



# WOMEN'S ACCESS TO BASIC SERVICES IN IRBID AND ZARQA GOVERNORATES



**REACH** An initiative of  
IMPACT Initiatives  
ACTED and UNOSAT

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**WOMEN** 



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# FOREWORD

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Six years into the Syrian crisis, about 5 million Syrians have sought refuge in neighboring countries. Jordan alone currently hosts around 1.4 million Syrian refugees of which more than 665,000 are registered with UNHCR and the Government of Jordan, in partnership with the international community, has led by example to provide assistance and support. Inevitably, the situation has added to the strain on Jordan's infrastructure, resources, and economy and women are disproportionately impacted. They – both refugees and vulnerable Jordanians – face challenges in accessing social and economic support services and economic opportunities such as health care, social spaces and transportation.

This study aims to increase the understanding of the impact of the crisis on women's access to basic services. Between April and May 2016, UN Women and REACH, with the support of the Government of Japan, undertook an assessment of women's access to such services, while also looking at their quality. The first study of its kind in Jordan, its main objective is to highlight the need for gender responsive basic services and the impact changes in services have on the lives of women.

The study finds that 48% of women report facing challenges accessing basic services, compared to 35% of men. Thirteen per cent more women than men state that services are not available on a regular basis and when available their quality is poor. Only 8% and 20% of women in Zarqa and Irbid respectively report that sufficient public leisure spaces are available. When asked why services were inaccessible or insufficient, the women surveyed cite poor treatment by staff, poor maintenance of services, and long waiting times. Key priority areas identified for improving women's access to services include improving the appropriateness and sensitivity of services at point of use, improving and facilitating transportation links and access, and improving the quality of infrastructure at service sites.

It is hoped that the study's findings will inform policy formulation and programming in host communities to improve women's access to quality services in a way that supports and enhances their participation, leadership, and empowerment.

Ziad Sheikh,

UN Women Jordan Representative







# EXECUTIVE SUMMARY

The Syria crisis has exacerbated a number of Jordan's pre-existing structural challenges, in particular access to public services and social goods. The arrival of Syrian refugees has increased demand for government and municipal services, such as health care, education and solid waste management (SWM), and heightened competition over scarce resources, namely water and livelihoods opportunities. Meanwhile, the wider economic consequences of the crisis – including its effect on regional trade routes, imports and exports, as well as foreign investment<sup>1</sup> – have contributed to a rising cost of living. Combined, these developments have challenged the service delivery capacity of government at the local, governorate and national level, and complicated Jordanians' and Syrian refugees' access to basic services.

While the impact of the Syrian refugee crisis on government and municipal service delivery has been explored in multiple studies<sup>2</sup>, little information exists on women's and girls' access to services, and the impact these developments have had on their ability to meet their needs – whether refugees or Jordanians. The information that is available generally focuses on specific individual services rather than comparatively assessing women's access to services overall. Moreover, emphasis is usually placed on assessing whether services exist, rather than on women's access and ability to use them. Finally, existing data is often qualitative rather than quantitative, with little sex disaggregated data available overall. These limitations present challenges for the design and implementation of public service programming that effectively and holistically meets the needs of Jordanian and Syrian refugee women in Jordan.

To address this gap, UN Women, in collaboration with REACH, conducted an assessment of women's and men's – including both Jordanians and Syrian refugees – access to basic services in Irbid and Zarqa governorate between March and May 2016. The assessment sought to establish women's and men's access to services overall, identifying access challenges broadly, as well as those related to specific services. To achieve these objectives, a mixed, three-stage methodology was adopted. First, a comprehensive literature review was conducted, which revealed significant information gaps in the existing data. This meant that further exploration was required in order to identify key access challenges faced by women and men in Irbid and Zarqa, as well as the services most affected by these challenges. Therefore, 16 focus group discussions – eight with women and eight with men,

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<sup>1</sup> World Bank, Jordan Economic Monitor: Persisting Forward Despite Challenges, 2015; Schenker, David, 2015, Jordan's Economy Surprises, The Washington Institute for Near East Policy, Policy Watch 2446; World Bank, Jordan: Overview,

<sup>2</sup> See e.g. Jordan Response Plan for the Syria Crisis 2016-2018 (JRP 2016-2018), January 2016; MoPIC and JRPSC, Comprehensive Vulnerability Assessment, May 2015; UNDP and MoPIC, Needs Assessment Review of the Impact of the Syrian Crisis on Jordan, November 2013; UNHCR et al., Syrian Refugee Health Access Survey in Jordan, December 2014; Amnesty International, Living on the Margins: Syrian Refugees in Jordan Struggle to Access Health Care, 2016; World Bank-DFID-FCO-REACH, JESSRP Baseline Study, Assessment Report, May 2015; Ibid., Jordan Emergency Services and Social Resilience Project (JESSRP), Monitoring Study 1, January 2016; FCO-REACH, Evaluating the Effect of the Syrian Refugee Crisis on Stability and Resilience in Jordanian Host Communities – Preliminary Impact Assessment, January 2014; Ibid., Understanding Social Cohesion and Resilience in Jordanian Host Communities, Assessment Report, June 2014; Ibid., Social Cohesion in Host Communities in Northern Jordan, Assessment Report, May 2015; NRC, In search of a home, June 2015.

half of them with Jordanians and half with Syrian refugees – were conducted in March 2016. These then informed the design of a perceptions survey, which was carried out with 1,738 respondents (1612 Jordanian, 109 Syrian and 17 other nationalities) across all 25 municipalities in Irbid and Zarqa governorate between 20 April and 16 May. Although, as a result of random sampling across municipalities, the survey included Syrian refugee respondents, its sample does not allow for generalizability of results for different nationality groups. Based on the themes identified in the first two stages of research, this assessment aimed to measure the prevalence of challenges to service access, and constitutes the first comprehensive study on women's and men's basic service access adopting such a comprehensive thematic and focused geographical scope. The overall aim of the study is to contribute to a robust evidence base for UN Women programming, as well as for wider programming aiming to support Jordanians' and Syrian refugees' access to basic services in Jordan.

## Key Findings

### Overall access & challenges

Overall, the assessment found that challenges in accessing services are more prevalent among women than men: 48% of women reported to be facing access challenges, compared to 35% of men. Women's lack of access to basic services appears to be driven by low service quality, as well as a general unavailability of services, cited as a challenge by 71% and 58% of women respectively. Apart from unavailability, women also recurrently cited the time it takes to reach needed services as a challenge to accessibility of services (34%). This challenge is likely related to distance or access to transportation. Men, on the other hand, most frequently report the cost of services as a limiting factor to accessing basic services (47%). When identifying services most affected by access barriers, both women and men cited limited access to transportation – 26% and 33% -, and water – 25% and 37%. However, solid waste management (SWM) was reported by the largest proportion of women at 34%, thus appearing to be of a higher priority to women than men (27%). As such, access to basic services appears to be gendered, with women and men facing different extents and types of challenges related to different services.

Additionally, findings confirm a nationality dimension in access to basic services in Irbid and Zarqa. Among Syrians, limited access to health care was identified as the most pressing service access issue, with 44% of Syrian respondents reporting they needed better access to health care. This is compared

to 24% of Jordanian respondents. Indicative findings further point to more limited access to – or a greater desire to use – public leisure spaces among Syrians, with a smaller proportion of Jordanians reporting issues in this regard. Meanwhile, the most frequently cited basic service requiring improvements among Jordanians – solid waste management at 32% - was among the least frequently cited by Syrians, at 4%. Taken together, these findings suggest that the challenges in health care access faced by Syrians are likely to outweigh challenges faced accessing other services.

Overall, a larger proportion of women in Zarqa governorate (56%) reported they were facing challenges in accessing services, than in Irbid (43%). This suggests that geographical location determines the levels of women's and men's access to services, at the governorate, as well as at a sub-governorate level. For instance, municipalities' remoteness or distance to urban centres are likely to both lead to a heightened need for public transportation among residents, while also making it more challenging for providers to properly service these areas. This is supported by the finding that transportation is a more severe concern for women in Zarqa municipalities, with 51% reporting limited access thereto, compared to 13% of women in Irbid, which could be considered closer to urban centres and less remote in general.

## Health Care

The present study identified that Irbid and Zarqa women have more limited access to health care than men. Twenty percent (20%) of women who reported a health care need over the past six months were reportedly unable to access health care, compared to 3% of men. As the majority of those women unable to access health care are of reproductive age, such limited access may have negative implications for women's reproductive health. The specific access challenges reported were primarily related to the cost of treatment, cited by 75% of women, followed by a lack of medications (36%) and the lack of a health care facility in the municipality (18%). The latter could be related to findings suggesting that the distance to health care facilities is an obstacle to women's access to health care services: among those reportedly able to access health care, a larger proportion of men (24%) than of women (15%) stated they did so outside their municipality. This could be indicative of a greater willingness or ability of men to travel further to gain access to health care than women, which is likely related to access to private or public transportation.

## Public Leisure Spaces

With an overwhelming majority (80%) of respondents reporting a lack of a public park in their municipality, and a large proportion of these stating they would use parks were they available, findings suggest that a pronounced use of private spaces for leisure time – 81% of women and 69% of men stated they primarily spent their free time at home – might be a result of limited availability of appropriate public leisure spaces overall. However, for women in particular there appear to be factors beyond unavailability which limit access to public parks. A majority (77%) of women who reported there was a park available stated they or other members of their household were not using it. The primary reasons for limited use of public parks appear to be that these are seen as ill-equipped for their children: 43% of women reported the lack of a playground as a reason for not using available parks, while 42% reported the fact that playgrounds at parks required maintenance. Meanwhile, qualitative findings from focus group discussions indicate that Syrian refugee women and their families are avoiding public leisure spaces for fears related to tensions. This highlights

the need to reconsider the common assumption that such spaces can promote social cohesion through facilitating interaction between different communities.

## Transportation

While transportation is an important factor hindering or facilitating access to services and livelihoods in general, access to transportation has gendered impacts on access to various services, with limited access to public transportation having more severe implications for women. The assessment found women and men in Irbid and Zarqa to be using transportation for different purposes, with women mainly using transportation for the purpose of accessing health care (45%) or markets (21%), or ensuring their children's access to education (9%), while men's primary purpose of travel was work, reported by 67%. This seems to validate data regarding men and women's differing levels of engagement in employment, and the reliance on women to fulfil domestic responsibilities.

Women appear to rely on public transportation more than men – 48% of women in Irbid and Zarqa reported to have used public buses and shared taxis in the six months preceding the survey, compared to 34% of men. In light of women's greater reliance on public transport, reported access challenges and issues related to quality are likely to have more severe implications for them in terms of access to other services. Beyond limited availability overall – cited as a primary challenge by 49% of women, negative perceptions towards women's use of either public buses or taxis, might serve as a barrier to women's access to transportation. Women's use of public transportation appears to be viewed more negatively by men than by women: 47% of men stated buses and service (shared taxis) should not be used by women, compared to 26% of women, while 43% of men expressed the opinion that women should not use taxis, compared to 28% of women. While such perceptions are likely based on cultural and religious beliefs or practice, they could also be linked to concerns for women's safety and security while using public transport, as illustrated by 39% and 38% of men perceiving buses and taxis respectively unsafe to use for lone women.

## Recommendations

In the light of the findings on overall access to basic services and challenges, the following recommendations are proposed:

- There should be an emphasis on strengthening the provision of quality services, notably in the water and transportation sector
- Improvements in solid waste management services should remain a component of ongoing and future basic service programming
- Programmes aiming to support equitable access to basic services should be tailored to the varying characteristics and capacities of municipalities and governorates

In addition, the following recommendations address service-specific access challenges:

- Emphasis should be on improving quality and reliability of health care services more generally
- Access to a wide range of health care specialisations should be ensured, taking into account reachability of health care facilities and access to transportation
- Public leisure spaces should be accessible and attractive for families in general and women with their children in particular
- A re-evaluation of the assumption, that public leisure spaces can promote social cohesion through supporting interaction between different communities should be considered
- Current availability of safe and reliable forms of transport should be promoted
- Efforts should be made to ensure public transportation is provided in a way that both women and men perceive culturally appropriate and safe for women

Analysing both overall access and overarching challenges, as well as access to a number of individual services, revealed a set of cross-cutting themes which can be translated into the following key recommendations for gender-sensitive basic services programming:

- Programming aiming to improve women's access to basic services should accurately take into account the interplay between different services. In particular, the gendered implications of limited access to public transportation should be taken into account
- Programming to improve women's access to services should ensure that services are perceived culturally appropriate for women
- Attention should focus on the quality of services provided, rather than first and foremost on making them physically available

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## Abbreviations and Acronyms

<b>DFID</b>	UK Department for International Development
<b>FCO</b>	British Foreign and Commonwealth Office
<b>GoJ</b>	Government of Jordan
<b>JESSRP</b>	Jordan Emergency Services and Social Resilience Project
<b>JRP</b>	Jordan Response Plan
<b>JRPSC</b>	Jordan Response Platform for the Syria Crisis
<b>MoH</b>	Jordanian Ministry of Health
<b>MoI</b>	Jordanian Ministry of Interior
<b>MoPIC</b>	Jordanian Ministry of Planning and International Cooperation
<b>NGO</b>	Non-governmental organisation
<b>NRC</b>	Norwegian Refugee Council
<b>RJGC</b>	Royal Jordanian Geographic Centre
<b>SWM</b>	Solid waste management
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>USAID CEP</b>	United States Agency for International Development Community Engagement Project
<b>WASH</b>	Water, sanitation and hygiene

## Geographical and Administrative Classifications

<b>Governorate</b>	The highest administrative boundary below the national level. Jordan is divided into 12 governorates.
<b>District and sub-district</b>	The 12 Jordanian governorates are divided into districts and sub-districts.
<b>Municipality</b>	Sub-districts are divided into municipalities, i.e. financially independent national institutions comprised of areas, which might be villages and neighbourhoods. The territorial boundaries of municipalities are defined by the Council of Ministers. <sup>3</sup>
<b>Village/neighbourhood</b>	Municipalities are divided into villages/neighbourhoods. Each village or neighbourhood can belong to a municipality and district.

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<sup>3</sup> Jordan Ministry of Tourism and Antiquities, World Bank, Third Tourism Development Project, Secondary City Revitalisation Study, Analysis of the Municipal Sector, 2005.

# INTRODUCTION

## Context

Jordan has been challenged by structural challenges and inequalities at the community, municipal, governorate and national levels, which predate the Syria crisis. These include perceptions of limited access to public services or poor service quality; pressures on natural resources, particularly water<sup>4</sup>; concerns related to limited communication and engagement between citizens and local governments, including limited participation of women in the public and political spheres<sup>5</sup>; as well as limited employment opportunities and prospects for youth, not least those with tertiary education<sup>6</sup>. In addition, limited diversification in the energy sector, as well as of the economy more broadly, coupled with a dependency on grants and remittance flows from the Gulf countries, render Jordan susceptible to external shocks<sup>7</sup>.

The Syria crisis presented such a shock. Displaced by the conflict, a large number of Syrians have sought safety in the Kingdom, with 657,433 of them now registered as refugees by UNHCR<sup>8</sup>. The overwhelming majority of them – roughly 83% – have settled outside official refugee camps, living in host communities throughout Jordan<sup>9</sup>. The crisis has further led to the disruption of trade routes and has negatively impacted some of Jordan's main industries, including tourism and construction. These

shifts have exacerbated pre-existing challenges related to government and municipal services, as well as social goods<sup>10</sup>.

An assessment conducted by the Jordanian Ministry of Planning and International Cooperation (MoPIC) and the Jordan Response Platform for the Syria Crisis (JRPSC) Secretariat in May 2015 highlighted some of these aggravated challenges<sup>11</sup>. The assessment found substantial need for additional service delivery staff, as well as new or improved infrastructure in the health care, education, water and solid waste management (SWM) sectors to satisfy increased demand and support Jordanians' and Syrian refugees' service access<sup>12</sup>. Meanwhile, the Jordan Response Plan (JRP) 2016-2018 notes the impact of the Syrian refugee situation on the Jordanian housing and labour markets, with a 17% increase in rental prices due to increased demand, as well as continuing high youth unemployment (36% for 15 to 19 year olds, over 30% for 20 to 24 year olds)<sup>13</sup>. The overall unemployment rate stood at 11.9% in 2014, with women particularly affected (20.7% female unemployment rate)<sup>14</sup>. Furthermore, previous REACH assessments conducted with various partners have found that limited existence and increased competition for livelihoods opportunities coupled with the rising cost of living, in particular housing prices, may be driving tensions within hosting communities, as well as between Jordanians and Syrian refugees<sup>15</sup>.

Within this context, Syrian refugees face particular challenges in accessing basic services. Many of these challenges are related to legal barriers, as Syrian refugees need to have a valid Ministry of

4 See e.g. Jordan Ministry of Water and Irrigation, Jordan Water Sector Facts and Figures 2013, January 2015.

5 See e.g. Dababneh, Abeer Bashier, 2012, Jordanian Women's Political Participation: Legislative Status and Structural Challenges, *European Journal of Social Sciences* 27(2), pp. 213-221; United Nations Development Programme (UNDP), Gender Equality and Women's Empowerment in Public Administration: Jordan Case Study, 2012; World Bank, Country Gender Assessment: Economic participation, agency and access to justice in Jordan, 2014.

6 See e.g. International Labour Organisation (ILO), Labour market transitions of young women and men in Jordan, June 2014; World Bank data 2006-2014 [last accessed 18 January 2016];

7 See e.g. Schenker, David, 2015, Jordan's Economy Surprises, *The Washington Institute for Near East Policy, Policy Watch* 2446; World Bank, Jordan: Overview,

8 UNHCR, Syria Regional Refugee Response Portal, figure as of 4 July 2016 [last accessed 15 July 2016]

9 Jordan Response Plan for the Syria Crisis 2016-2018 (JRP 2016-2018), January 2016, p. 8.

10 World Bank, Country Partnership Framework for Hashemite Kingdom of Jordan for the Period FY17-FY22, July 2016, p. 4-5.

11 Jordan Response Plan for the Syria Crisis 2016-2018 (JRP 2016-2018), January 2016, p.16-17.

12 Ibid., p. 17-19.

13 Ibid., 16. See also World Bank data 2006-2014 [last accessed 15 July 2016].

14 World Bank, Jordan Economic Monitor: Persisting Forward Despite Challenges, 2015, p. 7 [based on Jordan Department of Statistics data]

15 FCO-REACH, Livelihoods, Employment and Tensions in Jordanian Communities Hosting Syrian Refugees, June 2014; Ibid., Housing and Tensions in Jordanian Communities Hosting Syrian Refugees, June 2014



Interior (Mol) services card in order to access a range of public basic services at subsidised rates<sup>16</sup>. In February 2015, the Government of Jordan (GoJ) began its “urban verification exercise”<sup>17</sup>, which requires all Syrians living in Jordanian host communities to confirm their place of residence and acquire a new biometric Ministry of Interior (Mol) service card<sup>18</sup>. Completion of this process is contingent upon fulfilling a number of requirements, which apart from a valid health certificate from the Ministry of Health (MoH), include presenting a formal lease agreement and a copy of the landlord’s identity document to the local police station<sup>19</sup>. While a majority of UNHCR-registered refugees in host communities have successfully acquired a new Mol card as of early May 2016, an estimated 189,000 refugees outside camps had yet to go through this verification process<sup>20</sup>.

Without valid Mol card, their access to a range of basic services, most notably health care and education, as well as legal employment opportunities, is severely limited<sup>21</sup>. A number of studies have found Syrians’ overall access to education and health care particularly limited. Studies by UNICEF found that the majority of Syrian girls and boys in host communities are not attending schools. In the northern governorates of Jerash, Irbid and Balqa for example, 50% or more of school-aged Syrian children are not attending school, while these figures go over 95% in the Jordan valley<sup>22</sup>. Meanwhile, the cessation of free health care for Syrian refugees in host communities announced by the Cabinet of the GoJ in November 2014<sup>23</sup> and the restriction of their access to health care to the district of registration, have placed further strain on refugees’ budgets and have complicated access to basic services.

