

A Vulnerability Analysis Framework for Syrian Refugees in Jordan

Executive Summary

This document details a proposed approach to vulnerability analysis for the Syrian refugee crisis in Jordan. The document is a result of work undertaken by ACAPS in collaboration with UNHCR to review UNHCR and partner vulnerability analysis approaches in Health programming Zaatari camp and Cash Assistance in urban settings.

The proposed approach incorporates key aspects of vulnerability including the fact that vulnerability is:

- Multi-dimensional
- Scale dependent
- Dynamic

A score card approach is proposed to analyse vulnerability. This approach is the most transparent and accountable method that can be used given the context. Some partners of UNHCR currently use a score card methodology, however changes are proposed to the current score card approach. The two most important proposed changes to the current score card method are to:

- Remove the weighting currently applied (which is mandate driven)
- Distinguish vulnerability dimensions from specific needs categories

Further consultation, with partners, to agree the key indicators to be collected for the score card need to be held for both Zaatari and Urban settings. Once agreement is reached testing the approach can commence.

Following successful testing of the household/individual vulnerability score cards it is proposed a community/household level vulnerability analysis score card can be developed and implemented.

The proposed approach to vulnerability analysis relies on the implementation of the approach by all partners. It is therefore important that in addition to agreement across partners there is a common platform for partners to share and access information. RAIS appears to be the most suitable platform available in the region.

1.0 Introduction

Due to the sheer magnitude of the crisis and a population of over 2 million refugees from Syria throughout the region, the humanitarian community is compelled to target protection services and assistance based on emergency life-saving needs of the most vulnerable refugees.

The main objective of this initiative is to improve aid effectiveness, by ensuring a needs-based and principled approach to a humanitarian response and appropriate targeting of beneficiaries to ensure equitable access based on prioritized need, especially for the most vulnerable.

Based on this the current work has focussed on:

- Defining common vulnerability criteria for the Health Sector and cash assistance programmes, this includes the potential to identify vulnerabilities beyond the immediate categorization of risks, such as disability, Serious medical condition etc..
- Defining/adapting a common tool that enables agreed vulnerability data to be collected.

During the Aid Effectiveness project it became evident that building vulnerability criteria for Health and Cash Assistance could not be done without considering a wider perspective of vulnerability analysis. This is important because:

- both the Health and Cash Assistance programming consider risk factors that relate to protection and other sectors such as WASH
- the need to ensure that vulnerability criteria and analysis in health and cash assistance is placed within a wider vulnerability analysis system of UNHCR

This document describes a potential conceptual framework to vulnerability analysis and places both the Health and Cash vulnerability criteria within this wider framework.

The paper addresses the need for spatial understanding of vulnerability as well as addressing the need for clearer vulnerability criteria at individual and household level.

There are differences between the refugee population in Zaatari camp and that settled in urban areas, however the conceptual framework is applicable to both the camp and urban refugee populations.

2.0 Objective

The overall objective of the document is to describe a conceptual framework for vulnerability analysis among the Syrian Refugees in Jordan.

3.0 Conceptual Framework for Vulnerability Analysis

It is understood that vulnerability is:

- multi-dimensional and differential (varies across physical space and among and within social groups)
- scale dependent (with regard to time, space and units of analysis such as individual, household, region, system)
- dynamic (the characteristics and driving forces of vulnerability change over time).

These characteristics of vulnerability need to be factored into the conceptual framework for vulnerability. It is proposed to consider three layers of vulnerability analysis that address the above mentioned characteristics. When combined these layers provide a comprehensive vulnerability analysis. These three layers are:

