

VULNERABILITY ASSESSMENT FRAMEWORK



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Population Survey of Refugees Living
in Camps
Jordan 2022

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Acronyms

CHV	Community Health Volunteer
FCS	Food Consumption Score
FHH	Female-Headed Household
GOJ	Government of Jordan
HoH	Head of Household
IBV	Incentive-Based Volunteer
ILO	International Labor Organization
JOD	Jordanian Dinar
KAP	Knowledge, Attitudes and Practices
LCSI	Livelihoods Coping Strategy Index
MENA	Middle East and North Africa
MHH	Male-Headed Household
PHC	Primary Health Care
rCSI	Reduced Coping Strategy Index
SRAD	Syrian Refugee Affairs Directorate
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAF	Vulnerability Assessment Framework
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WG	Washington Group

Executive Summary

The Vulnerability Assessment Framework (VAF), designed in 2014 for Syrian refugees residing outside of Camps, is a key tool to inform advocacy and programme delivery for humanitarian and development partners in Jordan. This report presents the first efforts in implementing the framework within Camps of Zaatari and Azraq, established in 2012 and 2014 respectively.

Residents of both Azraq and Zaatari camps were randomly sampled to explore trends and vulnerabilities specific to the camp context. As the questionnaire was first used to collect the data in the urban setting, it was tailored for the refugee camps context to account for the camp residents' living circumstances, allowing for a deeper understanding of this specific group. A total of 10,141 individuals, representing 2,208 families living in 1,620 households, were interviewed face to face. Data was collected face to face over a period of 10 weeks between the dates of 7 October to 19 December 2021. The questionnaire was designed in consultation with the UNHCR field teams and sector leads and members of the Inter-Sector Working Group (ISWG) to ensure the survey's impact and effectiveness.

Key Findings



Health

Overall, there was some difference across the health indicators between the two camps. Chronic illness was far more prevalent in Azraq, with 51% reporting at least 1 chronic illness in the family and 42% reporting the same in Zaatari. Disabilities were prevalent within the camps, with more than half of families reporting at least one instance of disability within the family and around 30% in each camp reporting 3 disabilities within their family. Lastly, depression levels were far higher in Azraq, with around 61% reporting some level of depression compared to 43% in Zaatari. While not receiving medical access was more frequently reported in Zaatari than in Azraq, those with chronic illnesses reported higher rates of medical access across all types of care facilities compared to those with no chronic illness. Often vulnerabilities from multiple sectors intersect, resulting in compounding vulnerabilities. Debt levels were higher amongst those families reporting at least one family illness, with the average debt level being 634 JOD. Likewise, monthly income from work sources was substantially lower for those families reporting at least one chronic illness. When looking at debt, those families with debt reported slightly higher levels of medical access than those without debt.



COVID-19

Since the start of the pandemic, Azraq and Zaatari confirmed 2,341 and 4,232 cases of COVID-19 respectively.¹ In general, the majority of households in both camps were aware of the most common COVID-19 symptoms and modes of virus transmission. Around 93% of households in Zaatari and 89% in Azraq said they viewed COVID-19 as a serious health concern. Isolating and seeking medical treatment when suspecting COVID-19 infection was also very common, with almost all households reporting adhering to these measures. Due to the quick rollout of vaccination within the refugee camps, the overwhelming majority of head of households surveyed reported having two doses of the COVID-19 vaccine, with higher proportions in Zaatari than in Azraq (86% vs. 76%).



Shelter

Overall, acceptable living conditions were much more common in Azraq, as compared to Zaatari. This could be due to the age or the sheer size of the camp, with Zaatari containing over three times more shelters than Azraq. Renovations made by households also showed variation by camp, with individuals in Zaatari reporting more self-maintenance than individuals in Azraq. Further, substandard access to shelter was reported more frequently by individuals categorized as highly vulnerable in terms of disability. Overall, shelters in Azraq were more likely to have acceptable dwelling access for all household members. In addition, individuals in Azraq are reporting an average of 11 hours per day of electricity use while those in Zaatari reported a little less than 10 hours.

¹ As of April 2022



WASH

Overall, individuals in Zaatari fared slightly worse than those in Azraq in terms of WASH indicators, with households in Zaatari spending more on WASH related items on average and reporting inadequate water supply more frequently. While physical accessibility to latrines within both camps was high, with 85% of households in Zaatari and 91% of households in Azraq reporting full accessibility, only 78% of households in which at least one member has a disability reported physical accessibility for all members of the household. Most wastewater in both camps is disposed of via the network/sewage system. However, 16% of households in Azraq also reported using a tank or lines pit for wastewater disposal or collection. The majority of households in both camps had experienced visible vector evidence more than twice in the past year.



Livelihood coping strategies

Most families in both camps had resorted to some coping mechanism to make ends meet, with the majority using stress-related coping strategies (91% in Azraq vs. 87% in Zaatari), with the most common was buying food on credit followed by spending savings. The most common crisis level coping mechanism was reducing non-food expenses, with 41% and 43% reporting doing so in Azraq and Zaatari, respectively. While emergency level coping mechanisms were not as frequent, families in Zaatari were almost twice as likely to use emergency level coping mechanisms compared to families in Azraq, with accepting a high-risk job being the most used. Those who used resorted to at least one emergency reported debt less frequently.



Food security

Food security indicators were similar between the camps, but overall, Azraq fared slightly worse. While most families had acceptable food consumption scores (88% in Zaatari vs. 85% in Azraq), female-headed households and smaller families were found to have worse food consumption scores compared to families of 7 or more. Families in Zaatari spent a higher monthly average on food than families in Azraq (153 JOD vs. 125 JOD). More than half of families in both camps

reported using some form of food-based coping strategy, with a higher share in Azraq reporting more crisis and emergency level strategies. Of those resorting to coping strategies, the majority reported eating less preferred food, with high percentages in both camps reporting using said coping mechanism all 7 days of the week prior to the interview.



Education

School enrolment was slightly better in Azraq than in Zaatari, with 87% of school-aged children enrolled in school in Azraq and 83% in Zaatari, with enrolment rates declining significantly with age in both locations. Furthermore, a higher proportion of school-aged children in Azraq had never attended school compared to Zaatari (47% and 37%, respectively). While the majority of overall children attending school in both camps did not report any difficulties, in Azraq, children were more likely to report experiencing difficulties, with distance to school and poor quality of teaching being most frequently cited. Family obligations and disability were more likely to be reasons for not attending school in Azraq, while child marriage and child labour was cited two times more from school aged children in Zaatari.

Basic needs



Debt prevalence is high in both camps, with Azraq reporting a higher share of families living with debt than Zaatari, 83% vs. 69%. The majority of family debts were between 1-500 JOD. Borrowing money to buy food was the most frequent reason for acquiring debt (70% in Azraq vs. 55% in Zaatari), followed by health care expenses. Although borrowing sources varied, most were informal, with shopkeepers being the most frequently cited source followed by friends and neighbours. Additionally, food made up a significant fraction of monthly expenditure in both camps, with families in Zaatari and Azraq spending an average of 39% and 40% of household expenditure on food, respectively. Lastly, whilst the majority of individuals were not using mobile wallets, those who did reported using them to receive salary or assistance from UN/NGOs.



Livelihoods and income

Access to employment differed between camps, with most Azraq residents reporting work inside the camp, while Zaatari residents reported more external employment opportunities. A quarter of Zaatari-based workers are employed in the agricultural sector outside the camp. Camp employment in both camps heavily depends on the Incentive-Based Volunteering (IBV) schemes (57% in Azraq vs. 42% in Zaatari). Workers from Zaatari were much more likely to report hazardous work environments, reflecting access to opportunities outside the camp. A quarter of respondents reported getting paid less than minimum wage, and over half reported working in extreme temperatures. COVID-19 exerted a noticeable impact among camp residents, with employment dropping 8% and 7% percentage points in Azraq and Zaatari since the start of the pandemic. WFP assistance remains the main source of income for over half of families in both camps, with similar average monthly income per family irrespective of camp. Families with no working members reported substantially lower monthly incomes than those with at least one working member, with an average of 162 JOD less in Azraq and 163 JOD less in Zaatari.



Child labour and marriage

While working children and child labour were twice as prevalent in Azraq than in Zaatari, children in Zaatari were substantially more likely to report being engaged in hazardous work, which could reflect the fact that children in Zaatari are more likely to engage in work outside the camp. Additionally, males were much more likely than female children to be identified as working children and child labourers. Only male children were found to be engaging in hazardous work. Around 65% of working children in Zaatari worked in agriculture outside the camp, with the second most frequently cited work sector being shop work inside the camp. Working children in Azraq worked mainly inside the camp, with 44% engaged in informal work and 22% in shop work.

While the majority of working children in Azraq also attend school (85%), the opposite was true in Zaatari, where only 40% of working children in Zaatari also attend school. Child marriage was also three times more frequent in Zaatari, with 1.8% of children aged 5-17 in Zaatari identified as married or divorced compared to 0.7% in Azraq. Child marriages were only seen among female children in both camps, with the majority aged 16 and 17.





Introduction

For the first time, the Vulnerability Assessment Framework (VAF)² expanded to include the two main Syrian refugee camps: Azraq and Zaatari. This baseline assessment will allow for a deeper understanding of camp demographics, support greater analysis of and comparison between the camps, and allow measurement of vulnerability changes over time. Further, in collaboration with the World Bank, findings can inform the development of a vulnerability model that will support more targeted delivery of assistance and services. The report provides insights on key thematic areas such as protection, access to services, food security, livelihoods, financial situation, and the ongoing impact of COVID-19.

The findings can inform strategic planning of across humanitarian and development partners on refugee-related matters and provide evidence-based inputs for the Jordan Response Plan, UN Common Country Analysis, and UN Sustainable Development Cooperation Framework.

Camp context

While both camps are administrated jointly by the Government of Jordan's (GOJ) Syrian Refugee Affairs Directorate (SRAD) and UNHCR, as the lead agency for refugees in Jordan, UNHCR assumes the lead role in camp coordination at both the strategic and inter-camp level, as well as leading on Protection, Health, Shelter and Site Planning, Security, Community Mobilization, Basic Needs, and Livelihoods at the sector level.

As of April 2022, Zaatari camp is home to 81,166, over 55% of whom are children (18% under 5 years old).³ Since its construction in 2012, the camp has evolved into a settlement with 26,000 shelters, 32 schools, 8 health centres, and 58 community centres.⁴ While in Azraq, a total of 39,447 persons of concern were registered. 61% of residents in Azraq are children, with 19% under 5 years old.¹ The camp, established in 2014, includes 8,850 shelters currently in use.

Both camps support access to education and healthcare 'free at the point of delivery' for all refugees. Refugees receive food and basic needs assistance, predominantly through cash-based modalities provided by WFP and UNHCR. Regular food assistance vouchers can be redeemed at camp supermarkets. Each camp has an employment office that provides job matching services and supports refugee access to work permits and an informal marketplace, with Azraq, as of December 2021, hosting 388 informal shops, and Zaatari hosting 780.³ The COVID-19 pandemic presented an added burden on residents of refugee camps, who experienced more limitations on freedom of movement than urban-based refugees, with the result that many job opportunities that were available prior to COVID-19 disappeared.

² Refer to the *2022 VAF Population Survey for Refugees Living in Host Communities* report for more information on the VAF tool, methodology and indicator framework.

³ UNHCR Jordan, *Azraq and Zaatari Camp Dashboard*, April 2022

⁴ ReliefWeb, *UNHCR Jordan: Zaatari Refugee Camp*, January, 2022

The Vulnerability Assessment Framework

The Vulnerability Assessment Framework (VAF)⁵ was through a collaboration between donors, UN agencies, and NGOs operating in Jordan. One of the main goals of the VAF was to provide a unified definition and measurement of multi-sectoral vulnerability. The VAF created one consistent measurement tool that could be used for comparison across different groups and periods. This is the first VAF report that captures data from the camp population.

Accurately capturing vulnerability requires rigorous and continuous data collection, allowing UNHCR and partners to channel their resources towards the individuals who need it the most, ensuring that assistance and services provided are efficient, targeted, and effective. The VAF establishes an observation and reporting system that supports the partners:

- To have shared and consistent data about refugee vulnerability in Jordan to enable organizations to monitor changes over time
- In order to target programmes more efficiently and equitably based on the application of common vulnerability criteria
- Strengthen coordination and decision-making to inform the delivery of assistance and support the self-reliance of refugees

Research design and methodology

The terms refugee “individuals”, “families” and “households” are used throughout this report. An individual describes an adult or child, while a family refers to a UNHCR proGres Case/Registration group. A household refers to one group of individuals living in the same residence. A household may or may not consist of family units or related individuals. This is similar to the methodology used within the out-of-camp report.

Questionnaire

The data was collected using a household questionnaire comprising 10 modules: Household Demographics, Shelter, WASH, Consumption and Expenditure⁶, COVID-19 KAP⁷, Financial Situation, Health, Education, Livelihoods, and Child Labour. The original tool was tailored for the refugee camps context to account for the camp residents’ living circumstances, allowing for a deeper understanding of this specific group. Due to the research design, data can also be disaggregated to explore differences in gender dynamics and persons with disabilities across age groups. Furthermore, the data collected can be used to compare the findings between the urban and camp populations.

⁵ For more information, including reports, dashboards and data tables, visit the [VAF Data Portal](#).

⁶ The consumption and expenditure module, which is used to assess poverty among refugees, was designed jointly with the World Bank, and allows the same approach as the Government of Jordan’s national Household Income and Expenditure Survey (HIES). The VAF consumption model represents a subset of the 2018 HIES, covering items that account for approximately 90% of total non-Jordanians’ consumption; additional items specific to camp items were also added.

⁷ Developed in coordination with research partner, [Samuel Hall](#).

Sampling strategy

In order to ensure that the sample is representative of the refugee population living in both camps, a stratified random sampling method was used, with two strata: Azraq and Zaatari. Random sampling aims to reduce selection bias and ensure that our respondents have the same characteristics as the entire population on average. A random sample of families was selected for each camp using UNHCR's ProGres registration database. This sample was then proportionally distributed across the villages in Azraq and districts in Zaatari. Even though sampling was conducted at the family unit, all members in the household were interviewed, including other cases/families living in the same household, and individuals pending registration with UNHCR.

Enumerator training

UNHCR and Mindset jointly conducted face-to-face training sessions weeks for 29 female enumerators and 7 supervisors. In order to exercise all precautionary measures and social distancing, two batches of training took place over the course of two weeks.

The training sessions provided comprehensive background information on the study and general guidelines on research ethics, behaviour protocols and COVID-19 precautionary measures. Moreover, the training provided a unified approach for fieldwork through the testing instructions after each session and the technical orientation of the Kobo data collection tool. Specific trainings were conducted jointly with UNHCR protection teams, as follows:

- Code of conduct;
- Data protection standards;
- Protection against sexual exploitation and abuse (PSEA) and safe referral mechanisms;
- Identification of disabilities and Washington Group questions, facilitated by Humanity & Inclusion.

In addition to the above, UNHCR provided each enumerator with frequently asked questions and a food guide to help assist them throughout the field work. The food guide provided visual references to common household items that enumerators would inquire about in the consumption module in the survey. The guide proved to be a useful tool as it allowed the enumerator to record accurate answers when it came to purchases and consumption.

Throughout the project, Mindset and UNHCR held multiple rounds of virtual refresher trainings to provide consistent feedback to the research team, and to flag any changes to the forms.

Data collection

The data collection was implemented in collaboration with the research partner, Mindset. In addition, UNHCR field staff members have supported the data quality assurance process, while the refugee Incentive-Based Volunteers (IBVs) assisted with household identification activities. To ensure data quality, a pilot data collection exercise was conducted, allowing for the

improvement of the questionnaire design and ensuring that the field team's feedback was well incorporated.

Interviews consisted of two steps: first, appointment-setting, and then household interviews. During the appointment setting process, the research partner checked if the household had been called previously so as not to interview the same household twice, as some households had two UNHCR files. If a female enumerator was to enter a house of all-male residents, she was accompanied by a supervisor. Each team completed approximately 10-13 household visits per day. Whenever possible, the head of the household was interviewed. At the end of each interview, each respondent received an SMS with information about how they could call for complaints about the survey or change responses.

Key limitations

There were some limitations associated with the VAF approach which may have implications for how the results can be interpreted and applied⁸:

- **Social desirability bias:** Social desirability may have affected respondents' answers to the enumerators' questions. In other words, respondents may have felt uncomfortable answering some questions, therefore providing more socially desirable responses. Because the interviews were conducted face-to-face, the respondents were not anonymous to the interviewers. All enumerators explained confidentiality and that respondents' answers would not affect their cash or in-kind assistance eligibility. Even so, due to the nature of the population, which receives significant aid from UNHCR, respondents may have adjusted their answers to continue receiving or becoming eligible for assistance.
- **Head of household:** In many cases, the head of the household (often the father or grandfather) answered questions on behalf of other family members. While this was a practical means to provide a general insight into the experiences of the household, the head of the household may not have known some specific details of each other household member. In particular, male heads of the household may not understand the gendered aspects of vulnerability with regard to female members of the household.

⁸ Refer to the *2022 VAF Population Survey for Refugees Living in Host Communities* report for more information on potential limitations.

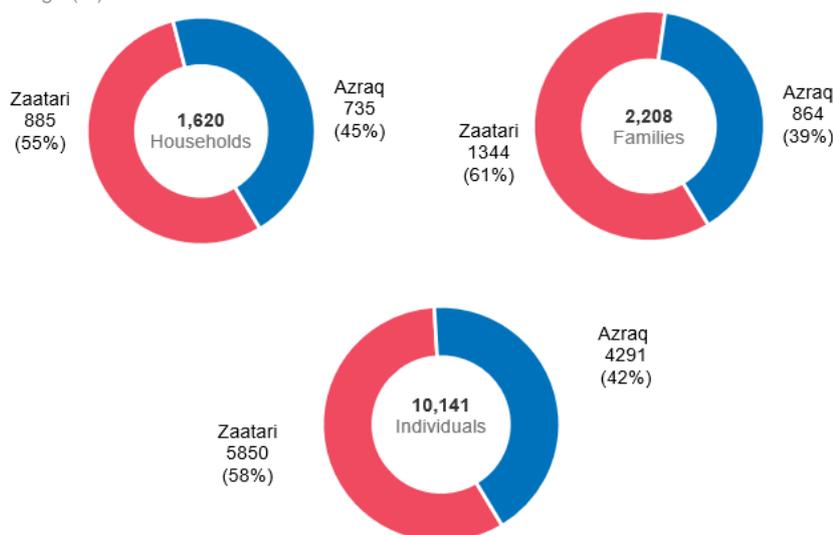
1. Sample profile

Overview

This chapter provides an overview of key demographic factors of the sample that could affect vulnerability: household size, family size, registration status, age, gender, marital status, head of household, disability, and dependency indicators.

The sample size consists of 10,141 individuals, representing a total of 2,208 families (or UNHCR cases) living in 1,620 households. Regarding household composition, almost all (99%) households were composed of one sharing group (i.e., multiple families pooling resources in the same household).

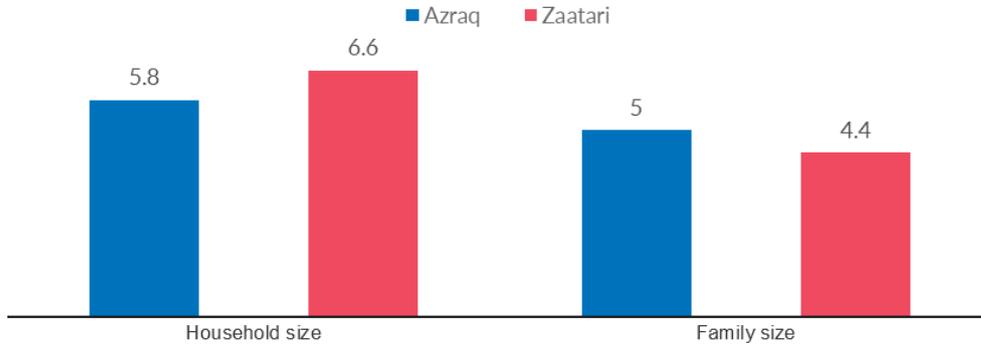
Figure 1.1. Sample profile composition, Azraq vs. Zaatari
Percentage (%)



Out of 10,141 individuals, 10,079 were officially registered with UNHCR, while only 62 individuals (1% of the total) were unregistered. Most of the unregistered individuals are new-borns or individuals waiting for an appointment with UNCHR.

Households in Zaatari were slightly larger on average than households in Azraq.

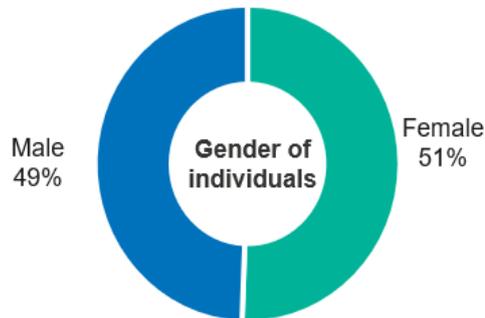
Figure 1.2. Household and family size, Azraq vs. Zaatari
Average



Gender

The overall sample size was equally distributed in terms of gender – 49% male and 51% female. Similarly, there was a proportional distribution in camps: 51% male and 49% female in Zaatari, and 50% male and 50% female in Azraq.

Figure 1.3. Sample gender distribution, Azraq vs. Zaatari
Percentage of individuals (%)



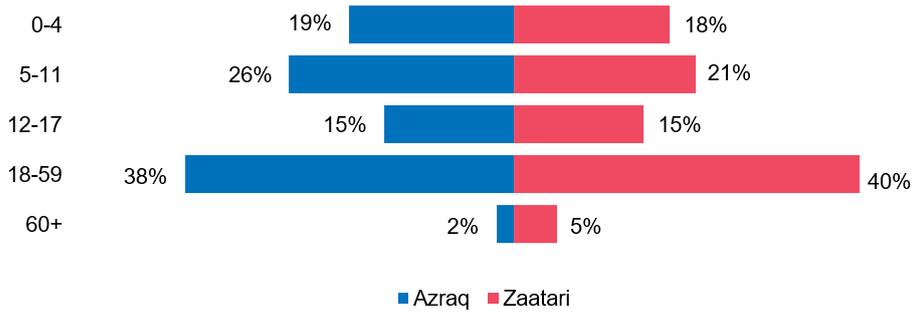
Age

Overall, there is a significantly higher share of children residing in the camps compared to adults, 57% vs. 43%.

Below is a breakdown of the age distribution of the sample by camp.

Figure 1.4. Sample age pyramid, Azraq vs. Zaatari

Percentage of individuals (%)

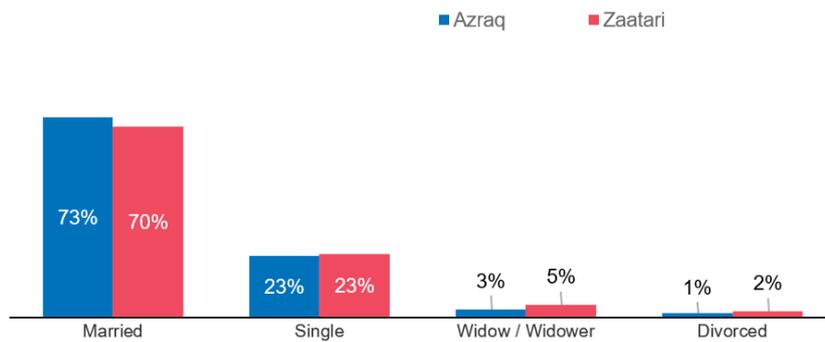


Marital Status

Overall, the majority of respondents aged 16⁹ and older are married: 70% in Zaatari and 73% in Azraq. The second most commonly indicated status is single – at 23% in both Zaatari and Azraq. Divorce rates in the camps are very low; only 1% in both camps indicated that they are divorced.

Figure 1.5. Marital status, Azraq vs. Zaatari

Percentage of individuals (%) (>16 years old)



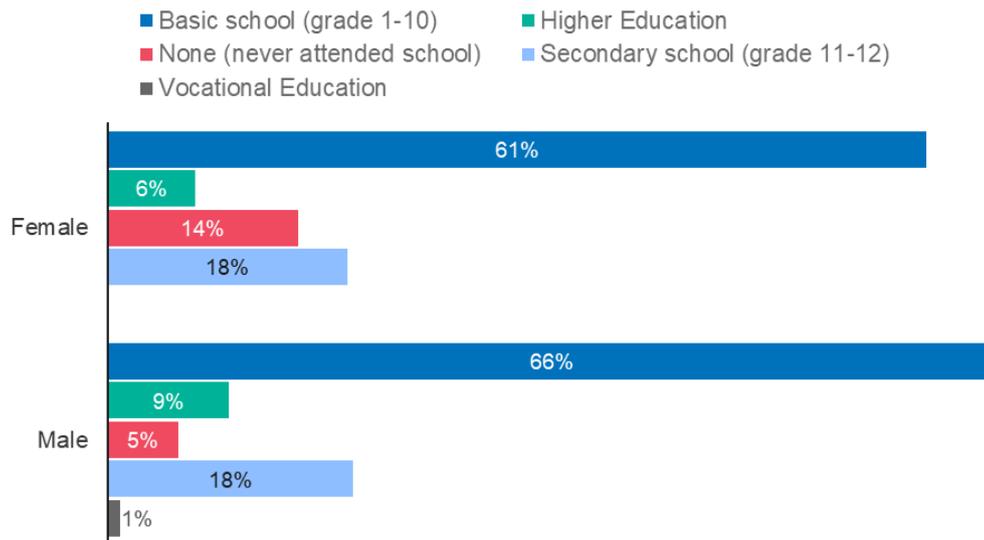
⁹ N=4,800

Adult Education

The total number of adults in the sample was 4,346: 2,273 females and 2,073 males. The figures below indicate that male education levels are significantly higher overall than female education levels.

Figure 1.6. Adult education status by gender

Percentage of individuals (%) (>18 years old)



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Characteristics of heads of household

The average head of the head of household within both camps is 42 years, with the youngest interviewed HoH being 19 years and the oldest being 92 years.

Figure 1.7. HoH age
Percentage of households (%)

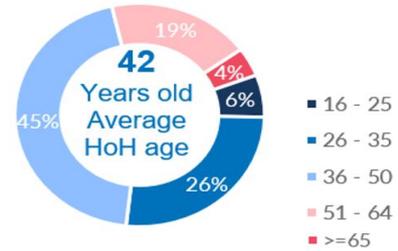
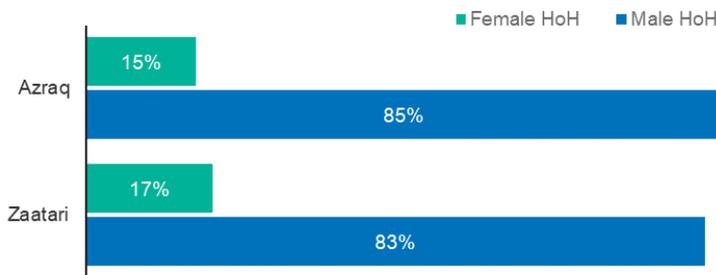


Figure 1.8. HoH gender, Azraq vs. Zaatari
Percentage of individuals (%)



Head of households tend to be males in both camps: in Azraq, 85% of individuals live in households where the head of households are male, while slightly less, 83% in Zaatari.

Overall, employment and education levels were higher amongst respondents of male-headed households (MHH) compared to female-headed households (FHH).

Figure 1.9. HoH employment by gender
Percentage of individuals (%)

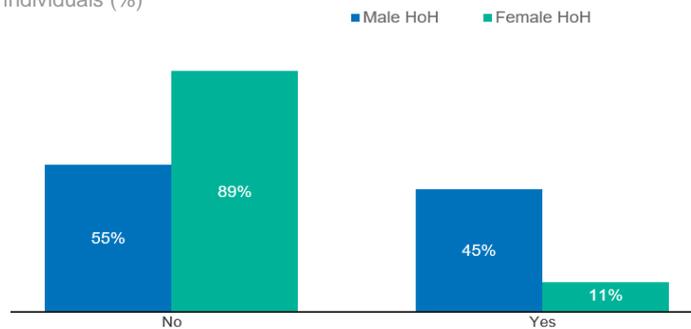
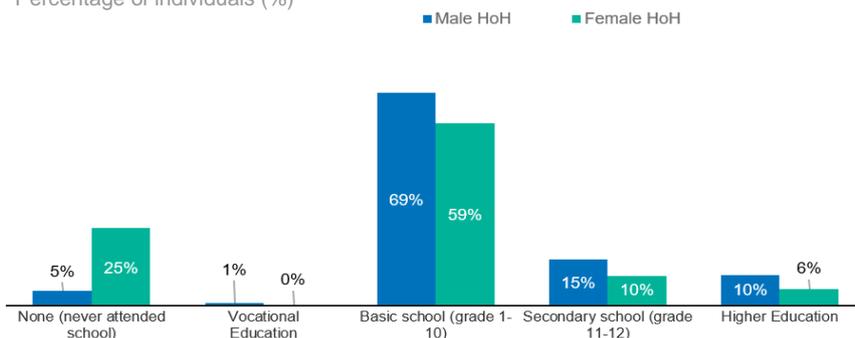


Figure 1.10. HoH education by gender
Percentage of individuals (%)



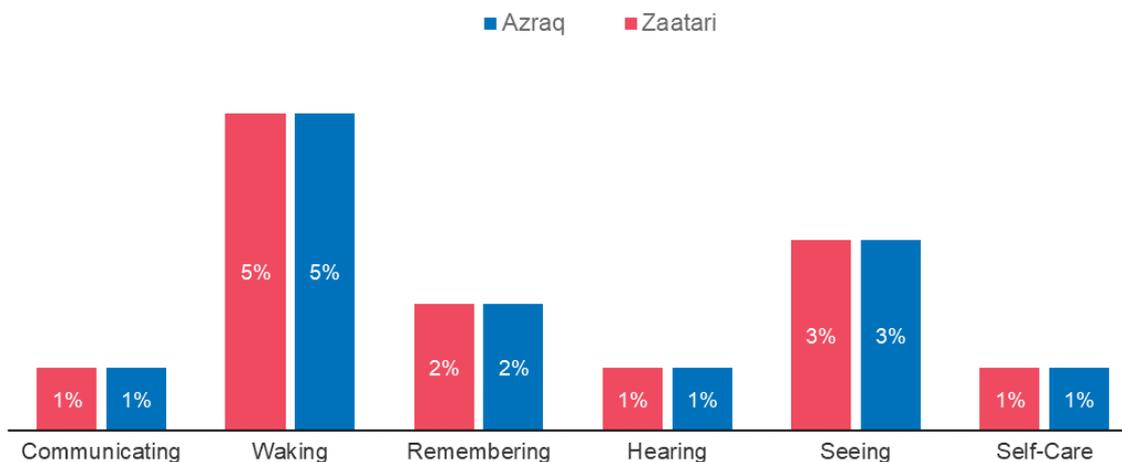
Disabilities

Disability was assessed using the Washington Group (WG) questions¹⁰ on identifying disabilities. These measures assess limitations in basic activity functioning of an individual. Each WG question is based on the levels: 1) No Difficulty, 2) Some Difficulty, 3) A lot of difficulty, and 4) Cannot do at all. Respondents answer 6 questions regarding sight, hearing, cognition, communication, and physical ability with the corresponding level of ability.

