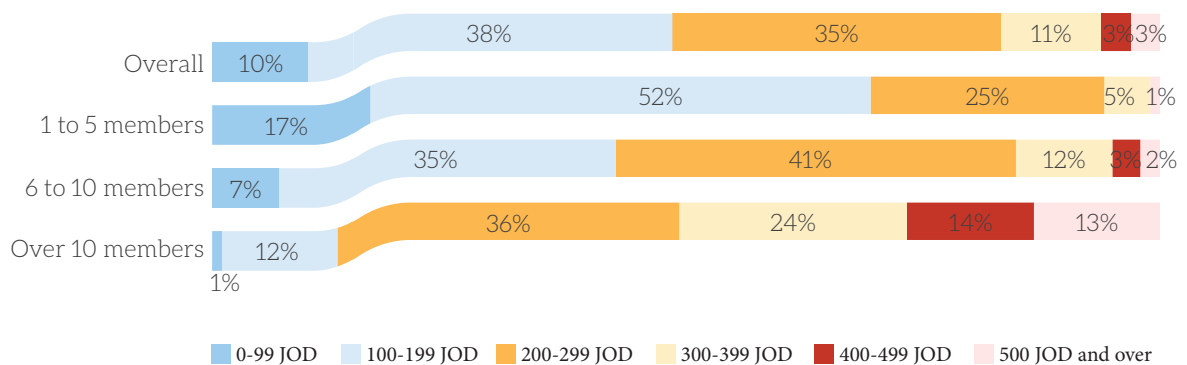
Overall, cash from humanitarian organizations and income from waged labour were the two most commonly reported means by which households paid for their basic needs in the 3 months prior to data collection (Table 6). Cash from charities, NGOs, or UN agencies was the most commonly reported means for almost half of households (48 per cent), followed by income from waged labour (42 per cent). There was a large gap between these

⁶⁹ Differences between households of different sizes were significant (p-value < 1 per cent).

⁷⁰ Findings reflect respondents' estimates of expenditures during the month prior to data collection. Additionally, both monthly expenditure and monthly income were not reported as an average, as only ranges were assessed rather than the exact amount of income or expenditure.

⁷¹ Differences between households of different sizes were significant (p-value < 1 per cent).

Figure 11: Percentage distribution of the range of households reported total expenditures on basic needs in the 30 days prior to data collection, by household size



responses and the third main response, loans or borrowed money (5 per cent).

Differences were found between population groups in terms of means to pay for basic needs. Almost two-thirds of Makani beneficiary households (62 per cent) and 48 per cent of UNICEF beneficiary households (not Makani) reported cash from humanitarian organizations being the main means to pay for basic needs in the 3 months prior to data collection, whilst the majority of non-beneficiary households (55 per cent) reported income from waged labour as the main means. This potentially reflects the fact that these non-beneficiary households are not receiving UNICEF assistance or that they are located in ITSs that are less well served by humanitarian organizations compared to the other groups.

Assistance received from aid agencies

All UNICEF beneficiary (Makani and not Makani) households reported having received assistance from at least one source in the 6 months prior to data collection. **The three**

main organizations which were reported to have provided this assistance were UNICEF (87 per cent), the WFP (69 per cent), and UNHCR (45 per cent) (Figure 12). However, nearly 9 per cent of Makani beneficiary households and 18 per cent of UNICEF beneficiary households (not Makani) did not declare having received UNICEF assistance. This may be explained by the fact that households were classified into these groups based on the ITS having received assistance rather than the actual recorded status of individual households as UNICEF beneficiaries. Therefore, even if assistance was delivered to the ITS, these households may either not have been actual UNICEF beneficiaries or may not have considered themselves as direct beneficiaries.⁷²

Education

Formal school attendance

Overall, among school-aged children (5–17-years old),⁷³ more than half (52 per cent) were reported to attend formal schooling at the time of data collection (Figure 13). School attendance rates

72 For further details, please refer to the last section on Barriers to receiving UNICEF services.

73 Throughout the report, school-aged children are defined as children between the ages of 5–17-years old.

Table 6: Main means by which households reported having paid for basic needs in the 3 months prior to data collection, by population group

	Overall	Makani beneficiary	UNICEF beneficiary (not Makani)	Non-beneficiary
Cash from charities / NGOs / UN agencies	48%	62%	48%	33%
Income from waged labour	42%	29%	42%	55%
Loans / borrowed money	5%	6%	5%	3%
Income from small business	3%	1%	4%	5%
Selling food assistance	1%	1%	0%	2%
Gifts from family / friends	1%	0%	1%	1%
Used savings	0%	0%	1%	0%

Figure 12: Percentage of households reportedly having received assistance or subsidies from institutions in the 6 months prior to data collection

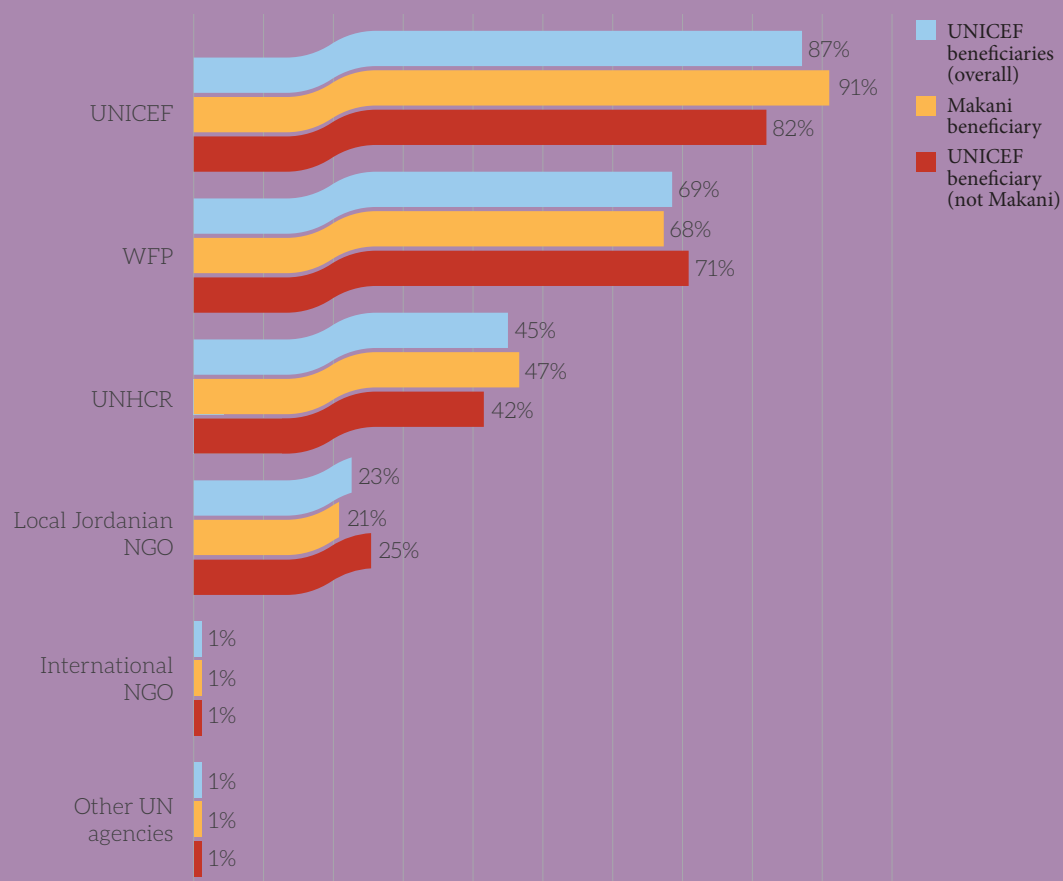
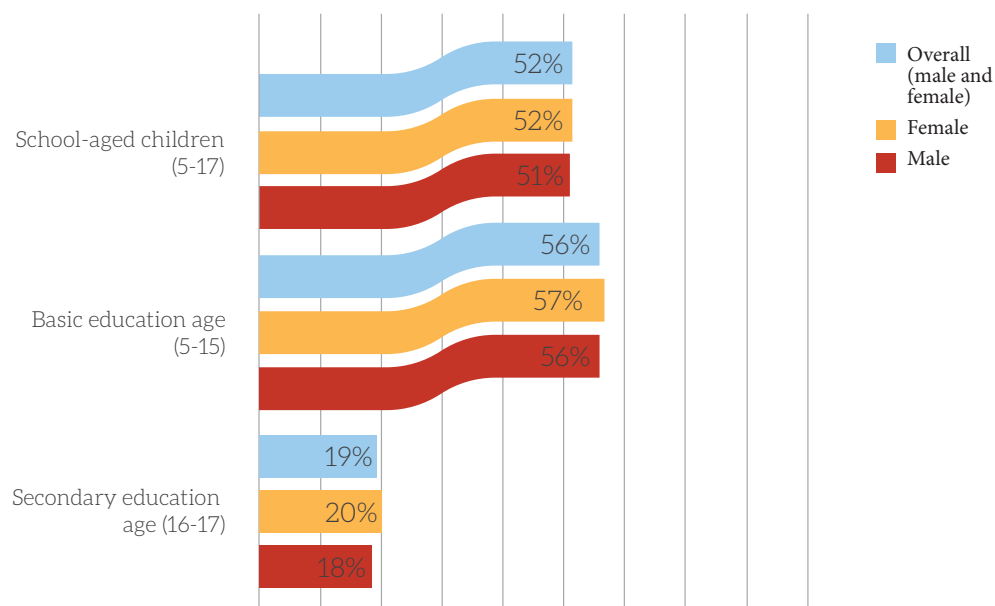


Figure 13: Percentage of school-aged children (aged 5–17 years) that were reported to attend formal schooling at the time of data collection, by age group and gender of the child



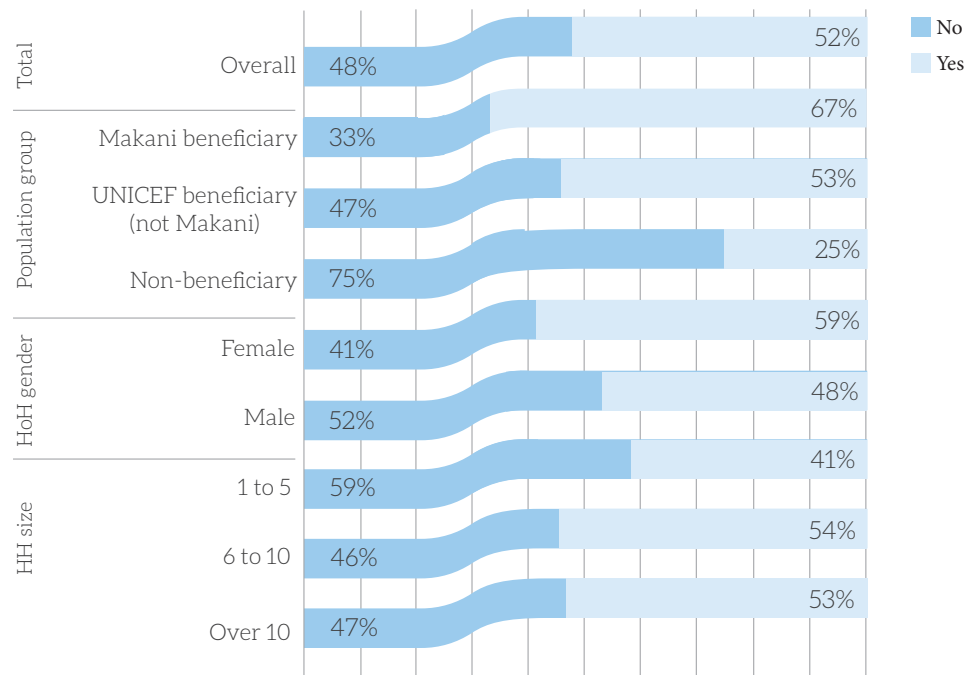
notably varied based on the age group of the children. Higher rates of formal school attendance were reported among children in the age-range of basic education (5–15-years old) (56 per cent) compared to children in the age-range of secondary education (16–17-years old) (19 per cent). Additional analysis dividing the category of the age-range of basic education showed similar attendance rates for children aged 5–11-years old (57 per cent) and children aged 12–15-years old (55 per cent), further highlighting the lower attendance rates of children in the age-range of secondary education (16–17-years old). In contrast, attendance rates were not found to differ considerably according to the gender of the child. Around half of both female school-aged children (52 per cent) and male school-aged children (51 per cent) were reported to attend formal schooling.

Formal school attendance rates were also found to markedly vary by population group (receiving or not receiving UNICEF assistance), with notably lower attendance rates reported for children not receiving UNICEF services (Figure 14). Around two-thirds of Makani beneficiary school-aged children (67 per cent) and around half of UNICEF beneficiary school-aged children (not Makani) (53 per cent) were reported to attend formal school, compared to only one-quarter of non-beneficiary school-aged children (25 per cent). Furthermore, attendance rates were higher for large- and medium-sized households (54 and 53 per cent respectively) than small-sized households (41 per cent), as well as for school-aged children in female-headed households (59 per cent) compared to those in male-headed households (48 per cent).⁷⁴

Additionally, there were disparities in attendance depending on the location

⁷⁴ Statistical tests showed that differences were significant for both these disaggregations (p-value < 1 per cent for each).

Figure 14: Percentage of school-aged children (aged 5–17 years) that were reported to attend formal schooling at the time of data collection, by population group, household size, and gender of head of household



of children. Overall, the lowest school attendance rates were recorded in Al Karak (10 per cent) and Al Balqa (20 per cent). In contrast, households reported higher attendance rates of school-aged children (5–17-years old) in Irbid (40 per cent) and Amman (54 per cent), with the highest attendance rates in Al Mafraq (61 per cent).⁷⁵

Reasons for not attending formal education

Of the 48 per cent of school-aged children who were reported not to be attending formal school, the main reasons for non-attendance were distance from school or a lack of transportation (37 per cent), lack of funds to afford related costs (31 per cent), households' frequent relocation (16 per cent), and children working

instead of attending school (11 per cent)

(Figure 15). Although this question related specifically to school-aged children, a further 28 per cent of these children were reported as not belonging to the school-age eligible range. This might be explained by a lack of households' awareness of children's rights to education or the ages at which children should attend school. A small minority of these children (8 per cent) were also reported to have refused to attend formal school. Finally, health problems (5 per cent), children being out of school too long and therefore ineligible (4 per cent), and the belief that schooling is not necessary for girls (4 per cent) were also reported reasons for non-attendance.

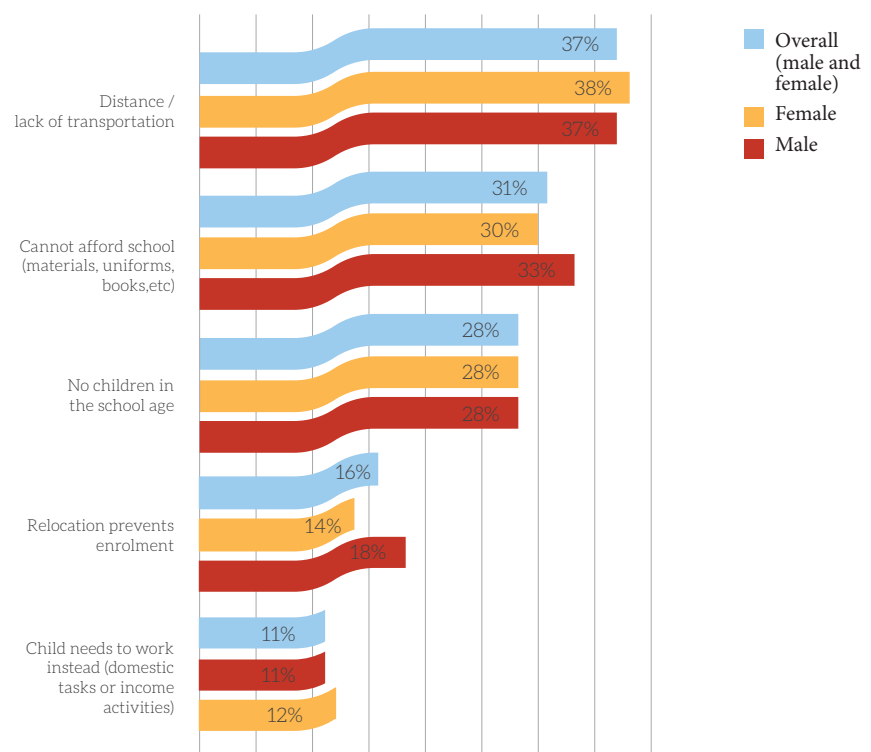
Barriers to attending formal school were similar across gender, as the main

⁷⁵ Differences across governorates on formal school attendance are significant (p-value < 5 per cent). However, as some of these subsets are small, the findings may have a lower confidence level and wider margin of error.

reported reasons for children not attending formal school for both male and female school-aged children were the distance from school or lack of transportation and school fees. Moreover, 28 per cent of both

female and male school-aged children were incorrectly reported to be at the age where school attendance was not required, even though they were actually school-aged.