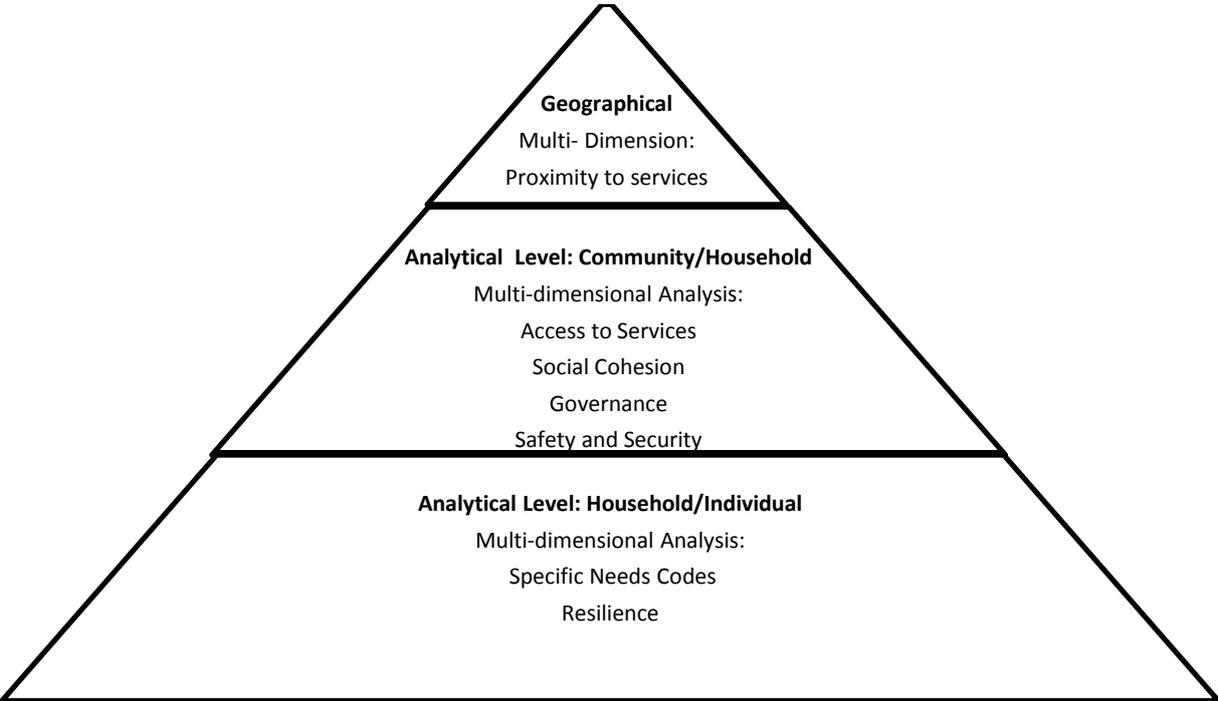
- Geographical location and proximity to services
- Community/Household level factors such as access to services, community cohesion, safety and security
- Individual/Household vulnerability based on UNHCR specific needs codes and resilience

The three layers capture key aspects of vulnerability that enable:

- a better understanding of the overall context
- improved targeting of assistance either geographically or to households/individuals

Diagram 1 represents the overall framework. It is important to note that this system attempts to use existing secondary data when available but may also entail the collection of data when necessary. The system should be applicable in both a camp setting (where camps are organized in specific geographical units¹) and to refugee settlements in urban areas.

Diagram 1 Conceptual Framework for Vulnerability Analysis, Syrian Refugees, Jordan



Annex 1 contains a diagram that describes the data process proposed to build community and household/individual level vulnerability analysis.

¹ Zaatari camp has recently been split into 12 Districts.

3.1 Geographical location and proximity to services

Data has only recently become available in urban areas allowing the mapping of facilities (health, education , water etc.) against the refugee settlements. This will allow a proximity variable, *distance to a service*, to be used in order to determine vulnerability. More specifically, distance to a service, is one parameter used to determine access² to services. A score card can be developed to provide a multi-dimensional vulnerability analysis in order to be able to compare geographical locations. This approach would allow a score to be attributed to each refugee location/settlement and therefore provide an analysis of vulnerability based on one parameter (*distance to a service*) of access to services. The following table provides an example of a potential score card to be used.

Table 1. Example of Multi-dimensional score card for access to services (single parameter)

Service	Vulnerability Score					Score	Data Source
	1 (Low)	2	3	4	5 (High)		
Water	<0.5 km	< 1 km	<1.5 km	<2km	>2 km		Secondary data
Health	<0.5 km	< 1 km	<1.5 km	<2km	>2 km		Secondary data
Education	<0.5 km	< 1 km	<1.5 km	<2km	>2 km		Secondary data
Total							

N.B. Actual vulnerability scores to be determined based on real distances/access standards in SPHERE standards.

The Information Management team is currently working with the Data Analysis Group to determine the distance parameter. This should be available within the next two weeks³.

It is however important to recognize that the single parameter of distance to a service is not sufficient to determine access. For example a Syrian refugee family may be living close to a school but their children may be unable to attend it because it is oversubscribed. This measure therefore needs to be supplemented by other indicators. This measure should therefore be viewed as a short term solution while a better community/household level vulnerability index is developed and applied to the different Geographical areas.

3.2 Community/Household level Vulnerability

In order to be able to determine community level vulnerability it is important to collect key variables in order to provide a comprehensive picture of vulnerability. The variables to collect should include physical, economic, social, and political components of vulnerability.

Annex 2 contains a proposed specific multi-dimensional Community level Vulnerability score card for Zaatari camp. Annex 3 contains a proposed multi-dimensional Community level Vulnerability score card for urban areas. This information can be collected through secondary data⁴ when available and through community level focus group discussions. The frequency of data collection depends on the rapidity of change experienced. Initially, a quarterly data collection mechanism could operate in the camp whereas a 6 month data collection cycle could be used in the urban setting. However, where specific events occur e.g. large influxes or reductions in service provisiion this tool can be applied in order to determine changes.

² Distance is only one parameter used to determine access. For example a household may live close to a school but have no access because class numbers are already oversubscribed.

³ This needs to be confirmed by the IM team in Amman

⁴ The individual/household level data can be used to inform the community level vulnerability score card

These score cards will require further development once the individual/household level score cards have been agreed and tested by partners.

