

JORDAN REFUGEE RESPONSE

VULNERABILITY ASSESSMENT FRAMEWORK

Working Draft

May 2014

The Vulnerability Assessment Framework (VAF) Steering Committee was set up in January 2014 to oversee the development of the VAF to facilitate better targeting of Syrian refugees with humanitarian assistance, on the basis of vulnerability.

VAF Steering Committee members are: ACTED, CARE International, DRC, ECHO, Handicap International, PRM, PU-AMI, UN Women, UNHCR, UNICEF, WFP, and WHO.



BACKGROUND TO WORKING DRAFT

This Working Draft is a compilation of the various documents produced by the Vulnerability Assessment Framework (VAF) Steering Committee between January and April 2014. These documents are in different stages of completion, and are all considered 'working documents'. Comments from Committee members are included as footnotes, in italics; some sentences are highlighted in yellow, indicating that they are under revision.

Given the importance of the VAF process for the humanitarian community in Jordan, and in the interests of transparency, these documents are being shared externally to elicit comments and feedback from the Inter-Sector Working Group, the Inter-Agency Task Force, and the INGO Forum. This draft will also be the basis for forthcoming consultations with the Government of Jordan.

Comments should be sent to Steering Committee, through Yara Maasri, maasri@unhcr.org by 20th May 2014.

The following draft documents are available:

- 1) A summary of the Purpose, Scope, Process and Implications for Humanitarian Programming in Jordan. Current date of review: 1st May 2014
- 2) Standard Operating Procedures for the application of the assessment tool; Current date of review: 1st May 2014
- 3) Summary of Communications Strategy: 28th April 2014

In annex are:

- 1) A list of Pending Questions for clarification by the Steering Committee: Current date of review 1st May 2014.
- 2) The Indicators Table : Completed
- 3) The VAF Assessment Tool: Current date of review: 7th May 2014
- 4) Participatory Assessment : Completed
- 5) World Bank Review of Indicators current used in Cash Assistance Targeting: Completed

The minutes of the VAF Steering Committee, presentations and other materials are available from UNHCR, or can be accessed at the Jordan Refugee Response portal page: http://data.unhcr.org/syrianrefugees/working_group.php?Page=Country&LocationId=107&Id=60

SECTION 1: PURPOSE, SCOPE, PROCESS AND IMPLICATIONS FOR HUMANITARIAN PROGRAMMING IN JORDAN

RATIONALE

As the Syrian refugee crisis continues into its third year, across the humanitarian community there is increasing recognition that improved targeting of assistance is needed to use aid resources more effectively and equitably. The likelihood of a reduction of resources as the crisis goes on increases the urgency for establishing a mechanism by which the most vulnerable among the refugee population can be identified and prioritized for available assistance.

Within the Jordan Chapter of the Regional Response Plan for 2014 - the main strategy and appeal framework for the refugee response - improving targeting on the basis of vulnerability is a core commitment.

At the beginning of this project in January 2014, information on vulnerability among the population provided a varied and incomplete picture. The terms 'vulnerable' and 'vulnerability' are common terms in aid and development, but their use is often vague, often being seen as substitutes for 'poor' and 'poverty'. Vulnerability has to be defined in terms of what it is that a population is considered to be vulnerable to and its definition therefore requires specificity¹.

The use of different vulnerability criteria among agencies means that data is not comparable or able to be combined to form a comprehensive picture. In addition, many vulnerability measurements focus on hazards and risks while minimizing or omitting capacities for addressing them giving only part of the true full picture of vulnerability. At this stage of the humanitarian response a fuller and more nuanced picture of vulnerability is needed to inform humanitarian interventions.

DEFINITION OF VULNERABILITY

The VAF defines vulnerability as:

*"the risk of exposure of Syrian refugee households to harm, primarily in relation to protection threats, inability to meet basic needs, limited access basic services, and food insecurity, and the ability of the population to cope with the consequences of this harm"*².

OBJECTIVES

To put in place a system that, using a mixture of static and dynamic indicators, supports the humanitarian community to:

- 1) establish a profile of vulnerability among Syrian refugee households and enables monitoring of changes in vulnerability over time;
- 2) target assistance in a more efficient and equitable manner, based on the application of common vulnerability criteria.

¹ See WFP Vulnerability Mapping, [http://www.parkdatabase.org/files/documents/0000_Vulnerability-Analysis-and-Mapping_A-Tentative-Methodology-\(Annex-III\)_WFP.pdf](http://www.parkdatabase.org/files/documents/0000_Vulnerability-Analysis-and-Mapping_A-Tentative-Methodology-(Annex-III)_WFP.pdf)

² Definition under review by Steering Committee.

3) Strengthen coordination and decision-making of the delivery of humanitarian assistance

SCOPE

The emphasis of the initiative will be on refugee households in non-camp settings. This is prioritized because in camps, assistance tends to be provided in a blanket manner, and targeting is less urgent. However, based on a review after the initial roll-out of the VAF, consultations will be held with the Inter-Agency Task Force on whether to expand to include camps.

The initial phase of the VAF does not cover Jordanian households. While there are some similarities between the vulnerability of Jordanians and Syrian refugees (debt, over-crowdedness, income/expenditure gap), there are many differences (the short-term nature of debt, civil-political rights, registration status, access to services, access to labour market). A database on Syrian refugees exists, which allows for each and every household to have their vulnerability assessed and 'scored'. This is neither practical nor appropriate for Jordanians. However, the VAF will be developed with the possibility of expansion to include host communities, should this be agreed with the Government of Jordan and the Host Community Support Platform (HCSP)³.

Vulnerability data will be collected, based on agreed criteria, through a brief and rolling multi-sector assessment of all Syrian refugee households, recorded into a central database. The assessment is conducted at regular intervals at the registration stage and during partners' home visits. The assessments will establish and update an overall measurement of household vulnerability and of specific areas of vulnerability according to pre-defined degrees of vulnerability. The use of dynamic indicators and the collection of data on an ongoing basis is intended to allow for monitoring changes in vulnerability and enable trend analysis across time and geographic areas. Together with other period surveys, spatial analysis will identify those geographic areas where concentrations of more vulnerable households (in numbers and/or degrees of vulnerability) may be prioritized for community-level interventions.

While this multi-sector approach will encompass agreed upon indicators from many sectors, it will not be the sole basis of information for assistance for all agencies and for some will rather flag or refer cases for additional follow up.

OUTPUTS

- A minimum set of common indicators of vulnerability that can be applied by sectors and partners, when making assistance decisions.
- Standardized data collection tools using these indicators that enable vulnerability data to be easily collected, stored in a common platform, analysed, shared and ultimately used for planning and decision-making.
- Agreed 'thresholds' between vulnerability categories (extremely vulnerable, very vulnerable, highly vulnerable, etc), delineated in these tools. Some of these thresholds may be sector specific, and 'flag' to the sector that the household requires more technical follow-up.
- SOPs on how/when/where such indicators/tools will be applied, with the necessary safeguards to protect the interests of refugees.
- Training packages for enumerators who will be using the tool.
- A central database to capture and share vulnerability data with partners. The database will also support referrals between partners, and be accessible for trends analysis of vulnerability data, including sector specific scoring.

³ Comment: This is especially important for the 30% of Jordanians to be included in most NGO assistance projects.

- Guidelines on access to the database, including protection and confidentiality concerns, with active training and support for organizations intending to use it.
- A Communications strategy for refugees, government and other stakeholders.
- Complaint system as well as strengthened referral system systems as part of the complaint handling mechanism.
- Ongoing management and detailed tracking of the process.