Overall, 729 individuals (representing 7% of the sample) reported having a disability. The graph below shows percentages of respondents who indicated that they have "a lot of difficulty" or "cannot do it at all" for each type of activity. Overall, disability levels are equal between both camps. The most common condition is walking disability - around 5% in both camps. While seeing (3%) and remembering (2%) are the next most common disability types indicated.

There were 582 families (representing 26% of the total sample) with at least one family member with a disability. Families with at least one disabled member were more common in Azraq (29%) than in Zaatari (24%).

Figure 1.11. Disability prevalence by camp and disability type, Azraq vs. Zaatari
Percentage of individuals (%)



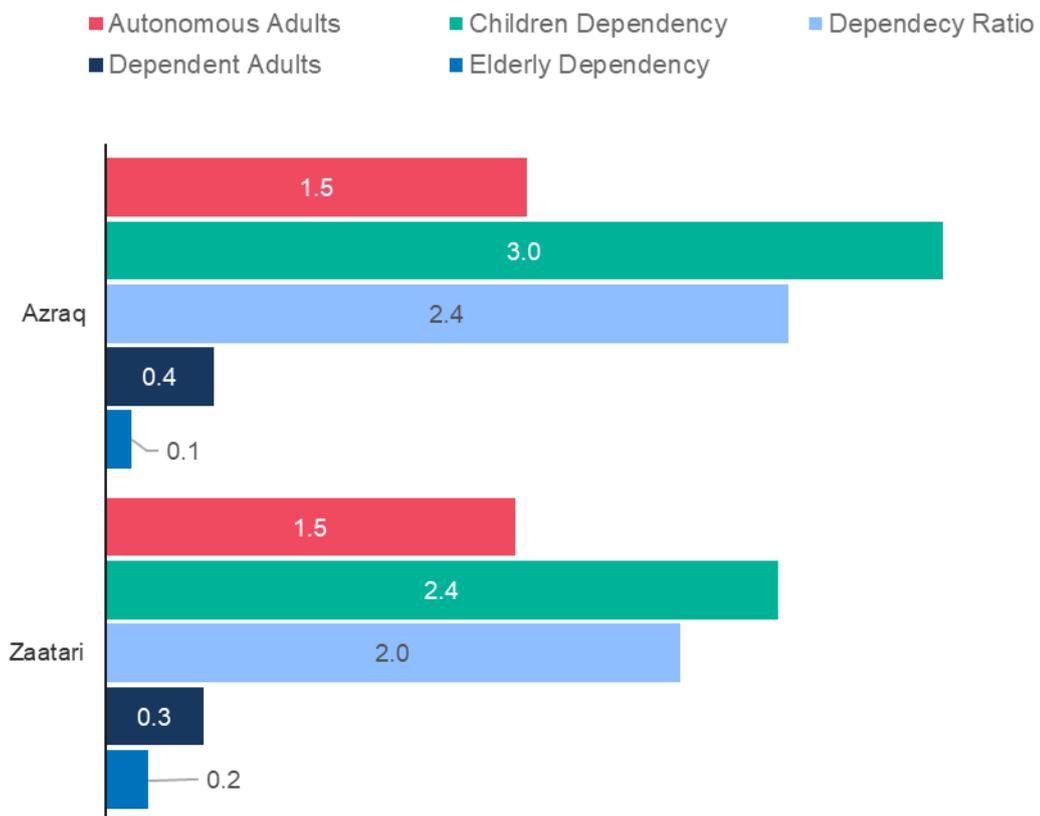
¹⁰ The *Washington Group on Disability Statistics* is a UN city group established under the UN Statistical Commission. The purpose of the Washington Group is the promotion and coordination of international cooperation in health statistics focusing on disability data collection tools suitable for censuses and national surveys to provide cross-nationally comparable population-based measures of disability.

Dependency

Dependency indicators allow us to capture families’ resilience and vulnerability, impacting all the different sectors. When comparing the two refugee camps, the numbers of autonomous adults, i.e., potentially economically adults, are relatively similar: on average, 1.5 autonomous adults per family in Azraq and 1.46 in Zaatari. However, dependency levels are notably higher in Azraq (2.4) compared to Zaatari (2.1). This is due to a significantly higher number of children per family: 3 in Azraq and 2.4 in Zaatari. Elderly dependency is relatively low in both camps, with a slightly higher level for Zaatari: 0.1 in Azraq and 0.2 in Zaatari.

Figure 1.12. Number of dependents per family, Azraq vs. Zaatari

Average





2. Health



Sectoral context

As of May 2022, there are a total of 6 health care facilities in Azraq and 7 health care facilities in Zaatari delivering various levels of health care to camp residents.¹¹ While UNHCR has continued supporting the provision of Primary Health Care (PHC) services to all camp residents through implementing partners, eligible families in need of secondary and tertiary care are supported through affiliated hospitals outside the camps.¹²

UNHCR continues advocacy to ensure that refugees can access healthcare through the national healthcare system where possible. As of April 2022, all refugees, including camp residents, can access health care at Ministry of Health (MOH), facilities at a subsidized rate. To support broader refugee access, UNHCR, jointly with the MOH, has developed new detailed health care access manuals for all frontline staff that will ensure a clear understanding of refugee eligibility and entitlements regarding healthcare in Jordan. In the second phase, UNHCR will focus on decreasing the awareness deficit on the part of the refugee population about the subsidy on health services at the public health facilities. Implementing this manual is expected to address the barriers to essential health services, improve utilization rate, and thus connect refugees to the public health care system more effectively.

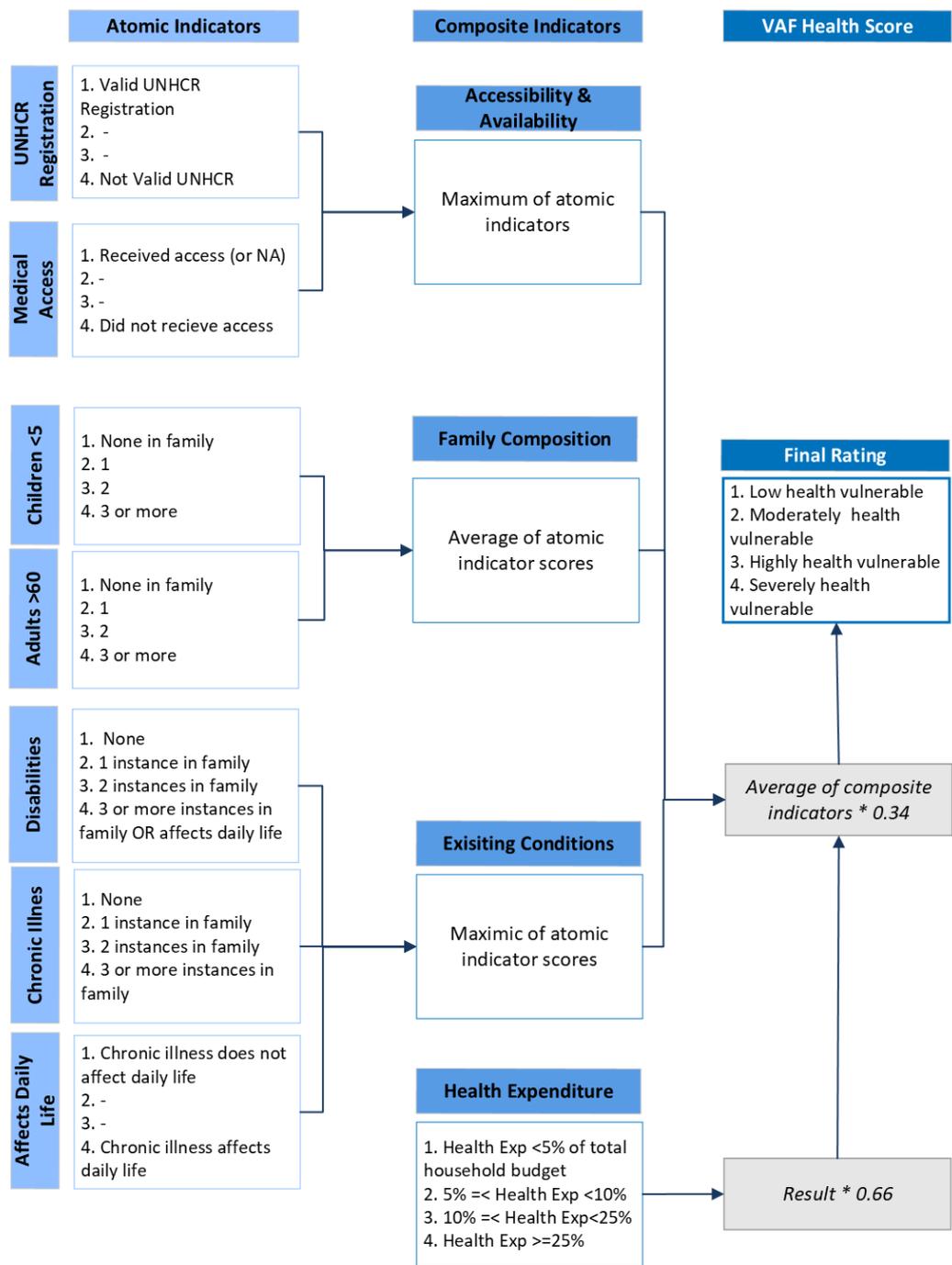
Because monitoring health needs requires the measurement of multiple complex indicators, UNHCR has developed a composite health score that measures the factors likely to impact a family's ability to manage health risks. The composite measure, the VAF health score, comprises the following elements: access and availability of health care, family composition, pre-existing conditions, and the proportion of expenditure on health-related items. While the score is calculated at the family level, each individual member will receive the same score of their respective family.

¹¹ Azraq hosts 4 PHCs, 1 secondary hospital and 1 COVID-19 treatment center; Zaatari hosts 5 PHCs, 1 basic obstetric facility and 1 emergency health centre

¹² Given to limited funding only lifesaving conditions can be referred for medical treatment for camp residents. If the condition is not covered under the Exceptional Care Committee (ECC) during a given time period, refugees are required to access private or public health facilities at their own expense.

The following schematic shows how the score is calculated:

Figure 2.1. VAF Health Sector Tree, Camp Methodology

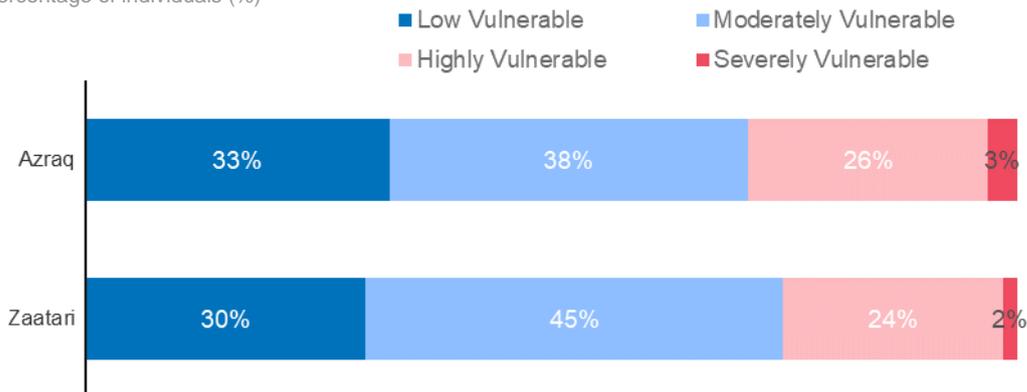


Overall health vulnerability

The overall health score distribution is similar in both Azraq and Zaatari. The majority of individuals fell within the low to moderate vulnerability category (71% in Azraq and 75% in Zaatari). Still, significant numbers in both camps were classified as vulnerable (29% in Azraq and 25% in Zaatari). The average VAF health score was slightly higher in Azraq than Zaatari.

Figure 2.2. Health final VAF score, Azraq vs. Zaatari

Percentage of individuals (%)



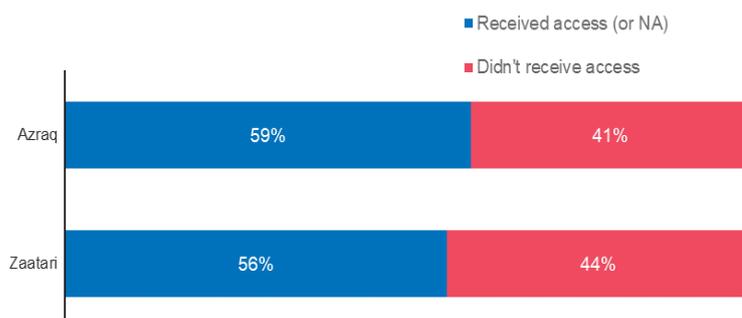
Accessibility and Availability

Accessibility and availability of healthcare comprise overall receipt of medical care and UNHCR registration. Accessibility indicator is based on the question, "If there was any medical need, were you able to access hospitals/clinics within 6 months?" UNHCR registration allows families access to vital services and confers a legal status upon refugees.

The overall accessibility and availability score is calculated by using the maximum of the atomic indicators. For UNHCR registration, a score of 1 (or low vulnerability) is given for a valid UNHCR Registration Card and a 4 (or severely vulnerable) for non-valid Card. For medical access, a score of 1 is given if any family member has received access or if not applicable (NA). A 4 was given if any family member did not receive access.

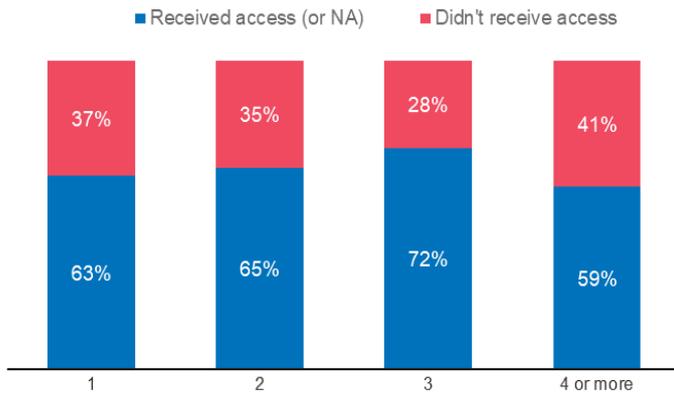
Figure 2.3. Medical access VAF score, Azraq vs. Zaatari

Percentage of individuals (%)



Medical access was similar in both camps, with 41% in families where at least 1 family member did not receive access in Azraq and 44% not receiving access in Zaatari. UNHCR registration was similar in both camps, yet slightly higher in Azraq.

Figure 2.4. Medical access by number of chronic illnesses per family
Percentage of individuals (%)



Overall, in both camps, respondents were more likely to receive access if a family member had a chronic illness compared to those with no chronic illness (64% and 56% respectively).

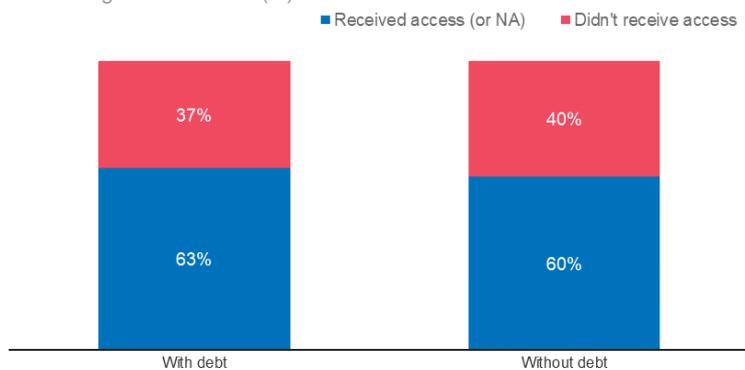
Medical access has increased for individuals living in families which reported more than 1 instance of chronic illness. However, for those individuals with 4+ chronic illnesses, not receiving access increased substantially.

When examining debt levels by chronic illness, families which reported at least 1 member with a chronic illness had significantly higher levels of average debt than families with no chronic illness (634.1 JOD vs. 539.3 JOD). This could have multiple contributing factors. Families with instances of chronic illness have overall lower monthly income levels than families reporting no chronic illness. When examined solely on monthly income from work¹³, families with no chronic illnesses had significantly higher average monthly income than those families with at least one chronic illness (41.4 JOD vs. 28.9 JOD). This lower income coupled with the need for more frequent medical access and higher medical bills could potentially be a substantial driver of debt.

Overall, individuals with family debt reported slightly higher levels of medical access than those reporting no debt. Some 63% of these individuals reported receiving medical access while 60% of those without debt reported the same. This illustrates a trend shown within the Basic Needs chapter found later in the report, where high percentages of individuals reported borrowing money for healthcare related needs (20% in Azraq and 23% in Zaatari of those who reported borrowing money).

Some refugees may need to pay out of pocket for care beyond the scope of PHC. Because of this, individuals may have higher medical access due to taking on more debt for required healthcare.

Figure 2.5. Medical access by debt status
Percentage of individuals (%)

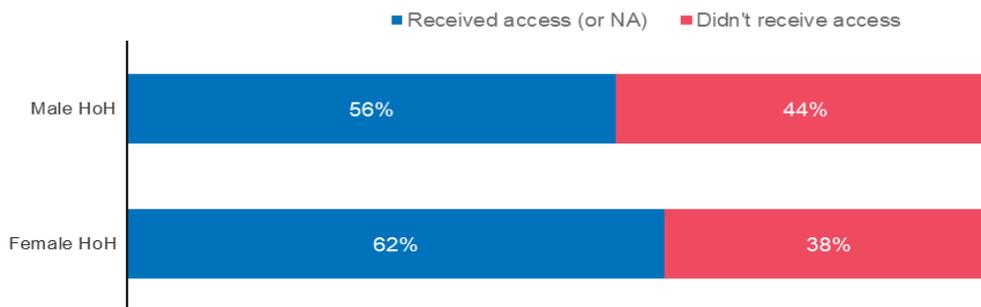


¹³ Excluding income from incentive-based volunteering.

Medical access also differed slightly between head-of-household gender. Individuals in FHH were more likely than individuals in MHH to receive medical access.

Figure 2.6. Medical access by HoH Gender

Percentage of individuals (%)



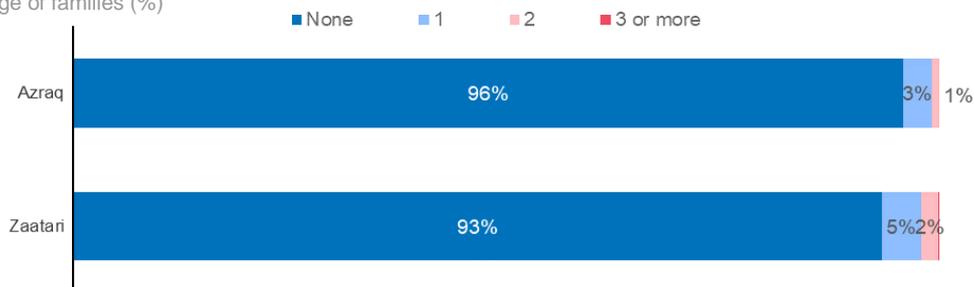
Family composition

Family composition scores were derived from family members which may require additional health needs: the number of adults over 60 and number of children under 5 in the household. Family composition aspects were similar in both camps.

The majority of responding individuals (96% in Azraq and 93% in Zaatari) reported no adults over 60 in their household.

Figure 2.7. Elderly VAF score, Azraq vs. Zaatari

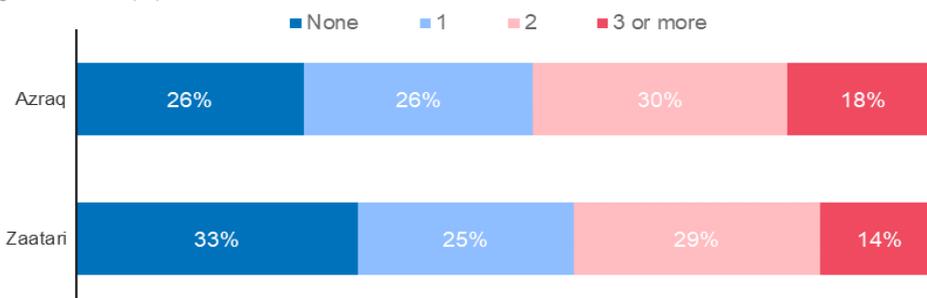
Percentage of families (%)



The majority of households in both camps reported at least 1 or more child under 5 (74% in Azraq and 67% in Zaatari). Azraq had a slightly higher average of children under 5 per household.

Figure 2.8. Children VAF score, Azraq vs. Zaatari

Percentage of families (%)



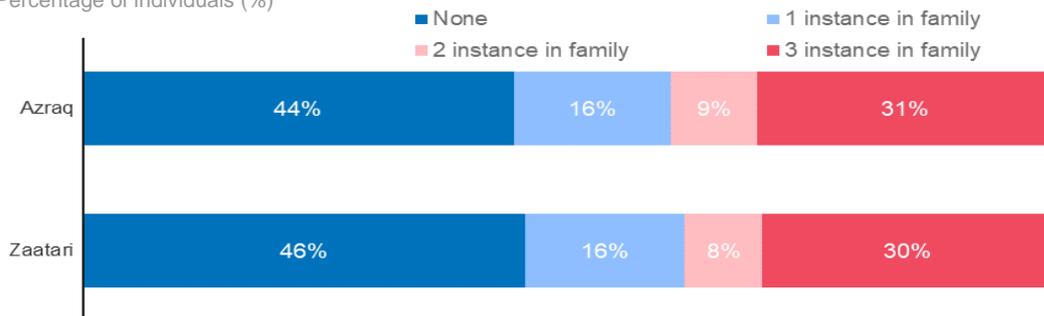
Existing conditions

The existing conditions composite score comprises instances of disability and chronic illness in a family. Disability was identified based on WG Questions, explained in further detail within the introduction chapter. Chronic illness counts per family and types of chronic illness were recorded for each individual.

Over half of families in both camps reported one or more instances of disability within their family (56 % in Azraq, 54 % in Zaatari). Number of instances were similar between the camps.

Figure 2.9. Disability VAF score, Azraq vs. Zaatari

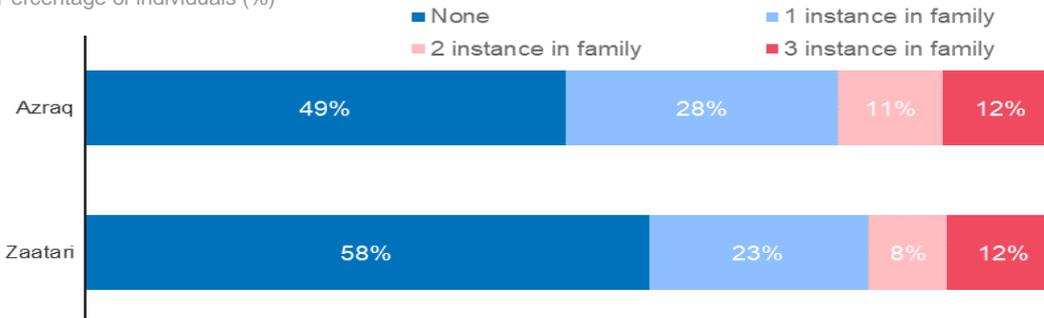
Percentage of individuals (%)



Chronic illness within families was significantly different between the two camps, with 51% in Azraq reporting 1 or more instances of chronic illness in the family and 42% reporting the same in Zaatari. 12% of individuals in both camps reported 3 instances of chronic illness within families.

Figure 2.10. Chronic illness VAF score, Azraq vs. Zaatari

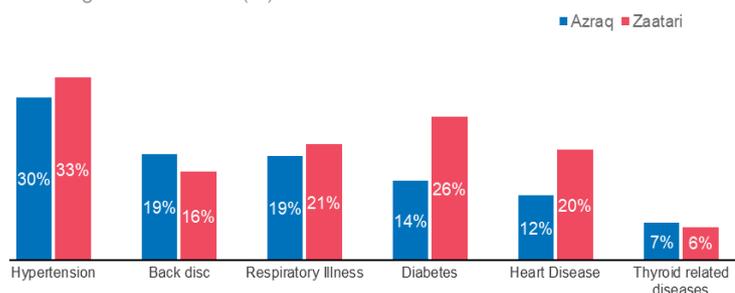
Percentage of individuals (%)



Of the 1,318 individuals who reported chronic illness, the majority reported hypertension (30% in Azraq vs. 33% in Zaatari). There was a significant difference between reported diabetes and heart disease between camps, with more individuals reporting both in Zaatari (26% vs. 14% for diabetes and 20% vs. 12% for heart disease). For family members with a chronic illness, 40% in Azraq stated their chronic illness affects their daily life, and 37% reported the same in Zaatari.

Figure 2.11. Chronic illness type, Azraq vs. Zaatari

Percentage of individuals (%)



Health expenditure

Health expenditure, composed on both doctor/clinic fees, pharmacy purchases and masks for coronavirus, is the last component of the VAF health score. On a household level, the average health expenditure was similar between the camps, with an average of 37JOD per month in both camps.

Broken down by expenditure type, health-related monthly expenditure such as doctor's fees were on average 20.5 JOD in Azraq and 17.7 JOD in Zaatari. When it comes to medicines from pharmacy and prescriptions the average amount for Azraq was 15.9 in JOD and 17.9 JOD for Zaatari.

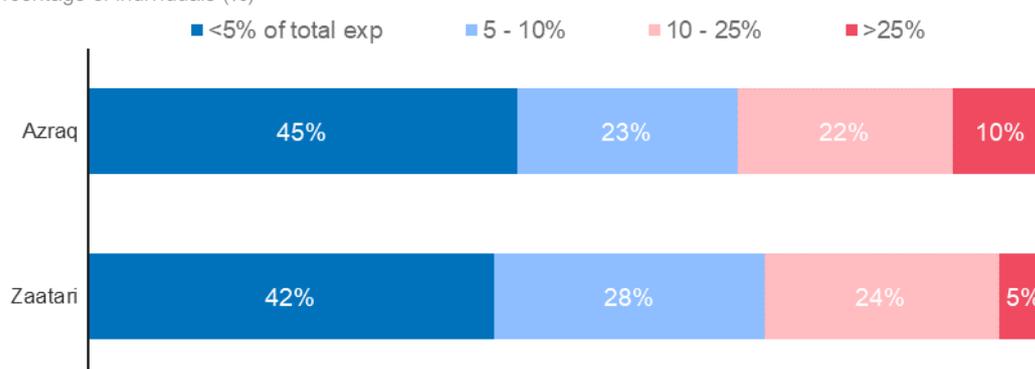
Table 2.1. Average monthly household health expenditure (JOD), Azraq vs. Zaatari

Camp	Number of households	Minimum	Maximum	Average
Azraq	735	0	853	37
Zaatari	885	0	1,383	37

Around half of individuals within families in both camps spent between 5-25% of total household expenditures on health-related expenses. Some 10% in Azraq and 5% in Zaatari reported spending over 25% of monthly expenditure on health.

Figure 2.12. Health expenditure VAF score, Azraq vs. Zaatari

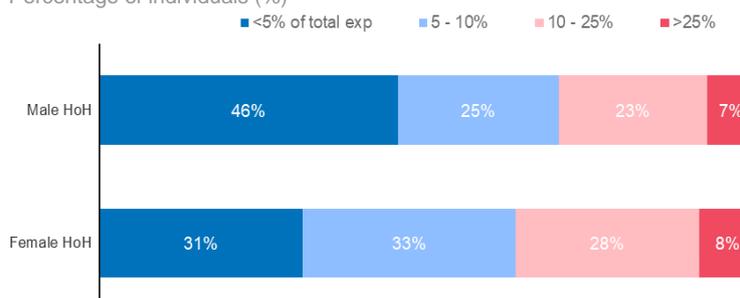
Percentage of individuals (%)



Health expenditure differed significantly between female and male-headed households. MHH were more likely to spend less than 5% of their expenses on health (46% of MHH vs. 31% of FHH). Some 61% of FHH reported spending between 5-25% of monthly expenditure on health, while 48% of MHH reported the same.

Figure 2.13. Health expenditure VAF score by HoH gender

Percentage of individuals (%)



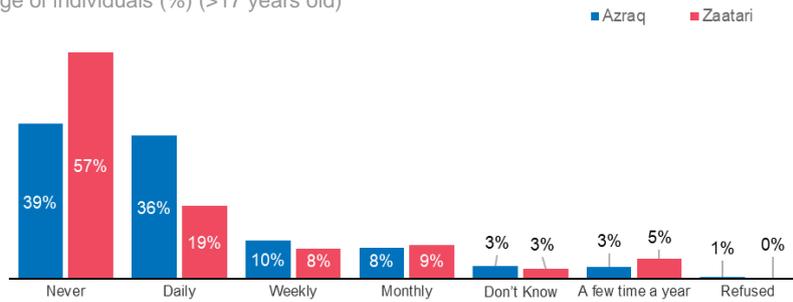
Additional health indicators

Depression levels in camps

Depression related questions were included to allow for additional insights on mental health during the COVID-19 pandemic. Using the WG Enhanced Question Set¹⁴, depression indicators are intended to assess impact on depression. These indicators are especially timely given COVID-19 and the additional burden placed on well-being of adult camp residents.

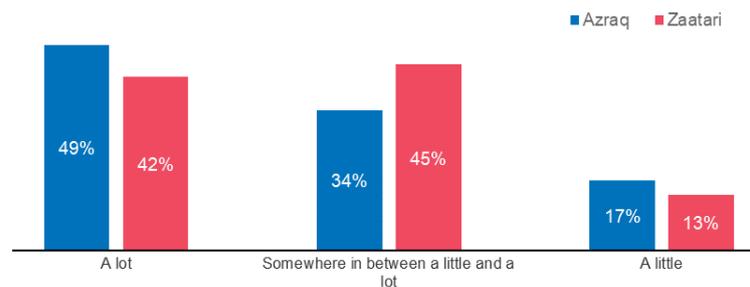
Depression varied between camps, with a higher percentage of adult individuals in Azraq reporting ever having depression (61% in Azraq vs. 43% in Zaatari). Results are based on the question "How often do you feel depressed?". Of those who responded feeling depressed, the majority reported daily occurrences of depression (36% in Azraq and 19% in Zaatari). Depression occurrence was almost the same when examined between gender with only slight variation between frequency of depression in those reporting depression.

Figure 2.14. Adult depression frequency, Azraq vs. Zaatari
Percentage of individuals (%) (>17 years old)



Of those 2,030 adults reporting depression, almost half reported feeling “a lot” of depression in Azraq, with 42% reporting the same in Zaatari. This overall difference in depression rates between the camps could be attributed to less employment opportunities, higher prevalence of debt, and lower rates of food security.

