



COMMUNITY NEEDS ASSESSMENT

Jordan 2020 – 2021
International Rescue Committee



Johnson & Johnson
FOUNDATION



Community Needs Assessment Team

Community Health Team

1. **Abdullah Ensour**, Community Health Manager
2. **Hanan AlJabiri**, Deputy Community Health Manager

Information Technology Support Team

1. **Mohammad Bani Hani**, Senior Information Management Officer
2. **Husam El-Khalili**, Information Management Manager (MEAL)
3. **Al-Hassan Abd Al-Rahman**, Health Information Management Officer

Report prepared by:

1. **Hanan AlJabiri**, Deputy Community Health Manager
2. **Nour Nashwan**, Senior Technical Community Health Officer

Report reviewed by:

1. **Dr. Luay Abu Sammour**, Health Coordinator
2. **Dr. Khaldoun Al Amir**, Regional Health Technical Advisor
3. **Abdullah Ensour**, Community Health Manager
4. **Nahla Rifai**, Advocacy and Communication Senior Manager
5. **Ahmad Al Jarery**, Communication and Information Manager



Executive Summary

Since the mid-twentieth century, Jordan has been a safe haven for people fleeing violence in neighboring countries. The recent influx of over 600,000 Syrians—fleeing the turmoil of the Syrian crisis—has placed the country under significant strain. Jordan is also home to migrants from other countries such as Egypt, Iraq, Pakistan, Sudan, Palestine, and Yemen. This exceptional surge in a middle-income country with a weak economic structure has exacerbated the needs, changed priorities and behavior, and averted self-reliance and coping mechanisms not only for the migrants but also for the host communities. IRC's work in Jordan is more important than ever as the country struggles to accommodate the influx of desperate refugees.

At this inflection point, IRC conducted a Community Needs Assessment, identifying the population's needs and describing factors that address six key thematic areas. From 2020 to 2021, IRC followed rigorous quantitative and extensive qualitative approaches, starting with five focus group discussions with 28 of the IRC's community health volunteers, surveys with 126 families, and key informants' interviews with 80 Ministries and NGO staff. The purpose was to reach 5,281 families over phone surveys in Amman, Irbid, Mafraq, and Ramtha from the IRC Jordan community health program 2020 - 2021 clients.

Health:

- The Ministry of Health centers have been reported as the primary health providers by 62% of participants. Nonetheless, refugees and vulnerable groups residing in Amman, Irbid, and Mafraq governorates experienced significant challenges in accessing quality primary healthcare services due to a shortage of adequate health centers to serve the population.
- Refugees and host communities showed similar trends in healthy lifestyles and risk factors; the prevalence of diseases and health-related including mental health and disabilities, were very close.

Education:

- People with disabilities experience difficulties accessing public health facilities and/or educational institutions that are not adequately equipped to serve their needs. In addition, children living in families with meager incomes have limited access to education.
- There is a gap between low-income households and ITS (Informal Tented Settlements) regarding Internet and ICT equipment for online education.

Environments:

- Reflecting on what has been found while conducting the CNA in terms of the environment, it is recommended to target different environmental topics like indoor and outdoor air quality and pollution, water and sanitation, common animals which are raised in close living areas like sheep and stray dogs and finally planting and safe food growth. The impact of these findings should be integrated into the community health volunteers' duties and responsibilities as they affect the health condition of individuals and harm the natural resources in the long run.

Informal Tented Settlements (ITS):

- Given that ITSs are not a targeted area for social work and humanitarian aid, people living in ITSs are considered the most severe population who suffer from basic services, such as education, health, environmental education, and cash. Most of the population living in ITSs are working on farms as daily laborers, who do not have any form of legal contracting to guarantee their rights, are keen to monitor their quality-of-life setup.

Community Health Program:

- Drawing upon community health programming and management-related results, the majority preferred a female CHV to facilitate the visits, and most of the respondents were open to receiving this service. As mentioned by stakeholders who manage and implement community health activities, they focused on conducting comprehensive training on health topics and firmly addressing communication skills and service



mapping. As perceived by the CNA audience, having home visits instead of phone calls is more effective while using tailored tools to collect data and facilitate the visits.

Society:

- As indicated by the results of the CNA report, project activities targeting communities need to cover different age groups, from child health and adolescents to the elderly. It also shows the linkage between protection like domestic violence and individual health conditions; these outcomes must be targeted through customized behavior change activities.

The findings triangulated old results and assessments and suggested increasing needs for the population with aggravated and emerging behaviors. Therefore, line ministries, developmental actors, and non-governmental organizations (NGOs) can use our findings not only for community action plans programs but also to enhance policy, environmental and systemic changes, hopefully enabling these programs.



ACKNOWLEDGMENT

The **International Rescue Committee (IRC)** conducted a Community Needs Assessment in Jordan with the generous support of the **Johnson & Johnson Foundation**.

The Johnson & Johnson Foundation is a registered charitable organization that reflects the commitment of the Johnson & Johnson Family of Companies to keeping people well at every age and stage of life by blending heart, science, and ingenuity to profoundly change the trajectory of health for humanity.

Funded solely by the Johnson & Johnson Family of Companies, the Foundation operates worldwide as Johnson & Johnson Foundation US (founded in 1953) and [Johnson & Johnson Foundation Scotland](#) (founded in 2007). These independent entities have been supporting global and in-country partnerships and initiatives, opportunities for employee engagement, and disaster response activities overseen by Johnson & Johnson's [Global Community Impact team](#).

This includes the Johnson & Johnson Center for Health Worker Innovation, founded in 2019, to launch initiatives to address the global health human resource crisis and build a thriving health workforce. Leveraging a people-first approach, the Center focuses on equipping nurses, midwives, and community health workers across the globe with the necessary skills, resources, and support to further improve the quality of care and strengthen primary and community-based health systems.

The Johnson & Johnson Foundation has invested in the IRC's three-year Community Health Program in Jordan—as part of their global strategy to strengthen community health workers' activities worldwide. The Community Health Program aims to improve health behaviors, practices, and access among urban Syrian refugees and host communities in northern Jordan through accessible and appropriate high-quality community-based healthcare interventions.

Side by side, **IRC Jordan** and its national partners will raise awareness of the importance of community healthcare—reducing risky health practices, such as smoking, sedentary lifestyles and physical inactivity, and unhealthy diets. This will enable better control over the community members' health through primary and secondary prevention, including the prevention of preventable illnesses and complications due to existing disease conditions. This project aims to minimize morbidity and mortality in targeted communities due to preventable and treatable causes. The sustainable improvements in health practices and shifts toward positive health-seeking behaviors will increase the resilience of the targeted communities, both for the prevention of preventable diseases and for effectively managing existing health conditions.



The Community Needs Assessment Team would like to express their special gratitude to the following:

- Families across Jordan, who opened their homes to the IRC during the time of COVID-19, with no hesitation and generosity, and kindness.
- The IRC Community Health beneficiaries for taking part in the families' survey.
- Community Health Volunteers who participated in the FGDs and online survey.
- Early Childhood Development Program – Jordan Research Team: Mohammad Al-Abed, Mohammad Khanji, and Rawan Abu Seriah for their support and guidance through the qualitative data analysis.
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Ministry of Health

UNHCR – Jordan

UNFPA – Jordan

Caritas

International Organization for Immigration

MEDAIR

Royal Health Awareness Society

Institute for Family Health

Jordan University of Science and Technology

International Rescue Committee

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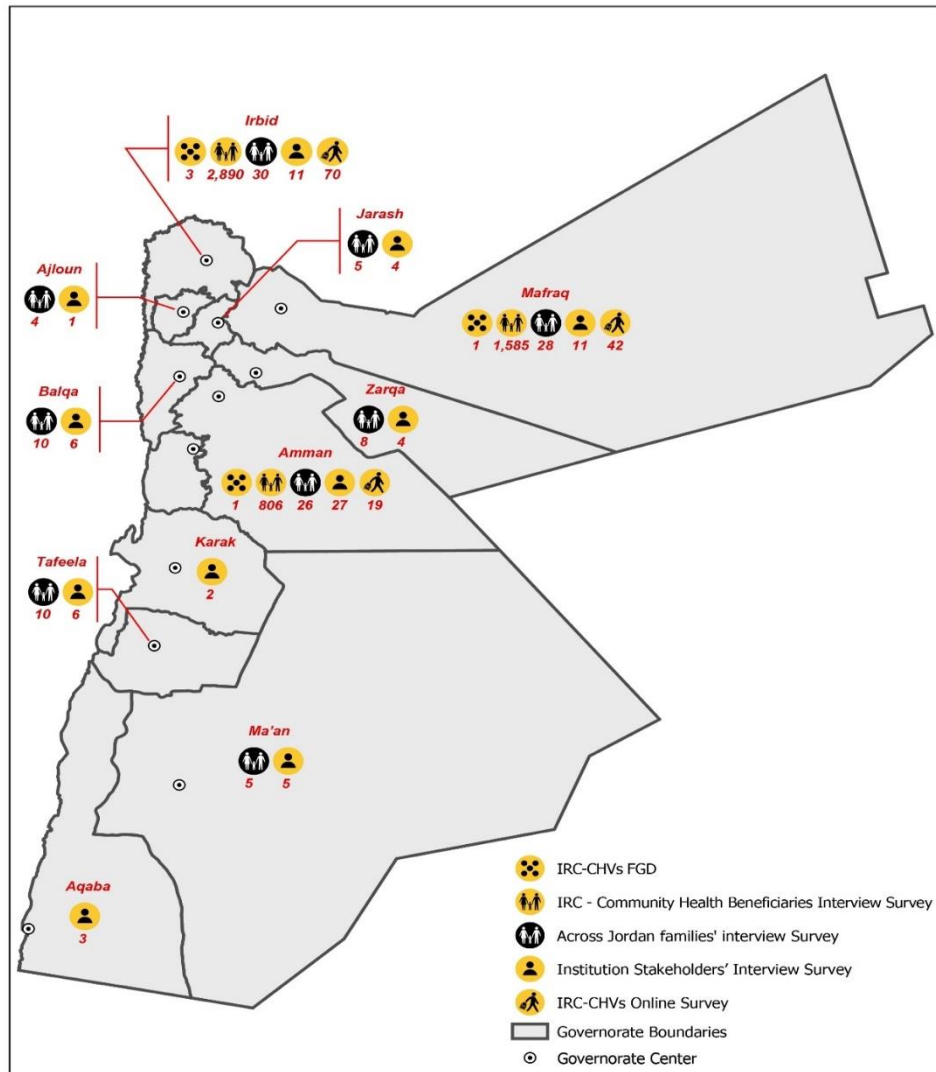
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Jordan IRC Health Surveys

**A Map of Jordan
with Different
Methods of
Community Needs
Assessment Per
Location**



Sources: IRC Jordan Programming; InfoGraph.

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INTRODUCTION

ABOUT THE IRC

The International Rescue Committee (IRC) responds to the world's worst humanitarian crises, helping people devastated by conflict and disaster regain health, safety, education, economic wellbeing, and power. Founded in 1933, the IRC works in over 40 countries and 26 offices across the U.S. helping people survive, reclaim control of their future, and strengthen their communities.

Since 2012, the IRC in Jordan has reached over 570,000 clients at our community centers, clinics, and via mobile teams. We, at IRC, provide an array of integrated services to improve the health, safety, and economic wellbeing of Syrian refugees and vulnerable Jordanians. IRC has one of the most extensive health programs in Jordan, designed in response to the influx of Syrian refugees in Jordan. The IRC offers comprehensive primary and reproductive healthcare to Syrian refugees and vulnerable Jordanian communities—who otherwise would have limited or no access to healthcare in Jordan.

Since 2012, the program has evolved, diversified, and modified its interventions. From January 2020 to March 2021, the IRC provided close to 138,000 consultations in urban areas and camps.

Community Needs Assessment

The IRC's Community Health (CH) Team has conducted a community needs assessment (CNA) to identify gaps and areas of improvement to develop a new contextualized training curriculum and assess the current community health programming in Jordan.

The IRC-CH team coordinated with the Health Communication And Awareness Directorate at Jordan MOH to conduct the CNA in all governorates with the support of the MoH staff from the Health Awareness Directorate, Directorates of Health Affairs, and Health Centers in the governorates. The MoH staff shared their valuable experience and facilitated the process for the CH team to conduct surveys in different health centers across Jordan.

The CAN was conducted from August 2020 until the end of November 2020, including both Jordanians and Syrians. To have a comprehensive overview, the IRC-CH team reached out to various stakeholders in Jordan—they varied from families of different contexts to the staff of MoH, NGOs, INGOs, UN Agencies, community-based organizations, and universities.

Community Health Program

The IRC's Community Health Program in Jordan is vital to our health outreach strategy for addressing the gaps in existing curative, preventive, and promotive healthcare services for refugees and Jordanian communities. Through the IRC's Community Health Volunteer (CHV) network, IRC Jordan is uniquely positioned to address health education, basic healthcare, and referral needs through formal and informal actions taken at the community level.

Investing in national and community-based health responses has proven critical to sustaining flexibility and continuity of care during emergencies, the COVID-19 pandemic, and amid the region's unprecedented rise in humanitarian crises. Following the best international practices in behavior change, the Community Health program has started to work with local partners to hand over the technical experience and lessons learned regarding home visits and health promotion after nearly seven years of direct implementation. IRC also works with local partners to build their capacity



and knowledge to scale and sustain the advocacy and practice of community-based health in Jordan and in partnership with the Jordan Ministry of Health (MoH).

Community Health Program Under Johnson & Johnson Foundation Donation

Beginning in 2019, the project aims to incite behavior change in how individuals care for their own health, establish and strengthen community-based structures supporting individuals in taking proactive measures and create more effective linkages between services available within the community and the primary, secondary, and tertiary healthcare options offered through state-run facilities and NGOs. The IRC continues to bridge the gap in current support efforts for the universal delivery of vital health services by working alongside existing local health systems. The program works to integrate community-based health programming into the Jordanian MoH's national system rather than creating parallel structures. Let alone fosters its expansion by establishing community-based health structures in underserved areas.

Health Research Program

The IRC strives to advance its research profile as a health-humanitarian agency that generates know-how and innovation in community-based health practice. It has carried out a study that initially aimed to evaluate the impact of a Community Health Volunteer (CHV) program integrated with routine clinical care delivered to Syrian refugees in urban areas on disease control and medication adherence for diabetes and hypertension. The findings of this comprehensive study were presented and published in several conferences and international journals.

COVID-19 Pandemic Response

COVID-19 has already overburdened healthcare systems in high-income countries and threatens even greater devastation in fragile and crisis-affected countries. COVID-19 has evolved into a global threat that necessitates a global response, but the measures for addressing it should be designed locally—particularly in the crisis settings where IRC works to avoid exacerbating humanitarian suffering. The IRC's Primary Health Clinic in Za'atari Camp was selected as a COVID-19 vaccination site by the Ministry of Health in April 2021. Several IRC's health workers have been trained by the MoH on administering the vaccine and support rolling out the vaccination campaign at the clinic. In coordination with the MoH, the IRC clinic has been assisting with registration, triage, human resources, quality assurance, and medical consumables while the IRC nurses administer the vaccines. To date, we have vaccinated 12,645 Syrian refugees in Za'atari, with an average daily vaccination rate of 100. The IRC also donated six ventilators, three water systems for kidney dialysis centers, and eight defibrillators to COVID-19 hospitals in Jordan.



List of Acronyms

CBO	Community-Based Organization
CH	Community Health
CHV	Community Health Volunteer
CNA	Community Needs Assessment
DV	Domestic Violence
EM	Early Marriage
FGD	Focus Group Discussion
FP	Family Planning
HoF	Head of the Family
INGO	International Non- Governmental Organization
IRC	International Rescue Committee
ITs	Informal Tented Settlements
JRP	Jordan Response Plan
MFPM	Modern Family Planning Method
MoH	Ministry of Health
NGO	Non-Governmental Organization
PPE	Personal Protective Equipment
SPSS	Statistical Package for the Social Sciences
UN Agencies	United Nation Agencies



METHODOLOGY

The CNA was implemented using both qualitative and quantitative approaches. IRC began with five focus group discussions (FGDs), centered on the community health volunteers (CHVs) who participated in the IRC Community Health Program in Amman, Irbid, Mafrq, and Ramtha. The qualitative analysis of the FGDs was conducted using Dedoose, a web-based application designed to build subsequent surveys with different stakeholders:

1. A qualitative and quantitative interview survey with 126 families across Jordan was conducted on site by the CH team with the head of the family and their partners.
2. A qualitative and quantitative Institution Stakeholders' Interview Survey with 80 staff and leaders, who work in the Ministry of Health and humanitarian organizations in 11 governorates around Jordan was conducted by CH team onsite and over zoom.
3. A quantitative interview survey with 5,281 families, who received health awareness by IRC-CHVs in Amman, Irbid, Mafrq, and Ramtha.
4. The IRC-CHVs online self-reporting survey was completed by the CHVs who implement the CH program in Amman, Irbid, Mafrq and Ramtha.

The qualitative and quantitative analysis of the surveys were conducted through the Dedoose App, Tableau software application and SPSS software (Statistical Package for the Social Sciences). The results of data analysis manifested in six main themes: Society, Health, Environment, ITSs, Education and the Community Health program. Each one contains a group of correlated subjects.

Note:

The CNA team referred the cases, who needed support or/and care, to receive the service through a safe referral pathway.

The CNA team documented and transferred the information with high credibility, without any changes or addition.

IRC-CHVs – FGDs OUTLINE

Table 1:

The IRC- CHVs FGDs information

The number of Female CHVs in general was more than males and this was reflected on the sample.

Two FGDs were conducted in Irbid as it had more CHVs covering different locations

Jordanians and Syrians to cover the whole context.

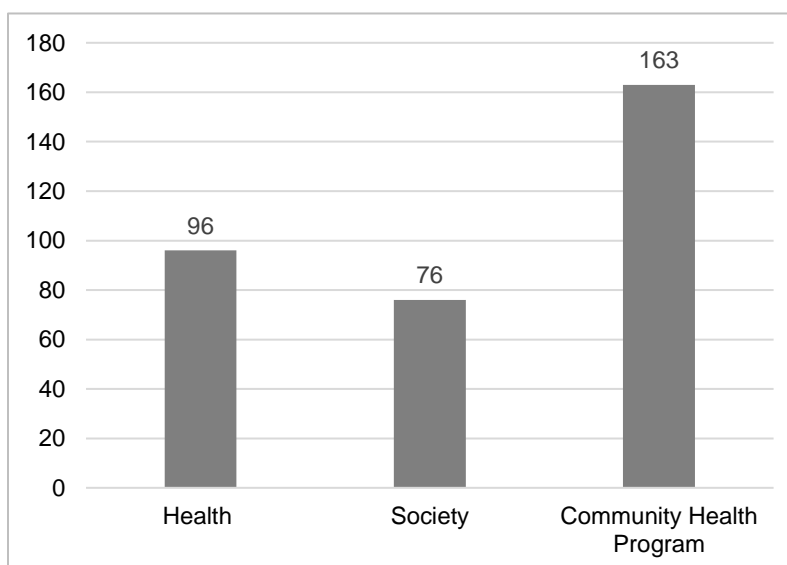
IRC- CHVs - FGDs						
City	No. of FGD	No. of CHVs	Nationality		Gender	
			Syrian	Jordanian	M	F
Irbid	2	11	6	5	3	8
Ramtha	1	5	2	3	2	3
Mafraq	1	10	5	5	4	6
Amman	1	7	3	4	2	5

Figure1:

The result of qualitative analysis of the FGD

It is expressed by the number of codes for each theme.

Community health program had the highest number, followed by health then society. CHVs were experts in the CH field.





ACROSS JORDAN FAMILIES' INTERVIEW SURVEY OUTLINE

Table 2:

Across Jordan families' interview survey information

Most of the participants were females, as the survey was conducted in the daytime, and males were working.

22.20% of the surveys were conducted in the clinics, and 77.80% via home visits.

The surveys were conducted in Amman, Irbid, Mafraq, Zarqa, Ramtha, Jarash, Ajloun, Balqa, Tafyla and Wadi – Musa.

Most participants lived in residential quarters (75.40%), followed by ITSs (12.70%), camps 6.30% and others (5.60%).

Residential quarters were located in all governorates. Camps were located in Mafraq. ITSs in Mafraq and Amman.

Others were mostly in North Shounah.

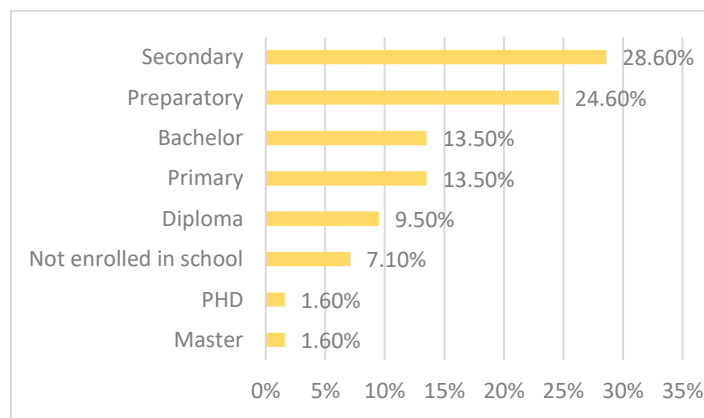
Across Jordan Families' Survey			
Variable	Category	N	%
Total	Surveys	126	100%
Nationality	Jordanian	74	58.70%
	Syrian	48	38.10%
	Iraqi	2	1.60%
	Palestinian	1	0.80%
	Yemeni	1	0.80%
Survey Site	Home visit	98	77.80%
	IRC Clinics	8	6.30%
	MoH health centers	20	15.90%
Gender	Males	36	28.60%
	Female	90	71.40%
Location of living	Residential quarter	95	75.40%
	Camps	8	6.30%
	ITSs	16	12.70%
	Other	7	5.60%

Figure 2:

Participants' Level of education

Most participants (28.60%) had finished secondary education, followed by preparatory 24.60%.

13.50% had a bachelor's degree, while 7.10% did not attend school.





IRC - COMMUNITY HEALTH BENEFICIARIES INTERVIEW SURVEY OUTLINE

Table 3:

IRC – CH beneficiaries' interview survey information

94.60% of IRC – Community Health Program beneficiaries participated in the surveys.

More than half of the participants, 56.60%), were Syrians, and 41.70% were Jordanians.

Most of the heads of the families were male (90.20%).

74.80% of the surveys were conducted with caregivers and 25.20% with the Heads of the Family (HoF).

Only 94 of the HoFs were unmarried (single, divorced, or widowed) - 63 were females.

Data analysis was conducted based on the nationality of the HoF, unless not mentioned.

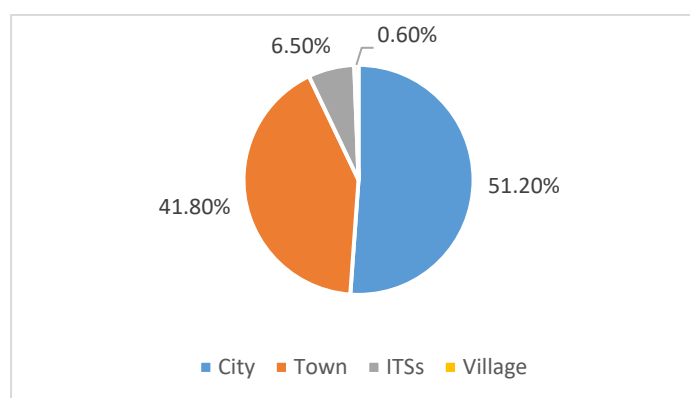
Most of the comparisons will be between Jordanians and Syrians.

IRC - Community Health Beneficiaries' Survey			
Variable	Category	N	%
Total	Surveys	5281	100 %
Location	Irbid	1804	34.20%
	Amman	806	15.30%
	Mafraq	1585	30.00%
	Ramtha	1086	20.60%
Nationality	Jordanian	2200	41.70%
	Syrian	2982	56.60%
	Iraqi	22	0.40%
	Palestinian	30	0.60%
	Egyptian	12	0.20%
	Not mentioned	35	0.50%
Gender of The Head of The Family	Male	4763	90.20%
	Female	518	9.80%

Figure 3:

The distribution of families per the area of living

Half of the families (51.20%) lived in the city, followed by town (41.80%), (6.50%) in ITSs, and (0.60%) in the village.



IRC - COMMUNITY HEALTH BENEFICIARIES' INTERVIEW SURVEY OUTLINE

Figure 4: Heads of Families' Level of Education

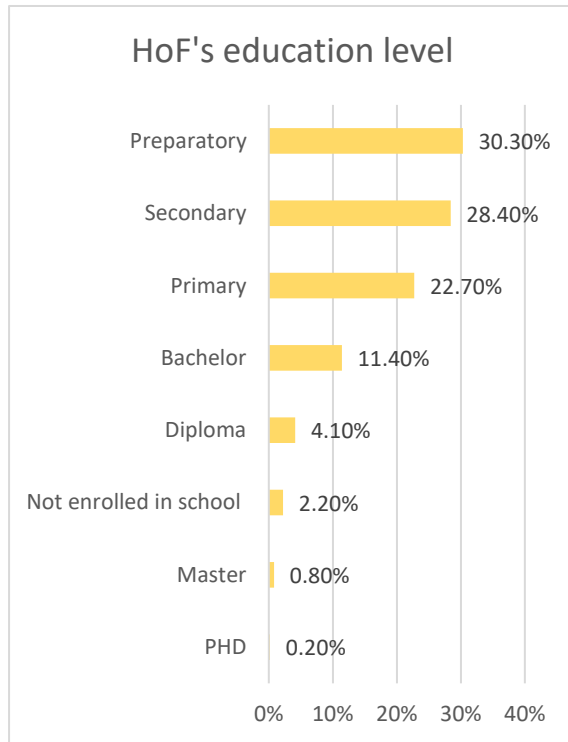
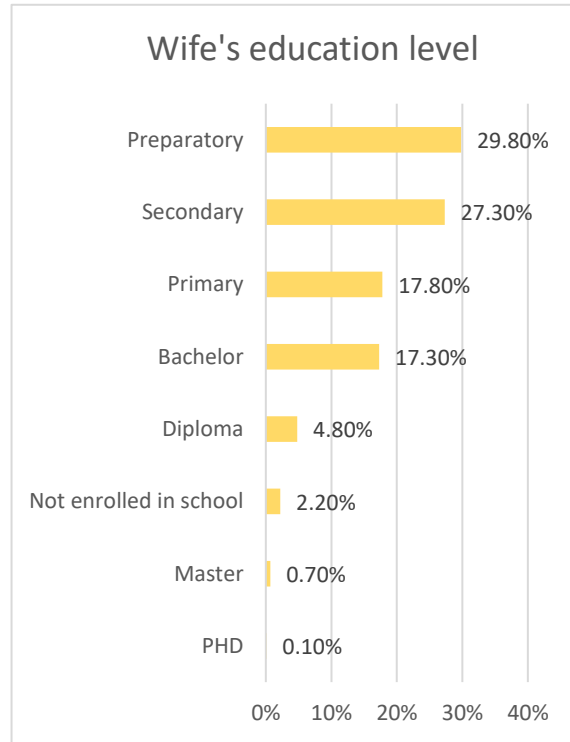


Figure 5: Wives' Level of Education



It was found that HoFs and wives' education levels were close in the preparatory and secondary levels. HoFs had a higher primary education level of (22.70%) versus (17.80%) for wives. At the same time, wives had a higher bachelor education level of (17.30%) versus (11.40%) for the HoFs.

Out of 5,281 respondents, 4,763 of heads of families were male and 4,732 of them were married. Furthermore, 4633 wives reported their levels of education.

Heads of Families: Jordanians generally finished higher education levels than Syrians. 48.60% of Jordanians had finished secondary school, and 19.90% had finished their bachelor's degree, compared with 13.40% and 5.00% of Syrians, respectively.



INSTITUTION STAKEHOLDERS' INTERVIEW SURVEY OUTLINE

Table 4:

Institution stakeholders' interview survey information

More than one-third of the participants, 41.30%, were MOH staff.

25% were IRC staff from different programs, which were implemented all around Jordan.

15% were from different NGOs & INGOs who implement different CH programs across Jordan.

More than two-thirds were female.

Institution Stakeholders' Survey			
Variable	Category	N	%
Total	Surveys	80	100.00%
Organizations	IRC	20	25.00%
	MoH	33	41.30%
	NGOs-INGOs	12	15.00%
	UN Agencies	2	2.50%
	Universities	1	1.30%
	CBOs	10	12.50%
	Other	2	2.50%
Gender	Male	26	32.50%
	Female	54	67.50%

Participants from the MoH and other organizations were working in Amman, Mafraq, Irbid, Balqa, Tafila, Zarqa, Jarash, Aqaba, Wadi Musa, Ramtha, Karak, Maan, and Ajloun.

Most of the participants from the MoH were physicians, pharmacists, nurses, midwives, and nutritionists who provided health services and health awareness in primary healthcare centers and worked in direct contact with the people.

IRC – CHVs ONLINE SELF-REPORTING SURVEY OUTLINE

Table 5:

IRC – CHVs online self-reporting survey information.

131 CHVs responded to the online self-reporting survey in the four implementation areas of the CH program.

The majority of the CHVs were females (80.90%).

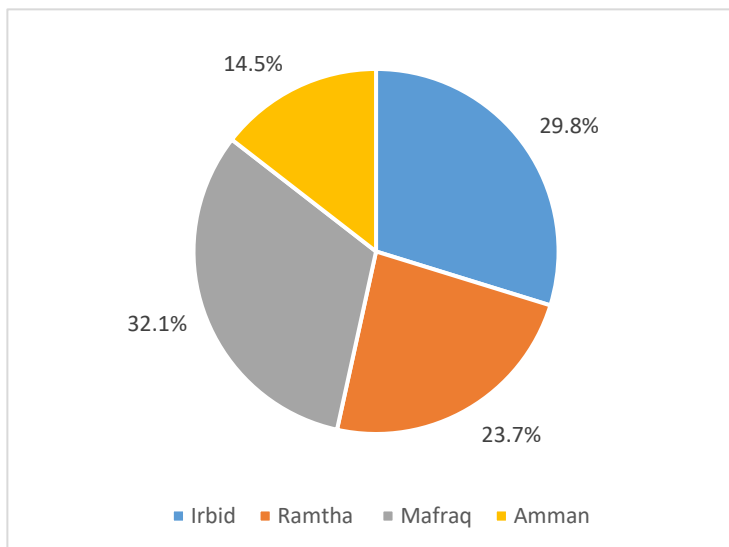
IRC – CHVs Online Self-Reporting Survey			
Variable	Category	N	%
Total	Surveys	131	100%
Location	Irbid	39	29.80%
	Amman	19	14.50%
	Mafraq	42	32.10%
	Ramtha	31	23.70%
Gender	Male	25	19.10%
	Female	106	80.90%

Figure 6:

The distribution of the CHVs per the geographical locations.

The IRC-CH activities were implemented in Irbid, Mafraq, Ramtha, and Amman.

The highest percentage of CHVs was in Mafraq 32.10%, and the least was in Amman 14.50%.





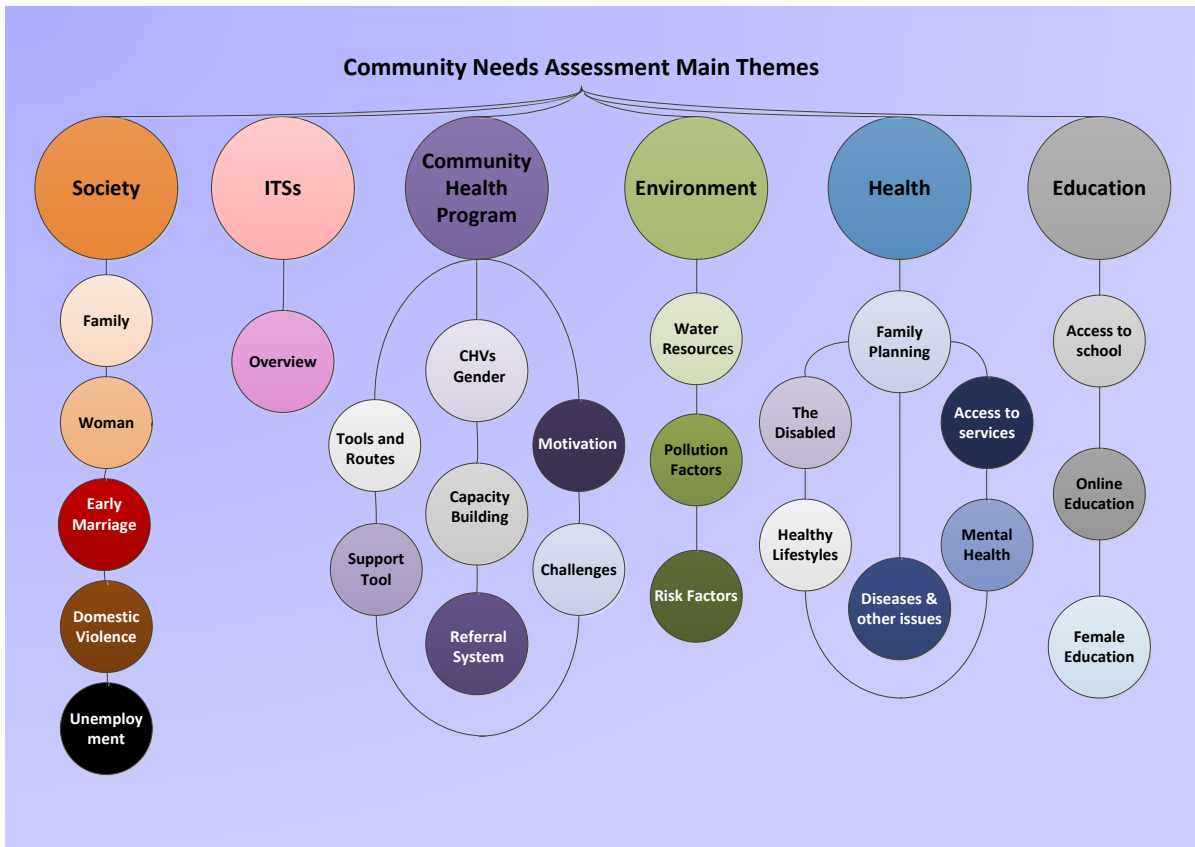
RESULTS

The results of the CNA were categorized under six main themes. Each theme has sub-topics. To make it clear to the reader, we started by presenting the qualitative analysis results for each topic, followed by the supported quantitative results.