MAIN OUTCOMES

- Data against VAF indicators are collected at the registration stage by UNHCR and during home visits by UN agencies and NGOs, and are uploaded into a central database.
- With the data regularly updated, the database will generate a 'vulnerability profile' for each refugee household, based on thresholds of 'extremely vulnerable, very vulnerable etc'.
- Partners are able to access the database and conduct queries, while ensuring that confidentiality and protection rules are respected⁴. E.g. query: % or number of extremely vulnerable refugee households in Irbid, or a district of Irbid.
- Partners will be able to conduct sector-specific queries, to help them to better target their assistance by geographical area and household level, prompting further technical assessments.
- Partners who have identified beneficiaries for individual household assistance are able to check the 'vulnerability profile' of that household against the database, by uploading a list of unique identifiers (e.g. UNHCR or MOI registration number). They may then be able to modify their decision of whom to assist, based on the vulnerability profile.
- The VAF could reduce duplication of assistance. Partners are encouraged to log assistance they have provided to a refugee household in the database. If partners are systematic in this entry, other partners can then see which households have already been assisted in the database, when searching for the unique identifiers.⁵
- Through periodic reports, the humanitarian community will be able to monitor trends in vulnerability by geographical area, informing broader strategic processes, such as the RRP. VAF data will provide a comprehensive picture of vulnerability among refugees that may be used for advocacy purposes and for planning and prioritizing of aid interventions.

Please note that a basic profile of individual refugees' vulnerabilities is already available through proGres (internal) and RAIS (internal/external). UNHCR already provides data on refugees with specific vulnerabilities to partners, on request and on the basis of a data sharing agreement. For instance, a partner wants to know the age, gender and location of children with disabilities in Mafraq and Irbid – this information is already available. The VAF will not replace this option, but will complement with a more consistent vulnerability profile at the household level.

STEERING COMMITTEE AND PROCESS UP TO APRIL 2014

Building on lessons learnt from existing NGO and UN practice, in mid-2013 the CASH and Health sector working groups developed score-cards with the aim to harmonize criteria for eligibility for assistance between sector members. The sectors were supported by an ACAPS consultant. In late 2013, through

⁴ The VAF Steering Committee will develop guidelines to manage access to the database.

⁵ *Comment: Experience with RAIS on the winterization module has shown that 100% entry by partners is unlikely. However, when used by the partners with the largest programmes, the module did at least help those partners avoid duplication. Some overlap is inevitable.*

the Inter-Sector Working Group (ISWG), the current initiative was launched, in order to develop common criteria and tools across the sectors.

In January 2014, the Vulnerability Assessment Framework (VAF) process was launched, again facilitated by ACAPS. In discussion with the Inter-Agency Task Force, the INGO Forum, and the informal donors group, a Steering Committee⁶ (SC) was established. The SC reports to the ISWG, and is composed of ACTED, CARE International, DRC, ECHO, Handicap International, PRM, PU-AMI, UN Women, UNHCR, UNICEF, WFP, and WHO. The main responsibilities of the SC are to:

- Provide final endorsement of the goal, objectives and strategies and implementation timeline for the project;
- Provide strategic and technical guidance on, and serve as a final decision-making body for programmatic issues that arise during the implementation process;
- Identify technical assistance within representative agencies available to support project implementation;
- Provide final strategic and technical endorsement for multi-sector vulnerability indicators;
- Identify other needs and opportunities for consultation and endorsement;
- Monitor progress toward implementation, including specific review of pilots.

Between January and April 2014, the SC has met five times. Key achievements so far include:

- Definition of 15 common vulnerability indicators. The indicators were established through an initial structure of key 'components' or themes by the SC. During a workshop on 5th February 2014, Sector representatives developed a list of 34 indicators. These indicators were intended to be 'cross-sectoral', rather than just sector-specific. After further refinement by the SC (including a smaller group of SC members that met separately with this task in mind), the sectors were again consulted on the list, including in the reduction from 34 to 15 indicators (certain indicators were removed, others were combined and/or reworded).
- The WFP Comprehensive Food Security Monitoring Exercise (CFSME), managed through ACTED, has conducted nearly 8,000 interviews with refugee households, the findings of which contributed to the definition of the VAF indicators and could be used to define the thresholds between vulnerability categories.
- In March 2014, an inter-agency participatory assessment was conducted with Syrian refugees, through 70 focus groups, disaggregated by age, gender and disability. The VAF indicators were included in the discussions of refugee priorities / key concerns, and perceptions of their own or their community's vulnerabilities.
- An assessment tool is being designed using the VAF indicators, led by WFP.
- A World Bank team has conducted a detailed analysis of indicators used by UNHCR for Cash Assistance decisions, using proGres and Home Visit data. From a welfare perspective, this provides an objective validation of many of the VAF indicators. The resulting welfare model could be used as one of the components of the VAF assessment tool.
- Standard Operating Procedures (SOPs) on how the tool will be applied are being drafted by UNHCR.
- A Communication strategy is being developed, led by UN Women.
- A module in the Refugee Assistance Information System (RAIS) is being developed by UNHCR, to allow updating of vulnerability scoring at the household level, access to interested partners to inform assistance decisions, and from which vulnerability trends analysis can be extracted.

⁶ The VAF Steering Committee ToRs, agreed in January 2014, are in Annex 1.

WFP also hosted a session attended by several members of the SC, where an informal discussion was held regarding the lessons learnt from the Vulnerability Assessment of Syrian Refugees in Lebanon, jointly conducted by WFP and UNHCR in late 2013/early 2014.

IMPLICATIONS FOR PROGRAMMES

See also **OUTCOMES**, above.

Q. How will targeting of assistance based on VAF criteria affect partners' decisions on who will receive assistance?⁷

The VAF has different implications for different sectors and partners.

Objective 2 is to "target assistance in a more efficient manner, based on the application of common vulnerability criteria."

Some sectors, such as Food, NFIs and CASH, provide 'standardized packages' of assistance – food vouchers, NFI packages, and a specific quantity of cash. With the exception of food vouchers, this assistance is already targeted on the basis of sector or partner-specific criteria.

Partners in the NFIs and CASH sectors who provide such 'standardized packages'⁸ could adapt their assessment tools/criteria to include the VAF tools/criteria. The VAF assumes that such partners will prioritize those in the 'highest' vulnerability category first (e.g. extremely vulnerable, very vulnerable, and vulnerable).

It is therefore important that partners record that they have assisted this household in RAIS, so that other partners do not duplicate assistance, but rather target the 'next most vulnerable'. Recording that an assessment has been conducted could also reduce over-assessment of the same household.

Partners who provide specialized assistance to specific groups (e.g. Handicap International, providing wheelchairs to disabled; health support to individuals; protection and psychosocial interventions; education for children) are not in any way restricted to targeting the 'extremely vulnerable'. While the tool used to collect data on VAF indicators will not suffice for all partners' needs, a referral mechanism can be put in place to ensure specific needs can be followed up on by partners.

This reinforces that the VAF is primarily focused on 'household' rather than individual vulnerabilities. Again, partners can still access data on individual vulnerabilities through queries in the database, or through a data sharing agreement with UNHCR. Queries that aggregate household vulnerability to e.g. district level could also facilitate (but not dictate) assistance decisions in terms of which geographical areas partners would prioritize. For example, a WASH partner wants to know general household vulnerability profiles in Amman, as a first filter. However, the partner may still need to conduct a further WASH-specific assessment to ensure that assistance is appropriate to the individual households' needs.

Q. Will this lead to a reduction in assistance?

⁷ NB Comment from UNICEF – *could better outline implications for each sector. For e.g Wash, Education, Protection, Health, the benefit may be in the analysis of the data for targeting community-based projects, as well as supporting referrals to specialized services.*

⁸ *(define standard package) with different levels of support for different levels of vulnerability, currently as defined by the organisations*

For some sectors, assistance is already targeted, but based on organization or sector specific criteria. For these sectors (e.g. CASH), the total number of persons assisted may remain the same, although different refugee households may now qualify for assistance. However, into 2015 and beyond, as assistance shifts to more community-based approaches and funding levels reduce, the amount of individual households assisted may also reduce. This framework could help these sectors rationalize their assistance decisions, based on the same criteria/tools.