Figure 2.15. Adult depression intensity, Azraq vs. Zaatari
Percentage of individuals (%) (>17 years old)



¹⁴ Washington Group on Disability Statistics: *Enhanced Question Set*

3. COVID- 19



Context

As end of April 2022, 2,341 and 4,232 confirmed cases of COVID-19 have been recorded within Azraq and Zaatari since the beginning of the pandemic.¹⁵ In early 2021, Jordan became one of the world's first countries to provide COVID-19 vaccinations for refugees. In March 2021, Azraq had established one vaccination centre while Zaatari had established two centres. Access to free vaccines has led to high overall vaccination rates within both camps. As of April 2022, close to 41% of the total population of Zaatari and 39% in Azraq had received at least one dose of the COVID-19 vaccination.¹⁶

Communities in the camps have been engaged through effective community mobilization activities and social media engagement around preventive measures from COVID-19 infection, vaccination campaign on general information, schedule, its importance in preventing the disease and overcoming misinformation among the communities about the disease and vaccination. Though health promotion and community mobilization are essential elements in any vaccination campaign, they proved to be even more critical in the context of COVID-19 due to the rapid development of vaccines and commencement of subsequent vaccination campaigns. Cadres of Community Health Volunteers (CHVs) working in both camps were trained to carry out the community awareness and mobilization during COVID-19 outbreak and vaccination campaign.



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¹⁵ UNHCR Jordan, *Azraq and Zaatari Camp Dashboard*, April 2022

¹⁶ UNHCR Jordan, *Azraq and Zaatari Camp Dashboard*, April 2022

Knowledge, attitudes, practices

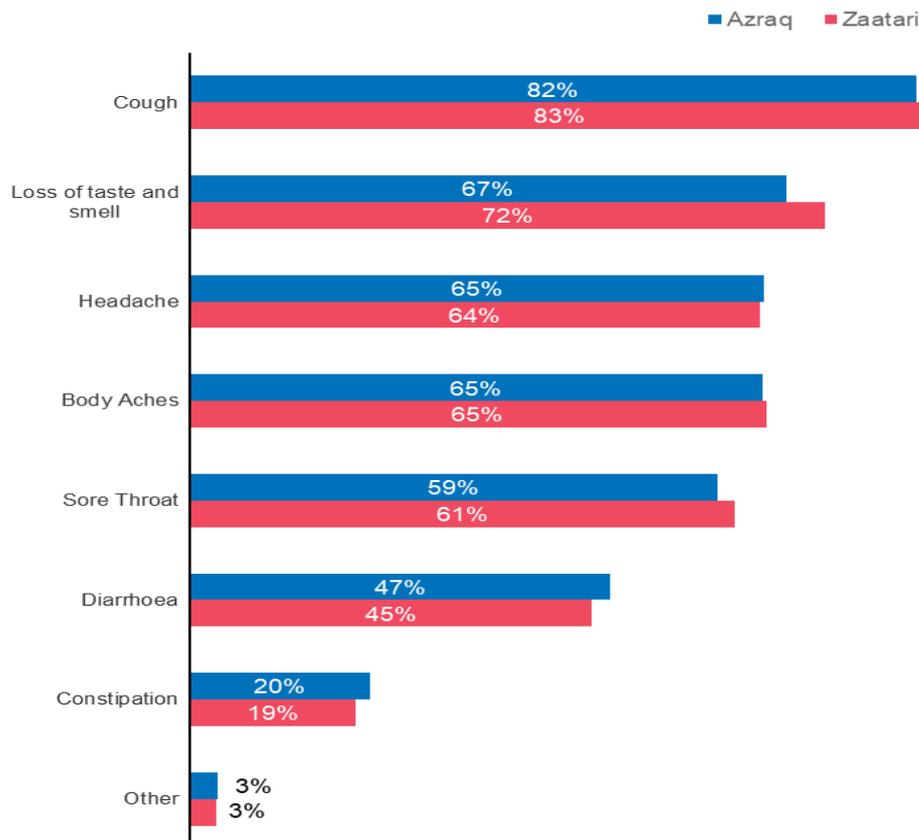
The knowledge, attitudes and practices (KAP) module focused on information regarding the head of household's understanding of the transmission and symptoms of COVID-19, knowledge on testing procedures and perceptions on vaccination.

COVID-19 knowledge

In general, residents of both camps were aware of important medical facts about COVID-19. They knew the symptoms of the disease, knew where they could get a COVID-19 vaccine, and believed that the virus is a serious health concern.

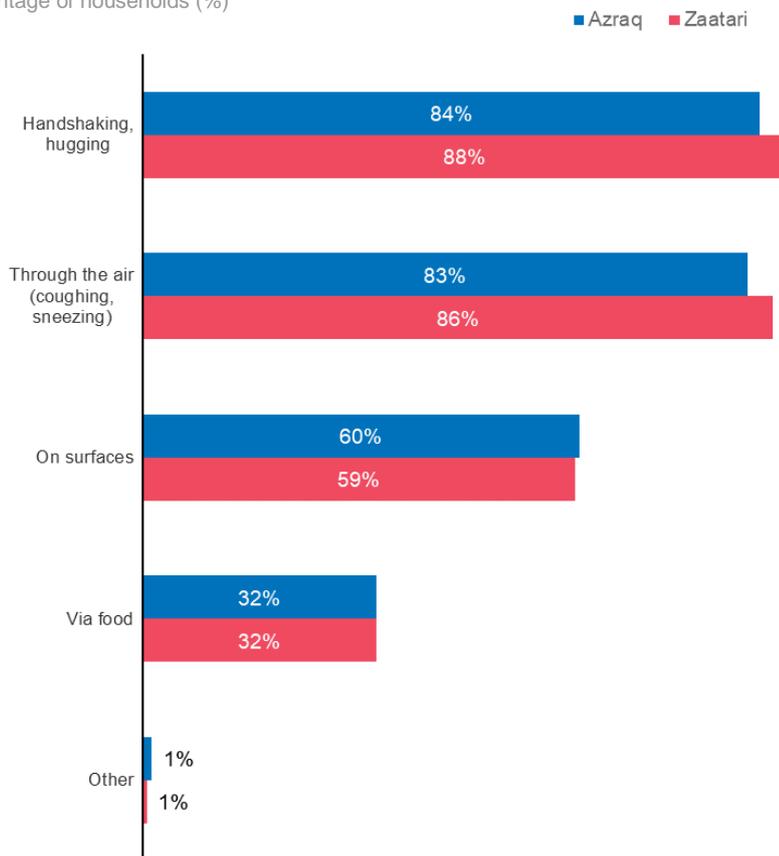
A total of 82% and 89% of Azraq and Zaatari households indicated that they knew of at least three symptoms of COVID-19. The most commonly reported known symptom of COVID-19 was a cough, followed by loss of taste and smell, body aches, headache, sore throat, and diarrhoea. Constipation was a lesser-known symptom, with only 20% of households in Azraq and 19% in Zaatari reporting knowledge of the symptom.

Figure 3.1. Knowledge of COVID-19 symptoms, Azraq vs. Zaatari
Percentage of households (%)



Knowledge of differing modes of virus transmission varied by source, however responses were similar between the camps.

Figure 3.2. Knowledge of COVID-19 transmission mechanisms, Azraq vs. Zaatari
Percentage of households (%)



Attitudes and practices

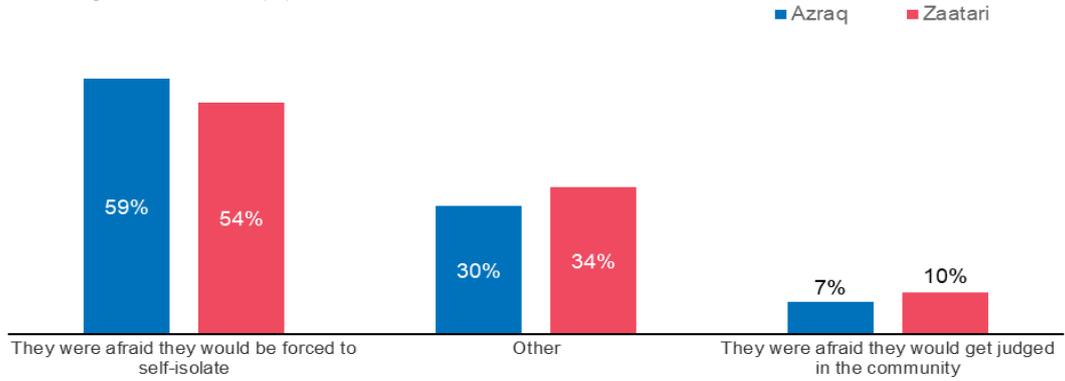
The majority (89% in Azraq and 93% in Zaatari) of households believed that COVID-19 is a serious health concern. The majority (73% Azraq and 79% in Zaatari) also believed that refugees and host communities have the same likelihood of contracting COVID-19.

Among households in which at least one individual had suspected contracting COVID-19, almost all reported self-isolation and seeking medical treatment. Around 97% households in Zaatari reported following recommended practices when an individual suspected contracting COVID-19, while all households in Azraq reported the same.

Getting tested for COVID-19 was a common experience. Around 85% and 79% of Azraq and Zaatari households had been tested for COVID-19 at least once. Of those reported not being tested, the majority cited fear of being forced to self-isolate as the main reason for not testing (59% in Azraq and 54% in Zaatari). A small percentage of individuals within households (7% in Azraq and 10% in Zaatari) cited fear of being judged within their community.

Of households who reported “other reasons” for not being tested, a large amount did so due to being unsure if symptoms were COVID-19 related.

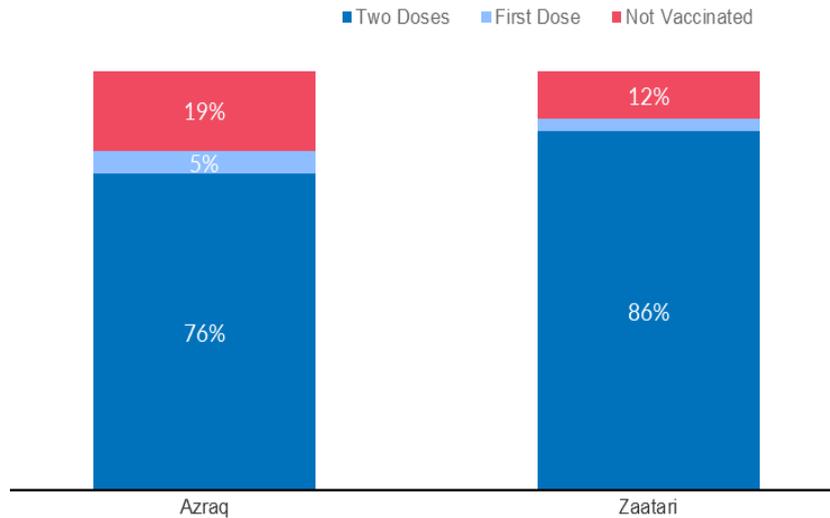
Figure 3.3. Reasons for not being tested for COVID-19, Azraq vs. Zaatari
Percentage of households (%)



Vaccination

Vaccination against COVID-19 for head of households in the sample was also common.¹⁷ At the time of data collection, the vast majority of head of households within both camps (86% in Zaatari and 76% in Azraq) had received two doses of the COVID-19 vaccine. Only 3% and 5% of HoH's had received only the first dose of the vaccine and 12% and 19% respectively were not vaccinated.

Figure 3.4. HoH vaccination status, Azraq vs. Zaatari
Percentage of households (%)

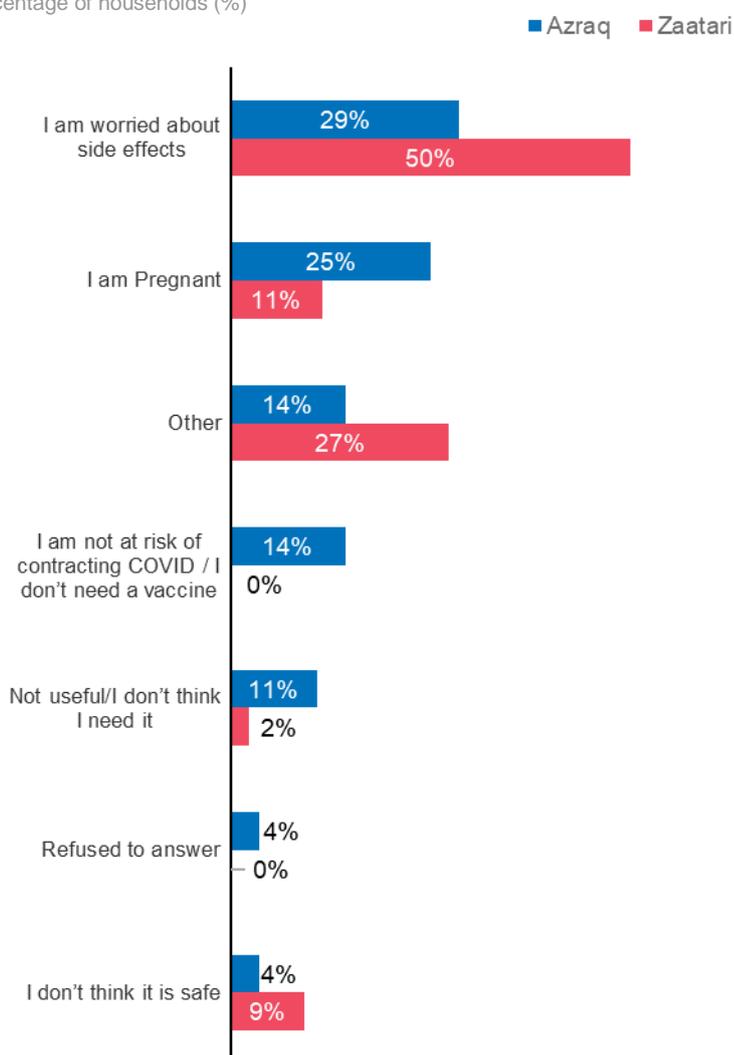


¹⁷ These questions were most usually answered by the head of the household and might not reflect the vaccination status of every member of the household.

Of those not intending to be vaccinated, worries of adverse side effects were significantly more prevalent within Zaatari than Azraq (50% vs. 29%). Households in Azraq were more likely to cite pregnancy as a deterrent to vaccination (25% vs. 11% in Zaatari). Those in Azraq were also more likely to cite non-necessity of the vaccine, with 14% responding not feeling at risk of contracting COVID-19 and 11% responding as not finding it useful. Some 9% of households in Zaatari who were not intending to be vaccinated were refusing due to safety concerns.

Of those respondents who reported “other” as their reason behind not being vaccinated, the majority declined vaccination due to pregnancy or breastfeeding (100% in Azraq and 42% in Zaatari). The second most highly cited reason in Zaatari was health or medical reasons.

Figure 3.5. Reasons for not intending to get vaccinated, Azraq vs. Zaatari
 Percentage of households (%)



4. Shelter

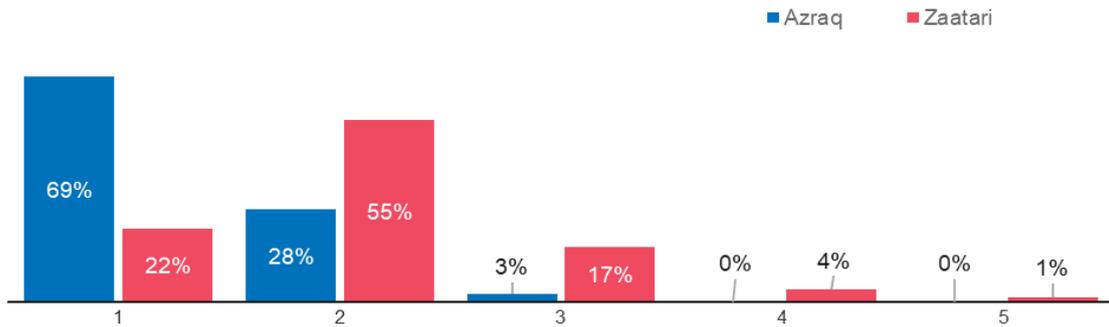


Sectoral context

Since the establishment of Jordan’s first Syrian refugee camp in 2012, the living conditions within refugee camps have improved considerably as humanitarian agencies strengthened their service delivery and invested in the camp’s infrastructure as the crisis became more protracted. UNHCR, supported by NRC, is responsible for coordinating shelter assistance and camp infrastructure improvements on behalf of all humanitarian partners, working to ensure equitable and gender-appropriate access to adequate shelter and basic facilities, together with the provision of sustainable energy supply. In coordination with NRC, a Quick Fix Team has been established to ensure timely maintenance of damaged shelters in Zaatari and Azraq camps.

Within Zaatari, shelters largely consist of both fixed and mobile caravan homes, while in Azraq all shelter types are fixed and are known as T-Shelters. While most households in Azraq own one shelter (69%), the majority of households in Zaatari own 2 or more caravans (77%), in line with UNHCR operating procedures, where larger households which meet eligibility criteria are provided with additional caravans.

Figure 4.1. Number of caravans by household, Azraq vs. Zaatari
 Percentage of individuals (%)

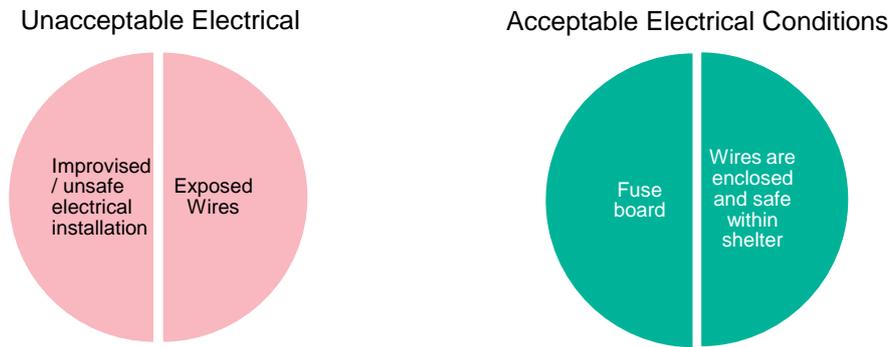


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Shelter Conditions

6 factors were used to evaluate whether families were living in acceptable shelter conditions: the electrical installation condition, natural light and ventilation, openings (i.e., doors and windows), floors, walls, and roof.¹⁸ Additional shelter conditions were examined including renovations, cooling source, energy source, and household assets. Responses were collected through a combination of enumerator observation of the shelter and respondent feedback.

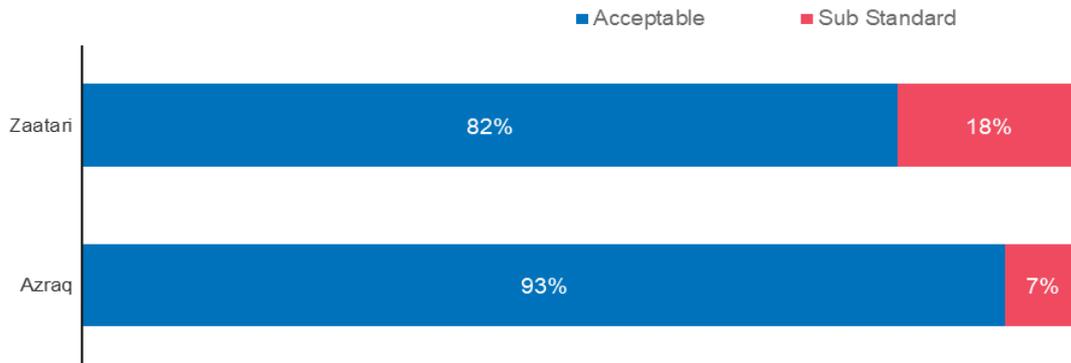
Electrical installation conditions



Acceptable electrical insulation conditions are significantly different between the camps, with individuals in Azraq being more likely to live in shelters with acceptable electrical insulation conditions than Zaatari.

Figure 4.2. Electrical installation conditions, Azraq vs. Zaatari

Percentage of individuals (%)



¹⁸ Sub-standard shelter conditions refer to roof leakage, non-functioning windows, exposed wires/electrical installation, and/or minimal natural light/ventilation.

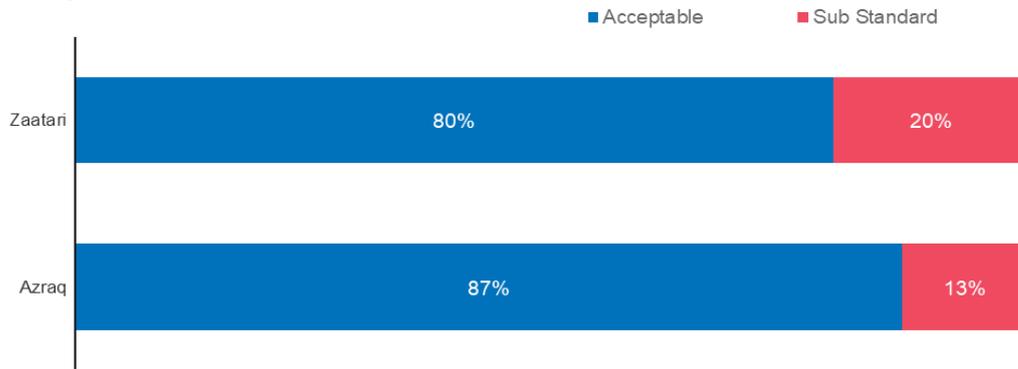
Natural Light and Ventilation

Sub-standard natural light and ventilation is defined as minimal natural light and ventilation where at least some living areas or bedrooms do not have windows or doors that open to provide natural light and ventilation, while acceptable means that all living areas in the shelter have windows or doors that open to provide natural lights and ventilation.

Azraq had a significantly higher percentage of individuals living in shelters with acceptable natural light and ventilation than Zaatari.

Figure 4.3. Natural light and ventilation conditions, Azraq vs. Zaatari

Percentage of individuals (%)



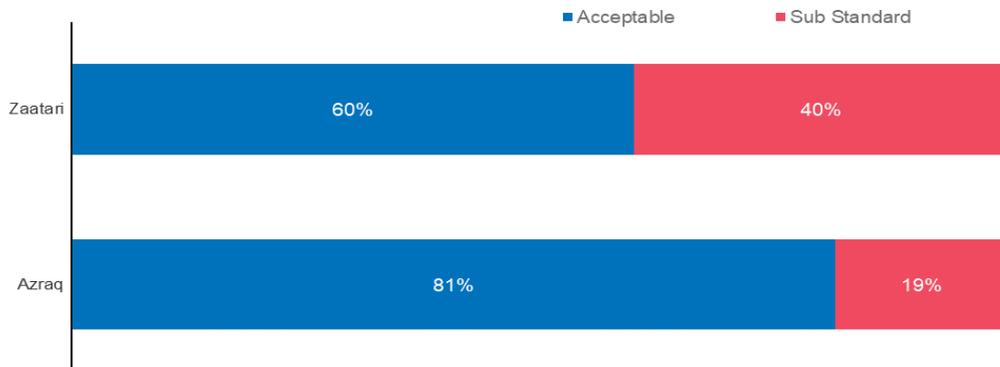
Openings

Substandard openings are defined as windows or doors that are non-functioning, or one part of the window or door missing or has defects in the lock or frame, while acceptable conditions means that all windows and doors are functional, front doors have a functional lock and there are no defects to the frame.

Shelters in Azraq were considerably more likely to have acceptable openings than shelters in Zaatari.

Figure 4.4. Openings conditions, Azraq vs. Zaatari

Percentage of individuals (%)



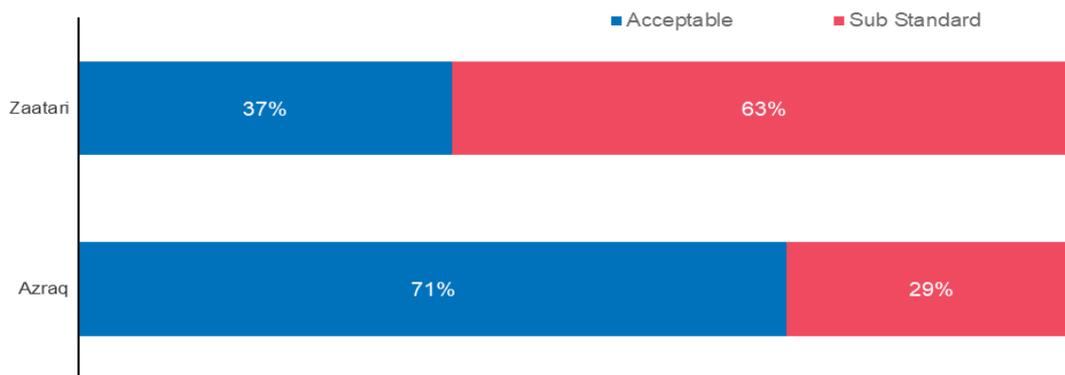
Floors

Sub-standard floor conditions are defined as floors which have present holes, mold or light spaces in between the panels, while acceptable means that the shelter has no visible major cracks, leakages or holes present in its walls, as well as it's well insulated and suitable for persons with disabilities.

Shelters in Zaatari were far more likely to have substandard flooring than those within Azraq.

Figure 4.5. Floor conditions, Azraq vs. Zaatari

Percentage of individuals (%)



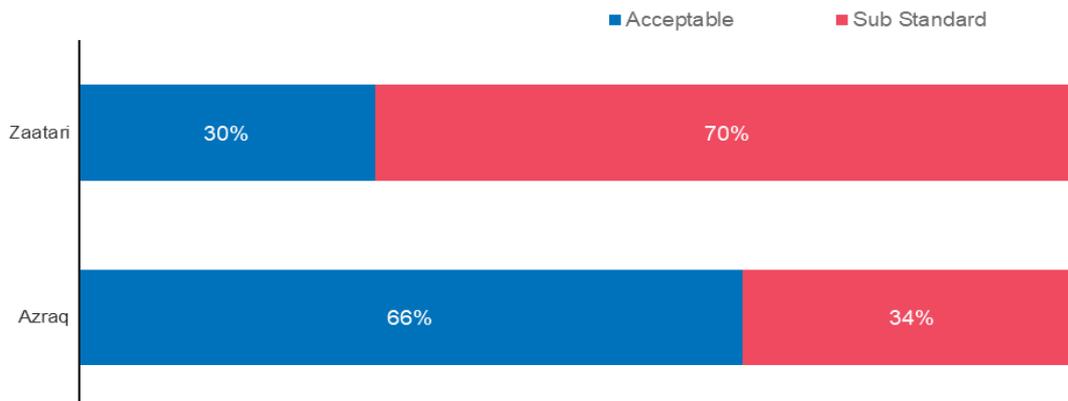
Walls

Sub-standard wall conditions are defined by leakage during rain or visible holes, while acceptable means that the shelter has no leaks, mold or visible cracks in its walls.

Similar to floor conditions, there was a stark contrast in wall conditions of shelters between the two camps, with shelters in Zaatari being far more likely to have substandard wall conditions than those in Azraq.

Figure 4.6. Wall conditions, Azraq vs. Zaatari

Percentage of individuals (%)

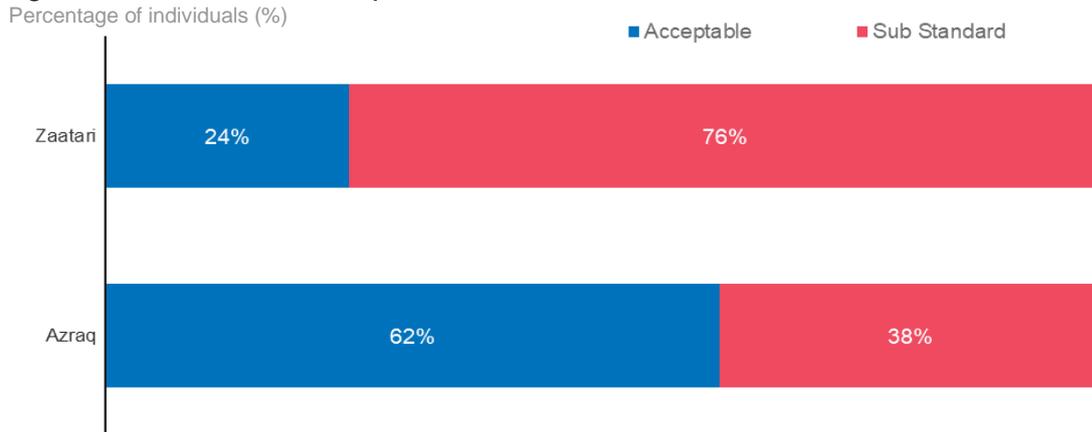


Roof

Sub-standard roof condition is defined as roof leakage during rain, damp, with visible cracks, rust, corrugated panels or major bending in roof, while acceptable conditions means that the shelter has no visible major cracks or leakage present in the roof.

Overall, roof conditions were significantly worse in Zaatari compared to Azraq.

Figure 4.7. Roof conditions, Azraq vs. Zaatari



Renovations

Shelter renovations refer to alterations outside the caravan such as adding external rooms, utilities, ventilation, adding a fence, fixing the floor, or repairing the roof, that were constructed by the refugee household themselves. Renovations also refer to internal repairs such as adding utilities, fixing the floor, thermal insulation, or painting. Self-constructed renovations of shelters varied slightly between camps, with a little over half of individuals in both camps reporting renovations (44% in Azraq and 47% in Zaatari). The higher percentage of renovations in Zaatari could be due in part to the poorer shelter conditions found within the camp, or more access to materials given the location of the camp and the stronger and more diverse local market in camp.

Shelter renovations also varied by head of household, with 40% of FHH’s reporting renovations and 47% of MHH’s the same. Larger family sizes (9-13 individuals) reported fewer house renovations (40%) than families of 1-8 individuals (47%) within both camps.

Figure 4.8. Shelter Renovations, Azraq

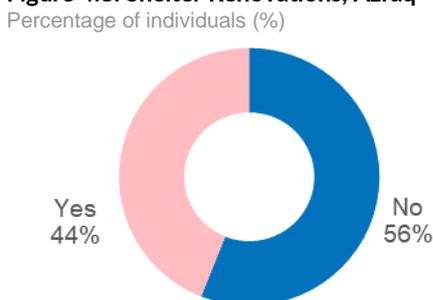
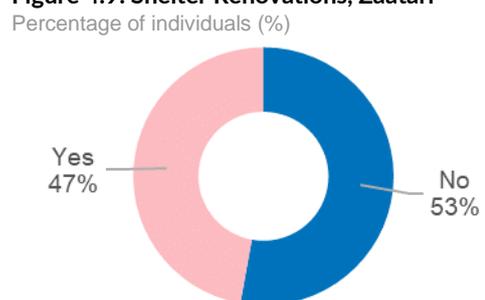


Figure 4.9. Shelter Renovations, Zaatari



Household assets

Household assets were comparable in both camps. A few areas of notable differences include the following assets: satellite dish (64% in Azraq vs. 73% in Zaatari), gas/electric oven (39% in Azraq vs. 28% in Zaatari), gas stoves (56% in Azraq vs. 65% in Zaatari), gas heaters (85% in Zaatari vs. 73% in Azraq), and cabinets (35% in Azraq vs. 57% in Zaatari).