The name of the survey was labeled for each submitted data.

Some tables contain the "*P Value*", which indicates a significant relationship between variables if the value is less than 0.05.

The main themes and their sub-topics are depicted in the below chart:



CNA Main Themes

- Society
- Health
- Environment
- ITSs
- Education
- Community Health Program



THEME 1: SOCIETY

FAMILY

Families Across Jordan

Children

- Parents want to have insight into the milestones of their child's growth and development.
- Healthcare providers may miss diagnosing illnesses in children.
- No safe places for children to play and develop their capabilities.
- Children tend to play in the streets, which creates a bad environment and is a pathway for gaining bad behaviors and language.
- Children may be exposed to molestation and sexual harassment.
- Poverty forces children to drop out of school and work to support their family.

Adolescents

•They are exposed to drug addiction or drinking alcohol and bullying from their schoolmates.

Family Relations

- There is a gap between fathers and their children. They are busy with work and pay no attention to their children.
- Family disintegration develops in individuals who become alcoholic or addicted to drugs.

Examples:

- A Syrian family whose child was 16 years old had to work for 10 hours daily in a supermarket for 175 JD per month to help the family.
- A Jordanian mother whose child aged one year and two months could not crawl or walk. The mother was asking if this was common in children her age.

CBOs

Children

- It is hard for parents to raise their children because of risks like drugs, alcohol, bullying between teenagers, and smoking.
- Mother may not inform the father about their child being subjected to sexual harassment to avoid blame or even a beating of the child.

Adolescents

- Parents are unsure how to deal with teenage behaviors, like stubbornness and lack of communication.
- Teaching adolescent females not to be shy about their bodies. They might try to hide parts of them, leading to complications like spinal curvature.

The Elderly

- They could be marginalized. In some cases, they are abused and beaten.
- They do not take medication properly.
- Families should take care of them and respect their wishes.



Family

CHVs

Children

Concerns frequently discussed by parents:

- Caring for their children, especially the first infant.
- The milestones of growth and development.
- Dealing with certain behaviors, such as hyperactivity, smartphone addiction, isolation, stubbornness, aggressiveness, lying, and stealing.
- Protecting their children against bullying.

Family Relations

- Prevalence of family disintegration and a gap in family relationships, even between a mother and a daughter.
- Single mothers who hardly cared alone for their children.
- Advantage of the curfew: fathers became attached to the family and noted the effort that mothers put at home. They knew their children better.

Adolescents

- Mothers might feel shy or frightened from talking to their daughters about the physiological changes in puberty.
- Teach parents about the physiological changes in puberty and how to inform their children about such.
- How to deal with teenagers.

NGOs – INGOs

Children

- Children should know how to act with strangers and protect themselves.
- Increase proper sexual awareness amongst children, even those under five years old.
- Bullying and sexual harassment have a significant effect on a child's personality.
- Important issues regarding children, such as dyslexia, hyperactivity, and learning difficulties, affect their development and communication with others.
- The staff made sure to meet mothers who were not in control of their lives since they did not have proper knowledge of raising children. They should learn how to treat their children and raise them.



Family

NGOs – INGOs

Adolescents

- Teenagers should know about puberty and the changes in their bodies. They cannot understand what is going on.
- Bullying is common among children in general and between teenagers.
- Smoking is common among teenagers.

Elderly

- They need greater care.
- They may attend awareness sessions out of loneliness since nobody takes care of them.
- They do not prioritize themselves.
- They need psychological support.

MoH

Adolescents

- Trained staff regularly shall give health awareness sessions to adolescents about physiological changes in puberty and raise awareness about destructive behaviors which affect their health—like smoking.
- Adolescents know the side effect of smoking, but they live in contexts where others around them smoke, and they might offer them cigarettes.
- Females at this age might follow the wrong diet to lose weight.
- It is essential to avoid bullying between students.
- Giving education about physiological and psychological changes in adolescence to both parents and teenagers.
- Mothers must know how to deal with male adolescents as fathers are busy and might not be involved in child-rearing.
- Personal hygiene is essential in this life stage.



Family

MoH

Children

Wrong practices through child-rearing:

- Giving herbs to newborn babies.
- Putting Kohl in newborn's eyes.
- Giving solid food to children less than six months of age.
- Beating children to get them to behave.

The practice of beating children remains widespread even in public.

Parents have to know the signs of sexual harassment and protect their children from it in school and at home.

Elderly

- They need care and must receive awareness about their health status and medications.
- In some cases, they might be abused by other family members.

No stereotypes in family relations. It differs from one family to another.

“As a teacher, I noticed that there is a gap between children and their fathers. Some of them do not know the school or the educational level of their children”

A female, caregiver and a teacher from Amman

“من واقع عملي كمدرسة، يوجد فجوة بين الآباء و الأبناء . يوجد آباء لا يعرفون المدرسة او الصف الذي فيه أبنائهم”

مقدمة رعاية و مدرسة من عمان



WOMEN

Families Across Jordan

- Some girls do not have the right to choose the time of marriage and the person(s) they would like to marry.
- Women work in and outside homes to financially support their families.
- Some women do not have the right to choose the number of births despite being ill, and pregnancy will cause harm to them.
- Some families prefer not to have females (يقطعنا من البنات).
- Women are warriors who fight in daily life. Example: A divorced mother with five children might be working to cover living expenses under challenging circumstances.
- It is socially unacceptable for women to practice physical exercise, like walking outdoors.

CHV

- Some men refuse to let CHVs call their women to give them awareness; they think this will be against them.
- Men do not accept talking to their wives about women's rights and privacy.
- In Syrian communities, after coming to Jordan, the woman has a significant role and has an enormous burden to care for the family. Previously, women depended on their husbands and their family.
- Some women do not have the right to go out for a walk.

Raising awareness amongst women about their health, rights, and how to take care of themselves can be life-changing

A woman should prioritize herself and her needs, followed by those of her husband and children



Women

MoH

- Women do not know their rights.
- Sometimes women cannot ask for support from their families in housework.
- A man is a decision-maker (when to have a baby and what type of family planning methods to use).
- Women do not care about themselves—only their children.
- Men or their mothers tend to talk on behalf of women with the healthcare providers, and the woman remains silent.
- Some women go to health centers without money to pay for the prescriptions.
- Some women do not have the right to choose their clothes. Some cannot go out without wearing socks.

CBOs

- Women face disinheritance in some communities to keep money within the family.
- Sometimes, women have to work while the husband and sons stay home. A culture of shame prevents them from working in some professions.
- There is a barrier between women and society; men do not support women to cross it.

NGOs – INGOs

- Women are aware of their rights but lack the power to demand them.
- In some communities, mothers-in-law make the decisions, such as the type of family planning methods or breastfeeding.
- We should discuss more topics related to gender-based violence, like depriving the woman of her inheritance and health rights and the restrictions which prevented her from working in society.
- Rather than importing a pre-designed program and applying it as is, we should work with women to empower them.
- We should give economic, physical, and mental empowerment and internal power to women.



Women

Quote from FGDs

“We noticed in the Survey conducted at the beginning of the program that most answers about the role of a woman are aimed at taking care of the family and which cannot be completed unless the women has babies.”

A Syrian female CHV from Amman

“لاحظنا بالتقييم الي عملناه ببداية البرنامج انو
جواب السؤال عن دور المرأة كان بالاغلب هو
رعاية الأسرة و لا تكتمل مهمتها الا بالانجاب»

متطوعة انثى سورية من عمان

Quote From Families Across Jordan

“I never wished I had a daughter because society is unfair, and no girl can take her right.”

A 30-year-old Jordanian female caregiver who is pregnant and has four children from Jarash

“و لا مرة من لما تزوجت تمنيت تيجيني بنت لأنو
المجتمع ظالم و البنت ما بتاخذ حقها”

مقدمة رعاية اردنية من جرش عمرها 30 سنة و لديها
4 أولاد و حامل

Quote From Institution Stakeholders' Survey

We should empower girls to reach a point where they can depend on themselves and not solely count on marriage. To stand for themselves properly.”

A leader at IRC

“يجب العمل على تمكين المرأة حتى تصل الى مرحلة
تركن فيها على حالها و ما تركن انها تتزوج بس . انها
توقف على رجلها بطريقة صح”

قائدة في لجنة الاغاثة الدولية

Women

Decision - Makers

IRC - Community Health Beneficiaries were asked about the decision-makers in the family.

Most respondents (69.90%) reported that decisions were made by both the head of the family and their partner (Jordanians (79.80%) more than Syrians (62.40%)), followed by the head of the family alone with 20.10% (Syrian 24.50% more than Jordanian 14.10%) and shared between adults in the family with 9.10% (Syrians (11.90%) more than Jordanians (5.50%)). Only 0.90% refused to answer ((1.10%) Syrians and (0.60%) Jordanians)). (Table 6)

Figure 7: Decision Makers in the Family For All Nationalities.

IRC - Community Health Beneficiaries' Survey

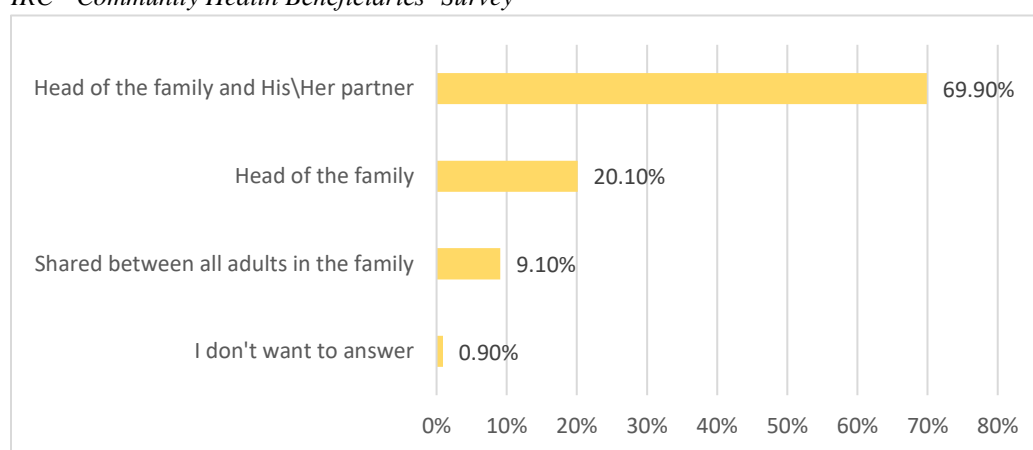


Table 6: Cross-Tabulation Between Decision Makers Due to Nationality

IRC - Community Health Beneficiaries' Interview Survey								
Decision Makers	Category	Nationality (Head of the Family)						
		All	Jordanian	Syrian	Iraqi	Palestinian	Egyptian	Not mentioned
Head of the Family	N	1061	311	732	4	6	2	2
	%	20.10%	14.10%	24.50%	18.20%	20.00%	16.70%	7.40%
Head of the Family and His\Her partner	N	3689	1755	1861	16	24	8	22
	%	69.90%	79.80%	62.40%	72.70%	80.00%	66.70%	81.50%
Shared Between All Adults in the Family	N	483	120	356	2	0	1	3
	%	9.10%	5.50%	11.90%	9.10%	0.00%	8.30%	11.10%
I do not want to answer	N	48	14	33	0	0	1	0
	%	0.90%	0.60%	1.10%	0.00%	0.00%	8.30%	0.00%

(chi-square=198.5, p-value= 0.001<0.01)



Women

SATISFACTION LEVEL AND FEELING OF INNER PEACE

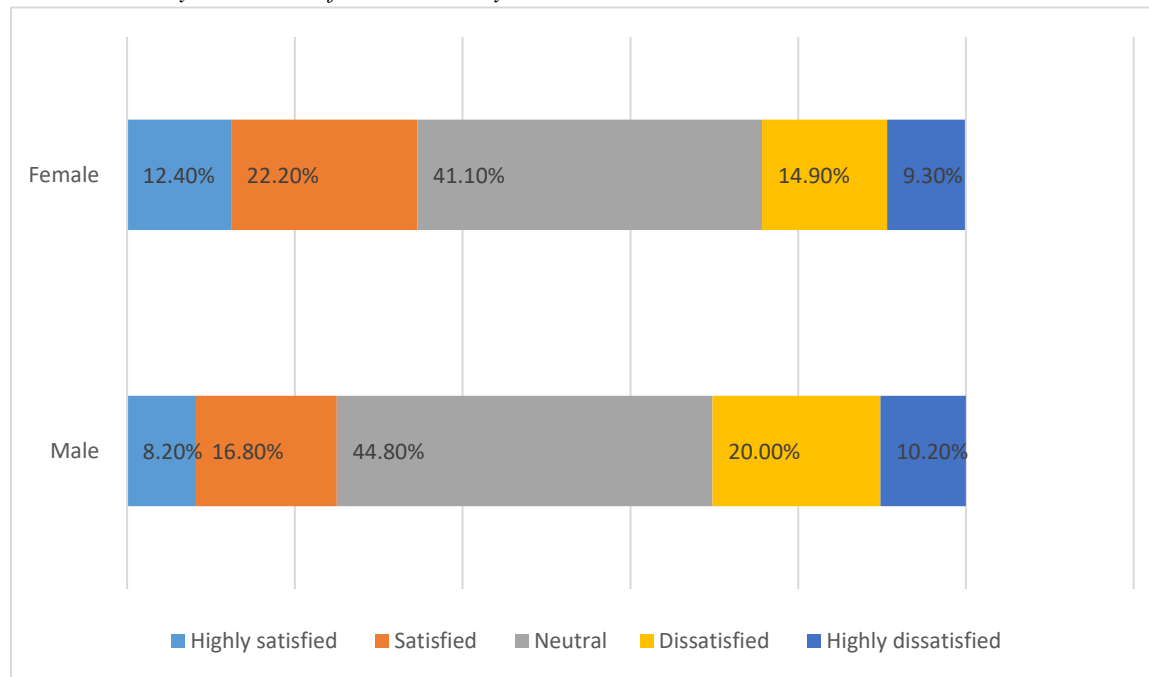
IRC - Community Health Beneficiaries determined the level of satisfaction and inner peace they felt.

Female respondents reported a greater level of satisfaction compared to males. The percentage of females who were highly satisfied (12.40%) and satisfied (22.20%) were higher than males (8.20%) and (16.80%), respectively.

On the other hand, the percentage of males who felt dissatisfied was 20.00% and highly dissatisfied 10.20%, while females' dissatisfaction was 14.90% and 9.30%, respectively.

Figure 8: Level of Satisfaction For Males And Females

IRC- Community Health Beneficiaries' Survey





EARLY MARRIAGE

Families Across Jordan

The leading causes of early marriage can be represented in the following:

- It is part of the social norms.
- Girls do not have a clear understanding of marriage.
- Families protect girls through marriage.

The main consequences of early marriage:

- High divorce rates and domestic violence against the woman by the husband and his family
- Large Family size

STORIES FROM THE FIELD

Some of the Participants' Stories Across Jordan

- A Syrian man who was 21 when he married and his wife of age 17 talked with a sense of humor as they had their honeymoon in ITSs in Jordan. After ten years, they had six children, the youngest three aged three, one and a half, and one month. The mother-in-law is happy as she has only one son.
- A Jordanian female in North Shounah was married at the age of 13 and got divorced at the age of 23 with three children. Her husband was beating her.
- A 23-year-old female Syrian refugee who got married at 17 is currently living at one of the ITSs in Amman and has three children now.
- A 41-year-old Jordanian male lives in a tent with his three wives. He has 17 children. The eldest is 22, and the youngest is four years old.
- A 21-year-old Syrian female in Ramtha who got married at the age of 14 has four children. She suffered from violence at the hands of her husband and his mother and tried to commit suicide. After her trial, she got the right to live away from her husband's family.
- A Syrian female married at the age of 14. Her family returned to Syria, and her father thought it safer for her to stay in Jordan. Her aunt is her mother-in-law.



Early Marriage

CHVs

Early marriage among Syrian refugees is widespread. Young girls are likely to marry and live with their husbands' families. They rely on their mothers-in-law to train them on dealing with new family and life.

Causes:

- It is part of the social norms
- Poverty
- Large family numbers
- Girls' poor understanding of marriage—they think it is all about the marriage wedding and the wedding dress

Consequences:

- Domestic violence
- High divorce rates
- A high number of births at an early age, leading to large family size
- Lack of knowledge of life and dealing with the husband
- Younger mothers are unable to take care of their children
- Physiological complications like bleeding
- Mothers-in-law may dominate the young wife's life and mistreat her.

CHVs find it challenging to communicate with young women. It takes time for them to absorb the messages, and the husband or the mother-in-law do not give them a space to talk freely.

Usually, little mams depend on their mothers or mothers-in-law to take care of their children.

It will be helpful for young women if they receive awareness about health, life skills, and advice to take care of their children.

Number of CHVs are considering early marriage as part of social norms which is self-evident



Early Marriage

MoH

- Early marriage is more widespread among Syrians.
- It has become more common again among Jordanians recently. It is more familiar in poverty pockets like Deer Ala and Al Shounah.
- It usually ends with divorce, particularly in Syrian communities.

CBOs

- Due to poverty and unemployment, early marriage is a problem in Syrian and Jordanian communities.
- Women born into large and unstable homes frequently marry young.
- Dropping out of school at a young age leads to marriage at the age of 16 or 17. Parents think this is better.
- Early marriage is usually followed by divorce.

NGOs – INGOs

- The cause of the early marriage is the economic status of the family.
- Early marriage is common between Jordanians and Syrians, especially in villages and remote areas. A girl may consider herself a spinster if she is eighteen and unmarried.



Early Marriage

Quote from FGD

"Early marriage is a subject we cannot discuss because it is a belief, norm, and endless issue. We cannot manage it."

A Jordanian male CHV from Ramtha

"الزواج المبكر اشي ما بنقدر نتدخل فيه لإنو عادات وقناعات ومشكلة ازلية و ما بنقدر نتدخل بالموضوع هادا"

متطوع أردني، ذكر من الرمثا

PREVALENCE OF EARLY MARRIAGE IN IRC - COMMUNITY HEALTH BENEFICIARIES

The IRC Community Health beneficiaries were asked about their age when they got married (wife's age). The majority (69.30%) of 4732 respondents were married when they were older than 18. About one-third (30.40%) were married less than 18 years old, whereas (3.30%) were married when they were less than 15 years old and (27.10%) from 15-18 years old). Less than 1.00% refused to answer. The percentage of early marriage between Syrians is 43.80% higher than that of Jordanians at 13.50 %. (Table 7) Overall, 69.30% of early marriages happened within the last ten years.

Ramtha scored the highest percentage of early marriage with 36.70%, followed by Mafraq at 33.60%, Amman at 30.8%, then Irbid at 23.30%.

The prevalence of early marriage according to the area of living was (38.70%) for ITSs, (33.40%) for city, (25.80%) for town, and (22.20)% for village.

There is a connection between early marriage and the wife's education level. The majority of women (12.90%), who married in the age group (15- 18) finished preparatory school, followed by 7.30% who finished primary school. A significant drop was in the secondary level at 5.60%. The least were those who completed the bachelor's degree 0.25% and diploma 0.15%

Note: When the head of the family was a female, they were not asked about the age they married.

Early Marriage

Figure 9: The Age of the Wife When Got Married For All Respondents.

IRC- Community Health Beneficiaries' Survey

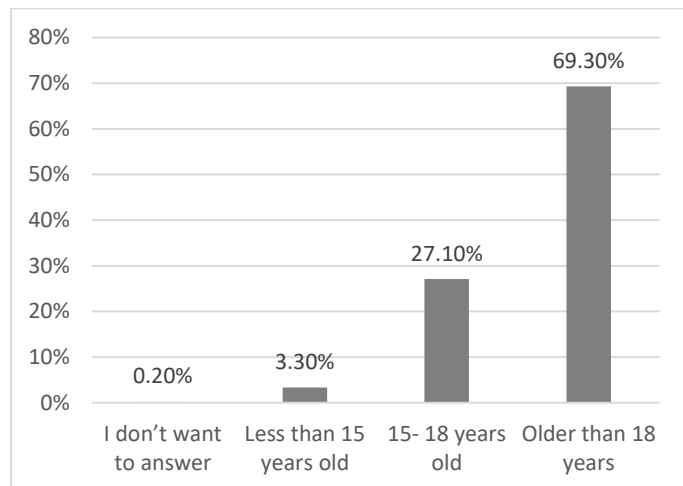


Table 7: Cross-Tabulation Between the Age of the Wife When Got Married And Nationality

IRC- Community Health Beneficiaries' Survey								
Wife's Age	Category	All	Jordanian	Syrian	Iraqi	Palestinian	Egyptian	Not mentioned
Less Than 15 Years Old	N	156	16	138	0	0	0	2
	%	3.30%	0.80%	5.30%	0.00%	0.00%	0.00%	8.00%
15- 18 Years Old	N	1284	259	1005	2	6	1	7
	%	27.10%	12.70%	38.50%	10.00%	24.00%	11.10%	28.00%
Older Than 18 Years	N	3281	1756	1462	18	19	7	16
	%	69.30%	86.20%	56.00%	90.00%	76.00%	77.80%	64.00%
I Do Not Want to Answer	N	11	5	5	0	0	1	0
	%	0.20%	0.20%	0.20%	0.00%	0.00%	11.10%	0.00%



DOMESTIC VIOLENCE (DV)

Families Across Jordan Survey

- Domestic violence is a common issue but also a taboo subject.
- Forms of domestic violence detected through interviews:
 1. Women and girls are not allowed outside their homes.
 2. Physical violence against women and girls, which resulted in attempted suicide or divorce
 3. Women are not allowed to choose how they want to dress.
 4. Parents beat their children when they are angry.
 5. Child labor.
 6. Female children are forced to do house chores instead of going to school.
- In some closed communities, talking about domestic violence could have you killed.
- Violence is prevalent in the Za'atari camp due to the surrounding circumstances there and the lack of tailored mechanisms and tools to reduce tension.

NGOs - INGOs

- Domestic violence is frequent among Jordanians and non-Jordanians.
- Sexual abuse survivors typically find it difficult to talk about and report being abused—such as rape.
- Addressing the root causes of DV would be the most efficient way to reduce cases.
- Clients at the clinic do not accept discussing DV with children and women.
- It is not only about providing protection against DV—women need psychological support.
- The elderly, disabled, and LGBT communities are also at risk for DV.

CBOs

- Due to domestic violence, the number of divorce cases has increased. Divorced women seek financial support from CBOs. Disabled members of a household are also at risk for DV.



Domestic Violence

MoH

- Women are less likely to discuss DV with healthcare providers in the presence of their husbands or because they are silenced by social norms. It is difficult for survivors to report any incidences of abuse. In closed and conservative societies, talking about DV is prohibited.
- Staff refers DV cases, which are identified in the health center, to the Family Protection Service. Staff also risk being attacked by husbands and their relatives if they attempt to help the survivors. The staff requests clear and safe referral pathways for the survivors.
- It is essential to deal with the root causes of DV—with an increased risk due to poverty, family disintegration, and low education levels.
- In some communities, it is commonplace for parents to beat their children in the presence of strangers, negatively affecting the child’s personality and childhood.
- Forms of DV identified in MoH Centers:
 1. Women with physical trauma, like broken arms or bruises from their husbands.
 2. Husbands and mothers-in-law speak on behalf of women—forcing them to stay silent.
 3. Restriction on women’s movement—women sometimes cannot go to health centers without their husbands or mothers-in-law.
 4. Dress restrictions.
 5. Abused children with repeated health problems like burns.
 6. Beating children in the presence of strangers.

Recommendation:

Students in schools should be educated about DV.



Domestic Violence

CHVs

- Domestic violence can be both physical and verbal. It can also happen to children.
- A child may imitate his father and beat his mother or siblings if his parents have issues or a history of violence.
- DV is a sensitive topic to discuss with families. Some women refuse to talk about it. The husband or his parents typically stop the CHVs when discussing DV with the family or even hurt the CHVs.
- When a woman reports her abuse, she may not accept help. In rare cases, women ask for support.
- CHVs meet with families to discuss the consequences of DV on their children. They educated them while maintaining trust.

Quote From Families Across Jordan Survey

“It was not that different during the curfew because I do not go outside the home. My husband is conservative and does not allow us to go outside.”

A 33-year-old Jordanian female caregiver from Ramtha

**"ما فرق معي الحظر نهائيا لأني ما بطلع من البيت.
زوجي محافظ وما بيرضى نطلع"**

مقدمة رعاية أردنية من الرمثا عمرها 33 سنة



Domestic Violence

Quote from FGD

A family dropped out, and the husband said: “You want to make my wife go against me.” It was a must for her to talk through his phone, and he disconnected the line.

A female Jordanian CHV from Irbid

“كان عندي عيلة انسحبت لأذو حكالي انتي بدك تقوي مرتي علي و ما كان يرضى أي مكالمة الا يكون موجود هو عليها و من موبايله و فصل تليفونها مشان ما أحكي معها”

متطوعة اردنية من اربد

Quote From Institution Stakeholders' Survey

“A woman does not have a choice regarding pregnancy and family planning. She might choose a family planning method one day and change it the day after following her husbands’ opinion.”

A midwife at MOH-PHCC at Zarqa

“بالنسبة للحمل و تنظيم الأسرة الست ما بتقرر يعني ممكن السيدة تختار وسيلة و ثاني يوم تيجي تغير بناء على رأي زوجها”

قابله في مركز صحي في الزرقاء



Domestic Violence

PREVALENCE OF DOMESTIC VIOLENCE IN THE COMMUNITY

Participants were asked if they or their family members had ever suffered verbal, physical, or psychological domestic violence.

Families Across Jordan reported domestic violence as one of the challenges facing them in life by 13.50% of those asked. (Figure 18)

CHVs Online Survey participants reported suffering from DV by a percentage of 6.10%.

For the **IRC - Community Health Beneficiaries**, 4.20% of respondents reported suffering from DV. Only 1.30% refused to answer. The prevalence of DV was higher among Syrians, at 4.90%, than among Jordanians, at 3.10%. (Table 8)

Across cities, Amman had the highest percentage of families reported suffering from DV, (5.20%), followed by Irbid (4.80%), Mafraq (3.70%), and Ramtha (3.30%).

Referring to location of living, the highest percentage was in cities (5.40%), followed by ITSs and villages (3.20%) and the least was in towns (2.90 %).

Table 8: Cross-Tabulation Between Family Members Suffering From Domestic Violence Due To Nationality

IRC- Community Health Beneficiaries' Survey								
Suffering From DV	Category	Nationality (Head of the Family)						
		All	Jordanian	Syrian	Iraqi	Palestinian	Egyptian	Not mentioned
Yes	N	223	69	147	2	1	2	2
	%	4.2%	3.10%	4.90%	9.10%	3.30%	16.70%	7.40%
No	N	4989	2111	2786	20	29	10	25
	%	94.5%	96.00%	93.40%	90.90%	96.70%	83.30%	92.60%
I do not want to answer	N	69	20	49	0	0	0	0
	%	1.30%	0.9%	1.6%	0.00%	0.00%	0.00%	0.00%
(chi-square=26.7, p-value= 0.003<0.01)								



Domestic Violence

Participants were asked the same question on DV about their relatives and neighbors.

Seventy-eight participants from **Families Across Jordan** responded to this question. 52.60% of them answered "yes". In comparison, 9.00% reported that they do not know.

Table 9: The percentage of neighbors and relatives who suffered from DV

Across Jordan families' Survey ⁿ⁼⁷⁸		
Neighbors Suffering From DV	Category	
	N	%
Yes	41	52.60%
No	30	38.50%
I do not know	7	9.00%

For the **IRC - Community Health Beneficiaries**, 4.90% reported suffering from DV. While almost one-fifth, 18.30%, reported that they did not know. The prevalence of DV between relatives and neighbors was higher in Syrian at 5.10% than in Jordanian at 4.50%. (Table 10)

Table 10: Cross-Tabulation Between Neighbors or Relatives Who Suffered From DV Due To Nationality

IRC Community Health Beneficiaries' Interview Survey								
Sufferin g From DV	Category	Nationality (Head of the Family)						
		All	Jordanian	Syrian	Iraqi	Palestinian	Egyptian	Not mentioned
Yes	N	258	99	153	2	2	0	2
	%	4.90%	4.50%	5.10%	9.10%	6.70%	0.00%	7.40%
No	N	4054	1689	2303	5	21	9	19
	%	76.80%	76.80%	77.20%	22.70%	70.00%	75.00%	70.40%
I do not know	N	969	412	526	15	7	3	6
	%	18.30%	18.70%	17.60%	68.20%	23.30%	25.00%	22.20%

(chi-square=43.4, p-value= 0.001<0.01)



Domestic Violence

Table 11:

Neighbors or Relatives Suffering From DV Due to City of Living.

Amman had the highest reported percentage at 8.30%. Followed by Irbid at 6.00%, Ramtha at 3.90%, and Mafrag at 2.50%.

IRC- Community Health Beneficiaries' Survey					
Suffering from DV	Category	City			
		Irbid	Amman	Mafrag	Ramtha
Yes	N	109	67	40	42
	%	6.00%	8.30%	2.50%	3.90%
No	N	1401	587	1277	789
	%	77.70%	72.80%	80.60%	72.70%
I do not know	N	294	152	268	255
	%	16.30%	18.90%	16.90%	23.50%
(chi-square=73.5, p-value= 0.001<0.01)					

Table 12:

Neighbors or Relatives Suffering From DV Due to Location of Living.

The city had the highest percentage at 5.70%. Followed by ITSs at 4.70%, town at 3.90%, and village at 3.20%.

IRC- Community health beneficiaries' survey					
Suffering from DV	Category	Location			
		city	Town	ITSs	Village
Yes	N	154	87	16	1
	%	5.70%	3.90%	4.70%	3.20%
No	N	2011	1754	261	28
	%	74.40%	79.50%	76.50%	90.30%
I don't know	N	539	364	64	2
	%	19.90%	16.50%	18.80%	6.50%
(chi-square=22.9, p-value= 0.001<0.01)					



Domestic Violence

On the other hand, **Institution stakeholders'** participants were asked if they noticed any form of domestic violence while working in the field; most respondents (97.30%) reported they did, while only 2.70% refused to answer.

Table 13: Observation Of Domestic Violence in the Field.

Institution Stakeholders' Survey ^{N=74}		
Observation of domestic violence	Category	
	N	%
Yes	72	97.30%
No	0	0.00%
I do not want to answer	2	2.70%

Figure 10: Respondents Suffering from DV Families Across Jordan Survey

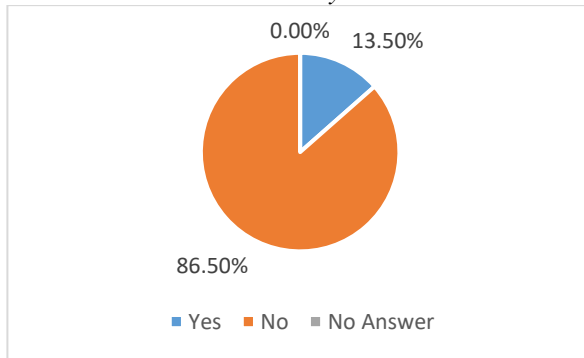


Figure 11: Respondents Suffering from DV IRC - Community Health Beneficiaries' Survey

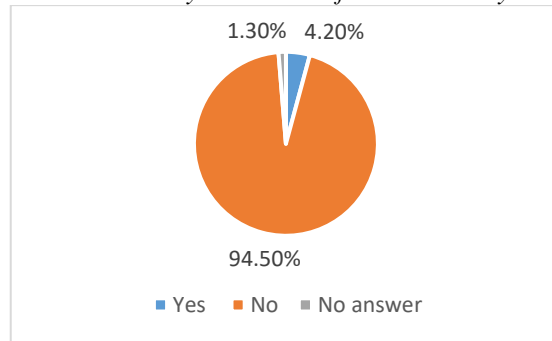


Figure 12: Respondents Suffering from DV IRC - CHVs Online Survey

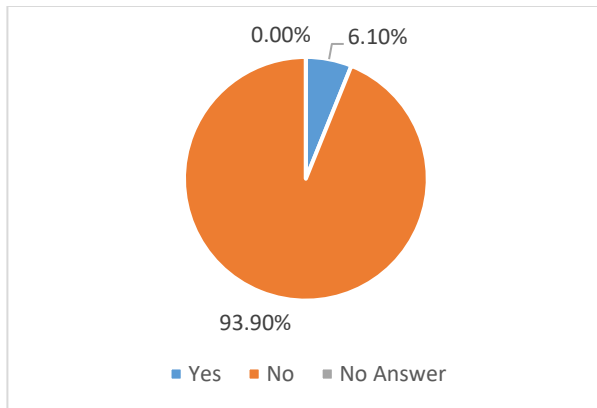
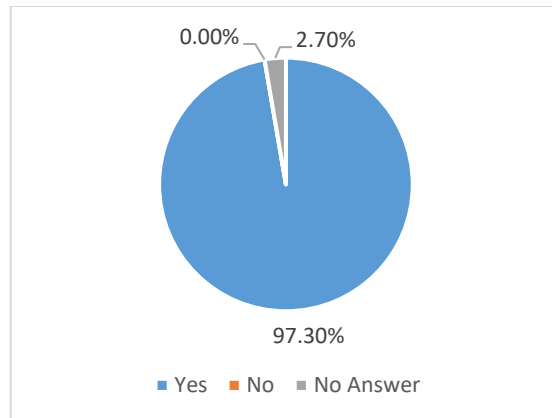


Figure 13: Observation of DV in the Field Institution Stakeholders' Survey





UNEMPLOYMENT

Families Across Jordan

- Young people in the South of Jordan complained about the lack of employment opportunities and youth activities.
- Families in many parts of Jordan breed chicken and sheep for their own use to save expenses. Young people raise and sell birds to earn money.
- Education is a requirement for many families to get a good job. Uneducated Jordanians think they need a university degree to access employment opportunities. However, there are many university graduates in Jordan who are unemployed. People in the South have a high rate of education, unemployment and poverty.
- Some Syrians have work expertise in vocational professions but require tools to work.
- Women prefer to work from home to gain money and care for the children simultaneously. Some women establish home nurseries for relatives' and neighbors' children.
- Unemployment is not the end for some graduates. They create their own opportunities—like using the internet to learn how to raise bees in the backyard.