There are greater implications for the Food Security Sector, where vouchers in urban areas are currently provided by WFP to all registered refugees. WFP is committed to adopting a more targeted approach based on vulnerability to food security, and will apply the VAF criteria and tool, against the agreed vulnerability thresholds. This may mean, in a phased approach, that food vouchers are to be provided up to a maximum percentage of the total urban refugee population, effectively reducing total assistance levels. The exact levels and process are to be defined by WFP.

Q. How will the VAF data be analysed to create a profile of vulnerability?

Objective 1 of the VAF is to 'establish a profile of vulnerability among Syrian refugee households and enables monitoring of changes in vulnerability over time'.

By collecting and updating the same criteria at the household level, this data can be aggregated by e.g. geographical area or particular household profile. A series of standard reports could be generated to facilitate overall planning by the humanitarian community. This could help to measure changes in refugee household vulnerability by district over time.

Specific queries can also be set up for sectors, where they are interested in only some of the indicators, or for instance, whether there is a correlation between households caring for persons with disabilities, or children in school, and their overall vulnerability score.

The VAF analysis will not be the only source of information for the refugee response in Jordan. It will need to be complemented by other surveys and studies, including examining vulnerability at the community level, and overlaid by sector specific information on e.g. accessibility and presence of services.

Q. Will the VAF criteria/tools be mandatory?

The VAF initiative is based on voluntary participation of partners. The VAF criteria/tools have been developed in an inclusive manner, with UN agencies, NGOs, donors, and through participatory assessments with refugees themselves. After endorsement at the Inter-Agency Task Force, they will represent a best practice, and partners will be encouraged to apply them, where appropriate to their programmes.

This is not, however, mandatory. The point of the VAF is to be useful and add value to partners' existing programmes. The VAF criteria/tools should inform, not dictate decisions about aid eligibility. Final decisions on assistance awards will in most cases need to encompass more factors than are identified in the context of one assessment – especially for sectors or partners who are not providing the 'standardized packages' mentioned above.

Ultimately the decision to provide aid of any kind rests with the partner on the basis of its own mandate and policy.

Regarding the collection of data and analysis of the data – the more comprehensive the coverage, the more useful will be the final reports.

Q. How will data be collected?

Data will be collected at two main points: 1) at the registration/renewal stage by UNHCR staff; and 2) during Home Visits by UN agencies and NGOs.

Q. How will data be stored and accessed? Who will have access?

Data will be stored in an online database – in a specific RAIS module. Partners will have access to upload data and to conduct queries that will help inform assistance decisions. See Outcomes above. The VAF Steering Committee will establish guidelines on access rights for users/partners.

Q. How have the VAF indicators been validated?

1) the indicators were identified by sector representatives in a workshop on 5th February. After review by the Steering Committee, they were again passed through the sectors for clearance.

2) A World Bank team has tested the indicators as measures of welfare, using Tests (to be elaborated)⁹.

3) A participatory assessment with refugees, divided by age, gender and disability was conducted in March, during which refugees' own perception of their vulnerability was assessed.

Q. How will the VAF data collection tool and thresholds be validated?

The Steering Committee has developed a draft tool, and corresponding thresholds. The tool is being reviewed by the Steering Committee and will be piloted (see below). The tool and pilot results will then be shared with the sectors for review.

Q. Will a pilot be conducted?

Yes. An initial pilot will be conducted in May 2014. (#) NGOs who already have assistance programmes will be approached to conduct pilot assessments as part of their existing assistance programmes. UNHCR and IRD will also incorporate the tool into their ongoing Home Visit assessment programme, which is assessing over 10,000 refugee households per month. UNICEF has volunteered a number of field monitors to test the questionnaire.

Q. How will the quality of VAF assessments be assured?

A training package will be created, through the VAF Steering Committee, for enumerators. Initially, a select number of NGOs and UN agencies will be trained, to reduce significant variation in data collection quality. Gradually, and depending on the pilots, the number of partners collecting and

⁹ World Bank has tested the Cash Programming indicators, but is still to test the VAF indicators (noting that there is some overlap between the two). *Comments: 1) It is recommended that the world bank model incorporate the additional observations from the WFP-CFSME; 2) it is recommended that the variables put forward by the working groups for the VAF is run through the World Bank model that incorporates both UNHCR-IRD and WFP-ACTED data; 3) it is recommended that expenditure is included as an indicator for vulnerability, which the WB is modelling. Note that this is a proxy for welfare, but not vulnerability. 4) It is recommended that indicators identified in the World Bank model not included in the VAF already may be considered for adding or replacing indicators. For example, Debt was mentioned. It is recommended for a follow up workshop specifically on the World Bank modelling with technicians to compare the models and indicator list.*

uploading data on the indicators themselves will be expanded. However, all partners will have access to the same information at this stage, not just the partners uploading.

In addition, a system will be established to monitor the quality of data collected, with a feedback loop to the organization(s) conducting the collection.

VAF data will be regularly compared with other surveys and trends analysis.

Q. What safeguards are in place, both to ensure that the assessment is accurate, and that refugee households are not 'branded' with a score, but then their situation deteriorates?

Given the impact that the household vulnerability score could potentially have on the assistance received by a household, it is important that the nature and limitations of the data are clearly understood by all actors and that safeguards are included in the framework to minimize the risk that data is misused.

The assessment process needs to be carefully considered to minimize exclusion risk, that is, the risk that households or segments of the refugee population are excluded from the process or their level of vulnerability is incorrectly categorized and they are excluded from receiving assistance. **One example of a mitigating action to be considered is the development of an appeals process by which households can know and contest their assigned score.**

Finally, there is a risk that the emphasis placed on assistance for those deemed the most vulnerable may contribute to the deterioration in circumstances for those who, without support, may fall in the middle or lower range of vulnerability. This further emphasizes the need for periodic re-assessment or other means by which to identify changing household circumstances.

As stated above, the VAF process minimizing risk of exclusion for refugees through

- 1) appeal process, or fast-tracked reassessment for border line cases (see how regularly will assessments be conducted, below)
- 2) periodic update of vulnerability status;
- 3) quality assurance of data collectors and database.

Other courses of action may be to include multiple assessments for a household as a means by which to cross-check information.¹⁰

Q. How regularly will the assessments be conducted?

Vulnerability is not a static state those who are assessed as less vulnerable at one point in time may become more vulnerable later due to a change in circumstances. For that reason it is important to explore a variety of means by which household data is updated on a regular basis¹¹.

Some data is generated from proGres at the registration stage. This will limit to specific indicators that would not change significantly every year – primarily household demographics. Other indicators will be collected through the regular assessments ('home visits'). More details are available in the SOPs.

¹⁰ Comment: "possibility of a community based approach". To be elaborated.

¹¹ Comment: It is important that the SOPs are well defined for this, and elaborated upon. It is mentioned in several points both in this document and elsewhere, but the mechanism is not defined. 3 months? Referrals?. Missing/ to be defined: precise regularity of assessment, referral mechanism, appeal mechanism.. even though we did not define it yet, it has to be mentioned somewhere before spreading it to coordination forum

Home visits are planned for every 6 months. An alternative to an appeals procedure would be to fast-track persons who were recently considered in the second highest category of vulnerability, to assess quickly whether they have deteriorated and should now be in the highest category.

Q. What appeal procedures would be in place?

Currently being developed

Q. How will the confidentiality of Protection information be assured?

The VAF database will include a functionality whereby sensitive Protection information will not be 'viewable' by all users. Protection data could still generate a 'score' in line with the indicators, but users would not be able to see the specific protection problem faced by the individual or household, without addition

The guidelines on access to the VAF database will include confidentiality rules, which participating organizations will have to agree to.