Figure 4.10. Household assets - appliances, Azraq vs. Zaatari

Percentage of individuals (%)

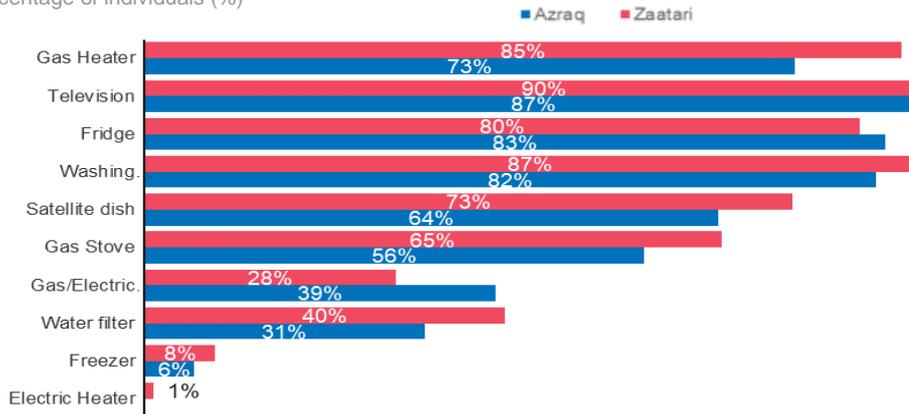
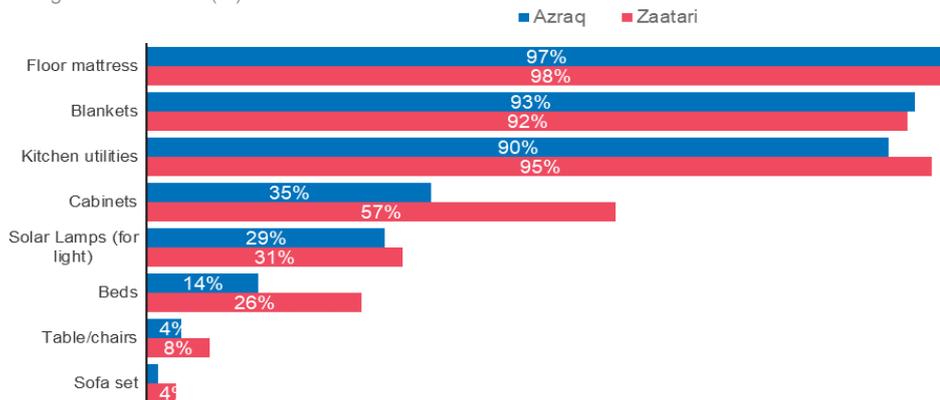


Figure 4.11. Household assets - furniture, Azraq vs. Zaatari

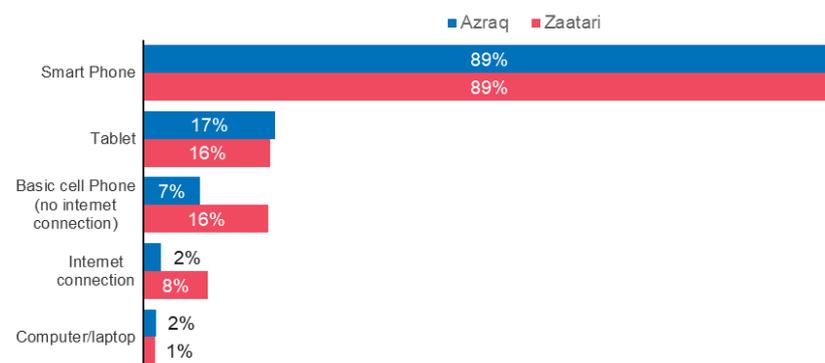
Percentage of individuals (%)



Technological assets also showed some variation in percentage of households with a basic cell phone (7% in Azraq vs. 16% in Zaatari) and households with internet connection (2% in Azraq vs. 8% in Zaatari).

Figure 4.12. Household assets - technology, Azraq vs. Zaatari

Percentage of individuals (%)





5. Water, Sanitation and Hygiene (WASH)

Sectoral context

The right to water and sanitation was recognized as a human right during the United Nations General Assembly in 2010. Still, access to water, sanitation, and hygiene (WASH) continues to be a challenge for Zaatari and Azraq camps, especially as Jordan suffers from water scarcity country wide. UNICEF coordinates WASH activities in camps and is the responsible of provision of water, sanitation, and hygiene services, implemented through several partners and contractors. As of 2022, UNICEF's community mobilization and hygiene promotion are supported by ACF in Azraq and OXFAM in Zaatari. Other sectoral activities such as solid waste management is managed by WV in Azraq and OXFAM in Zaatari. During the COVID-19 pandemic, UNICEF and partners responded with distribution of hygiene and sanitation items, including cleaning kits, hygiene kits, and hand sanitizers.

WASH services differ among both camps. In Zaatari, all households receive water through the network, ensuring a reliable, uninterrupted, and safe supply of water through private water storage tanks where water is supplied once a week. All generated wastewater is pumped through the network to the camp's wastewater treatment plant where water is treated there. Collection and treatment of wastewater has helped manage public health risks effectively and ensure that the environment and underlying aquifers are protected. In Azraq, water is supplied from two boreholes connected through communal tap stands distributed across the camps in all 4 villages, where residents collect via jerry cans. Gender separated and accessible communal WASH blocks are installed near residential plots and shared between families. In case there are concerns or complaints related to WASH services encountered by residents, UNICEF employs a hotline to monitor and address such issues.



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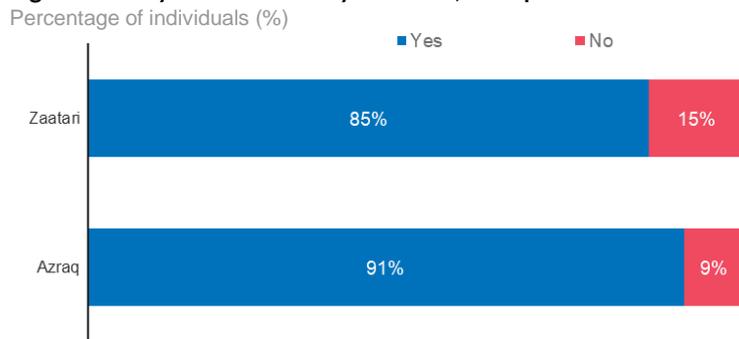
Accessibility to Latrine

Accessibility to latrine is based on three indicators: physical accessibility (i.e., can all family members, including those with disabilities, physically access the latrine), perception of safety (i.e., is the latrine perceived as safe and secure for all household members), and sharing latrine (is the latrine private or shared with other families or households).

Physical Accessibility

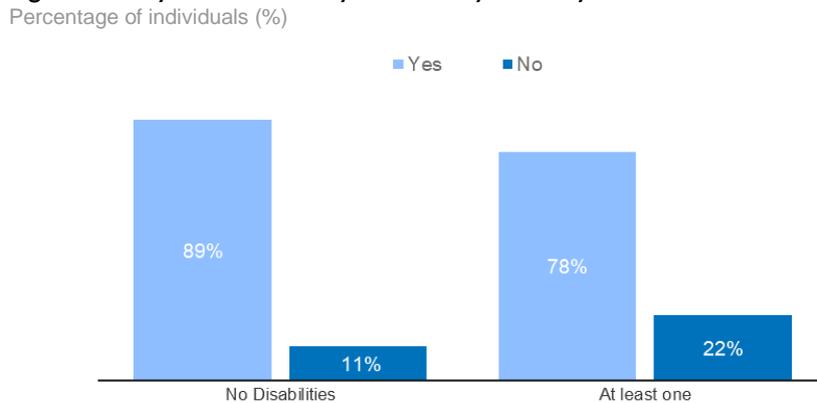
Latrines are considered physically not accessible if at least one household member needs support to use the latrine facilities. In both camps, the vast majority of households reported that their latrines/showers were physically accessible to *all* members of the household. A larger proportion of households in Zaatari (15%) compared to Azraq (9%) reported that the latrine/shower were not physically accessible to all members of the household.

Figure 5.1. Physical accessibility of latrine, Azraq vs. Zaatari



When examined by individuals in families where at least one member has a disability, physical latrine and shower accessibility was significantly lower than individuals in families reporting no disabilities. Around 89% of individuals in families with no disabilities reported physical accessibility to latrines/showers for all members of the family. However, physical accessibility decreased among individuals with family members reporting at least one member with a disability, with only 78% reporting accessible latrine/shower facilities.

Figure 5.2. Physical accessibility of latrine by disability status



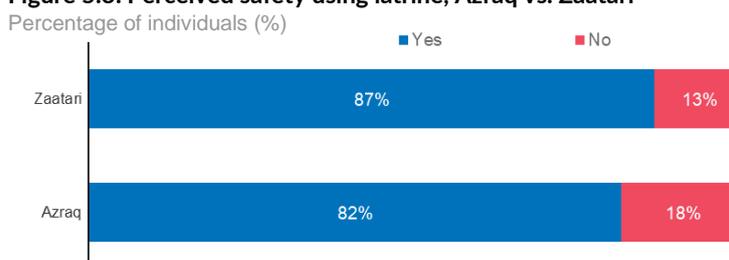
Perception of Security

The perception of security indicator assesses whether all members in the household are comfortable with using latrine/shower independently during the whole day and night. This includes whether the latrine/shower is in a safe, secure, and accessible location, as well as with safe infrastructure.

In Zaatari, 87% of individuals reported that their latrines/showers were in a safe, secure, and accessible location with safe infrastructure for all family members and 13% that they were not.

Having an unsafe latrine was slightly more common in Azraq: while 82% of individuals reported that their latrines/showers were in a safe, secure, and accessible location for all family members, 18% reported that they were not.

Figure 5.3. Perceived safety using latrine, Azraq vs. Zaatari

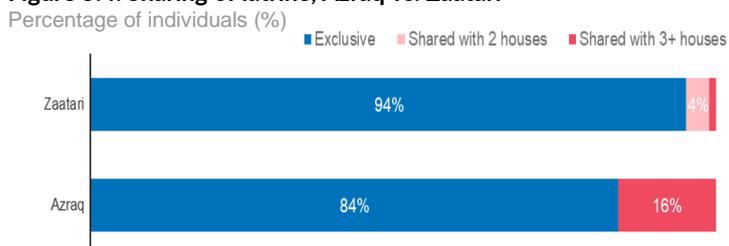


Perception of security seems to be affected by the gender of the head of the household. Around 19% of female-led households reported not feeling safe when it comes to their access to latrines, as compared to 15% male-led households. These differences could be explained by communal latrine setting in Azraq, as well as the placement of latrines/showers as external attachments in Zaatari.

Sharing latrine

The sharing latrine indicator assesses whether a household has exclusive access to latrine/shower or how many households are sharing the same facilities. Access to a private, exclusive latrine was significantly more common in Zaatari compared to Azraq. In Zaatari camp, 4% of households shared their shower/latrine with 2 households and 1% shared it with 3 or more households. In Azraq, no households shared their shower/latrine with 2 households but 16% shared their shower/latrine with 3 or more households.

Figure 5.4. Sharing of latrine, Azraq vs. Zaatari

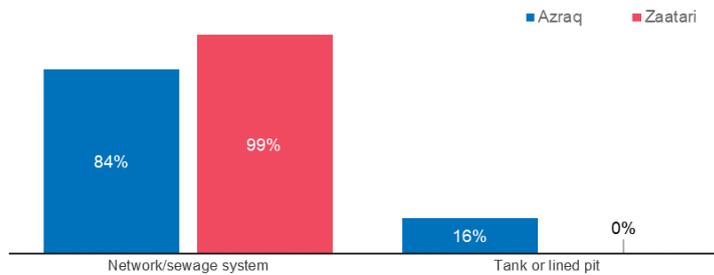


Services in Zaatari are provided at the household level while those in Azraq are provided through communal facilities. Exclusive access to latrines could be a result of self-constructed latrines or, in some cases, built by WASH organizations.

Reliability of Sanitation System

The reliability of a household’s sanitation system was gauged through the type of wastewater disposal. All households in Zaatari are connected to a wastewater network where the most common method of wastewater disposal by far was network/sewage system (99%). Less than 1% of households in Zaatari used a tank or lined pit. It should be noted that all households in Zaatari are connected to a wastewater network and those using pits are likely self-constructed. A very small percentage of individuals in Zaatari used an unlined pit, field, bucket, plastic bag, or other method. In Azraq, only households with access to an exclusive latrine/shower were asked about wastewater disposal. Network/sewage system was also the most common method for wastewater disposal for households, although by a smaller margin (84%). The next most common method was using a tank or lined pit (16%).

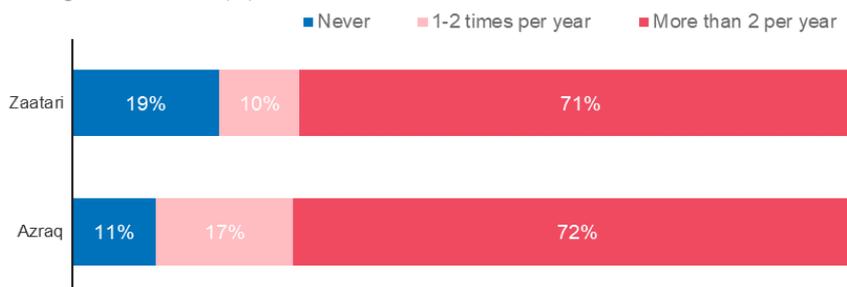
Figure 5.5. Type of wastewater disposal, Azraq vs. Zaatari
Percentage of individuals (%)



Frequency of Vector Evidence

Vector evidence refers to how frequently individuals have seen evidence or parasites, rats or rodents, or insects in the households’ water supply, drainage or solid waste system. The majority of households in both camps had experienced visible vector evidence more than twice in the past year (71% in Zaatari and 72% in Azraq). Rates of vector evidence were similar across both camps. In Zaatari, one in ten households (10%) had observed vector evidence one or two times in the past year. Almost one in five (19%) households in Zaatari had never observed vector evidence. In Azraq, 17% of households had observed vector evidence one or two times in the past year and 11% had never observed vector evidence.

Figure 5.6. Solid waste-related vector evidence, Azraq vs. Zaatari
Percentage of individuals (%)



Accessibility to Water

WASH Expenditure

Monthly household expenditure on WASH items such as extra water, in addition to what is provided, and sanitation items was slightly higher on average in Zaatari than in Azraq.

Table 5.1. Average monthly household WASH expenditure (JOD), Azraq vs. Zaatari

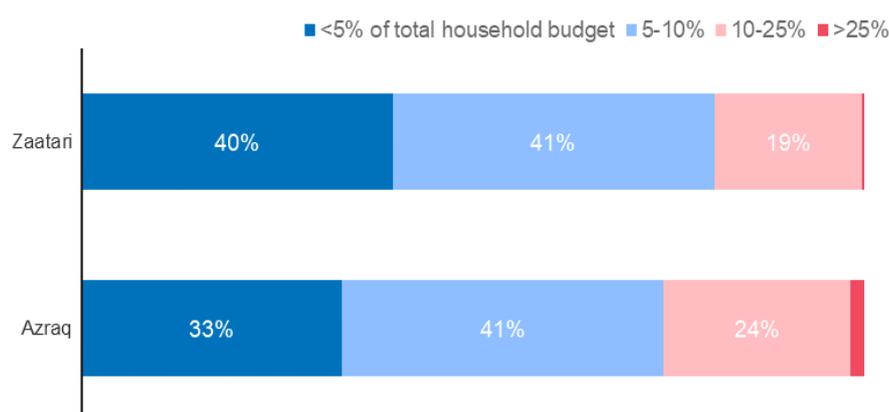
Camp	Number of households	Minimum	Maximum	Average
Azraq	735	0	853	20
Zaatari	885	0	1,383	23

Overall, between both camps, average expenditure on soap and shampoo was around 5 JOD a month. Of those who had bought diapers monthly, the average expenditure was around 13 JOD per month. Additionally, of households buying extra water the average month expenditure was around 10 JOD.

When looking at the WASH expenditure indicator, it is apparent that more households are vulnerable in Azraq as compared to Zaatari - around 26% of households report are dedicating at least 10% of their overall expenditure on WASH-related items such as extra water and sanitation items, as compared to 20% in Zaatari. Further, FHH's report higher share of WASH spending when it comes to their overall budget: 25%, as compared to 21% in MHH's

Figure 5.7. WASH expenditure VAF score, Azraq vs. Zaatari

Percentage of individuals (%)



Source of water

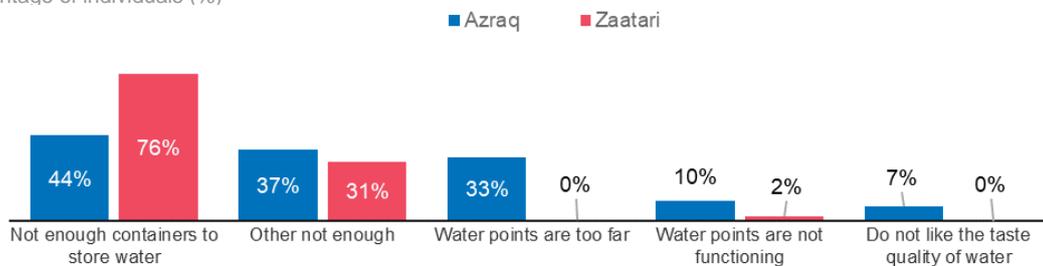
The vast majority of households in both camps (99% in Zaatari and 100% in Azraq) have access to camp network water. In addition to what the camp provides, the most significant difference between water access in the camps concerned access to a private water tank not shared with other dwellings: while only 11% of households in Azraq had access to an extra private water tank not shared with other dwellings, over a third (35%) of households in Zaatari had access to a private tank.

Households were asked whether their water supply was enough to cover all family needs. Perception of a sufficient water supply was more common in Azraq camp than in Zaatari. 30% of households in Zaatari and 22% of households in Azraq, water supply was not enough to cover all family needs.

In both camps, the most common reason for insufficient household water supply was that there were not enough containers to store water. This reason was much more commonly cited in Zaatari (76%) than in Azraq (44%). The next most common reasons in Zaatari were other, that water points are not functioning, and that water points are too far. In Azraq, the next most common reasons that water supply was insufficient were other, water points are too far, water points are not functioning, and that they do not like the taste quality of water. Notably, not liking the taste quality of water was only cited in Azraq, not Zaatari.

Figure 5.8. Reasons water supply is insufficient, Azraq vs. Zaatari

Percentage of individuals (%)

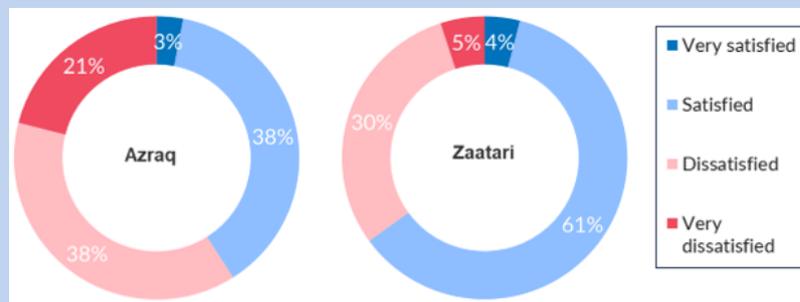


Examples of “other” reasons were that the amount of water is too low for the family’s needs (76% of those who chose other in Zaatari), and that the water supply only arrives on certain days/seasons (16%). In Azraq, other reasons cited were that there is overcrowding on water points (47% of those who chose other in Azraq), that the amount of water is too low for the family’s needs (34%), and that the water running time (number of hours) is insufficient (19%).

Satisfaction with camp services

Satisfaction with overall services in the camp (including access to water, sanitation, garbage disposal, electricity, shelter repair etc.) was generally higher among households in Zaatari. While over half (61%) of households in Zaatari described themselves as satisfied with camp services, only 38% of households in Azraq camp did. However, being “very satisfied” was uncommon in both camps (3% in Azraq and 4% in Zaatari).

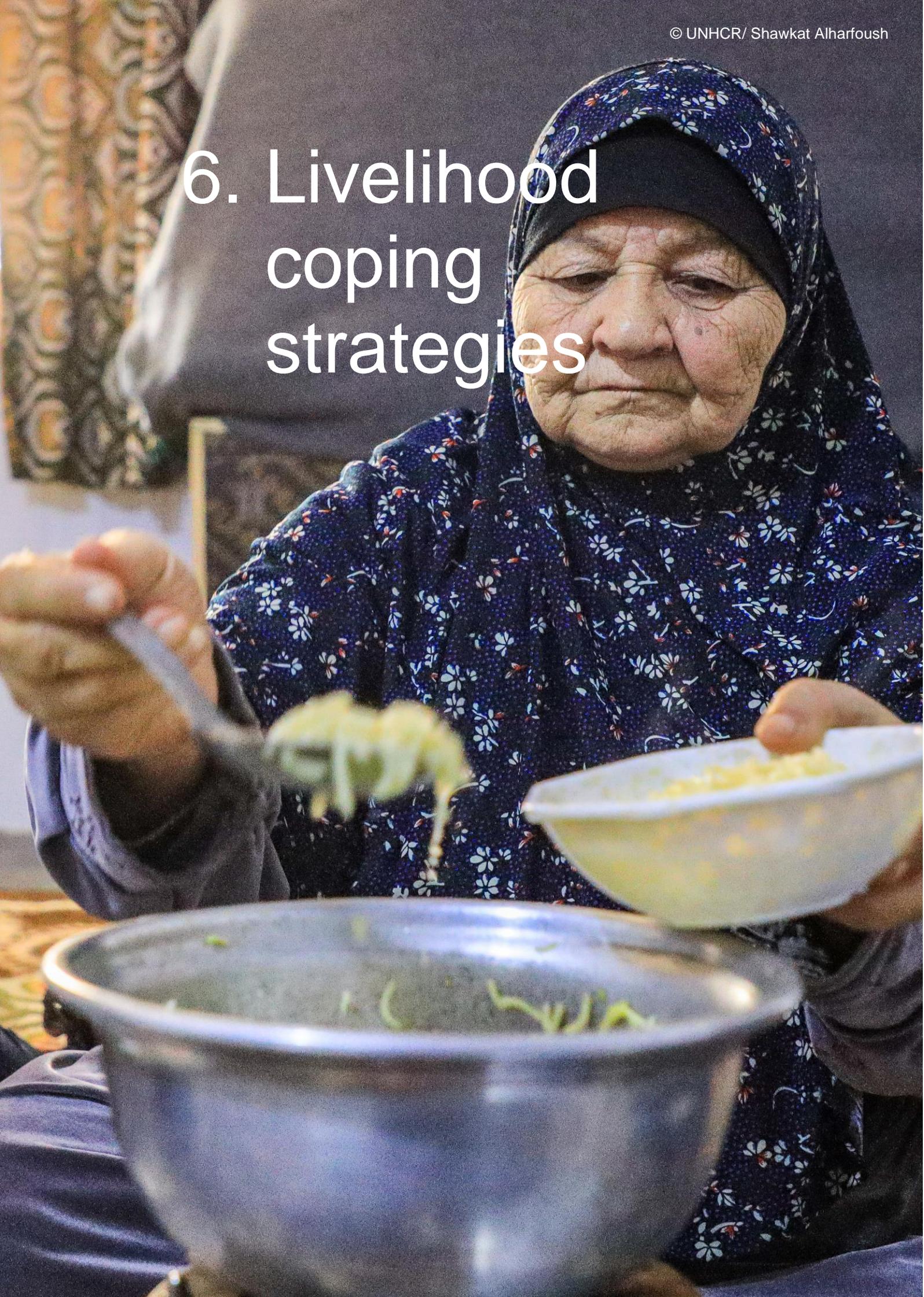
Around a third of households in both camps (38% in Azraq and 30% in Zaatari) were dissatisfied with camp services. Being very dissatisfied with camp services was much more common in Azraq (21% of households) than in Zaatari (5% of households). While only data on overall access to services was collected for this survey, a 2021 survey showed 90% WASH service satisfaction in Zaatari and 80% in Azraq.^{19,20}



¹⁹ UNICEF, Wash KAP 2021-Azraq Camp Draft Report, 14 April 2022

²⁰ UNICEF, Wash KAP 2021-Zaatari Camp Draft Report, 14 April 2022

6. Livelihood coping strategies



Indicator description

The livelihoods coping strategy index (LCSI) is used to better understand longer-term coping capacity of families by measuring the adoption of livelihoods-based coping strategies frequently employed by families to meet their basic needs, using a 30-day recall period. A family's livelihood and economic situation is driven by income, expenditure, and assets. The LCSI provides insights on the behaviours which refugee families rely on when adapting to crises or shocks and seeks to assess their degree of resilience and ability to overcome potential future shocks.

LCSI composite indicators are split into three levels based on severity. These levels are specific to the Jordan context:

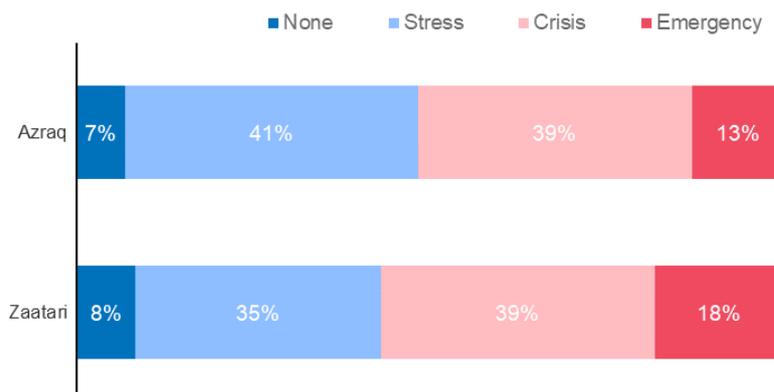
1. Stress: a reduced ability to deal with future shocks as the result of a current reduction in resources or increase in debts;
2. Crisis: a direct reduction of future productivity, including human capital formation;
3. Emergency: A reduction of future productivity, more difficult to reverse or more dramatic in nature than crisis strategies.

Overall coping vulnerability

LCSI final score comprises all coping strategies used by a family. Families who had not used any coping strategies in the 30 days prior to the interview are not considered vulnerable. Those who used at least one stress coping strategy are considered moderately vulnerability, while those who had used at least one crisis coping strategy are considered highly vulnerability. Families who had used at least one emergency coping strategy during the same time period are considered severely vulnerability.

The majority of refugees within both camps had LCSI final scores of moderate to high vulnerability. More respondents in Azraq resort to stress related strategies while in Zaatari, more are considered severely vulnerable, resorting to at least one emergency strategy. Individuals in FHH's were also more likely to be categorized as severely vulnerable compared to individuals in MHH's (21% vs. 15%).

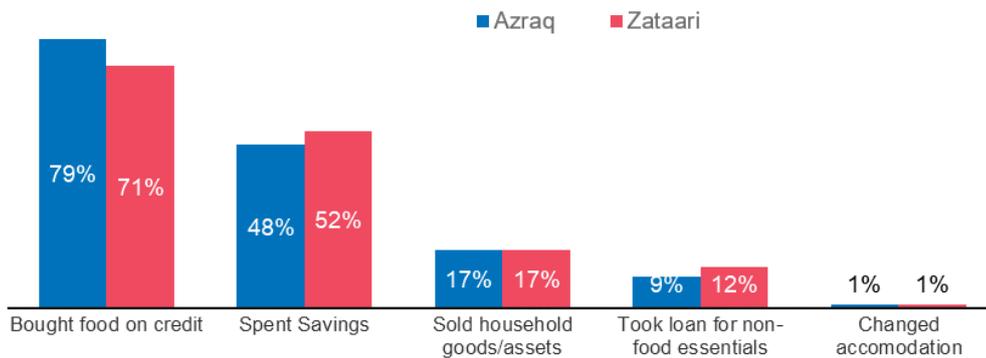
Figure 6.1. LCSI final VAF score, Azraq vs. Zaatari
Percentage of individuals (%)



Stress-level coping mechanisms

The most common stress level coping strategy within both camps was buying food on credit (79% in Azraq and 71% in Zaatari). This is in line with what was examined within the VAF Basic Needs chapter in later this report, where a main reason for borrowing money was in order to buy food, leading to higher levels of debt. This was followed by spent savings (48% in Azraq and 52% in Zaatari), sold household goods/assets (17% in both camps), took loan for non-food essentials (9% in Azraq and 12% in Zaatari), and changed accommodation - moved from outside the camp to inside the camp (1% in both camps).

Figure 6.2. Stress-level coping strategies, Azraq vs. Zaatari
Percentage of families (%)

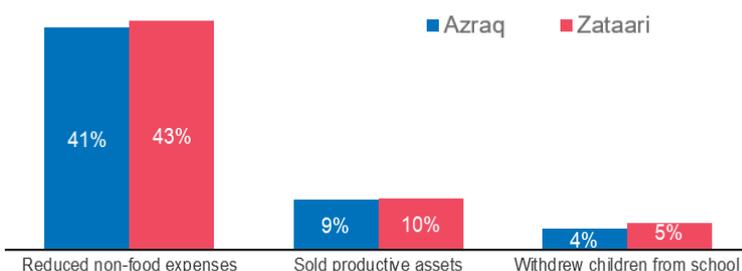


When examined by number of stress coping strategies by camp, the majority of families had resorted to 1-2 stress strategies during the month prior to the interview. Around 41% of families in Azraq had resorted to one coping strategy while 35% had done the same in Zaatari. Slightly more families used 2 stress coping strategies in Zaatari than Azraq (40% vs. 38%). Only 9% of families in Azraq and 13% in Zaatari reported no stress coping strategies.

Crisis-level coping mechanisms

Although similar in both camps, families in Zaatari reported higher usage of crisis level coping mechanisms overall. Reducing non-food expenses was the most common strategy in both camps, followed by sold productive assets, and withdrew children from school.

Figure 6.3. Crisis-level coping strategies, Azraq vs. Zaatari
Percentage of families (%)

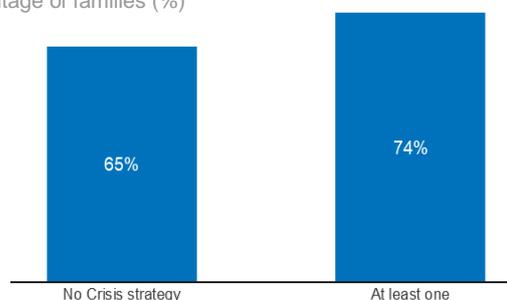


Around half of families in both camps reported using no crisis coping strategies in the 30 days prior to the interview (53% in Azraq and 49% in Zaatari), with families in Zaatari using more crisis coping strategies overall. Slightly more families in Zaatari (44%) reported using 1 crisis coping strategy compared to families in Azraq (40%).

7% reported using 2 crisis coping strategies in both camps, and none reported using 3 crisis coping strategies.

Families using at least one crisis coping strategy are also more likely to be in debt: 74% of families resorting to at least one crisis coping strategy reported debt vs. 65% of families without debt.

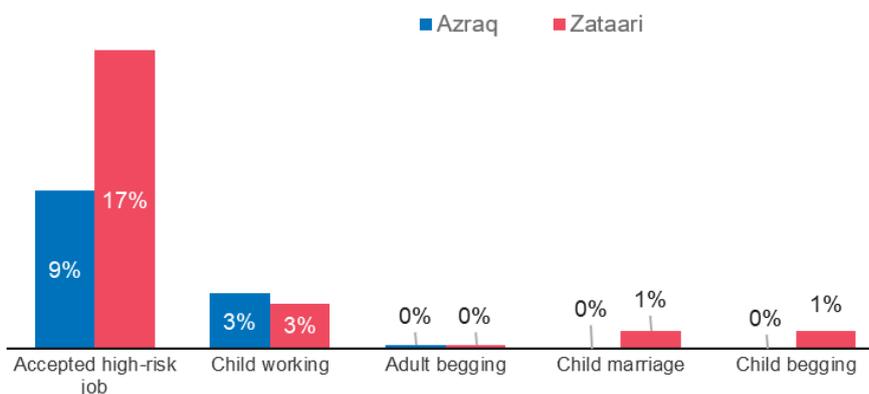
Figure 6.4. Crisis-level coping strategies and debt
Percentage of families (%)



Emergency-level coping mechanisms

The most common emergency level coping mechanism in both camps was accepted high-risk job, with 9% of families in Azraq and 17% in Zaatari reporting said coping strategy. In both camps, 3% reported child working as a coping mechanism in the 30 days prior to the interview. In Zaatari, 1% of families reported child marriage and 1% reported child begging while none were reported in Azraq during the recall period. No families within either camp reported adult begging as an emergency level coping mechanism.