Figure 15: Top 5 most common barriers to school-aged children (aged 5–17-years old) attending formal school reported by households, by gender of the child⁷⁶



Reasons for not attending school varied according to population groups. A higher proportion of non-beneficiary school-aged children were reported not to attend formal school due to distance/lack of transport (53 per cent) and lack of funds to afford costs (45 per cent) compared to both UNICEF beneficiary school-aged children (not Makani) (39 per cent and 33 per cent, respectively) and to Makani beneficiary school-aged children, who were least likely to face these barriers (21 and 17 per cent, respectively). This may suggest that the

delivery of transportation assistance and education services to households living in UNICEF-serviced ITSs have improved the affordability or accessibility of schooling for UNICEF beneficiary households, particularly Makani beneficiary households; this, however, cannot be directly concluded from the data.

In terms of other barriers, a higher proportion of UNICEF beneficiary school-aged children (Makani: 35 per cent and not Makani: 30 per cent) were reportedly

⁷⁶ Multiple options could be selected. Findings related to a subset may have a lower confidence level and wider margin of error.

not attending formal school due to being outside of the required school-age range, despite actually being school-aged, compared to non-beneficiary school-aged children (18 per cent). No major differences were found across population groups in terms of the proportions of school-aged children not attending formal school due to the belief that schooling is not necessary for girls.

Finally, it was found that non-beneficiary KIs generally rated education to be less important to settlement members than UNICEF beneficiary KIs (Makani and not Makani). **The main reason for the lack of importance attributed to education that non-beneficiary KIs reported was that settlement members placed a higher value on children working.** Four non-beneficiary KIs (3 females and 1 male) reported that children supporting the household by working is more important than their education, and three non-beneficiary KIs (1 female and 2 males) reported that children gained more skills from working. Finally, two non-beneficiary KIs (1 female and 1 male) reported that children should be involved in domestic work. Therefore, perceptions in non-beneficiary households about the value of work over education may be another key barrier to the formal school attendance of non-beneficiary children.

Makani attendance

A large majority of school-aged children receiving Makani services were reported to be attending Makani centres. However, lower Makani attendance rates were reported for children in the age-range of secondary education.

Overall, 84 per cent of Makani beneficiary school-aged children were reported to

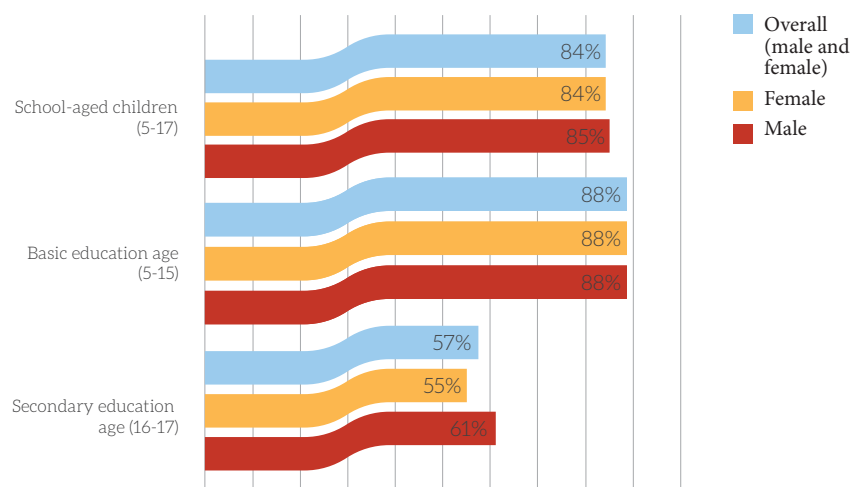
attend Makani centres at the time of data collection (Figure 16).⁷⁷ A higher proportion of Makani beneficiary children in the age-range of basic education (5–15-years old) were reported to attend Makani centres (88 per cent) compared to children in the age-range of secondary education (16–17-years old) (57 per cent). The gender distribution of Makani centre attendance rates was equal at the ages of basic education (5–15-years old) (88 per cent for both girls and boys) and varied slightly at the ages of secondary education (16–17-years old), as a higher proportion of male Makani beneficiary children (61 per cent) were reported to attend compared to female children of the same age group (55 per cent).

Reasons for not attending Makani centres

Of the 16 per cent of Makani school-aged children that were reported not to attend Makani centres, the main reason given – for 36 per cent of these children – was that the child is not of school age. This suggests a lack of households' awareness of the age-range in which school attendance is a requirement. This was most notably reported for Makani children in the age-range of basic education (5–15-years old) (48 per cent). The second most commonly reported reason was that the child refuses to attend school, reported for 22 per cent of these Makani beneficiary school-aged children, particularly those in the age-range of secondary education (49 per cent). Additionally, for 11 per cent of these school-aged children, the main reason given for non-attendance was that the child needs to work (in domestic tasks or other work) instead of attending school.

⁷⁷ Population groups were stratified based on whether they were identified to be living in areas where UNICEF operates, rather than their actual status as a UNICEF beneficiary receiving Makani or other services, which explains the presence of 12% of Makani beneficiary children who did not attend Makani centres.

Figure 16: Percentage of Makani beneficiary school-aged children (5–17-years old) that were reported to attend informal Makani education, by age group and gender of the child



Darsak attendance

During the COVID-19 pandemic lockdown, the Ministry of Education launched an online education platform named Darsak, to provide education to children. **Nearly three-quarters (74 per cent) of the 52 per cent of children attending formal schooling were also reported to attend online Darsak education** (Figure 17).

Attendance of online education platforms by children enrolled in formal schools was highest for Makani beneficiary children (85 per cent) compared to both non-beneficiary (63 per cent) and UNICEF beneficiary children (not Makani) (58 per cent). Findings did not show any notable differences between girls and boys or between children of different age groups.

Reasons for Darsak education non-attendance

Among households whose children were reported not to be attending the Darsak platform online education provision (26 per cent), the main reported reasons for non-attendance were the lack of available devices (53 per cent), the lack of data (50

per cent), and the lack of information or instructions on how to access the platform (40 per cent). A further 11 per cent of children or youth reportedly faced access barriers due to poor internet connectivity, and 10 per cent due to the presence of only one TV/networked device for several children of different ages.

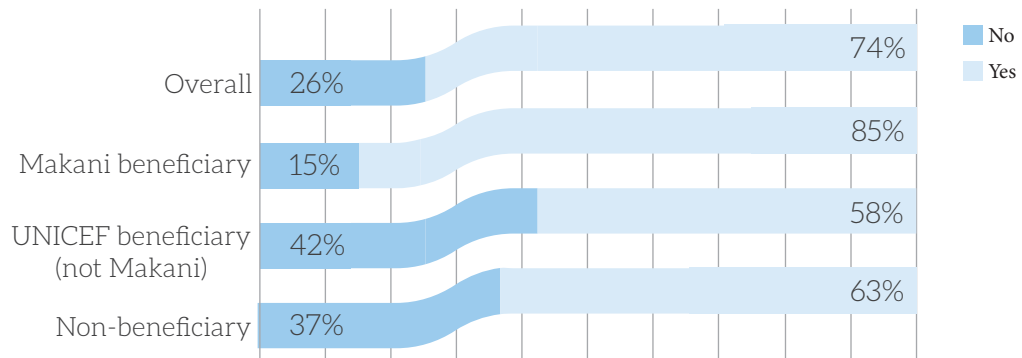
There is some variation in the main reasons for the non-attendance of Darsak education according to the population group to which the child belongs.⁷⁸ For non-beneficiary children not attending Darsak education, a lack of information or instructions was reported to be the main reason for non-attendance (54 per cent). **For UNICEF beneficiary children (Makani and not Makani), by contrast, the main reported reason for not attending Darsak education was a lack of available devices for both groups (63 per cent and 45 per cent, respectively).**

Children's access to technologies

Access to technologies and internet connectivity influence the ability of children

⁷⁸ These findings relate to a small sub-group and are indicative only.

Figure 17: Percentage of children attending formal education that reported attending Darsak platform education in the two weeks prior to data collection, by population group



to access online education from their homes during the COVID-19 lockdown.

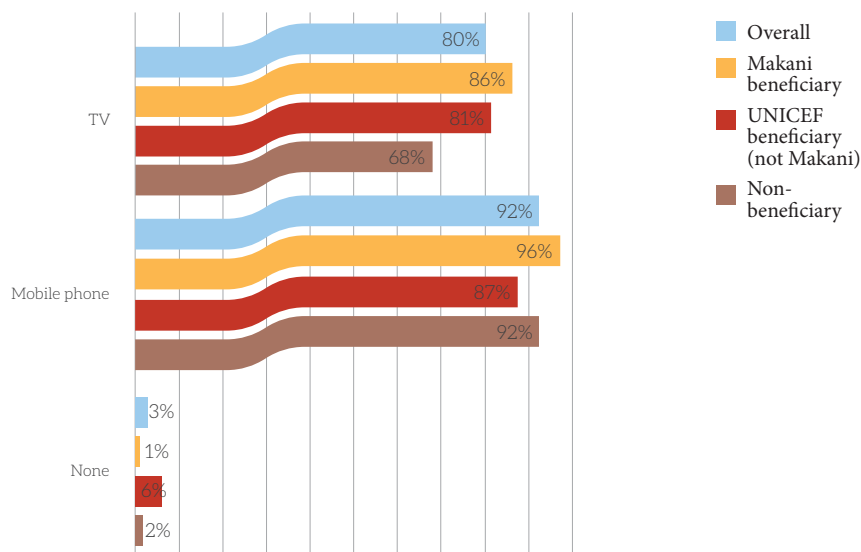
The majority of school-aged children were reported to have access to devices at home, specifically, to a mobile phone (92 per cent) and to a TV (80 per cent) (Figure 18). A higher proportion of UNICEF beneficiary school-aged children (Makani: 86 per cent, and not Makani: 81 per cent) were reported to have access to a TV compared to non-beneficiary school-aged children (68 per cent). Makani beneficiary school-aged children were most likely to have a mobile phone (96 per cent), followed by non-beneficiary children (92 per cent) and UNICEF beneficiary school-aged children (not Makani) (87 per cent).

Overall, children's access to internet at home was found to be high across population groups, albeit mostly with limited connection. The most common type of home internet connection, reportedly accessible to 83 per cent of school-aged children at the time of data collection, involved limited data. A higher proportion of Makani beneficiary school-aged children (86 per cent) were reported

to have access to limited data compared to UNICEF beneficiary school-aged children (not Makani) (78 per cent) and non-beneficiary school-aged children (83 per cent); whilst the latter two groups were more likely to have no access to internet at home at all, respectively 12 per cent and 8 per cent, against 3 per cent for those receiving Makani services. A small minority of school-aged children were reported to have access to a Wi-Fi connection in the home (9 per cent), with the figure being mostly consistent across population groups.

There were no major differences across other groups in terms of the main type of home internet connection to which children had access, as over 80 per cent of school-aged children in households of each size (small, medium, large), nationality (Pakistani and Syrian), and headed by either gender, reported that the main type of internet connection involved limited data. However, double the proportion of Pakistani school-aged children (14 per cent) were reported to have no internet at all compared to Syrian school-aged children

Figure 18: Percentage of school-aged children reported to have access to devices at home, by population group



(7 per cent).⁷⁹ This reflects the findings that Pakistani school-aged children were also less likely to have access to both a TV (66 per cent compared to 81 per cent of Syrian children) and to a mobile phone (84 per cent compared to 93 per cent of Syrian children).⁸⁰

Impact of COVID-19 on education

To determine whether the COVID-19 pandemic impacted children's access to education, households with children attending formal school were asked whether they intended to send each child back to school once the COVID-19 restrictions are lifted. Overall, over a third of school-aged children (38 per cent) were not intended by households to be returned to formal school after the COVID-19 situation is resolved (Figure 19). However, differences were found across population groups, nationality, and the gender of the

head of household. Households reported that they were not intending to return a higher proportion of non-beneficiary school-aged children (63 per cent) to school after the COVID-19 restrictions, compared to 35 per cent of UNICEF beneficiary (not Makani) children, and around a quarter (24 per cent) of Makani beneficiary children. Furthermore, a higher proportion of Pakistani school-aged children (59 per cent) were in households not intending to return them to formal schooling, compared to 36 per cent of Syrian school-aged children.⁸¹ Finally, a higher proportion of school-aged children in male-headed households (42 per cent) were not intended to be returned to formal schooling, compared to those in female-headed households (30 per cent). This may be related to the fact that children in female-headed households were also more likely to attend formal school.⁸²

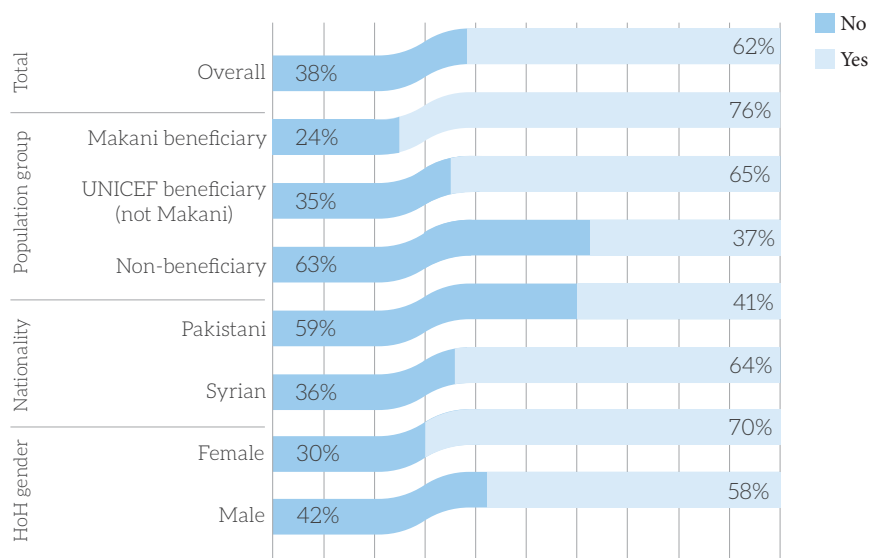
⁷⁹ Statistical tests showed that these differences were significant (p-value for each disaggregation < 1 per cent).

⁸⁰ Differences across nationality were statistically significant for each device (p-value < 1 per cent).

⁸¹ Differences between Pakistani and Syrian school-aged children are statistically significant (p-value < 1 per cent).

⁸² Differences between school-aged children in male- and female-headed households are significant (p-value < 1 per cent).

Figure 19: Percentage of school-aged children (aged 5–17-years old) that households reported intending to send back to formal school once the COVID-19 restrictions are lifted, by population group, nationality, and gender of head of household



Health

Main health needs

The majority of households (84 per cent) reported having at least one immediate health and nutrition need (Table 7). **Overall, the top three main health and nutrition needs reported by households were access to antibiotics or treatment for chronic disease (23 per cent), support to pay for medicine (21 per cent), and nutrition assistance (11 per cent),⁸³** with slight differences across population

groups. Makani beneficiary households reported support to pay for medicine as the main need (25 per cent), whilst UNICEF beneficiary households (not Makani) reported both access to antibiotics or treatment, and support to pay for medicine as the main needs (22 per cent for both). Non-beneficiary households prioritised access to antibiotics or treatment (26 per cent). Regardless, the two most common priorities for all population groups related to access to treatment and medicines.

⁸³ For further details on nutrition, please refer to the following section: Nutrition and Food Security.

Table 7: Main immediate health needs reported by households, by population group⁸⁴

	Overall	Makani beneficiary	UNICEF beneficiary (not Makani)	Non-beneficiary
Access to antibiotics / treatment for chronic disease	23%	23%	22%	26%
Support with paying for medicine	21%	25%	22%	14%
No immediate needs	16%	11%	19%	17%
Nutrition assistance	11%	11%	12%	8%
Emergency care	10%	11%	10%	9%
Pregnancy / childbirth care	6%	5%	3%	10%
Vaccination for children	6%	3%	6%	8%
Assistive devices (wheelchairs, prosthetics)	4%	4%	3%	4%
Mental healthcare	2%	4%	1%	2%
Transportation to health centre	2%	1%	3%	3%
Rehabilitation (recently injured)	0%	0%	0%	0%

Health issues/chronic health conditions

Around one-third of households (34 per cent) reported having at least one household member suffering from chronic health conditions.⁸⁵ The notable prevalence of chronic health conditions may explain why access to antibiotics and treatment of chronic diseases was the main health need reported by households. Overall, the most commonly reported health conditions were hypertension (20 per cent), diabetes (11 per cent), asthma (8 per cent) and cardiovascular heart diseases, including incidences of stroke (7 per cent). A higher proportion of households receiving Makani services reported having at least one household member with a chronic disease (41 per

cent) than the other two population groups (31 per cent of both UNICEF beneficiary households (not Makani), and non-beneficiary households). This difference was mainly driven by higher rates of hypertension reported by Makani beneficiary households (26 per cent) than UNICEF beneficiary households (not Makani) and non-beneficiary households (12 per cent each).