Interview best practices and confidentiality rules will be included and monitored as part of the training programme for enumerators.

Q. The VAF focuses on Syrian Refugee household in urban areas. How will this relate to refugees in camps, and to Jordanian host communities?

The scope of the VAF is eventually to include camp populations. However, the Steering Committee decided to focus initially on urban refugees. The reasons are that 1) many types of assistance will remain 'blanket' in camps; and 2) the very different context and nature of access to assistance in camps.

For host communities, there are parallel initiatives under the development pillar, including UNDP at the Regional Level, to establish a vulnerability framework to improve targeting of development assistance. The governments of the respective countries should take the lead on this. For Jordan, the Host Community Support Platform remains the most appropriate body to define how vulnerability of Jordanians should influence assistance decisions. As mentioned above, the VAF Steering Committee will consider the possibility to combine the VAF with parallel initiatives. As an initial step, the HCSP will be invited to attend the Steering Committee meetings.

SECTION 2: DATA COLLECTION

STANDARD OPERATING PROCEDURES

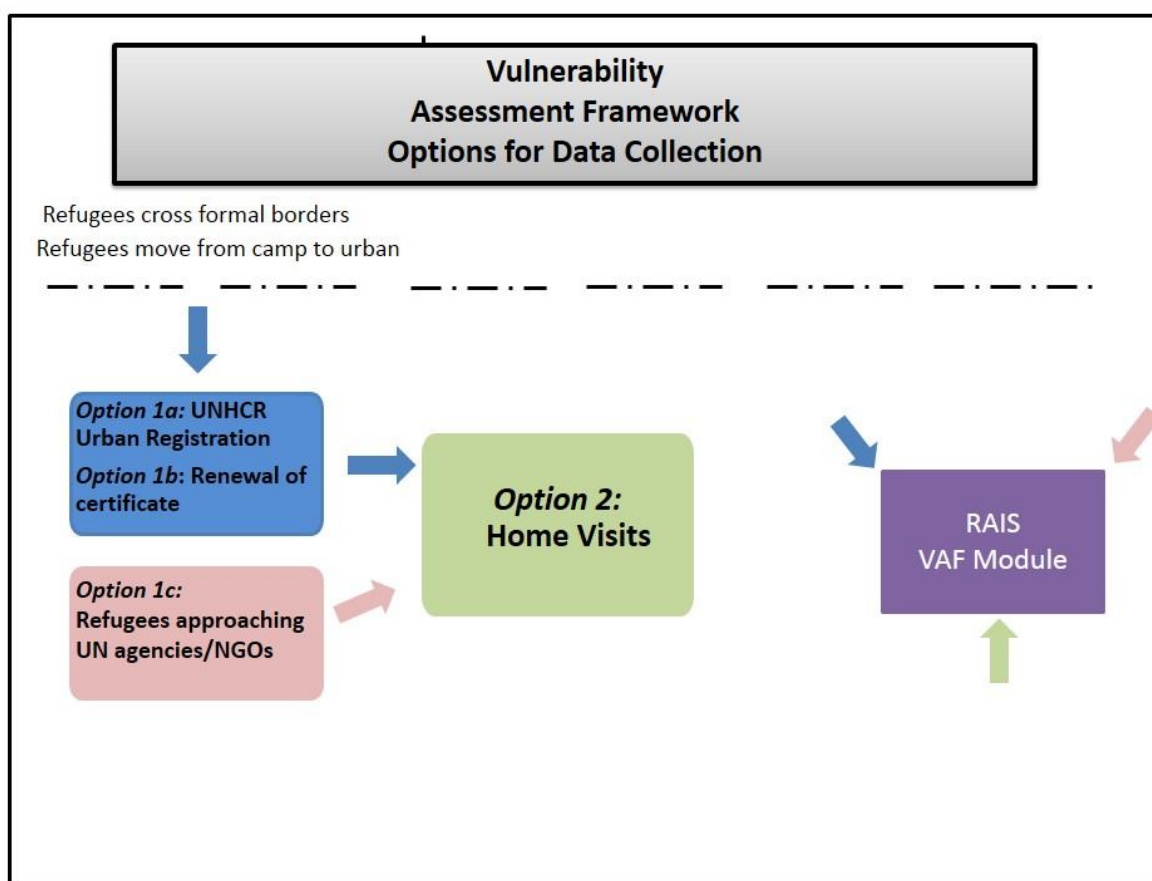
The purpose of this section is to outline:

- how VAF data collection will occur at different entry points;
- how this information will be recorded in a central database and retrieved by users;
- how cases will be appropriately referred;
- how decisions can be appealed by agencies and beneficiaries who disagree with the classification of a certain case to voice their concerns, which will then be appropriately tracked and reviewed.

DATA COLLECTION

Data collection of the VAF common indicators are to occur at two broad entry points:

- Option 1 – office visits (registration, renewal of asylum seeker certificate, refugees approaching UN or NGO offices);
- Option 2 – home visits (conducted by both UN agencies and NGOs).



OPTION 1: OFFICE VISITS

This category is sub-divided into UNHCR Registration (both initial registration and renewal of status), and refugees approaching UN/NGO offices for other purposes. The majority of Syrian refugees in Jordan register with UNHCR, and there is currently no registration backlog. Urban registration is done at two fixed sites (Khalda and Irbid), and also at mobile registration units, which travel around the country based on information received by the UNHCR Field Unit.

1a. Registration

When a refugee approaches UNHCR, they will be registered the same day, provided all family members are present. If one or more family members are not present, the family will be given an appointment to return the following day.

A family is registered as a case, and case composition consists of a principal applicant and dependents (which includes spouse, children under 18 and can include their siblings who are older than 18, but unmarried; elderly family members; persons with disabilities).

During the Registration interview, UNHCR collects biodata information which is logged in the Profile Global Registration System (proGres). The information from proGres is replicated automatically in RAIS within a few minutes. A Registration interview takes, on average, 45 minutes to complete, although length can vary depending on a number of factors.

Information on the following VAF indicators will be collected as part of the Registration interview¹²:

- Head of Household gender/disability/under 18/ over 60/ divorced/ widow/ widower/ separated;
- Dependency ratio
- Syrian Identity Document Availability
- Birth registration
- Government Registration status

While information on “Access to health services by target populations” will not be collected, serious illnesses will be recorded as part of the specific needs section. Furthermore, information collected for the occupation section can inform the “Expenditure/Income Gap” portion of the “Expenditure/Income Gap / External assistance received” indicator.

Once the daily proGres replication takes place in RAIS, the fields in the VAF module will auto-populate with the information available, and partners checking RAIS will be able to generate an initial score,

¹² Independent from the VAF process, during registration, the following categories are systematically referred to the Protection/ Litigation desks: 1) Separated and/ or Unaccompanied children; 2) Early marriages; 3) Any SGBV case; 4) Child labour; 5) Child associated or previously associated with armed groups; 6) New born not issued with New Born Certificates”.

In addition, cases falling within the following categories are systematically referred to Community Services (CS) desks: 1) Women at risk with no connection within the community; 2) Persons with disabilities; 3) Elderly persons at risk.

Any case identified as being in need of an urgent home visit will be referred from CS to the Field Unit, who will then refer the case to IRD. The average turnaround for an urgent home visit is 10 days – two weeks (including referral to Field, referral to IRD, home visit conducted and home visit form sent back to UNHCR).

although only related to these initial 7 indicators of “vulnerable”, “very vulnerable” or “extremely vulnerable”

1b. Renewal of registration

Refugees registered with UNHCR need to renew their asylum seeker certificate every twelve months.¹³ During the renewal interview, all family members need to be present, and a verification of the existing data is conducted. Any changes in family composition are recorded, as well as change of address, specific needs, etc. Therefore, the information collected during this interview is similar to that collected during the registration interview¹⁴.