Figure 6.5. Emergency-level coping strategies, Azraq vs. Zaatari
Percentage of families (%)



The majority of families in both camps reported not using any emergency coping strategies within the recall period. However, families in Zaatari reported more instances of using emergency strategies overall with 17% reporting using 1 emergency coping strategy, 2% reporting using 2 emergency coping strategies, and 1% reporting using 3 emergency coping strategies. Around 11% of families in Azraq reported using 1 emergency coping strategy, with none reporting using 2 or more.

For families who reported using more than one emergency coping strategy, 68% also reported debt. This was less than families who reported using no emergency coping strategies (70%).

7. Food security



Sectoral context

Food insecurity remains a serious challenge for Syrian refugees living in camp settings in Jordan. A 2021 WFP report found that 85% of refugee households in camps were classified as food insecure or vulnerable to food insecurity.²¹ Whilst, as per January 2022, camp residents receive 23 JOD (approximately 32 USD) per month per individual to cover their food needs, which can be used at the WFP contracted supermarkets. The impact of the coronavirus pandemic and recent increase in food prices means that food security remains a key area of vulnerability to be monitored.

In order to better understand food security within the camps, several indicators were examined: Social Vulnerability, Food Consumption Score (FCS), and the reduced Coping Strategies Index (rCSI). Social vulnerability assesses vulnerability through identifying households with high dependency ratios, single headed household, and households with disabilities or chronic illness. The FCS is a measure of food security and dietary diversity within households. Lastly, rCSI assesses food security based on the use of food-related coping strategies such as borrowing food, restricting adult consumption in order to feed children, reducing meals, eating less preferred foods, and limiting portion sizes, using a 7-day recall period.



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²¹ WFP, *Food Security Outcome Monitoring-camps only - Q4 2021, April, 2022*

Social Vulnerability

The social vulnerability indicator is derived from the average of the following atomic indicators: the dependency ratio to identify families with a high proportion of children and elderly, and single-headed or fragile members²² to identify families more inclined to face challenges in meeting food needs.

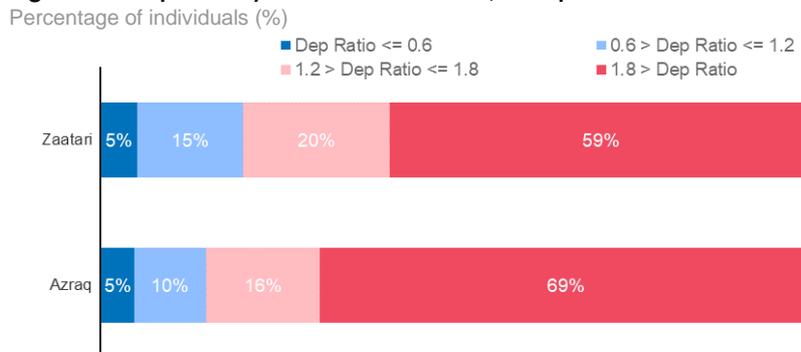
Social vulnerability was relatively high across both camps, with Azraq families facing slightly higher social vulnerability levels. In Zaatari, four in ten individuals were considered of severe vulnerability, while the figure for Azraq was at 49%. In Zaatari, twice as many individuals were part of families where social vulnerability (11%) was considered high, as compared to Azraq (5%). Around four in ten individuals in both camps (45% in Zaatari and 42% in Azraq) were considered moderately vulnerable. Only a minority were considered of low vulnerability.

Dependency Ratio

Dependency ratio describes the proportion of economically active people to economically inactive members of a household. The ratio is calculated by dividing the number of autonomous or able-bodied adults by the number of dependants (non-autonomous or disabled adults, children, and elderly). A high level of dependency has been linked to higher vulnerability overall; households may struggle to support the economic needs of children and other dependents, especially those with disabilities and chronic illness that require greater expenditure.²³

In general, in both camps, the majority of individuals had high dependency ratios (i.e., a larger burden carried by economically active members). However, Azraq residents had significantly higher dependency ratios overall. This could be attributed to a larger number of children per family in Azraq as compared to Zaatari. Over half of individuals in both camps had a severely vulnerable dependency ratio (59% in Zaatari and 69% in Azraq). A total of 20% of individuals Zaatari and 16% of those in Azraq had a highly vulnerable dependency ratio. In Zaatari, 15% had moderately vulnerable dependency ratio, while in Azraq camp, 10% had moderately vulnerable dependency ratio. Very few individuals (5%) in both camps had low dependency ratio.

Figure 7.1. Dependency ratio VAF final score, Azraq vs. Zaatari



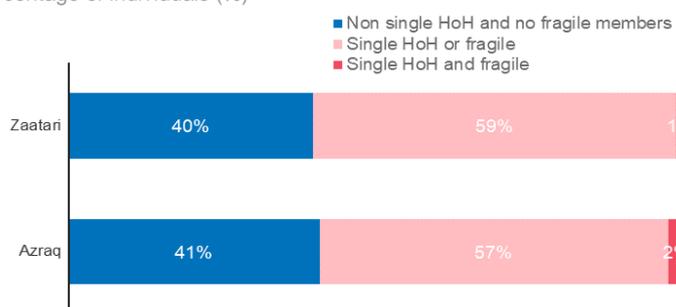
²² Fragile members defined as having either a disability or chronic illness which affects their daily life.

²³ UN, *Dependency Ratio*

Single headed or fragile members

This indicator describes the number of households that were either single headed (i.e., a family led by a single parent) or had fragile members, or both. Only around 1% in Zaatari and 2% in Azraq were considered severely vulnerable, where individuals are living in a single-headed household with at least one fragile member. The majority in both camps were considered highly vulnerable where individuals are living either in a single-headed households or with at least one fragile member. Further, around four in ten individuals in both camps were living in families with low vulnerability which represents that the household is non-single-headed and has no fragile members.

Figure 7.2. Single HoH fragile members VAF score, Azraq vs. Zaatari
Percentage of individuals (%)



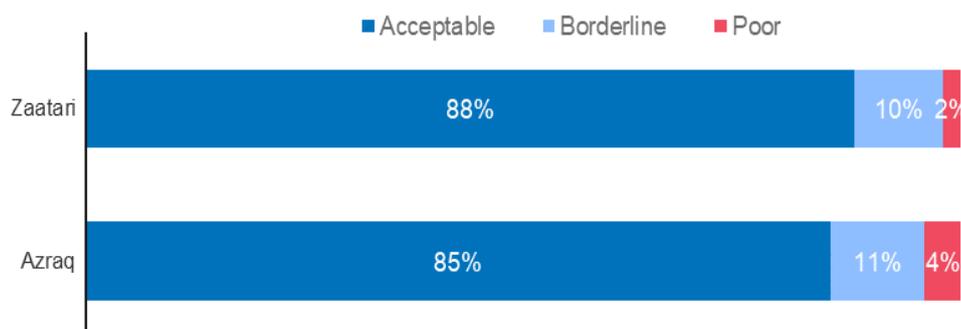
Food Consumption Score

The food consumption score (FCS) is a WFP indicator used to measure food security and dietary diversity. This score is calculated using the frequency of consumption of different food groups consumed by a household during the 7 days prior to the interview.²⁴ Food groups are weighted by their relative nutritional value. Households' FCS scores fall into three categories based on their responses: poor, borderline, and acceptable.

While the distribution of the FCS was similar between the camps, individuals within households in Azraq had slightly worse food consumption score overall. The vast majority of residents of both camps had an 'acceptable' FCS (88% in Zaatari and 85% in Azraq), mainly associated with full WFP food assistance in camps. Around one in ten (10% in Zaatari and 11% in Azraq) had a 'borderline' FCS. Only 2% in Zaatari and 4% in Azraq had a 'poor' FCS.

Figure 7.3. FCS score, Azraq vs. Zaatari

Percentage of individuals (%)

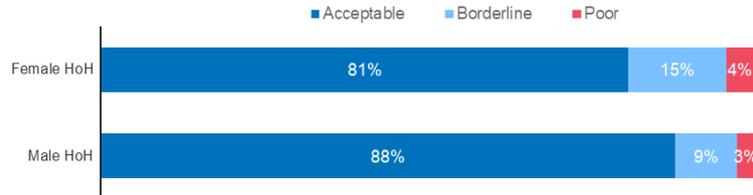


²⁴ World Food Programme, *Meta Data for the Food Consumption Score Indicator*, February 2015

Gender of head of household and FCS

Female-headed households were more likely to report borderline or poor food consumption scores (19% vs. 12%) and are thus more food insecure. A more significant number of FHH's reported borderline food consumption scores (15% vs. 9%) while poor food consumption scores were similar in both households (4% in FHH's and 3% in MHH's), which follow similar trends of WFP reports during the same period.

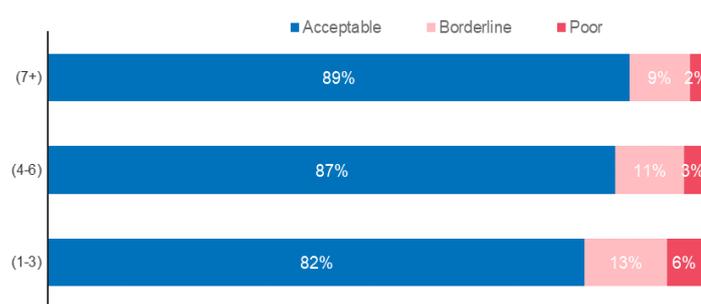
Figure 7.4. FCS score by HoH gender, Azraq vs. Zaatari
Percentage of individuals (%)



Family size and FCS

When it comes to family size, larger families tended to have less severe FCS than smaller families. Family sizes of 1-3 individuals had the highest percentage of individuals with borderline (13%) and poor (6%) FCS. The lowest percentage of borderline and poor FCS was seen in individuals within families of 7 or more. This trend could be related to food assistance being provided per family member i.e., higher total amount per family allows for both more nutritious and adequate amounts of food, as well as household economies of scale.

Figure 7.5. FCS score by family size, Azraq vs. Zaatari
Percentage of individuals (%)



Expenditure on Food

Average monthly household expenditure on food was higher in Zaatari than Azraq. In Zaatari camp, households spent an average of 153 JOD per month, while those in Azraq camp spent an average of 125 JOD per month. This could be due to larger household sizes in Zaatari, as compared to Azraq. Additionally, geographic location may influence average monthly food expenditure as individuals in Azraq have limited market access compared to those in Zaatari, leading to challenges in finding cheaper sources of food.

When looking at gender of the head of household, MHH tend to spend on average, more than FHH on monthly food expenditure (146 JOD vs. 120 JOD, respectively).

Coping with hunger: the rCSI

The reduced Coping Strategies Index (rCSI) describes household food insecurity based off reported use of negative food-based coping mechanisms in the 7 days prior to the interview. rCSI is calculated using the sum of the number of times each behavior was used in the past seven days, multiplied by its severity weighting. rCSI scores of less than 4 are considered low coping, 4 to 18 are considered high coping, 18-42 are considered crisis level, and scores over 42 are considered emergency level.

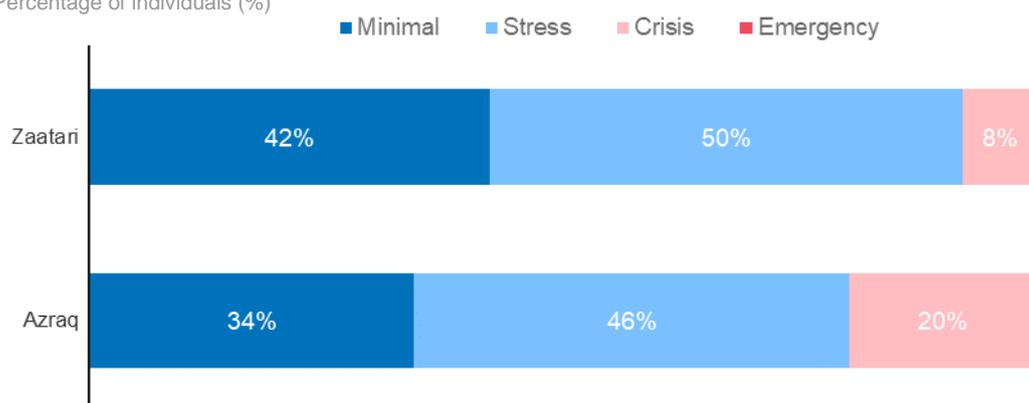
Table 7.1. Reduced coping strategy index (rCSI) weighting

Coping strategy	Weight
Rely on less preferred and less expensive food	1
Reduce number of meals eaten in a day	1
Limit portion size at meals	1
Borrow food or rely on help from relatives or friends	2
Restrict consumption by adults for small children to eat	3

Around 20% of individuals in Azraq lived in families considered in crisis, while only 8% reported the same in Zaatari. A large share, around half (50% in Zaatari and 46% in Azraq) were experiencing stress when it comes to food security. Only a small percentage (less than 1% in both camps) were considered as an emergency in both camps.

Figure 7.6. rCSI score, Azraq vs. Zaatari

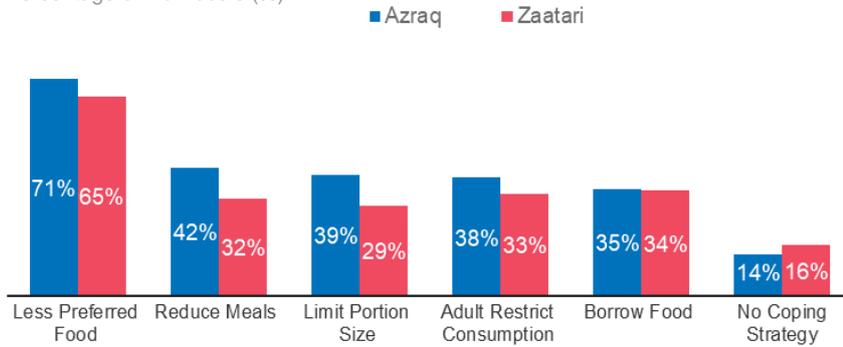
Percentage of individuals (%)



In addition to severity, Azraq showed a higher proportion of using food coping strategies than in Zaatari. In both camps, the most common negative food-based coping strategy used at least once in the prior 7 days was relying on less preferred, less expensive foods. This was followed by reducing the number of meals eaten per day, reducing the portion sizes of meals, restricting consumption by adults in order for young children to eat, and borrowing food or relying on help from relatives.

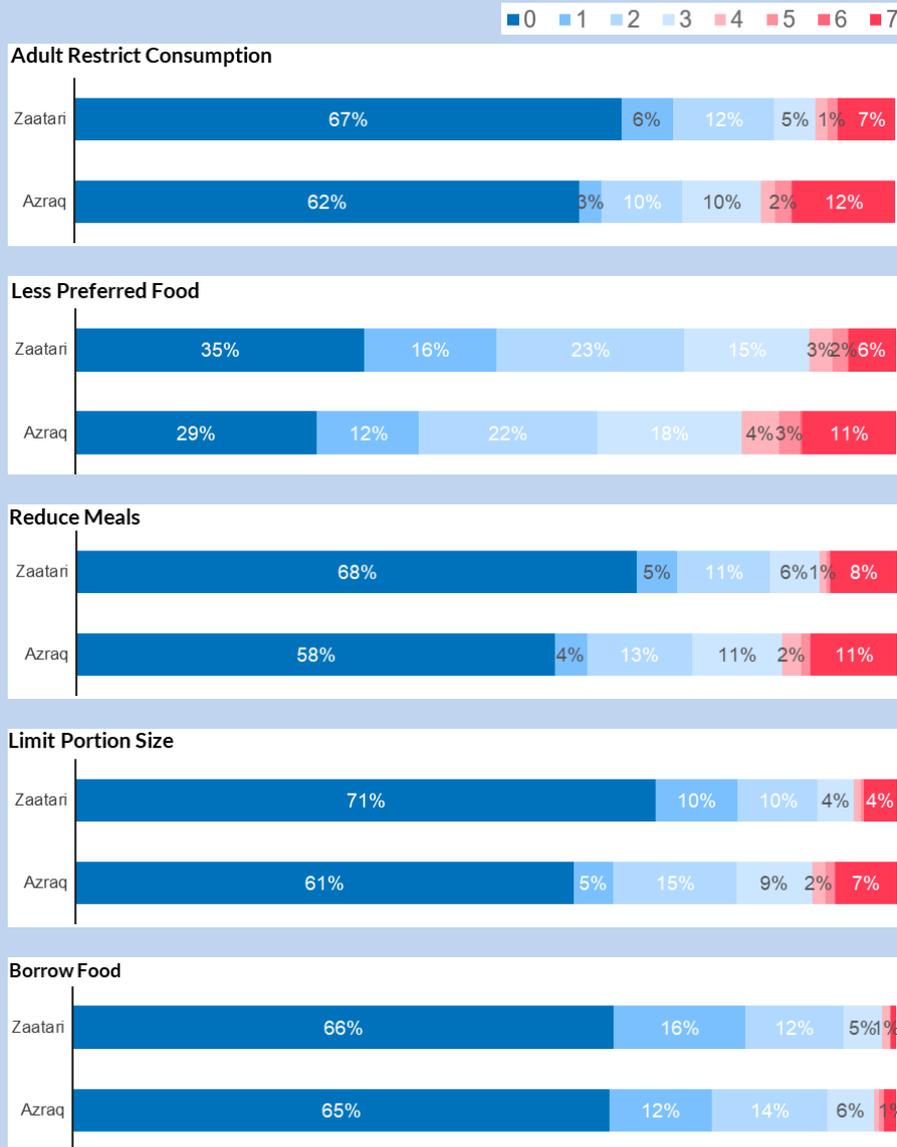
Only a small percentage of individuals in both camps reported using no coping strategies over the past 7 days (14% in Azraq and 16% in Zaatari).

Figure 7.7. Food-based coping strategies used at least once, Azraq vs. Zaatari
Percentage of individuals (%)



Food-based coping strategy by number of days per week

Percentage of individuals (%)



Food based and livelihood coping strategies

Average rCSI score increased steadily with the increased number of LCSH stress strategies used within Zaatari. Overall, families in Azraq had a higher average rCSI score per number of stress coping strategies, with scores between the camps showing similarities at 3 or more coping strategies. Families in both camps fall within stressed level for food insecurity. This is in line with the high responses of the bought food on credit indicator within stress level coping strategies.

Figure 7.8. rCSI by number of stress strategies, Azraq vs. Zaatari
Percentage of families (%)

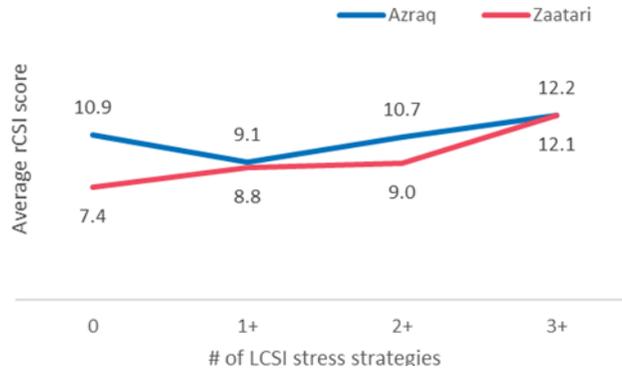
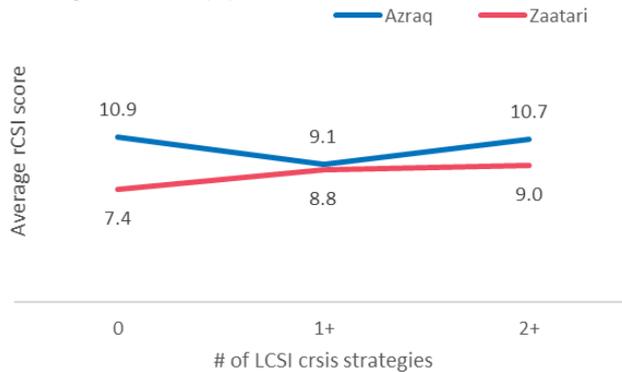
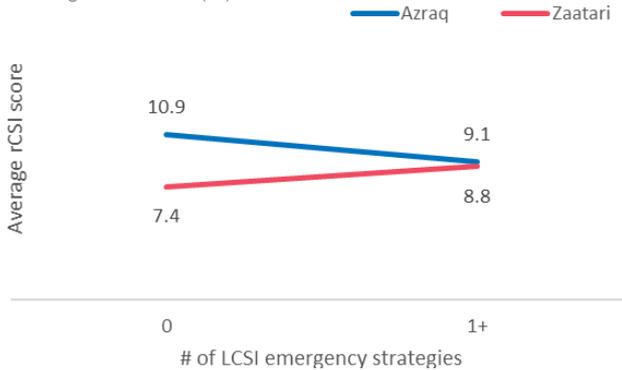


Figure 7.9. rCSI by number of crisis strategies, Azraq vs. Zaatari
Percentage of families (%)



Again, families in Azraq have higher average rCSI scores overall. Scores go down slightly when 2 or more LCSH crisis strategies are used, which could be due to the selling of productive assets in order to purchase food.

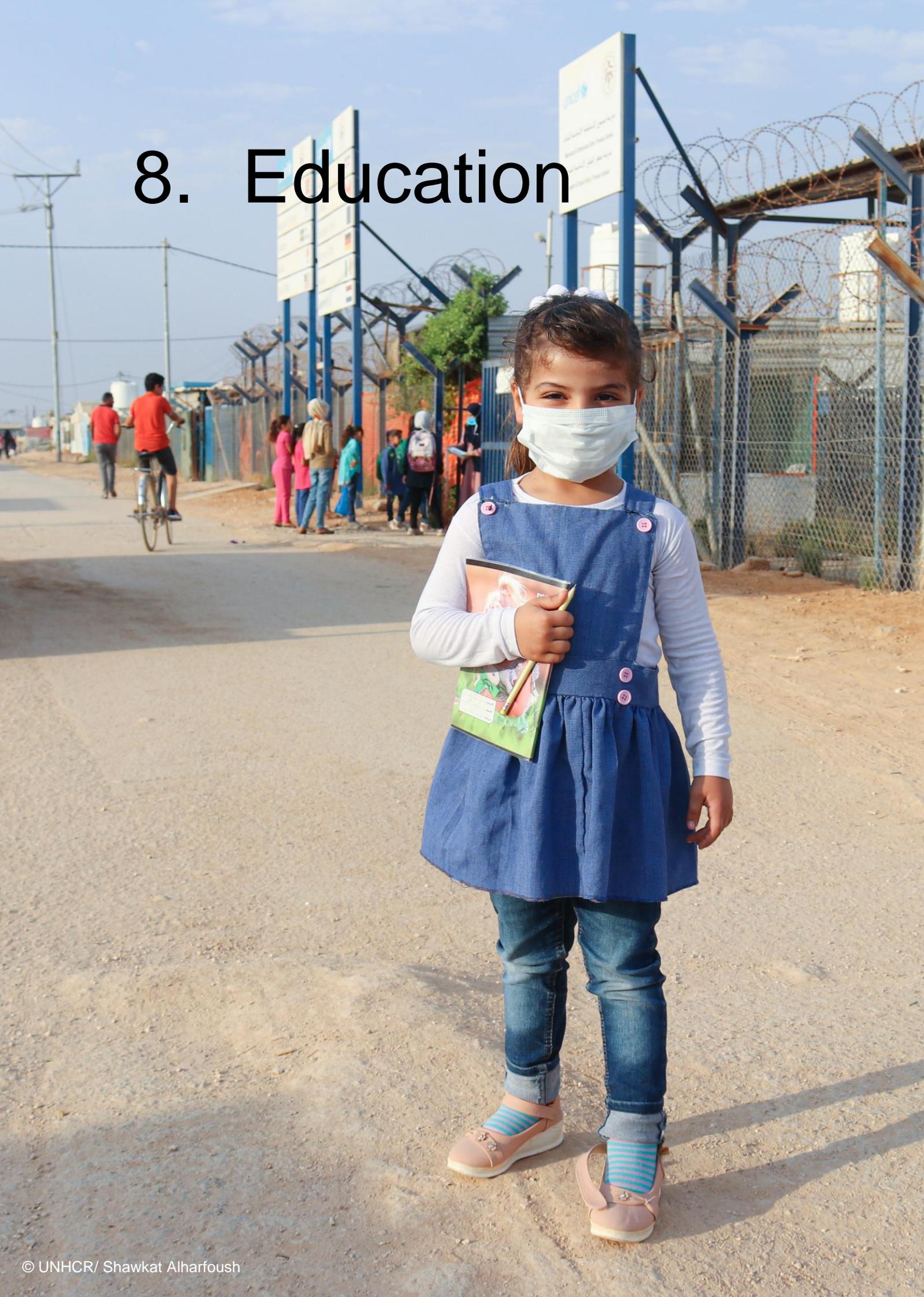
Figure 7.10. rCSI by number of emergency strategies, Azraq vs. Zaatari
Percentage of families (%)



For families reporting using 0-1 LCSH emergency coping strategies, Azraq had slightly higher rCSI scores than Zaatari. However, overall rCSI score was lower for families using at least one emergency strategy. This could be due to the majority of families using this type of coping strategy had accepted a high-risk job which may have provided some food stability for families, lowering their rCSI score.

Due to the nature of LCSH stress and crisis strategies, both showed a strong positive relationship with rCSI. The usage of one or more of these types of strategies can signal food security challenges in the family. Emergency coping strategies comprise a different, more income generating -based type of coping mechanism. This could explain the lack of relationship between rCSI and emergency coping strategies.

8. Education



Sectoral context

The Jordanian national educational system rapidly adapted to accommodate the arrival of Syrian refugee children. Today, the Ministry of Education (MOE) provides education to children living in both Zaatari and Azraq camps, with support from UNICEF and other stakeholders.²⁵ Zaatari camp hosts 32 schools, while Azraq camp hosts 15 schools. Additionally, there are 11 standalone KG2 centres within the camps, 7 in Zaatari and 4 in Azraq.²⁶ Still, there are gaps in Syrian children's access to education, including early dropouts caused by disinterest in school, health conditions and disabilities, economic pressure, and early marriage, among other factors.²⁷ Ensuring children's access to high-quality education in Syrian refugee camps fosters resilience and helps secure better outcomes for the future.

The VAF education score, calculated at the family level, focuses on identifying two key groups: children who remain out of school and children who are at risk of not completing education for children aged 5-18.²⁸ The score consists of three levels: atomic indicators are measured directly through the questionnaire, composite indicators are derived from of atomic indicators, and the final education score is the average of composite indicators. The final score categorizes individuals as either "1 - low education vulnerable", "2 - moderately vulnerable", "3 - highly vulnerable," or "4 - severely vulnerable." This VAF study assesses these indicators during the 2021-2022 school year, the first full school year back to face-to-face learning after the remote modality during the start of the COVID-19 pandemic.



²⁵ UNICEF, *Best start to education for thousands of preschool children in Zaatari and Azraq refugee camp*, March 2019

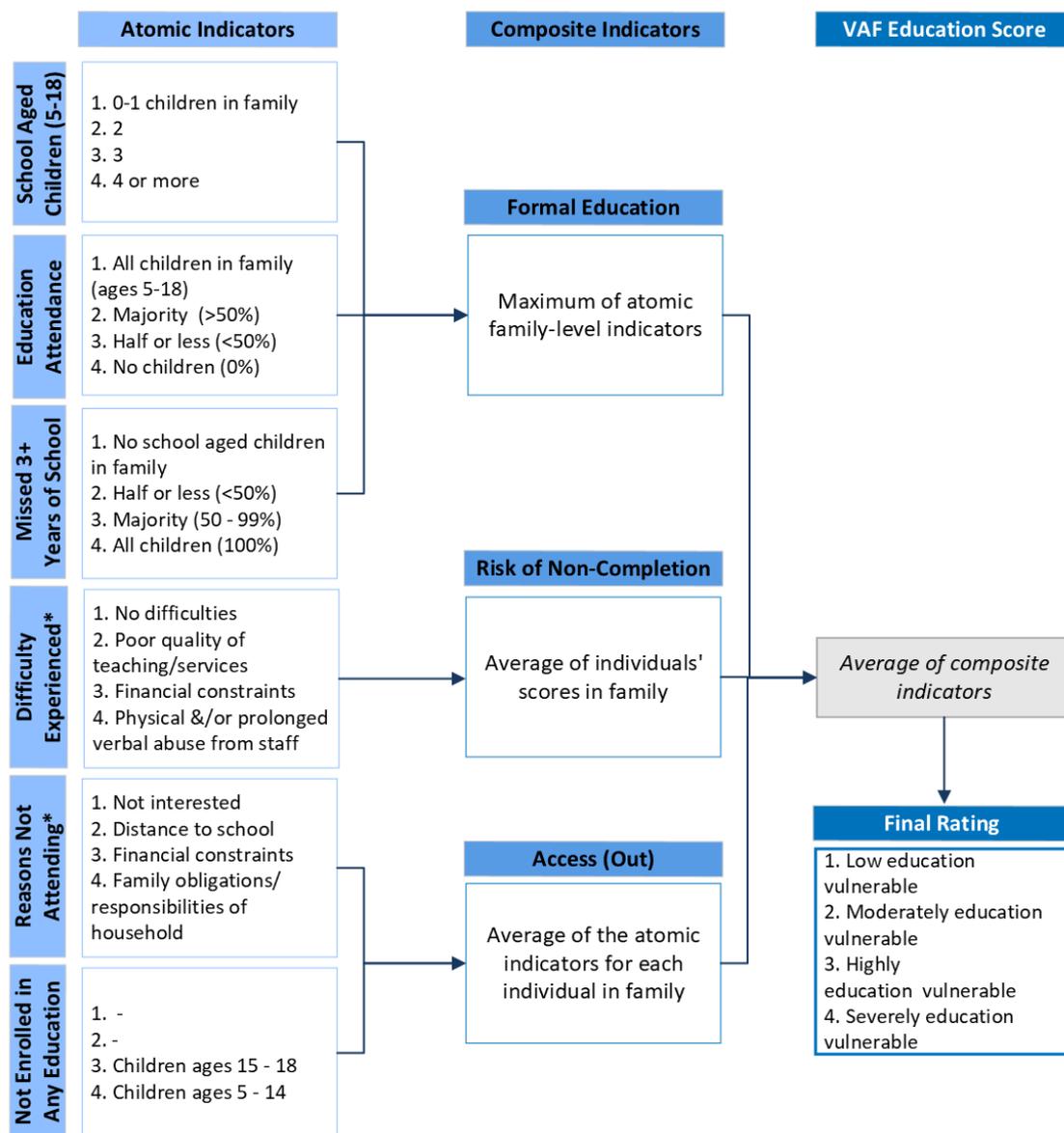
²⁶ UNHCR Jordan, *Azraq and Zaatari Dashboard*, December 2021

²⁷ UN Jordan, *Report on Out of School Children*, December 2020

²⁸ *Compulsory age of schooling in Jordan is from 6-15 years of age.*

The following schematic shows how the score is calculated:

Figure 8.1. VAF Education Sector Tree, Camp Methodology



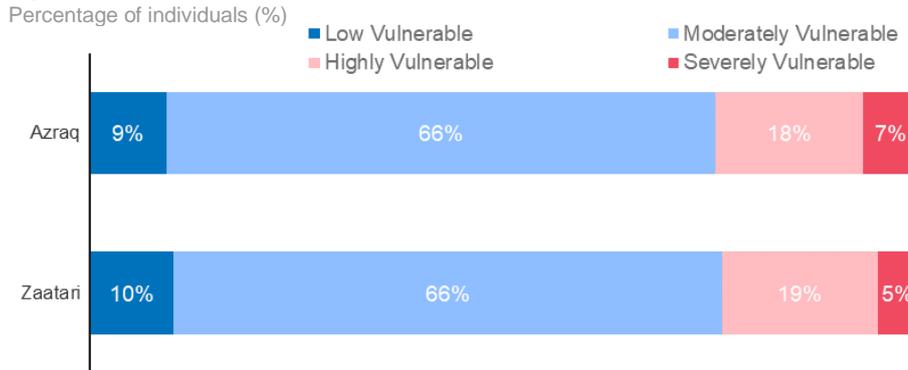
***Extended criteria for atomic indicators**

- Difficulty Experienced Atomic Indicators**
2. Psychological distress, Safety fears for movement outside the home
 3. Need for family income, Distance to school (>2km), Bullying amongst students, Poor quality of infrastructure (i.e., WASH facility, classroom furniture, etc.), Discrimination/humiliation/verbal abuse from staff
 4. Child labour/early marriage, Physical and/or prolonged abuse from staff
- Reasons for Non-Attendance Atomic Indicators**
1. Not school age
 2. Missed 3+ years of education, Did not pass last year, Difficulty of the curriculum, Tried to enrol after closing of the enrolment period, Refused entry, Lack of documentation, Contracted coronavirus
 3. Afraid for safety in school, Safety fears for movement outside the home
 4. Serious health condition, Refused entry due to disability, Disability/impairment (family will not allow), Child labour, Child marriage

Overall education vulnerability

The education score was calculated for families with school-aged children using the three composite indicators for families with school-aged children: Formal Education, Risk of Non-completion, Access – Out. Education vulnerability was very similar between both camps. Over two thirds of school-aged children part of families that were at a moderate vulnerability, 9-10% at low vulnerability, 18-19% at high vulnerability, and 5-7% were at severe vulnerability. This indicates that although most school-aged children in camps face some level of education vulnerability, severe vulnerability is uncommon.