16 NRC and IHRC, Registering Rights: Syrian refugees and the documentation of births, marriages, and deaths in Jordan, October 2015, p. 10.

17 Jordan Inter-Sector Working Group, Update - March 2015

18 NRC and IHRC, Registering Rights: Syrian refugees and the documentation of births, marriages, and deaths in Jordan, October 2015, p. 13.

19 Ibid., p. 13.

20 Correspondence with UN Women, 14 July 2016.

21 Amnesty International, Living on the Margins: Syrian Refugees in Jordan Struggle to Access Health Care, 2016.

22 UNICEF, Shattered Lives: Challenges and Priorities for Syrian Children and Women in Jordan, 2013, p. 20.

23 UNHCR, Health Sector Jordan. Monthly Report, 15 December 2014, p. 4; Syrian refugees now pay the same fees as uninsured Jordanians.

While a general impact of the Syria crisis on pre-existing challenges to accessing basic services and social goods has been established overall, relatively little is currently known on the impact of these changes on women and girls in Jordan. Limited information identified some potential service-specific challenges women might be facing when accessing services, including, for example, “cultural sensitivities”<sup>24</sup> in relation to access to reproductive health care, competing household or family responsibilities for education<sup>25</sup> or fears of harassment in relation to public transportation<sup>26</sup>. Meanwhile, previous assessments carried out by REACH in collaboration with different partners suggest that women are generally more dissatisfied with municipal service provision than men<sup>27</sup>. Overall, however, available data is often qualitative rather than quantitative, with little sex disaggregated data – it is also often focused on the existence of rather than access to services, considers specific individual services rather than comparatively assessing access to services overall, and often focuses on female Syrian refugees, rather than Jordanian women and girls.

## Objectives

To address the information gap identified previously, REACH, in collaboration with UN Women, carried out an assessment of women’s and girls’ access to basic services in Irbid and Zarqa governorates. The objectives of the assessment were threefold:

- (a) identify of the key factors, conditions and challenges that affect women’s access to different services in their communities;
- (b) identify the services and types of public spaces in which women face the most severe challenges with regards to access;
- (c) explore conditions that might alleviate obstacles to women’s access to services.

24 MoPIC and JRPSC, Comprehensive Vulnerability Assessment, May 2015, p. 33.

25 USAID, Jordan: Gender Analysis and Assessment, 2012, p. 1.

26 USAID et al., Transport Services and their Impact on Youth Employment and Development in Jordan, 2014, p. 4.

27 World Bank-DFID-FCO-REACH, Jordan Emergency Services and Social Resilience Project (JESRP) Monitoring Study 1, January 2016.



REACH further sought to identify and understand differences in women's access relating to geographical location, age and nationality. Being the first comprehensive study of its kind, its ultimate aim is to provide a robust gender-sensitive evidence base for UN Women programming specifically, as well as for programmatic actors working to support Jordanian and Syrian refugees women's and men's access to basic services in Jordan more broadly.

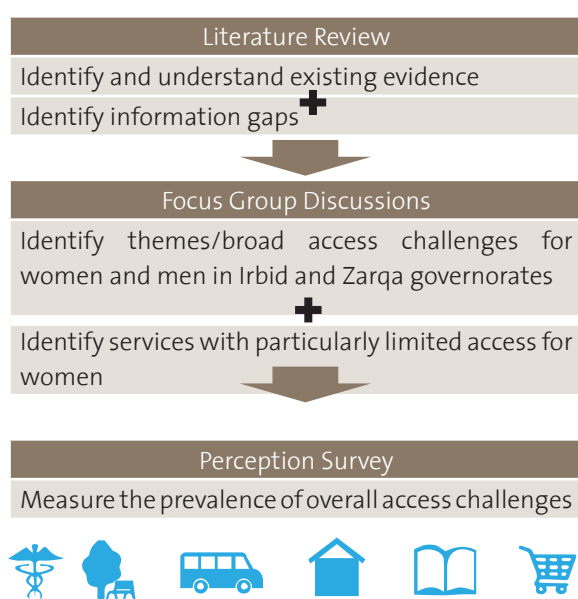
This report presents the key findings of the assessment carried out between 16 March and 17 May 2016, across all municipalities of Irbid and Zarqa governorates – 25 in total, 17 in Irbid and 8 in Zarqa. The first section describes the research methodology applied in this assessment, followed by a section presenting key findings. Before discussing a range of individual basic services in detail, a chapter on key findings provides an overview of access and access challenges considered overall. In its course, this chapter will outline women's and men's self-reported access, the challenges they perceive to be facing and the key service sectors they consider to be affected by such challenges. This sets the background for the consideration of a number of individual services in more detail, namely health care, public leisure spaces and transportation. The final chapter of this report will then present and discuss some of the reported perceived solutions for improved access to basic services for women and men in Irbid and Zarqa governorate.

It should be noted that while education and access to markets or shopping opportunities were also assessed in the perception survey, subsequent analysis revealed very limited statistically significant or relevant findings. This, combined with an effort to avoid overlap with other UN agencies' and programmes' mandates, means that this report does not include a chapter on education or markets. Nevertheless, where findings were considered relevant in relation to other services, these were used to provide context. It should further be noted that findings on housing revealed a number of interesting differences in terms of nationality, i.e. between Jordanians and Syrian refugees, rather than in terms of gender. Therefore, it was decided to present relevant findings in the annex to this report, rather than the body of the text and will be published in a separate product.

# METHODOLOGY

A mixed methodology was adopted, designed to understand qualitatively the challenges women face accessing basic services and measure the prevalence of these challenges quantitatively. A three stage approach was adopted (see Figure 1). First, a literature review was carried out to understand the existing information and identify information gaps. Second, using the findings of the literature review, focus group discussions (FGDs) were designed and implemented to identify the key challenges faced by women and men in Irbid and Zarqa, as well as the services most affected by these challenges. Third, a perception survey was conducted to measure the prevalence of identified themes identified in the first two stages. The following sections outline the rationale, objectives and approach of each of the three components in more detail.

FIGURE 1:  
Methodology



## Literature review

### Objectives

In order to gain a better understanding of the existing evidence on women's and girls' access to basic services in Jordan, REACH conducted a review of the available literature. This review considered information on (a) the overall degree of women's and girls' access to services in Jordan, and (b) access to a broad range of individual services provided by either municipalities or through national or governorate level ministries. Municipal services considered include public leisure spaces, roads and lighting, as well as SWM, while health care, transportation, education, water and housing were considered as government services. The ultimate aim was to identify factors and conditions that influence women's and girls' access to services in Jordan, as well as the services for which access challenges are particularly severe. This was to form a basis for the FGDs and the perception survey.

## Findings and Implications

The literature review revealed a number of overarching information gaps. Existing information on women and basic services is often qualitative, while comprehensive sex disaggregated quantitative data is frequently lacking. In particular, little public, sex disaggregated information on women's access to services is available at the municipal level, which hinders effective area-based programming.

Very limited literature exists on women and girls' access to basic services overall. Most existing studies focus on one specific service or sector, while attempts to compare overall challenges for women's access to services are limited.

In general, within the information available, focus seems to be more on what services exist rather than on analysing women's access thereto and identifying access barriers.

Existing studies often focus on service access of Syrian refugee women and girls, rather than Jordanians. Therein, more information is available on camp settings than host communities.

As such, the existing information neither allowed for a clear identification of broader challenges to Jordanian women's and girls' access to basic services, nor to establish which services might be particularly difficult to access in light of such challenges. This meant that further exploration was required in order to clarify the focus of the perception survey. This was carried out through subsequent FGDs.

## Focus Group Discussions

### Objectives

The FGDs were aimed at further exploring the factors and conditions that impact women's and girls' access to services in Irbid and Zarqa governorates specifically. They further had the purpose of identifying, if any, individual municipal or government services to which women's access is particularly challenged<sup>28</sup>. The ultimate goal of FGDs was to identify themes which could then be measured quantitatively in the perception survey.

### Sampling and Scope

In order to ensure FGDs provide a broad overview of experiences and perceptions of access among women and men of different nationality, as well as across different locations, FGDs were evenly split between the sexes, Syrians refugees and Jordanians, as well as urban and rural locations (see Table 1). Each FGD engaged six to eight participants, who were identified using a snowball methodology adopted regularly in previous assessments<sup>29</sup>. In total, 16 FGDs were conducted between 20 and 27 March 2016, preceded by two pilot sessions in rural Irbid governorate.

TABLE 1:

Number of FGDs broken down by governorate, urban/rural location, nationality and sex

		Jordanian women	Syrian refugee women	Jordanian men	Syrian refugee men
IRBID	Urban	✓	✓	✓	✓
	Rural	✓	✓	✓	✓
ZARQA	Urban	✓	✓	✓	✓
	Rural	✓	✓	✓	✓
		Total 16 FGDs			

## Findings and Implications

The analysis of the collected data exposed a number of possible trends in terms of key challenges experienced by Jordanian and/or Syrian refugee women and men in Irbid and Zarqa. Most notable among them were discussions related to transportation, limited access to which both women and men identified as complicating women's access to a number of other services. Beyond this, however, FGD findings provided little basis to justify a focus on a specific subset of services. Based on these and the literature review findings and in collaboration with UN Women, it was decided to keep the scope of the perception survey broad in terms of services, with an emphasis on measuring overall access and broader challenges.

## Perceptions Survey

### Objectives

The main objective of the perception survey was to measure the themes related to women's and men's service access challenges identified through the literature review and FGDs quantitatively, and thereby establish their prevalence. The questionnaire was designed to determine women's and men's access to services overall, as well as related broader access challenges. A range of services or sectors were then assessed in more detail: health care, education,

<sup>28</sup> Please see the annex for the FGD question route.

<sup>29</sup> See e.g. FCO-REACH, Understanding Social Cohesion and Resilience in Jordanian Host Communities, Assessment Report, June 2014

public leisure spaces, transportation, markets and housing. In line with findings of the literature review and FGDs, the range of services was kept broad, while ensuring relevance to UN Women and wider gender programming. Indicators measured include use and access, satisfaction with services provided/accessed, reasons for disuse, suggestions for improvement, as well as, where relevant, perceptions of female use of services<sup>30</sup>.

## Sampling

In total, 1,738 interviews were conducted between 24 April and 17 May 2016, 68-72 in each municipality in Irbid and Zarqa governorates (see Table 2), 50% with women and 50% with men. The sample was designed to provide statistically generalizable findings for women and men across the 25 municipalities of Irbid and Zarqa governorate, with a 90% confidence level and a 10% margin of error. The findings can thus be generalized to the individual level in each municipality. Following this sampling framework, statistically significant findings disaggregated by sex are possible at the governorate, but not at the municipal level. In order to provide sex disaggregated data at a sub-governorate level, municipalities have been clustered in the data analysis. This clustering method made it possible to obtain statistically significant results despite relatively small sample sizes at municipality level, enabling the examination of gender disparities at the sub-governorate level. It should be noted that comparisons between sexes, governorates, municipality groups, nationalities or age groups are only included in this report, if related disaggregation of findings revealed statistically significant differences between these groups of respondents, i.e. when the Pearson's chi-squared value was statistically significant.

A two stage process was adopted to ensure individuals selected to participate were chosen at random:

**Random household selection:** A random sample was drawn using randomized GPS points generated on maps of the 25 municipalities, with the probability of selection weighted based on population density across the different geographic locations in each municipality. Municipal boundaries were determined using data provided by the Royal

Jordanian Geographic Centre (RJGC). Enumerators subsequently located the GPS points on the ground and approached the nearest household within a 125 meter radius of these coordinates. For each GPS point the number of male and female interviews to be conducted was listed.

**Random individual participant selection:** Once a household was approached, depending on whether a male or female member had to be interviewed, enumerators would enquire how many members of the household are either female or male, and how many of them were currently present and available to be interviewed. These numbers were then input in the Open Data Kit form, which was programmed to generate a random number based on the input. The number generated signified the person in the household that had to be interviewed, with the lowest number being associated with the youngest available member, and the highest with the oldest. This ensured that randomization was not just conducted at the household level, but at the individual level within households. In order to identify areas of the governorate that face greater challenges with regard to female access to services, municipalities were grouped together for analysis so as to increase statistical power of our results. In particular, this allowed for the production of statistically significant results, disaggregated by sex, at a sub-governorate level, without having to considerably increase the sample size per municipality (see Table 2). In discussion with REACH field and GIS teams, municipalities determined to have similar demographic, cultural or geographic features were grouped to provide local level units to analyse gender differences. Factors considered to match municipalities are outlined below and include, among others, population size; cultural, traditional and tribal similarities; proximity to the Syrian border; or urban-rural location. This level of sex disaggregation allows for the identification of key themes and trends across groups of similar municipalities.

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<sup>30</sup> Please see the annex for the questionnaire.

TABLE 2:

## Municipality groupings

	Municipalities grouped together	Population size <sup>2</sup>	Sample size	Criteria for being grouped together
IRBID	Ramtha	94,176	69	a) similar population size
	Irbid	1,329,670	72	b) urban municipalities
				c) hosting large number of refugees
	Shrhabeal Bin Hasnah	33,830	71	a) similar geography (Jordan Valley)
	Moath bin Jabal	30,885	68	b) similar traditions
	Tabaquet Fahel	43,247	68	c) similar population size
	Altaybah Al Jadeeda	35,680	68	a) similar geography (Jordan Valley)
	Khalid Bin Alwaleed	21,991	70	b) similar traditions
	Al Wasatyah	29,450	71	c) similar population size
	Al Saro	13,884	71	a) similar traditions, cultural similarities
	Al Kfarat	32,799	68	b) similar proximity to Syrian border
	Al Shoulah	11,257	71	
	Borqosh	51,082	69	a) similar population size
	Al Mazar	54,100	71	b) similar proximity to Irbid city
ZARQA	West Irbid	43,175	71	a) similar geography (mountainous)
	Dair Abi Said	51,640	69	b) similar livelihoods activities
	Rabyet Al Korah	16,695	68	
	Al Yarmouk Al Jadeeda	13,649	70	a) similar traditions, cultural similarities
	Sahel Horan	39,514	70	b) tribal connections
				c) similar proximity to Syrian border
	Al Hashemiah Al Jadeeda	57,348	70	a) similar geography
	Berean Al Jadeeda	14,810	68	b) similar demographics
				c) similar traditions, cultural similarities
	Al Rusayfah	333,890	68	a) similar population size and demographics
	Al Zarqa	493,630	68	b) cultural similarities
				c) urban municipalities
	Al Azraq Al Jadeeda	9,230	71	a) similar distance to governorate capital/ remoteness
	Al Halabat	5,838	68	b) tribal connections
	Al Dlail	35,686	70	c) similar traditions

31 Jordanian Department of Statistics (DoS), 2012 population data. It should be noted that while the census conducted in November 2015 provides updated population figures, the data currently available publicly does not provide sufficient detail, i.e. is not available down to the municipality level. Therefore, 2012 data had to be used.

## Challenges and limitations

- Below is an outline of the challenges experienced during the planning and implementation of the assessment and the respective mitigation strategies adopted:
- On occasion, randomized GPS points proved logistically challenging to reach or fell in inaccessible areas, e.g. close to the border or within military areas. Having faced this challenge in previous assessments, a sample “buffer” had been prepared, which was then used by field teams to replace these points with new points which could be accessed and where people could be interviewed. In this way, when GPS points were inaccessible, field teams faced minimal delays and the sample remained “random” and evenly distributed geographically.
- For a number of questions in the ODK form skip logic was included to gain information on subsets of respondents. For instance, a question on satisfaction with a given service was only asked to those who had previously reported having used this service. This was done in order to reduce the incidence of people reporting on services or issues they have no experience with. However, in certain instances that meant a reduction of the sample size to a level where data disaggregation, e.g. by sex, municipality group or nationality, was no longer representative, with a number of findings merely being indicative as a consequence. When findings are indicative, rather than representative, this has been highlighted in the report.
- Adopting a random sampling approach in the perception survey meant that the number of Syrian refugee women and men interviewed was comparatively small (69 in total). While this sample size is sufficient to produce statistically significant findings at the nationality level, sex or other disaggregation of the Syrian refugee sample was not possible. Therefore, findings presented for Syrian refugees are representative of Syrian refugees, rather than e.g. Syrian refugee women, or men.
- As this is the first comprehensive assessment of access to basic services in Irbid and Zarqa, i.e. covering every municipality within these governorates, this should be considered a baseline.

It is thus not within the realm of the assessment to provide a comprehensive explanation of why sexes, governorates, municipality or age groups differ across all indicators. Nevertheless, where feasible and relevant, data on basic services collected during previous REACH assessments, conducted in coordination with the World Bank, DFID and the UK Foreign and Commonwealth Office (FCO), among others, was used to further contextualize findings of the present assessment<sup>32</sup>.

- Surveys and focus groups are designed to gauge self-reported opinions and perceptions on a topic. As responses from interviewees are inherently subjective, there is always potential for bias in responses with any survey or focus group data. Questions can be interpreted differently than initially intended, or interviewees may amend answers due to concerns of social desirability, acquiescence, or other factors.

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<sup>32</sup> Social cohesion: FCO-REACH, *Evaluating the Effect of the Syrian Refugee Crisis on Stability and Resilience in Jordanian Host Communities – Preliminary Impact Assessment*, January 2014; Ibid., *Understanding Social Cohesion and Resilience in Jordanian Host Communities*, Assessment Report, June 2014; Ibid., *Social Cohesion in Host Communities in Northern Jordan*, Assessment Report, May 2015; Public services: World Bank-DFID-FCO-REACH, *JESSRP Baseline Study*, Assessment Report, May 2015; Ibid., *Jordan Emergency Services and Social Resilience Project (JESSRP)*, Monitoring Study 1, January 2016.

# KEY FINDINGS

The first section provides an overview of access and access challenges. The section will outline women's and men's self-reported access, the challenges they perceive to be facing and the key service sectors they consider to be affected by such challenges. This sets the background for the consideration of a number of individual services in more detail, namely health care, public leisure spaces and transportation. The final section of this report will then present and discuss some of the suggestions on how women's and men's access to services could be improved, in the eyes of respondents themselves.

Throughout the report emphasis is placed on quantitative findings, while qualitative ones are used to contextualise, verify or try to explain findings from the survey. Unless noted otherwise, only statistically significant quantitative findings are presented. Finally, it should be noted that the focus of this study was on public basic service provision, i.e. services provided by municipal or national authorities. As such, questions during focus group discussions (FGDs) and the perception survey did not generally specify whether basic service provision was referring to public or private provision. An exception in this regard is the section on health care services, where private service provision was considered as well.

## Overview of Access & Access Challenges

In order to contextualize and better understand issues related to specific basic services, this section provides a broad general overview of service access and challenges. This section seeks to outline women's and men's perceptions on the existence of access challenges in Zarqa and Irbid overall, while identifying which key challenges and services are affected. In addition, it will aim to identify in which areas challenges might be more prevalent, as well as how women and men might be affected differently. This information will establish a framework which can then be used to contextualise the analysis of specific individual services in the remainder of the report. This chapter will first look at perceived existence of access challenges, before considering which key challenges respondents reportedly face

and which key services are perceived most affected by these barriers.

## Summary

The findings on overall access challenges show that barriers to service access appear to be widespread, with women appearing to face larger challenges in accessing services than men. Low quality of services is identified as the most commonly cited access challenge among respondents. However, compared to men, a substantially larger number of women indicates that services are completely unavailable to them. Men, in comparison, more frequently report challenges related to existing services, including costs. When citing specific services requiring better access, gender differences also stand out starkly, with women most likely to cite solid waste management as requiring better access relative to other services. A likely explanation for discrepancies between sexes is that men and women typically have very different responsibilities within the household, and therefore perceptions toward basic service access is reflective of these gender roles. Overall, these results help to provide a broad overview of how women are particularly affected by service challenges, and where improvements to service provision are likely to be most needed. They also offer an important context with which to understand the specific challenges related to each of the services discussed in the next sections. In the subsequent sections, this report will examine each of the following services in detail: health care, public leisure spaces, transportation, and livelihoods and employment. The sections on these services will provide additional specificity to the overall results presented here, and will help to develop a more complete picture of basic service access as it exists in Zarqa and Irbid.