3.3 Individual and Household Vulnerability

3.3.1 Vulnerability and Cash Assistance

UNHCR currently uses an income variable (50JD/pers/month) as the primary criteria for inclusion into cash assistance. Once this criteria is achieved UNHCR uses the Specific Needs Codes combined with exclusion criteria⁵ to determine vulnerability for the cash assistance. This can be referred to as the “group approach”.

The group approach is one method for identifying the most vulnerable however it has a number of potential weaknesses including:

- Generalizations about vulnerable groups tend to exclude those that are generally not thought of as vulnerable, e.g. at a recent workshop in Zaatari camp the issue of men being vulnerable particularly to violence, but also their potential to commit violent acts due to unemployment was raised. Unemployed men are not included in the specific needs codes of UNHCR. In addition in the context in Jordan adolescent girls are particularly vulnerable (e.g. to being sold as child brides). Adolescent girls are not included in the Specific Needs codes.
- Generalizations about vulnerable groups also fail to recognize that not everyone in a vulnerable group is equally vulnerable (HCR addresses this through exclusion criteria- in the cash programme).
- A group based approach is one dimensional and cannot capture the fact that a household or individual can be in more than one disadvantaged group at a time, i.e. potentially having greater vulnerability.
- A group approach also does not explain why someone is disadvantaged; an elderly person is not vulnerable because they are old, but perhaps because they are isolated.
- The approach also avoids the temporal and spatial aspects of vulnerability, people can move in and out of vulnerability, e.g. a Syrian refugee who gains employment becomes less vulnerable, or refugees with proximity to services may be less vulnerable than those further away.

Partners in cash assistance vary in vulnerability analysis approach with some adopting a score card method to determine household vulnerability⁶ through a threshold approach while others follow the UNHCR group approach method.

The score card approach provides a more transparent approach to determining vulnerability. The score card approach also enables a multi-dimensional approach to determining vulnerability that incorporates both vulnerable groups and potential coping strategies/vulnerabilities.

However, the scoring of cards is the area of greatest potential divergence among partners. There is no standard scoring mechanism among partners⁷. This is likely to reflect the difficulty in agreeing

⁵ UNHCR Standard Operating Procedures for Cash Assistance

⁶ This approach still uses the group approach but allows for a combination of groups as well as coping mechanisms e.g. familial support, to be combined for a composite index of vulnerability to be determined.

⁷ More specifically the weighting of score cards will be difficult to agree.

scoring but also the likelihood that scoring is influenced by organizational mandates⁸. It is also important to recognize that different organizations have different objectives for their cash assistance programmes with some adopting a one off emergency assistance approach and others (e.g. UNHCR) adopting a 3 month (renewable) cycle approach. Some cash assistance is conditional while some is unconditional.

The transparency and accountability of the score card method suggests that it is of greater utility in this context. This is particularly true since the group method is one dimensional and the way it is currently applied does not even allow a distinction to be made between families that have more than one member with a specific need (e.g. disability) and a family with a member with one specific need.

It is proposed that a scoring system with thresholds be adopted in order to support a transparent and accountable vulnerability analysis mechanism. This requires agreement on the dimensions of vulnerability and the criteria (indicators that define each vulnerability dimension) for vulnerability among partners. The proposed scoring mechanism does not weight any vulnerability. It does however factor in if a family has multiple members with specific needs and scores each family based on multiple vulnerability categories on a sliding scale. Annex 4 describes a proposed three step filtering mechanism. The three steps in the filtering process would allow:

- Identification and referral of specific needs, but also higher scoring for families with multiple individuals in vulnerable groups
- The application of a poverty indicator (income) to determine vulnerability and the application of an exclusion factor e.g. exclude households that are already receiving assistance from another partner
- The determination of a families vulnerability using a multi-dimensional vulnerability score

Once again much of the data to implement such a system is available form secondary sources, e.g. is available in the HH visit form of UNHCR/IRD (with minor adjustment), as well as partner data collection either through home visit forms or registration forms.

Annex 5 contains a proposed score card to be used to determine family vulnerability. This score card needs further development through consultation with Cash Working Group members prior to testing. The focus of development should be on ensuring that there is agreement on the categories of vulnerability and the indicators that make up the scoring scale. Preliminary discussions within the Cash Working group have been positive and there is an interest to develop this approach and to test it.

An annotated version of the score card that describes some of the feedback that was received on the proposed score card from partners is available on the Dropbox. This can be used for future discussions with the Cash Assistance partners.⁹

⁸ Organizations weight vulnerabilities based on the objectives or specific persons of concern that they wish to target.

⁹ Please refer to the Implementation Plan for the next steps in developing and testing the vulnerability analysis tools

3.3.2 Vulnerability and Health in Zaatari Camp

In Zaatari camp the health partners and UNHCR have used the Specific Needs Codes (group approach to determining vulnerability). There are two factors to consider in terms of vulnerability analysis and Health in the camp:

- The need to identify individuals with specific needs
- The multi-dimensional nature of vulnerability associated with health (e.g. the interaction with other sectors such as WASH and protection)

Currently targeting of assistance is predominantly based on the ability of individuals/families being able to access services. This suggests that in fact UNHCR and partners don't know if they are reaching the most vulnerable individuals/families in the camp.