Innovation strategy to cope with unemployment.

Beehives handmade by a Jordanian unemployed graduate from Irbid. He raised bees in the backyard.





Unemployment

NGOs – INGOs

- Women prefer to work from home, making homemade pickles or spinning, weaving, and sewing. Several female participants asked local organizations for training on their professions and to sell their products.
- People need financial support, particularly Syrian refugees.

CBOs

- Due to COVID-19, work opportunities have become scarce in most areas. Sectors like tourism suffered greatly—tourists stopped visiting Jordan. People working in restaurants, handcraft stores, horse breeders, and tour guides faced financial challenges.
- Unemployment is one of the leading causes of domestic violence.

UNEMPLOYMENT AROUND JORDAN

The majority (62.70%) of **Families Across Jordan** survey participants were unemployed. Followed by 30.20% who were employed, 1.60% were unable to work, 4.80% were retired, and 0.80% were students.

The majority of males (63.90%) were working, while most females were not.

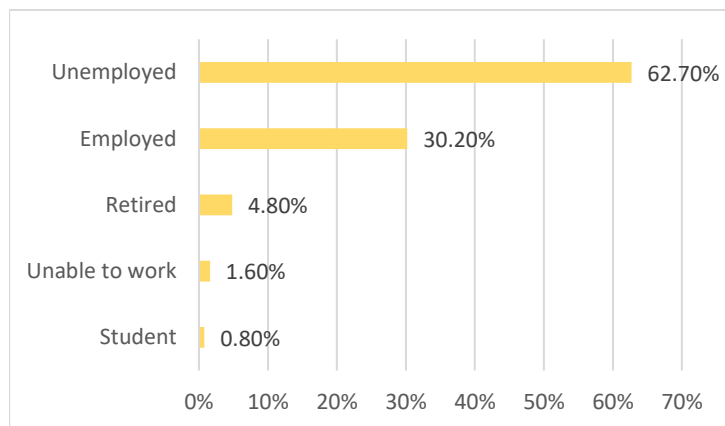
More than one-third of respondents (42.10%) worked in offices, followed by fieldwork (28.90%), farms (13.20%), schools (10.50%), and hospitals and from home (2.60% for each).

The percentage of unemployment among Syrians was higher (77.10%) than among Jordanians (52.70%).

Figure 14:

Employment Status For All Participants.

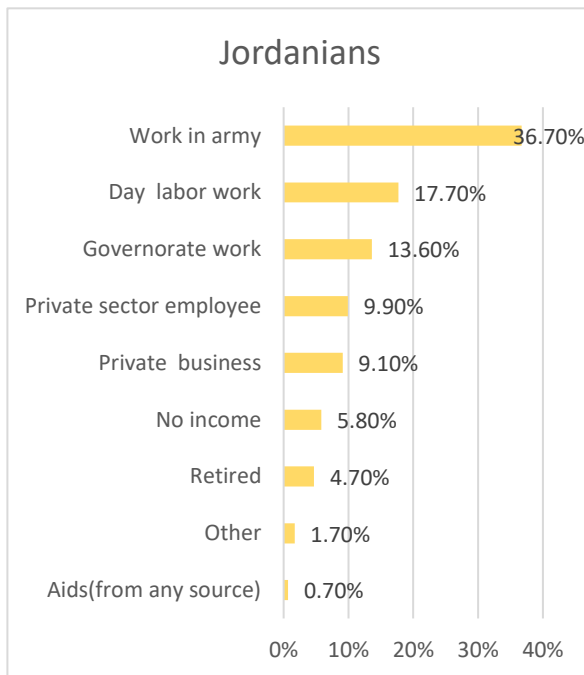
Families Across Jordan Survey



Unemployment

According to the **IRC Community Health Beneficiaries'** Survey, 17.70% of Jordanians and 61.90% of Syrians depend on daily labor as their primary source of income. This category was affected more during the COVID-19 epidemic and curfews. Similarly, those who worked in the Private Sector and owned a private business were also affected. The less affected categories were people who received a constant income via working in governmental or military institutions. (Figures 15 and 16)

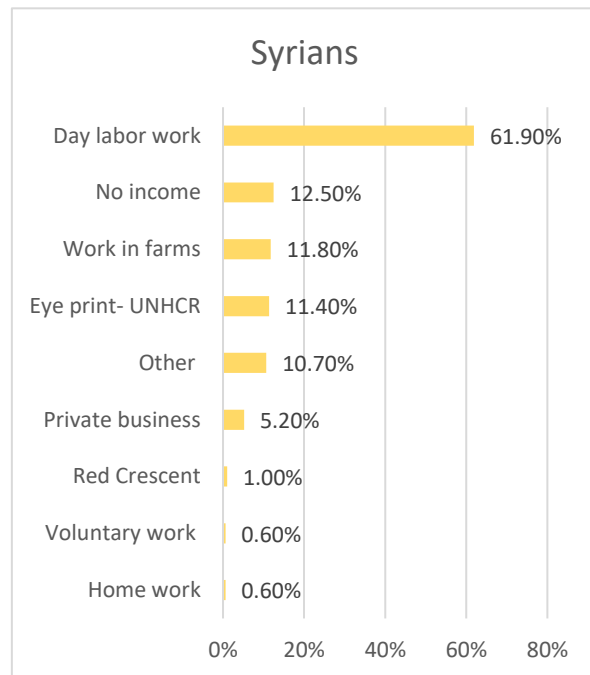
Figure 15: Source of Income For Jordanians
IRC - Community Health Beneficiaries' Survey



More than one-third of the Jordanians (36.70%) reported that one of their primary sources of income was working in the army, followed by daily labor work at 17.70% and governmental work at 13.60%. 5.80% had no income

Only 1.70% reported other sources of income, referring mainly to support from family members who lived abroad.

Figure 16: Source of Income For Syrians
IRC - Community Health Beneficiaries' Survey



The highest percentage of Syrians (61.90%) reported daily labor as one of their primary sources of income, followed by 11.80% who worked in farms and 11.40% who received cash assistance from UNHCR (Eye-Print). 12.50% reported that they have no income.

10.70% reported other sources of income, referring to aid from other organizations or support from family members who live abroad



Unemployment

Respondents were asked to estimate their financial level, half of which reported very low (27.50%) or low financial levels (24.10%)—followed by 19.60%, who faced some financial difficulties—a quarter of them (25.60%) reported moderate levels. Only 3.10% reported they had a high financial level. (Figure 17).

Across nationalities, Jordanians had better financial levels than Syrians. 7% of Jordanians stated they had high financial levels compared to 0.40% of Syrians. They were followed by 42.70% of Jordanians with moderate levels compared to Syrians 13.10%.

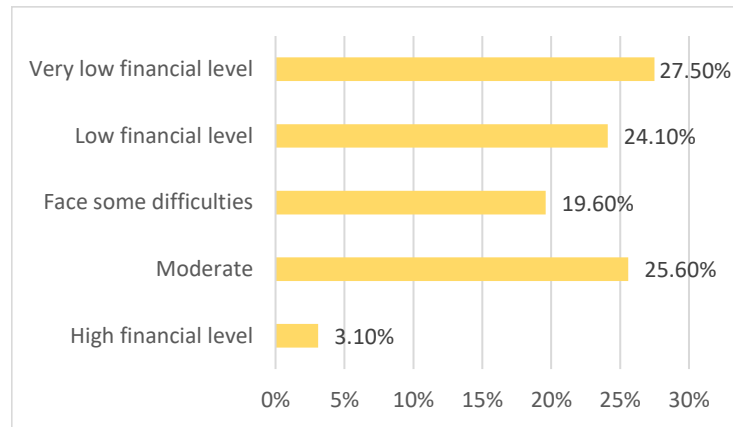
Syrians who had very low (38.50%) or low (30.80%) financial levels were more than Jordanians (11.60%, 15.40%), respectively.

It can be noted that Iraqis who reported having very low financial levels were the highest in this category (81.80%). (Table 14)

Figure 17:

Estimated Financial Level of The Family For All Nationalities.

IRC- Community Health Beneficiaries' Survey



55.00% of respondents stated that the main challenge they faced in their daily life was not having enough money to cover their daily needs. (Figure 19)



Unemployment

Table 14: Cross-Tabulation Between The Estimated Financial Levels of the Family Due To Nationalities

IRC- Community Health Beneficiaries' Survey								
Financial level	Category	Nationality (Head of the Family)						
		All	Jordanian	Syrian	Iraqi	Palestinian	Egyptian	Not mentioned
High Financial Level	N	166	154	12	0	0	0	0
	%	3.10%	7.00%	0.40%	0.00%	0.00%	0.00%	0.00%
Moderate Financial Level	N	1350	939	390	1	12	4	3
	%	25.60%	42.70%	13.10%	4.50%	40.00%	33.30%	11.10%
Faced Some Difficulties	N	1034	510	512	1	9	0	2
	%	19.60%	23.20%	17.20%	4.50%	30.00%	0.00%	7.40%
Low Financial Level	N	1275	338	919	2	4	3	8
	%	24.10%	15.40%	30.80%	9.10%	13.30%	25.00%	29.60%
Very Low Financial Level	N	1451	256	1148	18	4	5	14
	%	27.50%	11.60%	38.50%	81.80%	13.30%	41.70%	51.90%
I do not want to answer	N	5	3	1	0	1	0	0
	%	0.10%	0.10%	0.00%	0.00%	3.30%	0.00%	0.00%

(chi-square=1182.4, p-value= 0.001<0.01)

UNEMPLOYMENT AND POSITIVE SOCIAL NORMS

Unemployment leads to poverty and disappointment, especially among youths. On the other hand, positive Social norms play a significant role in moderating this effect.

Example:

The innovation of Beit Aziz restaurant in Al -Jada', As-Salt, where the owner hires workers from the local poor community, both males and females, has allowed them to build their capabilities and empower themselves with knowledge and experience. This innovation adds a positive change to the community and to the people who work in the restaurant.

People in this area rent their houses with low or no lease to the poor people in the community.



Beit Aziz Restaurant.

Al-Jada'a, As - Salt

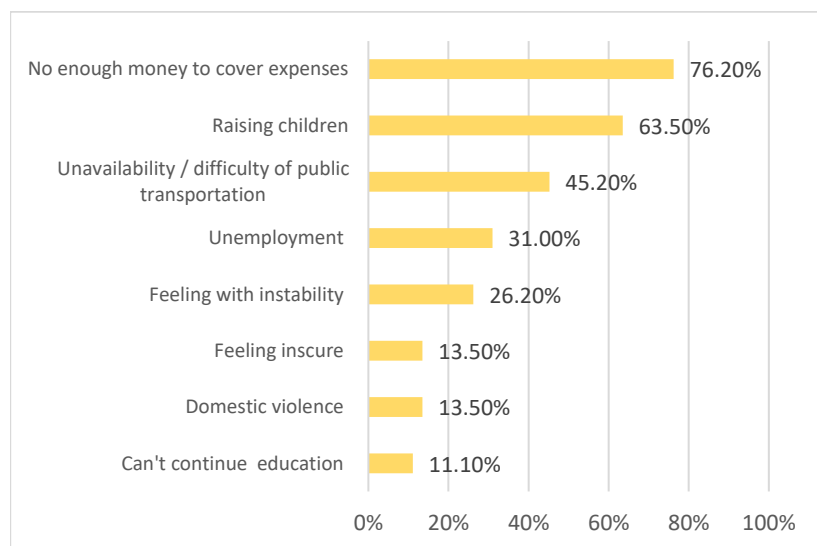
CHALLENGES IN DAILY LIFE

Families Across Jordan were asked about the general challenges they faced. The four main challenges in daily life faced by these families were represented in lack of money (76.20%), raising children (63.50%), difficulty accessing public transportation (45.20%), and unemployment 31.00%.

11.90% of families reported other challenges like no access to health services, having a family member with a disability, societal discrimination due to marital status, and the exposure of their shelter to different weather conditions. (Figure 18)

Figure 18: Challenges Faced By Families in Daily Life for All Nationalities.

Across Jordan Families' Survey





Challenges In Daily Life

Examples:

- A woman in Za'atari camp, who has been living there for nine years, never left the camp even once.
- A man in Tafila has multiple health problems and needs constant care, whereas his family is poor and cannot afford basic needs.
- Families use firewood for heating as they cannot buy gasoline or gas. It is cheaper and gives more heating.
- A family has only one telephone for all members and purposes.
- The head of the family has loans and cannot give money to his wife and daughters.

All the **IRC - Community Health Beneficiaries' Survey participants** responded to the question about the **challenges they faced daily**.

The primary reported challenges were not having enough money to cover expenditure on basic needs 55.00%, feeling unstable 25.60%, raising children 25.10%, the house\ shelter being exposed to weather conditions in summer and winter 19.60%, unavailability/difficulty of public transportation 19.4% and no enough room for family members to practice their activities 19.20%. (Figure 19)

It can be underlined that Syrians were facing more challenges than Jordanians in all categories. Syrians reported feeling a sense of insecurity (38.10%) more than Jordanians (8.20%), which was associated with other issues like being threatened to be deported from the house or land they lived in (22.70%), exploitation by employers (19.30%), shelter exposure to weather conditions (29.50%), no one to turn to when harassed or abused in society (11.70%) and feeling insecure 10.10%. (Table 15)

Regarding the area of living, families living in cities reported the highest in categories, such as exploitation by employers (18.60%) and being threatened to be deported from the house or land they lived in (21.60%). No support from relatives or neighbors when needed (10.10%), no one to turn to when harassed or abused in society (10.20%), and raising children (27.90%).

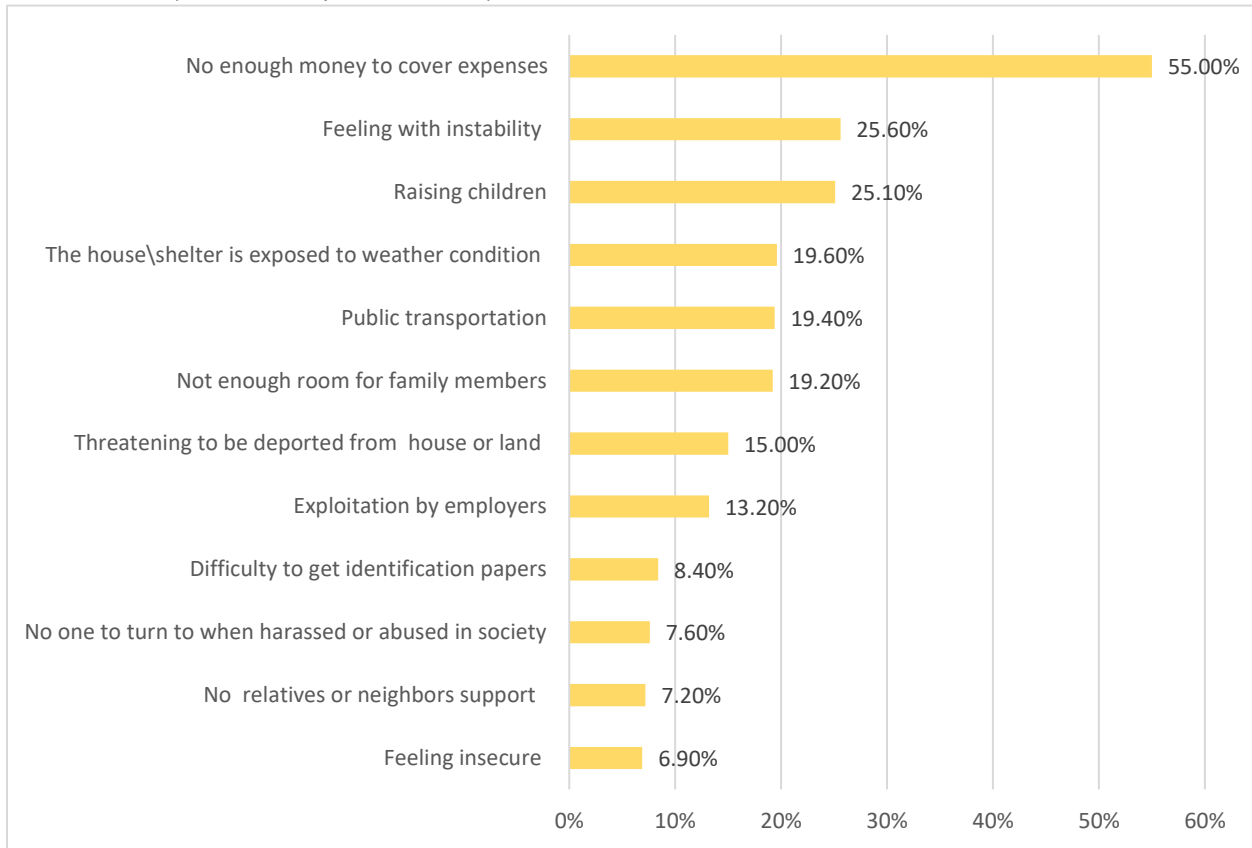
Families in the village faced more difficulty getting identification papers, with 16.10%.



Challenges In Daily Life

Figure 19: Challenges In Daily Life Per All Nationalities

IRC- Community Health Beneficiaries' Survey





Challenges In Daily Life

Table 15: Cross-Tabulation Between Challenges Faced By the Family Due To Nationality

IRC- Community Health Beneficiaries' Survey								
Challenges	Category	Nationality (Head of the Family)						
		All	Jordanian	Syrian	Iraqi	Palestinian	Egyptian	Not mentioned
Unavailability of / Difficulty Getting Access to Public Transportation	N	1027	318	700	1	3	2	2
	%	19.40%	14.50%	23.50%	4.50%	10.00%	16.70%	7.40%
Difficulty to Get Identification Papers	N	445	52	366	13	1	1	12
	%	8.40%	2.40%	12.30%	59.10%	3.30%	8.30%	44.40%
Exploitation By Employers	N	699	95	575	10	5	2	11
	%	13.20%	4.30%	19.30%	45.50%	16.70%	16.70%	40.70%
Threatened to Be Deported From the House Or Land We Live In	N	793	92	676	4	4	3	12
	%	15.00%	4.20%	22.70%	18.20%	13.30%	25.00%	44.40%
House\Shelter's Exposure To Weather Conditions	N	1036	132	880	4	3	3	12
	%	19.60%	6.00%	29.50%	18.20%	10.00%	25.00%	44.40%
Not Enough Room For Family Members	N	1014	216	771	7	4	2	12
	%	19.20%	9.80%	25.90%	31.80%	13.30%	16.70%	44.40%
No Support From Relatives or Neighbors When Needed	N	381	68	299	5	3	1	4
	%	7.20%	3.10%	10.00%	22.70%	10.00%	8.30%	14.80%
No One to Turn to When Harassed or Abused in Society	N	400	40	349	1	3	1	6
	%	7.60%	1.80%	11.70%	4.50%	10.00%	8.30%	22.20%
Lack of Money to Cover Expenses	N	2902	820	2015	16	17	8	22
	%	55.00%	37.30%	67.60%	72.70%	56.70%	66.70%	81.50%
Raising Children	N	1324	471	833	5	9	3	3
	%	25.10%	21.40%	27.90%	22.70%	30.00%	25.00%	11.10%
Feeling Insecure (possible theft or physical or verbal abuse))	N	363	51	300	2	4	1	4
	%	6.90%	2.30%	10.10%	9.10%	13.30%	8.30%	14.80%
Feeling a Sense of Instability	N	1352	180	1136	14	4	3	12
	%	25.60%	8.20%	38.10%	63.60%	13.30%	25.00%	44.40%
None	N	1360	981	359	1	10	3	2
	%	25.80%	44.60%	12.00%	4.50%	33.30%	25.00%	7.40%



THEME 2: HEALTH

HEALTHY LIFESTYLE AND RISK FACTORS

Families Across Jordan

- Adults and adolescents are drinking alcohol and consuming drugs.
- In some areas like North Shounah, alcohol and drugs are prevalent.
- Teenagers may steal to buy drugs.

CHVs

- In general, people do not move a lot and think physical activity is a minor issue
- CHVs encourage family members to be physically active.
- People think they can exercise only in gyms.
- People are either overnourished or malnourished.
- Knowing when and how to start giving the baby supporting food is essential.
- Smoking is common in ITSs; all members are subjected to secondary smoking as they are gathered in the same tent.
- It is crucial to raise awareness about personal hygiene in the ITSs
- Mothers do not know how to deal with smoking teenagers and hesitate to inform fathers because of the consequences.

CBOs

- Lady's gyms are not available in all locations like North Shounah.
- School students have access to drugs and alcohol.
- Youth and young people use drugs for different purposes, like staying awake.
- Early smoking is common among teenagers.
- Smoking and drugs are common among teenagers. It is a challenge for teenagers as they consider it a sign of masculinity.
- People smoke for stress relief.



Healthy Lifestyles And Risk Factors

MoH

- When advising people to stop smoking, they might say they will die if they quit. Smoking is a breathing space for them.
- There is a high prevalence of smoking among teenagers, both males and females. Females do not smoke in public or admit they do.
- Teenagers know the harmful effects of smoking, but there are smokers everywhere, and they imitate them.
- The primary healthcare center staff conducts health awareness training about the harmful effects of smoking.
- The availability of unhealthy food in schools leads to obesity, which is prevalent in the communities.
- Female teenagers follow diet programs from the internet to lose weight—this may lead to anemia.
- Families start feeding babies before six months of age. For example, they may feed a baby of 40 days age Mansaf.
- There is an urgent need to provide areas for everyone to move and exercise.

MoH Smoking cessation clinics are situated in all Jordan governorates to provide individuals who want to quit smoking with tailored therapy and psychological support

MoH, in cooperation with the Royal Health Awareness Society, is promoting healthy lifestyles among chronic disease patients through the community clinics in the primary healthcare centers



Healthy Lifestyles and Risk Factors

NGOs – INGOs

- Females are entitled to freedom of movement and perform physical activity. Therefore, some restrictions in the community may prevent them from practicing such rights like social norms.
- Obesity is common and is the cause of many diseases.
- Families should know how to store food to keep it in proper condition.
- Children are not eating healthy food. They eat fast food and chips, etc., which contributes to obesity.
- Giving people tips about cooking healthy food with available and inexpensive resources.
- Connecting healthy lifestyles and the impact of such on all related diseases will encourage people to adopt them.
- Providing education about healthy lifestyles as a whole package without concentrating on one aspect.
- People do not believe in the harmful effects of smoking. Real examples should be given.
- People smoke because they are stressed or have problems. To reduce the rate of smoking in Jordan, we should address the underlying causes of such.



HEALTHY LIFESTYLES AND RISK FACTORS

NUTRITION

The **IRC - Community Health Beneficiaries** were inquired about the number of consumed daily meals. Overall, the Mean for all families was (2.5). It is almost the same for both Jordanians (2.6) and Syrians (2.5). In comparison, it was (2.7) for Palestinians. On the other hand, it was (2.2) for Iraqis and Egyptians, while it was (2.3) for those who chose not to mention their nationality.

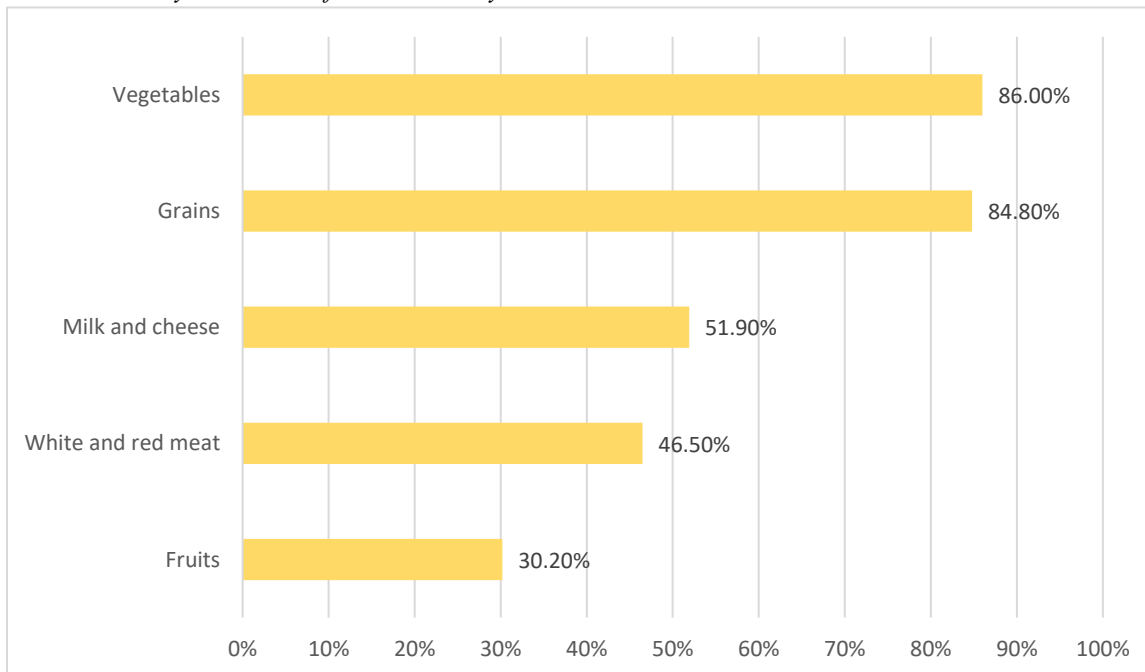
Across cities, Mafraq ranked first with a mean of (2.74), followed by Amman with (2.48), Irbid with (2.46), and Ramtha with (2.43).

As for the area of living, the ITSs scored the highest Mean, with 2.93, followed by town with (2.66), city with 2.4, and village with (1.9).

Food was classified into five main groups—white and red meat, vegetables, fruits, grains, milk, and cheese. Families chose the food groups included in their daily meals. The three main consumed groups were vegetables 86.00%, grains 84.80%, and milk and cheese 51.90%. Less than half of families (46.50%) included white and red meat in their daily meals, and almost one-third consumed fruits 30.20%. On the other hand, only 3.40% reported they had not included any food groups in their meals on a daily basis. (Figure 20)

Figure 20: The Main Food Groups Included In The Daily Meals of Families According to All Nationalities

IRC- Community Health Beneficiaries' Survey

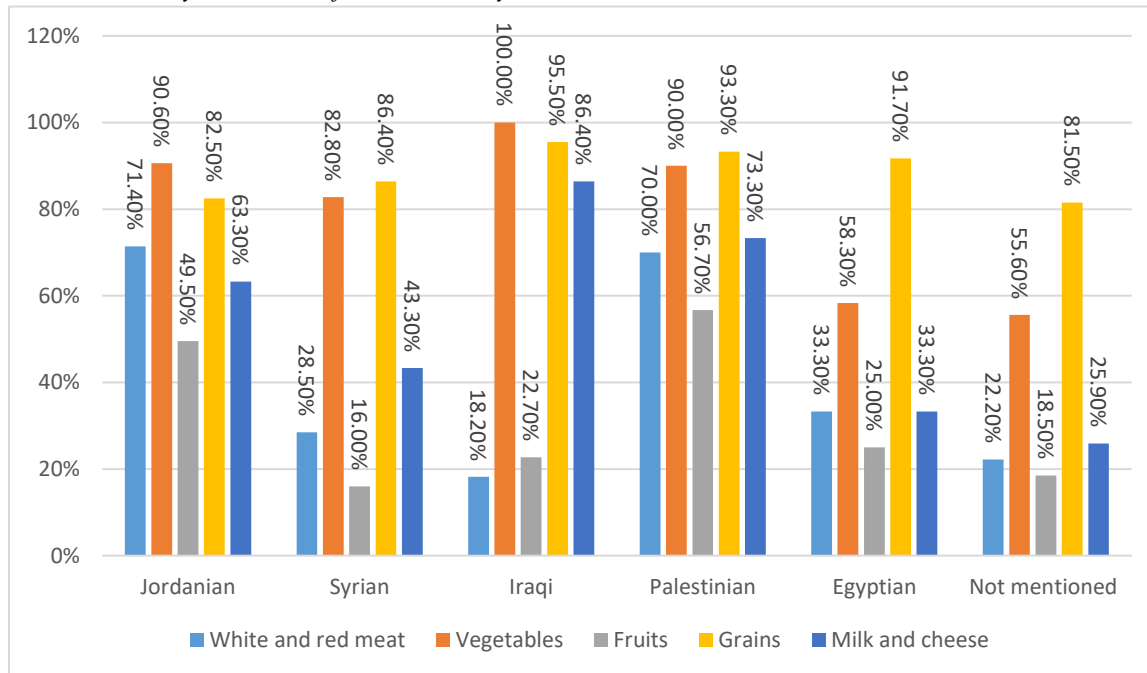


Healthy Lifestyles and Risk Factors

In terms of daily meat consumption, there was a considerable difference between Jordanians (71.40%) and Syrians (28.50%). The same applied to fruits, where the percentage of Jordanians who reported including fruits in their daily meals was 49.50% compared with 16% of Syrians. For both Jordanians and Syrians, the percentage of consumed grains was almost the same, with (82.50%) for Jordanians and (86.40%) for Syrians. Furthermore, Jordanians reported eating more vegetables (90.60%) and milk & cheese (63.30%) than Syrians 82.80% and 43.30%, respectively.

Figure 21: Cross-Tabulation Between Main Food Groups And Nationalities.

IRC - Community Health Beneficiaries' Survey



Across cities, daily meat consumption was the highest in Ramtha (56.10%) and the least in Mafraq (42.30%). Amman and Irbid were the same, with a rate of 45.00%. However, Ramtha was the highest in vegetable consumption (88.00%) compared with the three cities (around 85%).

Most of the families in Amman reported including grains in their meals (92.60%), followed by Mafraq (89.10%), Irbid (81.20%), and Ramtha (78.80%).

Only one-third of the families in Ramtha consumed fruits daily (33.60%), Irbid (31%), and Amman (30.50%), with Mafraq being the least amongst them (26.90%).

More than half of the families reported consuming milk & cheese daily in Amman (55.30%), Irbid (54.50%), and Mafraq (52%). Ramtha was the least at (44.80%).



Healthy Lifestyles and Risk Factors

Regarding the area of living, families living in town who consumed meat daily reported the highest at (54.90%). The ITSs reported the least at 30.50%. Most families (more than 80.00%) consumed vegetables in the cities, towns, and ITSs compared with less in the village (74.20%).

One-third of the families living in town (35.40%) consumed fruits daily, followed by city (27.60%), village (25.80%), and ITSs (18.50%).

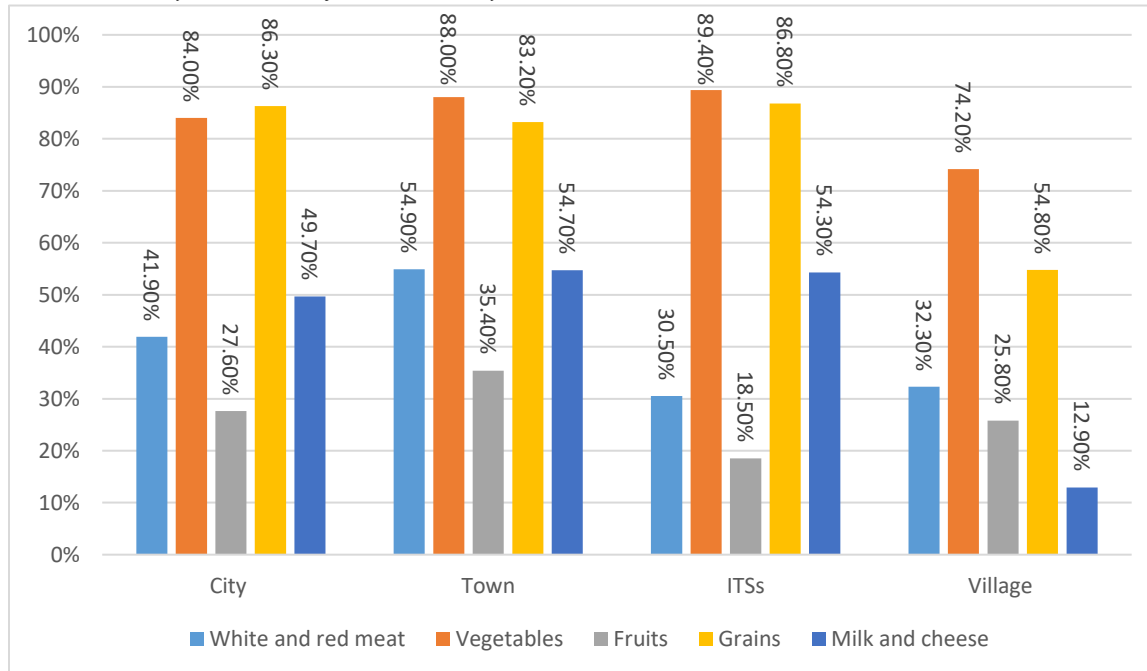
Over 80% of families included grains in their daily meals in the cities, towns, and ITSs, compared with only 54.80% in villages.

More than half of families living in the town (54.70%) and ITSs (54.30%) included milk & cheese in their daily meals, with (49.70%) in the city and (12.90%) in the village.