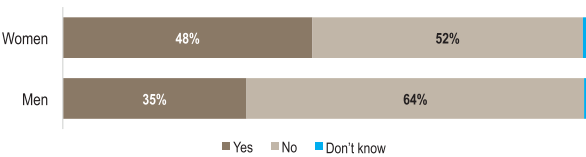


### Key Challenges

Overall, responses indicate that challenges to basic service access are widespread, with 41% of those surveyed reportedly facing such barriers. Perhaps more notably, women appear more commonly affected by these challenges than men. Nearly half (48%) of all women reported challenges in accessing basic services compared to 35% of men (see

Figure 2). This represents a difference of 13 percentage points between men and women; a statistically significant gap between sexes in service access.

Figure 2: % Reporting challenges in accessing basic services



Overall, the most prominent barrier to access appears to be low quality of services, cited by 68% of all respondents reporting to have faced access challenges. This challenge was most frequently cited by both women and men, with 71% and 64% reporting low quality respectively (see Table 3). This finding indicates that while the services themselves might be generally available, respondents perceive low quality as limiting their access to the services they use. Based on findings from FGDs and the literature review, quality considerations may include the qualifications or manners of the staff providing the service, waiting times, the quality and state of infrastructure or machinery, a lack of certain elements of the service (e.g. medical equipment or medications), physical accessibility for certain demographics (e.g. people with disabilities), or frequency with which services are provided (e.g. garbage collection). In FGDs, a lack of quality was a recurrent theme for many of the various services discussed. Participants described health centres with unqualified staff, and a lack of equipment and medication. They also described limited qualification of their children’s teachers – in particular those at boys’ schools, who were often unable to oversee and control students. Poor quality of facilities at schools were also mentioned, including bathrooms. This theme presents itself throughout the chapters on each of the individual basic services examined.

TABLE 3:  
Most frequently reported access challenges, by sex

	Women	Men
Low quality of service	71%	64%
Complete unavailability of service	58%	43%
Time it takes to reach service	34%	31%
Cost of service	30%	47%
Insufficient availability of service	23%	22%
Lack of Information about service	11%	30%

Though men and women both cited similar challenges responses suggest sharp differences in the prevalence of such challenges between sexes. Most notably, women much more commonly indicated a complete unavailability of services than men, with 58% citing this challenge compared to 43% of men (see Table 3). This result, showing a 15 percentage point gap between men and women, seems to show that unavailability of services is more of an overarching challenge for women. Other common challenges reported by women during the survey include travel time to reach services (34%), cost of service (30%), and insufficient availability of services including number of facilities and operating hours (see Table 3). Men also mentioned travel time (31%) in addition to lack of information about services (30%). The issue of travel time might be related to challenges in access to transportation. FGDs and survey data both indicate that lack of access to reliable transportation is widespread, contributing to the overall challenges to accessing services.

Generally, findings show that while women more frequently reported service as being unavailable to them, men were more likely to cite high costs of services, with nearly half of men (47%) citing costs compared to 30% of women. This seems to indicate that while women more frequently face a complete lack of services, men are more concerned with challenges that are related to services that are already present. While both men and women are affected by similar challenges, some more severe challenges appear to affect women more commonly than men.

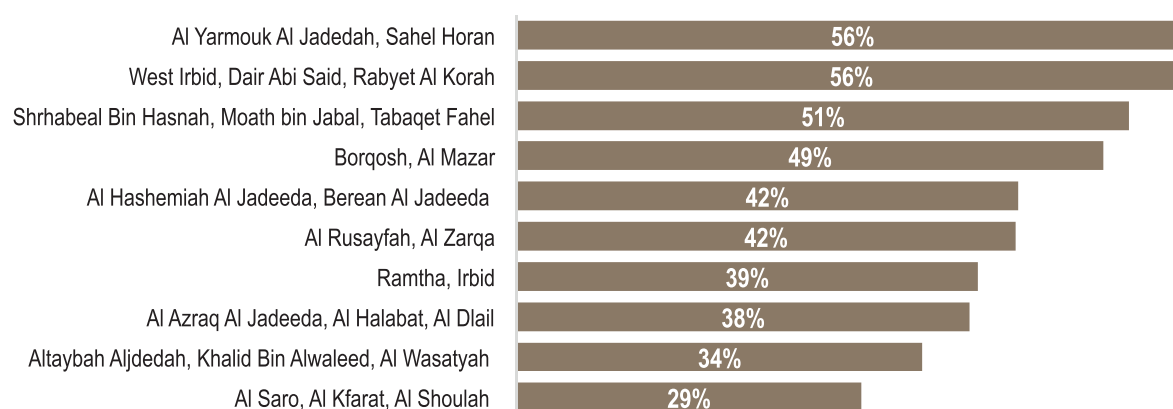


The differences between sexes could perhaps be reflective of men and women's traditional roles within the household. FGDs reinforced the idea that in Jordan, gender roles are relatively traditional. Participants in many groups agreed that work is generally the husband's responsibility while much of the household chores and childcare are the responsibility of women. It should not be surprising, then, that perceptions of basic services would similarly fall along these gendered lines. It would explain, for example, why men are more conscious of costs as they are often responsible for generating income to sustain their family. Conversely, women, who may be more responsible for looking after the household, would more frequently be aware if services were unavailable. Furthermore, there are a set of basic services catering specifically to women that are often not available, most notably pre- and postnatal health care services. This service in particular could be less accessible to Syrian refugee women: According to the Jordan Response Plan to the Syria Crisis (JRP) for 2016-2018, half of the refugee families with pregnant women report having no access to ante-natal care<sup>33</sup>, and a CARE International study found that "58% of families with lactating women said they did not access post-natal health services"<sup>34</sup>.

The findings were also disaggregated by municipality groups, to delineate how challenges vary across geographic regions. The analysis shows that proportions of those affected by access challenges differ greatly between municipality groups. Reports of challenges ranged from 29% in Al Saro, Al Kfarat and Al Shoulah, to over half (56%) in Al Yarmouk Al Jadedah and Sahel Horan (see Figure 3). The geographical variation of reported access to services could be due to a number of factors. A major factor may be that services are often localised, and therefore the ability or willingness of municipal government to provide services varies across municipalities.

FIGURE 3:

### % Reporting Facing Challenges in Accessing Basic Services by Municipality Group



33 Jordan Response Plan for the Syria Crisis 2016-2018 (JRP 2016-2018), Draft, October 2015, p.27; For those who did not receive such care while in Jordan, the primary reason cited was cost-related. (UNHCR et al., Syrian Refugee Health Access Survey in Jordan, December 2014, p.35); In addition, there also appears to be a shortage of midwives with this shortage being highest in Aqaba, Amman and Zarqa governorates (MoPIC and JRPSC, Comprehensive Vulnerability Assessment, May 2015p.14).

34 Five Years into Exile: The challenges faced by Syrian refugees outside camps in Jordan and how they and their host communities are coping. A summary, June 2015, p. 6.

REACH's USAID Community Engagement Project baseline assessment report suggests that perceptions of effectiveness between municipalities may be explained through variation in the community's financial capacities, and their administrative ability to plan effectively. It argues the importance of considering differences in local politics and economic situations in different municipalities<sup>35</sup>. These differences may also be explained through variation in population or population density, a divide between urban and remote areas, or simply the size of the municipality relative to others. These factors were examined more closely as part of the Jordan Emergency Services and Social Resilience Project's (JESSRP) 1st Monitoring Round, which suggested that such factors may influence municipal government's ability to engage directly with communities. Larger municipalities, for example, may be less likely or able to widely deliver services in an equitable fashion<sup>36</sup>. Further research is needed to help identify exactly what is determining these differences in service access across municipality groups. This will help to pinpoint which factors are unique to those municipalities with high levels of access challenges, as well as the reasons why others have relatively few.

Women across most municipal groups commonly cite low quality of services as an impediment to accessing services (see Table 4). In every municipality group, low quality was either the first or second most frequently cited access challenge. The disaggregated findings indicate that the problem of low quality of service is widespread geographically across Zarqa and Irbid. Some municipality groups, such as Ramtha and Irbid, Al Taybah Al Jdedah, Khalid Bin Al Waleed, and Al Wasatya, and Al Yarmouk Al Jadedah, and Sahel Horan were either just as likely as or more likely to cite complete unavailability of services as low quality. In Ramtha and Irbid, for example, 79% of female respondents, who reported to have faced access problems, indicated the complete unavailability of services as a challenge, while 73% also cited low quality. These rates are notably higher than in other governorates, in some cases more than 40%, and could perhaps signal a set of issues or conditions unique to these governorates which may be driving the unavailability of services. As with the previous

municipality findings, further investigation may yield some insights into the reasons for these differences.

<sup>35</sup> REACH, USAID Community Engagement Project (USAID CEP) Baseline Assessment Report, February 2016, p. 41

<sup>36</sup> REACH, Jordan Emergency Services and Social Resilience Project (JESSRP) 1st Monitoring Round Report, January 2016, p. 21

TABLE 4:

## Access challenges most frequently cited by women, by municipality groups

		Most frequently cited	2 <sup>nd</sup> most frequently cited	3 <sup>rd</sup> most frequently
IRBID	West Irbid, Dair Abi Said, Rabyet Al Korah	Low quality of service (70%)	Complete unavailability of service (47%); time taken to reach service (47%)	Cost of service (33%)
	Shrhabeal Bin Hasnah, Moath bin Jabal, Tabaqet Fahel	Low quality of service (68%)	Complete unavailability of service (63%)	Cost of service (51%)
	Al Saro, Al Kfarat, Al Shoulah	Low quality of service (65%)	Complete unavailability of service (51%)	Cost of service (44%)
	Borqosh, Al Mazar	Low quality of service (60%)	Time taken to reach service (47%)	Complete unavailability of service (37%)
	Ramtha, Irbid	Complete unavailability of service (79%)	Low quality of service (73%)	Cost of service (22%)
	Al Yarmouk Al Jadedah, Sahel Horan	Complete unavailability of service (64%), low quality of service (64%)	Cost of service (37%)	Time taken to reach service (28%)
	Altaybah Aljdedah, Khalid Bin Alwaleed, Al Wasatyah	Complete unavailability of service (49%)	Low quality of service (39%)	Cost of service (31%)
ZARQA	Al Hashemiah Al Jadeeda, Berean Al Jadeeda	Low quality of service (76%)	Complete unavailability of service (47%)	Time taken to reach service (34%)
	Al Rusayfah, Al Zarqa	Low quality of service (75%)	Time taken to reach service (51%)	Complete unavailability of service (39%)
	Al Azraq Al Jadeeda, Al Halabat, Al Dlail	Low quality of service (46%)	Cost of transportation to reach service (42%)	Insufficient availability of services (36%)

## Access to Key Services

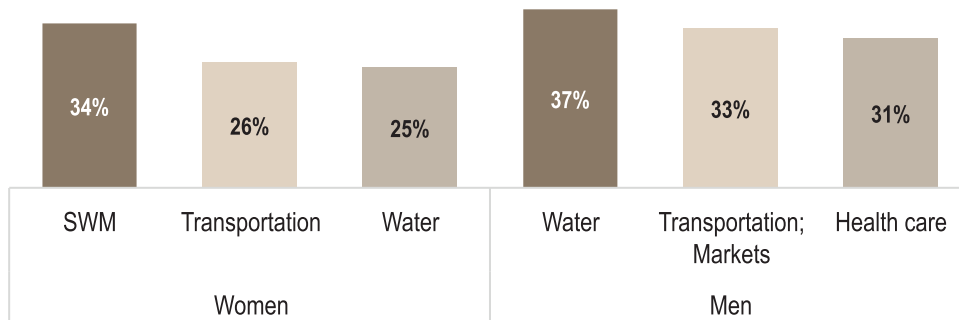
In addition to identifying which challenges affect service access overall, it is also important to understand which specific services are affected by such challenges. To answer this question, respondents were asked which services they would like better access to. In general, respondents primarily reported to want better access to services which are considered as managed or overseen by the national government, i.e. different ministries, rather than those managed at the municipal level. Overall, water (31%), transportation (30%) and health care (26%), all services under the national government, were among the most frequently cited services requiring better access. However, considerable proportions of respondents also stated they required better access to municipal services, including solid waste management (30%) and public leisure spaces (16%). Sanitation was also mentioned at a considerable rate (24%), which may fall within the mandate of either the Ministry of Water and Irrigation (sewage

system) or municipalities (desludging services). It is worth observing that no single service emerges as overwhelmingly problematic, with several services grouped closely within the margin of error. This should not be surprising, however, given that the survey encompassed a wide range of municipalities which vary in the availability and quality of specific services.

There are notable differences in the prevalence of reported services when disaggregated by sex (see Figure 4). Women most frequently reported wanting better access to solid waste management (34%), while men reported water most commonly (37%). There were also differences in frequency of reporting, with men more likely to report wanting better access to markets (33%) and health care (31%). Women cited the same services less frequently (15% and 20% respectively). Additionally, sanitation was mentioned by men nearly twice as often as by women, with 30% of men citing sanitation compared to 17% of women.

FIGURE 4:

## Most commonly cited services requiring better access, by sex



These findings are better contextualized when contrasted against men's and women's responses regarding the frequency of garbage collection. As part of the survey, respondents were asked how often they receive garbage collection in their neighbourhood. This question was asked both to get a general sense of the level of basic service access of communities, and to give indications as to how perceptions of availability of basic services vary between sexes. Clear gender differences arise in the reported frequency of garbage collection, with 51% of men reported that collection occurs daily compared to only 38% of women. As women are more likely to be at home during the day, this highlights how differences in knowledge and information about basic services, as a result of different gendered household roles, may be influencing men and women's perceptions on access to basic services.

TABLE 5:

## Key services requiring access improvements by women, by municipality groups

		Most frequently cited	2 <sup>nd</sup> most frequently cited	3 <sup>rd</sup> most frequently cited
IRBID	Al Saro, Al Kfarat, Al Shoulah	Health care (34%)	Transportation (31%)	Water (30%)
	Altaybah Aljdedah, Khalid Bin Alwaleed, Al Wasatyah	Health care (30%)	Water (27%)	Transportation (21%)
	Al Yarmouk Al Jadedah, Sahel Horan	Water (61%)	Sanitation (22%), SWM (22%)	Transportation (21%)
	Shrhabeal Bin Hasnah, Moath bin Jabal, Tabaqet Fahel	Water (39%)	Sanitation (31%)	Health care (30%)
	West Irbid, Dair Abi Said, Rabyet Al Korah	Water (34%), SWM (34%)	Sanitation (26%)	Transportation (25%)
	Borqosh, Al Mazar	SWM (41%)	Sanitation (38%)	Public leisure spaces (30%)
	Ramtha, Irbid	SWM (40%)	Water (31%)	Sanitation (14%)
ZARQA	Al Rusayfah, Al Zarqa	Transportation (53%)	Health care (37%)	Public leisure spaces (34%)
	Al Hashemiah Al Jadeeda, Berean Al Jadeeda	Transportation (43%)	Sanitation (26%), Public leisure spaces (26%)	SWM (23%)
	Al Azraq Al Jadeeda, Al Hala-bat, Al Dlail	Transportation (31%)	Health care (28%)	Water (25%), Public leisure spaces (25%)

Disaggregating findings at the municipal group level also helps to illustrate where there are sharper differences in service access (see Table 5). For example, women in municipalities in Zarqa governorate more frequently cited transportation as requiring improvement. These findings are supported in the section on transportation. In addition, women in municipality groups in Irbid governorate, such as the groups of Al Yarmouk Al Jadedah and Sahel Horan, and Shrhabeal Bin Hasnah, Moath bin Jabal and Tabaqet Fahel, reported water services as being more in need of improvement compared to other factors. The JESSRP baseline study offers some insight into why these particular groups cited water primarily. For example, Sahel Horan had the least frequent delivery of water via the public water network out of any municipality<sup>37</sup>. Additionally, Al Yarmouk Al Jadeeda had the largest number of household water shortages during the cold season, facing an average of 21 shortages during the season<sup>38</sup>.

The broader differences between municipality groups could be the result of a number of factors, including population density and municipality size, or simply reflective of differences in government oversight between municipalities. Some municipalities may not have the resources to adequately supply basic services, while others might lack the administrative capacity to plan for and deliver on service provision. Additionally, there may be issues related to demographics (i.e. nationalities, community groups) with more heterogeneous municipalities facing unique problems related to service delivery and access. Issues related to the municipal variation certainly warrant further research. However, the differences shown here regarding services requiring better access across municipality groups give a general indication of which areas might stand to benefit the most by improving different services. This is explored in more detail in the following sections which examine access to specific services.

Finally, there were also a number of significant differences between Syrians and Jordanians (see Table 6). A significantly larger proportion of Syrians reported requiring better access to health care (44%) than of Jordanian respondents (24%). Meanwhile, whereas for Jordanians solid waste management was one of the three most frequently cited services

requiring improvements at 32%, this services was one of the three least frequently cited by Syrians (4%). Finally, while an indicative finding as it falls within the margin of error, a larger proportion of Syrians reported their access to public leisure spaces needed to be improved than of Jordanians. Taken together, these findings point to limited access to health care being the most pressing challenge, with potential issues in accessing other services having less weight and importance. Thus, lower proportions of Syrians reporting limited access to services such as transportation does not necessarily mean that their access thereto is better, but rather that compared to health care other services are less of a priority. These considerations, as well as other aspects of the nationality dimension of both health care and public leisure space access will be discussed further in the subsequent chapters.

TABLE 6:

### Key services requiring access improvements, by nationality

	Jordanian	Syrian
Solid waste management	32%	4%
Water	31%	31%
Transportation	30%	20%
Health care	24%	44%
Sanitation	24%	15%
Markets shopping	24%	20%
Education	18%	19%
Public leisure spaces	15%	23%
Employment	12%	13%
Housing	5%	2%
Other	1%	1%

<sup>37</sup> REACH, Jordan Emergency Services and Social Resilience Project (JESSRP) Baseline Report, April 2015, p. 61

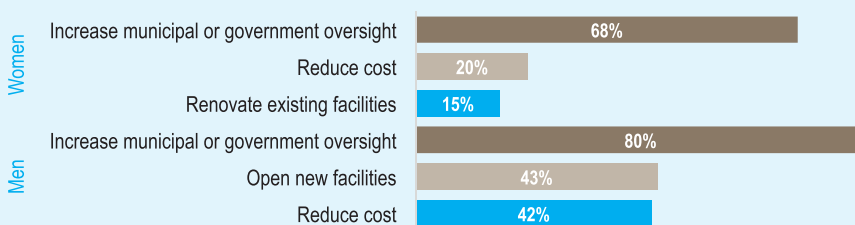
<sup>38</sup> Ibid., p. 64

## Reported Suggestions for Improved Access to Basic Services

After listing the most severe challenges preventing service access, respondents were asked for suggestions to overcome problems of service access. A range of suggestions for improving access to services were identified, but there appears to be a general consensus among both women and men that increased municipal or national government oversight for quality control could improve access to services. This was suggested by 75% of respondents. Other suggestions for improvements included opening new facilities (42%) and reducing costs of services (31%). This need for improved oversight over basic service provision was also discussed during FGDs. For example, a female group in Zarqa suggested improved oversight of public transit as public buses were insufficient in number, as well as overcrowded. A female group in Siro also explained that their schools require more attention from the Ministry of Education, as the quality of the primary school there is below standard<sup>39</sup>.