Group vulnerability, is one dimensional and does not say why a person is vulnerable, e.g. one disabled person is not necessarily as vulnerable as another vulnerable person who doesn't have family support.

There is also no recognition currently that a family may have more than one member with specific needs making that family more vulnerable than another family who only has one member with specific needs.

Medical forms in use by partners¹⁰ do not collect any socio-economic data that can enable vulnerability analysis. In addition service locations are not necessarily the best location to collect such data since it is safe to assume that those accessing services are less vulnerable than others that are unable to access services. This suggests that a household level data collection process is required in order to understand vulnerability in the camp.

There are two potential approaches to collecting household/individual level vulnerability data. It may be possible to collect data during the planned re-verification exercise for the camp. This data could then be recorded directly into RAIS. This would form a good baseline. Monitoring could then be held on a quarterly basis by the IRD Community Health Volunteers. Should it not be possible to use the re-verification exercise to collect the data the community Health volunteers could be deployed to form a baseline and to monitoring the situation every three months.

The same eligibility system as suggested above (Section 3.3.1) can be applied in the camp environment. This would provide a multi-dimensional understanding of vulnerability and enable the prioritization of assistance to the most vulnerable. In the longer term should the camp (as currently predicted) remain in operation and the same level of service provision cannot be maintained a system will be in place to determine vulnerability and hence refine targeting.

4.0 Recording Vulnerability Data

There are currently two data bases being used in Jordan. ProGres is the standard registration system being used globally by UNHCR and RAIS a system developed and used in the region. ProGres was not

¹⁰ Note IOM does assess vulnerability at the reception centre. This is done in order to prioritize referral of individuals to services.

initially applied for the registration of beneficiaries in Zaatari camp but this will be corrected in the re-verification exercise.

RAIS on the other hand was formed as a tool to support coordination of assistance. However it has become predominantly used in the Jordan context as a UNHCR programme tool¹¹. RAIS's main strength in the context of vulnerability analysis is that it is a platform that can be used by partners whereas proGres is not accessible to partners. It is therefore proposed that RAIS be used as the main tool for recording data on vulnerability analysis. This will require adjustments to be made to the current tool in order that all partners can access RAIS and input their data. In addition, partners who have used RAIS expressed a lack of confidence in RAIS which needs to be overcome if the tool is to be used. This lack of faith is probably associated with the lack of proper management of the system as a coordination tool.

Further discussions within UNHCR will be required in order to address issues of confidentiality and how these can be overcome.