Families in ITSs reported the highest, indicating that they had not included all food groups in their daily meals (5.00%).

Figure 22: The Main Food Groups Included In The Daily Meals of Families Due to Location of Living.

IRC- Community Health Beneficiaries' Survey





Healthy Lifestyles and Risk Factors

HEALTH RISK FACTORS

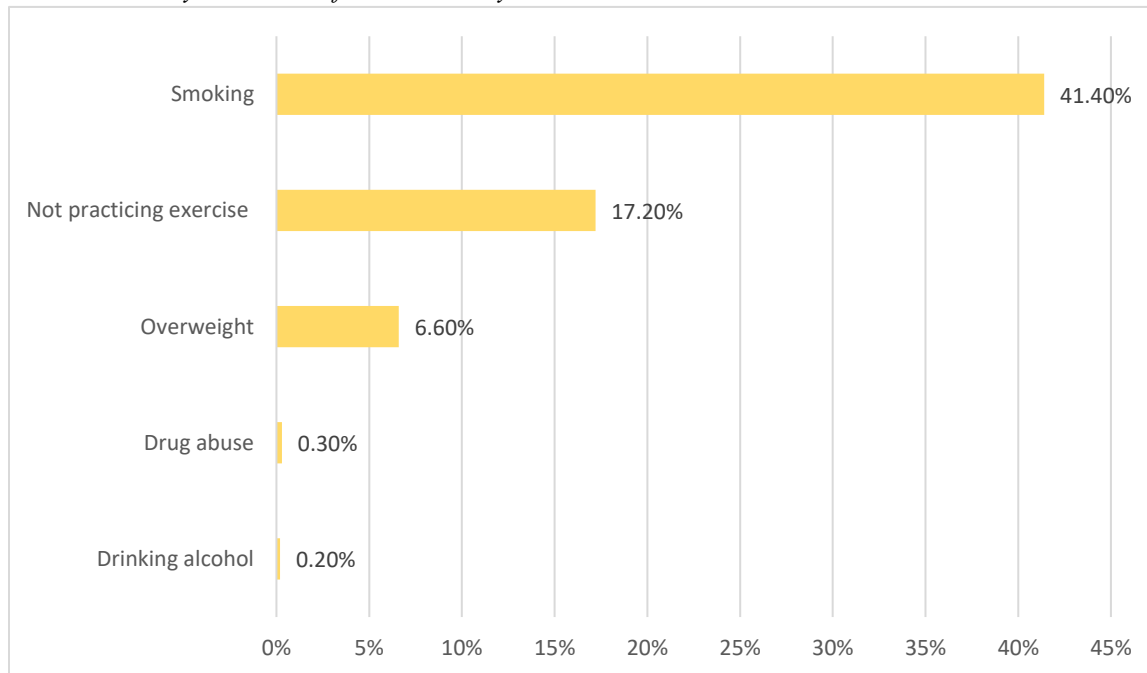
Half of the **IRC Community Health Beneficiaries** reported having family members with one or more health risk factors. Smoking was reported as the highest health risk factor among all nationalities (41.40%), followed by physical inactivity (17.20%) and obesity (6.60%). It can be deduced that drug abuse (0.30%) and drinking alcohol (0.20%) were the least prevalent factors. (Figure 23)

The prevalence of smoking was higher among Jordanians (45.20%) than Syrians (38.70%). Syrians (6.90%) had more overweight people than Jordanians (6.30%). Syrians were also more physically inactive (17.90%) than Jordanians (15.70%).

As stated above, 50% of all participants reported having no health risk factors. (Table 16)

Figure 23: Prevalence of Health Risk Factors Among Family Members For All Nationalities.

IRC - Community Health Beneficiaries' Survey



Healthy Lifestyles and Risk Factors

Table 16: Prevalence of Health Risk Factors Among Family Members Due To Nationality.

IRC- Community Health Beneficiaries' Survey										
Risk Factor	Category	Nationality (Head of the Family)							chi-square	p-value
		All	Jordanian	Syrian	Iraqi	Palestinian	Egyptian	Not mentioned		
Smoking	N	2187	995	1155	7	16	3	9	26.7	0.001**
	%	41.40%	45.20%	38.70%	31.80%	53.30%	25.00%	33.30%		
Overweight	N	351	139	206	1	2	1	2	0.9	0.967
	%	6.60%	6.30%	6.90%	4.50%	6.70%	8.30%	7.40%		
Not Practicing Exercise	N	907	346	533	5	13	2	7	20.6	0.001
	%	17.20%	15.70%	17.90%	22.70%	43.30%	16.70%	25.90%		
Drinking Alcohol	N	10	3	7	0	0	0	0	0.8	0.976
	%	0.20%	0.10%	0.20%	0.00%	0.00%	0.00%	0.00%		
Drug Abuse	N	14	6	8	0	0	0	0	0.2	0.999
	%	0.30%	0.30%	0.30%	0.00%	0.00%	0.00%	0.00%		
None	N	2639	1027	1560	13	11	8	14	20.3	0.001
	%	50.00%	46.70%	52.30%	59.10%	36.70%	66.70%	51.90%		

Across cities, almost half of the families in Ramtha (45.50%) had a member or more who smoked, followed by Amman (43.80%), then Irbid (41.40%), and Mafraq (37.40%). On the other hand, the number of overweight people was the highest in Irbid (8.30%) and Ramtha (8.10%), followed by Amman (7.70%) and the least in Mafraq (3.30%). Physical inactivity was more prevalent in Amman (24.10%) and Irbid (20.70%), followed by Mafraq (14.70%) and Ramtha (9.80%). (Figure 24)

According to the areas of living, ITSs had the highest rate of smoking (44.60%), followed by cities (42.30%), towns (40.30%), and villages (6.50%). The rate of physical inactivity was the highest in ITSs (22.30%), followed by cities (19.70%), towns (13.40%), and villages (9.70%). The rate of overweight people was the highest in cities (8.40%), followed by towns (5%), ITSs (3.80%), and none in the villages. (Figure 25)



Healthy Lifestyles and Risk Factors

Figure 24: Prevalence of Health Risk Factors Among Family Members Due to City of Living.

IRC- Community Health Beneficiaries' Survey

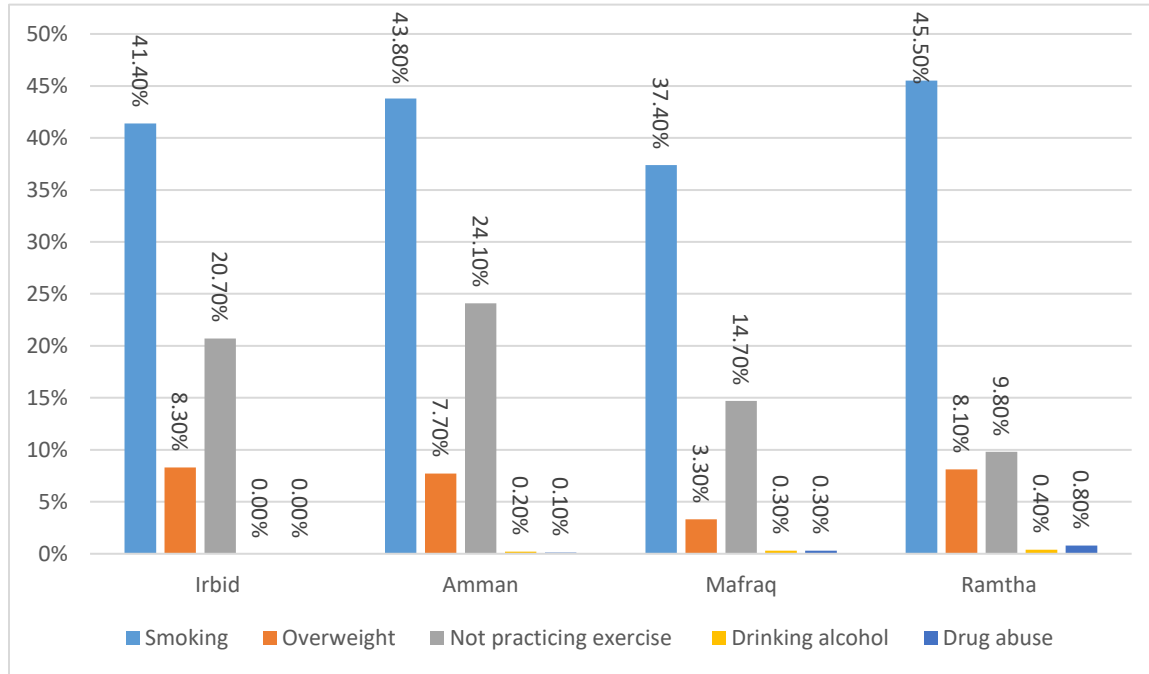
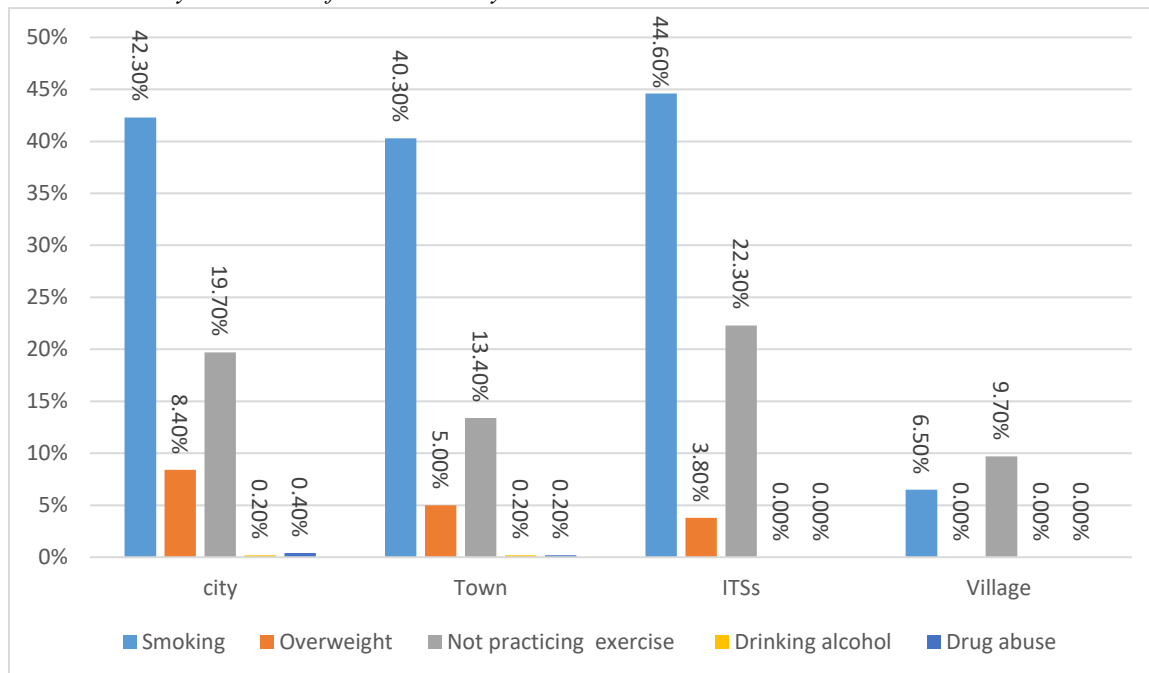


Figure 25: Prevalence of Health Risk Factors Among Family Members Due to Area of Living

IRC -Community Health Beneficiaries' Survey





Healthy Lifestyles and Risk Factors

PHYSICAL ACTIVITY

To dive deep into physical activity, participants in all surveys were asked how often they practiced physical exercise per week — such as walking, jogging, running, dancing, playing with the kids, or biking. Those who reported being physically inactive were asked about the reasons for such case.

Most respondents (64.30%) from **Families Across Jordan** reported not practicing exercise. Those who were physically active were practicing exercise daily (15.90%), once a week (5.50%), two to three times a week (7.90%), and four to five times a week (4.80%). Only (1.60%) refused to answer. Generally, Syrians were more physically inactive (77.10%) than Jordanians (55.40%).

The main three reasons for not practicing exercise were lack of time (45.70%), challenging daily tasks with no extra energy to do exercises (22.20%), and having health problems (18.50%).

(17.30%) reported other reasons, such as mainly being skinny or lack of gyms and parks or feeling lazy.

Figure 26: Times of Practicing Exercise According to All Nationalities
Across Jordan Families' Survey

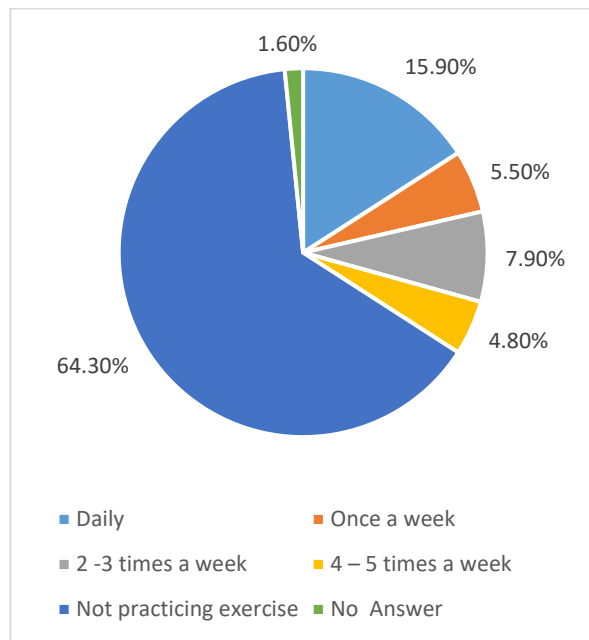
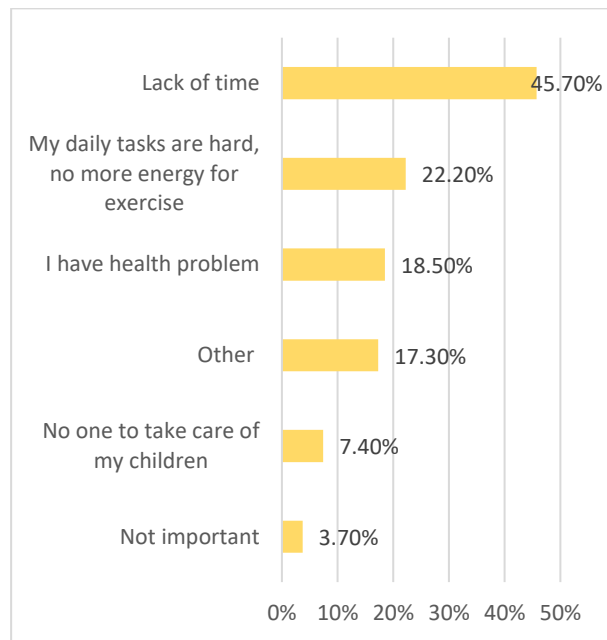


Figure 27: Reasons For Not Practicing Exercise According to All Nationalities
Across Jordan Families' Survey



Healthy Lifestyles and Risk Factors

For the **IRC - Community Health beneficiaries**, over one-third of the respondents (40.70%) reported not practicing any type of exercise, followed by practicing daily (14.40%), once a week (18.20%), two to three times weekly (16.90%) and four to five times weekly (6.40%). On the other hand, (3.40%) preferred not to answer.

Overall, Jordanians were more active than Syrians. The percentage of Syrians who reported not practicing exercise (45.30%) was higher than Jordanians (34.70%). Jordanians were doing more exercises during the weekdays.

The three main reported reasons for inactive lifestyles were lack of time (51.70%), lack of energy due to heavy daily tasks (49.60%), and no one to take care of the children while doing exercise (31%). Only 1.90% reported other reasons like lack of space, fear of COVID-19, or feeling depressed.

There was also a difference in the responses of participants when they reported on family members with physical inactivity, including themselves 17.20% (Figure 23), and when they declared about themselves directly 40.70% (Figure 28)

Figure 28: Times of Practicing Exercise According to All Nationalities
IRC- Community Health Beneficiaries' Survey

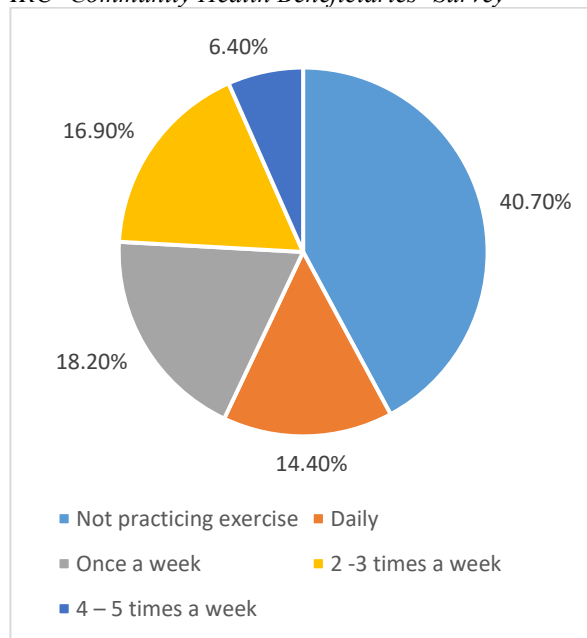


Figure 29: Reasons For Not Practicing Exercise According to All Nationalities
IRC- Community Health Beneficiaries' Survey





Healthy Lifestyles and Risk Factors

Over half of the **Institution Stakeholders' Survey** participants reported not practicing any kind of exercise. Practicing daily (18.80%), once a week (5%), two to three times weekly (15%), and four to five times a week (10.00%). (Figure 30)

The main three reasons for physical inactivity were lack of time (78.00%), lack of energy (29.30%), and other reasons (12.20%), such as the hot weather, COVID-19, lack of desire, laziness, and being excluded from the local culture. (Figure 31).

Figure 30: Times of Practicing Exercise For All Participants
Institution Stakeholders' Survey

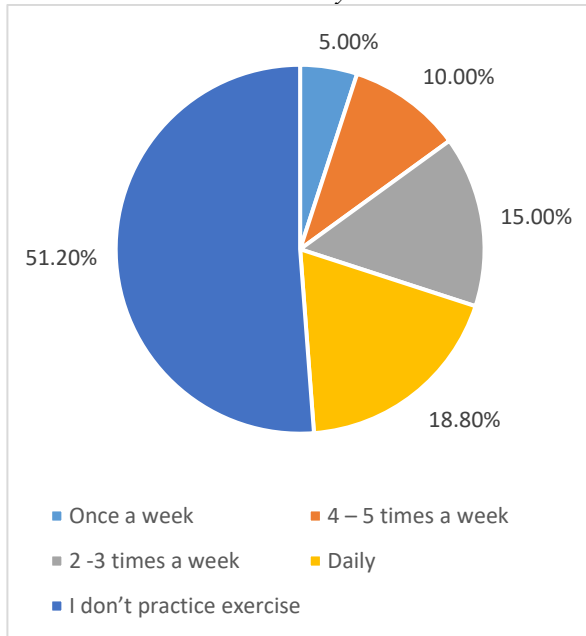
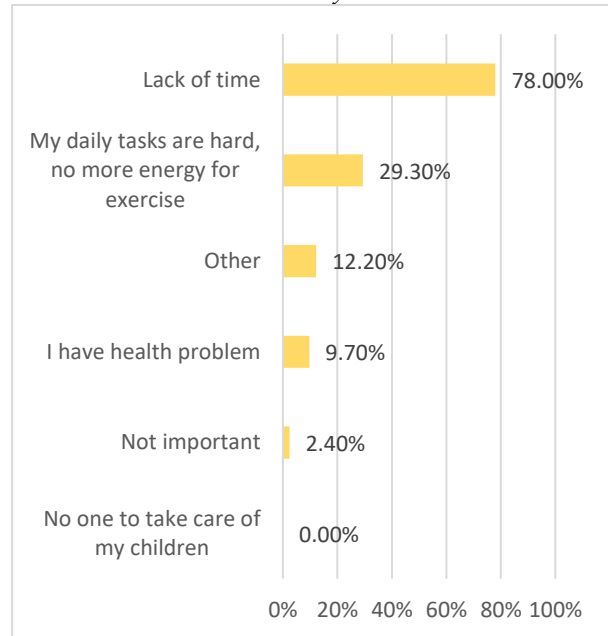


Figure 31: Reasons For Not Practicing Exercise For All Participants
Institution Stakeholders' Survey





Diseases and other health issues

Families

- People were unsure if COVID-19 ever existed and were generally terrified of it.
- There is an overuse of medication, antibiotic misuse, and low medication adherence

CHVs

- People are concerned about COVID-19 and its impact on their incomes and limited access to healthcare.
- Families refuse to receive health awareness about personal hygiene because they believe they are clean.
- Some families use analgesic or allergic drugs to put their children to sleep.
- There is a high prevalence of breast cancer.
- It is important to educate families about anemia signs and symptoms
- Providing education about chronic diseases like hypertension, diabetes, and heart disease and their complications is crucial.
- Providing detailed information about vaccines in general.
- Informing families of the differences between COVID-19 vaccines and other scheduled vaccines.

CBOs

- There is a lack of adherence to medications.
- Providing health awareness about anemia and its treatment is vital.
- Men and women are partners. Therefore, they should both receive awareness about pregnancy and family planning.



Diseases and Other Health Issues

MoH

- It is crucial to provide awareness of personal hygiene.
- Hypertensive patients may use medication from neighbors when they are out of stock, regardless of whether it is the same kind or not.
- Some patients take medication from MoH health centers and military centers to store an extra amount. There is an addiction to antibiotics and analgesics.
- It is crucial to give awareness about cancer in general, focusing on breast cancer.
- The elderly deny they have a chronic disease such as hypertension and diabetes, do not adhere to medication, and refuse to do lab tests. Patients may stop taking medication on their own.
- Providing education about nutrition for chronic disease.
- Giving attention to postnatal depression.
- Some women have a misconception that breastfeeding a baby will cause breast sagging.

NGOs – INGOs

- Teenagers should know how to take care of their personal hygiene.
- There is a misuse of medication, especially among children. They come to clinics with antibiotic resistance. Parents start giving it to the children from the age of two months.
- Breast cancer is common, and women should be educated on how to do a breast self-exam.
- Health awareness about pregnancy should be given to pregnant women, their husbands, and their family.
- It is vital to raise awareness about the benefit of breastfeeding, as women tend to use formula as a replacement for breastfeeding
- It is also necessary to raise awareness of sexually transmitted diseases such as AIDS.



Diseases and Other Health Issues

PREVALENCE OF DISEASES

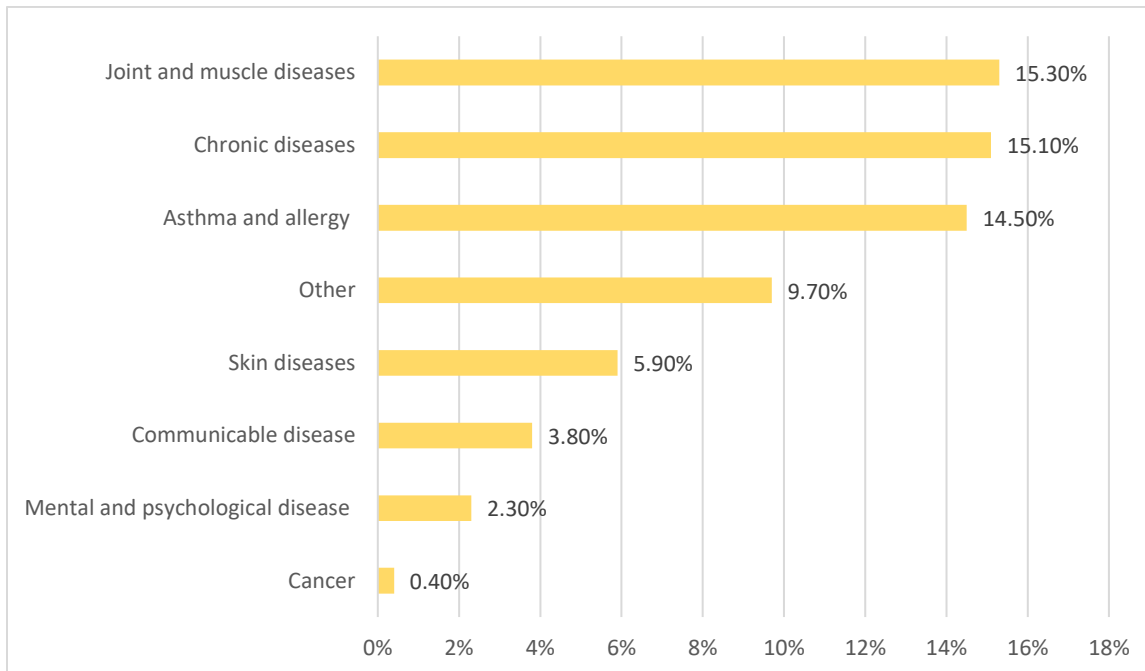
The participants of the IRC- **Community Health Beneficiaries' Survey** were asked if they or any of their family members have ever suffered from any of the listed diseases categorized in the seven main themes; Mental and Psychological Illness, Chronic Diseases, Joint and Muscle Diseases, Communicable Diseases, Skin Diseases, Asthma and Allergies, Cancer, and Other.

Almost two-thirds (58.7%) of the respondents reported not suffering from any disease. The top three diseases were: Joint and muscle diseases (15.30%), chronic diseases (15.10%), asthma, and allergies (14.50%). In all seven categories, Syrians reported a higher prevalence rate than Jordanians.

People reported that they had other diseases (9.70%), most of which were classified under the seven categories. They chose to describe them in detail. (Figur 32)

Figure 32: The Prevalence of Diseases Among Families

IRC- Community Health Beneficiaries' Survey





FAMILY PLANNING (FP)

Families Across Jordan

- Women might use FP methods upon the advice of their neighbors without consulting any healthcare provider.
- A woman may not have the choice to use FP methods because her husband might want more children. She may be ill or weak, but this won't change make him change his decision.

CHVs

- There are myths regarding some FP methods—women believe that using FP methods after having their first child will lead to infertility.
- Some mothers-in-law resist any discussion about FP as they want more grandchildren.
- Due to religious beliefs, some people refuse to use FP methods.
- In general, families want to have more children.

CBOs

- Some women use family planning methods upon the advice of their neighbors.
- Families want more children because they believe will make them more powerful.



Family Planning

MoH

- Women are not always free to decide which FP methods they want to use.
- In certain circumstances, women with chronic medical conditions cannot use FP methods—and their husbands refuse to use condoms as an alternative method.
- Women visit the health centers for repeated pregnancies with no space.
- Women should be educated well about FP methods
- There are misconceptions about different FP methods among families that should be corrected

NGOs – INGOs

- Healthcare providers should provide counseling on FP methods. Women are entitled to choose what suits them.
- Despite the lack of the basic life resources, refugees in urban communities and camps have a high reproductive rate.
- FP should be presented with different perspectives. It is not only about awareness but also follow-up and reaching healthcare providers who offer a variety of FP options. Otherwise, people would seek other sources, like listening to the experience of others.



Family Planning

Quote from CBO

“Men tend to refuse using family planning methods and consider it a woman’s issue”

A female Manager at CBO in Jarash

**“الرجل يرفض استعمال وسيلة تنظيم الاسرة و
يعتبرها واجب على المرأة”**

مديرة جمعية خيرية في جرش

Quote from MoH

“There is great ignorance about family planning methods and women use such methods based on to the experience of their neighbor, mother or relatives”

Healthcare Provider- MoH center- Mafraq

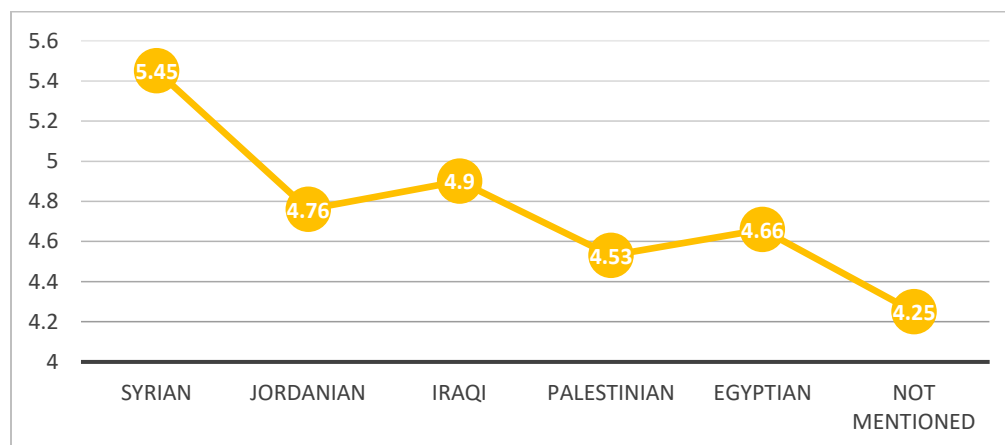
**“ يوجد جهل شديد بخصوص وسائل تنظيم الاسرة
و السيدات يستخدمن الوسيلة حسب تجربة الجارة
أو الأم أو الأقارب**

مقدمة رعاية صحية في مركز صحي حكومي في المفرق

Family Planning

The Mean of family members participating in **IRC - Community Health Beneficiaries' Survey** was 5.15. The highest was for Syrians at (5.45), and (4.76) for Jordanians. (Figure 33)

Figure 33: The Mean of Family Members Disgregated By Nationalities



Almost all married women (99.70%) were of reproductive age. 13% of them were pregnant. Half of the married couples (non-pregnant, married women, and their men) (50.10%) did not use any modern family planning methods (MFPM).

The percentage of Syrian couples, who did not use any MFPMs was (55.50%), was higher compared to Jordanians (42.90%). (Table 17)

Table 17: Cross-Tabulation Between Couples Not Using MFPMs Due To Nationality

IRC- Community Health Beneficiaries' Survey								
Couples' Use of Modern Family Planning Methods	Category	Nationality (Head of the Family)						
		All	Jordanian	Syrian	Iraqi	Palestinian	Egyptian	Other
Yes	N	1798	897	868	7	9	3	12
	%	46.00%	53.70%	40.10%	41.20%	47.40%	42.90%	60.00%
No	N	1955	717	1202	10	10	4	8
	%	50.10%	42.90%	55.50%	58.80%	52.60%	57.10%	40.00%
I do not like to answer	N	153	56	97	0	0	0	0
	%	3.90%	3.40%	4.50%	0.0%	0.0%	0.0%	0.0%

Chi-square=75.1, p-value=0.001<0.01)

Family Planning

Figure 34:

Couples Who Did Not Use MFPM Due to City of Living.

IRC- Community Health Beneficiaries' Survey

Irbid had the highest percentage (54.70%), followed by Ramtha (52.50%), Mafraq (46.20%), and Amman (44.70%).

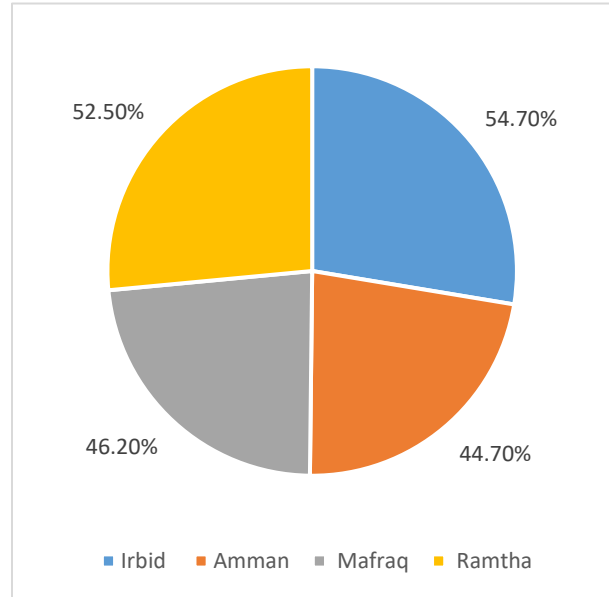
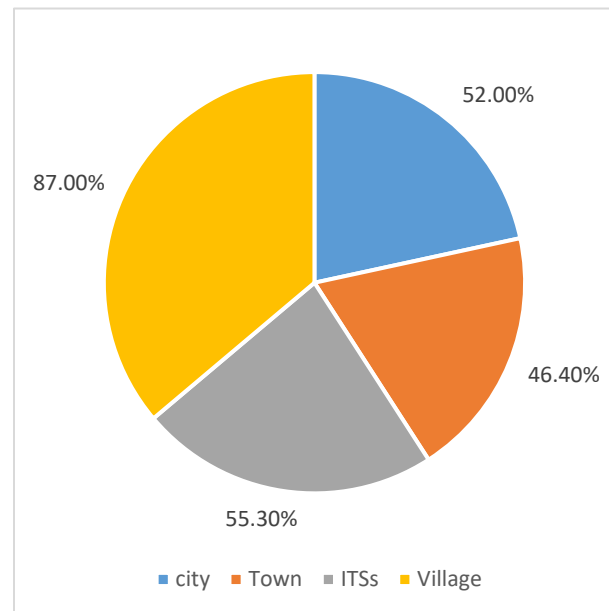


Figure 35:

Couples Who Did Not Use MFPM Due to Location of Living.

IRC- Community Health Beneficiaries' Survey

Village(s) had the highest percentage (87.00%), followed by ITSs (55.30%), cities (52.00%), and towns (46.40%).





PEOPLE WITH DISABILITIES

Families Across Jordan

- People with disabilities do not have proper access to education and health services.
- Families hide them because of stigma. They may prevent the marriage of females in the family.
- People with disabilities have wishes and capabilities, but their families cannot afford to spend on them.

CHVs

- Families that have disabled members do not receive enough support.

CBOs

- People with disabilities are marginalized. They have legal rights to education and healthcare, which are not enforced.
- No public schools or utilities are available for blind people.



People With Disabilities

Disability

The IRC - Community Health Beneficiaries' Survey participants have responded to the question raised about disabilities.