FIGURE 5:

### Suggestions to overcome access challenges



Disaggregated by sex, 68% of women and 80% of men agreed that increased oversight would improve service access (see Figure 5). Beyond this general consensus, men and women differed on what other measures might reduce obstacles in access to services. Men seem to prioritise costs more highly, with 42% reporting that reducing costs could help overcome challenges compared to just 20% of women. Similarly, men much more commonly suggested reducing costs of transportation (34% compared to 10% of women). These results closely mirror earlier findings which showed differences in which service challenges were prioritised by men and women. Men were much more likely to cite costs as a challenge (47%) compared to 30% of women. Similar to male and female responses regarding the service challenges themselves, it is likely that these discrepancies in suggestions to overcome them are also attributable to household responsibilities.

Men also more commonly cited a need for improved information about services, with 21% suggesting more information compared to just 5% of women. Previous findings found large differences between men and women on the frequency of garbage collection, which is likely attributable to differences in information about basic service provision. The results on garbage collection showed how information on basic service

39 Results from a baseline assessment for USAID's Community Engagement Project (USAID CEP), conducted by REACH in collaboration with Global Communities, largely support these findings. Considering service provision aspects interacting with social cohesion and community resilience, the assessment found a perception that municipalities at times might not carry out their functions effectively, with just 37 of respondents stating they believed their municipalities did so either "many times" or "always". Meanwhile, 45 of respondents in that survey stated that municipalities were responsive to citizens needs either rarely or not at all (REACH, USAID Community Engagement Project, Baseline Assessment. February 2016, p. 45). Notably, when separated between municipal and government oversight, the responses show that people cited a need for improved municipal oversight more commonly than governmental or ministerial oversight. These results contrast with previous findings indicating that the services which were most commonly reported as requiring improved access (water, transportation) are governmental, rather than municipal. This could perhaps signal an information gap regarding which governing body is responsible for providing which services. Previous research as part of the REACH Jordan Emergency Services and Social Resilience Project (JESSRP) Monitoring Round provides some insight, suggesting that the discrepancies in views might be due to a lack of awareness of the roles and responsibilities of local government. If people do not have a concrete understanding of which agencies and governmental bodies are responsible for addressing basic service needs, it can help explain the discrepancy between the service provided and the perceived source of that service. (REACH, JESSRP, 1st Monitoring Round, April 2015, p. 20)

provision may influence perceptions on which basic services are most in need of improvement. Here, the results indicate that women have more knowledge of basic services than men, as they are less likely to cite a need for it. Household responsibilities may provide some explanation. If men are more likely to work while women are responsible for housework, it would follow that men would be more concerned about costs of services and less informed about the availability and use of basic services compared to women.

At the municipal level, calls for more oversight were most common in West Irbid, with 82% suggesting the need for improved oversight at this level. Tabaqet Fahel also strongly supported stronger municipal supervision, with 66% agreeing that it was necessary. Government oversight was most widely suggested in Wasatyah and Tabaqet Fahel (59% and 57% respectively). While more research is needed at the municipal level to better understand service provision, these results help to identify which municipalities may have relatively weak oversight of service provision at the municipal or national level.

## Health Care

During focus group discussions health care was frequently mentioned as a service particularly affected by access challenges, in particular by female groups. The quantitative component of the assessment confirmed the prevalence of access challenges in the health care sector. As shown previously, women's access to health care was reported limited in a number of municipality groups.

In the groups of Al Saro, Al Kfarat, and Al Shoulah, and Altaybah Al Jadeedah, Khalid bin Al Waleed and Wasatyah in Irbid governorate, it was the most frequently cited service for which women experience access challenges, at 34% and 30% respectively. The literature review revealed that much of the available information concerning women's health care in Jordan primarily focuses on reproductive health, and therein predominantly on Syrian refugees. The present assessment aimed at providing a broader overview of women's and men's access to health care in Irbid and Zarqa, focusing primarily on Jordanians and considering more general challenges related to health care, beyond reproductive health. This chapter presents relevant findings, first considering reported need for and access to health care, then looking at key access challenges, as well as levels of satisfaction with services received. Although the majority of the chapter will focus on Jordanians in light of the fact there is relatively little information regarding their access to health care, challenges identified for Syrian refugees specifically will be examined as well. This will serve to highlight that Jordanians and Syrian refugees are facing a number of different challenges and provides a contribution to filling certain information gaps regarding Syrian refugees' access to health care outside of camps.

## Summary

Findings presented in this chapter show that women more commonly experience challenges in accessing health care than men, with a larger proportion of women in need of such care reportedly unable to access it. Identified challenges in women's access to health care appear primarily related to cost of treatment, as well a lack of medications and of a health care facility in the municipality they live in. The latter could be related to findings suggesting that the distance of health care facilities and access to transportation act as obstacles limiting women's access to health services. Additionally, as the majority of those women unable to access health care are of reproductive age, while all those above reported being able to access needed services, there might be a relation between access to health care and the nature of the need, e.g. a need for reproductive health care compared to the need for other specialised or general treatment. Overall, given the fact that women emphasised low quality of services as a broader access challenge, and seeing how high cost of treatment and limited availability of medication were mentioned as concerns even when women had been able to access health care, focus should be placed on improving quality and reliability of health care services more generally. Nevertheless, efforts to improve access to health care for women should consider barriers in terms of physical access as well, taking into account reachability of health care facilities and access to transportation.

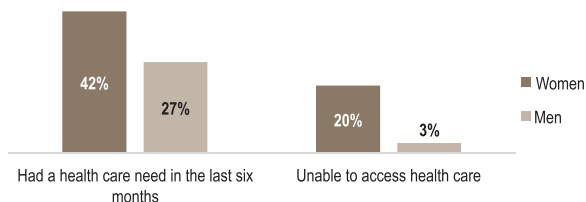


## Health Care Needs & Access Health Care

To analyse health care access in relation to need respondents were first asked whether they had had a health care need over the six months preceding the survey. Across Irbid and Zarqa, 34% of respondents reported having had a health care need during the six months preceding the survey. A significantly higher proportion of women stated they had required health care (42%) than of men (27%) (see Figure 6). This might be partially explained by the fact that the majority of women who reported having required health care services are of reproductive age (51% aged 18-44, 61% aged 18-49)<sup>40</sup>, meaning they might have required medical attention during pregnancy or child birth, or for contraception. In addition, it is women who commonly look after the health of their children. Therefore, a portion of women's reported health care need may in fact be attributed to their children rather than to themselves directly.

FIGURE 6:

% of women and men reporting health care need and % subsequently unable to access health care



Of those respondents reporting a health care need, 13% stated they had been unable to access the services they needed. Women's access to health care was found to be more limited than men's, with 20% of women in need of health care reporting they had been unable to access it, compared to 3% of men (see Figure 6). This was found to be the case in both

Irbid and Zarqa governorates, with 20% of women in both stating they had not been able to receive health care when they needed it. To get a more general understanding of access to health care within households, respondents were further asked whether other female or male household (HH) members had had a health care need in the six months preceding the survey. Of the 39% of respondents who stated that female HH members had required health care in the last six months, a majority (56%) stated that only "some" or "none" of them had been able to access health care services<sup>41</sup>. This finding appears to confirm the existence of obstacles preventing women from accessing health care. These are analysed in the following section.

## Inability to Access Health Care: Reported Challenges

The primary challenges in women's access to health care relate to cost, availability of medication, as well as availability of health care facilities more broadly (see Figure 7). These findings are supported by insights gained through eight FGDs conducted in Irbid and Zarqa – four with Syrian refugee women, five with Jordanian women. However, given the small sample size of women unable to access healthcare, this finding should be considered as indicative rather than representative of all women across Irbid and Zarqa.

Of those women unable to access health care services, 75% reported this had been due to the cost of treatment. Based on qualitative findings, this appears to be a particularly pressing access challenge for Syrian refugees, as cost was mentioned as a dominant challenge during all four FGDs with Syrian refugee women. For example, Syrian refugee women participating in an FGD in Ramtha in Irbid governorate reported cost as the main access challenge for health care, describing how upfront payment of consultations and treatment is required in public hospital and health care centres, including in emergencies. Participants highlighted that cost was a particularly severe challenge for dental care

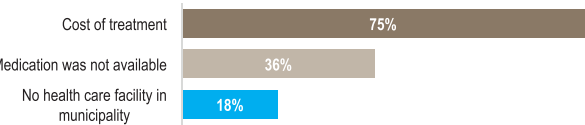
40 The World Health Organisation (WHO) defines women of reproductive age as all women aged 15-49 (WHO, Reproductive Health Indicators: Guidelines for their generation, interpretation and analysis for global monitoring, 2006, p. 6). However, it also notes that "[i]n some estimates from censuses and surveys, the upper age is taken as 44 years [...]. More recently, it has been recommended that total fertility rates be shown both by age 15-44 and by age 15-49 years, especially when survey data are used." (ibid.). Therefore, percentages for both age ranges are presented here.

41 The question was phrased as follows: "If any other female household members had a medical need over the past six months, were they able to access health care?" with response options "all female members with a medical need", "some female members with a medical need", "none of the female members with a medical need" or "NA".



and treatment of chronic illnesses. Perhaps as a result of high costs of healthcare, Syrian refugees reported they were heavily reliant on health care provided by international NGOs, including Doctors Without Borders, Doctors of the World, and local charities. Syrian participants in Rusayfah (Zarqa governorate) described how having to pay for health care in Jordan represented a significant change for them, as in Syria health care had been provided free of charge. The challenges of cost reportedly start with obtaining the Ministry of Interior (Mol) service card, which requires refugees over the age of 12 to undergo medical tests and obtain a health certificate from the Ministry of Health (MoH), at a cost of initially 30JOD (42USD)<sup>42</sup>, now 5JOD (7USD)<sup>43</sup>. Without obtaining this certificate refugees cannot receive the Mol service card, which is necessary for accessing governmental health services.<sup>44</sup> While an indicative finding due to the small sample size, all Syrian refugee men and women reporting inability to access health care during the perception survey cited cost as the reason.

**FIGURE 7:**  
**Women’s most frequently cited reasons for inability to access health care**



The second most frequently cited access barrier was unavailability of medications, with 36% of women unable to access health care reporting this reason. Based on findings from FGDs, this appears to be a challenge more commonly affecting Jordanian women, or at least being more frequently noticed by them. Jordanian women taking part in an FGD in Berean (Zarqa governorate) highlighted the unavailability of medication at the local health care centre, a challenge which was reportedly confounded by the fact that the only pharmacy in the village was

usually closed. An occasional lack of medications was also reported by Jordanian FGD participants in Zarqa, both at the newly opened hospital and health care centres. In Siro (Irbid governorate), Jordanian FGD participants stated that both the local health centre and Yarmouk hospital lacked certain medications. A lack of medical equipment, as well as the lack of a laboratory and dental clinic in the municipality – i.e. unavailability of certain specialisations – were also reported by the women participants as challenges affecting their access to health care. During Syrian refugee focus group discussions, a lack of medications or medical equipment was not mentioned as an access challenge, which might be due to the predominance of the challenge of cost. While indicative, none of the Syrian women reporting they had been unable to access health care during the perception survey stated this had been due to a lack of medications.

The lack of a health care facility in the municipality was another commonly cited access challenge for women, reported by 18%. Findings from FGDs suggest that unavailability of health care services might not just relate to the lack of a facility, but more broadly to the lack of capacity of health services in the municipality to meet women’s and men’s needs, including in case of emergencies. While health care centres were generally reported to be available in municipalities where FGDs were conducted, Syrian FGD participants in Azraq town noted that the centre was both far away and closed at 2pm, while the nearest hospital was located in Zarqa. In case of emergency, including child delivery, women had then to be taken to Zarqa by ambulance, which is over an hour drive from Azraq. Limited opening hours of local health care facilities were also reported in Berean. Indicative quantitative findings suggest that the lack of a health care facility in the municipality of residence is a more considerable access challenge for women than for men. A considerably lower proportion of men reported this challenge was preventing them from accessing health care than of women. The gendered impact of distance on access to health care is discussed in more detail below.

In relation to limited availability of health care within municipalities and the distance to the nearest health care centre or hospital, female FGD participants also referred to the limited availability of reliable and affordable public transportation, as a challenge limiting health care access. This corroborates

42 Based on the exchange rate (1 JOD = 1.415 USD) on 23 August, 2016. All conversions from Jordanian Dinar to US Dollars in this document are based on this exchange rate.  
 43 Amnesty International, *Living on the Margins: Syrian Refugees in Jordan Struggle to Access Health Care*, 2016, p.13; NRC and IHRC, *Registering Rights: Syrian refugees and the documentation of births, marriages, and deaths in Jordan*, October 2015.  
 44 UNHCR, *Service Guide for Syrian Refugees*, March 2015.

findings from the perception survey, where the cost of transportation to reach health care facilities was cited by 15% of women unable to access health care. This obstacle appears to be affecting women's access to health care more heavily in Zarqa governorate than in Irbid: the challenge was mentioned during three out of four FGDs in Zarqa governorate – namely in Zarqa city, Berean and Azraq town – while not referred to in any of the female FGDs in Irbid governorate. This observation can be corroborated by indicative findings from the perception survey, with an overwhelming majority of those women reporting the cost of transportation as a challenge being from Zarqa governorate. As shown above, in all three Zarqa municipality groups, transportation was the service women most frequently cited as requiring improvements. The findings presented here emphasise the importance of such improvements in light of the considerable secondary effects a lack of affordable public transportation on other basic services.

Beyond reported access challenges, there appears to be a relation between age, the need for reproductive health care and inability to access it. Indicative findings suggest that the majority of women unable to access health care are of reproductive age (62% aged 18-44; 66% aged 18-49). Meanwhile, all interviewed women who reported having had a health care need aged 61 or older stated they had been able to access health care services. This in turn might suggest a relation between access to health care and the nature of the need, e.g. a need for reproductive health care compared to the need for other specialised or general treatment.

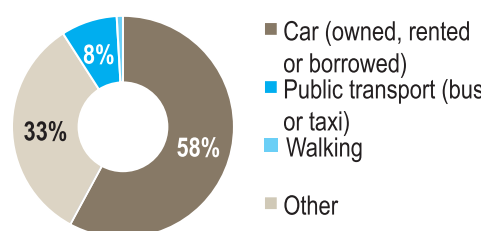
## Characteristics of Access

In order to arrive at a more thorough understanding of the different factors influencing access to health care, the assessment also established different parameters of access, including:

- means of transportation used to reach health care facilities;
- where health care was accessed, i.e. the geographical location of access, public or private facilities;
- and satisfaction with the services received.

This enables insights into the nature and quality of access, as well as into factors that might be conducive to access.

FIGURE 8:  
Reported means of transportation used to access health care



## Transportation & Distance

As shown in Figure 8, a majority of those able to access health care reported having used a car to reach the health care facility (58%). Responses were separated between having used one's own or a family car (54%), and a rented or borrowed car (2% respectively). A third of respondents stated they had reached the health care facility by public transport – 19% reported using buses, whereas 14% had used taxis. Meanwhile, 8% of respondents stated they had accessed health care centres or hospitals on foot. These findings highlight the importance access to public, as well as private means of transportation, has for people's access to health care. Therefore, these findings appear to support observations made during FGDs, that lack of access to affordable and reliable transportation is perceived as a hindrance to accessing health care services. The importance of transport in relation to basic service access will be discussed in more detail in the relevant chapter later in this report.

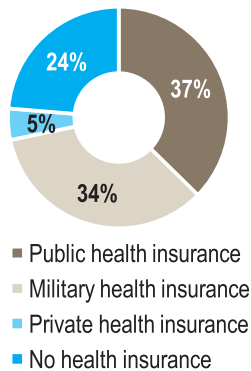
The average time reportedly taken to reach health care facilities was 40 minutes, at an average cost of 5.7JOD (8USD) for a return trip. While no significant gender differences were identified in terms of means of transportation used to access health care, time or cost to reach facilities, a larger proportion of men who stated they had been able to access health care reported they had done so at a facility in a public or private facility in another municipality than the one they live in (24%), than of women (15%). This might indicate that men are more able to travel further to

gain access to health care than women, which could relate to access to private or public transportation.

Public vs. Private Health Care

The main health care providers for those able to access health care when in need, appear to be public, rather than private. Among the 87% of respondents who reported having been able to access health care, an overwhelming majority (87%) reported they had accessed health care at a public health care centre or hospital, whereas 13% reported they had visited private facilities. No significant gender differences were found with regards to public versus private health care providers.

FIGURE 9:  
Type of health insurance, among those able to access health care



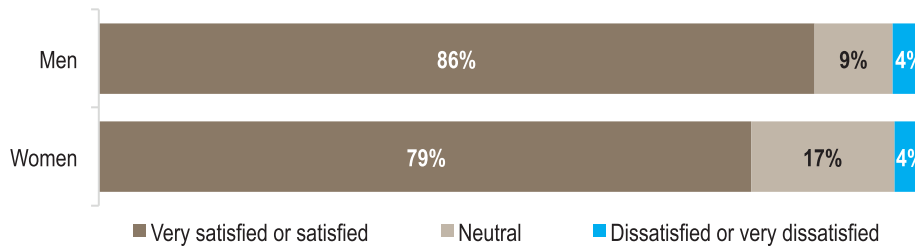
Another related factor assessed was the prevalence of health insurance among those that were reportedly able to access health care. As shown in Figure 9 a majority (76%) of those able to access health care do have health insurance, either provided by the government or military (37% and 34% respectively), or through a private scheme (5%). However, 24% also reported they had no health insurance, meaning they covered all costs related to their treatment themselves. While the relevant sample was not large enough to provide statistically significant findings for those unable to access health care, indicative findings suggest that health insurance might influence access to health care: those without health insurance represent a considerably larger proportion among those unable to access health care than among those able to.

Satisfaction with Health Care Services Accessed

In addition to access to health care and barriers thereto, the assessment aimed to shed light on women’s and men’s perceptions of the quality of the health care services used. This appears relevant in the context of findings presented earlier, i.e. low quality being reported as an overall challenge in accessing services. The findings in this regard are largely positive, with a large majority (82%) of those respondents who were able to access health care stating they were either satisfied or very satisfied with the service received. Reported levels of satisfaction differed significantly between women and men, with a smaller proportion of women reporting being either “very satisfied” or “satisfied” (79%) than of men (86%) (see Figure 10). Meanwhile, reported level of dissatisfaction with health care services received was found to be the same for assessed women and men (4%). This difference appears to be driven by a larger proportion of women with a neutral stance on the quality of health care services accessed, than of men – 17% of women compared to 9% of men. Some factors that could partially explain why people in general would claim a neutral position when asked about the quality of service include (a) the number of times the service has been accessed – having used a service once some respondents might not be comfortable making a quality judgement; (b) how long ago the service was accessed – someone who went to a health care facility close to six months ago might not remember properly and thus not make a strong statement on quality; or (c) the service having been neither particularly good nor particularly bad. Why a larger proportion of women than men specifically would report a neutral stance toward the quality of health care services received warrants further investigation.

FIGURE 10:

### Satisfaction with quality of health care received, by sex



Satisfaction with health care received appears to be greater in Irbid than in Zarqa governorate: While a majority of those able to access health care in both governorates reported to be “satisfied” or “very satisfied” with the services received, a larger proportion did so in Irbid than in Zarqa, 86% and 72% respectively. This does, however, not necessarily reflect greater dissatisfaction in Zarqa, as this difference appears to be driven by a larger proportion of respondents in Zarqa stating they were neutral regarding service quality, 23% compared to 11% in Irbid. Further exploration would be required to establish why that might be.

The reasons cited for dissatisfaction with services received largely reflect the reasons reportedly preventing access more broadly, with cost of treatment, lack of medication and cost of medication being the most commonly stated reasons<sup>45</sup>. Findings from FGDs as well as insights gained from experienced field staff provide some further context to better understand the cost and lack of medication as factors causing dissatisfaction, and the ways in which they might be related. Experienced Jordanian field staff suggested that medication was frequently imported, which was leading to high prices in general. It was also mentioned that at times health care centres do not have medicines in stock in their in-house pharmacies, which forces patients to purchase medication at external pharmacies, where prices

might be higher. Furthermore, such pharmacies might have limited opening hours, as suggested by female FGD participants in Berean (Zarqa), which amplifies the lack of access to medications. As these

findings are only indicative, further research would be required to properly understand the severity and implication of these challenges.