As with the initial registration, the information collected during this interview will be recorded in proGres, and later replicated in RAIS.

1c. Refugees independently approaching UN/NGO offices

Refugees approach UN and NGO offices for a number of different reasons, including to inform agencies of changes in circumstance. Such visits may provide an additional entry point for VAF data collection, to flag that a) a home visit is needed; b) registration data may be out of date, triggering a following visit by UNHCR registration teams.

- In the event that by the time a refugee approaches the office a home visit has already been conducted and logged in RAIS, staff may carry out a sort of verification exercise of the already existing data, to assess whether there have been any changes in the household’s vulnerability status.
- If a home visit has not yet been conducted, and three months have already passed since the registration interview, there are two options:
 1. Case is referred directly to UNHCR Field Unit for a home visit to be carried out by IRD staff;
 2. Case is referred internally within receiving organization for a home visit to be conducted by their own staff.

In either case, the referral should be logged in RAIS.

The amount of information collected during such visits will vary according to each organization’s staffing capacity, but at a minimum, the existing data should be verified, in order to provide a better picture of the household’s status over time. As time permits, a broader version of the VAF questionnaire can also be administered, covering certain indicators in addition to those on which information was recorded during registration and/or home visits. For such instances, information can be entered by partners directly into RAIS.¹⁵

Where there appears to be a drastic change in circumstance, an urgent home visit can be requested from UNHCR/IRD or scheduled internally within the receiving organization, within 2 weeks.

¹³ A new Memorandum of Understanding was signed between UNHCR and the Government of Jordan in March 2014, extending the previous validity period of certificates by six months. This means that refugees who were registered before April 2014 will still have to renew their certificates six months after the registration date, but the new certificate will be valid for 12 months.

¹⁴ Similarly, referrals are made to other units, including same-day referrals to CS, as appropriate.

¹⁵ With the exception of UNHCR Counseling visits, which will be logged in proGres and eventually replicated in RAIS.

Where a case has been assessed recently (**within the past four weeks**) and it appears that the office visit has not been triggered by an urgent condition or a drastic change in circumstances, there is no need for the case to be re-assessed.

Each visit by a refugee already assessed by the VAF should be logged in RAIS; this will not only allow for tracking of the case but also for detection of cases who repeatedly approach different agencies for assistance.

OPTION 2: HOME VISITS

A number of different organizations conduct home visits as a means of assessing household circumstances. UNHCR, through partner IRD, currently conducts a home visit for every newly registered case. The average waiting period for a home visit after registration is two–three months. As aforementioned, urgent home visits are conducted in a much shorter timeframe, with the turnaround for the entire process taking around 10 days–two weeks.

Home visits, although a more lengthy process than registration interviews/office visits, allow for information to be collected not only through posing questions to the beneficiaries, but also through observable indicators, such as living conditions.¹⁶

During home visits, the complete version of the VAF questionnaire should be administered. Some organizations may already be collecting data on the VAF indicators, and can choose to add the missing indicators to their existing questionnaire; others may choose to replace their existing questionnaire with the VAF questionnaire, with the option of adding more questions they might be interested in. Organizations may choose their methods, as long as they ensure that data on all the indicators is collected in a standardized and systematic manner which allows for comparability of the information.

DATA STORAGE AND ANALYSIS

Recording procedures to be elaborated

A significant advantage to having a central database is that partners will be able to run queries to identify both cases who are in each of the different categories, as well as cases who had low or high scores related to specific indicators e.g. Food Consumption Score. Such queries may help inform sector-specific interventions, e.g. a large number of households in Irbid were identified as having very limited access to latrines, which may then prompt a WASH intervention.

Queries will be enabled for all indicators, and thus can be tailored to be sector-specific; they can also be location-specific. As such, queries can be tailored so that they are flexible by indicator (so that thresholds for the organization can be set rather than pre-determined). Furthermore, users should be able to run queries which will allow them to track the longitudinal difference of a household in terms of updating of their assessment and vulnerability criteria.

REFERRALS

To be elaborated

APPEALS MECHANISM

¹⁶ *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*

In addition to ensuring adequate training of enumerators as well as rigorous data quality control, a mechanism will be established to allow both beneficiaries and organizations to appeal decisions taken according to the VAF classification.

Appeals by Refugees

To be elaborated

Refugees who have been informed that their case does not meet the threshold for one of the vulnerability categories and are thus not qualified for material assistance may file a complaint through one of two mechanisms:

- Calling the UNHCR infoline (06-XXX XXXX);
- Approaching the offices of a UN agency or NGO and filling out the complaint form (*See Annex 3*).

Appeals should be logged in RAIS and reviewed by a committee formed of different agencies in a timeframe of three weeks.

When assessing the appeal, the committee should consider only subjective indicators (to be defined).

If the appeal is found to have merit, based on defined review criteria, a home visit should be conducted to assess the circumstances of the household.

If the appeal is found to have no merit, the refugees should be informed accordingly.

Decisions should be logged in RAIS. After a decision is taken, beneficiaries will be unable to file another appeal for six months, with the exception of cases where a significant change in circumstances has occurred.

Appeals by Organizations

Organizations who find that a case was inaccurately classified (as either less or more vulnerable than they appear to be, according to the data) should fill out the appeal form and send it to a review panel to determine whether a home visit is needed.

SECTION 3: COMMUNICATIONS STRATEGY

A task force to develop the Communications Strategy is being led by UN Women, supported by UNHCR and the Advocacy and Communications working group. Various target groups have been identified, together with key messages and appropriate media and communication methodologies. While the full strategy is under development, some key issues include:

- Utilizing different channels such as printed materials, SMS distribution, local media, outreach staff, and conferences – among others, the aim of the VAF Communications Strategy is to disseminate clear, consistent information to participating agencies, implementing partners, beneficiaries, donors and government, to ensure they are well informed of the process, its progress, and its implications.
- Among the key messages to be disseminated is the idea that the VAF revolves around responsible programming, and comes as a natural next step in assessing the impact of the humanitarian response to the Syrian refugee crisis in Jordan. For instance, : “We are working to be more efficient and effective at reaching the people who need assistance the most; this process is about improving our services, and ensuring we are following the humanitarian principle of providing assistance to the most vulnerable.”
- One of the first products of the Communications Strategy Task Force is a Q&A document, building upon the Sections above, which will be disseminated to a wide audience.
- Internal advocacy among agencies is also very important, to ensure everyone is on the same page and fully understands the process, as well as its operational implications. At the same time, the government and donors will be kept fully apprised. Beneficiaries will also receive information and guidance on how the process will affect them, and be given fora to voice their concerns.

ANNEX 1: PENDING QUESTIONS FOR CLARIFICATION

As of 28th April 2014

Pending Questions on the SECTION 1:

Q. For newly arrived refugees, there is the potential for gap between the registration and then re-registration in the host communities. This may be less of an issue once Azraq opens up (to be seen), though should merit a specific discussion.

Q. What if database (including data entry by partners) is not fully comprehensive / not working perfectly? Much of the narrative in this document assumes that the system will be working perfectly. A good risk management approach would highlight what the biggest challenges are, and noting that the system will be imperfect (people missed in the assessment, difficulties in access, some duplication across organisations, incorrect information being provided, etc). Therefore, it is suggested that we should note here and elsewhere what the imperfections are likely to be and how they could be mitigated

Q. On how will data be collected? UNICEF comment: This needs to be expanded further once SOP is developed in terms of data gathering, training, data entry, rollout of database. Will there be an approval process for NGO to participate in data collection as part of crowd sourcing?

Pending Questions on the SECTION 2: SOPS

Q: What are the timeframes for home visits and reassessment of a case? What is the timeframe during which a case should not be reassessed?