Specific health issues faced by children under the age of 16 were reported by a smaller proportion of households.

Around one-fifth of households with children under 16 years of age (19 per cent) reported cases of diarrhoea or severe illness (e.g., skin disease, respiratory

⁸⁴ Multiple options could be selected.

⁸⁵ A chronic disease is an illness that will not go away or takes a long time to go away, and require ongoing medical attention and/or the limiting of daily activities. Source: Centers for Disease Control and Prevention, *About Chronic Diseases*, CDC, <www.cdc.gov/chronicdisease/about/index.htm>, last accessed 25 May 2021.

disease, fever, etc.) amongst one or more of these children in the 12 months prior to data collection. No major differences were found across population groups. Despite low levels of health issues reported by households amongst children, over two-thirds of households (82 per cent) reported having to purchase medication for their child in the 12 months prior to data collection.

Finally, findings from the KIIs highlight some of the main health issues faced in ITSs. Although few KIIs (n=12) reported their ITS as having experienced major health issues in the 30 days prior to data collection, the main health issues that these 12 KIIs did report were: cases of diarrhoea, cases of fever, cases of respiratory diseases, pregnancy-related diseases, and physical disabilities.

Access to healthcare

Of the 19 per cent of households that reported having a child (under 16-years old) with diarrhoea or another severe illness in the 12 months prior to data collection, the majority (95 per cent) reported being able to get professional treatment for the child. Of these households that received professional treatment for the child, 72 per cent reported that the treatment was received through private healthcare (i.e., private

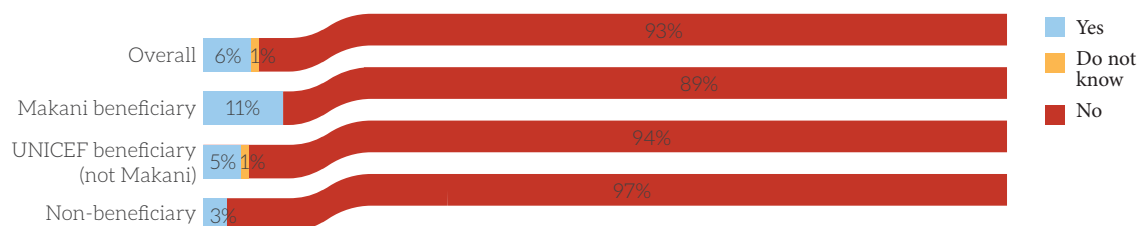
clinic, hospital, or doctor), 39 per cent reported that they accessed a pharmacy to receive treatment, and 29 per cent reported having accessed a public clinic or hospital for treatment. Only around 7 per cent of these households reported that an NGO clinic or mobile clinic had been accessed.

Households that reported not being able to get professional treatment (5 per cent; n=5) were all male-headed Syrian households based in Al Mafraq. The two main reasons for these households not receiving professional treatment for the child were a lack of money (n=5) and transportation issues (n=4).⁸⁶ In addition to these barriers, a further challenge to accessing medicine and treatment for households in ITSs may be the low levels of reported subscription to health insurance. **The vast majority of households reported not having health insurance** (93 per cent), most notably non-beneficiary households (97 per cent) (Figure 20).⁸⁷

Findings from KIIs provide further information on access to healthcare amongst households living in ITSs.

The majority of female and male KIIs reported that residents of settlements could access hospitals and primary health clinics. Almost all female KIIs

Figure 20: Percentage of households reporting having health insurance



⁸⁶ Multiple options could be selected.

⁸⁷ No statistically significant differences were found in access to health insurance between members of other groups of interest: household size, gender of head of the household, and nationality.

(n=22), and over two-thirds of male KIs (n=15) reported having access to a hospital, and around three-quarters of female KIs (n=19) and male KIs (n=17) reported having access to primary health clinics. Access to hospitals and health clinics run by NGOs was lower across gender and population groups, with female Makani beneficiary KIs (n=7) being the main group reporting having access to a hospital run by NGOs or UN agencies for settlement members.

Despite the fact that most KIs reported having access to health facilities for settlement members, **several barriers to accessing healthcare were raised, with some differences based on the gender of KIs.** Firstly, whilst the most common barrier reported by female KIs, in line with the household interviews, was the high cost of healthcare (n=13), the main barrier reported by male KIs was the high cost of transport (n=8) followed by the cost of healthcare (n=6). Nevertheless, both these barriers relate to the costs of reaching or accessing healthcare. A second difference was that a higher number of male KIs (n=9) reported that there were no barriers to accessing healthcare than female KIs (n=4). This could suggest that female KIs are more aware of the barriers faced by settlement members in accessing healthcare, or potentially that female settlement members are more likely to face these barriers compared to their male counterparts.

Vaccination

The majority of children (aged four and under) (69 per cent) were reported to have received all three basic vaccinations (BCG,⁸⁸ DTP-IPV-Hib,⁸⁹ and measles) (Figure 21). Results varied by population group, as Makani beneficiary children and, to a lesser extent, those receiving other UNICEF services were notably more likely to have received all three basic vaccinations (80 and 73 per cent respectively) than non-beneficiary children (56 per cent). This same trend was found across each of the three vaccination types (Figure 22). Correspondingly, a higher proportion of non-beneficiary children were reported to have received none of the basic vaccinations (19 per cent) than UNICEF beneficiary children (Makani: 3 per cent, and not Makani: 7 per cent).

Significant differences were also found between male- and female-headed household and across nationalities.⁹⁰ Children (aged four and under) in female-headed households were slightly more likely to have received basic vaccinations (74 per cent) compared to male-headed households (67 per cent). Additionally, the majority of Syrian children (aged four and under) (71 per cent) were reported to have received basic vaccinations, whilst less than half of Pakistani children (42 per cent) had received them.

⁸⁸ Bacille Calmette-Guerin (BCG) is a vaccine for tuberculosis (TB).

⁸⁹ The DTP-IPV-Hib vaccine protects against diphtheria, tetanus, pertussis (whooping cough), polio, and Haemophilus influenzae type b (Hib).

⁹⁰ Statistical tests showed significant differences between children in male- and female-headed households (p-value < 1 per cent), as well as across nationality of the child (p-value < 1 per cent) for this indicator. No significant differences were found between children in households of different sizes.

Figure 21: Percentage of children (aged four and under) by number of basic vaccinations they were reported to have received, by population group, nationality, and gender of head of household

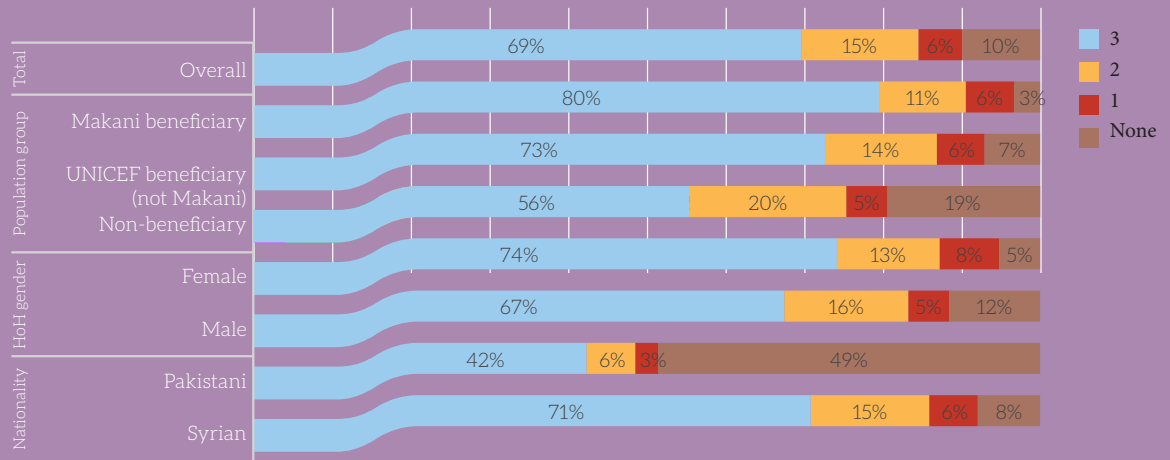
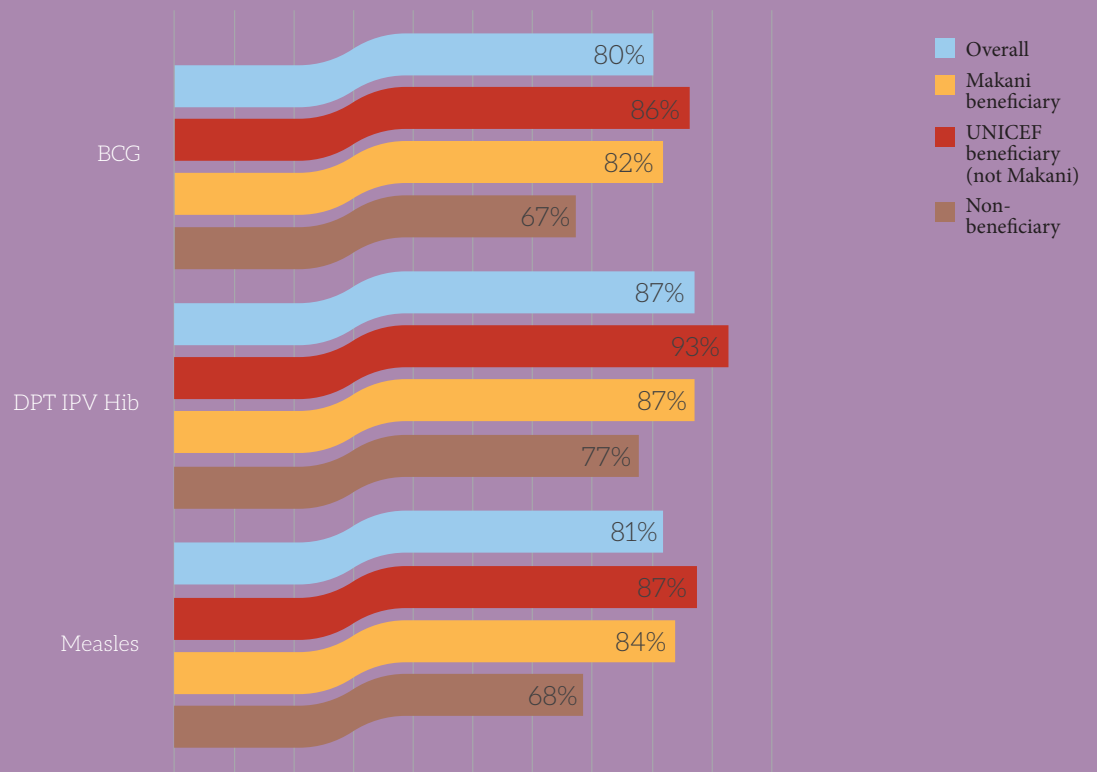


Figure 22: Percentage of children (aged four and under) reported to have received each vaccination, by population group



Households reported that the main barrier for children (aged four and under) to get vaccinated was related to distance from the health facility.

Of the children (aged four and under) that had not been vaccinated for either BCG (20 per cent), measles (19 per cent), or DPT-IPV-Hib (13 per cent), the main barriers preventing children from being vaccinated related to transportation. For 37 per cent of these children, households reported the main barrier to be a lack of transportation to reach the health facilities, and for 34 per cent of children, the main barrier was reported to be the cost of transport fees.⁹¹ The other main reported barrier was a lack of information on the locations of health facilities (29 per cent). There was no major issue with an unwillingness to go to a health centre to receive the vaccination, as this was reported as a barrier for only 3 per cent of the children.

Maternal health

Around one-third of households (32 per cent) reported at least one pregnancy in the household or one woman who had given birth in the year prior to data collection. This figure was similar across population groups, although a slightly higher proportion of non-beneficiary households (35 per cent) and UNICEF beneficiary households (not Makani) (34 per cent) reported it compared to Makani beneficiary households (28 per cent). 42 per cent of households with at least one pregnant woman or woman who had recently given birth reported having registered for antenatal care (ANC)⁹² in a health centre. Of those that had received antenatal care during the pregnancy, almost all the households (96 per cent) reported to have seen a doctor, and the rest reported having seen a nurse or mid-wife.

Impact and awareness of COVID-19

⁹¹ Multiple options could be selected.

⁹² ANC refers to care provided by skilled healthcare 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.

⁹³ This may include suspected and/or confirmed cases of COVID-19.

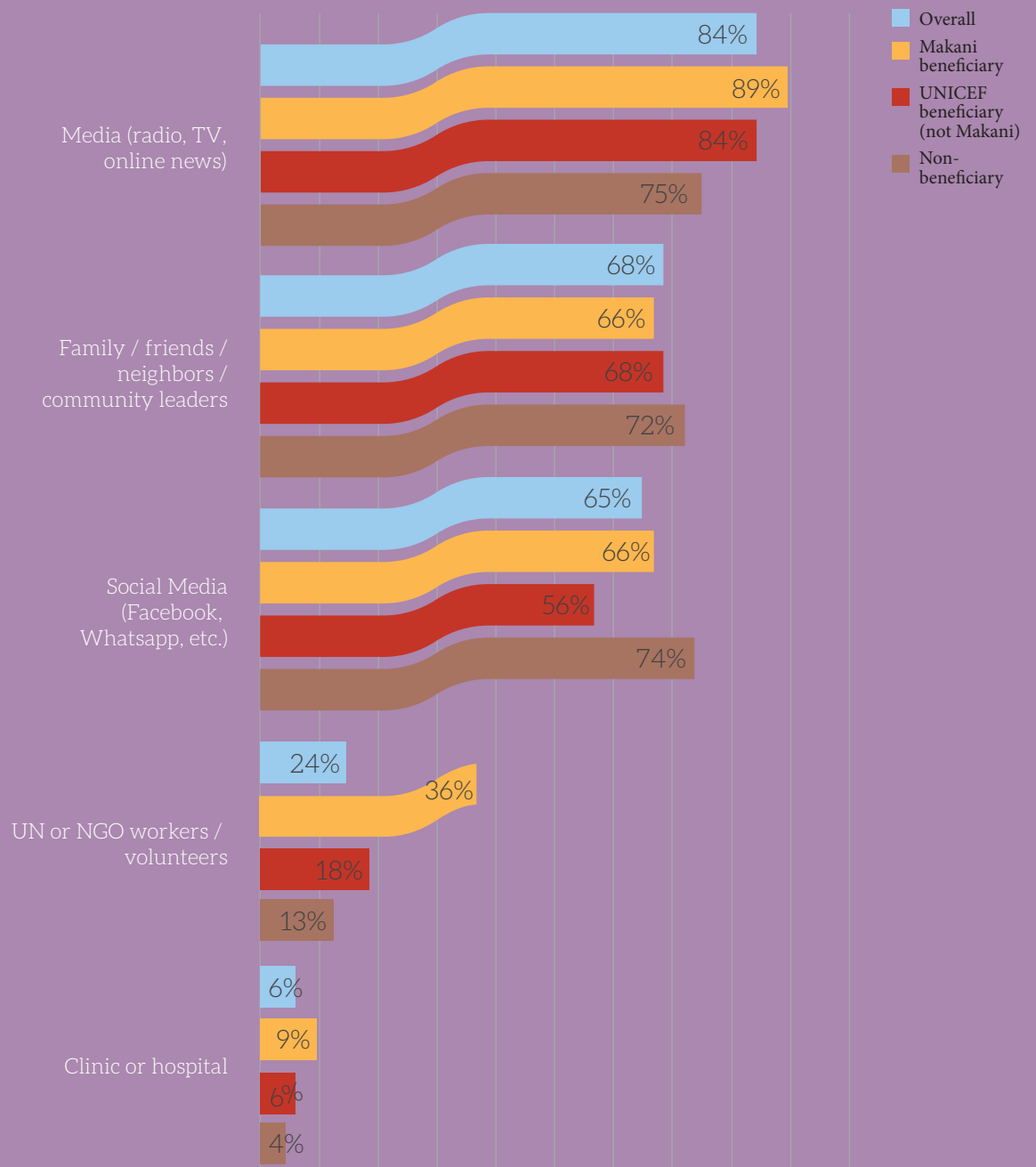
⁹⁴ Differences between Pakistani and Syrian households are significant as the p-value is < 1%.

⁹⁵ United Nations Children's Fund, *Socio-economic assessment of children and youth in the time of COVID-19*, UNICEF Jordan, August 2020, <www.unicef.org/jordan/media/3041/file/Socio%20Economic%20Assessment.pdf>, last accessed 25 May 2021.