### Public Leisure Spaces

This section provides an insight into the availability, use and disuse of public leisure spaces among women and men, with a focus on public parks. Public leisure spaces and in particular parks are services that are receiving considerable attention in the framework of on-going resilience and social cohesion programming in Jordan. A number of donors collaborating with municipalities, including the World Bank, UNDP and USAID, have been renovating or newly constructing public leisure spaces, aiming to provide a platform for members of different communities to meet and engage with each other. The general underlying assumption is that by furthering such interaction, tensions that have been growing with the demographic shifts and pressures related to the Syria crisis could be counteracted and social cohesion would be strengthened. Whether or not this assumption is valid, efforts to achieve this aim should ensure that these spaces are inclusive and accessible to all demographics. However, evidence gathered during a number of previous assessments conducted by REACH with different partners suggests that this is not always the case, with women in particular feeling disadvantaged. A recent baseline assessment for the USAID Community Engagement Project (USAID CEP) conducted by REACH in coordination with Global Communities, found that in the ten assessed communities in Mafraq, Irbid and Tafleeh governorates a significantly higher proportion of women reported to be ‘not satisfied at all’ with public gardens and recreational facilities (54%) and

<sup>45</sup> Please note that given the size of the sample of those dissatisfied (55 respondents in total), these findings are merely indicative, and it is not possible to report gender disaggregated findings, as these would not be representative.

youth centres and sports facilities (51%), than of male respondents (28% and 24% respectively)<sup>46</sup>. Similarly, community key informants interviewed during the first monitoring study for the Jordan Emergency Services and Social Resilience Project (JESSRP) conducted by REACH in coordination with the World Bank, DFID and FCO in 2015, highlighted the need for more leisure spaces designed specifically for women and young children<sup>47</sup>.

The present assessment thus sought to contribute to a more robust evidence base on access to public leisure spaces in Irbid and Zarqa governorates, and potentially provide an insight into women's and men's access to public space more broadly. To set the background for the availability, use and disuse of public parks, the following section establishes where women and men generally spend their free time. This is followed by a consideration of the availability of public parks in Zarqa and Irbid municipalities, of whether these parks are being used by respondents and, if so, by whom in the household. Finally, the reasons for disuse of existing parks are presented for different demographics.

## Summary

In sum, ensuring that parks are accessible and attractive to families and women with their children, including through the construction or maintenance of playgrounds, might contribute to nurturing perceptions that such spaces are appropriate for women to use. This suggests ensuring that synergies between programming for the benefit of children and that of women are considered and fully taken into account. As such, public leisure space interventions should ensure that they cater to all demographics. This might entail creating spaces specifically for families, while simultaneously providing spaces that are adapted to the needs and preferences of youth, rather than creating single spaces aimed at catering to all demographics. If public leisure spaces were constructed in a way that they are considered appropriate for women and children to use – both by women themselves, as well as by their family or community – this could increase women's

access to public space more generally. Meanwhile, the assumption that public leisure spaces further interaction between different communities and therewith strengthen social cohesion might need to be reconsidered in light of findings suggesting more limited use of public leisure spaces among Syrians. At the very least, public leisure space interventions should be accompanied by efforts to mitigate underlying fears, negative perceptions and the potential for conflict among different communities living in Jordan.

## Free Time

A consideration of the location of where women and men mainly spend their free time reveals that both women and men typically spend their leisure time in the private sphere. Overall, respondents most frequently cited their own home as the place where they usually spend their free time (75%), followed by the home of their (extended) family at 49% and friends' home (22%). This order was observed both among women and men, yet with a higher proportion of men stating they were spending their free time at their family's home (54% compared to 44% of women) or at friends' home (26% compared to 18% of women) (see Figure 11). The fact that a higher proportion of women reported to mainly spend their time in their own home (81% compared to 69% of men) might be understood in the context of women generally having more household and child care responsibilities than men. During FGDs women frequently stated that because most of their responsibilities centre around household and childcare, they perceive to have generally less actual free time than men. Thus, they might be more likely to spend the free time they have close to their children or house. Additionally, women might be considering the time they spend looking after children and taking care of household responsibilities at home as leisure time, rather than as work. This could also explain a larger proportion of women reporting to spend their free time at home. Finally, limited access to public transportation, namely public buses and shared taxis (service), could be affecting women's mobility more severely and thus explain the larger proportion of women reporting to spend their free time at home. A considerably larger proportion of women who reported spending leisure time at home stated a lack of public transportation in their area as a reason

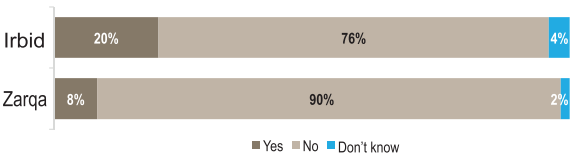
<sup>46</sup> USAID-Global Communities-REACH, USAID Community Engagement Report, Baseline Assessment, *forthcoming*, p. 44.

<sup>47</sup> World Bank-DFID-FCO-REACH, Jordan Emergency Services and Social Resilience Project (JESSRP) Monitoring Study 1, January 2016, p.46-47.

for not using buses or service, than of women who reported spending their leisure time elsewhere.

When considering these findings by nationality, a number of significant differences were revealed. Unsurprisingly in a context of displacement, a significantly lower proportion of Syrian refugee respondents stated they were spending the majority of their free time at their extended family's home – 17% of Syrian refugees compared to 52% of Jordanians. While an indicative finding due to the small sample of Syrian refugees interviewed and the impact this has on the margin of error, a larger proportion of Syrian refugees than of Jordanian respondents reported to mainly spend their free time at a park. Access to and use of public parks is considered in more detail in the following sub-section.

FIGURE 11:  
Where women and men mainly spend their free time



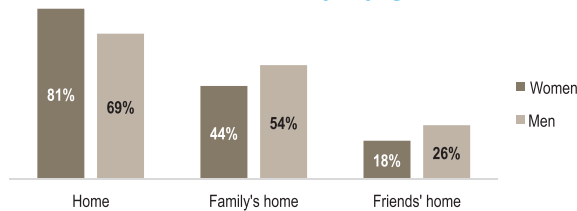
Public Parks

Public parks are among the most common public leisure spaces and are frequently targeted in social cohesion and resilience programming in Jordan. Parks are perceived as providing a space for members of different demographics to meet and socialise, while providing children with a safe space to play outside. As stated above, it is these qualities that lead to common programming assumptions that the investment in public parks and other such spaces might contribute to mitigate existing or potential tensions within communities. Whether these assumptions are warranted or not, the present assessment thus more specifically analysed access to public park as an exemplary public leisure space, so as to inform ongoing and future programming in this area. This sub-section first considers reported availability of public parks in the municipalities assessed, then turns to an analysis of use or disuse of available parks, which includes a closer look at the reasons why parks are not used by women.

Availability

Across Irbid and Zarqa governorates, a large majority of respondents (81%) reported that public parks were not available in their municipality, while 16% reported availability of a park. Disaggregation of this finding reveals a significant difference in (self-reported) availability of public parks between Irbid and Zarqa governorates (see Figure 12), with apparently more limited availability of parks in Zarqa than in Irbid: with 20% of respondents in Irbid stating there was a public park available in the municipality they live, compared to 8% of respondents in Zarqa. Experienced field staff suggested the differing land cover of the two governorates might contribute to a partial explanation of this difference. Given Zarqa governorate is largely barren, with some shrub and crops lands, as well as urban cover, it might be assumed that constructing a public leisure space such as a park would require considerable investment, for which funds might not be available to municipalities. Meanwhile, Irbid governorate is covered primarily by crop and shrub lands and might have more natural green spaces already, which require small efforts or investment to be transformed into a public leisure space.

FIGURE 12:  
% of respondents reporting public park is available in municipality, by governorate



Coupled with the finding that a majority of both women (59%) and men (58%) reported they would use public parks were they available, these findings suggest that a lack of appropriate public leisure spaces presents one of the primary challenges in access to such spaces. Furthermore, they could be a partial explanation for women's and men's pronounced use of private spaces for leisure time.

Use of Public Parks

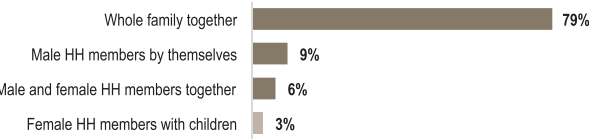
The assumption that limited availability of public leisure spaces could be one of the main factors



influencing access, potentially more so than a general disinterest in using such spaces, appears corroborated when considering reported use of available parks, in particular in Irbid. Forty-seven percent of those respondents stating there was a park in the municipality reported members of the household were using this park. Findings at the governorate level reveal that available parks are more commonly used in Irbid, than in Zarqa: while 52% of respondents in Irbid stated household members were using available parks, 22% of respondents made the same statement in Zarqa governorate. Thus, there appear to be reasons beyond the generally limited availability of parks that hinder Zarqa residents' access to these spaces. These will be explored further below, when considering reasons for disuse. Regarding more detailed information in terms of use of parks, including for municipality groups, the small proportion of respondents stating there was a park available in their municipality does not allow for statistically significant findings.

After establishing whether members of respondents' households are using available parks, the assessment aimed to shed light on who within households is generally making use of such spaces. It appears that parks are not primarily used by women with their children, but rather the entire family together. A large majority of those respondents who reported their household was using available parks, stated parks were usually visited by the family as a whole (79%) (see Figure 13). Merely 3% of respondents stated it was primarily female household members accompanying children going to the park. This finding is supported by discussions during FGDs, with both male and female participants describing public parks as family spaces. Some female participants also voiced a perception that parks should be created based on such a concept, i.e. there should be parks that are only accessible to families, rather than for everyone, which might include youth who are perceived as causing unrest or making women feel uncomfortable.

FIGURE 13:  
Use of available public parks within households



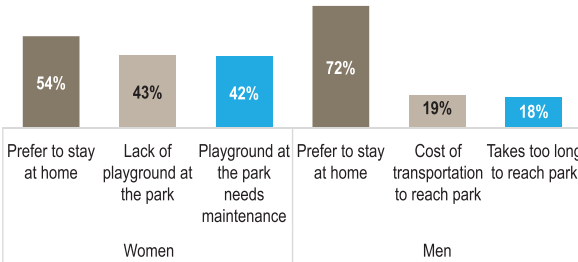
A look at reported reasons for disuse of available parks provides further insight into the value Zarqa and Irbid residents attach to parks in general as well as what they might consider central qualities of such spaces. Overall, the most frequently cited reasons respondents provided for not using available parks was a preference to stay at home, at 62%. This might be indicative of a limited interest in or perceived need for parks more generally, which should be considered when designing related interventions. The second and third most frequently cited reasons for disuse appear to confirm the perception of parks as family spaces: 30% of respondents reported either a lack of a playground, or the available playground requiring maintenance respectively. These findings correspond to insights gained through the first World Bank-DFID-FCO-REACH monitoring exercise for the Jordan Emergency Services and Social Resilience Project (JESSRP) conducted in August 2015. During this assessment community key informants noted a perception that public leisure spaces, including some of those constructed in the course of the JESSRP, did often not cater to the needs of women and girls, as well as those of younger children<sup>48</sup>. In the present assessment, no significant differences in the reasons for disuse could be found between the two governorates.

A disaggregation of these findings by sex reveals that the concern over lack of or poor quality of playgrounds is primarily driven by women. With regards to women, two of the three most frequently cited explanations for not using available parks relate to limited availability of a playground, with 43% of women stating there was no playground at the park, and 42% reporting that there was a playground available, but it required maintenance (see Figure 14). The next most frequently cited reasons, reported by 4% of women respectively, were the cost of transportation to get to the park; security concerns at the park, including due to the presence of youth or drug use; security concerns on the way there; and a lack of water, sanitation or lighting at the park. The cost of transportation was frequently mentioned during FGDs with Syrian women, including in Ramtha and Al Wasatyah in Irbid, stating they were deprioritising leisure activities because of it. FGDs also provided further insights into why the lack of

<sup>48</sup> World Bank-DFID- FCO-REACH, Jordan Emergency Services and Social Resilience Project (JESSRP), Monitoring Study 1, January 2016, p. 47. The public leisure space referred to here is a football pitch.

facilities at the park might be a reason for women not to go. Female participants in Yarmouk and Zarqa city referred to the lack of lighting in particular as a security concern, which discouraged them from going. The lack of lighting might aggravate the perceived threat of other concerns mentioned, including the reported presence of young men perceived to be consuming drugs or alcohol. This was mentioned by both Jordanian and Syrian refugee women during FGDs in the urban areas, namely in Rusayfah, Irbid city, Ramtha and Zarqa. While this did not emerge as a theme in quantitative findings, Jordanian women in FGDs in Siro and Zarqa city mentioned that entrance fees were being charged at available parks were dissuading them from use.

**FIGURE 14:**  
Main reported reasons for not using available parks, by sex



Meanwhile, the most frequently cited reasons for disuse among men are a preference to stay at home (72%), the cost of transportation to reach the park (19%) or the time it takes to get there (18%) (see Figure 14). Merely 11% of male respondents stated a lack of a playground as a reason for disuse of available parks, while 13% reported a need for playground maintenance. These findings appear to relate to the different responsibilities women and men fulfil within households, with women caring for children and men being in charge of providing for the family financially, thus being more conscious of cost. They could also be indicative of a stronger interest in using public leisure spaces among women than men.

Finally, indicative findings of the qualitative and quantitative components of this assessment suggest a need for a revaluation of the common conception of public leisure spaces as a means to increase positive community interaction, not least between Jordanians

and Syrian refugees. Findings from the perception survey indicate that Syrian refugees are less likely to use public parks than Jordanians. Qualitative findings point to some potential explanations. During FGDs in Rusayfah (Zarqa) and Ramtha (Irbid) Syrian refugee women explained that they were not going to parks or other public spaces for a fear to cause negative attention among Jordanians. They stated being afraid of getting involved in disputes, which might lead to increased scrutiny from authorities and entails the perceived danger of being relocated to Azraq camp or Syria. Some participants further reported verbal and physical attacks against their children at public leisure spaces. To reduce the potential of any negative attention Syrian participants stated their families were generally avoiding public spaces, with children playing inside and some household members – particularly males – not leaving the house altogether. This may point to the consideration that the provision of public leisure spaces is unlikely to automatically improve social cohesion between Jordanians and Syrian refugees. Instead, other measures might need to be identified to address the root of fears, discrimination and the potential for violence among and between different communities.

### Transportation

Transport is both a service in itself and the means by which Jordanians and Syrians can access social services. Without access to adequate transportation, family members will be unable to access basic services which people require on a regular basis. For example, FGDs have identified the lack of transport as a barrier to accessing health care and education for themselves and their children. Therefore, when access to transportation is limited or non-existent, it can place a substantial burden on people’s overall well-being. Despite its importance, survey and FGD findings on service challenges reveal transportation as a service that is frequently unavailable or of insufficient quality. For the purpose of this assessment, transportation refers to public transit (i.e. buses, shared taxis), though in some cases the findings will look at transportation more broadly, including personal cars and taxis. This section will firstly look at the primary purposes of transportation. This will better inform findings related to access to transportation, including the



most frequently used modes of transit. Finally, it will turn to discussion of access challenges related to the use of public transportation, especially the influence of perceptions on women’s use of transit.

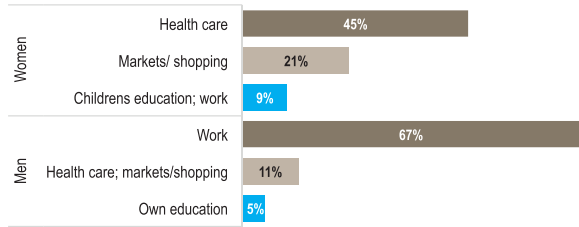
### Summary

Overall, the findings in this section establish transportation as a critical service which allows people to maintain their daily livelihoods and access other services such as education, health care, and markets. Without adequate access to transportation, it is likely that access to these other key services could be affected. The survey results show that women use buses more commonly than men, and FGDs have highlighted the importance of reliable public transportation for women’s daily responsibilities. Despite the importance of safe and reliable transportation, particularly for women, the results presented in this section show that in many cases access to transportation services is inadequate. A number of key challenges exist that prevent women from using public transit more frequently. Nearly half of women said that they could not use buses as there was no public transportation in their area. Additionally, perceptions on women’s use of public transportation likely poses a further challenge, as a large proportion of men do not believe that women should be using buses or taxis. These perceptions may be compounding existing access problems to public transit, and likely leading to fewer women taking these forms of transportation overall.

### Purposes of Travel

Key to understanding transportation as a basic service is an overview of the purposes for which transport is used. Survey data reveals sharp differences between men and women in their primary purposes of transportation overall. (see Figure 15). Women most frequently use transport to receive health care, with almost half of women (45%) reporting healthcare facilities as their primary destination. A smaller proportion of women (21%) also stated that they travel to shop or access markets. Conversely, a majority of men (67%) report mainly using transportation to go to work. Only small minorities of men cited other purposes for travel, including health or shopping (both at 11%), or education (5%).

FIGURE 15:  
Most frequently cited purposes of travel, by sex



These findings demonstrate that uses of transportation largely reflect male and female responsibilities within the household. As men are employed at far higher levels than women (67% compared to 16% of women<sup>49</sup>), it should not be surprising that men overwhelmingly use transports to get to work. Since women generally take on more housework and childcare responsibilities, there is a greater need for travel to health facilities or to markets to shop. Given transportation is primarily used to access health care, markets, education, or employment, these findings indicate that access to other services might be negatively influenced if adequate transportation.

Access to Private and Public Means of Transportation  
Overall, personal cars are the most commonly used form of transportation, with a majority of respondents reporting them as their primary means of transit (52%). The use of buses (incl. shared taxis) also appears relatively common, with a fifth of all respondents reporting them as their primary means of transport. Walking or taking the taxi were reported less frequently, only being used by 13% and 12% of respondents respectively. Though in aggregate it appears as though having a car is the most common mode of transportation, dividing the results by nationality shows that car ownership is nearly exclusively a Jordanian privilege. Less than 1% of Syrians surveyed used a personal car as their primary means of transport. Additionally, walking was the most common form of transit for Syrians, with 41% primarily walking to get around. A reliance on walking, combined with a lack of car ownership, likely signals that public transportation is a more important service for Syrians than for Jordanians, as they have relatively few alternatives for transit.

49 World Bank, Labour Force Participation Rate, 2014

There were also notable differences in transportation use across municipalities, which may give some indication as to where access challenges are more or less prevalent. For example, among municipality groups, walking was most common in Shrhabeal Bin Hasnah, Moath bin Jabal, and Tabaqet Fahel, with 24% citing it as their primary source of transit. This is compared to only 7% in West Irbid, Dair Abi Said, and Rabyet Al Korah. Meanwhile, Al Saro, Al Kfarat, Al

Shoulah is the municipality group with the largest proportion of respondents using buses primarily, at 39%. This is compared to only 15% in Ramtha and Irbid, which had the lowest reported bus use of any municipality group. This is contextualised by FGD findings from Ramtha, which cited a lack of regular public buses in the area which forced them to spend large amounts of money on taxis.