Figure 8.2. Education final VAF score, Azraq vs. Zaatari



Formal education

Formal education comprises the number of school-aged children in the family, the percentage of their education attendance, and the percentage that have missed three or more years of schooling. The composite indicator is then computed as the maximum of the 3 atomic indicators, at the family level.

A total of 4,065 children ages 5 to 18 were identified in the sample (belonging to 1,437 families), with higher numbers living in the Zaatari camp (55%), as compared to Azraq (45%), as the sample was drawn based on population and included more families from Zaatari.

School-aged children, the first component in the formal education composite indicator, includes the number of children aged 5 to 18 within a family. Both camps have relatively young populations. In both camps, around 4 in 10 individuals are living in families which have more than 3 school-aged children. While there are more school-aged children in Zaatari in our sample, there is a larger number of children living in one family within the Azraq sample.

Figure 8.3. School aged children per family VAF score, Azraq vs. Zaatari

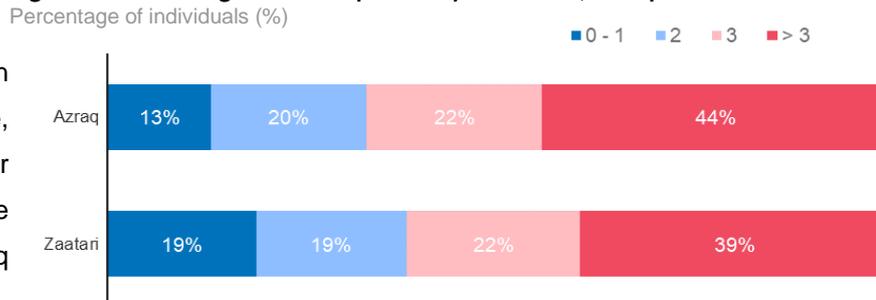


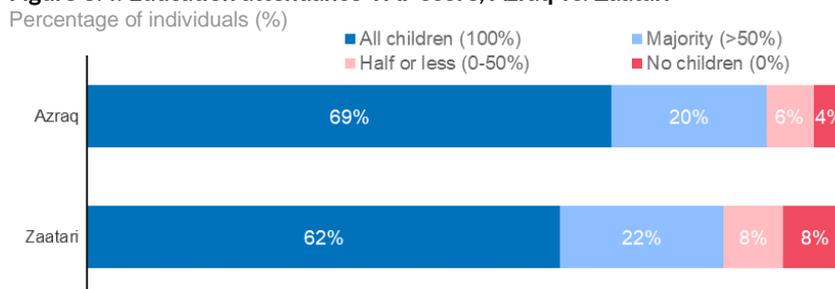
Table 8.1. Sample distribution of school-aged children by gender and age cohort

	Female		Male		Total
	Azraq	Zaatari	Azraq	Zaatari	
5	87	102	78	124	391
6 - 15	666	800	738	846	3,050
16 - 17	98	147	86	123	454
18	28	53	29	60	170
Total	879	1,102	931	1,153	4,065

Education attendance is the second atomic indicator contributing to the formal education indicator. School attendance was common among children living in both camps.²⁹ Across Zaatari and Azraq, 85% of school-aged children attended school.

In Azraq and Zaatari, majority of families with children ages 5 to 18 reported that all school-age children were attending school (69% vs. 62%) while 4% and 8% reported that no children members were attending.

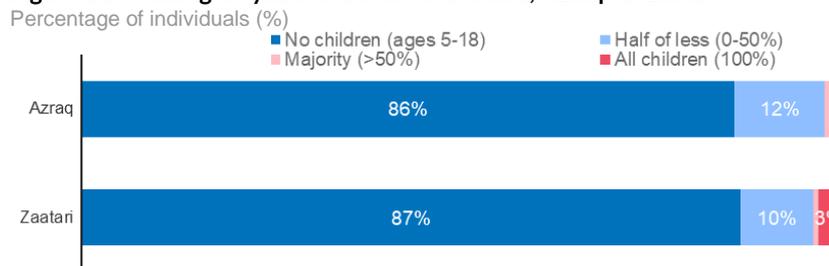
Figure 8.4. Education attendance VAF score, Azraq vs. Zaatari



Missing 3 or more years of schooling is the final atomic indicator contributing to the formal education indicator. The vast majority of families with school-aged children reported that no school-aged children had missed 3 or more years of school (86% in Azraq and 87% in Zaatari). Around one in ten families reported that half or fewer school-aged children had missed three or more years of school.

Only 1% of families in each camp reported that the majority (greater than 50%) of their school-aged children had missed 3 or more years of school. 3% of families in Zaatari and 1% of families in Azraq indicated that all school-aged children had missed three or more years of school.

Figure 8.5. Missing 3+ years of school VAF score, Azraq vs. Zaatari



²⁹ The high rate of school attendance reflects the dedicated efforts of the Ministry of Education, UNHCR, UNICEF, and other partners. In 2014, almost half of all school-aged children in Za'atari camp were out-of-school. See "Access to education for Syrian refugee children in Zaatari camp, Jordan" (September 2014).

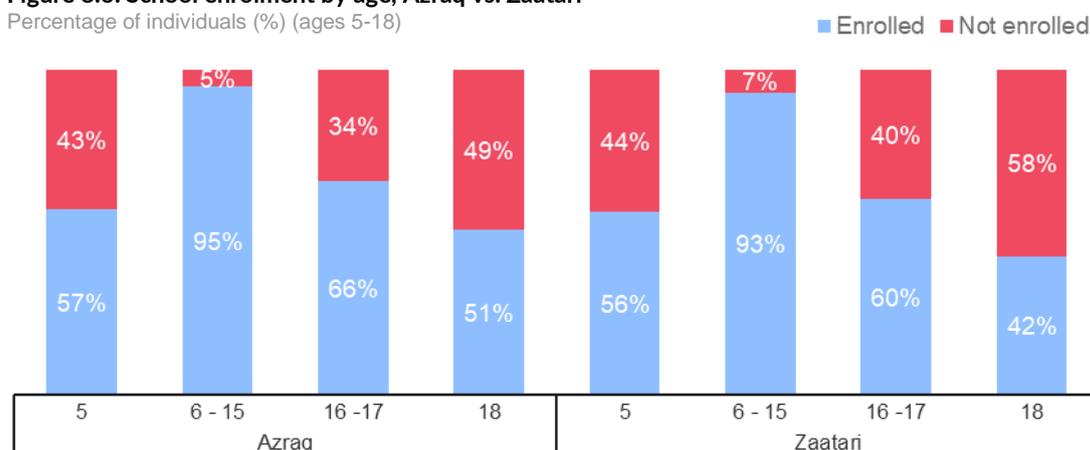
School enrolment

Among school-aged children, the majority of respondents are enrolled in school, with more school-aged children in Azraq being enrolled than in Zaatari (87% vs. 83%). When it comes to age, variations in school non-enrolment were similar in both camps. In both camps, a little over half of 5-year-old children are enrolled in school. The majority of children aged 6-15 are enrolled in school. However, there was a substantial reduction in enrollment for children between 16-17 years of age in both camps, with only 66% in Azraq and 60% in Zaatari enrolled. An even more significant decrease in enrolment is seen in 18-year-olds, with only half of 18-year-olds enrolled in school Azraq and less than half in Zaatari. Again, children aged 5 and 16-18 are not required to attend school in Jordan, hence the significant reduction in enrollment past 15 years of age.

Enrolment also slightly varied by head-of-household gender, with more MHH's (85%) reporting school-aged children enrolled in school than FHH's (82%).

Figure 8.6. School enrolment by age, Azraq vs. Zaatari

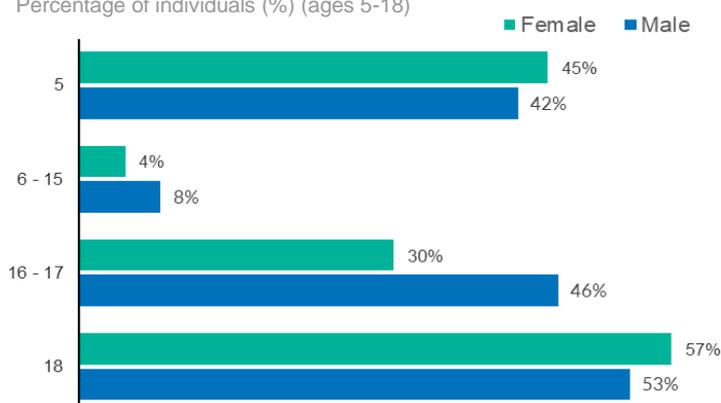
Percentage of individuals (%) (ages 5-18)



There was small variation in non-enrolment between males and females when examined by age cohort. However, males between the ages of 16-17 were much more likely than females to report non-enrolment (46% for males vs. 30% for females). The 18-year-old cohort illustrates high increase in non-enrolment for females and a continuous rise for males.

Figure 8.7. Non-enrolment by gender & age, Azraq vs. Zaatari

Percentage of individuals (%) (ages 5-18)



Out of those who reported that they are not enrolled in school³⁰, 255 children indicated that they never attended school. There was a significant difference in school-aged children who never

³⁰ N = 622

attended between the camps, with 37% of school-aged children reporting having never attended school in Zaatari and 47% reporting the same in Azraq. However, similarly to those who were not enrolled at the time of the interview, the majority of those who never attended school were 5 years of age. This could be due to children beginning education at varying times between the ages of 5 and 6.

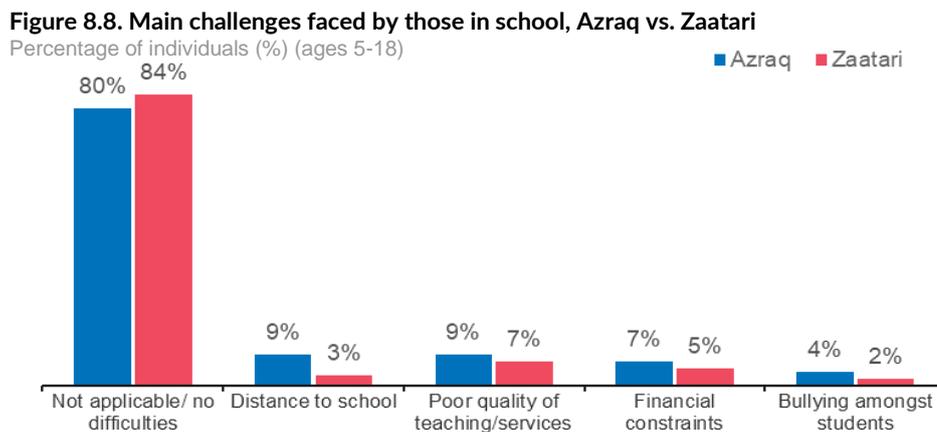
Risk of non-completion

This indicator is derived from the challenges that children face when attending school and thus, only the children enrolled in education at the time of the interview are part of this analysis.³¹

The difficulty experienced atomic indicator is based on four levels of vulnerability. Each level encompasses difficulties in school reported by families with school-aged children. Levels are included within the VAF education score tree for reference.

The majority of families with school-aged children in both camps reported no difficulties faced by those in school. In both camps, the most common difficulties fell into the “moderately vulnerable” category (13% in Zaatari and Azraq).³² “Highly vulnerable” (6% in Zaatari and 11% in Azraq) and “severely vulnerable” (2% in Zaatari and 1% in Azraq) made up the least common categories of difficulty experienced.

Reported difficulties were similar in both camps, with those in Azraq reporting a higher percentage of poor quality of teaching and/or management, financial constraints and bullying amongst students. There was a higher percentage of individuals in Azraq reporting distance to school as the main challenge faced regarding school.



In general, male children encountered a higher percentage of challenges overall in all categories when compared to female children. Males were more likely than females to report poor quality of teaching (9% vs. 6%). Males were also more likely to report distance to school (6% vs. 5%), financial constraints (7% vs. 4%) and bullying amongst students (4% vs. 2%).

³¹ N = 3,443

³² Although this was not directly explored in the study, psychological distress may be linked to the use of physical and emotional violence at schools. UNICEF recently released a nation-wide survey of violence against children in Jordan, which found that emotional violence against children is widespread, including at schools.

Main challenges faced in school differ by age and gender

Main challenges varied greatly when examined by age cohorts, with the frequency of reported challenges increasing with age.

- For those children aged **5** attending school, the majority faced no challenges (92% of females vs. 85% of males). This could be attributed to the limited, if any, time spent in school. However, the main challenge reported for both were financial constraints (5% of females vs. 10% of males), followed by distance to school (3% of females vs. 4% of males) and bullying amongst students (2% for both males and females).
- While a large majority of children aged **6-15** reported no difficulties (85% of females vs. 79% of males), a significant number reported challenges due to poor quality of teaching and/or management (7% of females vs. 10% of males). This was followed by distance to school (5% of females vs. 6% of males) and financial constraints (4% for females vs. 7% for males). The least reported challenge was bullying amongst students, with two times more males reporting it as a main challenge than females (5% vs. 2%).
- A larger number of children aged **16-17** reported challenges than in previous age groups. Distance to school was reported most frequently, with 8% of females and 12% of males reporting it as a main challenge. This was followed by poor quality of teaching and/or management (6% for both males and females), financial constraints (5% of females vs. 4% of males) and bullying amongst students (2% for both males and females).
- Challenges faced in school drastically increased for females aged **18**. 29% of females reported challenges in school at this age, up from 15% of females aged 6-15. Males reporting challenges remained constant among all age groups from 6-18. The most frequently reported challenge was distance to school (14% of females vs. 7% of males). This was followed by poor quality of teaching and/or management (11% of females vs. 7% of males), and financial constraints (6% of females vs. 2% of males). While bullying amongst students was not reported as a challenge for children aged 18, physical and/or prolonged verbal abuse from staff was identified as a main challenge for 3% of females and 2% of males.

Access (out of school)

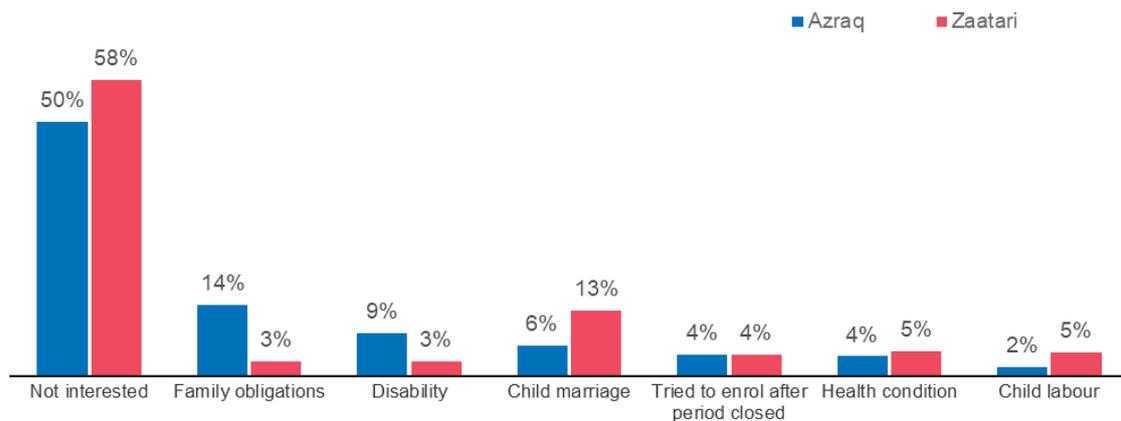
This indicator is derived from the average of two indicators: reasons children are not attending and age group of those children. Due to the nature of this indicator, only the children who were enrolled in education at the time of the interview are part of this analysis.³³

Vulnerability levels for reasons of non-attendance can be found in VAF education score tree.

The most common reason school-age children were not attending school was lack of interest. This was followed by categories within severe vulnerability (18% in Zaatari and Azraq), moderate vulnerability (13% in Zaatari and 14% in Azraq), and high vulnerability (3% in Zaatari and 4% in Azraq).³⁴

Specific reasons for not attending school varied between camps. In Azraq, 14 % reported family obligations/household responsibility as the reason for non-attendance, while only 3% reported the same in Zaatari. Disability was reported more in Azraq as well. However, child marriage leading to non-attendance was reported more frequently in Zaatari than Azraq, as was child labour.

Figure 8.9. Reasons children are not enrolled in school, Azraq vs. Zaatari
Percentage of individuals (%) (ages 5-18)



When broken down by the gender of the head of household, FHH’s reported a higher percentage of not interested as the reason for non-attendance (64% vs. 53%). Disability/unable to attend was also reported more frequently in FHH’s as reasons for non-attendance. Child labour was significantly higher within FHH’s. This could be attributed to children (primarily boys) aiding in supporting the family income. MHH’s were more likely to report trying to enrol after the enrolment period and serious health conditions as reasons for non-attendance.

³³ N = 622

³⁴ Families in both camps pay a nominal fee to register for public school. Students may also be required to purchase school supplies and to pay for transit to school.

Main reasons children are out of school differ by age and gender

Reasons varied greatly when examined by age cohorts and gender.

- For those children aged **5** not attending school, the most common reason was trying to enrol after enrolment period (4% of females vs. 8% of males). Not interested and safety fears of movement outside of home was only selected by girls (1%), while distance to school was only selected by boys (1%).

- Among children aged **6-15**, not interested was cited as the top reason for not attending school (40% of females vs. 60% of males). 18% of females are not attending due to family obligations compared to only 2% of males. This was followed by serious health condition (11% of females vs. 6% of males), trying to enrol after enrolment period (8% of females vs. 4% of males) and due to disability (5% of females vs. 8% of males). It is worth noting that only male children of this age cohort selected child labour (4%).

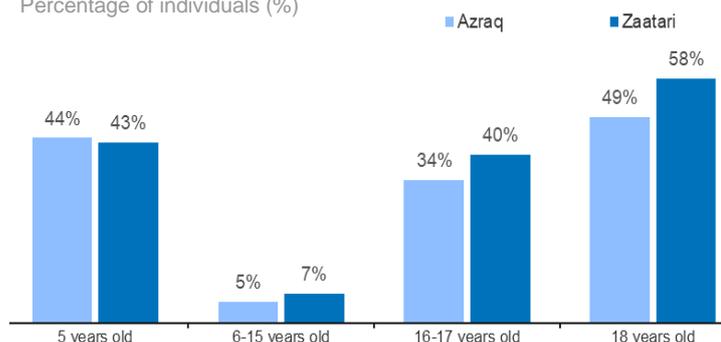
- For children aged **16-17**, not interested continues to be the top reason for not attending school (42% of females vs. 70% of males). As children grow older, reasons for non-enrolment shift towards finance related, with 42% of girls' most common reason being child marriage in this group, compared to 0% of males. This was followed by family obligations (8% of females vs. 5% of males), financial constraints (1% of females vs. 4% of males), and due to disability (4% of females vs. 4% of males). As above, only male children cited child labour (9%).

- For children aged **18**, not interested continues to be the top reason, especially for females (54% of females vs. 57% of males). A similar trend appears among females in this age group with marriage at 33%, compared to 2% of males, this is followed by family obligations (2% of females vs. 13% of males). Disability is only cited by females (7%), while serious medical condition is only cited by males (9%). As above, only males cited child labour (9%).

Further, the not enrolled in education indicator divides children not attending school into two age groups: 15-18 years of age (high vulnerability) and 5-14 years of age (severe vulnerability).

Age-based vulnerability was high in both camps. In Zaatari, 54% of individuals live in families where at least one school-aged child is not enrolled in education and is between 5 and 14 years of age, with slightly higher figure for Azraq (60%). This high vulnerability could be explained by a large share of 5-year-olds not enrolled in school. Further, in Zaatari, 47% of individuals are living in the household where at least one school-aged child is not enrolled in education and between the ages of 5 and 18, with 40% for Azraq.

Figure 8.10. Not enrolled in school by age group, Azraq vs. Zaatari
Percentage of individuals (%)





9. Basic needs and financial inclusion

Sectoral context

UNHCR provides regular cash assistance to refugee populations, enabling households to meet their basic needs. In both refugee camps, families receive cash assistance once per quarter to replenish essential items, with each family receiving around 32-42 USD per family for cooking gas, 32 USD per child under two years old to be used for baby diapers, and 5 USD per female 12-50 years of age to be used for female hygiene items. In an effort to better empower those receiving assistance and, in turn, boost the local market economy, UNHCR transitioned from in-kind assistance to only cash assistance, and has recently started to implement the use of mobile wallets as a tool for assistance delivery.

UNHCR's basic needs assistance is provided as cash in hand by partners. UNHCR is currently, working with its partner NRC, to provide financial and digital education to camp residents so that they can open mobile wallets and start receiving assistance through these wallets. Expansion of access to mobile wallets will serve as an important step forward for refugees, allowing them to build their digital footprint and create a transaction history that can act as a platform to support access to financial services. As of April 2022, 7,606 and 4,523 families have been transitioned to mobile wallets from Zaatari and Azraq respectively.

The basic needs indicators estimate a family's ability to meet its basic financial and non-financial needs. Most refugee families, particularly those living in camps, have limited access to secure, stable livelihoods. Taking on debt is an important indicator of a household's inability to meet their most fundamental financial needs with the financial resources available to them. Economic stressors have long afflicted refugee families, with the COVID-19 pandemic adding additional burden to already struggling families.

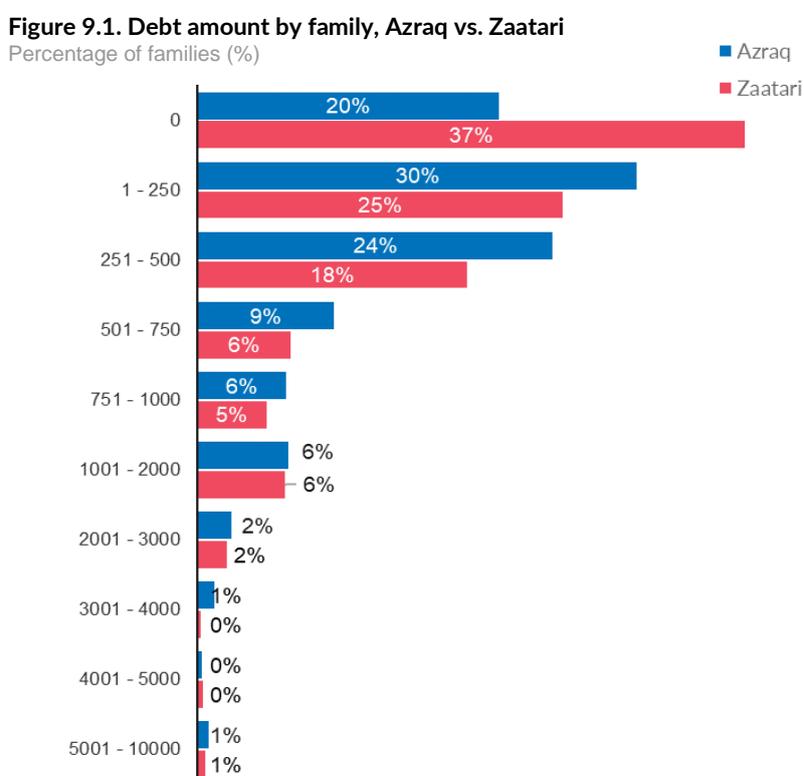


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Debt

In general, families in Azraq were more likely to be in debt than those in Zaatari . While 63% of families in Zaatari reported that they were in debt, 80% in Azraq camp were in debt – a difference of 17%. Larger family sizes were also more prone to debt than smaller families in both camps. Some 74% of individuals within large families (6-13 individuals) in Zaatari reported being in debt, with 87% reporting being in debt in Azraq.

Whilst overall families of Azraq have more debt, the majority of debt in both camps is between 1-500 JOD, with 54% of families in debt in Azraq, reporting at this level and 43% of those in Zaatari. The highest debt levels were almost identical in both camps, with very few households carrying debt above 1,000 JOD.



Of those reporting debt amounts up to 5,000 JOD³⁵, the average debt was around 10 JOD higher in Azraq.

Table 9.1. Average debt per family³⁶ (JOD), Azraq vs. Zaatari

Camp	Number of families	Minimum	Maximum	Average
Azraq	681	6	5,000	589.3
Zaatari	840	3	5,000	578.5

³⁵ 15 total families reported debt over 5,000 JOD.

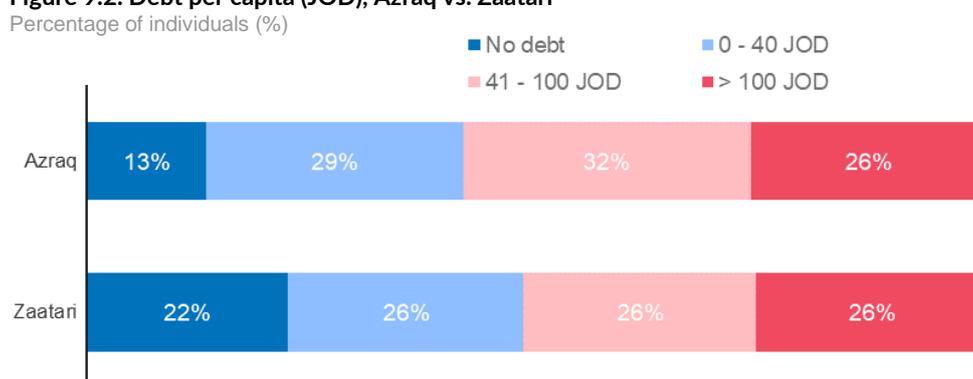
³⁶ Outliers of 0 JOD and more than 5,000 JOD have been removed.

Azraq, being a newer and more remote camp than Zaatari, has less job prospects overall, which could account for the higher percentage of debt seen in Azraq. It is likely that lower employment rates for Azraq are due, in part, to its geographical location, which is less connected to other cities in contrast to Zaatari. Additionally, movement in and out of Zaatari is more flexible than in Azraq, adding to the higher employment rates seen in Zaatari.

Debt per capita

When looking at debt per capita, individuals in Azraq tend to be more vulnerable with 58% holding debt over 41 JOD, compared to 52% in Zaatari. However, this gap decreases at extreme levels of debt per capita, where 26% of individuals in both locations hold >100 JOD in debt.

Figure 9.2. Debt per capita (JOD), Azraq vs. Zaatari

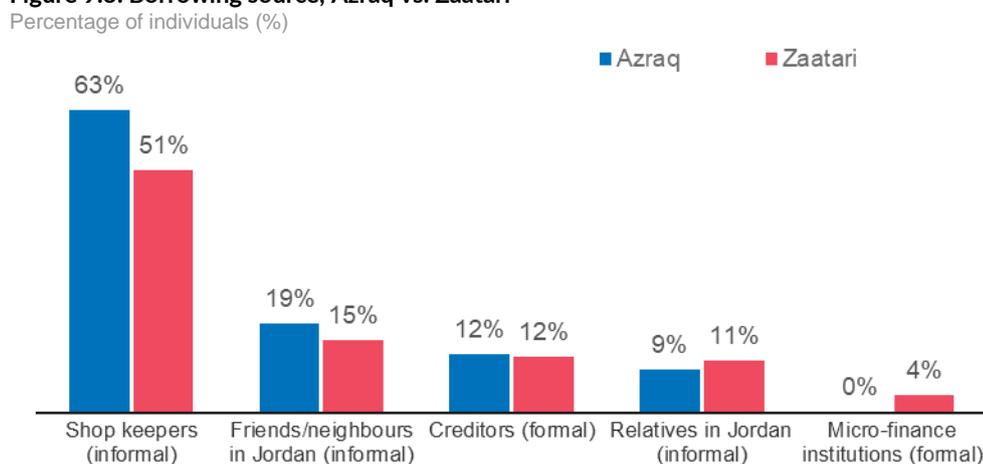


Source of borrowing

Across both camps, families tended to borrow mostly from informal sources, such as shopkeepers, friends and family, rather than formal sources such as creditors. In both camps, the primary source of borrowed money was shopkeepers, 51% in Zaatari and 63% in Azraq. Shopkeepers were followed by friends/neighbours, creditors, and relatives in Jordan.

Sources of borrowing were mostly similar between the two camps. Notably, although 4% of individuals within families in debt in Zaatari had borrowed from microfinance institutions, no individuals within families in Azraq camp reported the same.