Q: What would be the criteria for the home visits to review a VAF assessment? What would be the timeframe?

Q: What are the criteria for more frequent home visits to be conducted for certain cases?

Q: Can we distinguish between which indicators are objective and subjective, open to appeals?

Q: While during Registration, the head of household provides the main information, during home visits it might be another member of the household. How do we deal with this?

Q: How do we ensure that agencies enter the data in a timely manner? How do we ensure the data entered is reliable and consistent?

Q: How do we handle sensitive information that comes up during a home visit?

Q: How do we coordinate to ensure that a family does not get multiple assessment visits?

Ideally, all assessments conducted should be entered in RAIS. Once an agency opens the case in RAIS, they should be able to see it's already been assessed, and when.

Q: Is it feasible for partners to record all assistance provided to cases?

Q: Need to be clear on the relationship between different options/entry points. Are they complementary? If so, in what way? How will the information overlap?

Q: If a list of "vulnerable" cases who need assistance changes on a daily basis, it becomes quite complicated for agencies, particularly WFP to target. WFP would need a monthly list to assist through e-cards.

Q: Should all newly arriving refugees receive assistance then be assessed within 3 months? Should agencies such as WFP guarantee assistance during first 2-3 months then conduct the HH assessment?

Q: If participating agencies want access to the RAIS module, should they have to collect the agreed upon tool as a minimum requirement?

Q: Appeals mechanism – do we want one? How will it work? Who will be responsible for reviewing appeals? Who can appeal what? How will refugees be informed of decisions?

WFP suggestion: Perhaps a committee of a few people from diff agencies determining this as was done in Lebanon.

Suggest the committee determines whether the HH should be reassessed, then the HH visit will be inputted into RAIS and a new score will determine whether receive assistance or not

Q: How can we incorporate referrals into the process? Instead of an appeals mechanism, is it not more feasible to have a referral system?

Q: Should we have specific triggers for instant access to assistance for certain cases? In Lebanon, any PLW or persons over 60 could receive assistance.

Q: Should agencies accessing the database have to nominate one person from their respective organizations to be responsible for the database/ especially the sensitive info in order to avoid any misuse?

Q: Do we want the “refugees approaching offices” entry point to remain, or should it be removed? Is it necessary/feasible to check the system and verify information during such visits?

ANNEX 2: VAF INDICATORS

Indicators	Definition	Indicative Measurement
Head of Household gender/disability/under 18/ over 60/ divorced/ widow/ widower/ separated	Head of Household Status: Male, Female, Elderly, Boy/Girl	Vulnerability score based on status.
Dependency ratio	Ratio of dependents (non-wage earners/persons needing care) to non-dependents (potential wage-earners/care-givers). Dependents = children + elders + non-autonomous adults; Non-dependents = autonomous adults.	Vulnerability range based on ratio (i.e. 1 dependent or less per non-dependent member = less vulnerable.)
Involuntary HH Relocation	# of times HH has moved involuntarily prior to current location	Vulnerability range based on # of moves (i.e. 4-6 moves in 6 months = very vulnerable)
Expenditure/Income Gap / External assistance received	Estimated ability to cover monthly HH expenditures expressed as a percentage of expenditures covered. / Cash support and/or food vouchers received regularly in past [X period].	Vulnerability range based on % of expenses covered. (i.e. 90% of expenses covered = less vulnerable)/ Vulnerability range based on type and frequency of support(?)
Coping Strategy Index / Social safety net strength	Strategies (other than earned income) used to cover household expenses. / Strength of social networks the HH is able to rely on for support.	Vulnerability range based on CSI score. / Vulnerability range based on perceived strength? (ie. very weak, weak, strong, very strong)
Water Availability	Number of times in the past (X) period that no water was available to the HH.	Vulnerability range based on instances of inavailability (i.e. 6 days in past 7 with no water = extremely vulnerable)
Excreta disposal system reliability/ Ratio of HH members to functional latrines/ Latrine Accessibility	Number of excreta disposal system failures in the past [X period]. / # of HH members per functioning latrine / Presence in HH of person(s) who cannot access latrine(s) due to safety/security concerns, functional limitations or other issues	Vulnerability range based on instances of failure, (i.e. 6 times in past 7 days = extremely vulnerable)/ Vulnerability range based on ratio (i.e. 1 functioning latrine per 3 persons = less vulnerable)/ Yes/No. (i.e. Yes=1, No=0)
Crowding Index	# of HH members per room	Vulnerability range based on ratio (i.e. >8 persons per room = extremely vulnerable)
Syrian Identity Document Availability	Members of HH who currently possess Syrian ID (All/Some/None/Held by GOJ)	Vulnerability range based on HH members in possession of specified documents.
Birth registration	Presence of child/children in HH not registered at birth.	Yes/No. (i.e. Yes=1, No=0)
Registration status	Registration status with UNHCR and/or MOI	Vulnerability range based on registration status with UNHCR and/or MOI.

Food Consumption Score/ Dietary sources/ Food Sources/ Breast feeding/Infant Nutrition	Beneficiaries' consumption of food within the household. Composite score based on dietary diversity, food frequency and relative nutritional importance of different food groups. Availability of appropriate food/nutrition sources for infants (Presence of children in HH aged 0-12 months who are being formula-fed.)	Vulnerability range based on Food Consumption Score.
School Attendance	Percentage of school-age boys and girls in the household not engaged in any education services.	Vulnerability range based on percentage (i.e. 100% = extremely vulnerably). Disaggregated by gender. /
Youth literacy and numeracy	Percentage of youth (male and female, ages 16-24) in the household without basic education.	Vulnerability range based on percentage (i.e. 100% = extremely vulnerably).
Access to health services by target populations	Access to necessary health services among vulnerable groups including immunisation (i.e. NCD/Chronic diseases; pregnancy; mental health / psychosocial; functional limitations, presence of HH member under 5 not immunized for measles or polio)	Y/N for each target group (i.e. pregnant HH member with no access to services=1) / Yes/No. (i.e. Yes=1,No=0)

ANNEX 3: DATA COLLECTION TOOL

[illegible]