Table 7:

### Reported most frequent mode of transport, by municipality group

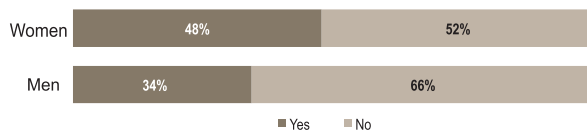
		Car (own, family, borrowed, rented)	Bus	Walking	Taxi
Municipality group	West Irbid, Dair Abi Said, Rabyet Al Korah	64%	25%	7%	5%
	Ramtha, Irbid	60%	15%	12%	13%
	Borqosh, Al Mazar	58%	21%	10%	11%
	Al Yarmouk Al Jadedah, Sahel Horan	58%	26%	11%	5%
	Al Hashemiah Al Jadeeda, Berean Al Jadeeda	55%	32%	3%	10%
	Al Saro, Al Kfarat, Al Shoulah	51%	39%	8%	2%
	Altaybah Aljdedah, Khalid Bin Alwaleed, Al Wasatyah	50%	32%	15%	4%
	Al Rusayfah, Al Zarqa	47%	24%	12%	17%
	Al Azraq Al Jadeeda, Al Halabat, Al Dlail	44%	34%	15%	7%
	Shrhabeal Bin Hasnah, Moath bin Jabal, Tabaqet Fahel	28%	36%	24%	12%

In the context of this assessment, private car ownership is not understood as a basic service. Therefore the focus of the remaining section will be on public transportation. While private family cars were the most frequently reported means of transportation overall, the use of buses for transit is common, particularly among women. Almost half (48%) of women surveyed have used a bus or shared taxi in the past six months, compared to just 34% of men (see Figure 16). This is supported by FGD discussions in which participants explained

why some women are more reliant on public transportation than men. Female participants in a Syrian FGD in Ramtha explained that transportation access affects women more than men, as women often have to travel to multiple places as part of their household responsibilities while men generally just travel to and from work. Since some women have more places to be on a given day, it places more of a burden on women when accessing public transportation.

FIGURE 16:

% reporting to have used public buses in the past six months, by sex



## Access Challenges

The findings from the overall challenges section have indicated that transportation is an important means by which to access other services. During FGDs, transportation was frequently discussed as a service that is both incredibly important to daily life, as well as one that can cause considerable frustration when it is not available. Reflecting the previous survey findings, participants during several female FGDs also explained how inadequate transportation limited their ability to access other services such as health care and education for themselves and their family members. A female Jordanian group from Berean reported that they have difficulty accessing the local health clinic, as it is at the top of a large hill and there is no means to get there other than to walk. Others discussed how the lack of transportation impacted their ability to get to and from the university.

Survey findings regarding public transportation show widespread challenges with accessing transportation. The respondents who reported to not have used buses were asked for the reasons why they had not done so. The responses given provide some perspective into some of the broader challenges with public transit. While there were large gender differences in use of public buses, the reasons given for disuse were the same for both men and women. 49% of women and 47% of men stated that their primary reason for not using buses was simply a lack of public transportation in the area. FGDs support this result, with many women in particular explaining how there is simply no public transportation in their area, causing disruptions in their daily lives. In many cases, this meant them having to rely on more expensive taxis or borrow a car from neighbours.

Some of the other major challenges brought up during FGDs were high costs of transportation, infrequent public transport, and a lack of internal public transit within towns and villages. Female

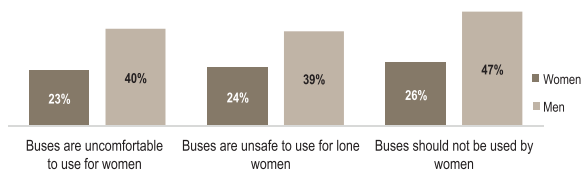
participants discussed having to pay the high cost of taxis when other forms of transportation are limited or non-existent. They also spoke about overcrowding in buses combined with infrequent schedules. Where buses and taxis were available at all, many complained of limited service destinations. While these challenges were not strongly reported in the survey as reasons why people have not used the bus at all, they are likely more indicative of barriers toward more regular use, or a signal that public transit is not adequately meeting their needs.

Interestingly, the survey also shows that a comparable amount (43% of women and 47% of men) reported that they did not need to use buses as they own or have access to a car. Compared with those that cited a lack of transportation, these findings represent something of a split between the population surveyed. While 45% do not need to use buses as they have access to more preferred methods of transportation, another half (48%) are simply unable to use public transit as it is unavailable to them. As the question allowed for multiple responses, it is not a perfect divide, however, with 6% of respondents citing both unavailability and not requiring buses as reasons for disuse. Regardless, the results reveal a sizable number of respondents who are unable to access public transit.

Findings at the governorate level highlight differences in transportation service availability, with Zarqa appearing to have less access to public transportation than Irbid. In Zarqa governorate, over two thirds of respondents who had not used public buses or taxis, indicated that there was no public transit or bus service in their area (70%), compared to less than a third of respondents in Irbid (23%) (see Figure 17). Conversely, over half of those who had not used buses in Irbid stated that they had access to a car and did not need buses (53%), compared to only 23% in Zarqa. The findings on primary modes of transportation confirm that there are likely differences in car ownership, with respondents in Irbid reporting a personal car as their primary mode of transit 10 percentage points more frequently compared to those in Zarqa (56% compared to 46%). Taken together, a higher level of car usage in Irbid may help to partly explain the difference in results. If respondents own a car, they would be far less likely to require the use of a bus, and therefore less likely to report if public transit is unavailable in the area. In Zarqa, lower car usage would signify that more

people would more commonly require use of a bus, and therefore would be aware if such a service was unavailable. Another explanation could simply be that Zarqa has a less expansive public transit system, and therefore fewer people have access to it.

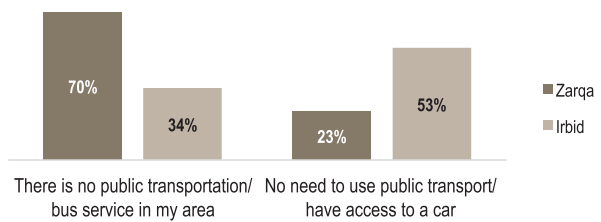
**FIGURE 17:**  
Reasons not Using Public Buses, by Governorate



A female FGD held in Zarqa seemed to support this point, describing that there were many challenges in accessing the public transit system, with many stating that buses were simply unavailable to them. Participants spoke about how the number of buses available was not sufficient for their needs. They also pointed to crowded and smoke filled buses, and called for greater oversight over the operation of buses in the area.

Beyond limited availability of public transportation, findings suggest that women's access could also be hindered by perceptions of what is acceptable and appropriate for them to do. Specifically, women's access to public transportation could be hindered by men's negative perceptions of women's public transport use. In order to better understand perceptions of public transport, respondents were asked whether they felt buses and taxis were comfortable for women or men to use, whether they were safe for lone women or men, and whether they should be used by women or men at all. Asked about buses, the responses show women's use of public transport is generally viewed more negatively by men than by women themselves (see Figure 18). Nearly half of men surveyed stated that women should not use buses (47%), compared to a quarter (26%) of women. Men were also more likely to say that buses were unsafe (39%) or uncomfortable (40%) for women to use, than women themselves (24% and 23% respectively).

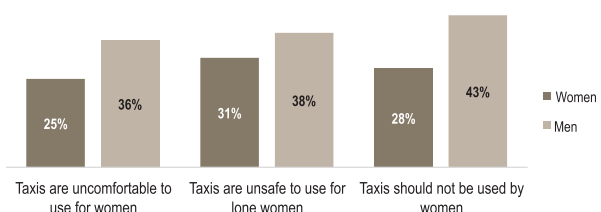
**FIGURE 18:**  
Perceptions of Women's Use of Public Buses



The findings on women are particularly salient when compared to perceptions on men, which show overwhelming support for men's use of public transit. Seventy-eight percent (78%) of respondents said that buses were safe to use for men, and 84% said that men should use buses. These differences in perceptions on men women's use of public transportation could possibly be indicative of an access challenge in itself. If husbands or male family members do not believe that women should be using public transit, then women may be discouraged or dissuaded from using it as a means of transportation. Further research may be needed to help determine why perceptions on public transportation use by women are so overwhelmingly negative when compared to men.

Views on taxis were broadly similar, with men having more negative views towards women's use of taxis (see Figure 19). Forty-three percent (43%) of men said that taxis should not be used by women, while 38% expressed an impression that they are unsafe for women to use. Compared to bus use, female respondents viewed use of taxis more negatively, with nearly a third of women (31%) saying that they were unsafe to use compared to less than a quarter who thought the same of buses. Twenty-eight percent (28%) of women also agreed that taxis should not be used by women at all.

**FIGURE 19:**  
Perceptions of Women's Use of Taxis



The difference in views between men and women certainly warrants further research. It could perhaps be illustrative of broader cultural or social stigmas around women's use of public transit. It could also be reflective of women's fears of harassment on taxis or buses, especially if taking a taxi or bus means that the woman is alone with a man or group of men. Men might be concerned about women being harassed while waiting for the bus for example. Findings seem to point toward perceptions themselves as being a potential service access challenge, with concerns about women's use of taxis and buses potentially causing women to be less likely to use them as a means of transportation.

# CONCLUSION

## Overall Access and Access Challenges

This assessment brings a comprehensive view of access to services in Irbid and Zarqa governorates of Jordan. While there have always been challenges to accessing services in Jordan, these are shown to have been exacerbated by the arrival of significant numbers of Syrian refugees in the country. Increasingly constrained access to services can place considerable strains on communities, and resentment over and competition for access can have negative consequences for social harmony and cohesion. This is particularly the case where certain specific groups see more favourable access than others.

The findings underline that women are found to be more commonly affected by access challenges than men. Overall, the most pressing access challenge among women and men is low quality of services. Physical access or reachability of services, namely a lack of availability of services overall as well as issues related to distance or transportation are common challenges as well, yet more pressing for women. Sectors most affected by such access challenges are found to be water and transportation, while most women perceive access to solid waste management as particularly limited.

Findings also confirm a nationality dimension in access to basic services in Irbid and Zarqa. Among Syrians, limited access to health care was identified as the most pressing service access issue. Indicative findings further point to more limited access to public leisure spaces among Syrians, with a smaller proportion of Jordanians reporting issues in this regard. Meanwhile, the most frequently cited basic service requiring improvements among Jordanians – solid waste management – was among the least frequently cited by Syrians. Taken together, these findings suggest that the challenges in health care access faced by Syrians are likely to outweigh challenges faced accessing other services. This has broader ramifications for Syrians in Jordan; access to health care can place a heavy strain on families already struggling to meet daily needs.

There are also disparities in access across different geographical areas. Transportation appears to be a more severe concern for women in Zarqa, than

for women in Irbid. Considerable differences in reported service access were also noted between municipalities and municipality groups, which is understandable given services are either controlled or at least provided at the municipal level. Such observations highlight the need for an area-based approach to basic service programming, which should aim to analyse and understand local contexts. This entails taking into account specific needs or challenges of different municipalities or governorates, including e.g. those related to urban-rural areas, general remoteness, population size or density, as well as demographic composition.

These results point to a trend of uneven access and increasing disparities in access, with some demographics (based on gender, nationality, and geographic area) seeing increasingly less favourable access than others. While improving access to services across the board in Jordan is certainly important, greater attention should be paid to the nuances of access and how access can be made more equitable for all groups – without risking resentment on the part of others. This is given greater importance in the light of Jordan's increasing population and, as the crisis Syria shows few signs of drawing to a closer, the necessity of providing for Jordan's Syrians in the longer term.

Solutions to this situation were proposed by respondents themselves. Residents of both Irbid and Zarqa see increased municipal and government oversight as a solution to overcome access challenges. The fact that the need for municipal oversight was reported more commonly than government oversight, while the services reported as suffering from limited access are primarily provided by the government, might suggest limited awareness of the roles and functions of municipalities. Nevertheless, these findings indicate the need for stronger oversight over service providers and service quality at municipal, governorate or national level.

Recommendations: Service providers in Irbid and Zarqa governorates, as well as local and international actors supporting them, should place emphasis on strengthening the provision of quality services, notably in the water and transportation sector. While access to water was not assessed further, findings



point to a general lack of public transportation, in particular in Zarqa governorate. An expansion of the transportation network could thus be beneficial for a large number of people and would have positive secondary effects on access to other services.

Improvements in solid waste management services might be perceived particularly positively by women and should remain a component of ongoing and future basic service programming. Programmes aiming to support equitable access to basic services should be tailored to the varying characteristics and capacities of municipalities and governorates. This entails local and international actors gaining a thorough understanding of the needs of local populations, service providers and authorities responsible for service provision, considering challenges related to urban-rural areas, remoteness, population size or density, demographic composition, as well as municipalities planning, human resource and financial capacities.

Programming aiming to improve women's access to basic services should accurately take into account the interplay between different services. In particular, the gendered implications of limited access to public transportation should be taken into account, as findings have shown that women rely more heavily on public transportation than men, and primarily do so for the purpose of accessing other services. As such, limited access to public transportation is likely to have considerable negative impacts on women's access to other services, including health care, as assessment findings show. Therefore, programmatic actors should ensure access to public transportation is considered in conjunction with efforts to improve access to other services, including health care.

Programming to improve women's access to services should ensure that services are perceived culturally appropriate for women. In the case of public leisure spaces, this relates to ensuring they are equipped to be used by women with children, i.e. having playgrounds, while other leisure spaces specifically cater to youth, in particular young males. For transportation this could entail provision of women-only areas on buses or at bus stops, or promoting taxis or buses driven by women. As findings related to transportation indicate that gender appropriateness is a more prevalent consideration on the part of men, efforts to address such perceptions should involve active engagement with men.

Programmatic attention should be focussed on improving or ensuring the quality of services provided, rather than first and foremost on making them physically available. This further highlights a need for stronger oversight over service providers to ensure services meet relevant standards and fulfil the needs of those that use them.

## Service-Specific Access and Access Challenges

### Health Care

The present study identified health care as one of the services that women in Irbid and Zarqa have more limited access to than men. A notable number of women who reported a health care need over the past six months were reportedly unable to access health care; this was much less the case for men. Challenges in women's access to health care appear primarily related to the cost of treatment. However, considerable proportions of women also noted a lack of medications and a lack of health care facility in the municipality they live in. Beyond self-reported challenges, findings suggest that the distance of health care facilities and access to transportation might act as barriers limiting women's access to health services. Among those reportedly able to access health care, a larger proportion of men than of women stated they did so outside their municipality. Furthermore, as the majority of those women unable to access health care are of reproductive age, a relation between access to health care and the nature of the need, e.g. a need for reproductive health care compared to the need for other specialised or general treatment, could be suggested.

Recommendations: Emphasis should be on improving quality and reliability of health care services more generally. Based on findings of the present study, improvements in terms of quality could, among others, relate to improved availability of medicines at health care facilities, longer or more reliable opening hours of health care facilities and pharmacies, increased oversight by the Ministry of Health for cost and quality control, as well as strengthened training for health care personnel. Furthermore, efforts should be made to ensure access to a wide range of specialisations, most notably reproductive health care, to ensure women's health care needs are met holistically. Finally, efforts to improve access to health



care for women should also consider barriers in terms of physical access, taking into account reachability of health care facilities and access to transportation.

## Public Leisure Spaces

Findings suggest that a pronounced use of private spaces for leisure time might indicate limited availability of appropriate public leisure spaces. While a majority of respondents reported there was no public park in their municipality, there is a general desire for such spaces. For women in particular there appear to be factors beyond unavailability which limit access to public parks. A majority of women who reported there was a park available stated they or other members of their household were not using it. Meanwhile, a majority of men reported parks were being used. The primary reasons for limited access to public parks appear to be that these are seen as ill-equipped for their children.

Recommendations: Parks and other public leisure spaces should be made accessible and attractive for families in general and women with their children in particular. Specifically, findings suggest that constructing or maintaining playgrounds at public parks could increase women's use of such spaces. This emphasises synergies between programming for the benefit of children and that of women, which should be identified and taken into account effectively. The need for female and family friendly leisure spaces might simultaneously suggest ensuring that youth have access to a separate set of public leisure spaces that caters to their needs specifically. While security concerns, including fears of harassment, were not reportedly widely among women, this could nevertheless contribute to counteracting such concerns. Constructing public leisure spaces so that they are considered appropriate for women and children to use – both by women themselves, and their family or community – might increase women's access to public space more generally. Finally, a re-evaluation of the assumption that public leisure spaces can promote social cohesion through supporting interaction between different communities should be considered in light of findings suggesting more limited use of public leisure spaces among Syrians, possibly relating to fears of harassment by or disputes with Jordanians. As such, public leisure spaces should take into account different demographic needs,

alongside existing or potential tensions among or between different communities. Additionally, public leisure space interventions should be accompanied by efforts to mitigate underlying fears, negative perceptions and the potential for conflict among different communities within municipalities.

## Transportation

Findings suggest that, while transportation is an important factor hindering or facilitating access to other services and livelihoods in general, access to transportation is likely to have gendered impacts on access to various services. This assumption is based on two findings: on the one hand, women and men in Irbid and Zarqa are using transportation for different purposes. While women reported to primarily use transportation for the purpose of accessing health care or markets, or to ensure their children's access to education, men's primary purpose of travel was work. On the other hand, women appear to rely on public transportation more than men. In light of women's greater reliance on public transport, reported access challenges are then likely to have more severe implications for them in terms of access to other services. Beyond limited availability overall, negative perceptions of women's use of either public buses or taxis, might be acting as a barrier to women's access to transportation. While such perceptions were reported by women themselves as well, they appear more marked among men. Such perceptions are likely based on cultural and religious beliefs or practice, but might also be linked to concerns for women's safety and security while using public transport.

Recommendations: Programmatic actors, when seeking to improve women's service access, should consider the current availability of safe and reliable forms of transport. Findings on perceptions of women's use of public transportation further suggests that efforts should be made to ensure public transportation is provided in a way that both women and men perceive culturally appropriate and safe for women. The provision of women-only areas on buses or at bus stops, or supporting efforts to increase the number of female taxi or bus drivers might be some of the options that could be considered in this regard.

# ANNEXES

## Housing: A Jordanian-Syrian Comparison

Findings from both FGDs and the perception survey suggest that housing is not generally among the services Jordanian respondents face particular challenges accessing, neither women nor men. However, during FGDs with Syrian refugee women and men, access to affordable accommodation of sufficient quality was reported as one of the most pressing issues faced by Syrian refugees. This suggests that access to housing might be more heavily impacted by nationality than by gender. This section thus focuses on the nationality dimension of access to housing, examining differences between Syrian refugee and Jordanian respondents. Different elements of access to adequate shelter will be considered in turn, including security of tenure, affordability and habitability, i.e. the extent to which accommodation is suitable to be lived in. Given the small sample of Syrian refugees covered in the perception survey – 69 in total – a disaggregation beyond nationality, namely by sex, governorate or municipality groups, cannot reveal significant findings and is therefore not presented here. Nevertheless, indicative gender relevant findings from FGDs are included where appropriate.

## Access to Adequate Shelter

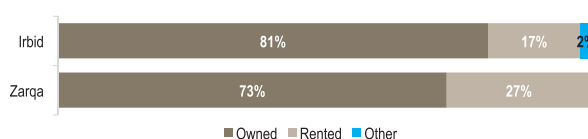
The United Nations Committee on Economic, Social and Cultural Rights (CESCR) defined housing to be adequate if seven minimum conditions are fulfilled, namely (a) security of tenure; (b) availability of services, materials, facilities and infrastructure; (c) affordability; (d) habitability; (e) accessibility; (f) location; (g) cultural adequacy<sup>50</sup>. The subsequent sections touch upon two of these criteria, i.e. security of tenure and affordability, which were partially assessed during both the qualitative and quantitative parts of this assessment. FGDs further provided some insight into the criteria of habitability and indicative findings are presented below.

<sup>50</sup> UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment Number 4 on the right to adequate housing, 1991, p.3-4.