Figure 9.3. Borrowing source, Azraq vs. Zaatari



Reasons for borrowing

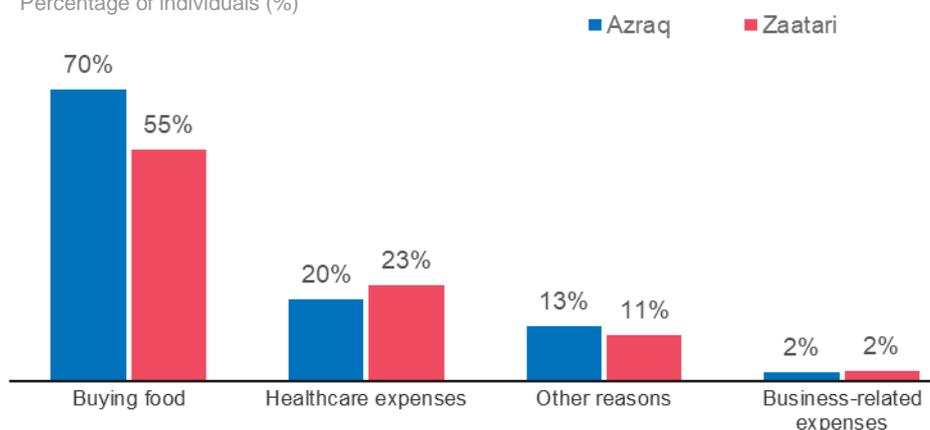
Refugees in both camps borrowed money to pay for their most essential expenses: food and healthcare (doctor fees, medicines from pharmacies), with 70% in Azraq and 55% in Zaatari reporting that debt was for buying food. Amid the pandemic, many school closures resulted in the suspension of school meal programs. According to WFP, widespread loss of income and assistance (such as school meal programs) forced many families to adopt coping strategies to meet basic needs.³⁷

Following food, the next most common reason was healthcare expenses, which included costs from visits to healthcare providers and pharmacy purchases. While not all needed healthcare cannot be covered through humanitarian programming, families may be forced to borrow money in order to cover medical costs. Overall, 23% of refugees in Zaatari and 20% in Azraq reported borrowing to cover healthcare expenses.

Additional reasons for borrowing were personal expenses (marriage, funeral maintaining and buying furniture) with 11% in Zaatari and 13% in Azraq and business-related expenses (2% in both camps).

Figure 9.4. Borrowing reason, Azraq vs. Zaatari

Percentage of individuals (%)



³⁷ World Food Programme, *Overview of Refugee Food Security in Jordan COVID-19 Update*, September 2020

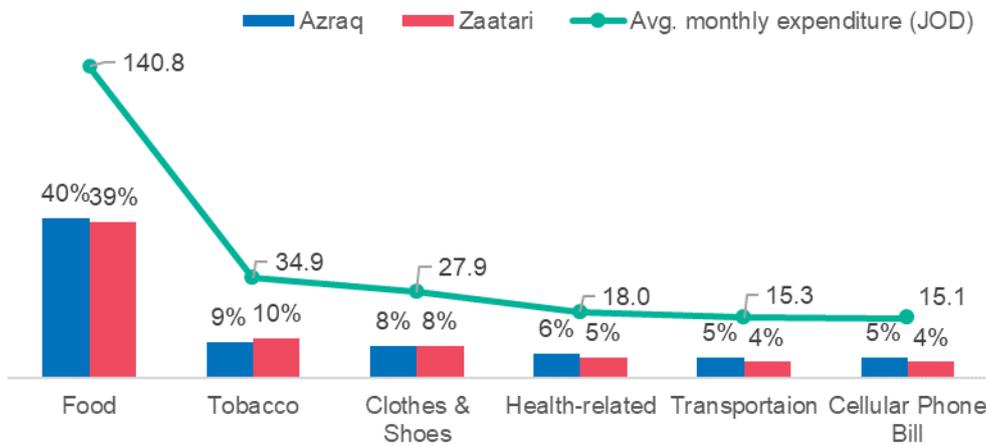
Expenditure

The average top expenditure item was food in both camps. In Zaatari, food made up an average of 39% of average household monthly expenditure, while in Azraq camp it was 40%. Families in both camps spent an average of around 141 JOD on food per month.

Food was followed by tobacco (10% in Zaatari and 9% in Azraq), clothes and shoes (8% in each camp), health-related costs (5% in Zaatari and 6% in Azraq), transportation (4% in Zaatari and 5% in Azraq), and cell phone bills (4% in Zaatari and 5% in Azraq).

Figure 9.5. Top average monthly expenditure (JOD), Azraq vs. Zaatari

Share of total average household monthly expenditure (%)

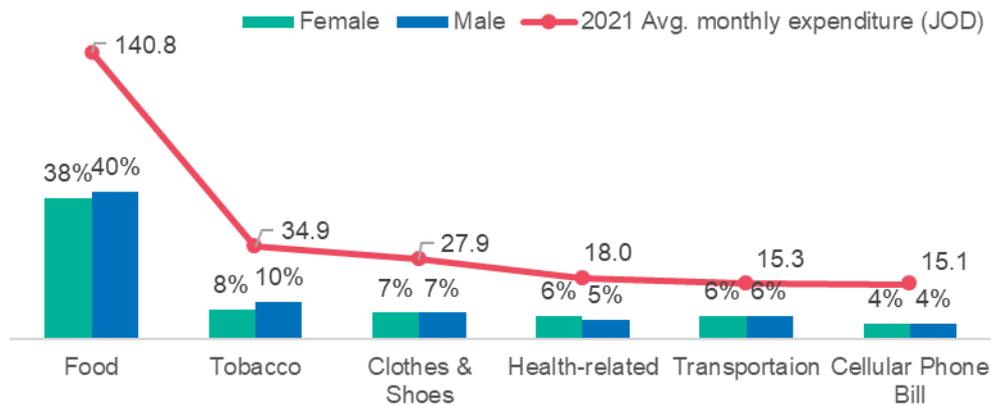


Overall, MHH’s had higher average spending per month compared to FHH’s, spending 367 JOD monthly compared to 316 JOD.

There were differences across key items: MHH’s tended to spend a larger percentage of their average monthly expenditure on food (40% vs. 38%), tobacco (10% vs. 8%), FHH’s tended to spend a slightly larger percentage of their average monthly expenditure on health-related costs (6% vs. 5%).

Figure 9.6. Top average monthly expenditure (JOD) by gender

Share of total average household monthly expenditure (%)



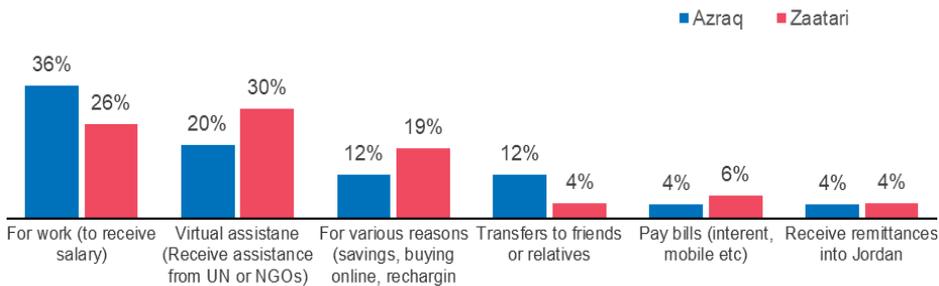
Financial inclusion

Financial inclusion indicators were recently included in the 2022 VAF survey to assess access to bank accounts and mobile wallets for refugee families. Within Azraq and Zaatari, questions regarding bank account or mobile wallet use and savings group contribution were used as indicators for financial inclusion.

Overall, the majority of families did not use a bank account or mobile wallet, with only 3% in both camps reporting using one.

Of those families who reported using a bank account or mobile wallet, most used either to receive salary (likely from an IBV scheme) or assistance. A higher percentage of individuals in Azraq used a mobile wallet to transfer money to friends or relatives (12% vs. 4%) while more individuals in Zaatari used a mobile wallet to pay bills (6% vs. 4%). Around 4% in both camps reported using a mobile wallet to receive remittances into Jordan.

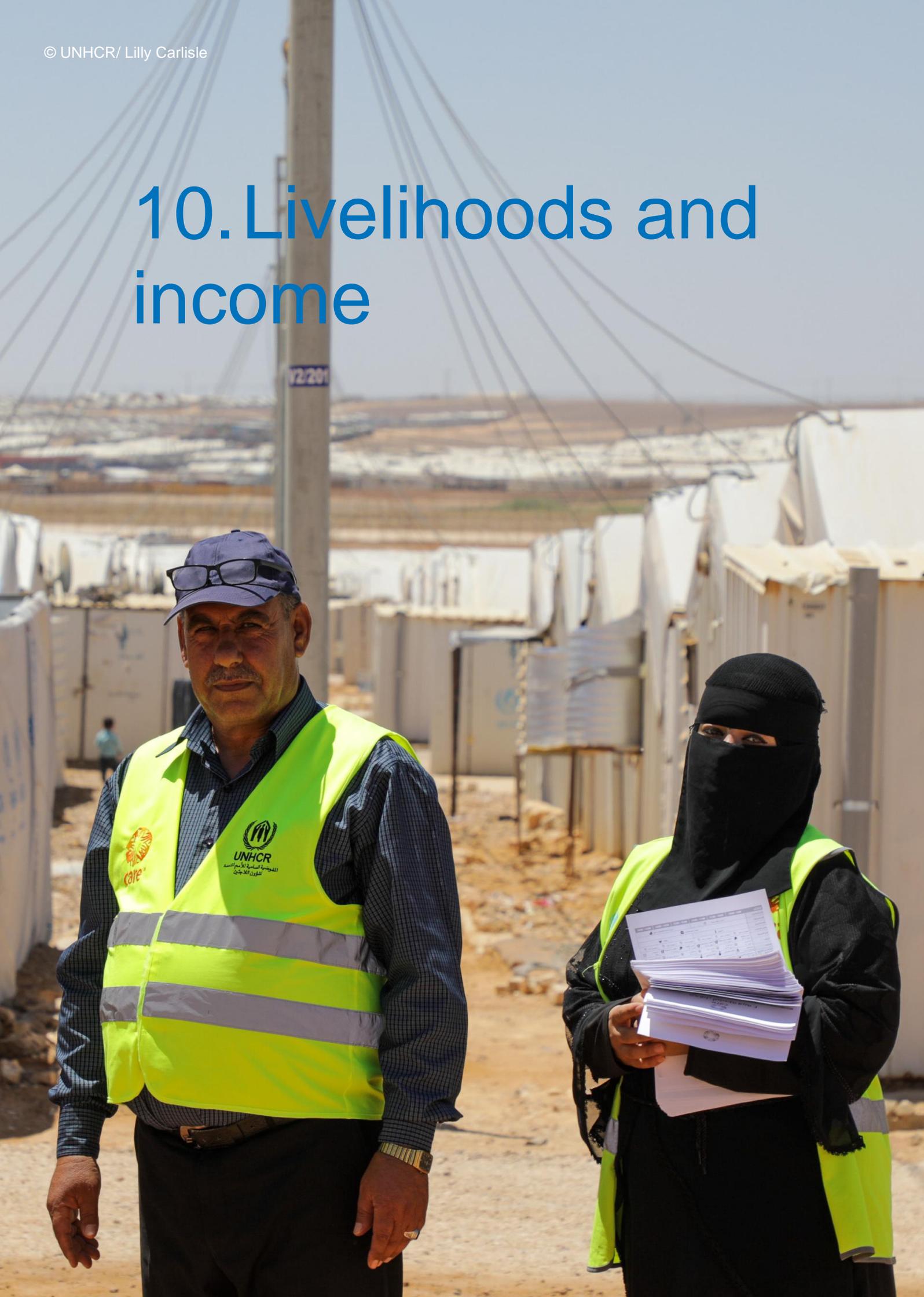
Figure 9.7. Reasons for using mobile wallet, Azraq vs. Zaatari
Percentage of families (%)



Other reasons not listed above included savings, buying items online, recharging their phone, or the internet. Savings groups consist of groups of individuals from different households that collectively contribute funds as a form of short-term savings. Contributing individuals are able to add amounts based on their financial circumstances.

Overall, savings group contributions were not frequently used within the camps. Only 1 family in Azraq and 7 in Zaatari reported contributing. The average savings contribution in Azraq was 120 JOD and 44.6 JOD in Zaatari.

10. Livelihoods and income



Sectoral context

Through the 2016 Jordan Compact, Syrian refugees are able to access legal employment opportunities utilizing a 'fee free' work permit.³⁸ Whilst access to permit supported employment has been increasing there is still room for improvement, with the majority of working refugees remaining in the informal labour market. As of March 2022, approximately 30% of working age Azraq residents, and 41% of working age Zaatari residents, had work permits.³⁹ To facilitate outreach, UNHCR and the ILO have established two employment centres, one in each camp, enabling refugees to receive relevant labour law information, access job matching services and apply for work permits.

Despite limited formal work opportunities, Azraq and Zaatari exhibit the entrepreneurial spirit of Syrian refugees in country. Each camp has an informal marketplace, with Azraq, as of December 2021, hosting 388 informal shops, and Zaatari hosting 780.



³⁸ ODI, *The Jordan Compact: Lessons learnt and implications for future refugee compacts*, February 2018

³⁹ UNHCR, *Azraq & Zaatari Camp Dashboard*, March 2022

Employment status

COVID-19 and the resulting government shutdown in April 2020 impacted employment among adult camp residents, with figures showing an 8% and 7% percentage point employment drop for Azraq and Zaatari residents after COVID-19. The pre-COVID figures below are similar to those reported by Syrian refugees residing outside of camp settings.

Figure 10.1. Working before and after the onset of the COVID-19 pandemic, Azraq vs. Zaatari
Percentage of individuals (%) (ages 18-60)

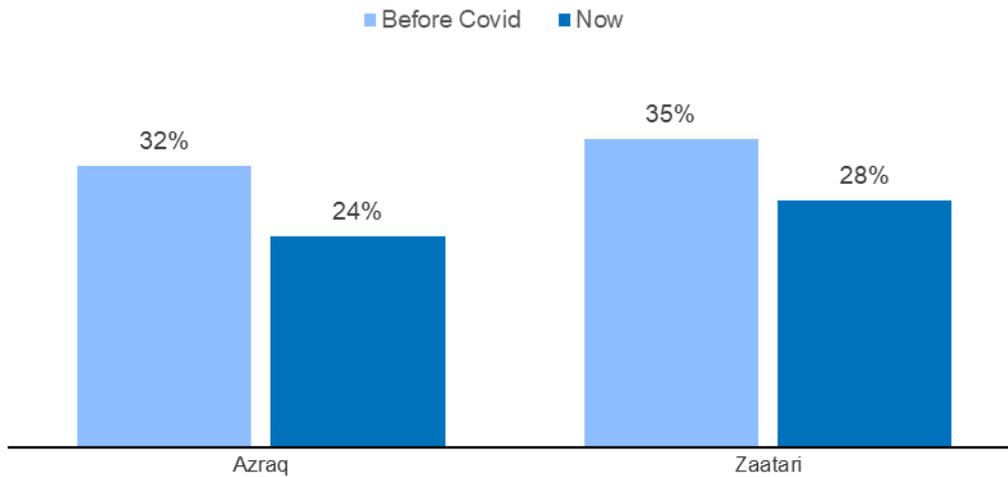
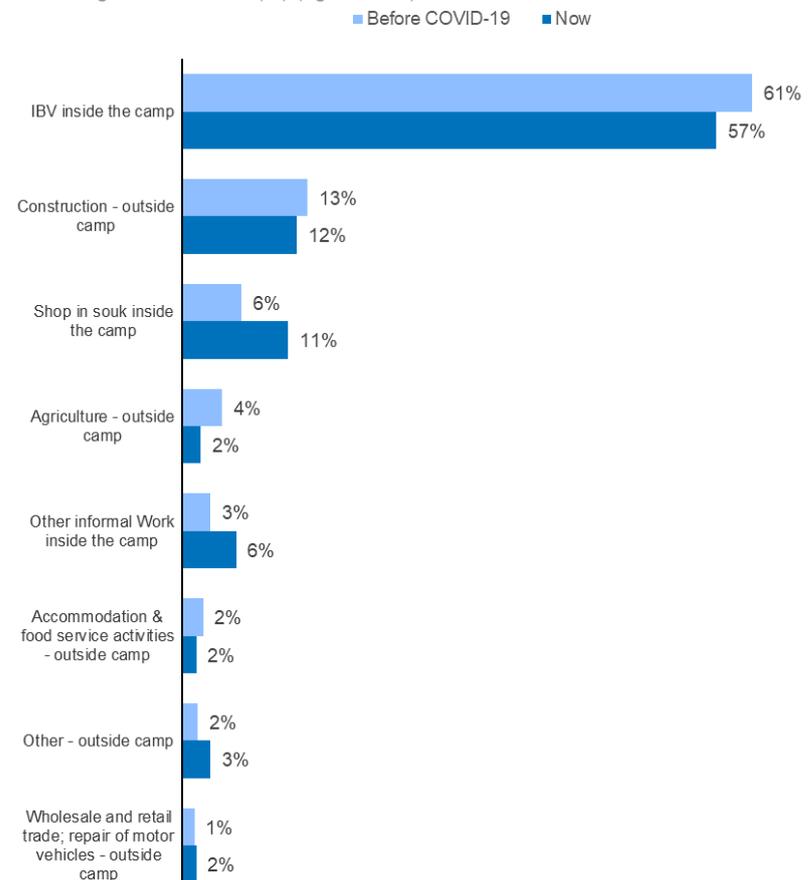


Figure 10.2. Sectors of work before and after the onset of the COVID-19 pandemic, Azraq

Percentage of individuals (%) (ages 18-60)

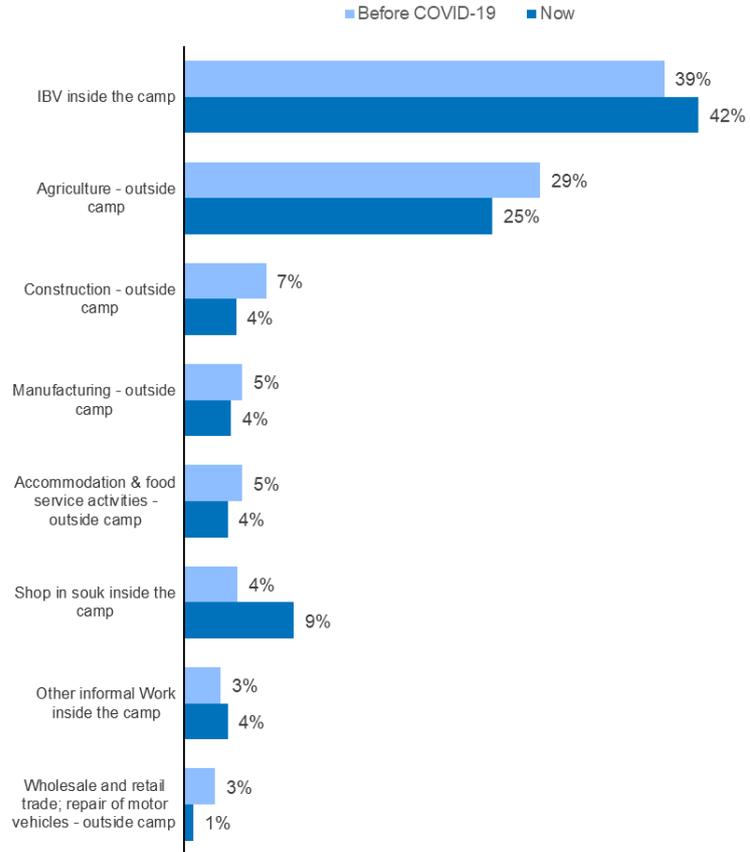
COVID-19 also changed the nature of work, with sectors adjusting to the change in needs and demands. In Azraq, there was a drop in IBV employment inside the camp and construction and agriculture outside the camp, but an increase in working in camp-based informal shops (6% to 11%), performing other informal work inside the camp (3% to 6%), performing other work outside the camp (2% to 3%), and wholesale and retail trade or repair of motor vehicles outside the camp (1% to 2%).



Due to lockdowns and restrictions on movement for camp-based refugees, many would have been pushed to find income opportunities within their camp. In Zaatari, employment within IBV schemes inside the camps rose (39% to 42%), working in informal shops in the souk inside the camp also saw an increase (4% to 9%), as did other informal work within the camp (3% to 4%). Work opportunities outside the camp all saw decreases after COVID-19, with agriculture declining by 4%, construction work by 3%, manufacturing and accommodation and food service activities by 1%, and wholesale and retail trade declined from 3% to 1%.

Figure 10.3. Sectors of work before and after the onset of the COVID-19 pandemic, Zaatari

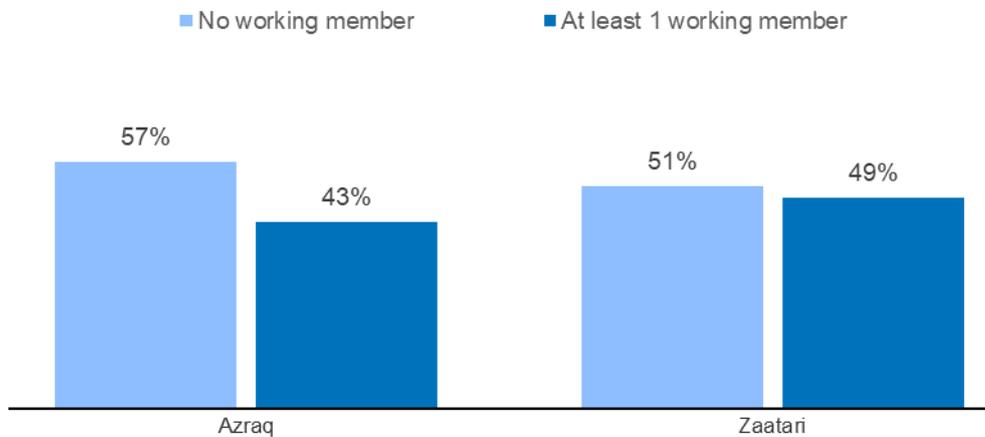
Percentage of individuals (%) (ages 18-60)



Around 57% of families in Azraq reported no working family members while 51% reported the same in Zaatari.

Figure 10.4. Number of working adults per family, Azraq vs. Zaatari

Percentage of families (%)



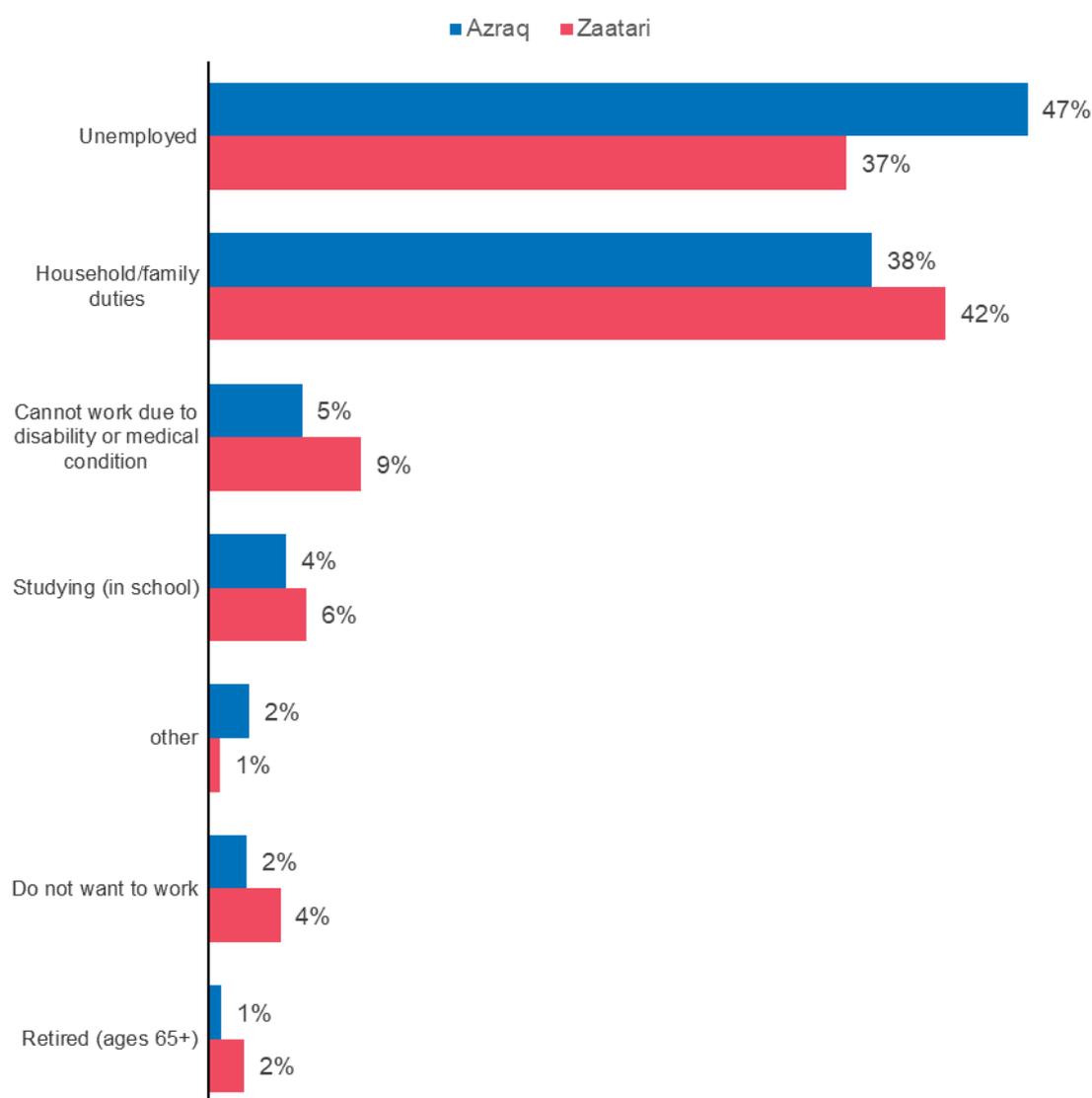
Unemployment

Individuals in Azraq reported being unemployed as the top reason for not working (47%), followed by household chores/family duties (38%). This differed from Zaatari, where the reverse was reported, with most stating that household/family duties (42%) followed by being unemployed (37%) kept them out of work. A slightly higher percentage of individuals in Zaatari reported not working due to disability or medical condition (9% vs. 5%), not working due to studying/in school (6% vs. 4%), do not want to work (4% vs. 2%), and retired (2% vs. 1%). Some 2% of individuals in Azraq reported “other” as reason for not working compared to 1% in Zaatari.

Of those who reported not working, the vast majority reported looking for work (95%).

Figure 10.5. Reasons not working, Azraq vs. Zaatari

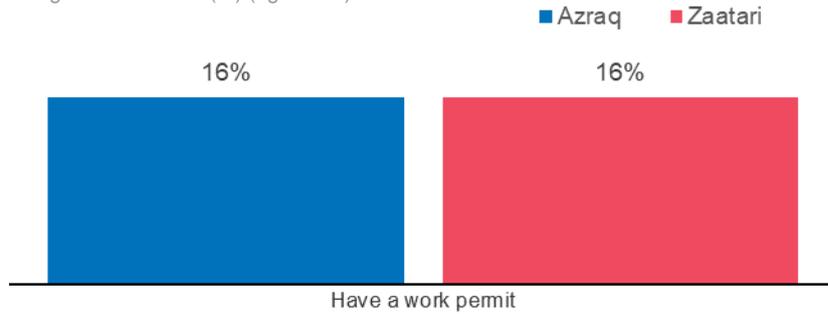
Percentage of individuals (%) (ages 18-60)



Work Permits

Work permits are issued after proper documents are submitted, which can involve submissions by both the worker and employer. Workers must submit a valid service card issued by MOI, one personal passport size photo, and a medical examination. Residents of camps are able to obtain work permits free of charge or for a small fee, which differs based on work permit type.⁴⁰

Figure 10.6. Adults with work permits, Azraq vs. Zaatari
Percentage of individuals (%) (ages 18+)



Of those individuals who reported not having a work permit, no need for a work permit was the top reason in both camps (66% in Zaatari and 46% in Azraq). This was followed by a work permit not being required for their work (15% in Azraq and 12% in Zaatari) and the cost being too high (10% in Azraq and 12% in Zaatari).



⁴⁰ UNHCR Jordan's Help Page, *Work Permits for Syrian Refugees in Jordan*.

Work Environment

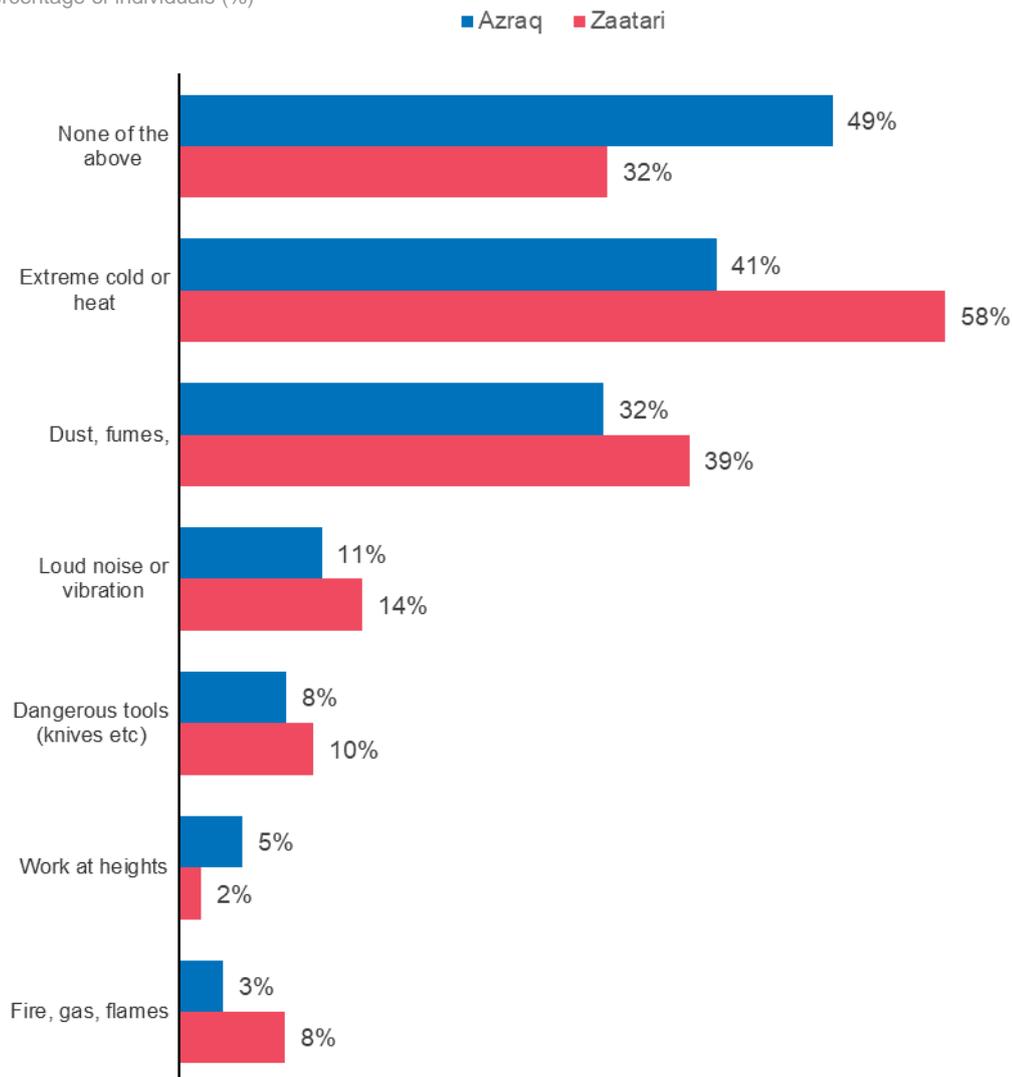
Questions regarding the work environment were derived using indicators from the ILO and refer to either the nature of the job, the work environment itself, or hazardous travel to the place of work.