Shelter conditions	LIVING CONDITIONS				
	Type of Housing	1) Permanent shelter (structurally durable sound building with permanent materials/cement) 2) Transitional shelter (caravan, mud hut, tin or wood structure, scrap material) 3) Temporary/emergency shelter (tent)			<input type="text"/>
	Type of occupancy	1) For rent; 2) Shelter provided through humanitarian assistance; 3) Owned; 4) Shelter provided in return for working (in a farm, as a guard, etc.); 5) Hosted (for free); 6) Squatter (illegal occupation of someone else's house/land)			<input type="text"/>
	Ventilation	1 = Yes, 2 = No			<input type="text"/>
		If yes, type of ventilation (list all applicable options): 1) Windows; 2) Doors; 3) Tubes/openings	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Access to electricity	1 = Yes, 2 = No			<input type="text"/>
	Did you observe any of the following? (List top three)	1) Damp walls; 2) Leaking roofs; 3) Hygienic concerns; 4) Broken windows; 5) Broken doors; 6) Privacy concern; 7) Pests (rodents, insects, etc.); 8) Poor insulation (winter & summer)			<input type="text"/>
How would you judge the assessed shelter?	1) Standard/acceptable; 2) substandard			<input type="text"/>	
Crowding Index	Total living space in m2 (for all residents)	<input type="text"/>	Number of people sharing the living space (including non-household residents)	<input type="text"/>	
Excreta disposal system reliability/ Ratio of HH members to functional latrines/ Latrine Accessibility	Do you have a latrine/toilet of exclusive use for your household? 1 = Yes, 2 = No	<input type="text"/>	If the latrine/toilet is shared, are they shared with 20 or more people? 1 = Yes, 2 = No	<input type="text"/>	
	Is a latrine physically accessible to all members of the household? 1 = Yes, 2 = No	<input type="text"/>	Is the latrine located in an environment which is perceived to be safely accessible to all members of the household? 1 = Yes, 2 = No	<input type="text"/>	
	What kind of latrine/toilet facility does your household use? 1) Improved latrine with cement slab / flush latrine 2) Traditional pit latrine/ without slab/ open pit 3) Open air			<input type="text"/>	
Water Availability	What are your most important sources of water in your household? 1) Piped, 2) Private vendor, 3) municipality/informal, 4) UN agency/NGO assistance, 5) shop/market, 6) private well, 7) others			<input type="text"/>	
	How many days did the household not have water in the past month?	<input type="text"/>	What did you do on these occasions? (1- Buy from own pocket, 2- borrow from family/ borrow money to buy, 3- shop credit, 4- stay without, 5- others.)	<input type="text"/>	
	Are you connected to public/municipality sewage system?			1 = Yes, 2 = No	
Involuntary HH Relocation	How many times has your household been forced to move or evicted in Jordan prior to current location?			<input type="text"/>	
Food Consumption Score/ Dietary sources/ Food Sources/ Breast feeding/Infant Nutrition	FOOD CONSUMPTION AND FOOD SOURCES				
	Yesterday, how many meals were eaten by your family? (meals comparable to breakfast lunch, dinner)				<input type="text"/>
	Consider only meals consumed at home or in public kitchen but not in private restaurants or street food. DO NOT count food consumed in very small amounts; ie less than a teaspoon per person or consumed by only one member of HH.	CONSUMPTION PATTERN Over the last 7 days, how many days did you consume the following foods? (0 = Not eaten, 1 = 1 day, 2 = 2 days, 3 = 3 days, 4 = 4 days, 5 = 5 days, 6 = 6 days, 7 = Everyday)		FOOD SOURCES What was the main source of the food in the past 7 days? (0 = Not consumed, 1 = Own production, 2 = Bought with cash, 3 = Bought on credit, 4 = Exchanged/borrowed, 5 = Received as gift, 6 = WFP food assistance, 7 = Non WFP official food assistance, 8 = Hunting/gathering/fishing)	
	CEREALS (bread, pasta, wheat flour, bulghur)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	WHITE TUBERS AND ROOTS (potato, sweet potato)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	VEGETABLES, YELLOW TUBERS, LEAVES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FRUITS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MEAT (organ and flesh meat)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	EGGS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FISH AND OTHER SEAFOOD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PULSES, NUTS AND SEEDS (beans, chickpeas, etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MILK AND DAIRY PRODUCTS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OIL AND FATS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	SWEETS (Sugar, honey, jam, cakes, candy, etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	SPICES AND CONDIMENTS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOOD SECURITY COPING STRATEGIES	HOUSEHOLD FOOD SECURITY COPING STRATEGIES					
	During the last 7 days, how many times (in days) did your household had to employ one of the following strategies to cope with a lack of food or money to buy it? 0 = Not applied, 1 = 1 day, 2 = 2 days, 3 = 3 days, 4 = 4 days, 5 = 5 days, 6 = 6 days, 7 = Everyday					
	Rely on less preferred and less expensive food (ie cheaper lower quality food)				<input type="text"/>	
	Borrow food or relied on help from relative(s) or friend(s)				<input type="text"/>	
	Reduce number of meals eaten in a day				<input type="text"/>	
	Limit portion size at mealtime (different from above: ie less food per meal)				<input type="text"/>	
	Restrict consumption by adults in order for small children to eat				<input type="text"/>	
	In the past 30 days, has your household applied any of the below strategies to meet basic food needs? 0 = No, 1 = Yes, 2 = No, because I have exhausted this strategy already and cannot do it anymore					
	Spent savings				<input type="text"/>	
	Bought food on credit or borrowed money to purchase food				<input type="text"/>	
	Reduced essential non food expenditures such as education/health				<input type="text"/>	
	Sell household goods (jewelry, phone, furniture, electrodomestics, bicycle etc)				<input type="text"/>	
	Sell productive assets or means of transport (sewing machine, wheel barrow, bicycle, car, motorbike)				<input type="text"/>	
	Have you accepted high risk, illegal, socially degrading or exploitative temporary jobs (describe in comments if revealed)					
Sent adult household members to beg				<input type="text"/>		
Sent children household members to beg (under 18)				<input type="text"/>		
OTHER COPING STRATEGIES	OTHER COPING STRATEGIES					
	If your household has borrowed money/has debts, what is your total amount of debt up to now?			<input type="text"/>		
Access to health services	Access to health services by target populations					
	If there was a medical need, were you or any members of your household able to access public hospitals/clinics in the past 6 months? (Yes = 1, No = 2, N/A = 0)				<input type="text"/>	
	If no, why (tick the box of the most applicable only)		1. Finances (cost of transport, fee, etc.)	<input type="text"/>	2. Documentation (problems related to Service Card or UNHCR Certificate)	<input type="text"/>
	3. Relevant medical services were not available (specialization not available, medication not available, etc.)	<input type="text"/>	4. Hospital/Clinic personnel denied access without clear reason	<input type="text"/>	5. Lack of knowledge	<input type="text"/>
	6. Other (specify)				<input type="text"/>	
	Do you have a child under 5 years who was not immunized for measles?				<input type="text"/>	
	Do you have a child under 5 years who was not immunized for polio? (child who never had a polio dose)				<input type="text"/>	
	If you have children under 2 years, have they received routine vaccines (EPI)? (As this is sometimes difficult for HH and staff to distinguish from above, could use a proxy question such as: do you have children under 2 who have a vaccination card?)				<input type="text"/>	
For children from 0-6 months, are they breastfed exclusively?			1 = Yes, 2 = No		<input type="text"/>	

ANNEX 4: PARTICIPATORY ASSESSMENT ANALYSIS

In January and February 2014, as part of the VAF process, a list of indicators to measure vulnerability have been established by the Steering Committee and the eight main sectors (Food Security, Cash, WASH, NFIs, Shelter, Health, Protection and Education) of the Jordan Refugee Response. It was agreed in the Steering Committee meeting of 15th January 2014 that a participatory process with refugees should also be conducted, to assess refugees' own perception of their vulnerabilities.

In subsequent Steering Committee meetings, it was agreed that the validation of indicators would be inserted into the UNHCR Participatory Assessment in urban areas, conducted in March 2014¹⁷. The indicators used were the list of 15 proposed at the 5th February Indicators' Workshop, defined by sector representatives, and further refined by the Steering Committee in discussion with the sectors.

The broad list of indicators selected through the VAF process are in annex.

The following analysis extracts some key findings from the participatory assessment (PA) conducted in March 2014, and compares these against the VAF indicators.