## Security of Tenure

Tenure for the purpose of the present assessment is understood as comprising the rights, restrictions and responsibilities that people hold with respect to estate. Tenure can take a range of forms “including rental accommodation, cooperative housing, lease, owner-occupation, emergency housing or informal settlements”<sup>51</sup>. The findings of the perception survey provide insights into the prevalent forms of tenure in Irbid and Zarqa governorates. Considered across the entire sample of the present assessment, owned accommodation was identified as the predominant type of tenure in both Irbid and Zarqa governorate (respectively 81% and 73%, see Figure 20). The proportion of respondents stating to live in rented housing was found higher in Zarqa governorate, at 27% of respondents, than in Irbid (17%). A potential explanation as to why a larger proportion of the population in Zarqa governorate live in rented accommodation could be that the majority of the population in Zarqa governorate live in urban areas where renting is prevalent, whereas roughly half the population in Irbid governorate reside in rural areas. Furthermore, a considerable number of interviews in Zarqa governorates were conducted in Zarqa camp, one of ten official Palestinian refugee camps in Jordan<sup>52</sup>. According to experienced field staff, it is common for accommodation to be rented in these camps.

FIGURE 20:  
Form of tenure, by governorate



<sup>51</sup> CESCR, General Comment Number 4 on the right to adequate housing, 1991, p. 8.

<sup>52</sup> UNRWA, Zarqa Camp [last accessed 08 July 2016]

The form of tenure differs significantly between Jordanians and Syrians, with an overwhelming majority of Syrian refugees living in rented accommodation (88%), whereas a majority of Jordanian respondents reported to live in owned housing (83%).

For those renting accommodation, formal rental agreements provide the basis for secure tenure, as they are meant to provide tenants with legal protection, most notably from forced eviction and in the case of housing disputes. In its 2014 home visits report, UNHCR reported that a fifth of refugee households assessed in Jordanian host communities did not have a rental contract<sup>53</sup>, which according to the Norwegian Refugee Council puts these households at greater risk of being evicted, caught up in housing disputes or being exploited by landlords<sup>54</sup>. Subsequently, NRC found that 10% of the Syrian refugees it had assessed in northern Jordan were under direct threat of eviction due to reasons including a lack of rental contract, the landlord wanting to raise the rent or refugees being behind on rental and/or utility payments<sup>55</sup>.

Regarding the existence of rental contract, the findings of the present assessment paint a more encouraging picture: of the Syrian refugees assessed in Irbid and Zarqa governorate, who reported to be renting accommodation, the overwhelming majority stated they had a rental contract for their current accommodation. While certainly encouraging, it should be kept in mind that these findings are based on a relatively small sample of Syrian refugees in Irbid and Zarqa governorates and are therefore indicative.

## Rental Agreements & Refugees' Access to Services: "Urban Verification Exercise"

The existence of a rental agreement potentially has positive implications for refugees' access to other basic services, such as health care and education. In February 2015, the Government of Jordan (GoJ) began its "urban verification exercise"<sup>4</sup>, which requires all Syrians living in Jordanian host communities to confirm their place of residence and acquire a new biometric Ministry of Interior (MoI) service card<sup>5</sup>. This card is required to access public education, as well as public health care at subsidised rates<sup>6</sup>. Obtaining a new MoI card is contingent upon fulfilling a number of requirements, which apart from a valid health certificate from the Ministry of Health (MoH), include presenting a formal lease agreement and a copy of the landlord's identity document to the local police station<sup>7</sup>. Whereas the present finding does not mean that interviewed Syrian refugees are in fact able to obtain a MoI card and subsequently access services provided by the GoJ, it provides a positive indication of refugees' documentation status which forms part of the basis for their access to services.

## Affordability

A second aspect of access to adequate housing is affordability, which was analysed through reported monthly rental cost, expenditure share of rental cost and self-reported rent arrears.

Rental cost reportedly paid by Syrian tenants is significantly higher than that of Jordanian tenants: Syrians reported an average of 180 JOD (255 USD)<sup>56</sup> monthly rent, compared to 126 JOD (181 USD) reported by Jordanian tenants (see Figure 21). This difference in rental costs might be caused by different factors, as suggested by findings from FGDs conducted with Syrian men and women, as well as insights shared by key informants. Firstly, as average household size of Syrian refugee tenants was found to be larger than that of Jordanians (5.3 compared to 4.6), Syrians might be renting larger housing with higher rent. However findings from NRC establishing frequent overcrowding and the fact that families are often

<sup>53</sup> UNHCR, *Living in the shadows. Jordan home visits report 2014*, January 2015, p. 52.

<sup>54</sup> NRC, *No Place to Call Home: How Syria's Displaced Millions Struggle to Keep a Roof Over Their Heads*, June 2015, p. 11; NRC, *In search of a home*, June 2015, p. 13.

<sup>55</sup> NRC, *In search of a home*, p. 13.

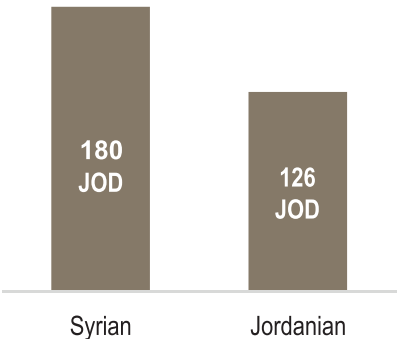
<sup>56</sup> Based on the exchange rate (1 JOD = 1.415 USD) on 23 August, 2016. This exchange rate is used from here onwards.

sharing accommodations<sup>57</sup> appear to contradict that refugees would be renting larger housing. Secondly, the length of rental contracts is likely to be longer for Jordanians than for Syrian refugees, leading to lower monthly rent for Jordanians. Thirdly, according to a key informant, there are regulations on increasing rents for current tenants, which forbid increases in rent to exceed 5% a year. Given longstanding difficulties finding rental accommodation in Jordan, Jordanians are likely to have stayed in this housing since before the Syria crisis, thus reportedly being protected against drastic increases in rent. For vacant housing on the contrary, landlords can set rent at whatever level they want, which Syrians then have to occupy. Fourthly, Jordanians frequently rent housing from relatives, which again might mean comparatively lower rent than for Syrian refugees. Finally, and potentially most convincingly, Syrian refugees are unlikely to complain to their landlords about increases in or generally high rent, for fear of losing the accommodation they managed to secure. In short, Syrian refugees might be forced into higher price housing for lack of alternatives. This assumption appears to be supported by FGD findings. In Rusayfah, Zarqa governorate, Syrian refugee women stated that while they perceived the 100-250 JOD (141-354 USD) they were paying for rent as too much, especially in light of the low quality housing they occupy, they thought that this was their only option. Meanwhile, female Syrian FGD participants in Beren (Zarqa) explained a general fear of getting involved in any kind of disputes with Jordanians, as they are reportedly afraid these would result in them being sent to Azraq, or even back to Syria. This is likely to apply to raising complaints or concerns about rent as well.

Data collected also suggests that rent represents a larger share of Syrian refugee tenants' expenditures than of Jordanians'. As Jordanian and Syrian tenants on average reported the same amount of expenditures during the 30 days preceding the survey (487 JOD equalling 689 USD for both), rent represents a share of 37% of these expenditures among Syrian refugee tenants, and 26% of Jordanians. The burden high rental costs put on refugee households is illustrated by data collected during the 2015 Comprehensive Food Security Monitoring Exercise (CFSME), which showed that 15% of assessed refugee households had moved accommodation to reduce rental costs<sup>58</sup>. Participants in focus group discussions (FGDs) carried out as part of the CFSME stated that they had either changed the type of housing they lived in, for instance moving to a smaller property or shared accommodation, or that they had changed location, from urban to rural or North to South Jordan<sup>59</sup>.

Higher rental cost, coupled with limited income generating opportunities, could contribute to an explanation for a higher proportion of Syrian tenants reportedly behind in paying rent than of their Jordanian counterparts. Of those Syrian refugees occupying rented accommodation, 40% reported having rent arrears, compared to 9% of Jordanian tenants (see Figure 22). In addition to a higher proportion of Syrians reporting to be behind in paying rent, the amount still owed to the landlord by Syrians is significantly higher, at an average of 461 JOD (652 USD), compared to 278 JOD for Jordanian tenants. Despite the fact that nearly all Syrian tenants reported to have a rental contract, these findings raise concerns for Syrians refugees' security of tenure. As noted by NRC, being behind in rental payments might increase the threat of eviction<sup>60</sup>.

FIGURE 21:  
Average monthly rent, by nationality



<sup>57</sup> NRC, In search of a home, p. 12.

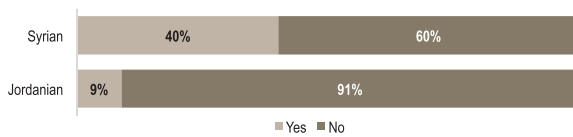
<sup>58</sup> WFP-REACH, Comprehensive Food Security Monitoring Exercise (CFSME), Syrian Refugees in Jordan, July 2015, p. 9.

<sup>59</sup> WFP-REACH, CFSME data, collected March-May 2015.

<sup>60</sup> NRC, In Search of a Home. Access to adequate housing in Jordan, June 2015, p. 13.

FIGURE 22:

% reporting being behind in paying rent, by nationality



## Habitability

According to the CESCR, habitability is another criteria for housing to be considered adequate. Habitability refers to housing guaranteeing physical safety, providing adequate space, and “protection against the cold, damp, heat, rain, wind, other threats to health and structural hazards”<sup>61</sup>. While this criteria was not assessed quantitatively, findings from FGDs provide some insights into potential challenges with regards to this condition. These are summarised in this sub-section. As they are qualitative, these should be considered indicative, rather than representative of either the Syrian or Jordanian population.

In three out of four female Syrian FGDs, participants discussed the low quality of housing they are renting and issues related to habitability. In Rusayfah (Zarqa), women explained they had to rent old or abandoned housing as this was the only accommodation they could afford. They described the lack of ventilation in this type of housing was causing damp walls and mould, which was affecting the health of their families. A lack of ventilation and high levels of humidity were also reported by Syrian refugee women participating in FGDs in Ramtha and Al Wasatyah (both in Irbid governorate)<sup>62</sup>. Again, participants referred to health concerns these housing conditions were giving rise to, especially for children. These findings are supported by results of NRC household assessments: according to NRC, nearly half of all Syrian refugee households assessed in rented accommodation live in shelter “visibly

affected by mould and moisture”<sup>63</sup>, while a fifth of assessed households live in accommodation that fails to afford “basic protection from the elements”<sup>64</sup>, with e.g. leaky roofs or a lack of window glass. However, it should be noted that findings from FGDs suggest that these issues might not solely affect Syrian tenants, as Jordanian women taking part in FGDs in Siro (Irbid) and Zarqa city also referred to a lack of ventilation and resulting humidity in the housing they rent or own.

## Summary

In sum, corroborating findings of other humanitarian actors, access to adequate, secure and affordable accommodation appears to present a considerable challenge for Syrian refugees in Jordan. Rent presents a large burden on refugee households’ budgets, which many can only stem for so long given continuously limited livelihoods opportunities. The proportion of interviewed Syrian refugees reportedly behind in paying rent seems illustrative of such struggles. Rent arrears in turn are then likely to affect refugees’ security of tenure, bearing the risk of eviction should landlords no longer be prepared to wait for rental payments – even in cases where a formal rental contract exists. Meanwhile, limited quality of housing that is affordable for refugees might entail health hazards and is not sustainable in the longer run. All these aspects are likely to have a considerable impact on Syrian refugees’ welfare, and could have important secondary effects, such as secondary displacements within and beyond Jordan, which limit refugees’ sense of stability and provide challenges for effective assistance, as highly mobile populations might become invisible to humanitarian agencies.

<sup>61</sup> UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment Number 4 on the right to adequate housing, 1991, p.4.

<sup>62</sup> The FGD in Al Wasatyah was conducted in one of the participants’ home and the facilitator was able to observe and document damages caused by humidity, including paint peeling off from the walls and mould.

<sup>63</sup> NRC, In Search of a Home. Access to adequate housing in Jordan, June 2015, p. 12.

<sup>64</sup> Ibid.

## focus group discussions (FGDs) Question Routes

### WOMEN'S QUESTION ROUTE

#### Stage 1: Daily Activities, Role/Responsibilities of Women

To start, we would like you to think about a regular day in your life and tell us about your daily activities, your roles and responsibilities. What does a regular day look like for you?

Probes:

You mentioned you are bringing your children to school in the morning. Do all your children go to school? Are you walking with them, bringing them by car or bus?

You mentioned you are preparing the meals for your family. Do you do the shopping for ingredients? Where do you buy the ingredients? How do you get to the shop/market (by foot, car, bus)?

You mentioned you are going to school/university, how do you go there (by foot, car, bus, etc.)?

You mentioned you were working? What do you work? How many days a week? How do you get to work?

You mentioned household chores, what does that include? Do you live in a house or apartment (are you paying rent)?

What do you do in your free time? Do you go to the park, maybe with your children? Do you go to libraries, community centres, sports facilities?

Do your children go to the playground (both girls and boys)?

#### Stage 2: Challenges in Accessing Services

As a woman, what challenges do you face completing these day to day activities?

Probes:

When you were describing your daily activities and responsibilities, you did not mention X and Y services.

Do you have access to these services, are you using them?

Are there any challenges in accessing/using them? If so, what are these challenges?

Probes for Syrian FGDs

Since you first arrived to Jordan, have you moved to another location in Jordan to receive better access to these services?

Probes: Have you been able to re-register in your new location?

If not, have you remained in the same place because of a perception that you might lose access to these services if you moved?

Probes: Have challenges related to re-registration influenced your decision to remain in the same place?

Of the challenges you just identified, which ones do you find particularly frustrating; which ones affect you particularly heavily?

Do you perceive men to be facing different, more or less challenges in accessing basic services? What are these challenges, how do they differ from the ones you face?

#### Stage 3: Mitigation of Challenges

In your view, how could these challenges be mitigated? How could access be improved?

Probes:

What would need to happen to improve access to those services you can use but face challenges in doing so, to ensure that you can use them regularly/ whenever needed?

What would need to happen for you to be able to access/use the services you are currently not using?



## MEN'S QUESTION ROUTE

### Stage 1: Daily Activities, Role/Responsibilities of Men

To start, we would like you to think about a regular day in your life and tell us about your daily activities, your roles and responsibilities. What does a regular day look like for you?

Probes:

You mentioned you were working? What do you work? How many days a week? How do you get to work?

You mentioned you are bringing your children to school in the morning. Do all your children go to schools? Are you walking with them, bringing them by car or bus?

You mentioned you were going to the market, how do you go there (by car, bus, foot, taxi). Does your wife/sister/daughter accompany you?

You mentioned you are going to school/university, how do you go there (by foot, car, bus, etc.)? What do you study?

Do you live in a house or apartment (are you paying rent)? Who is in charge of paying the rent in your family, who decides on how money is spent?

What do you do in your free time? Do you go to the park, the library, community centres, sports facilities/clubs, cafés...?

### Stage 1: Challenges in Accessing Services

As a man, what challenges do you face completing these day to day activities?

Probes:

When you were describing your daily activities and responsibilities, you did not mention X and Y services. Do you have access to these services, are you using them?

Are there any challenges in accessing/using them? If so, what are these challenges?

Probes for Syrian FGDs

Since you first arrived to Jordan, have you moved to another location in Jordan to receive better access to these services?

Probes: Have you been able to re-register in your new location?

If not, have you remained in the same place because of a perception that you might lose access to these services if you moved?

Probes: Have challenges related to re-registration influenced your decision to remain in the same place?

Of the challenges you just identified, which ones do you find particularly frustrating; which ones affect you particularly heavily?

Do you perceive women to be facing different, more or less challenges in accessing basic services? What are these challenges, how do they differ from the ones you face?

### Stage 3: Mitigation of Challenges

In your view, how could these challenges be mitigated? How could access be improved for yourself?

Probes:

What would need to happen to improve access to those services you can use but face challenges in doing so, to ensure that you can use them regularly/whenever needed?

What would need to happen for you to be able to access/use the services you are currently not using?

How could access to services for women and girls be improved?



# PERCEPTION SURVEY

General Information:

Interview Date (dd/mm/yyyy) \_\_\_\_\_

Record Location (GPS) \_\_\_\_\_

Demographics:

1.1 Governorate

Irbid

Zarqa

1.2 Municipality (list of 25 municipalities)

1.3 Town/Village \_\_\_\_\_

1.5 What is your nationality?

Jordanian

Syrian

Other, please specify \_\_\_\_\_

1.6 Respondent's sex

Female

Male

1.7 Respondent's age (in years) \_\_\_\_\_

1.8 Respondent's marital status (select one)

Married

Single

Widowed

Separated/divorced

Engaged

1.9 What is the highest education level completed by the respondent? (select one)

No formal education

Primary

Secondary

Vocational training

University degree

Post graduate

Other, please specify: \_\_\_\_\_

1.10 How long have you lived in the community? (select one)

Less than 6 months

6 months to 1 year

1-2 years

3-5 years

6-10 years

More than 10 years

1.11 Are you head of the household?

Yes

No

1.11.1 If no, what is the sex of the head of household?

Male

Female

1.11.2 If no, what is the marital status of the head of household?

Married \_\_\_\_\_ Female \_\_\_\_\_  
 Single \_\_\_\_\_ 1.13.6 Total \_\_\_\_\_  
 Widowed \_\_\_\_\_ Male \_\_\_\_\_  
 Separated/divorced \_\_\_\_\_ Female \_\_\_\_\_  
 Engaged \_\_\_\_\_

1.11.3 If no, what is the highest education level completed by the head of household?

No formal education

Primary

Secondary

Vocational training

University degree

Post graduate

Other, please specify: \_\_\_\_\_

1.14 Over the past 30 days, what were the 3 main sources of cash/income to sustain the household?

Main Source      Second Source      Third Source

\_\_\_\_\_

No source of money

Permanent employment

Temporary employment

Informal/small commerce

Savings

Remittances

Credits/borrowing money

Begging

Sale of assets

Gifts from family/relatives

Cash from humanitarian /development organisations

Sale of humanitarian/ development assistance

Pension

Seasonal work

Vouchers from humanitarian organisations

Income from renting out apartment/house

Other (explain in comments)

1.13 What is the total number of household members?  
 \_\_\_\_\_

1.13.1 Ages in years?

1.13.1a children under 5

Male \_\_\_\_\_

Female \_\_\_\_\_

1.13.2 5-18

Male \_\_\_\_\_

Female \_\_\_\_\_

1.13.3 19-25

Male \_\_\_\_\_

Female \_\_\_\_\_

1.13.4 26-59

Male \_\_\_\_\_

Female \_\_\_\_\_

1.13.5 60+

Male \_\_\_\_\_

1.14.1 What amount of money was generated from each of these 3 main sources over the past 30 days? (in JOD)?

Main Source      2nd Source      3rd Source

\_\_\_\_\_

1.14.2 What amount of money was generated by all other sources of income over the past 30 days? (in JOD) \_\_\_\_\_

1.14.3 If your household has borrowed money/has debts, what is currently your total amount of debt (in JOD)? \_\_\_\_\_

1.15 What is the estimated amount spent by the household during the last 30 days for the following items (in JOD)?

Food expenditures \_\_\_\_\_

Health \_\_\_\_\_

Transport \_\_\_\_\_

Water \_\_\_\_\_

Rent \_\_\_\_\_

Phone expenses \_\_\_\_\_

Debt repayment \_\_\_\_\_

Utilities \_\_\_\_\_

Hygiene \_\_\_\_\_

Tobacco \_\_\_\_\_

All other expenditures \_\_\_\_\_

Specify other expenditures \_\_\_\_\_

1.16 Are you receiving assistance from the government, local charities, or humanitarian organisations?

Yes

No

Overall Access to Basic Services and Related Challenges

2.1 How often are you using the following basic services? (select daily, once every two days, once a week, once every two weeks, once a month, once

every two months, twice a year, once a year, never, don't know)

Health care \_\_\_\_\_

Education \_\_\_\_\_

Markets/shopping \_\_\_\_\_

Transportation \_\_\_\_\_

Public leisure spaces (incl. parks, sports facilities, community centres, rec. facilities) \_\_\_\_\_

2.1.1a Over the past 30 days, how often did you receive water through either the public water network, or water trucks?