Given the presence of COVID-19 as a major health concern in Jordan at the time of data collection, households were asked to report their awareness of and main sources of information about the COVID-19 pandemic. Almost all households (99 per cent) reported that they had heard about COVID-19. The main reported sources of information on the COVID-19 situation were: media, including radio, TV and online news (84 per cent), family members, friends, neighbours or religious leaders (68 per cent), and social media (65 per cent) (Figure 23). Although findings were similar across population groups, a higher proportion of Makani beneficiary households (36 per cent) received their information from UN or NGO workers, whilst a higher proportion of non-beneficiary households (74 per cent) reported social media to be their source of information compared to other households.

Less than 2 per cent of households (n=7) reported knowing someone who had COVID-19 either at the time of data collection or previously,⁹³ the majority of whom were based in Al Mafraq. Of these 7 households, the main reported precautions they had taken were wearing a mask, staying at home, and keeping social distance. Even though almost all households had heard about COVID-19-pandemic, 16 per cent of households did not know how to seek testing and treatment if a household member had been exposed to the virus, particularly Pakistani households (42 per cent).⁹⁴ This reflects a similar finding in UNICEF's socio-economic assessment of the impact of COVID-19 on vulnerable households in 2020, that 16 per cent of households did not know where to seek treatment if a household member was infected COVID-19.⁹⁵

Figure 23: Percentage of households by the main reported source of information on COVID-19, by population group⁹⁶



⁹⁶ Multiple options could be selected.

Nutrition and Food Security

Food consumption and scarcity

The level of food security of households was measured using the Food Consumption Score (FCS) Index.⁹⁷ The majority of households were found to have an acceptable FCS (57 per cent), whilst almost half of households (43 per cent) were found to have either a borderline FCS (32 per cent) or a poor FCS (11 per cent) (Figure 24). There were slight differences across the population groups, with a lower proportion of Makani beneficiary households found to have a poor or borderline FCS (38 per cent) compared to UNICEF beneficiary households (not Makani) (47 per cent) and non-beneficiary households (43 per cent).⁹⁸

Despite most households being found to have an acceptable FCS, the majority of households reported relying on unsustainable food sources as their main source of food over the 30 days prior to data collection (Table 8). The most commonly reported source of food was food aid (from civil society, NGOs, government, WFP, etc.), by 79 per cent of households. A higher proportion of Makani beneficiary households and UNICEF beneficiary households (not Makani) reported food aid (88 per cent and 80 per cent, respectively) as the main primary source compared to non-beneficiary households (70 per cent). The second most common food source for households overall and across all population groups was market purchase with cash, for 17 per cent of all households.

The fact that almost half of households (43 per cent) were found to have either a borderline or poor FCS was also reflected in **reports of food scarcity amongst households**. 29 per cent of households reported that there was a time when the household did not have access to enough food within the 7 days prior to data collection (Figure 25). This finding is similar to that observed in the COVID-19 multi-sectoral rapid needs assessment in Jordan which determined that 29 per cent of Syrian households and 26 per cent of households in ITs did not have enough food to eat in the week prior to data collection.⁹⁹ Although differences across population groups were small, a higher proportion of non-beneficiary households (34 per cent) reported a time when the household did not have access to food compared to both Makani beneficiary households (25 per cent) and UNICEF beneficiary households (not Makani) (28 per cent). Of those households that reported lacking access to food in the 7 days prior to data collection, the most commonly reported reason for food scarcity was a lack of money to buy food (81 per cent).

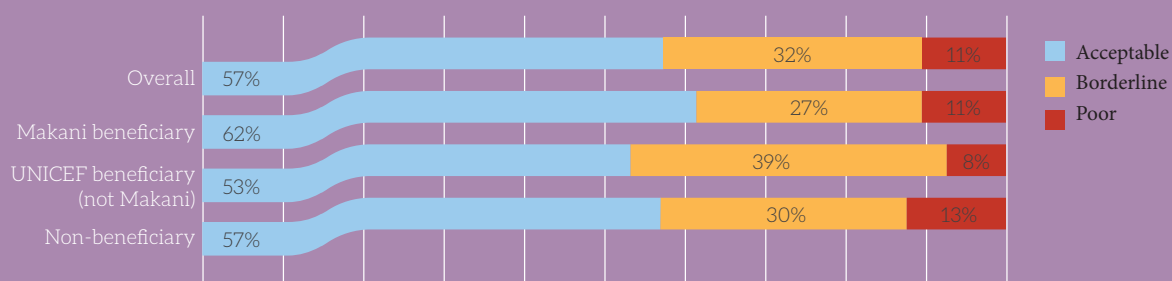
Another indication of levels of food scarcity is the number of meals available for children in the household. Almost a quarter of households with children aged under 18-years old reported children eating less than three meals per day (24 per cent) in the 7 days prior to data collection, with small differences across population groups. This corresponds to the findings in UNICEF's socio-economic assessment of the impact of COVID-19 that 28 per cent of vulnerable households

97 The Food Consumption Score (FCS) is a score calculated using the frequency of consumption of different food groups consumed by a household during the 7 days before data collection. More information about FCS is included in Annex 2. Source: World Food Programme, 'Meta data for the Food Consumption Score (FCS) Indicator', WFP, <

98 No statistically significant differences were found in the FCS score between members of other groups of interest: household size, gender of head of the household, and nationality.

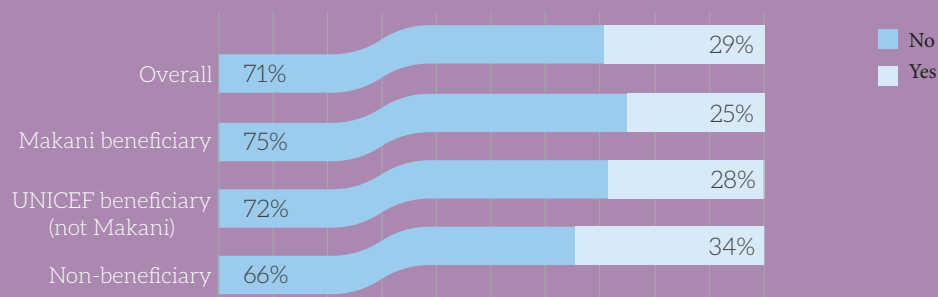
99 UNHCR, UNICEF and WFP, *Multi-sectoral rapid needs assessment: COVID-19 – Jordan, 2020*, <www.unicef.org/jordan/media/2441/file/RAN.pdf>.

Figure 24: Percentage of households by Food Consumption Score (FCS), by population group

Table 8: Main source of food reported by households in the 30 days prior to data collection, by population group¹⁰⁰

	Overall	Makani beneficiary	UNICEF beneficiary (not Makani)	Non-beneficiary
Food aid (civil society, NGO, government, WFP, etc.)	79%	88%	80%	70%
Market (purchase with cash)	17%	7%	18%	27%
Market (purchase on credit)	2%	3%	1%	1%
Own production (crops, animal)	1%	0%	0%	2%
Borrowed	1%	1%	1%	0%
Gift (from family / relatives / friends)	1%	1%	1%	1%

Figure 25: Percentage of households reporting a time in the 7 days prior to data collection when the household did not have enough food

¹⁰⁰ Multiple options could be selected.

reported children going to bed hungry during lockdown.¹⁰¹ Makani beneficiary households were most likely to report children eating less than three meals a day (27 per cent) compared to non-beneficiary households (24 per cent) and UNICEF beneficiary households (not Makani) (20 per cent).

Infant feeding

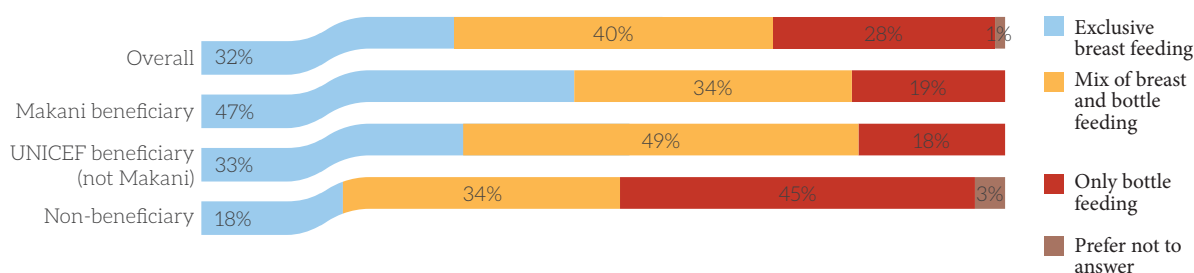
Households with a reported pregnancy or a woman that had given birth in the year prior to data collection were asked how they feed or intend to feed their child aged 0 to 6 months. Within these households, 32 per cent reported exclusive breastfeeding, 39 per cent reported a mix of breast and bottle feeding, and 28 per cent reported only bottle feeding, with notable differences across population groups (Figure 26). Specifically, Makani beneficiary households reported breastfeeding as the main method of feeding (47 per cent), whilst a mix of breast and bottle feeding was the main method for UNICEF beneficiary households (not Makani) (49 per cent), and only bottle feeding was reported as the

main method by the highest proportion of non-beneficiary households (45 per cent). Further research may be needed to understand the reason for these differences between population groups.

Livelihood-based coping strategies

Households may adopt livelihood-based coping strategies to deal with situations of food scarcity. In total, 95 per cent of households reported using at least one livelihood-based coping strategy in the 30 days prior to data collection, meaning that only 5 per cent of households managed to meet their basic needs without adopting any coping strategies. This reflects the findings in UNICEF's assessment of the socio-economic impact of COVID-19 in Jordan that a high proportion of vulnerable households with children and youth (80 per cent) are adopting negative coping strategies to meet their basic needs, particularly Syrian households (94 per cent)¹⁰² which make up the majority of households in this assessment (95 per cent).

Figure 26: Of households with a reported pregnancy or a woman having recently given birth, percentage of households by how they feed or intend to feed infants (aged 0–6 months)¹⁰³



101 UNICEF Jordan, *Socio-economic assessment of children and youth in the time of COVID-19, 2020*, <www.unicef.org/jordan/media/3041/file/Socio%20Economic%20Assessment.pdf>.

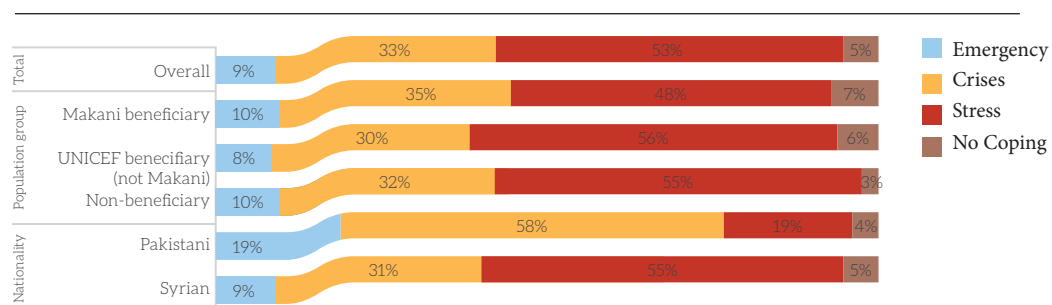
102 UNICEF Jordan, *Socio-economic assessment of children and youth in the time of COVID-19, 2020*, <www.unicef.org/jordan/media/3041/file/Socio%20Economic%20Assessment.pdf>.

103 Findings relating to a subset of the population may have a lower confidence level and a wider margin of error.

Negative coping strategies were classified into three of four categories based on level of severity: emergency, crisis, stress, and – where no such strategies are involved – none.¹⁰⁴ Around half of the households (53 per cent) were found to engage in stress coping strategies, followed by crisis (33 per cent) and emergency coping strategies (9 per cent) (Figure 27).¹⁰⁵ No major differences were found

across population groups, however, statistical tests showed that a significantly higher proportion of Pakistani households engaged in emergency (19 per cent) and crisis strategies (58 per cent) compared to Syrian households (9 and 31 per cent, respectively).¹⁰⁶ No significant differences were found between male- and female-headed households or households of different sizes.

Figure 27: Percentage of households by livelihood-based coping strategy severity, by population group and nationality



Of the 95 per cent of households that were found to adopt negative coping strategies, the most commonly reported coping strategies were the purchase of food on credit or borrowing money to purchase food (87 per cent), followed by spending less money

on other needs (42 per cent), and reduced expenditure on health treatments and education (32 per cent). The main reported coping strategies follow the same order across the three population groups, with only slightly different proportions for each (Table 9).

Table 9: Percentage of households using livelihood-based coping strategies during the 30 days prior to data collection, by population group¹⁰⁷

Livelihood-Based Coping Strategies	Overall	Makani beneficiary	UNICEF beneficiary (not Makani)	Non-beneficiary
Spent savings	19%	21%	19%	16%
Bought food on credit or borrowed money to buy food	87%	86%	89%	85%
Spent less money on other needs	42%	46%	36%	45%
Sold household assets	14%	12%	16%	15%
Sold productive goods	2%	1%	4%	1%
Sold house, land or car	0%	0%	0%	0%
Reduced expenditure on health treatments and education	32%	34%	31%	31%
Taken jobs that are high risk	10%	11%	9%	11%
Sent child household members to work	0%	0%	0%	0%
Changed the place of residence or type to reduce rent expenses	0%	0%	1%	0%

104 Household livelihood-coping strategies were categorised based on the index used in the WFP and REACH 2018 *Jordan Comprehensive Food Security and Vulnerability Assessment*, <www.wfp.org/publications/wfp-jordan-comprehensive-food-security-and-vulnerability-assessment-2018>. Additional information on the index is outlined in Annex 2.

105 Households are categorised into the three categories (stress, crisis, emergency) according to the most severe coping strategy being used by any household member in the 30-day period.

106 Differences are statistically significant (p-value < 1 per cent).

107 Findings disaggregated by population groups are not representative.

Priority food needs

The majority of households (94 per cent) reported having at least one immediate food need (Table 10). The main priority food need reported by 42 per cent of households was an increase in food quantity, followed by an increase in food diversity by 35 per cent of households, and kitchen support by 14 per cent of households. These three priority food needs were similar across population groups.

Impact of COVID-19

The impact of COVID-19 on households' food security was found to be high, with similarities in the level of impact reported across types of population groups. Two-thirds of households (66 per cent) reported that COVID-19 had impacted household food security to a

large extent, and 21 per cent reported a moderate impact. Only 3 per cent of households reported that the COVID-19 situation had not had an impact on the level of food security.

Information from KIIs confirmed that the COVID-19 pandemic had a major impact on food security across ITSs. The majority of both male and female KIIs reported that COVID-19 had impacted the settlement's food security situation to a large extent, with a higher number of male respondents (n=16) reporting a large impact on food security compared to female KIIs (n=12). The main reason COVID-19 had an impact on food security, as reported by these KIIs, related to the curfew and movement restrictions.

Table 10: Most immediate food needs reported by households, by population group¹⁰⁸

	Overall	Makani beneficiary	UNICEF beneficiary (not Makani)	Non-beneficiary
Increase food quantity	42%	38%	46%	43%
Increase food diversity	35%	37%	35%	33%
Kitchen support	14%	13%	10%	17%
No immediate needs	6%	7%	7%	3%
Cooking utensils	2%	3%	2%	1%

¹⁰⁸ Multiple options could be selected.

Water, Sanitation and Hygiene (WASH)

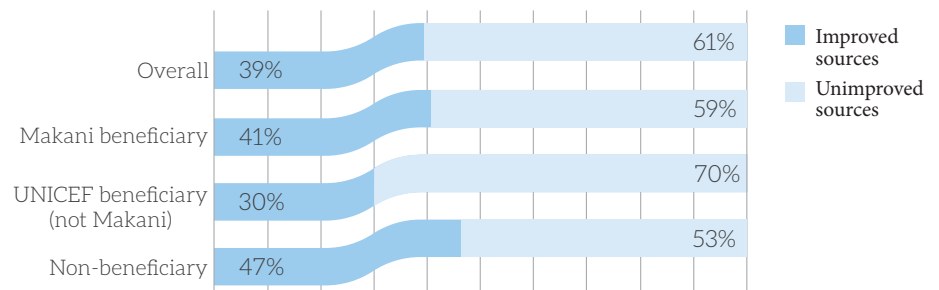
Sources of water

The majority of households (61 per cent) reported using mainly unimproved sources of drinking water¹⁰⁹ at the time of data collection (Figure 28). This was mostly driven by the fact that over half of households (59 per cent) reported tanker filling as the main source, including for each population group. In the 2020 REACH MSNA of VOCs in Jordan, a similar proportion of households (55 per cent) were found to use water trucking as their main source of drinking water.¹¹⁰ The second and third most common sources were purified mineral water (24 per cent) and artesian wells (13 per cent). UNICEF beneficiary households (not Makani) were the most likely to report using unimproved sources of drinking water (70 per cent), namely due to the fact that a higher proportion of these

households used tanker filling as the main source (68 per cent).