9.90% of families reported that they had members suffering of one or more of the following disabilities (auditory, visual, mental, or physical). Syrians had a higher percentage (14%) than Jordanians (4%). (Table 18)

The percentage of families who had disabled members and reported receiving support or advice from governmental, private, or humanitarian agencies was (12.20%). Jordanian families received more support (18.40%) than Syrians (10.30%).

Table 18: Cross-Tabulation Between Families Who Have Members With Disability Due To Nationality

IRC- Community Health Beneficiaries' Survey								
Does the family have a member with a disability?	Category	Nationality (Head of the Family)						
		All	Jordanian	Syrian	Iraqi	Palestinian	Egyptian	Not mentioned
Yes	N	524	87	416	7	3	2	7
	%	9.90%	4.00%	14.00%	31.80%	10.00%	16.70%	25.90%
No	N	4757	2113	2566	15	27	10	20
	%	90.10%	96.00%	86.00%	68.20%	90.00%	83.30%	74.10%
I do not want to answer	N	0	0	0	0	0	0	0
	%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

(Chi-square=162.3, p-value=0.001<0.01)

People With Disabilities

Across cities, Amman had the highest percentage of disabled persons in families (17.60%), followed by Irbid (11.00%), Ramtha (9.30%), and Mafraq (5.20%). In terms of receiving support, families in Mafraq had the highest percentage (15.70%), followed by Amman (14.10%), Ramtha (12.90%), and Irbid (9.10%).

Figure 36: Families With Disabled Members According to Cities of Living
IRC -Community Health Beneficiaries' Survey

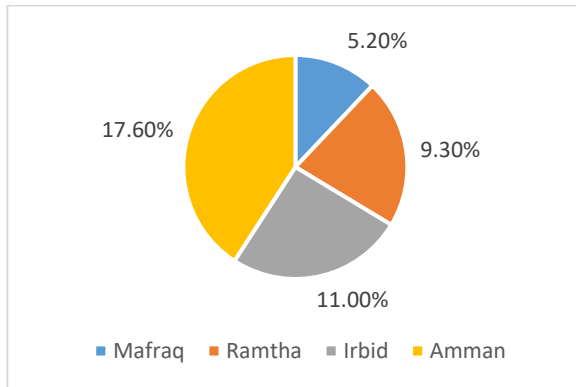
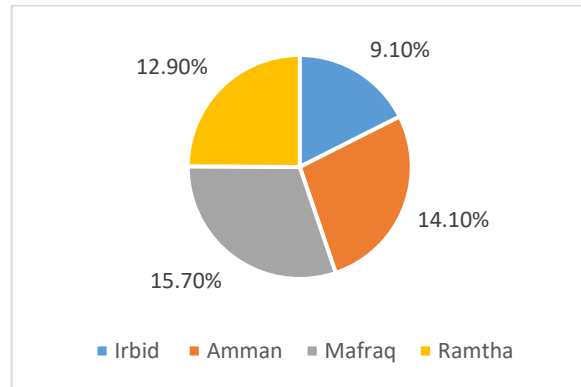


Figure 37: Families With Disabled Members and Which Received Support According to Cities of Living
IRC -Community Health Beneficiaries' Survey



Regarding the area of living, cities had the highest percentage of disabled persons in families (13.20%), followed by ITSs (10.30%), villages (9.70%), and towns (5.90%). Families living in cities had the highest percentage of support (12.60%), followed by towns (12.30%), and ITSs (8.60%), whereas families living in villages received no support.

Figure 38: Families With Disabled Members According to the Location of Living.
IRC- Community Health Beneficiaries' Survey

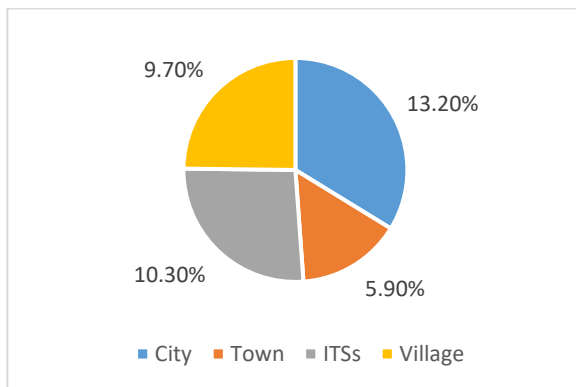
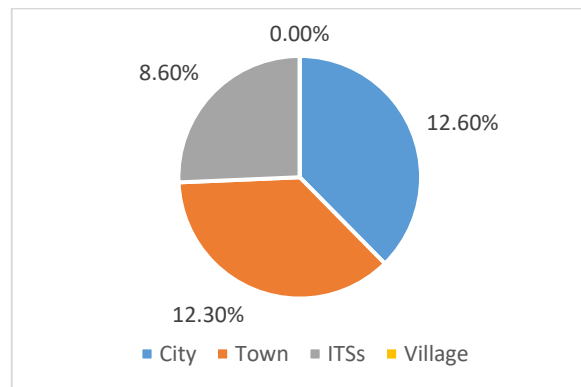


Figure 39: Families With Disabled Members and Which Received Support According to the Location of Living.
IRC- Community Health Beneficiaries' Survey





MENTAL HEALTH

Families Across Jordan

- Refugees feel worried about the future of their children. Families who live in the camps and do not have the chance to live abroad are thinking more about the future of their children.
- Families with members suffering from mental health diseases are going through a lot to take care of them and to protect other family members. Mental patients may hurt themselves or the people around them.
- Online education adds to the responsibility of mothers and causes extra stress.
- Some refugees suffer from depression as a result of leaving their home countries and lacking motivation to work.
- People develop their own stress-manging strategies, such as reading the Quran or walking.
- It is important to diagnose postnatal depression.

CHVs

- Mothers were more stressed during COVID-19.
- Stress management is necessary for all family members.
- Parents with ill children feel stressed, frightened, and worried. They are constantly concerned about what will happen to their children if something happens to them.

CBOs

- Providing awareness to families about the signs and symptoms of mental health disorders and encouraging individuals to seek medical advice.



Mental Health

NGOs – INGOs

- Bullying, molestation, DV, and ignorance are all detrimental to a child's mental health.
- Awareness about anxiety, depression, and mild mental disorders must be addressed in comprehensive health education.
- Raising awareness about DV as part of the mental health of the family.
- Providing training for families about dealing with psychological stress.
- Mental health is important for all groups and ages.
- The elderly also need psychological support.

Quote from NGOs – INGOs

"Patients have experienced a character change after Corona, and their interactions with the staff who have known them for years have changed. Therefore, we feel uncomfortable to ask them about their mental status as they may collapse."

A nurse at IRC clinic – Mafraq

"المرضى قبل الكورونا و بعد الكورونا اختلفت شخصيتهم, و تفاعلهم مع الكادر الطبي الي بيعرفهم من سنين اختلف تماما, و صرنا نخاف نسألهم عن حالتهم النفسية لأنو بنخاف ينفجروا من كثر الضغط"

ممرضة في عيادة اللجنة الدولية للإغاثة - المفرق



Mental Health

STRESS

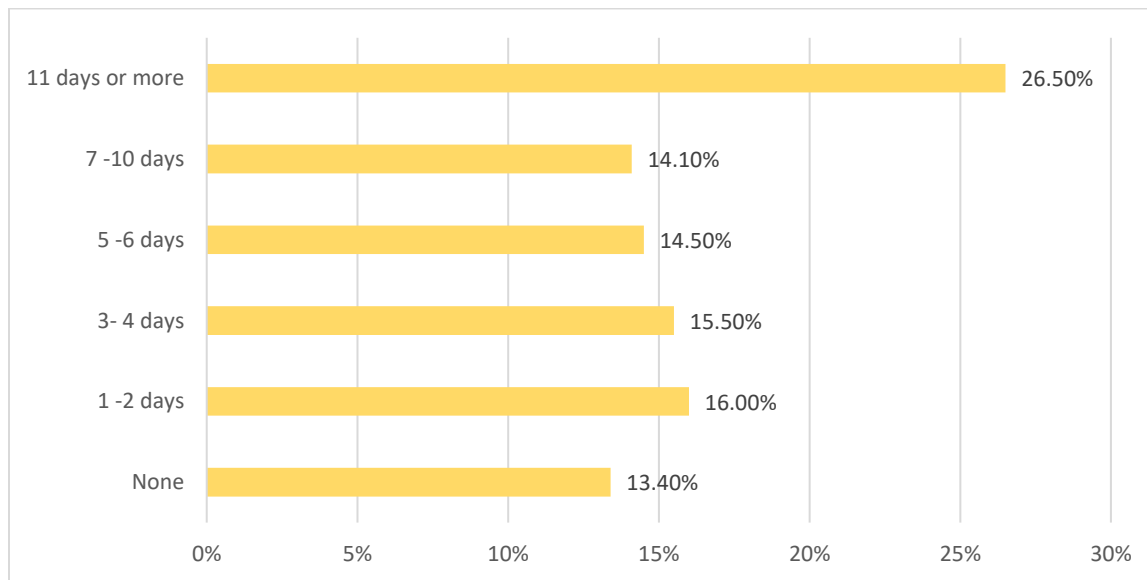
To evaluate participants' stress levels, they were asked about how many days they had experienced emotional stress, frustration, or family problems in the past month.

Most respondents of the **IRC Community Health Beneficiaries' Survey** (26.50%) reported having stress for eleven days or more, a day or two (16%), three to four days (15.50%), five to six days (14.50%), seven to ten days (14.10%) and having no stress days at all (13.40%). (Figure 40)

Syrians reported more stress days than Jordanians; this can be clearly noted in the category of eleven days or more, as Syrians reported (18.30%) compared to Jordanians at (7.40%).

Figure 40: Number of stressed days per month for all participants.

IRC-Community Health Beneficiaries' Survey



Across cities, participants living in Amman reported the highest percentage of stress days (eleven days or more) (42.60%), followed by Irbid (28.30%), Ramtha (23.40%), and Mafraq (18.40%).

According to the areas of living, participants living in the city reported the highest percentage of stress days (eleven days or more) at (33.70%), followed by villages (29.00%), ITSs (24.90%) and towns (17.90%).

More than two-thirds (67.50%) of the **Families Across Jordan Survey** participants reported having stress for eleven days or more. Followed by seven to ten days (8.70%), one or two days (7.10%), three to four days (5.60%), five to six days (3.20%), and having no stress days at all (7.90%). (Figure 41)



Mental Health

Two-thirds (66.30%) of the **Institution Stakeholders' Survey** participants reported having stress for eleven days or more, followed by seven to ten days (11.30%), five to six days (7.50%), three to four days (6.30%), one to two days (5%) and having no stress at all (2.50%). Only one participant refused to answer. (Figure 42)

Figure 41: Number of Stressed Days Per Month For All Participants.

Across Jordan Families' Survey

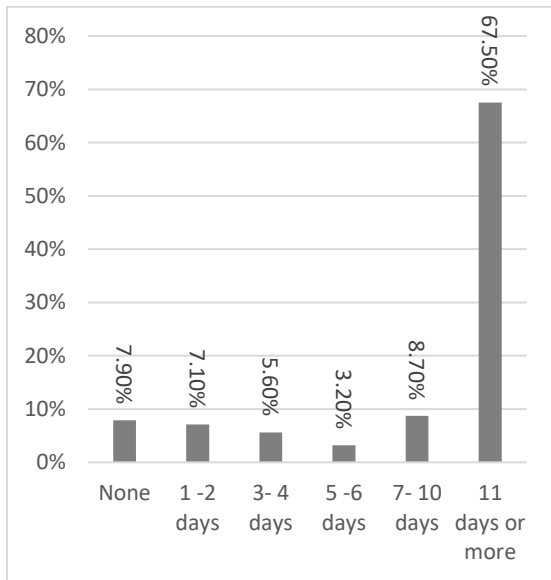
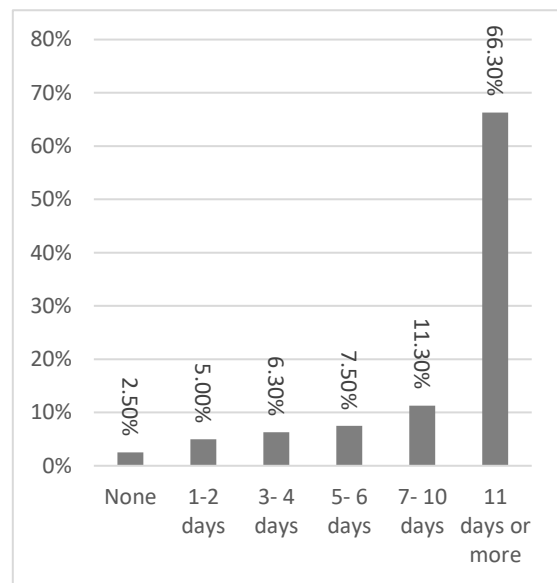


Figure 42: Number of Stressed Days Per Month For All Participants.

Institution Stakeholders' Survey





Mental Health

SOCIAL SUPPORT NETWORK

Most participants (86.50%) in the **Families Across Jordan Survey** reported living near their friends or relatives. The percentage of Jordanians (90.50%) was higher than Syrians (79.20%).

The above numbers are reflected in the social support network of the families. Most participants (75.40%) reported seeking support in case of emergency from their relatives and friends who live near them. It was dominant among the nationalities. Followed by both relatives who live far away (5.60%), neighbors (5.60%), and friends (1.60%). (Table 19)

11.10% of the participants declared having no support from any parties, and (0.80%) refused to answer.

Table 19: Cross-Tabulation Between Social Supporting Networks of the Family Due to Nationality

Across Jordan Families' Survey							
Social Agent	Supporting Category	Nationality					
		All	Jordanian	Syrian	Iraqi	Palestinian	Yemeni
Relatives Reside In A Near Place	N	95	61	30	2	1	1
	%	75.40%	82.40%	62.50%	100.00%	100.00%	100.00%
Relatives Reside In A Far Place	N	7	5	2	0	0	0
	%	5.60%	6.80%	4.20%	0.00%	0.00%	0.00%
Neighbors	N	7	2	5	0	0	0
	%	5.60%	2.70%	10.40%	0.00%	0.00%	0.00%
Friends	N	2	1	1	0	0	0
	%	1.60%	1.30%	2.10%	0.00%	0.00%	0.00%
None	N	14	5	9	0	0	0
	%	11.10%	6.80%	18.70%	0.00%	0.00%	0.00%
I do not want to answer	N	1	0	1	0	0	0
	%	0.80%	0.00%	2.10%	0.00%	0.00%	0.00%



Mental Health

According to the location of living, families in the residual quarter, ITSs, and other places went mainly to their relatives who lived around for support. In contrast, 50.00% who lived in the camp reported receiving no social network support. The other half depended mainly on their relatives who lived near them. (Table 20)

Table 20: Cross-Tabulation Between Social Supporting Networks of The Family Due to Location of Living

Across Jordan Families' Survey					
Social Supporting Network	Category	Location			
		Residential Quarter	Camp	ITSs	Other
Relatives Reside In A Near Place	N	74	3	13	5
	%	77.90%	37.50%	81.20%	71.40%
Relatives Reside In A Far Place	N	7	0	0	0
	%	7.40%	0.00%	0.00%	0.00%
Neighbors	N	5	0	1	1
	%	5.30%	0.00%	6.30%	14.30%
Friends	N	1	1	0	0
	%	1.10%	12.50%	0.00%	0.00%
None	N	8	4	1	1
	%	8.40%	50.00%	6.30%	14.30%
I do not want to answer	N	0	0	1	0
	%	0.00%	0.00%	6.30%	0.00%

The IRC Community Health Beneficiaries' Survey participants face many challenges, as mentioned before. The percentage of those who declared having no one to turn to when harassed or abused in society was (7.60%). (Figure 19)

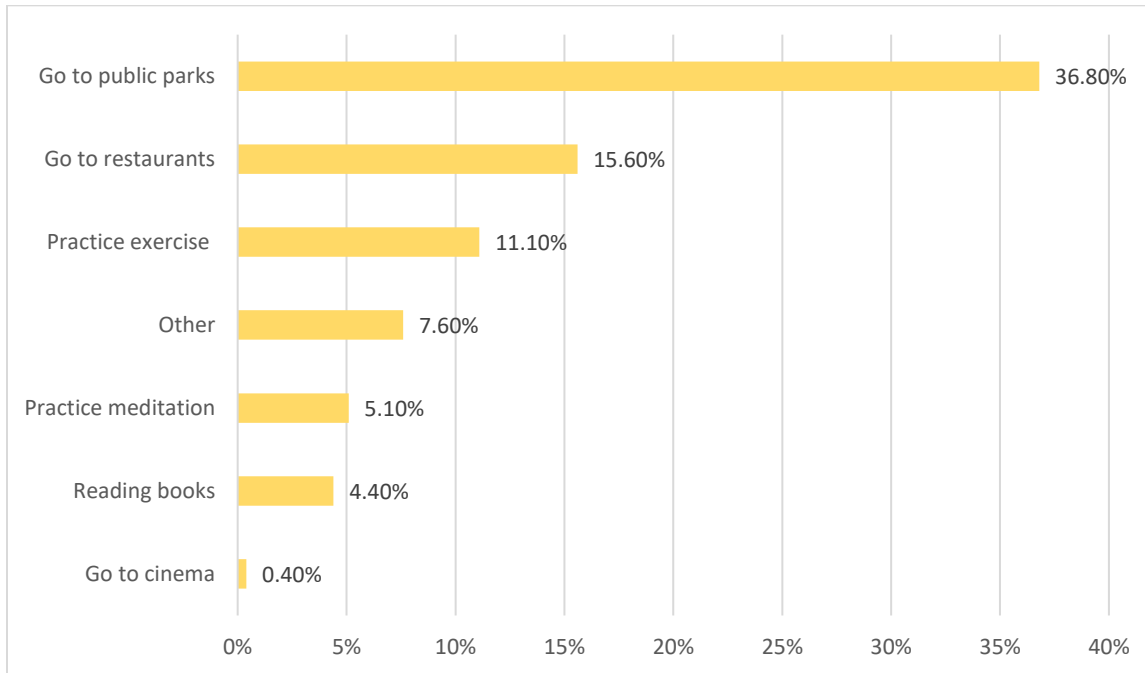
Mental Health

ENTERTAINMENT

Almost half of the respondents (48.10%) of the **IRC - Community Health Beneficiaries' Survey** reported having no recreational activities for the family. The primary reported tools for the other half were going to public parks (36.80%), going to restaurants (15.60%), exercising (11.10%), and (7.60%) declared other activities like visiting relatives, reading the Quran, going shopping, and watching TV. (Figure 43)

Figure 43: Recreational Activities For All Nationalities

IRC- Community Health Beneficiaries' Survey



The percentage of Syrians who have not done recreational activities was nearly double that of Jordanians (61.70%) compared to (30.10%), respectively. Only one Syrian declared going to the cinema out of 2,982 respondents. The percentage of reading books was quite low in both nationalities (6.10%) for Jordanians and (3.10%) for Syrians. (Table 21)



Mental Health

Table 21: Cross-Tabulation Between Recreational Activities Due To Nationalities

IRC- Community Health Beneficiaries' Survey								
Recreational Activities	Category	Nationality (Head of the Family)						
		All	Jordanian	Syrian	Iraqi	Palestinian	Egyptian	Other
Go to Public Parks	N	1945	1232	669	10	17	3	11
	%	36.80%	56.00%	22.40%	45.50%	56.70%	25.00%	40.70%
Go to Restaurants	N	823	698	117	1	3	2	2
	%	15.60%	31.70%	3.90%	4.50%	10.00%	16.70%	7.40%
Go to Cinema	N	21	20	1	0	0	0	0
	%	0.40%	0.90%	0.00%	0.00%	0.00%	0.00%	0.00%
Reading Books	N	233	135	92	4	1	0	1
	%	4.40%	6.10%	3.10%	18.20%	3.30%	0.00%	3.70%
Practice Meditation	N	271	144	118	3	4	0	2
	%	5.10%	6.50%	4.00%	13.60%	13.30%	0.00%	7.40%
Practice Exercise	N	586	316	250	9	5	2	2
	%	11.10%	14.40%	8.40%	40.90%	16.70%	16.70%	7.40%
Not Practicing Any Entertainment	N	2540	662	1839	8	9	6	12
	%	48.10%	30.10%	61.70%	36.40%	30.00%	50.00%	44.40%
Other	N	399	141	248	2	1	3	4
	%	7.60%	6.40%	8.30%	9.10%	3.30%	25.00%	14.80%



Mental Health

According to the location of living, those living in ITSs reported practicing the least recreational activities. The majority of respondents from ITSs (73.90%) reported practicing no entertainment activities, followed by villages (54.80%), cities (47.40%), and towns (44.80%). (Table 22)

Table 22: Cross-Tabulation Between Recreational Activities Due to the Location of Living

IRC- Community Health Beneficiaries' Survey					
Recreational Activities	Category	Location			
		City	Town	ITSs	Village
Go to Public Parks	N	1061	834	42	8
	%	39.20%	37.80%	12.30%	25.80%
Go to Restaurants	N	335	467	17	4
	%	12.40%	21.20%	5.00%	12.90%
Go to Cinema	N	14	7	0	0
	%	0.50%	0.30%	0.00%	0.00%
Reading Books	N	109	111	10	3
	%	4.00%	5.00%	2.90%	9.70%
Practice Meditation	N	124	134	11	2
	%	4.60%	6.10%	3.20%	6.50%
Practice Exercise	N	266	304	13	3
	%	9.80%	13.80%	3.80%	9.70%
Not Practicing Any Entertainment	N	1283	988	252	17
	%	47.40%	44.80%	73.90%	54.80%
Other	N	241	132	25	1
	%	8.90%	6.00%	7.30%	3.20%

The lack of entertainment facilities in North Shounah pushes youth to swim in the King Abdullah Canal. Some drown because they do not know how to swim, leaving their families with broken hearts.



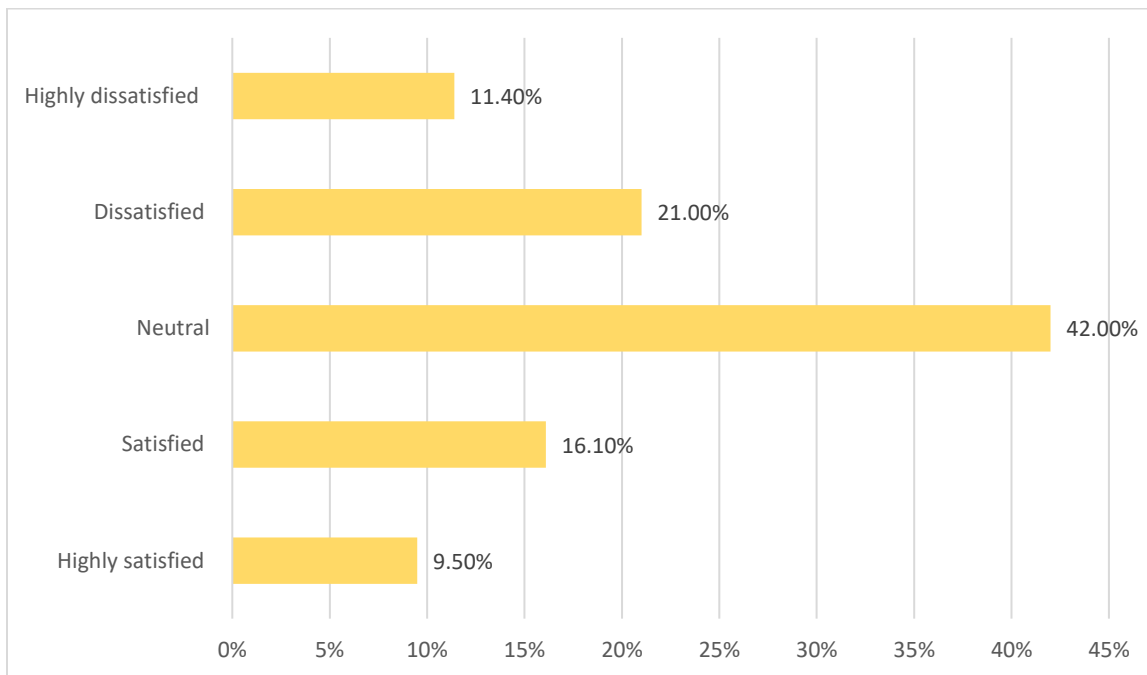
Mental Health

SATISFACTION LEVEL AND INNER PEACE

The IRC - Community Health Beneficiaries' Survey respondents evaluated their level of satisfaction and feeling of inner peace on a scale from one to five. "One" refers to the lowest level of satisfaction, and "Five" is the highest satisfaction level. More than one-third of them (42.00%) reported neutral (Neither satisfied nor dissatisfied). (16.10%) reported being satisfied, and (9.50%) were highly satisfied. On the other hand, (21.00%) reported being dissatisfied, and (11.40%) were highly dissatisfied. (Figure, 44)

Figure 44: Level of Satisfaction For All Participants

IRC - Community Health Beneficiaries' Survey



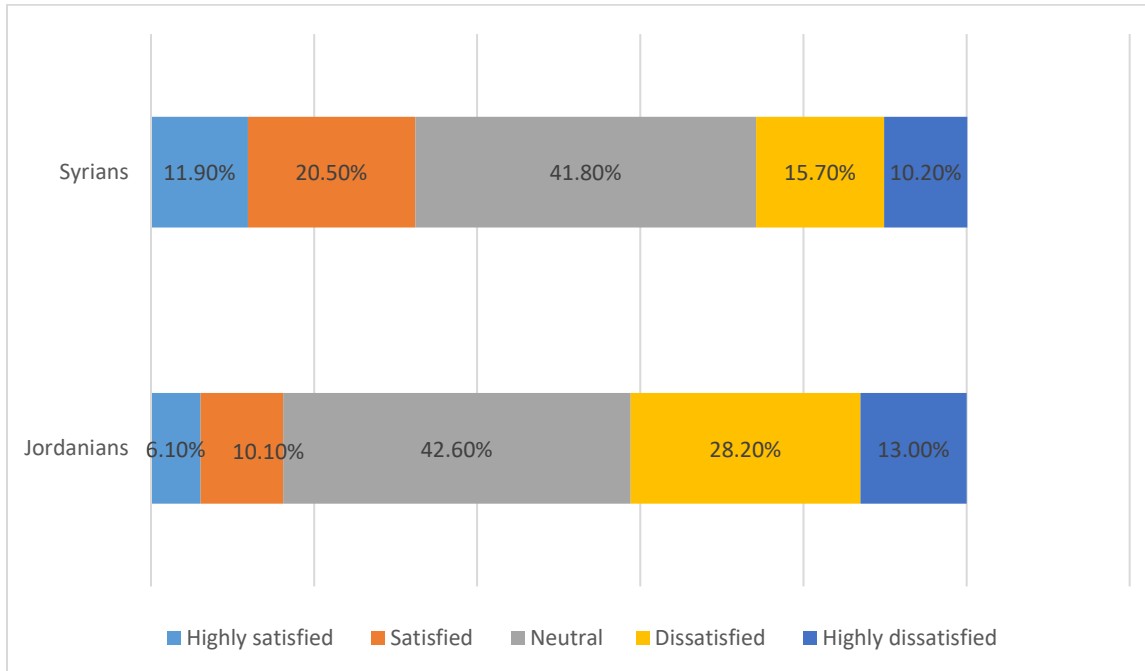
Female respondents reported more satisfaction than males. The percentage of females who were highly satisfied (12.40%) and satisfied (22.20%) were higher than males (8.20%) and (16.80%), respectively. (Figure 8)

Mental Health

Overall, Syrians reported higher levels of satisfaction than Jordanians. The percentage of Syrians who reported feeling highly satisfied (11.90%) and satisfied (20.50%) were higher than Jordanians of the same category (6.10%) and (10.10%), respectively.

Figure 45: Levels of Satisfaction For Syrians and Jordanians

IRC - Community Health Beneficiaries' Survey



Mental and psychological diseases were the sixth in terms of prevalence among IRC - Community Health Beneficiaries' Survey participants, with a percentage of (2.30%). (Figure 32)



ACCESS TO HEALTH SERVICES

Almost two-thirds of **Families Across Jordan Survey** respondents (61.90%) reported going to MoH health centers to receive primary health services, followed by NGOs and clinics (28.50%) and private clinics (24.60%). On the other hand, only (1.60%) reported not going to any clinic, and (1.60%) going to pharmacies. (Figure 46)

More than half of the respondents reported going to MoH hospitals, followed by military hospitals (22.20%), NGOs hospitals (14.30%), private hospitals (11.10%), and only (1.60%) reported not having access to hospitals. (Figure 47)

Figure 46: Access to PHCC Per Sector.

Across Jordan Families' Survey

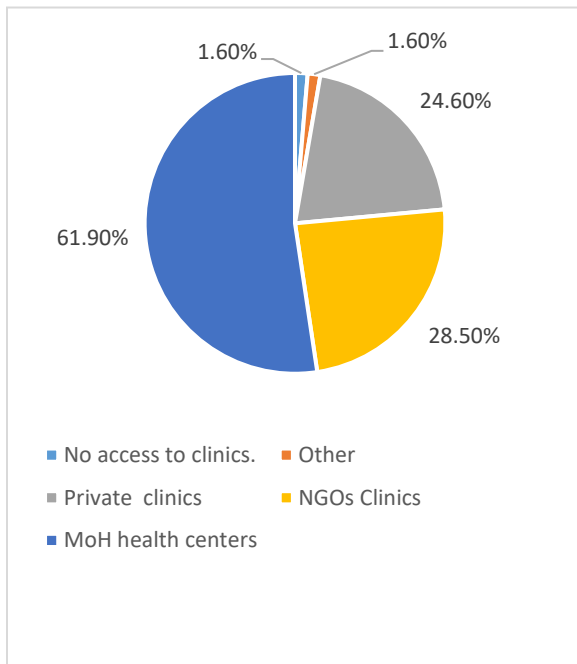
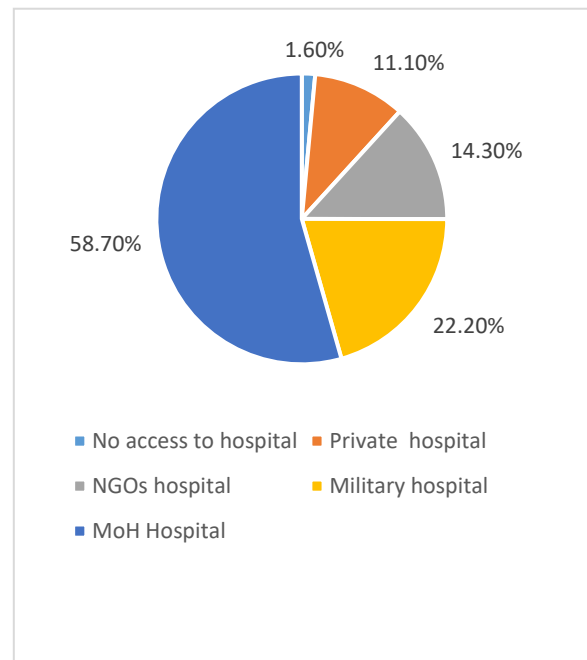


Figure 47: Access to Hospital Per Sector.

Across Jordan Families' Survey



In some cities like Tafila, there are no MoH hospitals, and refugees need a Jordanian grantor or approval from the Jordan health aid society to access the military hospital.



Access to Health Services

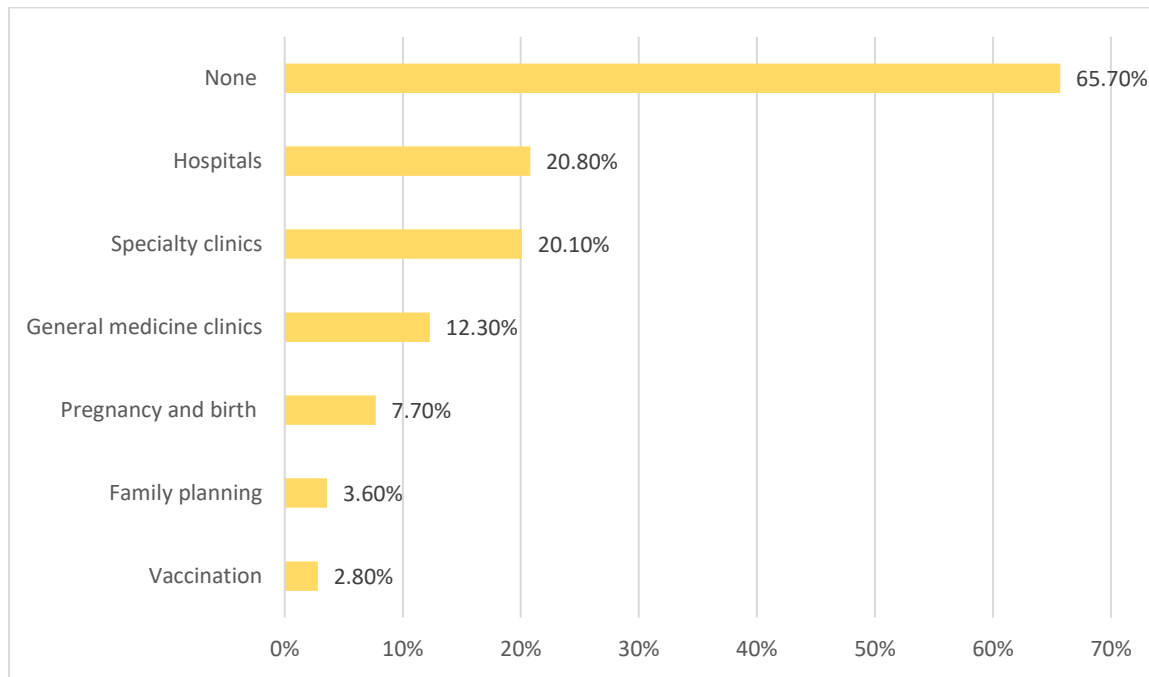
Two-thirds of the families of the **IRC Community Health Beneficiaries' Survey** (65.70%) reported no difficulty accessing primary, secondary, and tertiary healthcare services. One-third (34.30%) reported that they had challenges accessing one or more healthcare services.