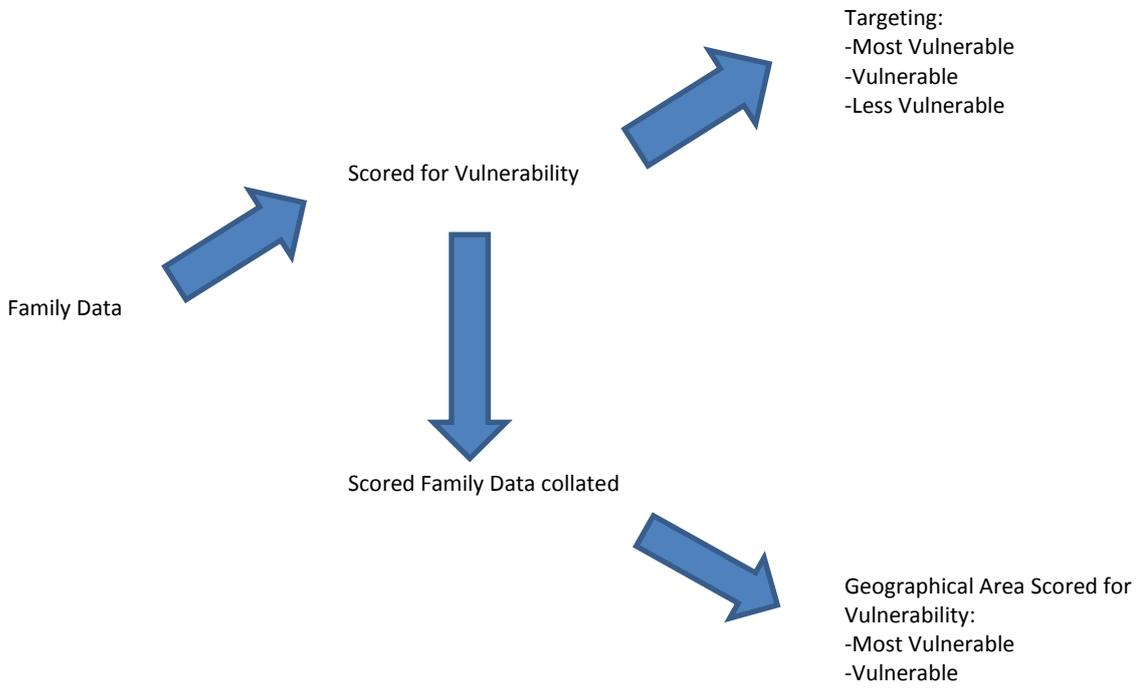
5.0 Recommendations¹²

- Agree within the Project Steering committee in Jordan whether the proposed approach addresses the needs of the operation.
- Select a focal point to lead on the implementation of the approach. The Inter-sector Coordinator seems to be the best placed to lead the process.
- Finalize the score cards- prioritizing the household/individual level score cards by consulting with the health working group in Zaatari camp and the Cash Assistance working group in Amman.
- Engage with the relevant sectors (protection, Shelter, WASH etc.) to discuss and agree the proposed indicators in the score card for measuring access to services.
- Finalize and test the household/individual score cards with partners.
- Adjust UNHCR and partner data collection forms to incorporate the score cards.
- Adjust RAIS to incorporate the household/individual score card
- Train partners and UNHCR staff on the use of the score card and begin wide application of the approach.
- Train partner staff on recording data in RAIS.
- Ensure a feedback loop that enables partners to use the information generated from RAIS to inform their programming.
- Review the approach to determine whether it has proved effective in determining vulnerability and prioritizing assistance.
- Implement a similar process in order to develop, finalize and implement a community/household level score card.

¹¹ For example the UNHCR Home Visit form data is recorded in RAIS.

¹² For further details please see the proposed Implementation Plan

Annex 1 Diagram representing the data process



Annex 2. Score Card for District Level Vulnerability Analysis

Dimension/Question	Vulnerability Score					Score	Data Source
	Low				High		
Access to safe water: Does the district always have access to enough safe water?	1 Always >15 litres/per/day Less than 30 minutes waiting time at water point And water point < 500 from households	2 Very often >15 litres/per/day Less than 30 minutes waiting time at water point And water point < 500 from households	3 Often >15 litres/per/day Less than 30 minutes waiting time at water point And water point < 500 from households	4 Seldom >15 litres/per/day Less than 30 minutes waiting time at water point And water point < 500 from households	5 Never >15 litres/per/day Less than 30 minutes waiting time at water point And water point < 500 from households		Secondary Data or Focus Group
Access to Sanitation: Does the district always have enough sanitary facilities?	1 Always No more than 20 people/toilet No further than 50 m from households	2 Very often No more than 20 people/toilet No further than 50 m from households	3 Often No more than 20 people/toilet No further than 50 m from households	4 Seldom No more than 20 people/toilet No further than 50 m from households	5 Never No more than 20 people/toilet No further than 50 m from households		Secondary Data or Focus Group
Access to Health Services: Does the district population always have access to adequate health services?	1 Always 2-4 outpatient consultations/pers/year ¹³	2 Very often 2-4 outpatient consultations/pers/year	3 Often 2-4 outpatient consultations/pers/year	4 Seldom 2-4 outpatient consultations/pers/year	5 Never 2-4 outpatient consultations/pers/year		Secondary Data or Focus Group
Access to Education Services: Does the district population have access to education services?	1 Always Have safe and secure access to educational facilities, Houses < 0.5 km from school	2 Very Often Have safe and secure access to educational facilities, Houses < 1 km from school	3 Often Have safe and secure access to educational facilities, Houses < 2 km from school	4 Seldom Have safe and secure access to educational facilities, Houses < 3 km from school	5 Never Have safe and secure access to educational facilities, Houses > 4 km		Secondary Data or Focus Group
Access to Electricity: Does the district always have enough electricity supply?	1 Always	2 Very often (bi-weekly cuts that last less than 4 hours)	3 Often (weekly cut that lasts more than 4 hours)	4 Seldom (daily cuts that last more than 4 hours)	5 Never		Secondary Data or Focus Group
Access to durable shelter: What proportion of the households in the district live in caravans?	1 Very Many (>40%)	2 Many (>30%)	3 Some (>20%)	4 Few (>10%)	5 Very Few (<10%)		Secondary Data or Focus Group
Access to an Income: What proportion of the households in the district have an income?	1 Very Many	2 Many	3 Some	4 Few	5 Very Few		