No significant differences were found between households headed by a male or female, as 60 per cent of female-headed households and 61 per cent of male-headed households were found to use unimproved sources, with tanker filling being the main source for both (57 and 60 per cent, respectively). Some differences were found across governorates, with the majority of households in Al Balqa, Al Mafraq, and Amman reporting tanker filling as the main source (100 per cent, 62 per cent, and 62 per cent, respectively), whilst households in Al Karak most commonly reported purified mineral water as the main source (66 per cent), and households in Irbid reported both purified mineral water and tanker filling as the main sources (47 per cent).¹¹¹

Figure 28: Percentage of households that reported using an improved source as the household's primary source of drinking water, by population group



¹⁰⁹ Improved water sources are those that are protected from outside contamination through either active intervention or by the nature of their construction. Source: DHS Program, *Jordan Population and Family Health Survey: 2017–2018*, March 2019, <<https://dhsprogram.com/pubs/pdf/FR346/FR346.pdf>>, last accessed 25 May 2021. Improved sources of drinking water included: artesian well, purified mineral water, public water network, rainwater, spring (protected). Unimproved sources included: water spring (unprotected), tanker by UNICEF, tanker filling, and other.

¹¹⁰ REACH, *Jordan Multi-Sector Needs Assessment of VOC*, 2020, <<https://reliefweb.int/sites/reliefweb.int/files/resources/REACH-Jordan-VOC-Assessment-Final-Report-May-2020.pdf>>.

¹¹¹ Statistical tests showed that there were significant differences between governorates (p -value < 1 per cent). Findings for Ma'an are not reported at the governorate level as only one household in Ma'an was included in the sample.

Households used similar sources of water for household purposes (e.g., cooking, cleaning, and washing); the majority of households (57 per cent) reported tanker filling as the main source across all three population groups. The second main source was artesian wells (23 per cent) followed by both bottled water and the public water network as a joint third (7 per cent). As with sources of drinking water, a higher proportion of UNICEF beneficiary households (not Makani) (70 per cent) reported using tanker filling as the main source of water for other household purposes, compared to Makani beneficiary households (58 per cent) and non-beneficiary households (43 per cent).

Access to water

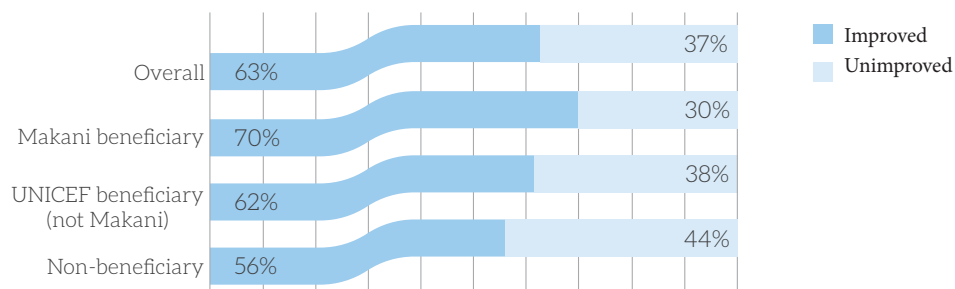
Around half of the households (51 per cent) reported facing problems in accessing drinking or non-drinking water at the time of data collection, with no major differences across population groups. The main difficulties in accessing water reported by these households was water being too expensive (55 per cent), households not liking the water's taste (35 per cent), and the household not owning water tanks (18 per cent). Households that

reported facing barriers in accessing water (51 per cent) were asked about the coping strategies they used to deal with these challenges. **The main coping strategies reported by these households involved borrowing either money or water:** 55 per cent reported borrowing water from family or neighbours, and 19 per cent reported borrowing money to buy water. The third most common coping strategy was asking for a tanker (8 per cent). Borrowing water from family or neighbours was the main coping strategy for all three population groups.

Sanitation practices

To identify sanitation practices, households were asked about the type of latrine they were using, access to communal or private toilets, and access to hand soap. **The majority of households (63 per cent) were found to be using improved sanitation facilities¹¹² with differences across population groups** (Figure 29). The main type of latrine reportedly used by households was a flush-to-pit latrine (40 per cent) followed by a pit latrine without slab or open pit for a third of households (33 per cent). A higher proportion of Makani beneficiary households (70 per

Figure 29: Percentage of households by the use of improved or unimproved latrines, by population group



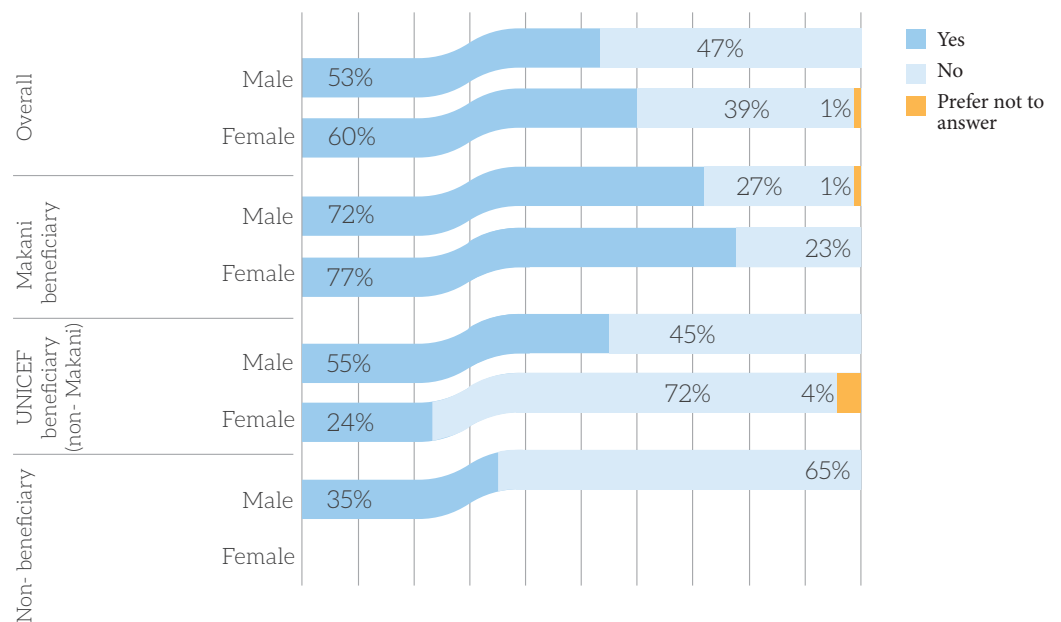
¹¹² Improved sanitation facilities are those designed to hygienically separate excreta from human contact. In accordance with global guidance, improved latrines included: flush to piped sewer system, flush to pit latrine, flush to septic tank, ventilated improved pit (VIP), and pit latrine with slab. Unimproved latrines included: bucket toilet, flush to don't know where, flush to somewhere else, open defecation (no facility/bush/field) and pit latrine without slab or open pit. Source: United Nations Children's Fund and World Food Programme, Joint Monitoring Programme (JMP) for Water Supply and Sanitation, UNICEF and WFP, <<https://washdata.org/monitoring/sanitation>>, last accessed 25 May 2021.

cent) and UNICEF beneficiary households (not Makani) (62 per cent) reported using improved sanitation facilities compared to non-beneficiary households (56 per cent), which may be explained by the provision of sanitation services by UNICEF to these households; however, this cannot be directly inferred from the data.

Almost half of the households (46 per cent) reported not having access to a private toilet, with notable differences across population groups. Non-beneficiary households were most likely to report not having access to a private toilet (65 per cent), followed by UNICEF beneficiary households (not Makani) (49 per cent), whilst less than a third of Makani beneficiary households reported no access (26 per cent). **Access to a private toilet also differed by gender of the**

head of household (Figure 30). Overall, a higher proportion of male-headed households (47 per cent) reported not having access to a private toilet compared to female-headed households (39 per cent), however, for UNICEF beneficiary (not Makani) households specifically, a notably higher proportion of female-headed households reported not having access to a private toilet (72 per cent compared to 45 per cent for male-headed households).¹¹³ Further research may be required to explain these differences. In contrast, **almost all households reported having access to a communal toilet (94 per cent),** with no major differences across population groups. On average, households with access to a communal toilet reported sharing the toilet with 2.7 other households.

Figure 30: Percentage of households with access to a private toilet, by population type, and gender of head of household¹¹⁴



¹¹³ Statistical tests showed that the differences between population groups for both male- and female-headed households were significant (p-value < 1%).

¹¹⁴ Statistical tests showed that the differences between population groups for both male- and female-headed households were significant (p-value < 1%).

KIs provided further information regarding the main challenges faced in accessing latrines as well as in using communal latrines. The main three challenges for site residents in accessing latrines or toilets, as reported by both male and female KIs, were a lack of sufficient facilities (female: n=15, male: n=15), no lighting in place (female: n=15, male: n=10), and no lock/bolt in place (female: n=15, male: n=7). In general, a higher number of female KIs reported challenges in accessing latrines, particularly non-beneficiary female KIs.

The top two challenges reported by KIs in using communal latrines were locking the door and a lack of appropriate lighting, each reported by a higher number of female KIs (n=15 for both) than male KIs (n=10 for both). The fact that a higher number of female KIs reported security-related challenges both in accessing latrines and in using communal toilets (i.e., concerns related to the lighting and lock/bolt) than male KIs suggests that they may be more aware when latrines are not safe, or, alternatively, that these specific challenges are more likely to create safety concerns for female members of the ITS.

Finally, in terms of access to sanitary items, **findings showed high levels of access across households to hand soap**, regardless of the population group. The vast majority of households (89 per cent) reported having access to soap for hand washing. Of the 11 per cent of households that reported not having access to hand soap, the main reason was that hand soap is too expensive (as reported by 94 per cent of those households).

Main WASH needs

The majority of households (90 per cent) reported having at least one priority WASH need (Table 11). **The primary WASH needs reported were access to latrines (45 per cent), provision of drinking water (36 per cent) and water delivery (4 per cent).** There was found to be some variation across population groups. Firstly, a higher proportion of non-beneficiary households reported having at least one priority WASH need (96 per cent) compared to Makani beneficiary (89 per cent) and UNICEF beneficiary households (not Makani) (87 per cent). Additionally, the majority of non-beneficiary households reported latrines as their priority WASH need (64 per cent), whilst the top priority WASH need reported by UNICEF beneficiary households (both Makani and not Makani) was the provision of drinking water (around 40 per cent). The most likely explanation for this difference, and the fact that a notably higher proportion of non-beneficiary households reported latrines being their priority WASH need compared to UNICEF beneficiary households (Makani and not Makani) (a difference of 28 percentage points), is the finding that non-beneficiary households were least likely to report having access to both improved latrines and private toilets.

Table 11: Priority WASH needs reported by households, by population group¹¹⁵

	Overall	Makani beneficiary	UNICEF beneficiary (not Makani)	Non-beneficiary
Access to latrines	45%	36%	36%	64%
Providing drinking water	36%	41%	40%	25%
No need	10%	11%	13%	4%
Water delivery	4%	2%	6%	3%
Water treatment	2%	4%	1%	1%
Sewage	2%	2%	3%	1%
Showers	1%	1%	1%	1%
Solid waste management	1%	1%	0%	0%

Aside from WASH needs, households were also asked to report on their priority NFI needs. The vast majority of households reported at least one priority NFI need (95 per cent) (Table 12). The most commonly reported priority NFI need was mattresses,

reported by 39 per cent of households, followed by blankets for 33 per cent of households and clothing for 11 per cent of households. No major differences were found across population groups.

Table 12: Priority NFI needs reported by households, by population group¹¹⁶

	Overall	Makani beneficiary	UNICEF beneficiary (not Makani)	Non-beneficiary
Mattresses	39%	35%	40%	42%
Blankets	33%	28%	32%	41%
Clothing	11%	16%	10%	7%
Hygiene Kits	8%	8%	10%	5%
No immediate needs	5%	7%	4%	4%
Cooking Utensils	3%	2%	4%	2%
Masks	0%	0%	0%	0%
Disinfectant Gel	0%	0%	0%	0%

The KIs reaffirmed the priority of WASH and sanitation needs for households living in ITs. **The majority of female KIs reported WASH and sanitation to be the first priority need of the settlement.** This was reported by almost half (n=12) of female KIs, the majority of whom (n=8) were Makani beneficiaries. WASH and sanitation were also considered

an important priority for male KIs, albeit to a smaller extent, with 6 male KIs reporting these as the main priority needs for the settlement. However, there was some disparity in terms of the priority needs identified by male and female KIs as the main priority need reported by male KIs (n=9) was shelter support rather than WASH and sanitation.

¹¹⁵ Multiple options could be selected.

¹¹⁶ Multiple options could be selected.

Youth Engagement and Social Inclusion

Social inclusion

Social inclusion refers to the processes of improving the ability and opportunities for individuals and groups to take part in society.¹¹⁷

Households were found to place a high value on social inclusion, with a large majority (88 per cent)¹¹⁸ reporting that social inclusion was either important or very important to them (Figure 31). A larger proportion of Makani beneficiary households reported that social inclusion was very important (51 per cent) compared to other population groups (38 per cent for UNICEF beneficiary households (not Makani), and 30 per cent for non-beneficiary households).

In addition to placing the highest value on social cohesion, **a higher proportion of Makani beneficiary households reported children and youth (aged 15–24) in the household to be engaged in community services** (e.g., volunteering with organizations, NGOs or companies) in the year prior to data collection (18 per cent compared to 12 per cent of UNICEF beneficiary households (not Makani), and 1 per cent of non-beneficiary households). All households with children and youth engaged in community services reported that they had developed competencies as a result of the activities, the main competency being **teamwork**.

Makani beneficiary households were also most likely to agree that volunteering makes a community more supportive. Over a third (37 per cent) of Makani beneficiary households reported that they strongly agreed with this statement, compared to 19 per cent of UNICEF beneficiary households (not Makani), and 18 per cent of non-beneficiary households (Figure 32). Findings show that it may be more

difficult for girls to volunteer, as almost a third of households (30 per cent) either strongly agreed or agreed that there were risks to girls who engage in their community (e.g., volunteering); however, the majority either disagreed or strongly disagreed (54 per cent).

The high level of importance of social inclusion was not found to correspond to children or adolescents' sentiments of exclusion of from the community. Social exclusion means individuals are blocked from (or denied full access to) rights, opportunities and resources that are normally available to members of a different group.¹¹⁹ The findings showed that **feelings of exclusion amongst children or youth across all three population groups were relatively uncommon**, as only 3 per cent of households reported children or youth in the household having felt excluded in the 4 months prior to data collection, with a minimal difference across population groups.

Priority needs of adolescents and youth

Households reported on the main priority needs of adolescents and youth in their household.

The top three most commonly reported needs across all population groups were: education (67 per cent), work (60 per cent), and vocational training (57 per cent) (Table 13). This demonstrates that the main priorities for young people and adolescents relate to either gaining employment opportunities or improving skills and knowledge to increase employability. The top priority need of adolescents and youth in non-beneficiary households was work (79 per cent), whilst it was education for both Makani beneficiary households (74 per cent) and UNICEF beneficiary households (not Makani) (69 per cent). **UNICEF beneficiary households may therefore place a higher value on education as a means to employment, whilst non-beneficiary households tend to prioritize employment itself.**

¹¹⁷ United Nations, *Report on the World Social Situation*, UN, 2016, p. 17, <www.un.org/esa/socdev/rwss/2016/chapter1.pdf>, last accessed 25 May 2021.

¹¹⁸ The 1% difference compared to the graph (Figure 25) (88%) is due to the rounding of the figures.

¹¹⁹ UN, *Report on the World Social Situation*, 2016, p. 17, <www.un.org/esa/socdev/rwss/2016/chapter1.pdf>.