One-fifth (20.80%) of the families had difficulties accessing hospitals and specialty clinics (20.10%), general medicine (12.30%), pregnancy and birth (7.70%), family planning (3.60%), and vaccination (2.80%). Syrians had more challenges in accessing healthcare services than Jordanians in all categories. (Figure 48)

The number of Iraqi families was low, but they reported the highest percentage of having difficulties accessing general medicine clinics (77.30%), specialty clinics (72.20%), and hospitals (77.30%).

Figure 48: Challenges In Accessing Healthcare Services.

IRC – Community Health Beneficiaries' Survey



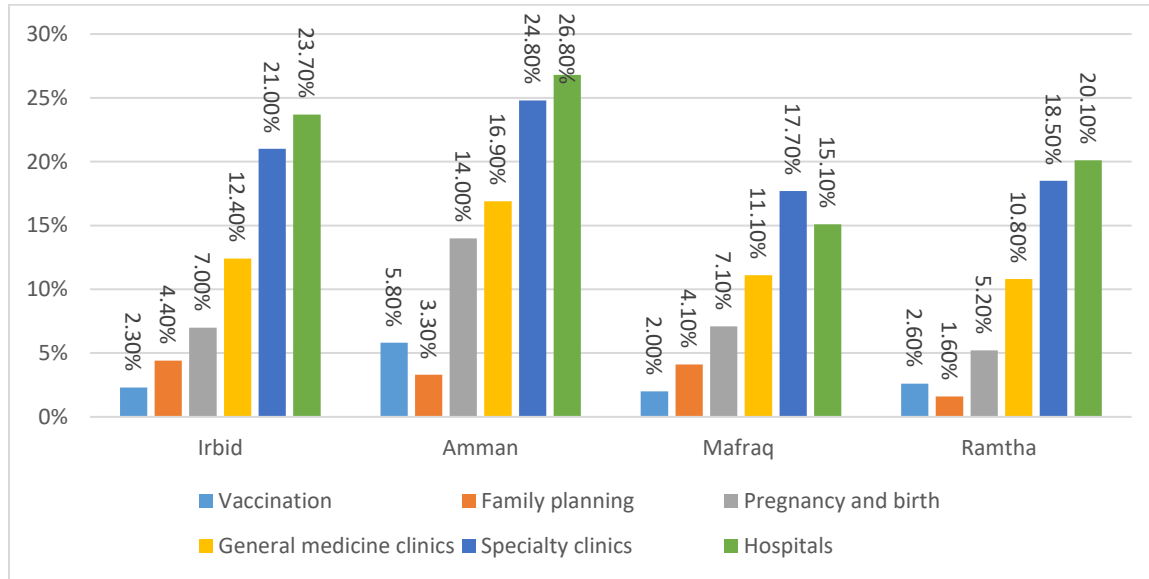
Syrian refugees go directly to the pharmacy to save physician's fees.

Access to Health Services

Across cities, families living in Amman had more challenges accessing vaccination, pregnancy and birth support, general medicine clinics, specialty clinics, and hospitals. In comparison, families living in Irbid and Mafraq reported the highest challenges in accessing family planning services.

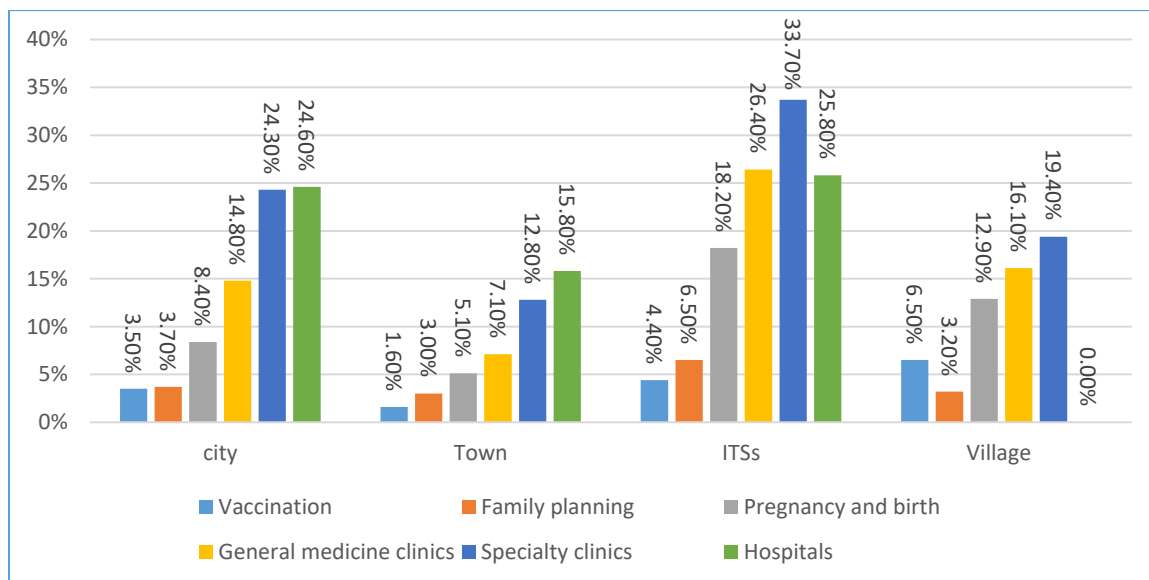
Figure 49: Cross-Tabulation Between Challenges to Access Healthcare Services and City of Living

IRC- Community Health Beneficiaries' Survey



According to the area of living, ITSs families faced more challenges in accessing most healthcare services. Families who lived in villages had more challenges accessing vaccination services.

Figure 50: Cross-Tabulation Between Challenges To Access Healthcare Services and Area of Living





Access to Health Services

Vaccination

According to the Jordan national vaccination program, 2.30% of the **IRC - Community Health Beneficiaries' Survey** participants reported having children who did not receive all their vaccines. Only 0.10% refused to answer. Most non-vaccinated children (124) were 105 Syrians, followed by 16 Jordanians, two Palestinians, and one Iraqi. (Table 23)

Across cities, Irbid had the highest percentage of families who vaccinated their children (98.90%), followed by Ramtha (97.10%), Mafraq (96.60%), and the least was Amman (96.50%).

According to the areas of living, ITSs showed the minimum percentage of vaccination (95.60%) among families, followed by cities (97%), towns (98.30%), and villages (100%)

The main reasons declared by the families for not vaccinating their children were:

- Limited access to health services (23.80%), mainly for Syrians.
- Staff at health centers refused to administer the vaccine (15.10%), mainly for Syrians.
- Families were unaware of the national vaccination program (2.40%)—all were Syrians.
- Half of the families reported other reasons, such as fear of COVID-19, lack of official papers (registration or vaccination cards), and children's illness at the vaccination time.

Table 23: Cross-Tabulation Between Families Who Vaccinated Their Children and Nationality

IRC- Community Health Beneficiaries' Survey								
Have children received all their scheduled vaccines?	Category	Nationality						
		All	Jordanian	Syrian	Iraqi	Palestinian	Egyptian	Yemeni
Yes	N	5139	2180	2871	21	28	12	27
	%	97.50%	99.10%	96.30%	95.40%	93.30%	100%	100%
No	N	124	16	105	1	2	0	0
	%	2.30%	0.70%	3.50%	4.50%	6.70%	0.00%	0.00%
I do not want to answer	N	7	3	4	0	0	0	0
	%	0.10%	0.10%	0.10%	0.00%	0.00%	0.00%	0.00%



THEME 3: EDUCATION

EDUCATION

Access to School

CHVs

- CHVs should encourage families to send their children to school.
- Prior to the “Education for All Campaign” managed by UNICEF, children living in ITSS did not attend school. The campaign targeted the age group less than 13 years old and rented buses to drive them to schools.

Families

- Refugees living in ITSS have limited access because schools are far away (about 15 Km), and there is no transportation or schools are full.
- Children with disabilities cannot access schools and learning as they are not designed to meet their needs.

Female Education

Families

- When the father is conservative, and girls are not allowed to go out, education is the only window for them to see the world.
- Parents may disagree on certain specialties at university when it comes to their daughters.
- Families in some areas across Jordan believe in female education as a means of empowerment and encourage their daughters to go to universities.
- Education is a dream for girls, even if they do not have the chance to access it. They will keep talking about it, and it will remain a dream for them.



Education

CBOs

- In some areas across Jordan, people do not encourage their daughters to continue their studies beyond primary education.

MoH

- Females living in rural areas cannot attend university because of the long distances.

NGOs - INGOs

- Females should continue their education—at least to finish high school.

Online Education

CBOs

- It is challenging when families live in areas without internet coverage.
- Some families have one cell phone, which is insufficient for all the students to have classes.



Education

Mothers have an extra load with online education and cannot give specific information like teachers.

There is a high education rate, but there is no commitment to the positive societal culture, such as prioritizing others and standing in the queue.

11.10% of Families Across Jordan Survey participants reported that one of their life challenges was not continuing their education. (Figure 18)

Quote From Families Across Jordan Survey

“Even though I had just finished the primary stage, when Tawjihi results were announced, I told my husband I was eager to go to university. It is a dream for me.”

A 20-year-old Syrian female living in Irbid

“مع اني خلصت ابتدائي, لما طلعتوا نتائج التوجيهي حكيت لجوزي نفسي اقدم للجامعة. هادا حلم الي”

سيدة سورية بعمر 20 سنة تعيش بإربد



BOYS' EDUCATION

155 families out of 5,281 IRC - Community Health Beneficiaries' Survey respondents reported having at least one boy child of school age but not enrolled in school, with a percentage of (2.90%). Only 0.20% refused to answer.

The distribution of families per nationality was as follows: 11 Jordanians, 140 Syrians, three Iraqi,s and one not mentioned.

Across cities, Amman had the highest reported percentage of families who had male children not enrolled in school (4.80%), Mafraq (3.50%), and both Irbid and Ramtha had the least with (2.10%).

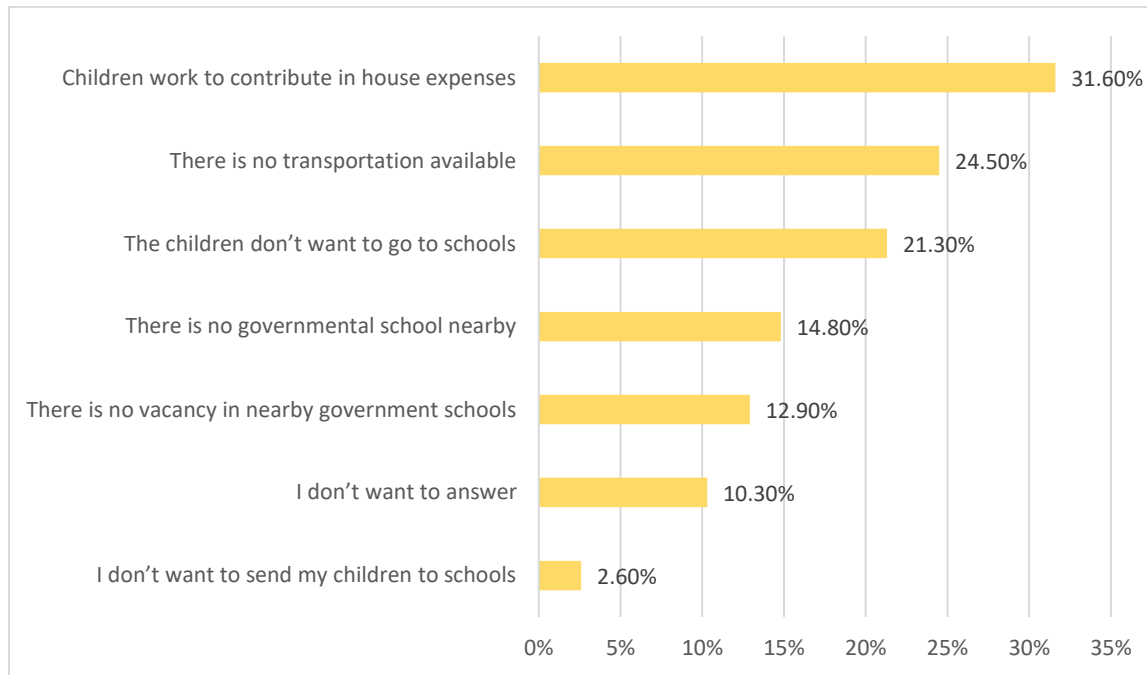
Regarding the areas of living, (9.20%) of families living in ITSs reported that they had a male child not enrolled in school, (3.6%) in cities, (1.40%) in towns, and none in the villages.

Besides this, the head of the family's level of education had more impact on enrolling their male children in school than the mother. (13.80%) of children who were not enrolled in school had a head of the family who did not attend formal education.

The main reasons for not enrolling boy children in school were child labor (31.60%), lack of transportation (24.50%), children's unwillingness to go to school (21.30%), and no public schools around (14.80%). (Figure 51)

Figure 51: Reasons For Dropping Out Boy Children of Schools

IRC - Community Health Beneficiaries' Survey





GIRLS' EDUCATION

97 families out of the 5,281 **IRC - Community Health Beneficiaries' Survey respondents** reported having at least one female child of school age but not enrolled in school, with a percentage of (1.80%). Only 0.20% refused to answer. The families' distribution per nationality was as follows: five Jordanians, 89 Syrians, two Iraqis, and one not mentioned.

Across cities, Amman had the highest reported percentage of families who had female children not enrolled in school (2.70%), Mafraq (2.60%), Irbid (1.20%), and Ramtha had the least with (1%).

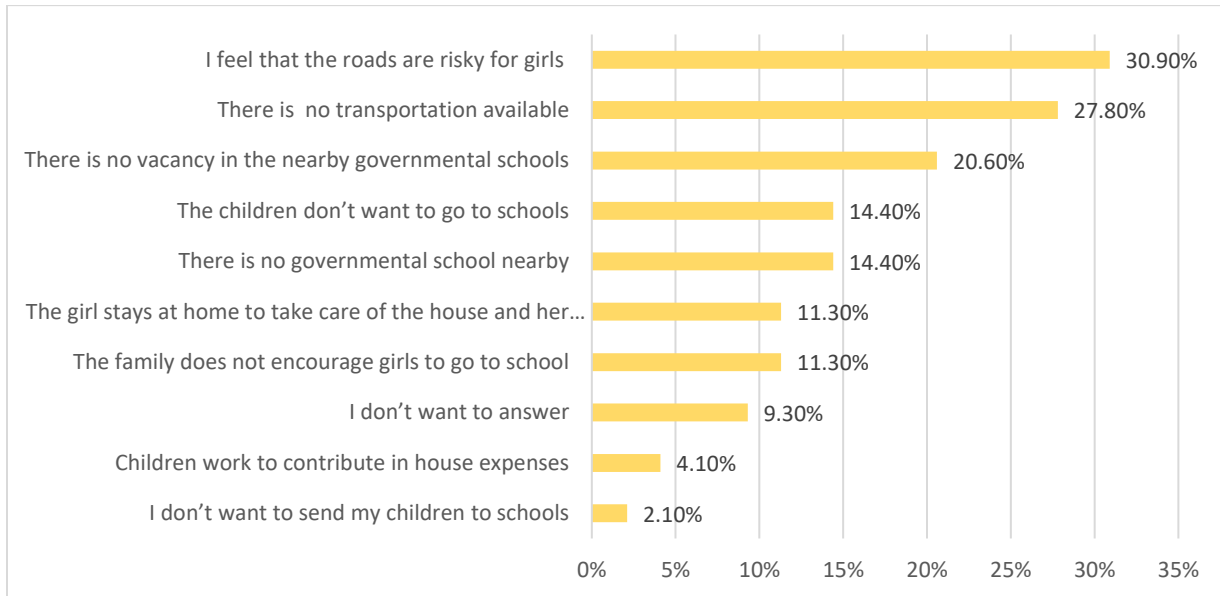
Regarding the area of living, 7.30% of families living in the ITs reported having female children not enrolled in school, (3.20%) in villages, (1.50%) in cities, and (1.40%) in towns.

The mother's level of education had more impact on enrolling their female children in school than the head of the family. 10.90% of girls enrolled in school also had a mother who did not enroll in school.

The main reasons for not enrolling girl children in school were the desire to protect them from the risks outside (30.90%), lack of transportation (27.80%), unavailability of vacancies in nearby public schools (20.60%), and both girls were unwilling to go to school and no public school around (14.40%).

Figure 52: Reasons For Not Enrolling Girl Children In School

IRC - Community Health Beneficiaries' Survey





THEME 4: ENVIRONMENT

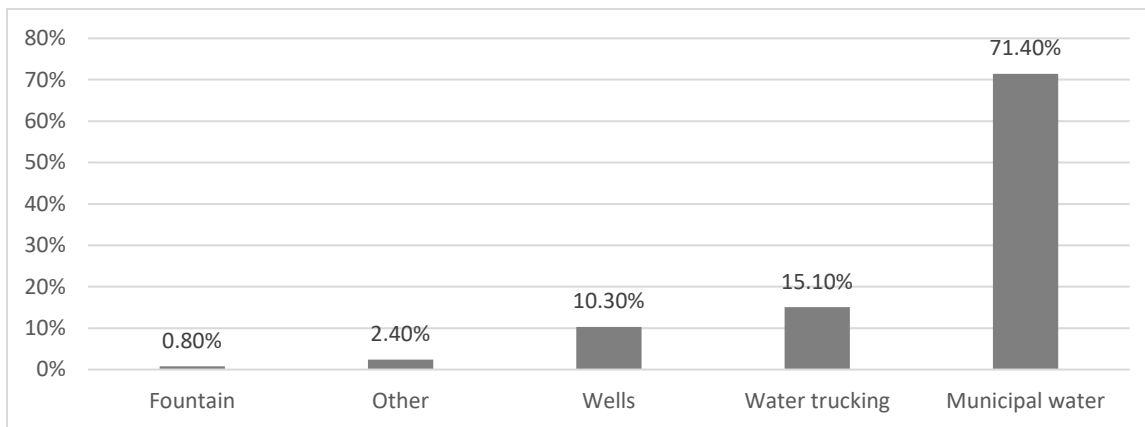
SOURCES OF DRINKING WATER

The majority of **Families Across Jordan** in all governorates (71.40%) reported municipal water as the main source of drinking water, followed by water trucking at (15.10%) (Amman, Mafrqa, Ramtha, Irbid, Balqa, and Jerash), wells at (10.30%) (Mafrqa and Irbid), fountains at (0.80%) in Ajloun and (2.40%) reported others, referring to pond's water in farms or buying filtered water in Amman and Wadi Musa.

In places of residence, the main source of water for the residential quarter was municipal water at (87.40%). For the camp, it was well at (100%). As for the ITSs, it was water trucking at (62.50%) and municipal water for the other at (85.70%)

Figure 53: Main Sources of Drinking Water Used By Families

Across Jordan Families' Survey



Municipal water in some places is contaminated because the water pipes are old.

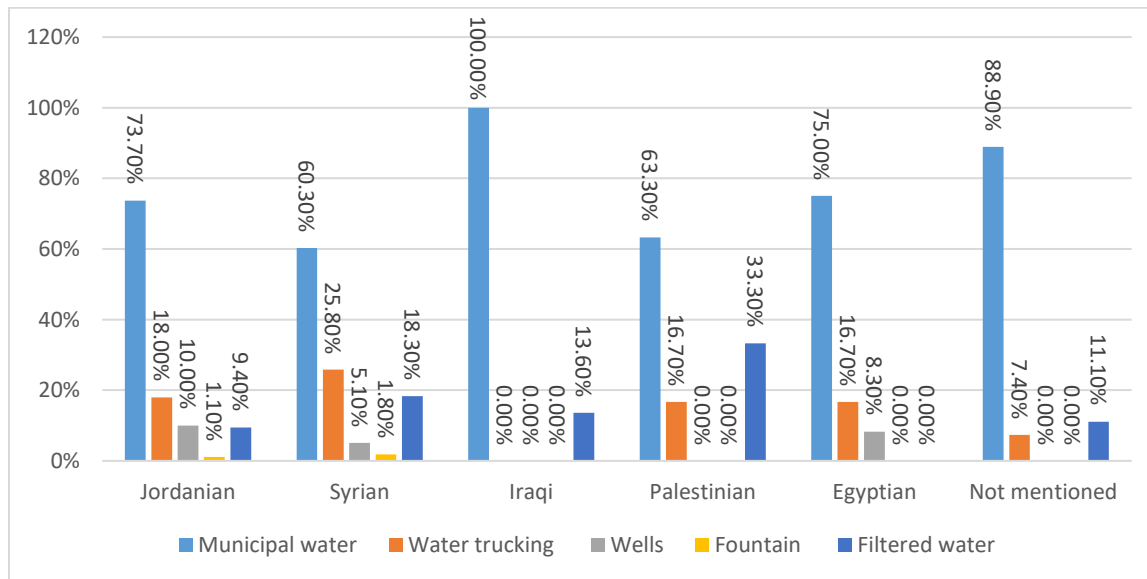
Source of Drinking Water

Two-thirds (66.30%) of the **IRC – Community Health Beneficiaries' Survey** participants reported connecting to the municipal water supply system as the main source of drinking water. The second main source was water trucking (22.30%), followed by filtered water (14.50%), either by purchasing water bottles from the market or having a water filter system in their homes. On the other hand, some families depended on wells water (7%) and fountains (1%).

According to the nationalities, Jordanians used municipal water (73.70%) and wells water (10.00%) more than Syrians (60.30%) and (5.10%), respectively. In comparison, Syrians were supplied with water trucking (25.80%) and used filtered water (18.30%) more than Jordanians (18.00%) and (9.40%, respectively). Fountains water was the least used between both nationalities, less than (2.00 %).

Figure 54: Main Sources of Drinking Water Used By Families Due to Nationality

IRC - Community Health Beneficiaries' Survey



In cities, the majority reported that the source of water there was municipal water at (71.80%) followed by filtered water at (21%). The water sources to supply families in town are mainly municipal water (67.70%) and water trucking (24.80%). Families living in ITSs depended mainly on water trucking (69.50%) and wells (18.20%), while in villages, they depended on municipal water (61.30%) and water trucking (35.50%).



RAINWATER HARVEST

People in towns and villages across Jordan believe that rainwater is cleaner than municipal water. This can be attributed to the fact that it is collected from the house's roof and stored in wells. The process involves cleaning the surface before winter and sanitizing it by sterilizing materials such as Dettol. The first winter washes the surface from the residuals, and water is collected from the next rains. Finally, a filter is placed on the well to purify water before use.

People tested well water in the lab, which was purer than tap water.

A Pipe System Used For Collecting And Storing Rainwater





POLLUTION FACTORS

Families Across Jordan

- Families raise sheep and poultry. Children might play with chickens in the coops without considering hygiene precautions. Using manure as compost causes an unpleasant odor and attracts insects.
- Using firewood and charcoal for domestic cooking and heating creates severe indoor pollution.
- Using pesticides without safety precautions causes harm to the workers and to the people who live around them.
- Lack of sewer systems and use of absorption pits. People may drain the dirty water onto the street or leak it into the soil.
- Snakes and scorpions can be found around farms, rural areas, and camps.
- Stray dogs are a problem all around Jordan. In most cases, people and authorities get rid of them by poison or shooting them.
- People in some areas are complaining of rodents.
- Hormones are used on crops to accelerate their growth.
- Cellphone towers between houses.
- Municipal abattoirs near houses become a reservoir for snakes, scorpions, and insects.
- Cement factory in Tafila and the pollution of air with dust.

Stray Dogs Are Living in All Areas Around Jordan





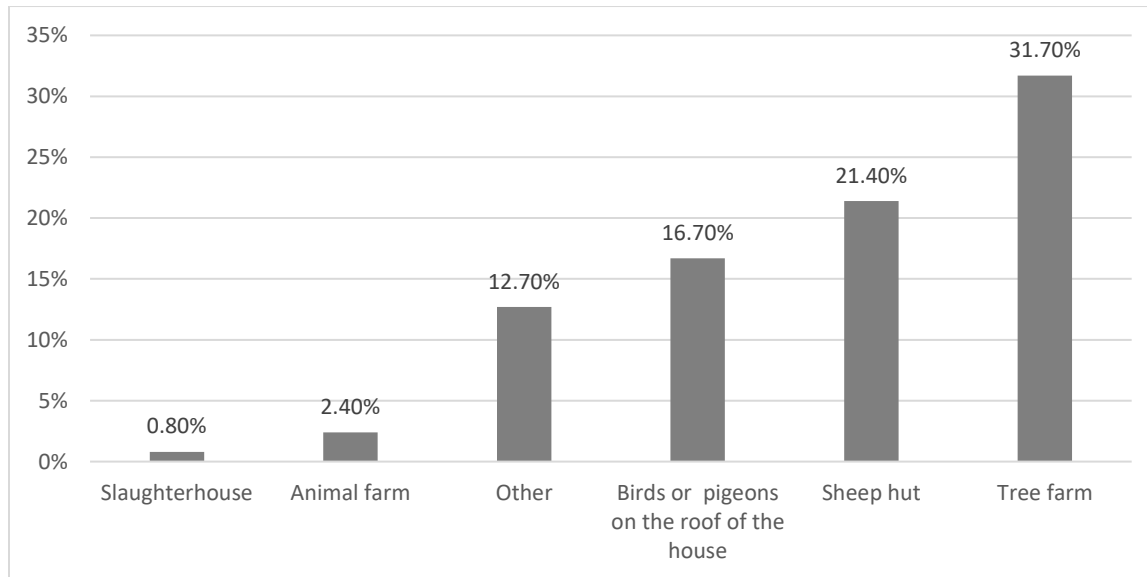
SURROUNDING ENVIRONMENT

Participants in **the Families Across Jordan survey** were asked about the surrounding factors in the environment that might affect them. Almost half of the families (44.40%) reported having no factors.

The main reported factors were surrounding houses by tree farms (31.70%), sheep huts (21.40%), pigeons raised on the roof of the house (16.70%), animal farms (2.40%), slaughterhouses (0.80%), and other (12.70%). Other refers to raising animals like (bees, chickens, or dogs), factories, and industrial areas.

Figure 55: Factors In The Surrounding Environment

Across Jordan Families' Survey





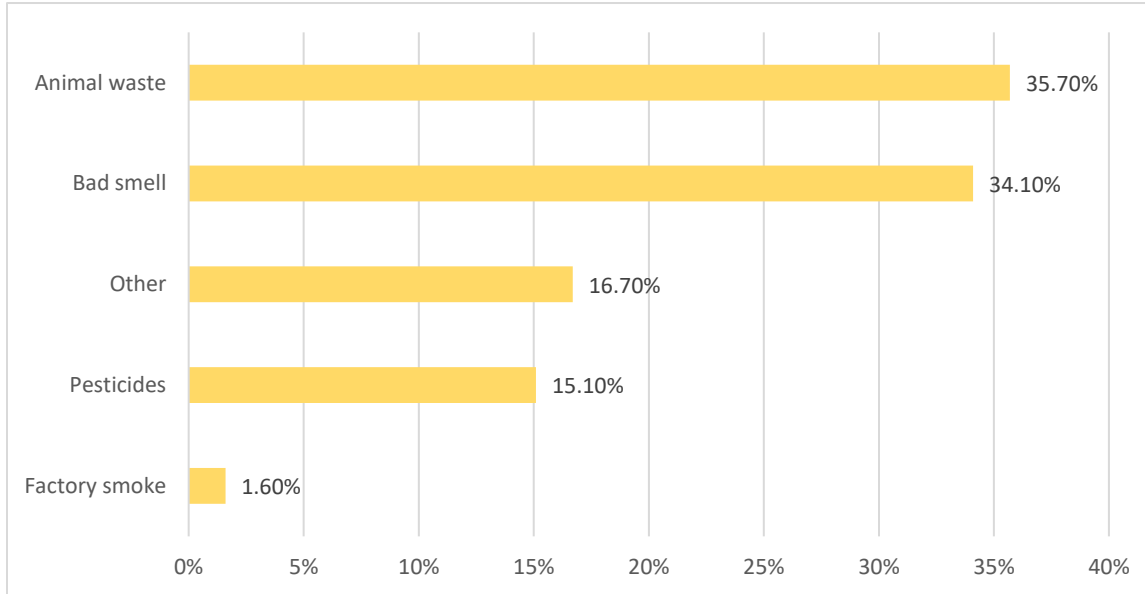
Surrounding Environment

Respondents have pointed out suffering from the effect of those factors. The main pollution factors reported by the participants were animal waste (35.70%), bad odors (34.10%), pesticide use (15.10%), and factory smoke (1.60%).

16.70% reported other factors, such as insects, snakes, rats, noise, lack of sewer systems, using manure as fertilizer, and draining dirty water in the street.

Figure 56: The Effect of Factors on People Living in The Surrounding Environment

Across Jordan Families' Survey





Different Types of Plants Cultivated By People In The Yards



Families across Jordan used to plant trees, such as olive, grape, apricot, almond and others around their houses.



RISK FACTORS INSIDE AND OUTSIDE HOUSE

There were internal and external factors that caused risks to safety for both children and adults. Around two-thirds of **Families Across Jordan** respondents (61.10%) reported having stray dogs around their houses, followed by water pollution (30.20%). Air pollution manifested in using kerosene and diesel (21.40%) or wood and peat (19%) for indoor heating and cooking and vehicle smoke in and outside homes (14.30%). The least was soil pollution caused by animal waste and human garbage (12.70%).

16.70% of the participants declared having other issues like lack of waste containers, presence of insects and rats, snakes and scorpions, and being located near a carpenter shop or auto repair shop, or a factory and suffering from the harmful substances resulting from them. Only 4.00% reported none.

Around one-fifth of families (19.80%) reported raising animals around the house for food benefits, and (11.10%) raising pets like dogs or cats in or outside houses.

Animals Raised Around Houses, Like Chicken



Pets Raised Inside Houses, Like Cats



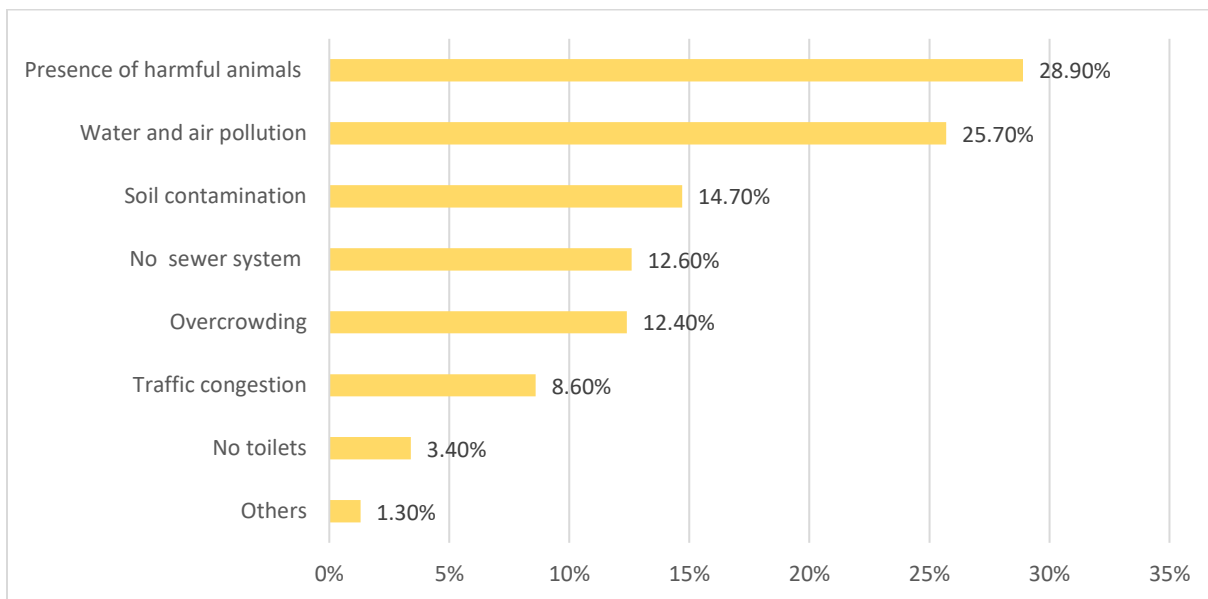
Risk Factors Inside And Outside House

The IRC Community Health Beneficiaries' Survey participants were asked about environmental factors that might affect them. The majority (28.90%) reported the presence of harmful animals, such as stray dogs, snakes, scorpions, insects, and the like. Followed by water and air pollution (25.70%), soil contamination (14.70%), lack of sewer systems (12.60%), overcrowding (12.40%), traffic congestion (8.60%), lack of toilets (3.40%), and others (1.30%). Most other factors were an extension of the above factors in detail, like the presence of mice, rodents, and cockroaches. (46.50)% of families reported none.

Syrians reported higher factors compared to Jordanians in all categories except the presence of harmful animals.

Figure 57: Factors In The Surrounding Environment For All The Participants

IRC - Community Health Beneficiaries' Survey



To avoid the quick fullness of the absorption pits, some people drain wastewater into the street.





THEME 5: ITSS

ITSS

- Refugees in ITSS usually live near farms. 65.70% of the participants living in the ITSS work on farms.
- They build their tents on land belonging to the farm's owner or rent it for a certain amount of money, and if others pay more, they are evacuated.
- Usually, they belong to the same tribe, and there is a focal point (leader) they refer to.
- Parents go to work at the farms, and children stay with the elders or with adolescent siblings.
- Extended families may live in connected tents. Twenty people may gather in one tent.
- Children cannot attend school if there is no bus to bring them (the distance is about 15 Km) or because there is no vacancy.
- 9.20% of 341 families have male children who do not attend school, and 7.30% have female children who do not. Female children help their mothers with housework and care for their siblings.
- There are no activities for the children or any entertainment for the family.
 - 73.90% of 341 families do not practice any entertainment activities.
 - 26.10% do recreational activities:
 - 12.30% go to Public Park.
 - 2.90% read books.
 - 5.00% go to restaurants.
 - 3.20% practice meditation.
 - 3.80% practice exercise.
 - 7.30% do other activities like walking or visiting relatives, or watching TV.