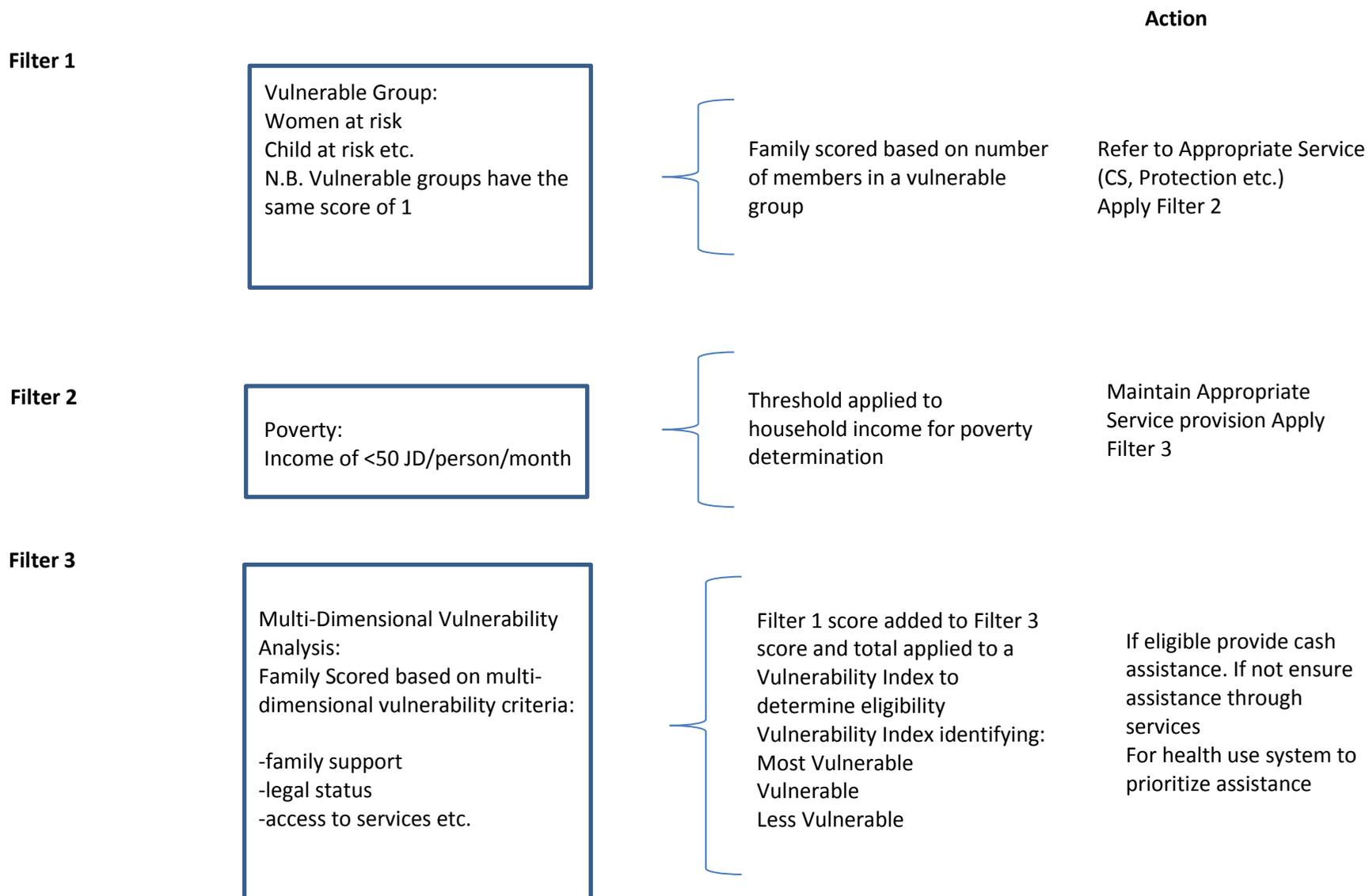
¹³ See Annex 2 for formula for calculation

	(>30 %)	(>20 %)	(>10 %)	(>5 %)	(<5 %)		
Communication between Governance and population: What is the level of communication between the governance structure and the district population?	1 Active participation, population informs Governance of needs	2 Collaboration, working jointly	3 Engagement, Working jointly on an adhoc basis	4 Consultation, but not working jointly	5 Passive, Governance making decisions		Focus Group
Connectedness across community groups: What is the degree of connectedness across community groups? (e.g. religious, age groups, new arrivals etc.)	1 Always Regular community organized care/events for sub groups	2 Very often Examples of community organized care/events for sub groups	3 Often Attention is paid to sub-group needs	4 Seldom is attention paid to sub-groups needs	5 No attention to subgroups		Focus Group
Security/Law and order: Does the population always feel safe in the district?	1 Always (0 incidents per week)	2 Very Often (>1incidents/week)	3 Often (>2incidents/week)	4 Seldom (>3incidents/week)	5 Never (>4incidents/week)		Secondary Data or Focus Group
Total							