Figure 31: Percentage distribution of the range of levels of importance attributed by households to social inclusion, by population group

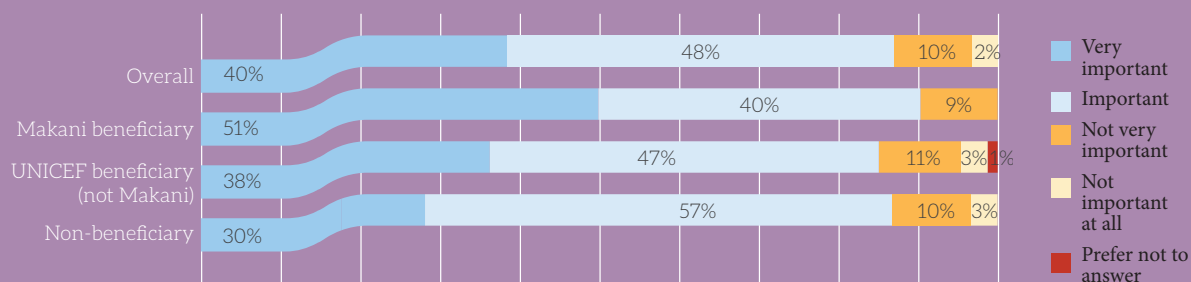
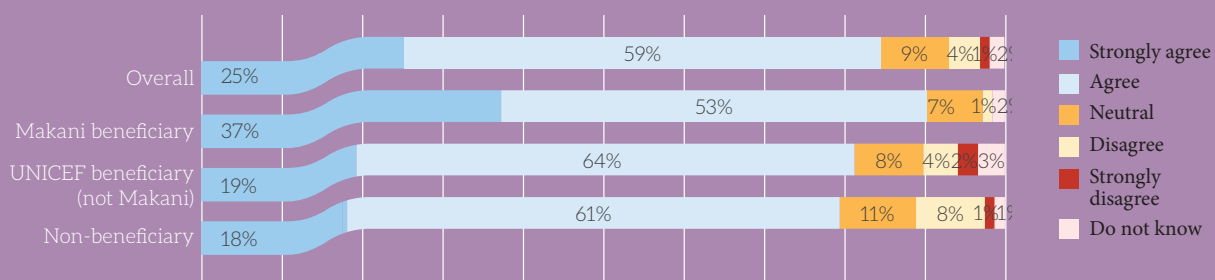


Figure 32: Percentage distribution of the range of levels of agreement reported by households that volunteering makes a community more supportive, by population group

Table 13: Percentage of priority needs of adolescents and youth, by population group¹²⁰

	Overall	Makani beneficiary	UNICEF beneficiary (not Makani)	Non-beneficiary
Education	67%	74%	69%	47%
Work	60%	53%	58%	79%
Vocational training	57%	55%	57%	61%
Safe community spaces	35%	38%	34%	28%
Sanitary needs & privacy	34%	35%	31%	36%
Social support	31%	35%	27%	28%
Social connection	28%	32%	24%	24%
Psychosocial support	7%	10%	4%	4%

120 Multiple options could be selected.

Child Protection and Security

Child protection

Children working

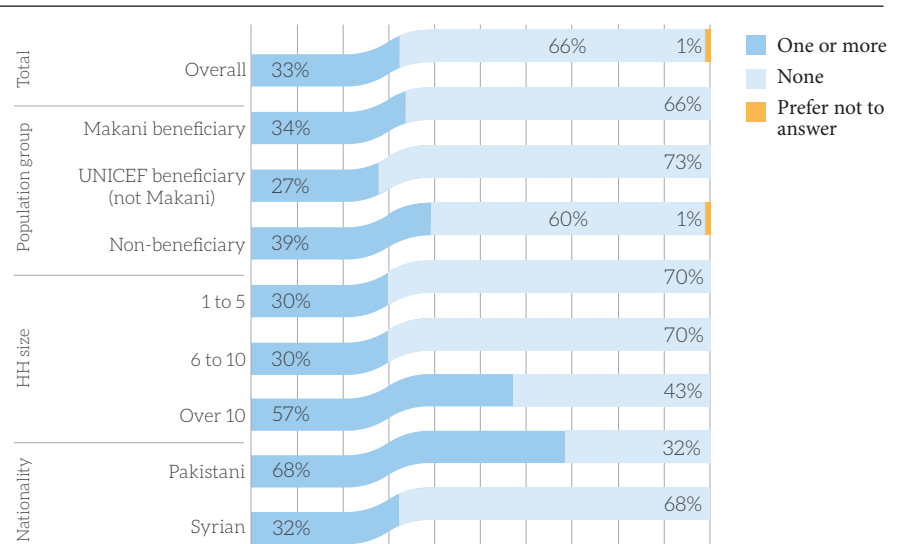
Around one-third of households with children under 18-years old (33 per cent) reported that at least one of these children had worked in the 6 months prior to data collection (Figure 33). A higher proportion of non-beneficiary households reported a child having worked (39 per cent) compared to Makani beneficiary households (34 per cent) and UNICEF beneficiary households (not Makani) (27 per cent). Differences were found between households of different sizes,¹²¹ as over half of large households (over 10 members) (57 per cent) reported children working compared to 30 per cent of both small- and medium-sized households. Additionally, Pakistani households were more likely to report children working (68 per cent) compared to Syrian households (32 per cent).^{122, 123}

Of the 33 per cent of households reporting children having worked, the majority (65

per cent) reported one child working. The main activities they were reported having performed were producing or selling goods (e.g., handicrafts, clothes, food, agricultural products) (61 per cent) and working in the household’s plot or farm or looking after animals (37 per cent). Of the 66 per cent households with no children that had worked, around one-third (32 per cent) reported that their child would accept working opportunities in the two weeks after data collection.

KIIs provided insight into the main reasons that children in ITSs are working. The main two reasons reported by KIIs, across both genders, were that the child supplements the household income (male KIIs: n=14; female KIIs: n=16) and that children working is the only source of income for the household (male KIIs: n=11; female KIIs: n=16). In both cases, therefore, **the main reasons are related to the income needs of the household.**

Figure 33: Percentage of households reporting children (under 18-years old) having worked during the 6 months prior to data collection, by population group, household size, and nationality



121 Differences are statistically significant (p-value < 1 per cent).

122 Differences between Syrian and Pakistani households are statistically significant (p-value < 1 per cent).

123 No significant differences were found between male- and female-headed households.

Child Marriage

Households were asked to report on their perceptions of child marriage as well as any intentions they might have to marry one of their children (aged under 18). **Around two-thirds of households (67 per cent) were found to either strongly disagree or disagree that girls can get married before the age of 18** (Figure 34). Variation was found between population groups in terms of perceptions of the acceptability of girl marriage.

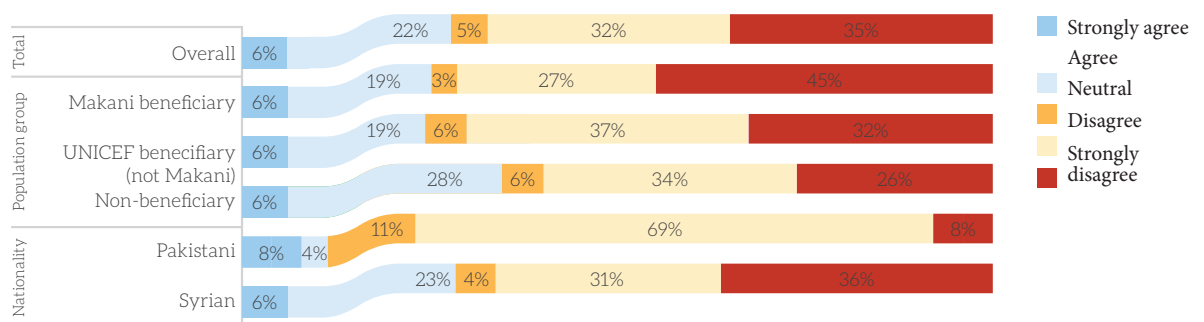
A lower proportion of non-beneficiary households (60 per cent) either strongly disagreed or disagreed with the statement “Girls can get married before the age of 18” compared to Makani beneficiary households (72 per cent) and UNICEF beneficiary households (not Makani) (70 per cent). Additionally, significant differences were found across nationality of the household, as a higher proportion of Pakistani households (77 per cent) either disagreed or strongly disagreed that girls could get married before the age of 18 compared to Syrian households (67 per cent).¹²⁴

Aside from findings on household perceptions of girl marriage, households were also asked about whether they had actual intentions to marry a child under the

age of 18. Almost one-fifth of households (18 per cent) reported intending to marry one of their children under the age of 18. In contrast to household perceptions of child marriage, for this indicator, there was almost no variation across population groups. However, this difference may relate to the fact that the question covered both girls and boys, whilst the indicator on acceptance of child marriage was limited to girls under the age of 18.

In comparison to levels of household acceptance of girl marriage, **a lower proportion of households reported a preference for girls staying at home instead of going to school**. Less than one-fifth of households (17 per cent) reported strongly agreeing or agreeing with the statement: “It is better if girls stay at home instead of going to school”. Nevertheless, similar to the findings on perceptions of girl marriage, a higher proportion of non-beneficiary households reported strongly agreeing or agreeing with the statement (26 per cent) compared to both Makani beneficiary households (12 per cent) and UNICEF beneficiary households (not Makani) (15 per cent). Therefore, the findings in this section suggest that **UNICEF beneficiary households (both Makani**

Figure 34: Percentage distribution of the extent of households’ agreement with the statement “Girls can get married before the age of 18”, by population group and nationality



124 These differences between Pakistani and Syrian households were statistically significant (p-value < 1%).

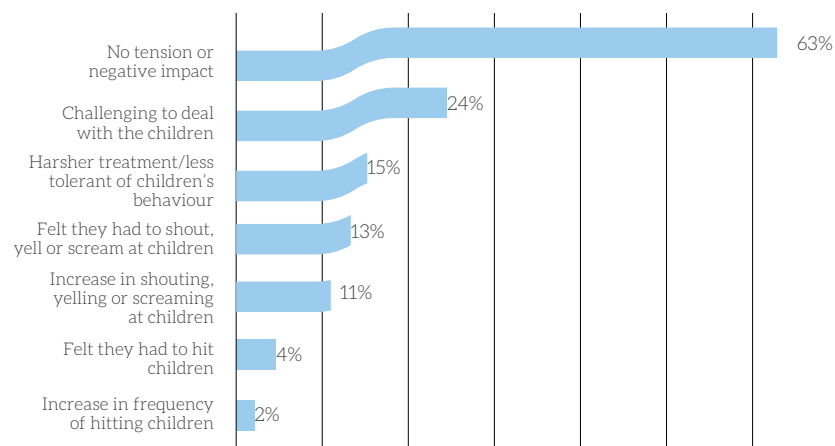
and not Makani) in ITSs have a stronger awareness of gender equality and the rights of girls compared to non-beneficiary households.

Impact of COVID-19 on interactions with children

Findings showed that the COVID-19 pandemic had, for the most part, **not resulted in a high proportion of protection concerns regarding the head of household and their spouse's interaction with children in the household.** Over half of households (63 per cent) reported no tension or negative impact, and the main impact reported by 24 per cent of households was that COVID-19 has made it more challenging to deal with children in the household (Figure 35). A small proportion of households reported the

head of household and/or spouse having increased either **intended or actual psychological and emotional violence** against children as a result of COVID-19; 15 per cent of households reported harsher treatment, 13 per cent reported having felt the need for verbal abuse (e.g., shouting, yelling, or screaming), and 11 per cent reported an actual increase in verbal abuse.¹²⁵ An increase in **intended or actual physical violence against children** was only reported by a small minority of households, as 4 per cent of households reported having felt they had to hit children and 2 per cent reported an actual increase in the frequency of hitting children. Nevertheless, these findings are based on self-reporting, and therefore, the presence of protection concerns as a result of the COVID-19 pandemic may be under-reported.

Figure 35: Percentage of households by the reported impact of COVID-19 on the interactions between the head of household and of the spouse with their children¹²⁶



¹²⁵ Multiple options could be selected.

¹²⁶ Multiple options could be selected.

Protection and security concerns

The presence of protection and security concerns in ITSs was further explored through the KIIs. The majority of KIs, both male (n=24) and female (n=20), reported no significant protection concerns for boys in the settlement. Of those KIs that did report a significant protection concern for boys, one male KI reported domestic violence as a significant concern, and one female KI reported harassment or fighting with other settlement members.¹²⁷ Similarly, only two KIs reported there to be significant protection concerns for girls in the settlement. Both were female KIs and reported harassment or fighting with members inside or outside of the settlement as a significant concern.¹²⁸

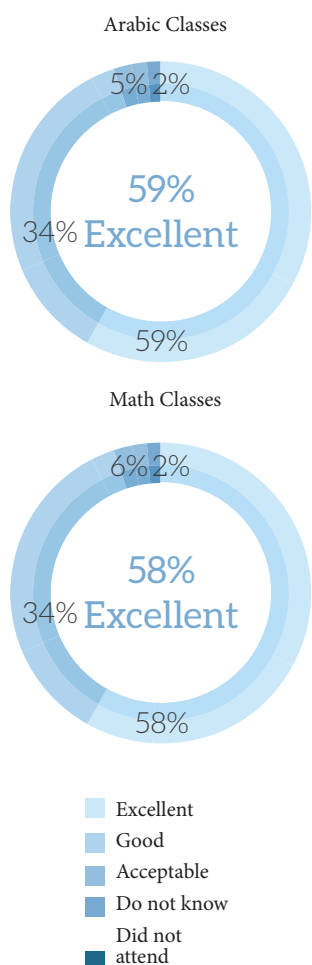
A minority of KIs (female: n=1, and male: n=1) reported that there were areas in the settlement in which boys

do not feel safe. These were reported to be the marketplace by one male KI and the water point by one female KI. In contrast, **a higher proportion of KIs, particularly female KIs, reported there to be areas in the settlement where girls do not feel safe** (female: n=8 and male: n=3). The main area reported by both male and female KIs to be unsafe for girls was WASH facilities, reported by a higher number of female KIs (n=7) than male KIs (n=2). The majority of these KIs were Makani beneficiaries (5 females), and the rest were UNICEF beneficiaries (not Makani) (2 females and 2 males). Additionally, one male and one female KI reported the market to be unsafe for girls. Nevertheless, despite these security concerns, almost all KIs (n=46) reported that no security incidents had occurred in the settlement in the 30 days prior to data collection.

¹²⁷ One male KI reported "other" as a protection concern for boys.

¹²⁸ Two male KIs reported "other" as a protection concern for girls.

Figure 36: Percentage distribution of the reported quality of Makani classes, by subject



Perceptions of UNICEF Services

Perceived quality of UNICEF services

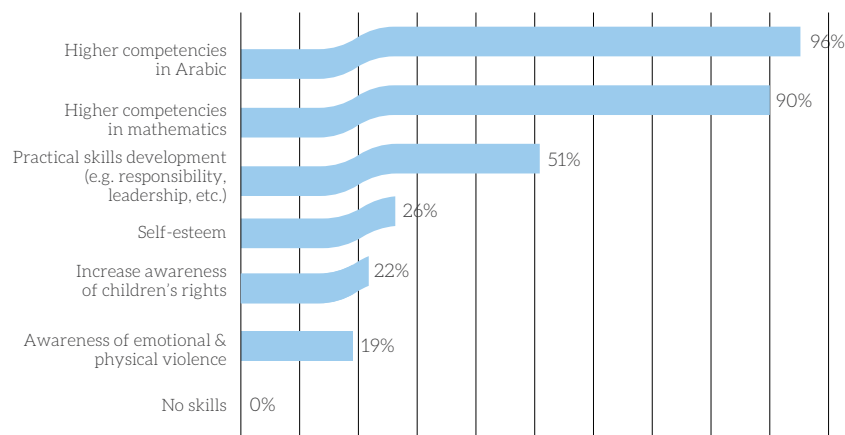
Makani services

Makani beneficiary households were highly positive about the provision of Makani services in their communities.

The majority of households with members using Makani services¹²⁹ (59 per cent) reported the quality of Makani Arabic classes to be excellent, and a similar proportion of these households (58 per cent) reported the quality of Makani

mathematics classes to be excellent (Figure 36). Concurrently, all of the households with members using Makani services reported these household members as having gained at least one skill as a result of using the services (Figure 37). The main skills attributed to the Makani services by these households were higher competencies in Arabic (96 per cent), higher competencies in mathematics (90 per cent), and the development of practical skills (51 per cent).¹³⁰

Figure 37: Percentage household attribution to Makani of skills received from the service¹³¹



Makani beneficiary households were also asked to report on the main improvements that they felt could help the Makani service to function more effectively. **The main improvement recommended by around three-quarters of households (73 per cent) was to have more variety of lessons**, for example, other languages, history or geography. This suggests that

households recognize that Makani service's educational value and would like to see an expansion of the service. The other two most commonly reported improvements, each reported by 40 per cent of households, were providing food and increasing the length of classes.

129 Overall, 40 per cent of households (n=245) reported having used Makani services.

130 Practical skills included: responsibility, stress management, leadership, active participation, innovation, creativity, and self-reliance.