ITs

- Marriage costs 1000 JD with the tent.
- Early marriage is widespread in ITS's community
 - 38.70% of women participants married at an early age (before 18)
 - 55.30% of couples (women of reproductive age who are not pregnant and their partners) do not use modern family planning methods
- People in ITSs believe they have high immunity because of living in nature.
- They do not always have access to the public water system—they purchase water from vendors. They are supplied with water by:
 - Access to Municipal water (13.50%).
 - Using tanks' water (69.50%).
 - Using wells water (18.20%).
 - Fountains (3.20%).
 - Buying filtered water (5.90%).
- They dig a pit with a one-meter depth and use it as a bathroom. 39% of families do not have toilets.
- 51.60% of families have no sewer systems, and dirty water is running in open channels between tents.
- They use firewood for heating with poor ventilation.



ITs

- 44.60% of families have smokers. Smoking cigarettes and hookah are common, usually in the tent where the family gathers.
- There are no waste containers, and people burn the waste.
- ITs are very close to farms and are highly exposed to pesticides. However, people are unaware of the side effect of pesticides: Workers do not commit to safety measures, and families eat directly from the farms after using pesticides.
- 37.80% consider the environment to be polluted (water, air, noise, or bad odors).
- 56.60% consider the soil around them to be contaminated.
- They are exposed to allergic conditions due to using chemical fertilizers and pesticides. 14.70% of families have members who are suffering from asthma and allergies.
- 50.10% live in houses unsuitable enough to protect the family from various weather factors (winter and summer).
- 61.0% said that they suffer from the presence of harmful animals, and there were cases of snake and scorpion bites.

When people in ITs need healthcare, they go to the pharmacy directly or to the private clinics in which they receive services with low prices. Some go from Amman to Mafraq to receive healthcare at Emiratis Hospital.

People in ITs with no access to healthcare:
Pregnancy and childbirth: 18.20%
General medicine clinics: 26.40%
Specialty clinics: 33.70%
Hospitals: 25.80%



Preparing Tomato Paste In ITSs



Burning Domestic Waste In ITSs



A Plastic Container Used to Store Water In ITSs



ITSs

Toilet at the ITSs





Quotes From Families Living In ITSs

“Life in ITSs is difficult. Men and women work in the morning and afternoon. They have no time to do other activities. Life is hard for the children and adults.”

A male Syrian who lives at ITSs near Amman

“الحياة بالمخيم صعبة و يعمل الرجل و المرأة صباح و بعد الظهر و لا يوجد وقت لممارسة اي نشاطات أخرى. الحياة صعبة بالنسبة للأطفال و الكبار”

رجل سوري يعيش في مخيم عشوائى بالقرب من عمان

“I have a 10-year-old daughter who takes care of the house and her youngest brother. She has to wash the dishes and wishes to go to school”

A female caregiver who lives at ITSs near Amman

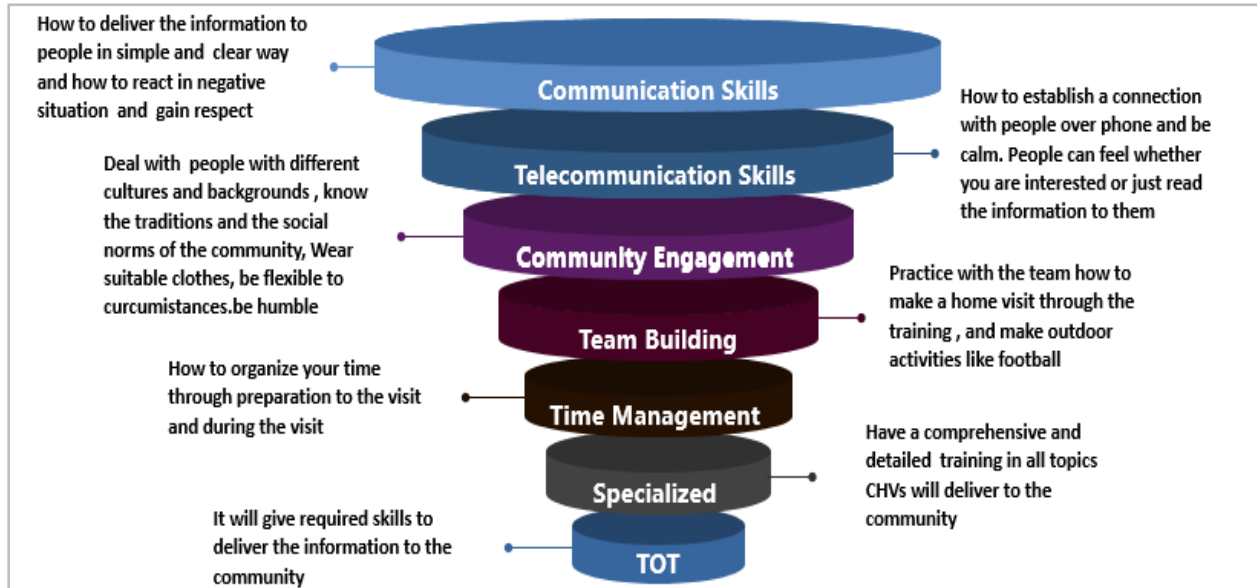
“بنتي عمرها ١٠ سنوات بتقوم بالبيت و الجلي و العناية باخوها الصغير و بتتمنى تروح على المدرسة”

مقدمة رعاية تعيش في مخيم عشوائى بعمان

THEME 6: COMMUNITY HEALTH PROGRAM

Capacity building

CHVs



NGOs - INGOs

- Community engagement: listening to people to know their needs and how they think, giving the information depending on the home context.
- Communication skills: the CHVs should know how to introduce themselves, communicate with people in a more sensitive manner, and cope with adverse situations through home visits.

MoH

- Community engagement: CHVs should know the area where families live well and use simple ways to promote ideas, attract supporters, and involve people in the project.



CHVs Gender

CHVs

Females:

- Families accept females' CHVs more than males. They can easily talk to all family members.
- It is dangerous for them to enter homes alone, especially when it comes to the registration phase, as they do not know who is in there.
- They face more risk factors.

Males:

- Males are unwelcomed unless there is a strong relationship with the family (Relatives or close friends).
- A husband should be available at the time of the visit. (Maybe after 6 pm)
- They are not well placed to discuss women's specific issues, such as breastfeeding or pregnancy.
- Sometimes, the husband does not accept a male CHV to deal with his wife.
- They can move easily from one place to another.

MoH

- Females should discuss specific topics, such as family planning with women.
- It is better to conduct a home visit with two CHVs (Male and Female) to protect them against any danger, and it is more socially accepted.



Referral System

CHVs

To know the right pathway to refer families to the following services:

- Health services and health centers
- Psychological Support
- Child protection
- Women protection
- Financial Aids
- UNHCR registration

Challenges

CHVs

Challenges related to home visits:

- Long preparation time, which does not count as working hours.
- People ask for financial support.
- Difficulty in transportation: long distance or lack of public transportation.
- Different family conditions: have visitors, waking up late, parents at work, and the like.

Challenges related to phone calls

- A high caseload increases the effort.
- Long call time.
- Families do not know the CHV and may not answer.
- It is much easier to communicate face-to-face.
- Families ask to call them at night, especially those who live in ITSs.
- Children use phones for e-learning.



Support Tools

CHVs

Brochures:

They are helpful when they contain photos and words. They attract people's attention. They are an effective way to distribute information to families.

Videos:

- They are eye-catching.
- They are direct, simple, and brief to express ideas.
- They can be uploaded on tablets to show families or sent via WhatsApp to the caregiver or the head of the family.
- They do not contain all the information, only the main messages.

Models:

They are suitable for explaining ideas like a tooth model with a toothbrush to show how to clean the teeth.

Caricature:

It depends on the target group and the subject. It is better to mitigate the subject using caricature if talking about violence.

Photos:

They are better than words, and families like them. Some topics are better represented by photos like child molestation. It is good to use photos with little words.

Puppets:

They are used in roleplays and to raise people's awareness of specific topics.

NGOs- INGOs

- Staff at the clinics give brochures to beneficiaries, who throw them away in the street.
- Some people cannot read. Therefore, there must be other means to raise awareness or create brochures with visuals only.



Support tools

The Ministry of Awqaf and Islamic Affairs has advanced its efforts; it can support community issues. The staff can reach out to a large group of people.

Open Health days are beneficial for health education, unlike free medical days, where people only come to get medication.

The community health committees working in health centers and under the umbrella of the Ministry of Health carry out effective activities to promote health awareness in the community.

“People ask for support even for simple things like baby carriers which were distributed before. Simple financial support motivates the families to receive the call”

A Syrian male CHV from Mafraq

“الناس بتطلب أشياء لو بسيطة مثلا احنا وزعنا حمالات أطفال ولقيوها قد الدنيا فهادا الشي المادي البسيط هو الي بيحفز الناس تهتم باتصالك ”

متطوع سوري من المفرق



CHALLENGES RELATED TO HOME VISITS

CHVs were asked to report the main challenges they faced while providing home visits. The main five challenges were cancelling the visits due to family circumstances (36.60%), long-distance between locations and lack of transportation (30.50%), CHVs were requested to visit families during the organization's working hours which conflicted with daily routines of the families (15.30%), families used to ask for aids and consider health awareness as an extra service to the financial aids (12.20%) and families' refusal to welcome the CHVs at home without any explanation (11.40%). (Table 24)

Table 24: Challenges faced by CHVs during home visits

IRC – CHVs online survey

IRC – CHVs Online Survey		
Challenges In Home Visits	Category	
	N	%
Canceling Visits Due To Family Circumstances	48	36.60%
Long Distances and Lack of Transportation	40	30.50%
Balance Between Family Time and the Organization's Working Hours	20	15.30%
Families Ask For Aids	16	12.20%
Families' Refusal To Welcome CHVs	15	11.40%
Weather Conditions In Summer and Winter	14	10.70%
Fear of Corona	11	8.40%
Male – Femasle Restrictions	9	6.90%
Families Do Not Recognize the Goals of the Visits	8	6.10%
Children's Demand To Have Tools for The Activities	5	3.80%
Families' Demands To Receive Gifts For Children	4	3.00%
Dangers In The Streets (People, Cars)	4	3.00%
No Internet Coverage	3	2.30%
Dropouts of Families	3	2.30%



CHALLENGES IN PHONE CALLS

CHALLENGES RELATED TO PHONE CALLS

CHVs reported the challenges they faced while providing awareness via phone calls. The main five challenges were represented in the frequent disconnection of families' phone numbers and the difficulty in calling them as a result (43.50%), repeated subjects/topics provided by different organizations (31.30%), long call duration (20.60%), families were busy with their daily lives' issues and had no time to receive any calls (19.10%), and both the high number of calls received from NGOs and asking for aid (9.90%). (Table 25)

Table 25: Challenges Faced By CHVs During Phone Calls.

IRC – CHVs Online Survey

IRC – CHVs Online Survey		
Challenges Related to Phone Calls	Category	
	N	%
Families Cannot Be Reached By Phone	57	43.50%
Repeated Subjects/Topics - New Subjects Are Not Addressed	41	31.30%
Long Call's Duration	27	20.60%
Families Are Busy	25	19.10%
High Number of Calls	13	9.90%
Families Ask For Aids	13	9.90%
High Caseload of Families For Each CHV	12	9.20%
Families Do Not Respond On Time	11	8.40%
Families Do Not Receive the Call	10	7.60%
CHV Does Not Have Credit	10	7.60%
Families May Not Understand the Messages	7	5.30%
Families Get Bored	7	5.30%
Lack of Direct Communication	4	3.00%
Program on Tabs Is Stopping Through The Call	3	2.30%
It Is Unusual to Work From Home	3	2.30%
The content of Messages Does not Fit the Duration of the Call	3	2.30%
Male CHVs Can Not Communicate With the Female Caregiver	2	1.50%
Lack of Supporting Tools Like Videos ...	2	1.50%



CAPACITY BUILDING

CHVs, who participated in the **IRC – CHVs online survey**, have recommended the main topics and sub-topics they need to learn to provide health awareness in the field. The main topics were community health programs, health, children, and personal and life skills. (Table 26)

Table 26: The Main Topics and Their Desegregation for CHVs Capacity Building

IRC – CHVs Online Survey

IRC – CHVs online survey				
Topic	Community Health Program	Health	Personal Skills	Life Skills
Sub-topics	Communication Skills	Health Topics In Detail	IT training	Time Management
	Community Engagement	First Aid	ToT	Problem-solving
	Home Visits	Infection Control And Prevention	HR	Teamwork
	Safety In The Field	Nutrition	English Language	Self-improvement
	Referral System	Vital Signs Measuring	Social Media	Leadership Skills
	Community Initiative	Autism	Report Writing	
	Behavior Change		Maps and GPS	
			Data Collection and Analysis	



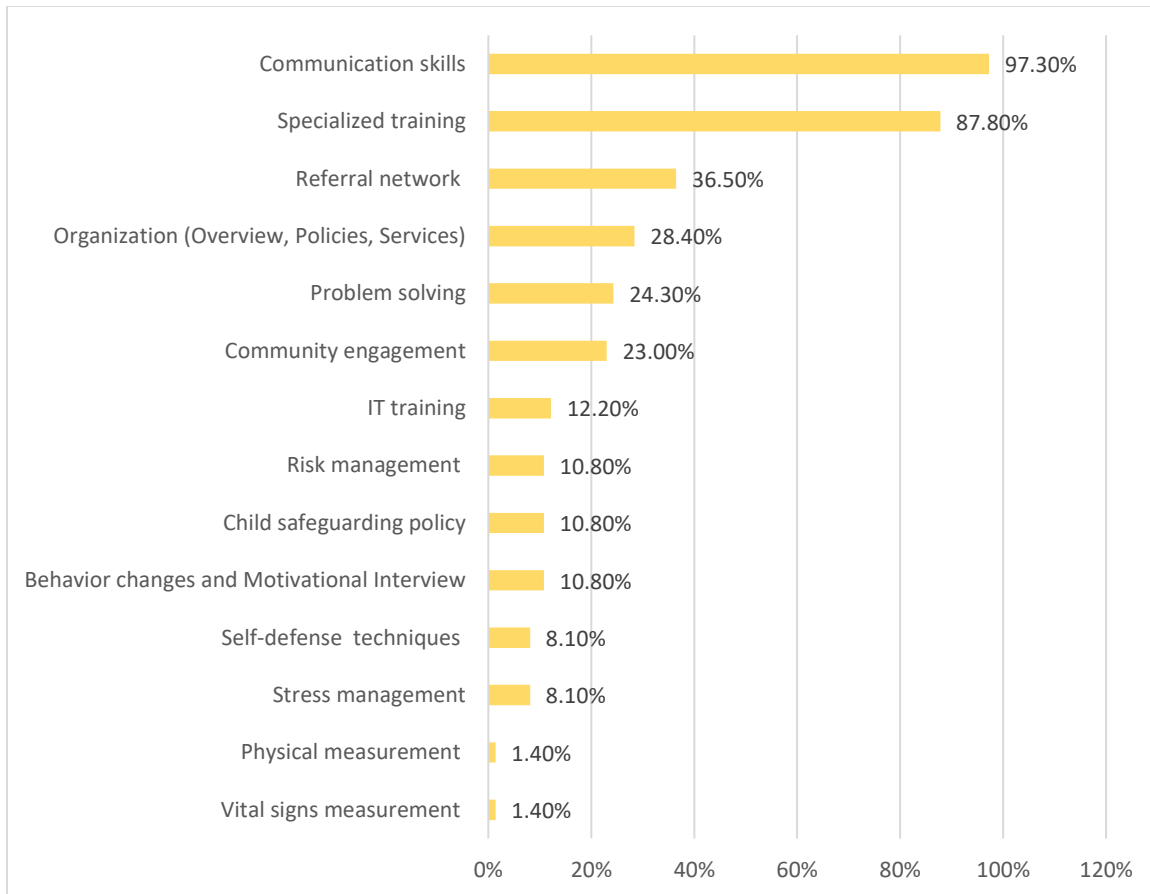
Capacity Building

The four main training topics recommended by the **Institution Stakeholders' Survey** participants for CHV capacity building and support their work in the field were as follows:

- 1) Communication Skills (97.30%).
- 2) Specialized and comprehensive training in the topics they will provide to community members (87.80%).
- 3) Referral network to different available services in the community (36.50%).
- 4) Organization policies and services (28.40%).

Figure 58: Training Topics for CHVs Capacity Building

Institution Stakeholders' Survey



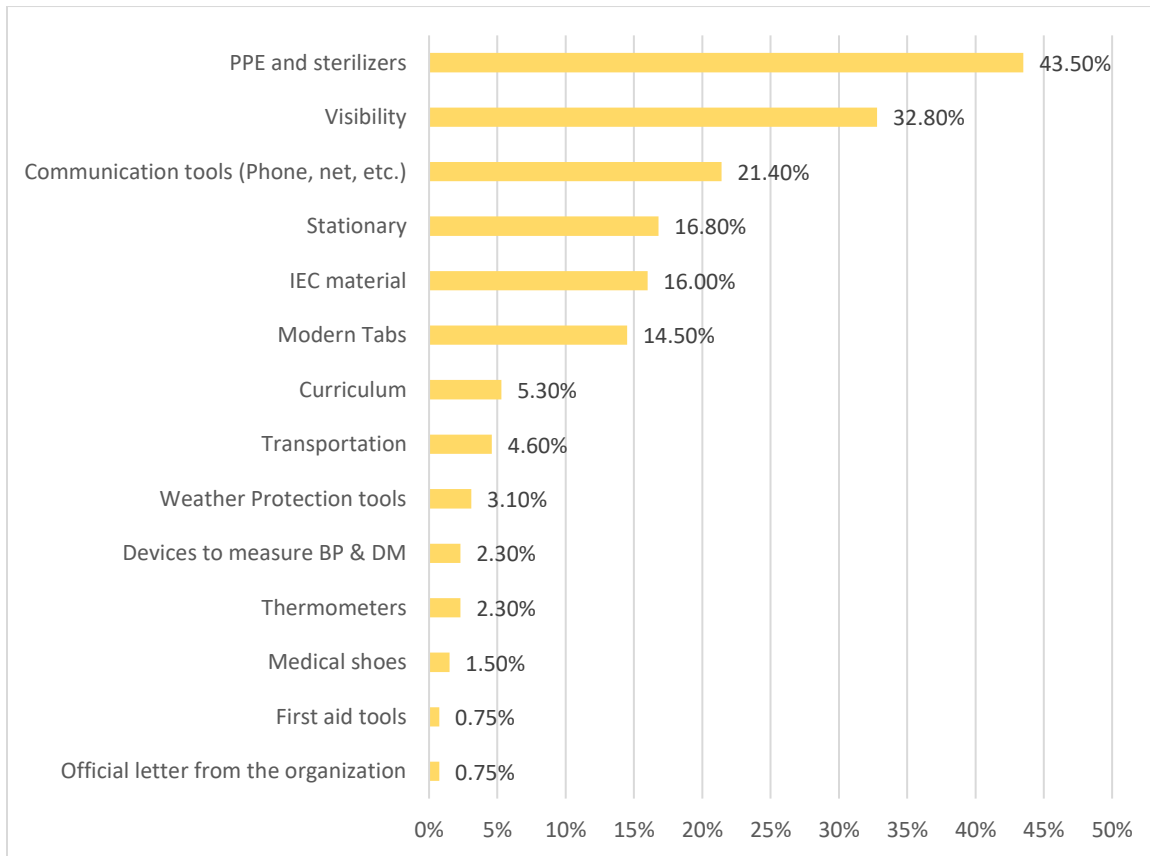


SUPPORT TOOLS

The main reported tools by CHVs, who participated in the **IRC – CHVs Online Survey** to facilitate their work in the field, were represented in Personal Protective Equipment PPE and sterilizers (43.50%), visibility (32.80%), communication tools, such as phone and internet connection (21.40%), stationary (16.80%), Information, Education and Communication Material (IEC) materials (16%) and modern tablets (14.50%).

Figure 59: Recommended Tools by CHVs to Facilitate Voluntary Work in the Field.

IRC – CHVs Online Survey



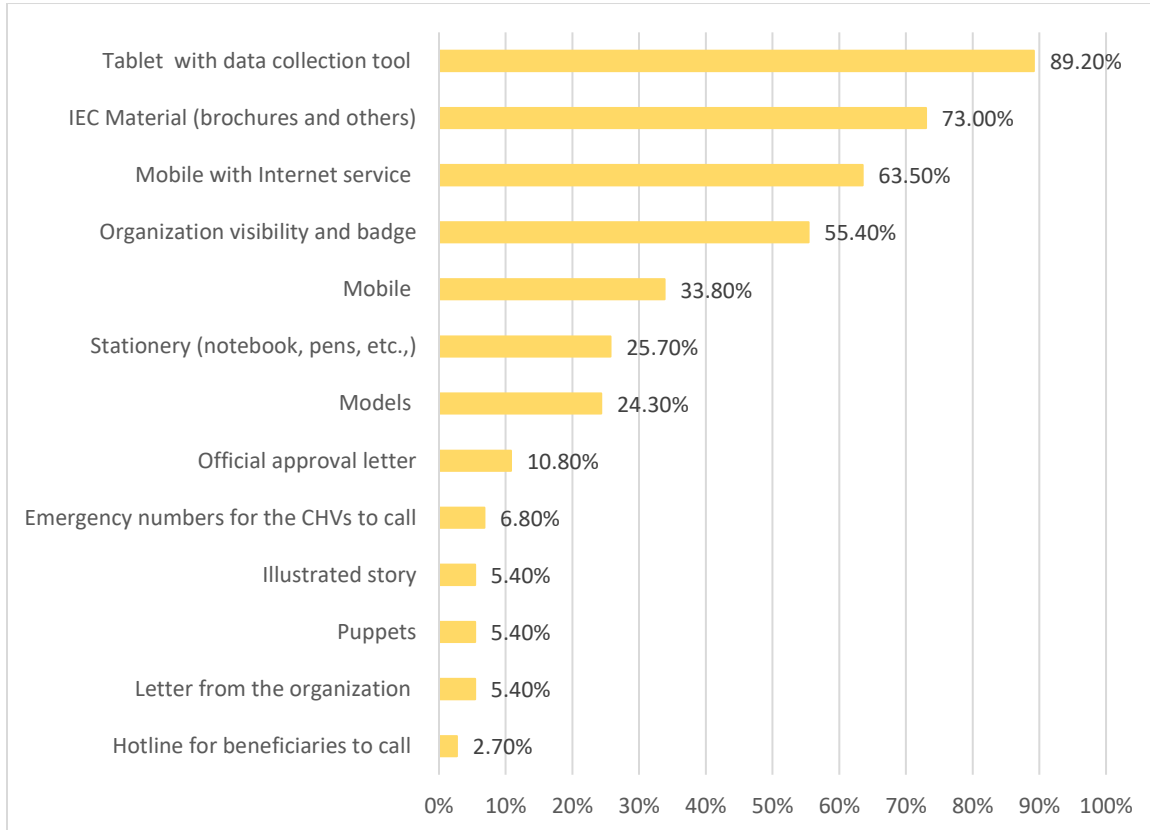


Support Tools

Participants of the **Institution Stakeholders' Survey** suggested providing CHVs with various tools and equipment to facilitate their work in the field—from electronic devices to printing materials, such as posters, brochures, and flyers. The main four tools were tablets with data collection tools (89.20%), IEC materials (73.00%), mobile phones with internet service (63.50%), and organization visibility (55.40%).

Figure 60: Recommended Tools to Facilitate CHVs' Work in the Field.

Institution Stakeholders' Survey



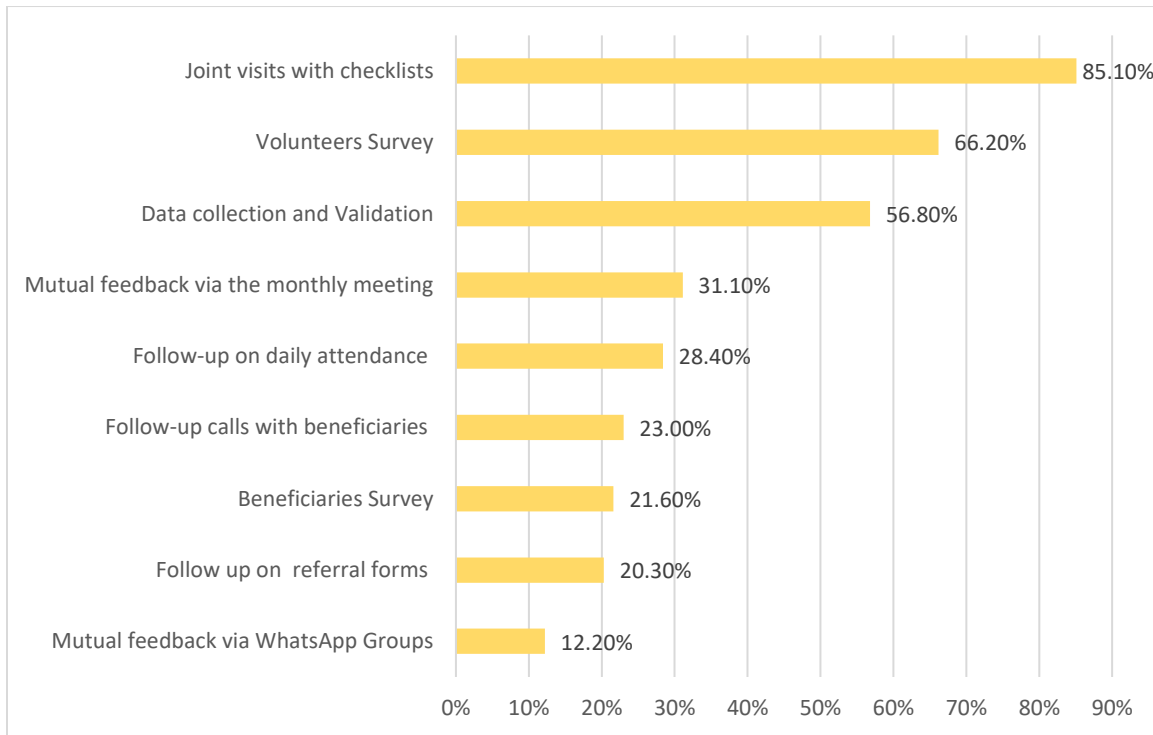


SUPPORT SUPERVISION TOOLS

The four main support supervision tools suggested by **the Institution Stakeholders' Survey** participants to manage the community health programs were conducting joint visits with a pre-shared checklist (85.10%), conducting volunteers' survey to collect information about CHVs' requirements and challenges (66.20%), monitoring through data collection and validation (56.80%) and mutual feedback via monthly meetings (31.10%). (Figure 61)

Figure 61: Supportive Supervision Tools For CHVs Program

Institution Stakeholders' Survey





FACTORS OF MOTIVATION

CHVs were asked about factors that enhance their motivations despite challenging work in the field.

The leading five factors reported by the CHVs were mental and psychological support (23.70%), receiving simple gifts (22.90%), recognition by the organization (16%), financial rewards (14.50%), and increasing their payment (13%). (Table 27)

Table 27: Factors of Motivation for CHVs

IRC – CHVs Online Survey		
Factors of Motivation	Category	
	N	%
Mental and Psychological Support	31	23.70%
Symbolic Gifts	30	22.90%
Recognition of Achievements	21	16.00%
Financial Rewards	19	14.50%
Salary Increase	17	13.00%
Entertainment Activities	14	10.70%
Volunteer of the Month	13	9.90%
Opportunities to Develop Within the Organization	12	9.20%
Continuous Training	11	8.40%
Receiving Credit Cards For Phone and Internet	10	7.60%
Receiving Payments On Time	8	6.10%
Certified Training	8	6.10%
Supportive Supervision	6	4.60%
Providing Consultation on Specific Matters Directly Related to Them (Such As Choosing Tools)	5	3.80%
Monthly Meeting	4	3.00%
Respecting Volunteers' Rights	3	2.30%
Increasing the Number of Working Days	3	2.30%
Reducing The Caseload	3	2.30%
Working Within Teams (Male & Female)	2	1.50%
Sharing Success Stories	2	1.50%
Renewal of the Voluntary Period	1	0.80%
Receiving Experience Letters	1	0.80%
Paid Leaves	1	0.80%
Assigning Duties Upon Qualifications	1	0.80%



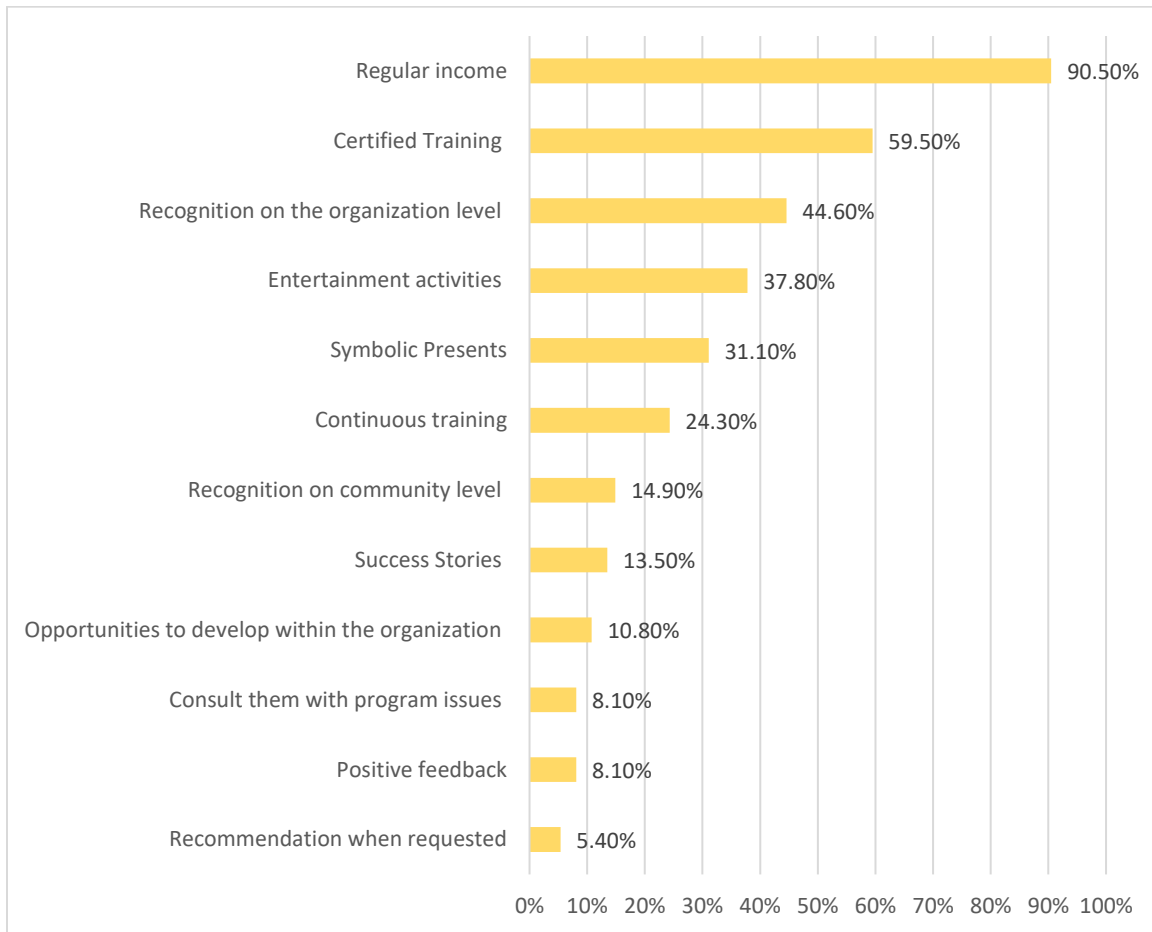
Factors of Motivation

The Institution Stakeholders' Survey participants reported some factors of motivation to keep CHVs in high spirits and encouraged through the voluntary period.

The leading five factors were regular income (90.50%), certified training (59.50%), recognition by the organization (44.60%), engaging in entertainment activities (37.80%), and giving symbolic presents (31.10%). (Figure 62)

Figure 62: Factors of Motivation for CHVs

Institution Stakeholders' Survey





TOOLS FOR PROVIDING HEALTH AWARENESS

The **Institution Stakeholders’ Survey** participants were asked about the necessary tools for providing health awareness.