Never

Every day

Three times a week

Twice a week

Once every two weeks

Once a month

Don't know

2.1.1b Over the past 30 days, how often was garbage collected in your neighbourhood (select one)?

Never

Every day

Three times a week

Twice a week

Once every two weeks

Once a month

Don't know

2.2 Are you facing any challenges in accessing any basic service?

Yes

No

Don't know

2.2.1 If yes, for which services? (select all that apply)

Health care

Education

Markets/shopping

Transportation

Public leisure spaces (incl. parks, sports facilities, community centres, rec. facilities)

Water

Sanitation

Housing

Employment

Other, please specify \_\_\_\_

2.2.2 If yes, what are the most severe challenges in accessing these basic services for you personally? (select all that apply)

Cost of service

Cost of transportation to service

Lack of information about service

Low quality of service

Complete unavailability of service

Insufficient availability of service (number of facilities, opening hours, geographical coverage)

Time to reach service

Discrimination

Safety and security concerns on the way to use service

Safety and security concerns while using service

Lack of privacy

Other, please specify \_\_\_\_

2.5 What are the key services you need to/would like to have better access to? (select all that apply)

Health care

Education

Markets/shopping

Transportation

Public leisure spaces (incl. parks, sports facilities, community centres, rec. facilities)

Water

Sanitation

Housing

Employment

Other, please specify \_\_\_\_

2.6 How, in your opinion, could access to these services be improved? (select all that apply)

Reduce cost of service

Reduce cost of transportation to reach/use service

More information about service

Have stronger municipal oversight for quality control

Have stronger government/ministerial oversight for quality control

Open new facilities

Renovate/maintain existing facilities

Extend opening/operating hours of facilities/service providers

Extend public transportation network geographically

Increase security on public transportation

Increase police presence

Have more female personnel/service providers

Have more male personnel/service providers

Increase amount of humanitarian assistance

Increase access to livelihoods opportunities/employment

Other, please specify \_\_\_\_\_

Health Care	With my own/family car
	With a rented car (including car borrowed from neighbours, relatives, friends in exchange for money, or paying neighbours, relatives, friends to drive)
3.1 What kind of health insurance do you have? (select one)	With a borrowed car (e.g. from neighbours, relatives, friends)
Public health insurance	By bus
Military health insurance	By taxi
Private health insurance paid by employer	Other, please specify ____
Private health insurance not paid by employer	
No health insurance	3.2.4 If yes, how long did it take you to get to and back from the facility? (in minutes) ____
Other, please specify ____	
3.2 Over the past six months, did you have a health care need?	3.2.5 If yes, how much did transportation to and from the health care facility cost you on average for each visit? (in JOD) ____
Yes	
No	3.2.6 If yes, how satisfied were you with the service provided at the health care facility? (select one)
	Very Satisfied
3.2.1 If yes, were you able to access health care?	Satisfied
Yes	Neutral
No	Dissatisfied
	Very dissatisfied
3.2.2 If yes, where? (select all that apply)	
Public clinic/hospital in the same municipality	3.2.6a If dissatisfied or very dissatisfied, why?
Public clinic/hospital in another municipality	Cost of treatment
Private clinic/hospital in the same municipality	Cost of medication
Private clinic/hospital in another municipality	Long waiting time at the facility
Local CBO/NGO	Lack of medication at the facility
International CBO/NGO	Lack of equipment at the facility
Pharmacy or shop	Health care personnel was unqualified
Other, please specify ____	Health care personnel was impolite
	Lack of male health care personnel
3.2.3 If yes, how did you get there? (select all that apply)	Lack of female health care personnel
Walking	Other, please specify ____

3.2.1a If no, what prevented you from accessing health care? (select all that apply)

Cost of treatment

Cost of transportation to reach health care facility

Documentation (problems related to Mol/service card and UNHCR certificate)

Medication was not available

Specialisation was not available

No female hospital/clinic personnel was available

No male hospital/clinic personnel was available

Hospital/clinic personnel denied access

No health care facility in municipality

Lack of knowledge of availability of health care services

Other, please specify \_\_\_\_\_

3.2.8.1 If any female household members had a medical need over the past six months, were they able to access health care? (select one)

All female members with a medical need

Some female members with a medical need

None of the female members with a medical need

NA

3.2.8.2 If 'some of the female household members' or 'none of the female household members', what prevented them from accessing health care? (select all that apply)

Cost of treatment

Cost of transportation to reach health care facility

Documentation (problems related to Mol/service card and UNHCR certificate)

Medication was not available

Specialisation was not available

No female hospital/clinic personnel was available

No male hospital/clinic personnel was available

Hospital/clinic personnel denied access

No health care facility in municipality

Lack of knowledge of availability of health care services

Other, please specify \_\_\_\_\_

3.2.9.1 If any male household members had a medical need over the past six months, were they able to access health care? (select one)

All male members with a medical need

Some male members with a medical need

None of the male members with a medical need

NA

3.2.9.2 If 'some of the male household members' or 'none of the male household members', what prevented them from accessing health care? (select all that apply)

Cost of treatment

Cost of transportation to reach health care facility

Documentation (problems related to Mol/service card and UNHCR certificate)

Medication was not available

Specialisation was not available

No female hospital/clinic personnel was available

No male hospital/clinic personnel was available

Hospital/clinic personnel denied access

No health care facility in municipality

Lack of knowledge of availability of health care services

Other, please specify \_\_\_\_\_

Education

4.1.1 How many school age boys are in the household?  
\_\_\_\_\_

4.1.2 How many of these school age boys are regularly (at least three times a week) going to school? ____	Financial constraints
	Distance to school
	Overcrowding
4.1.2a If any of the school age boys are not regularly going to school, what are the reasons for this? (select all that apply)	Quality of education is insufficient
Not useful for the boy(s)	Physical and/or verbal abuse at school
Child marriage/engagement	Physical and/or verbal abuse on the way to school
Child labour/work	Lack of information about availability of education
Financial constraints	Physical and/or mental disability or serious health condition
Distance to school	Girl(s) helping with household chores/looking after relatives
Overcrowding	Sanitation facilities at school are not appropriate
Quality of education is insufficient	Mol card issued in different place, cannot attend school
Physical and/or verbal abuse at school	Other, please specify ____
Physical and/or verbal abuse on the way to school	
Lack of information about availability of education	
Physical and/or mental disability or serious health condition	4.3 Are you currently attending university?
Boy(s) helping with household chores/looking after relatives	Yes
Sanitation facilities at school are not appropriate	No
Mol card issued in different place, cannot attend school	
Other, please specify ____	4.3.1 If yes, how satisfied are you with the service provided at or in relation to your university?
	Very Satisfied
	Satisfied
	Neutral
	Dissatisfied
	Very dissatisfied
4.2.1 How many school age girls are in the household? ____	4.3.1a If dissatisfied or very dissatisfied, why? (select all that apply)
	Quality of education is insufficient
4.2.2 How many of these school age boys are regularly (at least three times a week) going to school? ____	Tuition fees are too high
	Lack of transportation to university
4.2.2a If any of the school age boys are not regularly going to school, what are the reasons for this? (select all that apply)	Cost of transportation to university
Not useful for the girl(s)	Teachers/professors are not qualified
Child marriage/engagement	Overcrowding in classes
Child labour/work	Physical and/or verbal abuse at university



Physical and/or verbal abuse on the way to university

Lack of learning materials (e.g. books, media resources)

Learning materials (e.g. books, media resources) are too expensive

University does not prepare students for labour market

Inadequate sanitation facilities

Other, please specify \_\_\_\_\_

4.3.2 If yes, how do you usually get there? (select one)

Walking

With my own/family car

With a rented car (including car borrowed from neighbours, relatives, friends in exchange for money, or paying neighbours, relatives, friends to drive)

With a borrowed car (e.g. from neighbours, relatives, friends)

By bus

By taxi

Other, please specify \_\_\_\_\_

4.3.3 If yes, how long does it take you on average to get there? (in minutes) \_\_\_\_\_

4.2.4 If yes, how much does transportation cost you to and from university per month? (in JOD) \_\_\_\_\_

Employment

5.1 Which of the following best describes your employment status? (select one)

I am employed/work in a steady job (outside home)

I have my own business (not home based)

I have my own business (working from home)

I work irregularly/have temporary work

I am unemployed/do not work

Other, please specify \_\_\_\_\_

5.1.1 If you are unemployed/do not work, what is the reason you are not working? (select all that apply)

I do not want to work

I am still in school/university/training

There are no job opportunities in the area

I am retired/old age

Family responsibilities, house work

I am pregnant

My family objects (parents, husband/wife)

I work seasonally and am awaiting the season of work

I am waiting/hoping to get a job in the public sector or military

Available job opportunities in the area are not compatible with my education/training/skills

Pay is not acceptable

Work conditions are not acceptable

I cannot afford transportation to the work place

There is no reliable and safe transportation to the work place

I do not have a work permit

Other, please specify \_\_\_\_\_

5.1.2 If you are not unemployed, in which sector do you work? (select all that apply)

Agriculture, forestry, fishing

Construction

Manufacturing

Wholesale and retail trade

Transportation and storage

Accommodation and food service

Administrative and support service

Public administration and defence

Education

Human health and social work

International organizations/NGOs

Local charity/NGO/CBO

Other, please specify \_\_\_\_

By bus

By taxi

Other, please specify \_\_\_\_

5.1.3 If you are not unemployed, where is your place of work? (select one)

In the same neighbourhood

Outside this neighbourhood, but in the same village/town/city

In another village/town/city in the same governorate

In another village/town/city in another governorate

Other, please specify \_\_\_\_

5.1.6 If you are not unemployed, how long does it take you on average to get to and from work? (total in minutes) \_\_\_\_

5.1.7 If you are not unemployed, how much does transportation cost you to and from work per month? (in JOD) \_\_\_\_

5.1.4 If you are not unemployed where is the majority of this work carried out? (select one)

At home

At clients place

Formal office

Factory

Farm/garden

Construction site

Mines/quarry

Shop, kiosk, coffee, house, restaurant

Different places/mobile

Fixed street or market stall

Other, please specify \_\_\_\_

Public Leisure Spaces

6.1 Where do you usually spend your free time? (select all that apply)

Park

Sport facility

Mosque

Church or religious institution (except mosque)

Home

Friend's home

Family's home

Community centre

Library

Café

Mall/shopping centre

Other, please specify \_\_\_\_

I do not have free time

5.1.5 If you are not unemployed, how do you usually get to and from work? (select one)

Walking

With my own/family car

With a rented car (including car borrowed from neighbours, relatives, friends in exchange for money, or paying neighbours, relatives, friends to drive)

With a borrowed car (e.g. from neighbours, relatives, friends)

6.2 Is there a public park available in your municipality?

Yes

No

Don't know

6.2.1 If no, if there was a park in your community, would you use it?	Once every two months
Yes	Never
No	Don't know
Don't know	
6.2.2 If yes, how far is the nearest park from you (in minutes)? ____	6.2.3c If yes, how do you or other household members usually get there? (select one)
	With my own/family car
	With a rented car (including car borrowed from neighbours, relatives, friends in exchange for money, or paying neighbours, relatives, friends to drive)
6.2.3 If yes, are you or any of the members of your household using this park?	With a borrowed car (e.g. from neighbours, relatives, friends)
Yes	By bus
No	By taxi
Don't know	Other, please specify ____
6.2.3a If yes, who in your household uses this park regularly? (select all that apply)	6.2.3d If yes, how much does transportation to and from the park cost you on average for each visit? (in JOD) ____
Adult female household member(s) by themselves	
Adult male household member(s) by themselves	6.2.3e If no, what are the main reasons?
Adult female household member(s) accompanying children	Prefer to stay at home
Adult male household member(s) accompanying children	Cost of transportation to reach park
Children by themselves	Lack of facilities at the park (water, sanitation, lighting)
Adult male and female household members together	Facilities (water, sanitation, lighting) need maintenance
Whole family together	Lack of playground at the park
No one in the household	Playground at the park needs maintenance
6.2.3b If yes, over the last six months how frequently did you or members of your household go this park? (select one)	Security concerns related to infrastructure (lack of fence/wall)
Daily	Security concerns on the way to the park (e.g. presence of shabab, unsafe roads/no sidewalks etc.)
Twice a week	Takes too long to get there
Once a week	Security concerns at the park (e.g. presence of shabab, drug use etc.)
Twice a month	Other, please specify _____
Once a month	

## Markets/Shopping

7.1 Who in your household is primarily responsible for going to the market/super market to buy groceries etc.? (select one)

Adult men

Adult women

Adult women and men together

Girls (under 18)

Boys (under 18)

Girls and boys together (under 18)

Other, please specify \_\_\_\_

7.2 How do you/the person responsible get to the market/super market? (select one)

With my own/family car

With a rented car (including car borrowed from neighbours, relatives, friends in exchange for money, or paying neighbours, relatives, friends to drive)

With a borrowed car (e.g. from neighbours, relatives, friends)

By bus

By taxi

Other, please specify \_\_\_\_

7.3 How satisfied are you with the shopping opportunities in your municipality? (select one)

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

7.3.1 If dissatisfied or very dissatisfied, why? (select all that apply)

There are not enough shops

Products are too expensive

Products are not available

Transportation to reach shops is not available

Transport to the shops is too expensive

Harassment on the way to the market/shops

Harassment at the market/shops

Overcrowded

Theft/pickpocketing at the market/shop

There is no parking

Products are of bad quality

Other, please specify \_\_\_\_

## Housing

8.1 What type of accommodation do you occupy? (select one)

Rented

Owned

Shelter provided through humanitarian assistance/donation

Shelter provided in return for work (in a farm, as a guard, etc.)

Squatter (illegal occupation of someone else's house/land)

Other, please specify \_\_\_\_

8.1.1 If rented, is there a rental contract?

Yes

No

Don't know

8.1.2 If rented, who in your household pays the rent? (select one)

Men

Women

Women and men together

Don't know

8.1.3 If rented, how much rent do you pay per month?  
(in JOD) \_\_\_\_

8.1.4 If rented, is your household behind in paying rent?

Yes

No

Don't know

8.1.4a If yes, how much do you still owe your landlord?  
(in JOD) \_\_\_\_

## Transportation

9.1 What would you say is your most frequently used mode of transport overall? (select one)

With my own/family car

With a rented car (including car borrowed from neighbours, relatives, friends in exchange for money, or paying neighbours, relatives, friends to drive)

With a borrowed car (e.g. from neighbours, relatives, friends)

By bus

By taxi

Motorcycle

Bicycle

Other, please specify \_\_\_\_

9.1.1 What would you say is your most frequently used mode of transport within your neighbourhood?

[same responses as 9.1]

9.1.2 What would you say is your most frequently used mode of transport within your village/town/city, beyond your neighbourhood?

[same responses as 9.1]

9.1.3 What would you say is your most frequently used mode of transport when travelling to other areas in the same governorate?

[same responses as 9.1]

9.1.4 What would you say is your most frequently used mode of transport when travelling to other areas in another governorate?

[same responses as 9.1]

9.4 What are your three most important purposes of travel overall? (select one)

Most important	2nd Most important	3rd Most important
important		

Work

Own education

Children's education

Health care

Markets/shopping

Visiting friends

Visiting relatives

Leisure (sports facilities, parks, community centres)

Holidays

Religion (i.e. mosque)

Other, please specify \_\_\_\_

NA

9.3 What is your average monthly expenditure for transportation? (in JOD) \_\_\_\_

9.4 During the past 6 months, have you used public buses (including shared/white taxis)?

Yes

No

9.4.1 If no, what are the main reasons? (select all that apply)

There is no public transportation/bus service in my area

Buses are overcrowded

Buses are dirty

Buses are unreliable (e.g. do not arrive on time, do not follow a schedule)

It is culturally inappropriate for me to use buses

Fear of harassment on the bus

Fear of harassment on the way to the bus (including at bus stop/while waiting for the bus)

No need to use public transport (have a car/have access to a car)

Cost

Poor quality/maintenance of roads

Buses (i.e. vehicles) are unsafe (old, poorly maintained, do not fulfil safety standards)

Lack of public lighting limits use of buses after dark

Reckless driving of bus drivers

Other, please specify \_\_\_\_\_

9.4.2 If yes, how frequently? (select one)

Daily

Five days a week

Three times a week

Once a week

Once every two weeks

Once a month

Less than once a month

Don't know

9.5 During the past 30 days, have you used taxis (i.e. yellow taxis)?

Yes

No

9.6.2b Would you say that buses should be used by men?

Yes

No

Don't know

9.7.1a Would you say that buses are comfortable to use for women?

Yes

No

Don't know

9.7.2a Would you say that buses are safe to use for lone women?

Yes

No

Don't know

9.7.2a Would you say that buses should be used by women?

Yes

No

Don't know

9.7.1b Would you say that buses are comfortable to use for men?

Yes

No

Don't know

9.7.2b Would you say that buses are safe to use for lone men?

Yes

No

Don't know

9.7.2b Would you say that buses should be used by men?

Yes

No

Don't know

Phone Contact

10.1 If we have further questions or a follow up, could we contact your household via phone?

Yes

No

10.2 If yes, please provide telephone number:

Number of head of household \_\_\_\_

Name \_\_\_\_



## (Footnotes)

1 Jordan Ministry of Tourism and Antiquities, World Bank, Third Tourism Development Project, Secondary City Revitalisation Study, Analysis of the Municipal Sector, 2005.

2 Jordanian Department of Statistics (DoS), 2012 population data. It should be noted that while the census conducted in November 2015 provides updated population figures, the data currently available publicly does not provide sufficient detail, i.e. is not available down to the municipality level. Therefore, 2012 data had to be used.

3 Results from a baseline assessment for USAID's Community Engagement Project (USAID CEP), conducted by REACH in collaboration with Global Communities, largely support these findings. Considering service provision aspects interacting with social cohesion and community resilience, the assessment found a perception that municipalities at times might not carry out their functions effectively, with just 37% of respondents stating they believed their municipalities did so either "many times" or "always". Meanwhile, 45% of respondents in that survey stated that municipalities were responsive to citizens needs either rarely or not at all (REACH, USAID Community Engagement Project, Baseline Assessment. February 2016, p. 45). Notably, when separated between municipal and government oversight, the responses show that people cited a need for improved municipal oversight more commonly than governmental or ministerial oversight. These results contrast with previous findings indicating that the services which were most commonly reported as requiring improved access (water, transportation) are governmental, rather than municipal. This could perhaps signal an information gap regarding which governing body is responsible for providing which services. Previous research as part of the REACH Jordan Emergency Services and Social Resilience Project (JESSRP) Monitoring Round provides some insight, suggesting that the discrepancies in views might be due to a lack of awareness of the roles and responsibilities of local government. If people do not have a concrete understanding of which agencies and governmental bodies are responsible for addressing basic service

needs, it can help explain the discrepancy between the service provided and the perceived source of that service. (REACH, JESSRP, 1st Monitoring Round, April 2015, p. 20)

4 Jordan Inter-Sector Working Group, Update - March 2015

5 NRC and IHRC, Registering Rights: Syrian refugees and the documentation of births, marriages, and deaths in Jordan, October 2015, p. 13.

6 Ibid., p. 10.

7 Ibid., p. 13.





# UN WOMEN IS THE UN ORGANIZATION DEDICATED TO GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN. A GLOBAL CHAMPION FOR WOMEN AND GIRLS, UN WOMEN WAS ESTABLISHED TO ACCELERATE PROGRESS ON MEETING THEIR NEEDS WORLDWIDE.

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United Nations Entity for Gender Equality  
and the Empowerment of Women

UN Women Jordan Country Office  
Jeddah Street, Um-Uthaina Build. # 6  
Amman - Jordan  
Tel: +962 6 52-000-60  
Fax: +962 6 551-571-6

[jordan.unwomen.org](http://jordan.unwomen.org)  
[www.unwomen.org](http://www.unwomen.org)  
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