131 Multiple options could be selected.

Figure 38: Percentage distribution of the reported quality of UNICEF education kits by beneficiary households

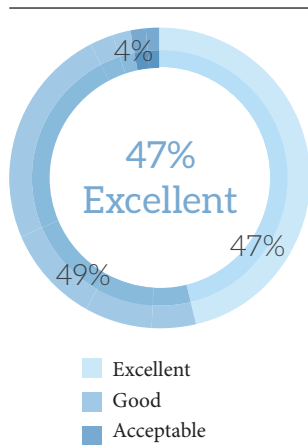
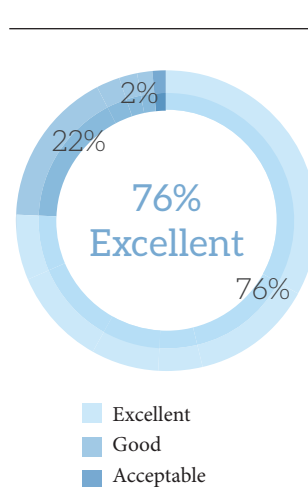


Figure 39: Percentage distribution of the reported quality of UNICEF school transportation services by beneficiary households



Provision of educational kits

Findings show **the majority of households receiving the UNICEF education kits¹³² consider them very important and of either excellent or good quality.** Most of these households reported that the delivery of these kits is very important to the household (64 per cent) and a quarter of the households (25 per cent) reported that they are important. Households were positive about the quality of the educational kits, with 47 per cent reporting them to be excellent and 49 per cent reporting them to be good (Figure 38). The most reported main improvement that these households felt would help the service to function better was the provision of a larger quantity of educational kits (61 per cent). Additionally, 22 per cent of households receiving the service reported that an improvement in the quality of the goods or service would help the service to function better.

School transportation services

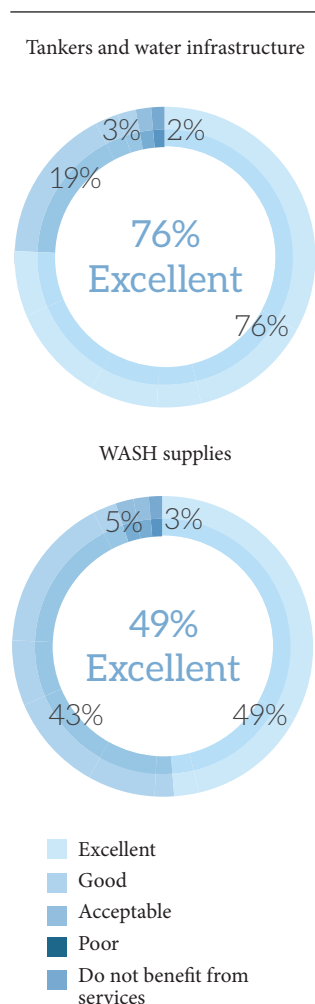
Transportation services delivered by UNICEF were generally found to be very important and of excellent quality by households receiving the service. Of the Makani beneficiary households with at least one child living in an ITS that received the school transportation services (n=100)

at the time of data collection, 98 per cent reported children and adolescents in the household as using school transportation, with only two Makani beneficiary households reporting that the child does not use the transportation. The majority of these households reported their children to be using the transportation five times per week (92 per cent). Almost three-quarters of these households (72 per cent) reported that school transportation was very important to the household. Additionally, around three-quarters of households receiving the school transportation services (76 per cent) rated the quality of the services to be excellent, and 22 per cent rated them as good (Figure 39).

Most of the households receiving the school transportation service (61 per cent) reported no need for any additional improvements to the service. Of the remaining households, the main three improvements that households recommended could help school transportation services to function more effectively were having more buses (25 per cent), gender segregation of buses (17 per cent), and segregation by age (13 per cent).

¹³² Twenty-seven percent (27%) of households (n=162) reported receiving education kits.

Figure 40: Percentage distribution of the quality reported by households of the UNICEF WASH services, by type of WASH service



WASH services

The **majority of UNICEF beneficiary households receiving WASH services perceived the services delivered to be either of excellent or good quality**,¹³³ with higher quality ratings given to water tanks and water infrastructure compared to WASH supplies (Figure 40). Around three-quarters of households receiving UNICEF tankers and water infrastructure services (76 per cent) rated the services to be excellent, and the majority of the remaining households rated the services as good (19 per cent). Almost half of the households receiving WASH supplies (e.g., hygiene, cleaning kits, etc.) (49 per cent) rated the service to be excellent, and a slightly smaller proportion (43 per cent) rated them as good.

Households also reported on their preferences for the modality by which WASH assistance is delivered. It was found that the vast majority of households (80 per cent) had a **preference for receiving hygiene supply assistance as cash assistance** compared to receiving them as in-kind assistance (20 per cent). This was generally consistent across population groups, with a slightly lower proportion of Makani beneficiary households preferring cash assistance (76 per cent) than UNICEF beneficiary households (not Makani) (81 per cent) and non-beneficiary households (83 per cent). Households were additionally asked whether they would purchase WASH facilities if half the total cost was covered as assistance. **The majority of households (73 per cent) reported that they would not proceed with a purchase of WASH facilities if half the**

total cost was covered, with similar findings across population groups.

Hajati COVID-19 cash assistance

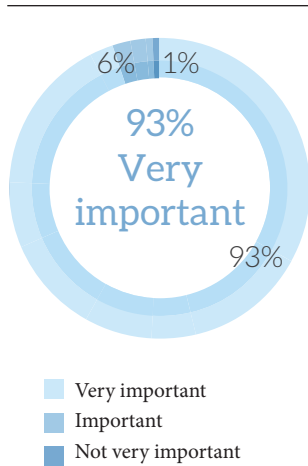
UNICEF's *Hajati* cash transfer programme assists children from vulnerable families that are either at risk of dropping out of school or currently out of school, to support their enrolment and retention in basic education and to mitigate negative coping mechanisms directly affecting children's wellbeing. The Hajati programme was initially supporting almost 11,000 children with cash assistance during the 2019/20 school year. After the onset of the COVID-19 pandemic, UNICEF temporarily expanded its cash transfer programme with an emergency cash component to cover an additional 3,900 vulnerable families from host communities, as well as more than 1,300 families living in informal tented settlements. This payment provided rapid assistance and enabled families to cover basic needs. The expansion covered almost 19,000 children ages 0–18. In total, throughout the COVID-19 pandemic, from April to December 2020, UNICEF Jordan supported 30,544 children (49 per cent female; 9.4 per cent children with disabilities), from 10,659 households, with cash assistance.

The **Hajati cash assistance programme was found to be perceived by households as a very important service**.¹³⁴ An overwhelming majority of households receiving assistance (93 per cent) reported that assistance was very important for the household and a further 6 per cent of households reported that the assistance was important (Figure 41). Of the 99 per cent of households

¹³³ Two-thirds of households (66 per cent) (n=392) reported receiving WASH supplies (e.g., hygiene and cleaning kits), and 12 per cent of households (n=69) reported receiving WASH services (tankers and water infrastructure).

¹³⁴ These findings relate to 44 per cent of households (n=263) that reported receiving the Hajati cash assistance.

Figure 41: Percentage distribution of the level of importance attributed by households to the Hajati COVID-19 cash assistance received



that reported the assistance to be either very important or important, the three main reasons related to the cash having addressed the food needs of the household, specifically, by preventing households from having to buy food on credit, borrow money to buy food, or reduce the number of meals.

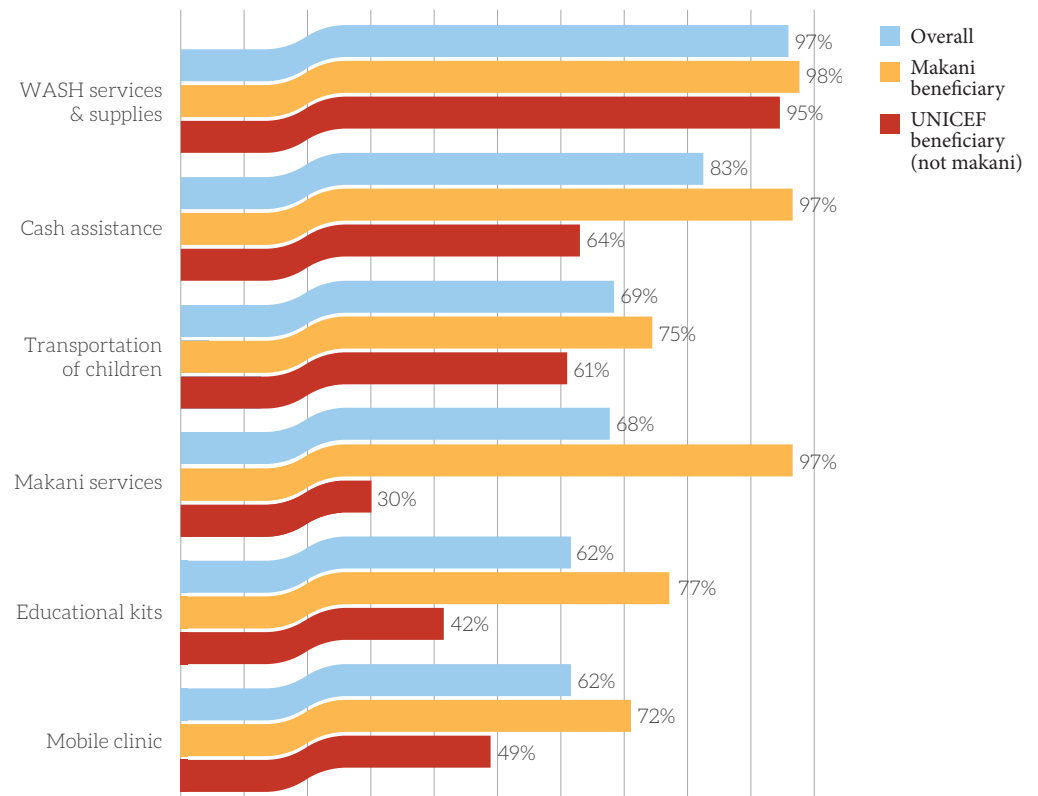
Perception of access and barriers to UNICEF services

Awareness of UNICEF services
UNICEF beneficiary households were generally found to be aware of the different UNICEF services. The main service of which almost all households were aware was WASH services and

supplies, with 97 per cent of UNICEF beneficiary households reporting being aware of these services (Figure 42).

Awareness of other services was shown to vary by population group. Makani beneficiary households were generally more aware of the range of services than UNICEF beneficiary households (not Makani). UNICEF beneficiary households (not Makani) were least aware of the Makani services (30 per cent) out of all the services. In contrast, Makani beneficiary households, out of all services, were least aware of the mobile clinic, although the majority (72 per cent) were still aware of this service.

Figure 42: Percentage reported awareness of UNICEF services amongst UNICEF beneficiary households (Makani and not Makani), by population group¹³⁵



¹³⁵ Multiple options could be selected. Findings related to a subset may have a lower confidence level and wider margin of error.

Improving awareness of existing UNICEF services and the details of UNICEF activities requires informing beneficiaries through their preferred method of communication. The top three preferred methods of receiving information from UNICEF reported by UNICEF beneficiary households (both Makani and not Makani) were mostly consistent across population groups, with the majority of households reporting a preference for receiving information via the phone (87 per cent), followed by through a community leader (45 per cent), and via WhatsApp groups (14 per cent) (Figure 43).

Barriers to receiving UNICEF services

The majority of UNICEF beneficiary households (both Makani and not Makani) (90 per cent) reported not having felt excluded from UNICEF services in the 6 months prior to data collection. However, of the 10 per cent of households that did feel excluded, a higher proportion of UNICEF beneficiary households (not Makani) (19 per cent) reported having felt excluded compared to Makani beneficiary households (2 per cent). The main service that these 10 per cent of households felt excluded from was cash assistance (92 per cent), with a difference of 65 percentage

Figure 43: Percentage preference of UNICEF beneficiary households (Makani and not Makani) for the methods of receiving information about UNICEF services

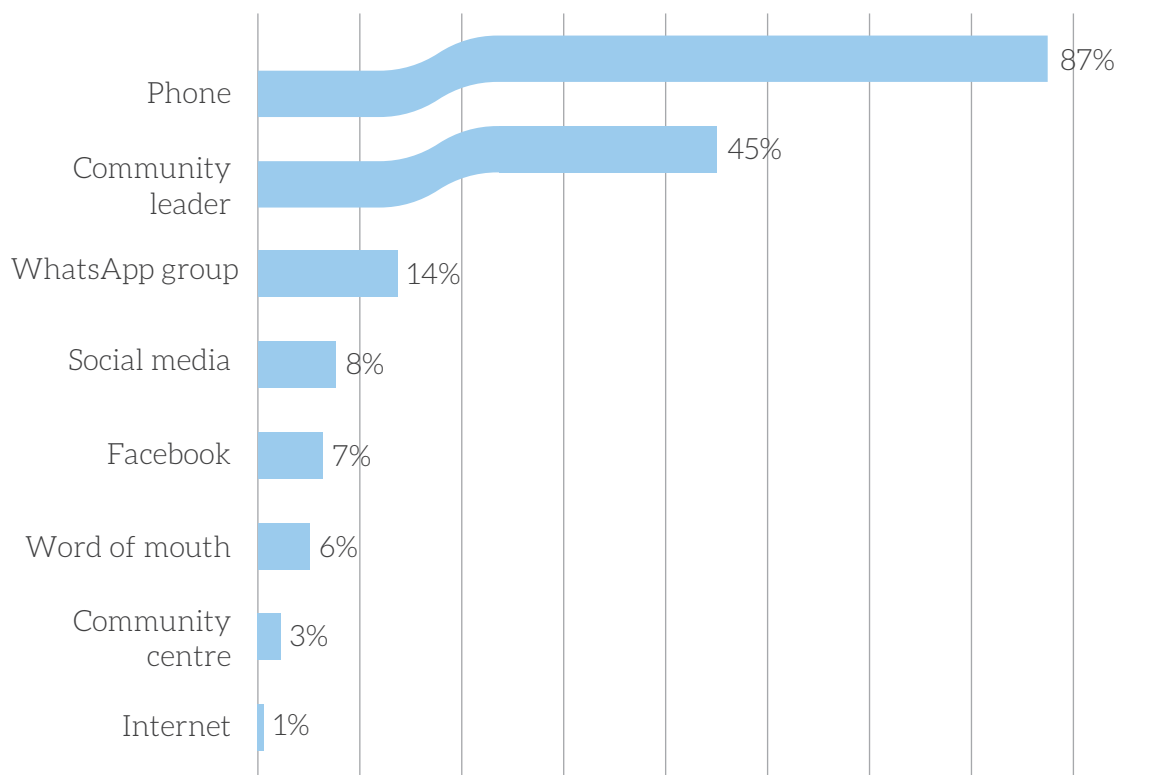
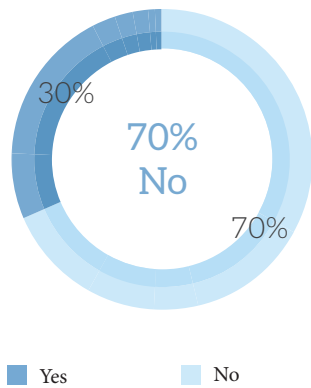


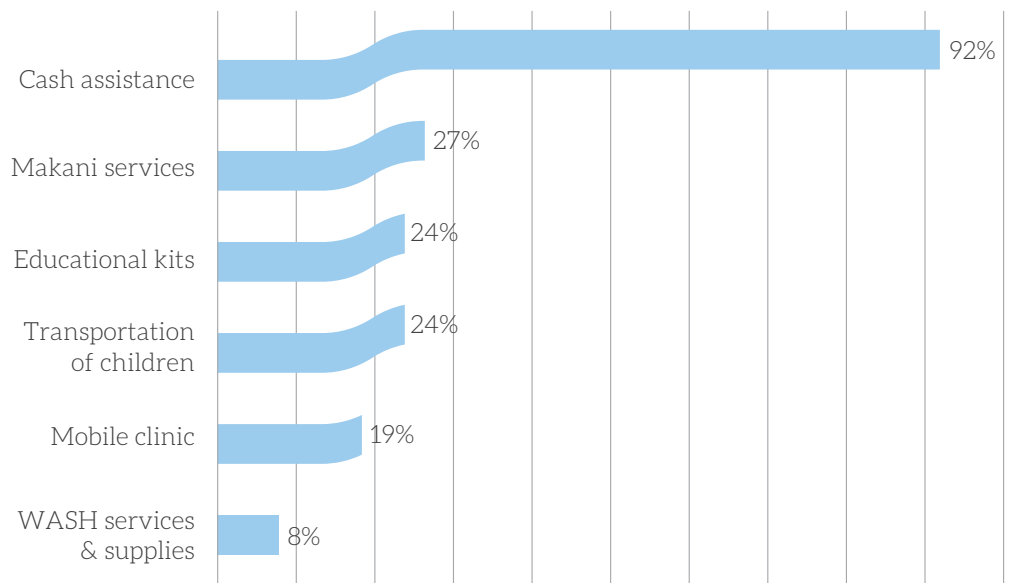
Figure 45: Percentage of UNICEF beneficiary households (Makani and not Makani) reporting knowing how to make complaints or suggestions to UNICEF or their partner organizations



points compared to the next service, Makani services (27 per cent) (Figure 44). Households were least likely to

feel excluded from WASH services and supplies (8 per cent).