Annex 3.Vulnerability Score Card for Urban Settlements

Dimension/Question	Vulnerability Score					Score	Data Source
	Low				High		
Access to safe water: What proportion of the Syrian refugees living in the area always have access to enough safe water?	1 Always >80% Less than 30 minutes waiting time at water point or piped and at least 2 storage containers 10-20 lt	2 Very often >70% Less than 30 minutes waiting time at water point or piped and at least 2 storage containers 10-20 lt	3 Often > 50% Less than 30 minutes waiting time at water point or piped and at least 2 storage containers 10-20 lt	4 Seldom >30% Less than 30 minutes waiting time at water point or piped and at least 2 storage containers 10-20 lt	5 Never >10% Less than 30 minutes waiting time at water point or piped and at least 2 storage containers 10-20 lt		Secondary Data or Focus Group
Access to Sanitation: Do the Syrian refugees living in the area always have enough sanitary facilities?	1 Always >80% No more than 20 people/toilet Safe for women and children	2 Very often >70% No more than 20 people/toilet Safe for women and children	3 Often >50% No more than 20 people/toilet Safe for women and children	4 Seldom >30% No more than 20 people/toilet Safe for women and children	5 Never >10% No more than 20 people/toilet Safe for women and children		Secondary Data or Focus Group
Access to Health Services: What proportion of Syrian refugees always have access to adequate health services?	1 Always >80% Have free access to health services	2 Very often >70% Always have free access to health services	3 Often >50% Always have free access to health services	4 Seldom >30% Always have free access to health services	5 Never >10% Have free access to health services		Secondary Data or Focus Group
Access to Education Services: Do the Syrian refugee children always have access to education services?	1 Always >80% Children able to attend school in a safe and secure manner	2 Very Often >70% Children able to attend school in a safe and secure manner	3 Often >50% Children able to attend school in a safe and secure manner school	4 Seldom >30% Children able to attend school in a safe and secure manner	5 Never >10% Children able to attend school in a safe and secure manner		Secondary Data or Focus Group
Access to Electricity: Do the Syrian refugees always have enough electricity supply?	1 Always >80%	2 Very often (twice weekly cuts that last less than 4 hours) >70%	3 Often (weekly cut that lasts more than 4 hours) >50%	4 Seldom (daily cuts that last more than 4 hours) >30%	5 Never >10%		Secondary Data or Focus Group
Access to durable shelter: What proportion of the Syrian families in the district live in shelter suitable for summer and winter?	1 Very Many (>40 %)	2 Many (>30%)	3 Some (>20%)	4 Few (>10%)	5 Very Few (<10%)		Secondary Data or Focus Group
Access to an income: What proportion of the Syrian refugee families living in the area have an income?	1 Very Many (>30 %)	2 Many (>20 %)	3 Some (>10 %)	4 Few (>5 %)	5 Very Few (<5 %)		
Indebtedness: What proportion of the Syrian refugee families living in the area have debts?	1 Very Many (>30 %)	2 Many (>20 %)	3 Some (>10 %)	4 Few (>5 %)	5 Very Few (<5 %)		
Legal: What proportion of the Syrian refugees in the area are registered or not?	1 Registered >80%	2 Newly Registered and receiving assistance >70%	3 Newly registered without assistance >30%	4 On the waiting list for registration >20%	5 Not registered >10%		Focus Group
Security/Law and order: Does the population always feel safe in the district?	1 Always (0 incidents per week) > 80%	2 Very Often (>1incidents/week) >70%	3 Often (>2incidents/week) >50%	4 Seldom (>3incidents/week) >30%	5 Never (>4incidents/week) >10%		Secondary Data or Focus Group
Total							

Annex 4 Proposed Eligibility System using Vulnerability Criteria



Annex 5 Household/individual level Urban Vulnerability Score card

Dimension/Question	Vulnerability Score					Score	Data Source
	Low				High		
Access to safe water: Does the family have access to enough safe water?	1 Always Less than 30 minutes waiting time at water point and Adequate storage at household (piped water or at least 2 containers of 10-20 lt)	2 Very often Less than 30 minutes waiting time at water point and Adequate storage at household (piped water or at least 2 containers of 10-20 lt)	3 Often Less than 30 minutes waiting time at water point and Adequate storage at household (piped water or at least 2 containers of 10-20 lt)	4 Seldom Less than 30 minutes waiting time at water point and Adequate storage at household (piped water or at least 2 containers of 10-20 lt)	5 Never Less than 30 minutes waiting time at water point and Adequate storage at household (piped water or at least 2 containers of 10-20 lt)		
Access to Sanitation: Does the family have access to enough sanitary facilities?	1 Always No more than 20 people/toilet Safe for women and children	2 Very often No more than 20 people/toilet Safe for women and children	3 Often No more than 20 people/toilet Safe for women and children	4 Seldom No more than 20 people/toilet Safe for women and children	5 Never No more than 20 people/toilet Safe for women and children		
Access to Health Services: Does the family always have access to adequate health services?	1 Always Have free access to health services	2 Very often Have free access to health services	3 Often Have free access to health services	4 Seldom Have free access to health services	5 Never Have free access to health services		
Access to Education Services: Does the family have access to education services?	1 Always Children able to attend school in a safe and secure manner	2 Very Often Children able to attend school in a safe and secure manner	3 Often Children able to attend school in a safe and secure manner	4 Seldom Children able to attend school in a safe and secure manner	5 Never Children able to attend school in a safe and secure manner		
Access to Electricity: Does the family always have enough electricity supply?	1 Always	2 Very often (bi-weekly cuts that last less than 4 hours)	3 Often (weekly cut that lasts more than 4 hours)	4 Seldom (daily cuts that last more than 4 hours)	5 Never		
Access to durable shelter: Does the family live in a shelter that is suitable for both summer and winter conditions?	1 Suitable for both winter and summer Ventilation, furnishing/blankets Heating	2 Suitable for summer Ventilated, light furnishing, no heating	3 Suitable for winter Limited ventilation, heavy furnishing, heating	4 Not suitable for summer or winter Unable to control ventilation, No furnishing, no heating	5 No shelter		