Most participants (81.30%) chose conversation to provide health awareness to families, followed by using recorded videos (58.80%), caricatures (41.20 %), and sending text messages (26.30%). (Figure 63)

The main four tools preferred by **the Families Across Jordan Survey** respondents were receiving health awareness via direct conversation (88.10%), video (54.80%), caricatures (26.20, and via mobile application (6.30%). (Figure 64)

Figure 63: Tools of Choice To Provide Health Awareness
Institution Stakeholders’ Survey

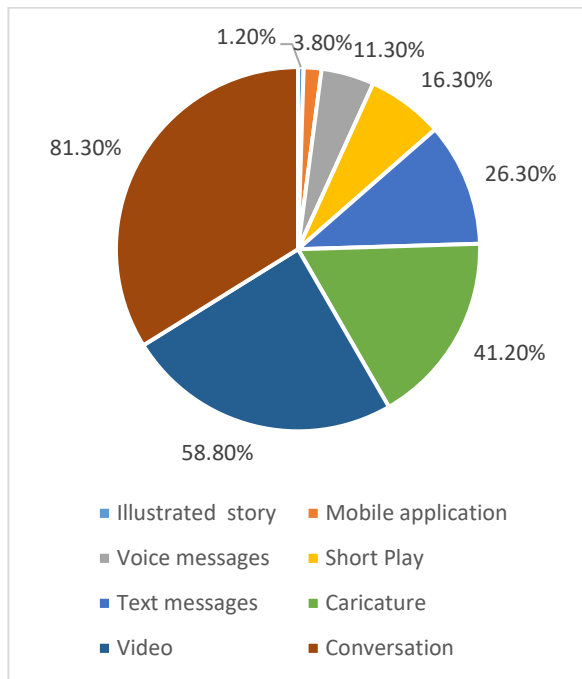
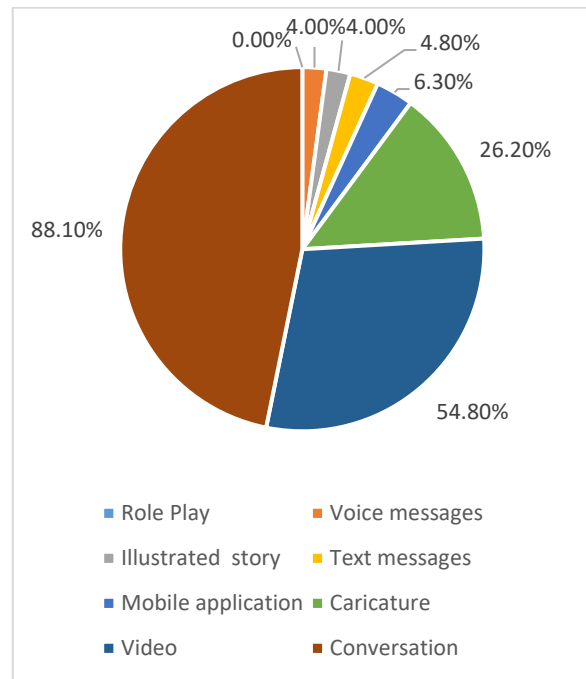


Figure 64: Tools of Choice To Receive Health Awareness
Across Jordan Families’ Survey



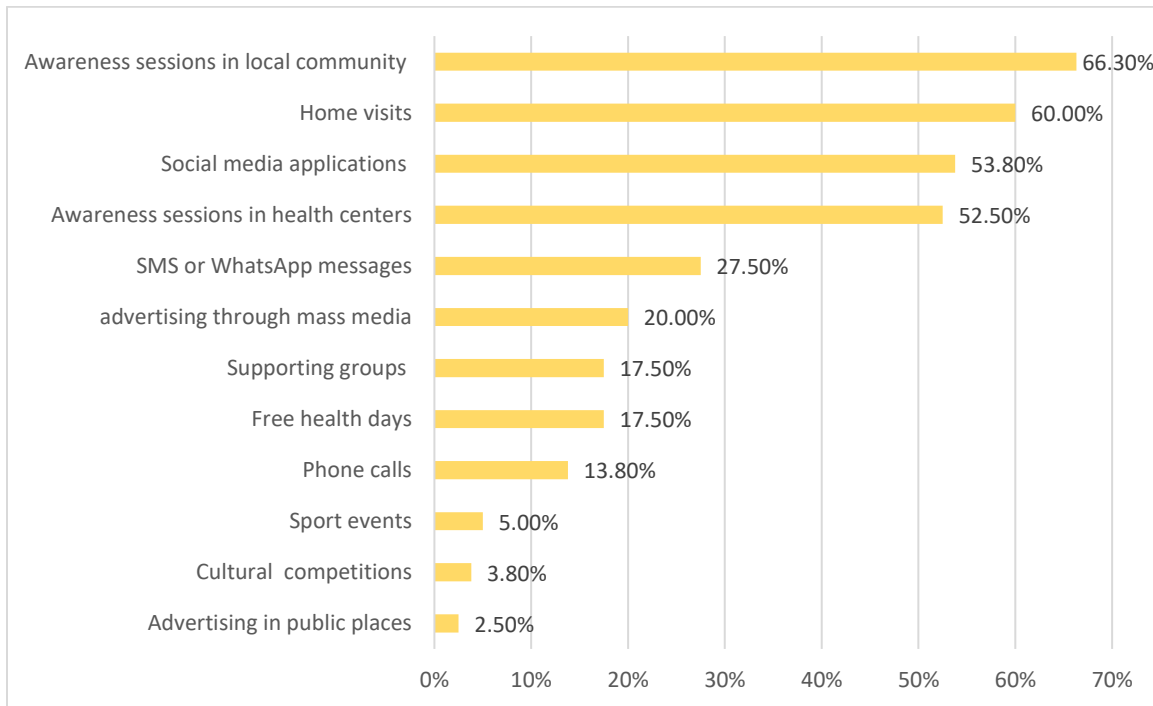


ROUTES OF PROVIDING HEALTH AWARENESS

The **Institution Stakeholders' Survey** participants chose to deliver the above-mentioned tools through routes, such as conducting health awareness sessions at local community organizations, like schools and mosques (66.30%) and in health centers (52.50%), via home visits (60%) and social media applications (53.80%). (Figure 65)

Figure 65: Channels and Routes to Deliver Health Awareness to the Community

Institution Stakeholders' Survey





HEALTH AWARENESS IN THE COMMUNITY; ROUTES AND GENDER OF CHVs

93.70% of **Families Across Jordan Survey**'s participants reported acceptance to receiving health awareness via CHVs versus 6.30% who refused.

About two-thirds (61.90%) reported home visits as a choice to receive health awareness, followed by phone calls (14.40%). Followed by those who had no preference (19.50%) and a mix of both—home visits and phone calls (4.20%).

Regarding the gender of CHVs, most participants preferred female CHVs (66.90%) versus (3.40%) who preferred male CHVs. One-fourth of them (24.60%) did not have a preference, and (5.10%) preferred both.

Almost all participants in the **IRC - Community Health Beneficiaries' Survey** (98.00%) agreed to receive health awareness via CHVs.

Table 28: Routes of Health Awareness and Gender of CHVs per all Stakeholders

Category		Families Across Jordan Survey	IRC Community Health Beneficiaries' Survey	Institution Stakeholders' Survey
Routes	Home Visits	61.90%	15.60%	76.00%
	Phone Calls	14.40%	51.60%	8.00%
	No Difference	19.50%	32.80%	4.00%
	Mixed	4.20%	0.00%	12.00%
Gender	Male	3.40%	2.10%	0.00%
	Female	66.90%	69.70%	45.30%
	Both	5.10%	0.00%	34.70%
	No Difference	24.60%	28.20%	20.00%



REQUIRED AWARENESS TOPICS

Families Across Jordan were interested in receiving awareness on many underlying issues, which were analyzed and categorized into a few main topics. (Table 29)

Table 29: Topics Required By Families Across Jordan

Across Jordan Families' Survey	
Topics	%
Children	23.80%
Early Marriage	15.10%
Mental Health	13.50%
Adolescence	11.10%
Pollution Factors	9.50%
Morals and Rights	7.90%
Drugs	7.10%
Hygiene	6.30%
Communicable Diseases	5.60%
Chronic Diseases	5.60%
Domestic Violence	4.80%
Healthy Lifestyles	4.00%
Unemployment	4.00%
Reproductive Health	3.20%
People With Disabilities	3.20%
Discrimination According To Gender	3.20%
Habits, Traditions, and Wrong Beliefs	3.20%
Family Planning	2.40%
The Elderly	2.40%
Nutrition	2.40%
Medication Misuse	1.60%



Required Awareness Topics

The **IRC–Online Survey's** participants reported the main topics required by families, which were analyzed and categorized into a few main topics. (Table 30)

Table 30: The Main Topics Required From CHVs During Home Visits and Phone Calls

IRC – CHVs Online Survey	
Required Topics	%
Children	54.20%
Chronic Diseases	19.10%
Aids and Support For Families	17.50%
Nutrition	11.40%
Adolescence	9.20%
Mental Health	6.90%
Reproductive Health	5.30%
Domestic Violence	3.80%
Communicable Diseases	3.00%
Family Planning	3.00%
Healthy Lifestyles	3.00%
Smoking	3.00%
Drugs	2.30%
Early Marriage	1.50%
Societal Violence	1.50%
The Elderly	0.80%
People With Disabilities	0.80%
Medication Misuse	0.80%



Required Awareness Topics

3,888 participants of the **IRC-Community Health Beneficiaries' Survey** were asked to choose the topics they wanted to know more about. On the other hand, the **Institution Stakeholders' Survey** participants were asked to choose the main topics to be provided during home visits and via phone calls. The results of both parties are listed in table 31.

Table 31: Required Topics by Participants of IRC - Community Health Beneficiaries And Institution Stakeholder's Surveys

Topic	Institution Stakeholders' Survey	IRC - Community Health Beneficiaries' Survey
Communicable Diseases	66.20%	39.90%
Chronic Diseases	75.00%	23.10%
Domestic Violence	76.20%	18.00%
Societal Violence	20.00%	19.50%
Early Marriage	48.70%	24.40%
Women's Empowerment And Protection	18.70%	35.90%
Reproductive Health	60.00%	27.00%
Family Planning	33.70%	27.40%
Children	58.70%	94.50%
Vaccination	22.50%	17.20%
Education (Child Education and Literacy)	7.50%	0.20%
Child Protection	32.50%	39.80%
Adolescence	33.70%	24.70%
Mental Health	36.20%	33.50%
Traffic Safety	2.50%	11.10%
Healthy Lifestyles	63.70%	42.90%
Nutrition	65.00%	26.70%
Drugs	50.00%	9.90%
Smoking	66.20%	14.90%
Discrimination According To Gender	35.00%	14.80%
The Elderly	38.70%	10.80%
Addiction To Phones And Electronic Games	5.00%	42.10%
Habits, Traditions, and Wrong Beliefs	43.70%	29.90%
People With Disabilities	21.20%	9.50%
Medication Misuse	31.20%	17.60%



FINDINGS

Society

- The majority of responders were particularly concerned about adolescents and children.
- CHVs considered the elderly as one of the key entries to accessing the community and ensuring the buy-in of the family. They are vulnerable and have many unmet needs, as perceived by the Institution Stakeholders' survey participants.
- Healthy relationships within the family play a significant role in developing a child's character and are the basis for how they will develop and learn new skills. On the other hand, family disintegration and its consequences might badly affect family members and beyond.
- Early marriage and DV are two critical social issues in the Jordanian community. Their causes and consequences are interconnected. Early marriage is a deeply rooted problem in the community, particularly prevalent in Syrian society, and appears in some Jordanian communities.
- Different forms of DV were identified by the staff of MOH and other organizations. Most of the time, survivors are scared to report such cases. Therefore, the staff asked for a clear and safe pathway to manage and refer the cases.
- Alcohol and drugs are two significant issues in Jordan's society. They create a challenge for parents to raise and protect their children.
- Unemployment is widespread between Jordanians and Syrians, whether educated or uneducated, male or female. It is the main reason for many societal problems, including early marriage and DV. However, the bright side is the initiatives people take on individual and community levels to mitigate the effects of poverty.
- There are areas in Jordan with high poverty rates where the prevalence of early marriage and DV is evident. They are classified as poverty pockets. People in these areas need awareness, education, and job opportunities—example: Delaghah town in South Jordan and North Shounah in the North.
- Women's roles and rights in some vulnerable communities are defined by their biological characteristics. As a result, they are deprived of their basic rights like inheritance and decisions regarding their health.
- MoH and other organizations are demanding women's rights and empowering them. In vulnerable communities, women either do not know their rights or cannot demand them. This is one of the main root causes of DV and EM cases.



Findings

Family

Source: IRC - Community Health Beneficiaries' Survey

- The average family size of all participants was 5.15.
- The average family size of Jordanians was 4.76.¹
- The average family size of Syrians was 5.45.

Early Marriage

Source: IRC - Community Health Beneficiaries' Survey

- The prevalence of early marriage among all participants was (30.40%).
- The prevalence of early marriage among Syrians (43.80%) was higher than among Jordanians (13.50%).²
- Ramtha had the highest prevalence of early marriage at (36.70%).³

Domestic Violence

Source: Across Jordan Families' Survey

The prevalence of domestic violence among all families was (13.50%).

- It was higher among Jordanians (14.90%) than Syrians (10.40%).
- The percentage of DV reported by all participants among neighbors and relatives was (52.60%).

Source: IRC - Community Health Beneficiaries' Survey

- The prevalence of DV among all participants was (4.20%).⁴
- The prevalence of DV was higher among Syrians (4.90%) compared to Jordanians (3.10%).
- Amman had the highest reported percentage of families suffering from DV (5.20%).
- The percentage of DV reported by all participants among neighbors and relatives was (4.90%).

^{1,4} According to the DHS, Jordan Population and Family Health Survey, (2017-2018) the average of Jordanian family size was 4.7. One from five married women (21%) of age group (15-49) have experienced physical violence.

^{2,3} According to the Higher Population Council, Policy Brief: Child Marriage in Jordan (2017), the percentage of early marriage in Jordan was (18.10%). For Jordanian (11.60%) and for Syrian (43.70%). Mafraq had the highest percentage at (24.50%).



Findings

Unemployment

Source: Across Jordan Families' Survey

- The prevalence of unemployment among respondents was (62.70%).
- The main four challenges in daily life faced by families were lack of funds (76.20%), raising children (63.50%), difficulty accessing public transportation (45.20%), and unemployment (31.00%).

Source: IRC - Community Health Beneficiaries' Survey

- Formal work (army (36.70%) and government 13.60%) was the largest source of income for Jordanian families, followed by daily labor work (17.70%).¹
- The main source of income for Syrians was from daily labor work (61.90%).²
- The reported percentage of families with very low financial levels was (27.50%), and the percentage of those with low financial levels was (24.10%).
- The percentage of Syrians who reported very low financial levels was (38.50%), and the percentage of those with low financial levels was more than Jordanians (11.60%) (15.40%), respectively.
- The main challenges reported by families were not having enough money to cover expenditure on basic needs (55.00%), feeling unstable (25.60%), raising children (25.10%), and shelter's exposure to weather conditions in the summer and winter (19.60%).

Health

- The main risk factors affecting people in Jordan are smoking, physical inactivity, and eating unhealthy food.
- Drugs and alcohol consumption were reported at extremely low percentages.
- Families expressed concern about the prevalence of drugs and alcohol consumption among children and teenagers in the community.

^{1,2} According to UNICEF, UNHCR & WFP, Multi-sectorial rapid needs assessment: Covid-19 – Jordan, (2020). For vulnerable population in Jordan, the main reported source of income was among Jordanians (42.00%) for informal daily labor and informal labor for Syrian (43.00%).



Findings

- Personal hygiene is a controversial topic. While families considered it as a daily routine, the MoH and other organizations underlined the importance of conveying messages about it to all family members. When addressing such an issue, CHVs face resistance from families.
- The compliance toward Jordan's national vaccine program was affected by families' fear of COVID-19 and vaccines.
- There was misuse and low medication adherence, notably with antibiotics and analgesics.
- Couples have not always received a comprehensive education on various MFPMs, and the decision about the suitable one has not always been taken by both women and men.
- People with disabilities are a vulnerable group in society but do not always have access to health and education services.
- COVID-19 had negative impacts on the individuals in the community. It increased isolation and unemployment and triggered fear about the future, affecting people's mental health and increasing the demand for mental health services.
- The Ministry of Health facilities provides health services to all residents in Jordan regardless of their nationalities. NGOs, INGOs, and UN agencies are supporting these efforts.
- People have difficulty accessing some health services, such as tertiary and secondary services.

Family Planning

Source: IRC - Community Health Beneficiaries' Survey

- The percentage of married couples (non-pregnant, married women of reproductive age and their men) who did not use any modern family planning methods (MFPM) was (50.10%).¹
- The percentage of Syrian couples who did not use any MFPMs (55.50%) was higher than Jordanians (42.90%).²
- Irbid had the highest percentage of not using MFPMs at (54.70%).³

^{1,2,3} According to DHS, Jordan Population and Family Health Survey (2017-2018), 63.00% of married women aged (15-49) years were not using MFPMs. The percentage was (55.00%) among Syrian women and (47.00%) among Jordanian women. Mafrq had the highest percentage in terms of not using MFPMs (68.00%) from the three cities (Amman, Irbid, and Mafrq).



Findings

Decision Makers

Source: *IRC - Community Health Beneficiaries' Survey*

- The percentage of participants who reported making decisions in the family by both the head of the family and their partner was (69.90%). It was higher among Jordanians (79.80%) than Syrians (62.40%).
- The percentage of decision-making by the head of the family alone was (20.10%). Notably, this percentage was higher among Syrians (24.50%) than Jordanians (14.10%).
- The percentage of shared decisions between adults in the family was (9.10%). The percentage of shared decisions was higher in Syria at (11.90%), whereas it was (5.50%) in Jordan.

Challenges In Daily Life

Source: *IRC - Community Health Beneficiaries' Survey*

- Syrians were facing more challenges than Jordanians across all categories.
- Families living in Amman reported facing the highest challenges across all categories.

Nutrition

Source: *IRC - Community Health Beneficiaries' Survey*

- The average of daily meals for all families was 2.5. It was almost the same for both Jordanians at (2.6) and Syrians at (2.5).¹
- The ITSs scored the highest average with 2.93.²
- The percentage of daily vegetable consumption for all participants was (86.00%). Grains (84.80%), Milk and cheese (51.90%), white and red meats (46.50%), and fruits (30.20%).

^{1,2} According to UNICEF, UNHCR & WFP, Multi-Sectorial Rapid Needs Assessment: Covid-19 – Jordan, (2020), (34%) of Jordanians reported not having enough food to eat, Syrians and ITS HHs reported lower incidence rates of not having enough to eat; (85%) Syrian and (81%) ITSs households received food assistance.



Findings

Health Risk Factors

Source: IRC - Community Health Beneficiaries' Survey

- Half of the participants reported having at least one family member with one or more health risk factors.
- The percentage of participants who reported having at least one physically inactive family member was (17.20%).
- The percentage of participants who reported having at least one family member who had been overweight was (6.60%).
- It can be noted that drug abuse (0.30%) and drinking alcohol (0.20%) were the least prevalent factors.
- The percentage of participants who reported having at least one family member who smokes was (41.40%).¹ The prevalence of smoking was higher among Jordanians (45.20%)² than Syrians (38.70%).³

Prevalence of Diseases

Source: IRC - Community Health Beneficiaries' Survey

- The percentage of participants who reported not suffering of any kind of diseases was (58.70%).
- Joint and muscle diseases had the highest prevalence with a percentage of (15.30%), followed by chronic diseases (15.10%), asthma and allergy (14.50%).
- The prevalence of diseases was higher among Syrians than Jordanians.

^{1,2,3} According to DHS, Jordan Population and Family Health Survey (2017-2018), the percentage of families that have at least one person who smokes daily inside the home was (60.00%), and (4.00%) of families have one person who smokes one time at least weekly inside the home. Jordanian women and men have a higher percentage of a smoker than Syrians.



Findings

People With Disabilities

Source: IRC - Community Health Beneficiaries' Survey

- The percentage of families who reported having at least one family member who suffered from one or more of the following disabilities (auditory, visual, mental, or physical) was (9.90%). On the other hand, Syrians had a higher percentage (14.00%) than Jordanians (4.00%).¹
- The percentage of families who had members with disabilities and reported receiving support or advice from governmental, private, or humanitarian agencies was (12.20%). Furthermore, Jordanian families received more support (18.40%) than Syrians (10.30%).
- Amman had the highest percentage of disabled members in the families (17.6%).²

Mental Health

Stress

- The percentage of IRC Community Health Beneficiaries' Survey participants who reported having stress for eleven days or more was (26.50%). Syrians reported a higher percentage of stress (18.30%) than Jordanians (7.40%).
- The percentage of participants in the Families Across Jordan Survey who reported having stress for eleven days or more was (67.50%).
- The percentage of participants in the Institution Stakeholders' Survey who reported having stress for eleven days or more was (66.30%).

Social Support Network

Source: Across Jordan Families' Survey

- The percentage of participants who reported living near their friends or relatives was (86.50%). The percentage of Jordanians (90.50%) was higher than Syrians (79.20%).
- Most participants (75.40%) reported seeking support in emergencies from their relatives and friends who live near them.

¹ Prevalence of people living with multiple disabilities among Syrian refugees was (20%) according to the report of Current Situation of Persons with Disabilities in Jordan by Stephen Thompson (2018)

² According to UNICEF, Geographic Multidimensional Vulnerability Analysis – Jordan, (2019) Amman had the highest percentage of disabled people among cities in Jordan.



Findings

Entertainment

Source: IRC - Community Health Beneficiaries' Survey

- The percentage of participants who reported having no recreational activities for the family was (48.10%).
- The main reported recreational activities were going to public parks (36.80%), going to restaurants (15.60%), and exercising (11.10%).
- The percentage of Jordanians who engaged in recreational activities (69.90%) was double that of Syrians (38.30%).

Level of Satisfaction and Feeling of Inner Peace

Source: IRC - Community Health Beneficiaries' Survey

- The percentage of participants who reported feeling highly satisfied was (9.50%).
- The percentage of participants who reported feeling satisfied was (16.10%).
- The percentage of participants who reported feeling neutral was (42.00%).
- The percentage of participants who reported feeling dissatisfied was (21.00%).
- The percentage of participants who reported feeling highly dissatisfied was (11.40%).
- The percentage of females who were highly satisfied (12.40%) and satisfied (22.20%) were higher than males (8.20%) and (16.80%), respectively.
- The percentage of Syrians who reported feeling highly satisfied (11.90%) and satisfied (20.50%) were higher than Jordanians of the same category (6.10%) and (10.10%), respectively.

Access to Health Services

Source: Across Jordan Families' Survey

- The percentage of participants who reported going to MoH health centers to receive primary health services was (61.90%).
- The percentage of participants who reported going to NGO clinics was (28.50%).
- The percentage of participants who reported going to Private clinics was (24.60%).
- The percentage of participants who reported going to MoH hospitals was (58.70%).
- The percentage of participants who reported going to military hospital was (22.20%).
- The percentage of participants who reported going to NGOs hospital was (14.30%).



Findings

- The percentage of participants who reported going to private hospitals was (11.10%).

Source: IRC - Community Health Beneficiaries' Survey

- The percentage of participants who reported having no difficulty in accessing primary, secondary, and tertiary healthcare services was (65.70%).
- The percentage of participants who reported having challenges accessing one or more healthcare services was (34.30%).
- The percentage of participants who reported having challenges accessing tertiary services was (20.80%).
- The percentage of participants who reported having challenges accessing secondary services was (20.10%).
- The percentage of participants who reported having challenges accessing general medicine services was (12.30%).
- The percentage of participants who reported having challenges accessing pregnancy and birth services was (7.70%).
- The percentage of participants who reported having challenges accessing family planning services was (3.60%).
- The percentage of participants who reported having challenges accessing vaccination services was (2.80%).
- Syrians had more challenges accessing healthcare services than Jordanians in all categories.

Vaccination

Source: IRC - Community Health Beneficiaries' Survey

- The percentage of participants who reported having children who have not received all their vaccines, according to the Jordan National Vaccination Program, was (2.30%), (124 families).
- The number of Syrian families (105) was higher than Jordanians (16).
- According to the area of living, ITSs showed the minimum percentage of vaccination (95.60%) among families, followed by cities (97.00%), towns (98.30%), and villages (100%).



Findings

The main reasons declared by families for not vaccinating their children were:

- Limited access to health services (23.80%), mainly for Syrians.
- The health center staff refused to give the service (15.10%), mainly for Syrians.
- Families were unaware of the national vaccination program (2.40%) for all Syrians.
- Half of the families reported other reasons like fear of COVID-19 infection, lack of official papers (registration or vaccination cards), and children's illness at the vaccination time.

Education

- Education is essential to build the community both economically and sociologically and improve people's health status.
- Females face more challenges in enrolling in university due to long distances and social restrictions on some specialties.
- Dropping out of school is one of the root causes of early marriage.
- Online education is not accessible to all people in all places.

Boys' Education

Source: IRC - Community Health Beneficiaries' Survey

- The percentage of participants who reported having male children of school age and not enrolled in school was (2.90%).
- The percentage of Syrian families with male children of school age who were not enrolled in school was (4.70%) versus (0.50%) for Jordanian families.
- The main reasons for not enrolling boy children in schools were child labor (31.60%), lack of transportation (24.50%), children's unwillingness to go to school (21.30%), and lack of public schools around (14.80%).



Findings

Girls' Education

Source: IRC - Community Health Beneficiaries' Survey

- The percentage of participants who reported having girl children of school age and not enrolled in school was (1.80%).
- The percentage of Syrian families who had girl children of school age who were not enrolled in school was (3.00%) versus (0.20%) for Jordanian families.
- The main reasons for not enrolling girl children in school were the desire to protect them from any external risks (30.90%), lack of transportation (27.80%), unavailability of vacancies in nearby public schools (20.60%), and girls' unwillingness to go to school and lack of public schools around (14.40%).
- Amman had the highest percentage of families who had boys and girls not enrolled in school (4.80%), (2.70%), respectively.

Environment

- Connecting to the municipal water supply system is the primary water source across all governorates in Jordan. People use other alternatives when such option is not available, such as wells, fountains, and distilled water.
- The environment is a unique topic that was discussed mainly by families and a little bit by CBOs.
- Pollution is manifested in different types like animals, insects, pesticides, hormones, biological and domestic wastes, dust, etc.
- The lack of an efficient sewer system is a problem in urban and rural areas. It is more evident in the ITSs.
- Stray dogs live in all of Jordan, and in most cases, they are treated cruelly.

Water Resources

Source: Across Jordan Families' Survey

- The percentage of participants who reported municipal water as the main source of drinking water was (71.40%).
- The percentage of participants who reported water trucking as the main source of water was (15.10%).
- The percentage of participants who reported wells as the main source of water was (10.30%).
- The percentage of participants who reported fountains as the main source of water was (0.80%).



Findings

Surrounding Environment

Source: Families Across Jordan Survey

- The percentage of participants who reported having no factors affecting them in the surrounding environment was (44.40%).
- The main reported factors were surrounding houses by tree farms (31.70%), sheep huts (21.40%), pigeons raised on the roof of the house (16.70%), and animal farms (2.40%).
- The main pollution factors resulting from the above factors and reported by the participants were animal waste (35.70%), bad odors (34.10%), pesticide use (15.10%), and factory smoke (1.60%).

Risk Factors

Source: Across Jordan Families' Survey

- The main risk factors prevailing in the environment in and outside houses reported by the participants were stray dogs (61.10%), followed by water pollution (30.20%).
- The prevalence of air pollution due to using kerosene and diesel (21.40%) or wood and peat (19.00%) for indoor heating and cooking and from vehicle smoke in and outside homes (14.30%). The least was soil pollution caused by animal waste and human garbage (12.70%).

ITSs

- Refugees living in ITSs usually live near farms. 65.70% of participants who live in the ITSs work on farms.
- 9.20% of 341 families have boy children who do not attend school, and (7.30%) of them have girl children who do not attend school as well. Female children help their mothers with housework and taking care of their siblings
- The percentage of families who lived in ITSs and did not practice any entertainment activities was (73.90%).
- The percentage of women who lived in ITSs and married at an early age was (38.70%).
- The percentage of couples who were not using MFPMs was (55.30%).
- The percentage of families living in ITSs who had no toilets was (39.00%).
- The percentage of families living in ITSs who had no sewer system was (51.60%).



Findings

- The percentage of families who had smokers in the ITSs was (44.60%).
- The percentage of families who reported having stray dogs in the area around was 61.00%.

Community Health Program

- MoH leads the health awareness process across Jordan through a net of health promoters in the health centers and a community health committee that connect the health centers with local communities.
- Different organizations support this process by providing health awareness directly in their clinics and through a net of CHVs via home visits and health awareness sessions in different community organizations.
- The CHVs are part of their community—they have good connections with the families and deep knowledge of the surrounding society.
- While Females CHVs are more accepted by families, males and females still face challenges in conducting home visits.
- Most people are open to receiving health awareness from CHVs.

Capacity Building for CHVs

Source: Institution Stakeholders' Survey

- The four main training topics recommended by the participants to build the capacity building for the CHVs and support their work in the field were communication skills (97.30%), specialized and comprehensive training on topics they will provide to the community members (87.80%), referral network to different available services in the community (36.50%) and organization policies and services (28.40%).

Support Tools in the Field

Source: IRC – CHVs Online Survey

- The main reported tools by CHVs to facilitate their work in the field were PPE and sterilizers (43.50%), visibility (32.80%), communication tools like phone and internet connection (21.40%), stationary (16.80%), IEC materials (16%) and modern tablets (14.50%).



Findings

Source: Institution Stakeholders' Survey

- The four main reported support tools by the participants were tablets with data collection tools (89.20%), IEC materials (73%), mobile phones with internet service (63.50%), and organization visibility (55.40%).

Support Supervision Tools

Source: Institution Stakeholders' Survey

- The four main support supervision tools suggested by the participants to manage the community health programs were conducting joint visits with pre-shared checklists (85.10%), conducting volunteer surveys to collect information about CHVs' requirements and challenges (66.20%), monitoring through data collection and validation (56.80%), and mutual feedback via monthly meetings (31.10%).

Motivation Factors

Source: IRC – CHVs Online Survey

- The five main factors suggested by CHVs to motivate them were providing mental and psychological support (23.70%), receiving symbolic gifts (22.90%), recognition by the organization (16%), financial rewards (14.50%), and increasing their payments (13%).

Source: Institution Stakeholders' Survey

- The five main factors suggested by the participants were regular income (90.50%), certified training (59.50%), recognition by the organization (44.60%), engaging them in entertainment activities (37.80%), and giving them simple presents (31.10%).

Tools for Providing Health Awareness

Source: Institution Stakeholders' Survey

- The four main reported tools were (81.30%) engaging in conversations to provide health awareness to families, recorded videos (58.80%), caricatures (41.20%), and sending text messages (26.30%).

Source: Across Jordan Families' Survey

- The four main tools reported by families were receiving health awareness via direct conversation (88.10%), video (54.80%), caricatures (26.20%), and via mobile application (6.30%).



Findings

Routes for Providing Health Awareness

Source: Institution Stakeholders' Survey

- The four reported main routes and channels to provide health awareness were conducting health awareness sessions in local community organizations, such as schools and mosques (66.30%) and in health centers (52.50%), via home visits (60%) and social media applications (53.80%).

Health Awareness in the Community: Routes and Gender of CHVs

Source: Across Jordan Families' Survey

- The percentage of participants who preferred home visits to receive health awareness was (61.90%).
- The percentage of participants who chose female CHVs to provide health awareness was (66.90%) versus (3.40%) who preferred male CHVs.

Source: Institution Stakeholders' Survey

- The percentage of participants who reported home visits as the best option to provide health awareness was (76.00%).
- Around half of the participants (45.30%) preferred female CHVs versus none for males. One-third (34.70%) chose both male and female CHVs to conduct such visits, followed by (20%) who had no preference.

Required Awareness Topics

- There was a difference between the topics required by people in the community and the Institution Stakeholders' Survey participants. The four main topics reported by the participants of the **IRC Community Health Beneficiaries' Survey** were children-related (94.50%), healthy lifestyles (42.90%), addiction to phones and electric games (42.10%), and communicable diseases (39.90%). On the other hand, participants of the **Institution Stakeholders' Survey** reported domestic violence (76.20%), chronic diseases (75%), communicable diseases (66.20%), and smoking (66.20%).



RECOMMENDATIONS

All stakeholders in public and private sectors, civil society, and international organizations can further build a partnership through which they share expertise and resources to:

1. Mitigating poverty and unemployment and empowering women, youth, and refugees by:
 - Supporting micro and small enterprises, like home-based businesses approved by the Ministry of Labor – Jordan, and small-scale food procedures using domestic resources by providing capacity building, financial support, and marketing the products at affordable prices.
 - Encouraging innovation by creating a fertile environment and adopting new ideas to generate or improve products and services.
 - Supporting refugees by investing in their vocational expertise, integrating them into the labor market, and promoting a safe and secure work environment.
2. Developing new approaches to address societal and health issues by:
 - Detecting the root causes of different issues, such as early marriage, domestic violence, resistance to family planning methods, and unhealthy habits like smoking and over-consuming alcohol.
 - Planning for short- and long-term behavior change interventions can be adjusted to be applied to different segments of society to treat the causes and make a positive change.
 - Empowering women, youth, people with disabilities, and other vulnerable persons by giving them equal and equitable access to education, healthcare, and protection services, in a safe and accessible environment and eliminating all forms of discrimination.
3. Protecting the environment and decreasing pollution by:
 - Replicating and developing the rainwater harvesting model as a coping strategy to face the shortage of water resources in Jordan.
 - Reducing the negative impact of pesticides on the environment and human health through sound management of pesticides and diagnosis and treatment of poisoning.
4. Filling the gaps in accessing health services and decreasing the caseload on healthcare providers by designing and implementing community health worker-tailored programs with full integration under the umbrella of MoH to:
 - Promote access to certain health services like vaccinations and family planning.
 - Increase awareness of key health topics and diseases.
 - Promote healthy lifestyles to reduce risk factors.
 - Prevent communicable diseases and reduce the complications of non-communicable diseases.
 - Refer people to the available services in the community.
 - Participate in the societal behavior change process in the community.
 - Reduce the level of unemployment by affording work opportunities.
 - Bridge the gap between people in the community and the decision-makers.



Recommendations

5. Launching a broad national campaign for sterilizing and vaccinating stray dogs and affording animal shelters if possible. The innovation of Al Rabee Shelter for Dogs in Aqaba is a successful model that could be replicated. People should be educated about the risks of dog bites and the best techniques to avoid such.
6. ITSs is a vulnerable community. More projects are necessary to support and improve the conditions of their lives, including shelter, health, education, environment, water, sanitation, and hygiene (WASH), and creating more job opportunities.
7. All six themes and sub-topics are fertile fields of research, and more studies must be carried out to provide a holistic understanding of each.

IRC has conducted the Community Needs Assessment (CNA) to ensure that developmental actors and stakeholders can use our findings to create an evidence-based strategy to continue supporting Syrians who have fled their war-torn homes and help vulnerable Jordanian communities open their doors to these refugees.



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