Figure 44: Of the 10 per cent of UNICEF beneficiary households (Makani and not Makani) that felt excluded from services in the 6 months before data collection, percentage of main services from which households reported feeling excluded¹³⁶



The feeling of exclusion from UNICEF services can be addressed or reported by households through UNICEF and partner organizations’ complaints and feedback mechanisms. However, **most households receiving UNICEF assistance (70 per cent) reported not knowing how to make complaints or suggestions to UNICEF or their partners** (Figure 45). There were minimal differences across population groups, with only a slightly higher proportion of Makani beneficiary households (71 per cent) reporting not being aware of these procedures compared to UNICEF beneficiary (not Makani) households (68 per cent).¹³⁷ **This suggests a need for further awareness-raising for UNICEF beneficiaries (both Makani and not Makani) on the existence and use of complaints mechanisms (i.e., the helpline).**

136 Multiple options could be selected.

137 Findings related to a subset may have a lower confidence level and wider margin of error.

RECOMMENDATIONS



The aim of this assessment was to understand the situation of households with children or youth members (aged under 25) living in ITSs in Jordan, as a baseline to inform future UNICEF ITS programming. Specifically, the objectives were threefold: to identify the socio-demographic characteristics of these ITSs, to understand the situation and needs of households across multiple sectors (education, health, nutrition, WASH, social inclusion and youth engagement, and security and protection), including the impacts of the COVID-19 outbreak on these needs, and, finally, to identify household perceptions of the delivery of UNICEF services in ITSs. This section summarises key recommendations for UNICEF programming and for a future impact evaluation, based on an analysis of the findings in the report and on discussions with UNICEF. In interpreting the recommendations, it should be noted that: (a) the list is not exhaustive and further recommendations may be interpreted from the data; and (b) recommendations should be considered with caution in the context of additional programming information, and each will require an assessment of the risks and relevancy prior to their implementation.

1. Expansion of UNICEF services

A notable finding in the study was that non-beneficiary households living in ITSs were found to have the lowest access to services to address their needs across several sectors, namely education, health and WASH. UNICEF could therefore consider **expanding the programmatic catchment area** to reach currently unserved ITSs in the governorates where UNICEF is active, specifically, in three main sectors:

- **Education:** access to education was markedly lower among non-beneficiary school-aged children, with 75 per cent reportedly not attending formal school. Additionally, non-beneficiary households were most likely to report not intending to send school-aged children back to formal school after the COVID-19 situation improves. This demonstrates the need for improving access to education for non-beneficiary children, particularly in mitigating the lasting effects of the COVID-19 pandemic. These services could focus on improving the affordability

and accessibility of schooling, as the main barriers to formal school attendance for non-beneficiary children were distance from, and a lack of transportation to school, and a lack of funds to cover the costs of education (e.g., materials, uniforms, books, etc.).

- **Health:** a notably lower proportion of non-beneficiary children (aged four and under) were reported to be vaccinated for all three basic vaccinations (BCG, DPT-IPV-Hib, and measles) compared to UNICEF beneficiary households. Services to improve the vaccination rates of non-beneficiary children might therefore be appropriate in any eventual expansion of UNICEF services. These services could focus on the provision of transportation or funds to cover transportation costs, as the two main barriers that reportedly prevented non-beneficiary children from being vaccinated were the lack of transportation to health facilities and the cost of transportation fees.
- **WASH:** a higher proportion of non-beneficiary households (44 per cent) reported using unimproved sanitation facilities and not having access to a private toilet (65 per cent) compared to UNICEF beneficiary households. In line with these findings, the most commonly reported priority need by non-beneficiary households was access to latrines (64 per cent). This indicates that the provision of latrines and sanitation services should be considered a priority in expanding WASH services to non-beneficiary households.

2. Improvement of existing service delivery

Aside from the expansion of services to reach non-beneficiary households, several recommendations for **improving the functioning of existing services** have been identified, based on either direct feedback from beneficiaries or as indirectly interpreted from the data:

- **Makani service:** according to the majority of Makani beneficiary households receiving the service (73 per cent), a main improvement to the service would be to deliver a higher variety of classes (e.g., languages, history, or geography). It is therefore recommended that UNICEF considers expanding the range of classes delivered, based on further assessment of

the preferences or learning needs of beneficiaries. Additionally, other improvements to be considered are providing food during the sessions and increasing the length of classes, as 40 per cent of households receiving the service recommended each of these as a main improvement.

- **Education kits:** the majority of UNICEF beneficiary households receiving education kits (61 per cent) recommended that a main improvement to the service would be to provide a larger quantity of education kits. Accordingly, this service may be improved through an increase in the number of kits being provided to families.
- **School transportation:** although the majority of households using school transportation services reported that no improvements were needed (61 per cent), a small proportion of households stated that the service could be improved by segregating buses by gender (17 per cent) and age (13 per cent). Therefore, where there is scope to expand the existing UNICEF school transportation service, a recommended improvement is to provide buses that are segregated by gender and/or age, as appropriate to the context.
- **WASH services and supplies – modality of assistance:** The majority of UNICEF beneficiary households receiving WASH services (80 per cent) reported preferring to receive hygiene supplies as cash assistance. This indicates that delivering this service through cash assistance may increase the sense of ownership of beneficiaries over WASH supplies. However, the findings also showed that most households (73 per cent) would not purchase WASH supplies if half the total cost was covered. Therefore, although WASH services may potentially be improved by using cash as a modality of assistance, changing the modality would need to be preceded by further research into how much of the cost beneficiaries are willing to cover.
- **WASH facilities – protection and security:** findings from the KIIs indicated that key challenges in accessing and using communal latrines were locking the door (no bolt in place) and a lack of appropriate lighting, particularly for female KIIs. Therefore, a recommendation for improving WASH facilities is to implement measures to improve the lighting and locks in communal latrines.
- **Complaints and feedback mechanisms:** findings showed that 70 per cent of UNICEF beneficiary

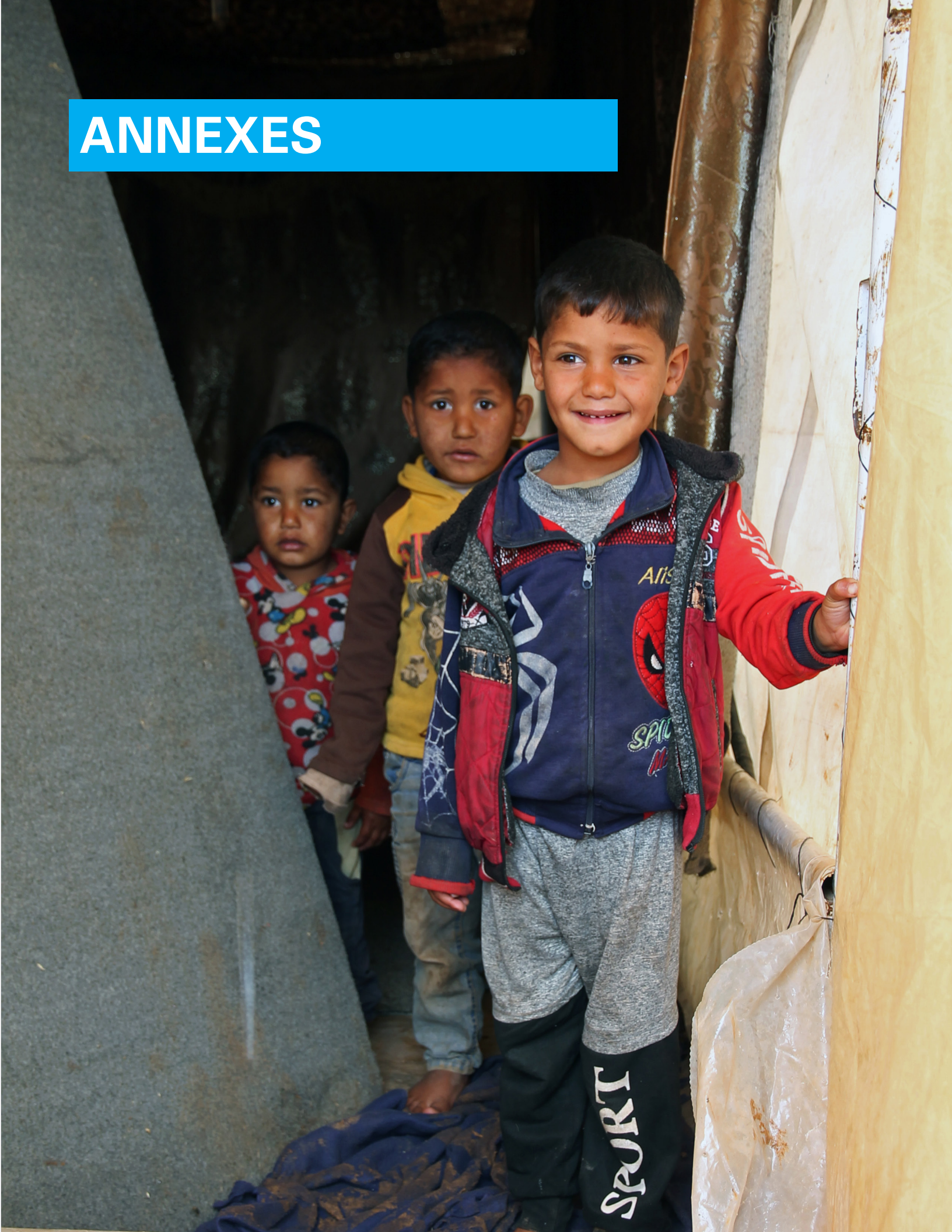
households (both Makani and not Makani) did not know how to make complaints and suggestions to UNICEF or their partners. To mitigate any feelings of exclusion (reported by 10 per cent of UNICEF beneficiary households) and to support beneficiaries in providing further feedback on how services can be improved, it is recommended to implement further awareness-raising efforts about UNICEF and partner organizations' complaints and feedback mechanisms.

3. Future impact evaluation

Finally, as a key objective of this study was to provide a baseline for a future impact evaluation at a later stage, recommendations for conducting an impact evaluation have been identified based on lessons learnt and limitations faced in conducting the baseline study:

- **Timeline of the study:** given that time restrictions and a lack of accessibility due to COVID-19 resulted in KIIs being conducted remotely during the baseline study, it is recommended that more time be assigned during the data collection stage in order to allow for in-person KIIs to take place. Additionally, given the depth of the analysis and length of the assessment tool, it is also recommended that more time be allocated to the analysis stage of the research cycle.
- **Sampling strategy:** as comparisons between male- and female-headed households were identified during the baseline study to be important in informing programming, it is recommended that an eventual impact evaluation considers, if and where possible, incorporating disaggregation by gender of head of household as part of the methodology design and sampling strategy.
- **KII tool:** the analysis of baseline findings highlighted several areas that could be explored further and incorporated into a KII tool during the impact evaluation, including the coping strategies adopted by settlement members, acceptance of child marriage and the education of girls, and the perceived impact of not having access to each UNICEF service.

ANNEXES



Annex 1 – Data collection and analysis

This section elaborates on the steps taken during the data collection and analysis stage of the assessment, as well as the main challenges and limitations that arose, as summarised in brief in the methodology section of the report.

Primary data collection

The first phase of data collection, between 24 December 2020 and 30 January 2021, involved the **collection of household-level data**. A two-day training session took place prior to the commencement of data collection during which enumerators were provided with detailed information on the background and purpose of the study, the methodology and the data collection tools, ethics and confidentiality, and logistics and communication related to field-based activities. After the training, a pilot survey was administered on 24 December 2020 both remotely and through face-to-face data collection, both to ensure that the survey tools were appropriate to the assessment and that enumerators were able to effectively use them. During the piloting phase, feedback from both enumerators and respondents was collected and used to revise and finalise the tools.

Subsequently, the household surveys were conducted between 27 December 2020 and 13 January 2021. Interviews were carried out with male and female heads of household; however, if the head of the household was not available, any available household member above 18-years old with enough knowledge about the household needs and characteristics was asked to participate in the interview. Based on COVID-19 pandemic data provided by the Ministry of Health of Jordan, REACH continuously reassessed and updated the list of governorates in which face-to-face or remote data collection was being conducted.

The second phase of data collection, between 13 and 30 January 2021, involved **the collection of data through key informant interviews (KIIs)**. This stage was conducted after the completion of the household surveys to allow the questionnaire to be formulated and adapted in response to trends arising from the household surveys. KIIs were conducted with the settlement leaders (Shawish) and ITS members of the opposite gender in the 6 governorates in which UNICEF operates. The household interviews and the KIIs were conducted using the mobile survey software application KOBO Toolbox.

Data processing and analysis

During data collection for both the household survey and KIIs, responses were reviewed on a regular basis for quality assurance, to identify any errors or issues in data collection, and to re-code entries, if needed. Additionally, responses with numerical values were checked to identify any outliers and anomalies. Logical checks were conducted on the household data to identify if responses to two complementary questions were contradicting each other. Enumerators were contacted to review these entries to confirm the validity of the data.

Upon completion of data collection, final data cleaning was conducted, and entries were translated. For the household-level data, data cleaning was performed using macro-powered sheets to ensure data consistency, validity and reliability. Additionally, this data cleaning sheet enabled the process to log all changes with a clear justification for each. Household data were analysed using SPSS. Statistical tests were run to determine the presence of significant differences between groups of interest.¹³⁸ Data for KIIs were analysed through the frequency distribution of responses using Excel. Data were analysed comparing the KI's gender type and population group.

¹³⁸ Other than the main three population groups of interests, statistical tests were run on several indicators of interest to determine the presence of significant differences across gender of the heads of household, governorate, household size (small, medium, large), and nationality.

Annex 2 – Indexes

Food consumption score (FCS)

The FCS is a global indicator that measures both the frequency and quality of household consumption of different categories of food groups. This assessment applied the FCS index and thresholds that were updated as part of the 2014 Comprehensive Food Security Monitoring Exercise (CFSME) to reflect the dietary profiles of Syrian refugees in Jordan and were used in the 2018 WFP Comprehensive Food Security and Vulnerability Assessment.¹³⁹ The FCS measures the consumption of eight food groups that are weighted according to their dietary value, using a recall period of seven days.¹⁴⁰

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

FCS corresponds to energy level intake of households and is a proxy indicator of household caloric availability. According to the overall score of the household, the FCS is categorised into acceptable, borderline, or poor, based on the thresholds outlined in the table below. The lower the FCS score, the lower the households' caloric intake.¹⁴¹

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

Livelihood coping strategies

This assessment used the livelihoods-based coping strategy index defined in the 2018 Comprehensive Food Security and Vulnerability Assessment to ensure comparability with previous assessments in Jordan.¹⁴² The index is composed of eight coping strategies to measure long-term behaviours that households have adopted to meet basic food needs within a 30-day recall period (see the table below). The indicators are categorised according to a severity scale ranging from stress to emergency, based on the coping strategy employed. Households are grouped according to one of four severity levels: (1) no use of coping strategies; (2) stress coping strategies; (3) crisis coping strategies; (4) emergency coping strategies.

- **No coping strategies:** household did not adopt any coping strategies to meet basic food needs.
- **Stress strategies** include those which indicate a reduced ability of households to deal with future shocks due to either a reduction in resources, such as spending savings, or an increase in debt, such as through borrowing money.
- **Crisis strategies** are those signifying a direct reduction of future productivity, such as the selling of household productive assets.
- **Emergency strategies** refer to behaviours that affect future productivity but in a more significant way that is difficult to reverse, such as accepting high-risk or socially degrading jobs.

Livelihood-based coping strategies	
Livelihood- based coping strategy	Severity
Spent savings	Stress
Bought food on credit or borrowed money to buy food	Stress
Sold household goods	Stress
Reduced essential non-food expenditures (e.g., health treatment)	Crisis
Sold productive goods/assets	Crisis
Accepted high-risk, social degrading, illegal, or exploitative jobs	Emergency
Sent adult household members to beg	Emergency
Sent child household members to beg	Emergency

139 WFP, *Comprehensive Food Security and Vulnerability Assessment*, 2018, <www.wfp.org/publications/wfp-jordan-comprehensive-food-security-and-vulnerability-assessment-2018>.

140 World Food Programme, *Comprehensive Food Security Monitoring Exercise (CFSME): Registered Syrian Refugees in Jordan*, 2016, <https://documents.wfp.org/stellent/groups/public/documents/communications/wfp291361.pdf?_ga=2.180631143.1375551545.1618734122-215629212.1618566147>, last accessed 25 May 2021.

141 World Food Programme, *Comprehensive Food Security & Vulnerability Analysis Guidelines*, January 2009, p. 219, <www.wfp.org/publications/comprehensive-food-security-and-vulnerability-analysis-cfsva-guidelines-first-edition>, last accessed 25 May 2021.

142 WFP, *Comprehensive Food Security and Vulnerability Assessment*, 2018, <www.wfp.org/publications/wfp-jordan-comprehensive-food-security-and-vulnerability-assessment-2018>.



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