Threat of eviction: Does the family face the threat of eviction?	1 No threat of eviction	2 Unlikely threat of eviction	3 Potential threat of eviction	4 Threat of eviction	5 Evicted		
Legal status: What is the legal status of the family?	1 Registered	2 Newly registered receiving assistance	3 Newly Registered without assistance	4 On the waiting list for registration (either to be newly registered or re-registration)	5 Not registered		
Family Support: How many family members are there?	1 >than 5	2 >4	3 >2	4 >1	5 Living alone		
Income potential adults 18-59 years old: How many adults between the ages of 18-59 are there in the family?	1 4 or more	2 3	3 2	4 1	5 0		
Access to an Income: How many family members aged 18-59 earn a regular income?	1 Always (Daily) 1 or more	2 Very often (every 2 days) 1 or more	3 Often (weekly) 1 or more	4 Seldom (less than weekly) 1 or more	5 Never 1 or more		
Children under 5 years of age: How many children are below the age of 5 years in the family?	1 0 children aged <5	2 1 child aged <5	3 2 children aged <5	4 3 children aged <5	5 4 or more children aged <5		
Indebtedness: Does the family have documented debt?	1 None	2 >100 JD	3 >200 JD	4 >300 JD	5 >500 JD		
Total							

Annex 6 Household/individual Vulnerability Score Card Zaatari Camp

Dimension/Question	Vulnerability Score					Score	Data Source
	Low				High		
Access to safe water: Does the family have access to enough safe water?	1 Always Less than 30 minutes waiting time at water point and Adequate storage at household (at least 2 containers of 10-20 lt)	2 Very often Less than 30 minutes waiting time at water point and Adequate storage at household (at least 2 containers of 10-20 lt)	3 Often Less than 30 minutes waiting time at water point and Adequate storage at household (at least 2 containers of 10-20 lt)	4 Seldom Less than 30 minutes waiting time at water point and Adequate storage at household (at least 2 containers of 10-20 lt)	5 Never Less than 30 minutes waiting time at water point and Adequate storage at household (at least 2 containers of 10-20 lt)		
Access to Sanitation: Does the family have access to enough sanitary facilities?	1 Always No more than 20 people/toilet Safe for women and children	2 Very often No more than 20 people/toilet Safe for women and children	3 Often No more than 20 people/toilet Safe for women and children	4 Seldom No more than 20 people/toilet Safe for women and children	5 Never No more than 20 people/toilet Safe for women and children		
Access to Health Services: Does the family always have access to adequate health services?	1 Always Have free access to health services when needed	2 Very often Have free access to health services when needed	3 Often Have free access to health services when needed	4 Seldom Have free access to health services when needed	5 Never Have free access to health services when needed		
Access to Education Services: Does the family have access to education services?	1 Always Children able to attend school in a safe and secure manner	2 Very Often Children able to attend school in a safe and secure manner	3 Often Children able to attend school in a safe and secure manner	4 Seldom Children able to attend school in a safe and secure manner	5 Never Children able to attend school in a safe and secure manner		
Access to Electricity: Does the family always have enough electricity supply?	1 Always	2 Very often (cuts every 2 two weeks that last less than 4 hours)	3 Often (weekly cut that lasts more than 4 hours)	4 Seldom (daily cuts that last more than 4 hours)	5 Never		
Access to Shelter: Does the family always have enough electricity supply?	1 3 or more Caravans	2 2 caravans	3 1 caravan	4 2 or more tents	5 1 tent		
Family Support: How many family members are there?	1 >than 5	2 >4	3 >2	4 >1	5 Living alone		
Income potential adults 18-59 years old: How many adults between the ages of 18-59	1 4 or more	2 3	3 2	4 1	5 0		

are there in the family?							
Access to an Income: How many family members aged 18-59 earn a regular income?	1 Always (Daily) 1 or more	2 Very often (every 2 days) 1 or more	3 Often (weekly) 1 or more	4 Seldom (less than weekly) 1 or more	5 Never 1 or more		
Children under 5 years of age: How many children are below the age of 5 years in the family?	1 0 children aged <5	2 1 child aged <5	3 2 children aged <5	4 3 children aged <5	5 4 or more children aged <5		
Indebtedness: Does the family have documented debt?	1 None	2 >100 JD	3 >200 JD	4 >300 JD	5 >500 JD		
Total							