Hazardous work

From the full working adult sample, 17% more individuals report not being exposed to any hazards in Azraq than in Zaatari (49% vs. 32%). Individuals in Zaatari were much more likely to report being exposed to extreme cold or heat (58% vs. 41%), dust/fumes (39% vs. 32%), and loud noise or vibration (14% vs. 11%). Using dangerous tools and being exposed to fire, gas, and flames were reported at higher rates in Zaatari than in Azraq. However, working at heights was reported by a higher percentage of individuals in Azraq than in Zaatari (5% vs. 2%).

Figure 10.7. Hazardous work exposure, Azraq vs. Zaatari

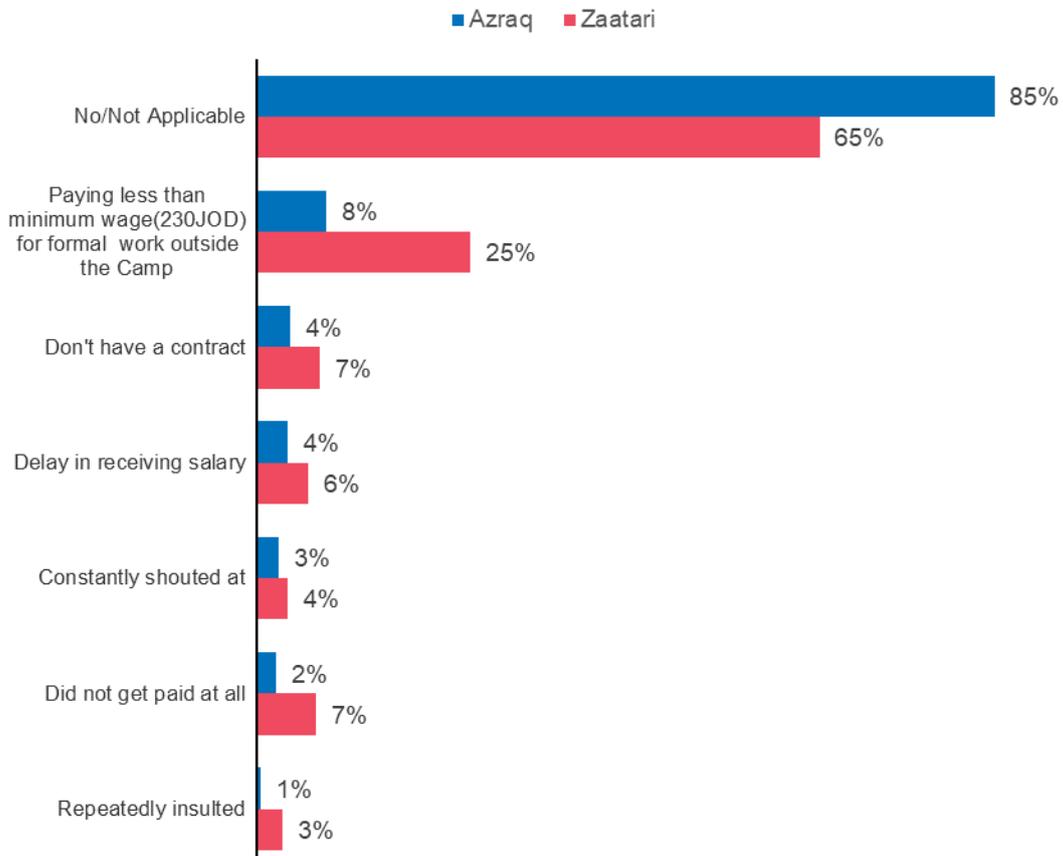
Percentage of individuals (%)



Dignity of working environment

Azraq residents are less likely to be subject to negative working conditions in terms of income/employer than in Zaatari, with 85% in Azraq answering No/Not applicable, vs. 65% in Zaatari. This could reflect the fact that the majority of working Azraq residents work within IBV opportunities, whilst Zaatari residents are working outside of the camp, especially in agriculture. Some 25% of Zaatari individuals report being paid less than minimum wage for formal work outside the camp, with 8% reporting the same in Azraq. Higher percentages of individuals in Zaatari also reported not having a contract (7% in Zaatari vs. 4% in Azraq), a delay in receiving salary (6% in Zaatari vs. 4% in Azraq), being constantly shouted at (4% in Zaatari vs. 3% in Azraq), not getting paid at all (7% in Zaatari and 2% in Azraq) and being repeatedly insulted (3% in Zaatari vs. 1% in Azraq).

Figure 10.8. Work abuses exposure, Azraq vs. Zaatari
Percentage of individuals (%)



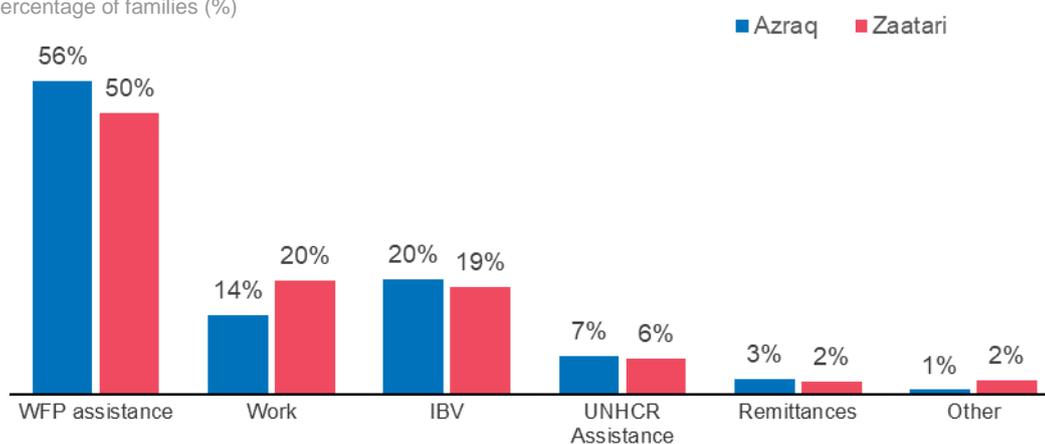
Sources of income

Over half of families in Azraq (56%) report WFP assistance as their main source of monthly income, with half of families in Zaatari reporting the same. Work made up 20% of Zaatari families' income but only 14% of Azraq families' income. Around a fifth (19% in Zaatari and 20% in Azraq) of each family's income came from IBV programs, an initiative in which refugees are paid for supporting partner programming in the camps. Around 6% of the average family's income in Zaatari and 7% in Azraq came from UNHCR quarterly basic needs assistance. Only 2% of the

average family's income in Zaatari and 3% in Azraq came from remittances (including funds sent within Jordan/outside the camp and those sent from outside Jordan). Finally, 2% of average family income in Zaatari and 1% in Azraq came from other sources (including other types of assistance, borrowing, or pension).

Figure 10.9. Main source of monthly income, Azraq vs. Zaatari

Percentage of families (%)



Average total monthly income for families was slightly higher in Azraq than in Zaatari. Monthly income includes income from all sources (i.e., wages from work, assistance, borrowing, pension, and remittances).

Table 10.1. Average monthly total income per family (JOD), Azraq vs. Zaatari

Camp	Number of families	Minimum	Maximum	Average
Azraq	864	0	848	193
Zaatari	1,344	0	1,063	188

As expected, average total monthly income from all sources was drastically lower for families reporting no working members, with an average of 162 JOD less in Azraq and 163 JOD less in Zaatari. The maximum income per families with no working members was significantly higher in Zaatari than in Azraq (856 JOD vs. 561 JOD).

Table 10.2. Average monthly total income per family by working members (JOD), Azraq vs. Zaatari

Camp	Number of working members	% of families	Minimum	Maximum	Average
Azraq	None	57%	0	561	123
	At least one	43%	33	848	285
Zaatari	None	51%	0	856	109
	At least one	49%	0	1,063	272

11. Child labour and child marriage



Sectoral context

As a result of the pandemic, many refugee families lost their economic opportunities, directly impacting their household income. In an effort to avoid financial insecurity, refugee families in Jordan may engage in coping mechanisms including child labour or child marriage.⁴¹ While Jordanian law sets the minimum working and marriage age at 16 and 18⁴², many families feel forced into these coping mechanisms, both of which are associated with long term adverse health effects.

Definitions: Child work

Child labour, as defined by the LO, refers to work that “deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development”.⁴³ The following definitions are used for the indicators discussed within this chapter:

Working Child: A) Any child under the age of 18 that has worked at least one hour in the last month, B) any child that is not currently working but has a job that they will return to C) any child that is involved in an unpaid work activity which resembles paid work.

Child Labour: A) Any child under the age of sixteen that has worked at least one hour in the last month, B) any child under the age of sixteen that is not currently working but has a job they will return to, C) any child under the age of sixteen that is involved in an unpaid work activity which resembles paid work and, D) any child over the age of sixteen working long hours or in a hazardous profession.

Child engaged in Hazardous Work: Children aged either sixteen or seventeen who work more than 36 hours a week and anyone under eighteen involved in work engaged in work designated as hazardous, such as working with heavy loads, dangerous products or while subject to abuse in the workplace.

VAF Target Population

To identify working children in the camps, only children above the age of five were asked whether they are engaged in work activities. A total of 3,504 children aged 6-17 were sampled between both Azraq and Zaatari.

⁴¹ Human Rights Watch, *Barriers to Secondary Education for Syrian Refugee Children in Jordan*, June 2020

⁴² Children can get married at age 16, with special exception approved by a judge,

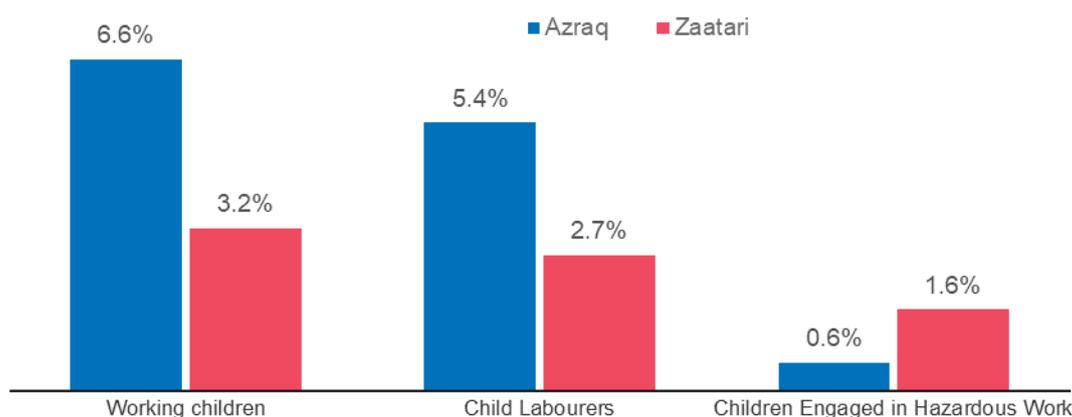
⁴³ International Labour Organization, *International Programme on the Elimination of Child Labour*, 2020

Working children, child labour and hazardous work

Working children were identified based on children who reported currently working, children who responded to engaging in work activities for at least one hour during the one month prior to the interview, or children who planned on returning to a job, business, or economic/farming activity. In total, 167 children were identified as working children.

Overall, a significantly higher percentage of children 6-17 years in Azraq were identified as engaging in work activities, however more children in Zaatari would be classified as being engaged in hazardous work. Around 7% of children over 5 were considered working children in Azraq, and around 3% of children in Zaatari. Some 5.4% of children under the age of 16 in Azraq and 2.7% in Zaatari were considered child labourers. More than double the number of children were considered engaged in hazardous work within Zaatari compared to Azraq: 1.6% and 0.6% respectively.

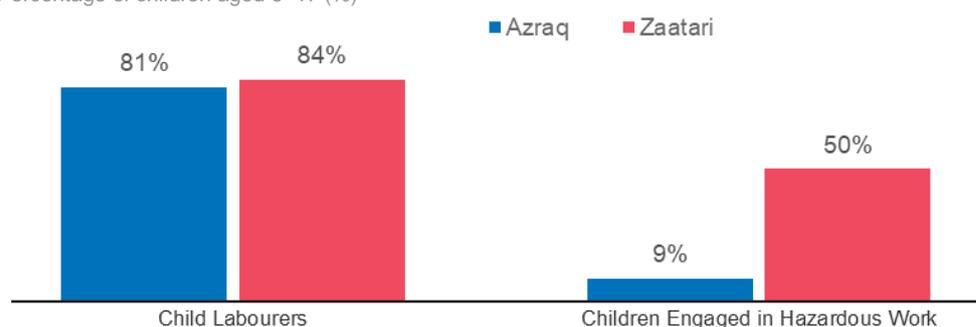
Figure 11.1. Children engaged in work, child labour, or hazardous work, Azraq vs. Zaatari
Percentage of children aged 6–17 (%)



When examined by gender, the majority of children engaged in work activities and hazardous work were male. More than three times more males than females were identified as working children (7.1% vs. 2.3%) and child labourers (5.9% vs. 1.9%). While around 2.2% of male children reported engaging in hazardous work, no female children reported the same.

Of those children identified as working children, the large majority were also considered child labourers. Children in Zaatari had higher rates, with 84% of working children being considered child labourers, vs. 81% in Azraq camp. Zaatari had over 5 times more working children considered engaging in hazardous work, amounting to half the sample, whilst in Azraq, only 9% are considered engaging in hazardous work.

Figure 11.2. Working children involved in child labour and hazardous work, Azraq vs. Zaatari
Percentage of children aged 6–17 (%)



The majority of both female and male working children were also identified as child labourers (80% and 83% respectively). However, while slightly less than a third of male working children (31%) reported engaging in hazardous work, no females reported the same.

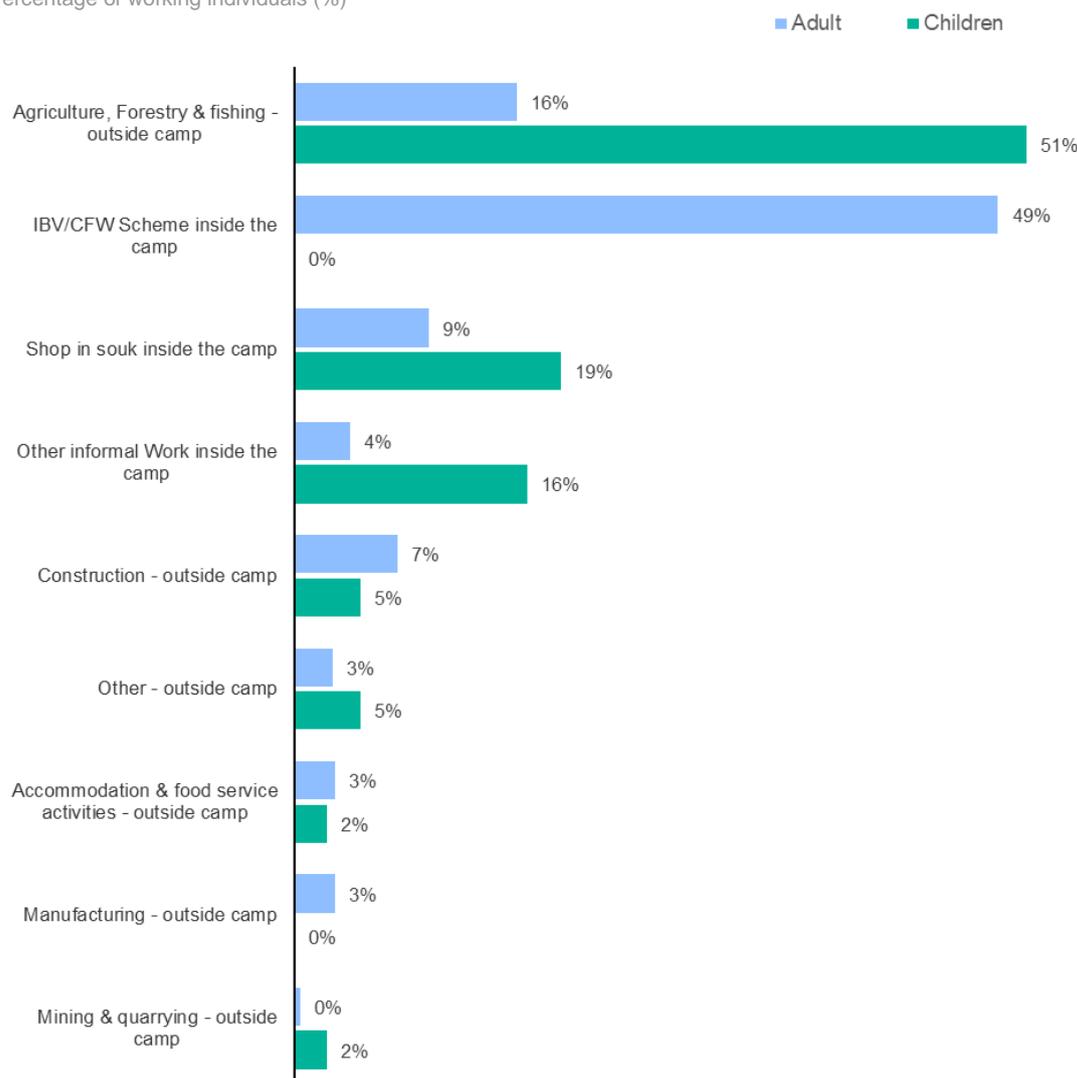
Children work sectors

Over half of working children (51%) reported working within agriculture outside the camp. This was far more than the make-up of adults reporting working in the same sector (16%). The sample of working children also reported working inside the camp in both shops in souk inside the camp (19%) and other informal work inside the camp (16%) at higher frequencies than the adult working population (9% and 4% respectively). Construction outside the camp was reported at only slightly higher frequencies within the adult workers sample than children workers (7% vs. 5%). While manufacturing outside the camp was only reported by working adults (3%), only children reported working in mining and quarrying (2%).



Figure 11.3. Sector of work by working children vs. adults

Percentage of working individuals (%)

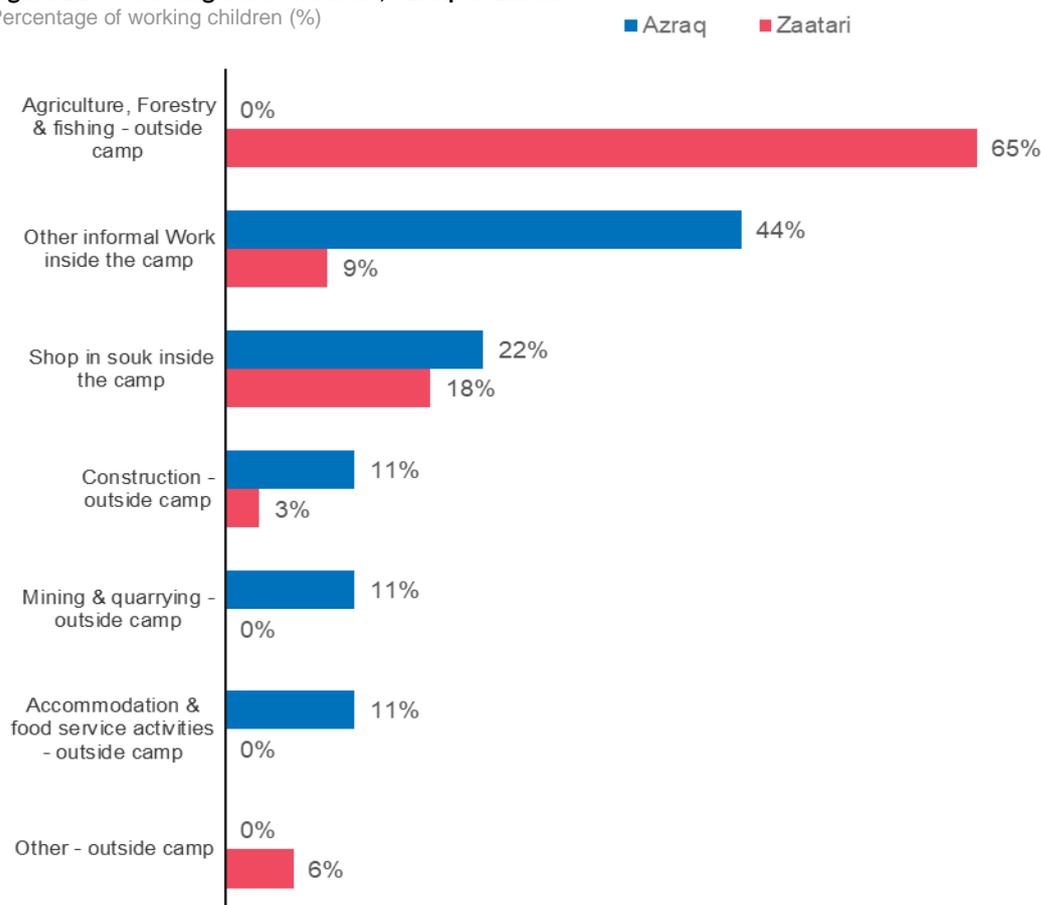


Work sector distribution between the camps was similar to that seen within adult workers, with the majority of children living in Zaatari working outside the camp while the majority of children in Azraq working within the camp. Informal work inside the camp was the most frequently reported work sector for children in Azraq with 44%. This was followed by shop in souk inside the camp (22%), accommodation and food service activities (11%) and construction (11%). Around 11% of children in Azraq also reported working in mining and quarrying while none in Zaatari reported the same.

While children in Zaatari reported working in agriculture outside the camp most frequently (65%), no children in Azraq reported the same. This was followed by work inside the camp, with 18% of children in Zaatari reporting working in a shop in souk and 9% reporting other informal work inside the camp. Over three times more children reported working in construction in Azraq than in Zaatari (11% vs. 3%).

Figure 11.4. Working children sector, Azraq vs. Zaatari

Percentage of working children (%)

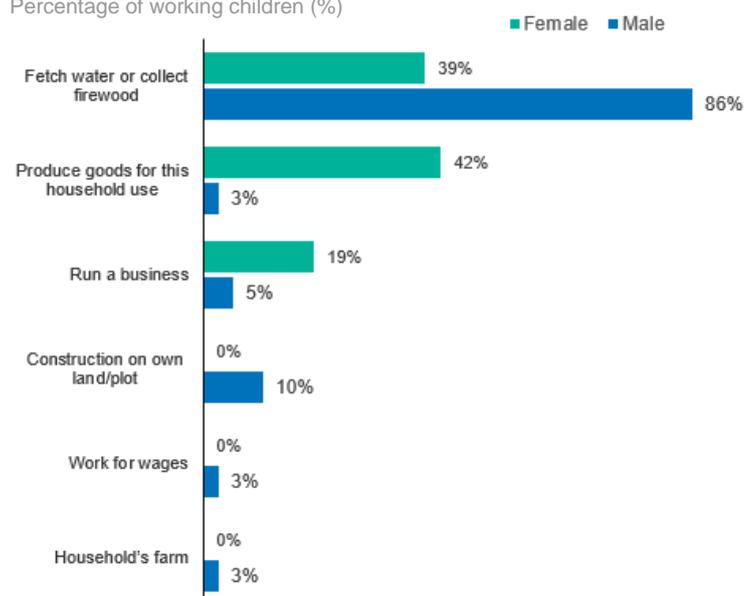


Work Activities

Of children who are not self-reportedly working in any sector, 113 reported engaging in work activities for at least an hour during the last month. Male children overall engage in more physical work activities than female children. More males in general reported having work activities, with 84 males and 29 females reported engaging in at least one hour in the past month. Some 86% of males reported fetching water or collecting firewood in the month prior to the interview, while around 39% of females reported the same. Only males reported construction on own land, working for wages and working on their household's farm. Females were more likely to report producing goods for their household use (42% vs. 3%) and running a business (19% vs. 5%).

Figure 11.5. Working children activity by gender

Percentage of working children (%)



Working Children and Education

Of those children identified as working children, the majority reported working and attending school in Azraq (85%), while the majority in Zaatari reported working and not attending school (60%). These findings could be explained by more children engaged in agricultural work (including long working hours) in Zaatari, which could limit their ability to attend school.

Table 11.1 Working children and school attendance, Azraq vs. Zaatari

	Azraq		Zaatari	
	Number of children	Percentage of children	Number of children	Percentage of children
Working children	105	100%	62	100%
Working and attending school	89	85%	25	40%
Working and not attending school	16	15%	37	60%

Child Marriage

There is a total of 51 children between the age of 5 and 17 who report being married across both camps, all of whom are 15 years of age or older. Child marriages were reported three times more in Zaatari than in Azraq (1.8% vs. 0.7%). Additionally, child marriages were only seen among female children in both camps. This could be due to child marriage being used as a coping strategy within families. While male children are more likely to be engaged in child labour, females are more likely to be engaged in child marriage. Only 2 out of the 51 females identified as married were also considered working children.

When it comes to age, early marriage increased with age, with the majority of female children being married aged 16 and 17. The youngest female reporting being married was 15 years of age.

Conclusions and recommendations



Conclusion

Overall, refugees in both Zaatari and Azraq Camps face a varying array of challenges. While many of these challenges are common, each camp has its own specific challenges.

High levels of debt were prevalent amongst all families sampled but levels were significantly higher within Azraq. This could be due to multiple factors but is likely driven by the more limited employment opportunities available to Azraq residents, which is also reflected in the high percentage of Azraq families that report no working household members. In addition, families in Azraq were more likely to borrow money to buy food, adding to debt and leading to both worse food security indicators. In fact, a large share of individuals in both camps, yet more in Azraq, reported using food-based coping mechanisms such as buying food on credit, and utilizing informal borrowing sources such as shopkeepers, friends and neighbours, or relatives. While the use of food-based coping mechanisms was prevalent amongst most families in the camps, a higher share in Azraq reported crisis and emergency level coping strategies more frequently. Higher instances of debt and overall worse food security within families in Azraq could also be contributing to the higher rates of working children and child labourers identified compared to Zaatari. The large majority of these children were working within the camps, citing ad hoc work, or working within shops, while the majority of working children in Zaatari cited agriculture outside of the camp most frequently. Although most working children in Azraq are still enrolled in school, more children in Azraq reported difficulties in school compared to Zaatari. The combined factors of high debt, worse food security, more difficulties within school, and lower rates of employment amongst families could be contributing to the significantly higher depression rates seen within Azraq compared to Zaatari.

Again, although similar, challenges in Zaatari differed in some respects from those seen in Azraq. Due to the close proximity to an urban setting, many adverse work-related outcomes were more prevalent within Zaatari. Working children in Zaatari were twice as likely to engage in hazardous work, reflecting that most work in agriculture, which can require long working hours and is physically difficult. Additionally, working children from Zaatari were less likely to attend school, reflecting the fact that most are working outside of the camp. Children in Zaatari were also significantly more likely to report being married, with child labour and child marriage being the most frequently cited reason for school-aged children not attending school. Of those adults who reported working, significantly more reported being exposed to hazardous work environments in Zaatari. In Zaatari, the use of emergency coping strategy of accepting a high-risk job was at much higher rates than those in Azraq. Acceptance of these types of jobs could reflect the opportunities available post COVID-19 as well as increase in competition for in-camp employment. Whilst overall, shelters in Zaatari were in much poorer conditions than those in Azraq and had more renovations due to aging. More households in Zaatari reported access to a private water tank, though a higher percentage also reported not having enough water compared to Azraq. Still, higher dissatisfaction rates for camp services were seen within Azraq, with many citing

overcrowdings at water points and having to travel far distances for water as their reasons for insufficient water supply.

A common theme amongst families in both camps was chronic illness and disabilities. While higher rates of both chronic illness and disabilities are seen within Zaatari, Azraq also has a notable percentage of individuals reporting both. The most frequently reported chronic illnesses were hypertension, back disc, respiratory illness, diabetes, and heart disease. Those with chronic illnesses were found to have higher rates of access to medical care than those without chronic illnesses, however both higher average debt levels as well as lower average monthly incomes were also seen amongst those with chronic illness. A high percentage of households in both camps reported lack of accessibility for disabled members of the households. Lack of access to latrines and showers as well as substandard access to shelters was a high occurrence in both camps amongst those with disabled members within the household.

Amidst the COVID-19 pandemic, vaccination rates within the camps were high, due largely to the early establishment of vaccination centres within the refugee camps. Aiming to combat vaccinee misinformation, campaigns increasing awareness of both the vaccinee and the virus itself led to high rates of transmission knowledge throughout the camps as well as frequent use of best practices when infected with COVID-19.



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Recommendations

Promote self-reliance of refugees residing in camps

Without access to sustainable income opportunities, there is a risk that camp residents will remain on a path of aid dependency that will be more difficult to transition out of in the future. Increased efforts are needed to promote and expand economic opportunities for refugee women and men, both within and outside refugee camps. Sustainable opportunities will help to unlock the economic potential of refugees, capitalizing on their skills and capacities, and promoting self-reliance.

A particular focus on youth is needed to promote pathways ensuring that investment in education eventually leads to employment. It can enhance youth engagement in society, reduce dissatisfaction and ensure that current levels of social cohesion among the camp residents and host communities are maintained and improved.

Promote inclusion and empowerment of refugees through the various assistance and programmes

Development of a comprehensive targeting model will support a transition from blanket assistance to targeted assistance in camps, recognizing that not all refugee households require the same level of assistance. Such mechanisms will ensure that assistance and programming is maintained and focused on the most vulnerable, whilst at the same time empowering those who can take ownership of key decisions around welfare, livelihoods and household decision making. In addition, as the transition to targeted programming happens, UNHCR will advocate with partners and donors for greater promotion of cash programmes that are unrestricted and unconditional, empowering refugees to make their own choices on how to take care of their own needs.

Define future of camp strategy with specific attention to shelter, wash and energy needs

Both Zaatari and Azraq refugee camps highlight the challenges associated with hosting refugees for a prolonged period of time. This year marks ten years since Zaatari camp was established, and eight years since Azraq camp first opened. Both camps, when built, were intended to provide temporary accommodation and humanitarian assistance to Syrian refugees. With limited prospects for refugees' voluntary return in the near future, both camps continue to exude a sense of temporariness, in regard to shelter condition and service delivery, with parallel systems continuing to operate for key service delivery. UNHCR seeks to identify key opportunities to mainstream service delivery within national systems and plans.

UNHCR, the United Nations High Commissioner for Refugees (or the UN Refugee Agency), is a global organization dedicated to saving lives, protecting rights and building a better future for refugees, forcibly displaced communities and stateless people.

We work to ensure that everybody has the right to seek asylum and find safe refuge, having fled violence, persecution, war or disaster at home.

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