Key Findings	Relevant to VAF Indicators
Difficulties in paying rent: mentioned as a consistent concern across the Focus Group Discussions (FGDs), including for PWDs, elderly, men/women. High demand resulting in higher rents. Part of humanitarian assistance sold to pay for rents. Several stated "[none of other] assistance means anything without being able to secure the rent." Combines with limited livelihood opportunities / no work permits (see below), to increasing the income/expenditure gap.	Indicator 4: Income / Expenditure Gap Rent coverage could become a specific indicator.
Over-crowding: Linked to difficulties paying rent / limited access to livelihoods/ evictions, families are moving between rented accommodations regularly, and are sharing rooms with several other households. E.g. in Irbid/Ramtha, all FGDs shared the experience of difficulty of securing a flat to rent upon arrival. Some opted to stay with relatives until they could find a flat with reasonable rent	Indicator 4: Income / Expenditure Gap Indicator 8: Crowding Index
Evictions: A woman in Irbid said 'We were kicked out of the house, we are four families in one house now, we couldn't afford the rent'. Some opt to live in cheaper areas, few of them reduced their food quality and quantity. Many respondents had not paid their house rents for months; although only a few families were actually evicted. Some families voluntarily left their houses because landlords did not allow them to host other Syrian families and new arrivals in the same premises. They believe that failing to pay the rent would result in facing legal problems in Jordan. Some FGD emphasized this group (at risk of eviction/over-crowded) should be given priority for assistance.	Indicator 4: Income / Expenditure Gap Indicator 3: Involuntary HH Relocation

¹⁷ This assessment covered the Syrian refugees' population in Amman, Irbid including Ramtha, Jarash, Ajloun, Madaba, Mafrq, Balqa, Zarqa including Azraq Urban, Karak, Tafilah, Ma'an including Wadi Musa, and Aqaba. The Participatory Assessment is an active "research" methodology involving participation of all concerned stakeholders through structured dialogue, in order to strengthen community structure formation through structured dialogue and community organization. For this purpose, this assessment was led by UNHCR and involved UN Sister Agencies, and partners namely: ZENID, IRD, CVT, Legal Aid, NHF, JRF, IMC and Care. As well the implementation was supported with members from Community Advised Committees CACs such that each assessment team was supported with one CAC member throughout the whole process with regards to interviews arrangements and groups' gatherings. Seventy focus group discussions were conducted throughout eight different types of groups (adult men, adult women, male youth, female youth, persons with disabilities-women and female youth, persons with disabilities-men and male youth, elderly men, and elderly women).

<p>(Lack of) Work Permits; threat of arrest; resulting exploitation: One of key main challenges (together with difficulties paying rent) that hinder refugees' self-reliance is issuance or renewal of the work permit. Syrian refugees work illegally in restaurants, constructions, seasonal farming and cultivation, room service (in Aqaba), bakeries and pastries, car maintenance, shops, or porters at the local market for long hours with minimum wages stated by the labours law and even less, they always prefer night shift jobs or jobs in which there is no direct contact with customers in order to avoid being seen and caught by MOL inspectors. Wives noted that they feared their husband may be caught and not return home.</p>	<p>Indicator 4: Income / Expenditure Gap</p>
<p>Registration in Jordan: Participants agreed that the UNHCR asylum certificate plays a major role in accessing monthly financial services, health, and education services. It is also important for their protection especially if stopped by Jordanian police. A small number of participants were not registered with UNHCR, due to fear of sharing their names with the Syrian regime.</p> <p>Over the past year, the legal situation of refugees in Jordan has changed. It is more difficult to receive an MOI card. Now they are more frequently subject to prosecution by MOL inspectors. Refugees rarely report to the police if they face legal problem; they are afraid to be deported. Some refugees mentioned they are denied access to Aqaba, they were not allowed to cross the check point to join their families and relatives.</p>	<p>Indicator 11: Registration status</p>
<p>Livelihood Access; including for persons with specific vulnerabilities: Women focus on in-home activities / businesses. Older Persons and PWDs have difficulties accessing work to meet their basic needs. Employers prefer not to recruit PWDs/Older persons.</p>	<p>Indicator 1: Head of Household gender/disability/under 18/ over 60/ divorced/ widow/ widower/ separated</p>
<p>Child Labour: as consequence of limited livelihoods. Child labour was mentioned in almost all groups, many children do leave their schools and work to support their families especially when the house is headed by a female (widowed mother or father in Syria). Adult men in Irbid, Ramtha, and in Aqaba said that it is 'easier' for children to work because it is less 'risky' and they may not be caught by MOL inspectors. A mother stated that her 16 y.o daughter has to work to pay the rent with her parents.</p> <p>In general, believed that child labor is a negative phenomenon on children but at the same time, they do not have alternatives. They are aware of the exploitation which their children are subjected to.</p>	<p>Indicator 4: Income / Expenditure Gap</p>
<p>Early Marriage: Early marriage was not mentioned as a coping strategy except in Karak and Shouna. When mentioned, it was viewed as a cultural practice.</p>	<p>Recommendation: confirm not to use as an indicator.</p>
<p>Access to Humanitarian Assistance: consistently mentioned as a main and crucial source of resources, without which the household would "not be able to survive". Cash/Financial and Food/Vouchers assistance was cited as the most significant.</p>	<p>Indicator 4: Income / Expenditure Gap</p> <p>Indicator 12: Food Consumption Score/ Dietary sources/ Food Sources/ Breast feeding/Infant Nutrition</p>

<p>Presence of Older Persons/PWD in household as male head of household: has an impact on some poorer household ability to survive. Extent depends on other family members ability to work, financial assistance, small remittances, or debts. Other refugees can rarely support each other financially such that almost all of them consume savings / enter into debt. Older persons reported being in urgent need for medical care; FGDs recommended that latter are prioritized financial assistance. Some older women in Irbid highlighted the urgent need for in-home care and/or shelter for unaccompanied older persons.</p>	<p>Indicator 1: Head of Household gender/disability/under 18/ over 60/ divorced/ widow/ widower/ separated</p> <p>Indicator 2: Dependency ratio</p>
<p>Household size / Dependency depends on age / sex/ disabilities: older women in Ramtha noted that NGOs are currently prioritizing support to families with large numbers rather single and older women.</p>	<p>Indicator 1: Head of Household gender/disability/under 18/ over 60/ divorced/ widow/ widower/ separated</p> <p>Indicator 2: Dependency ratio</p>
<p>Debt: Linked to income/expenditure gap (rising rent; no work permit; limited income), entering into debt is a major coping mechanism. Some arrived with no savings, had been IDPs in Syria for a long time with no work opportunities or any source of income; they had to use any savings they had to support their families.</p>	<p>Not an Indicator. A variable as part of Indicator 5: Coping Strategy Index / Social safety net strength?</p>
<p>Water Availability: Most apartments have running water and electricity; however some have to buy water as daily bases which increase their burden.</p>	<p>Indicator 6: Water Availability</p>
<p>Valid Syrian Passport; Documents: (links to work permit above) For those few refugees who entered legally with a valid passport and managed to get a work permit. However, they also find it difficult to find a permanent job in private sector with a good salary</p>	<p>Indicator 9: Syrian Identity Document Availability</p>
<p>Education: Most FGDs assured that educational services in general easy to access after registering and obtaining registration. Some Participants noted some difficulties in registering the children at school due unavailable spots in schools, bullying.</p> <p>Reasons for non-attendance: No space for children in public schools, far distance, transportation fees, child labour, discrimination at schools, not able to provide for school kits or pocket money or uniforms, or children do not accept to go one class behind care.</p> <p>Men and youth in Ramtha and Irbid acknowledged that there are protection risks facing children at schools and streets and they spoke openly about sexual harassment of boys. (Not reflected in other FGDs)</p>	<p>Indicator 13: School Attendance</p>
<p>Youth literacy and numeracy: Another challenge [to achieving self-reliance] is their educational level, almost all of them did not continue their education and this decreases their opportunities to find permanent jobs with good wages. However, there are other pressures on young men to leave education – the need to find work and support the family. In this case, income/expenditure gap is main driver.</p>	<p>Indicator 14: Youth literacy and numeracy</p> <p>Indicator 4: Income / Expenditure Gap</p>
<p>Access to Health Services: Availability of health services did not seem to be a major concern. However, participants complained of the standard of treatment in health centres. In almost all FGDs complained on unavailability of medications and failure to provide</p>	<p>Indicator 15: Access to health services by target populations</p>

health service properly after a preliminary examination for patients, especially in public health centres. In Karak; refugees noted that health services are better than previous year because of opening the Italian hospital in addition to roving clinics.	
Syrian women in Irbid reported difficulties accessing due to the fact that most doctors are males.	

Indicators not mentioned explicitly:

Not mentioned or discussed explicitly during the PA. However, these may remain an objective measure:

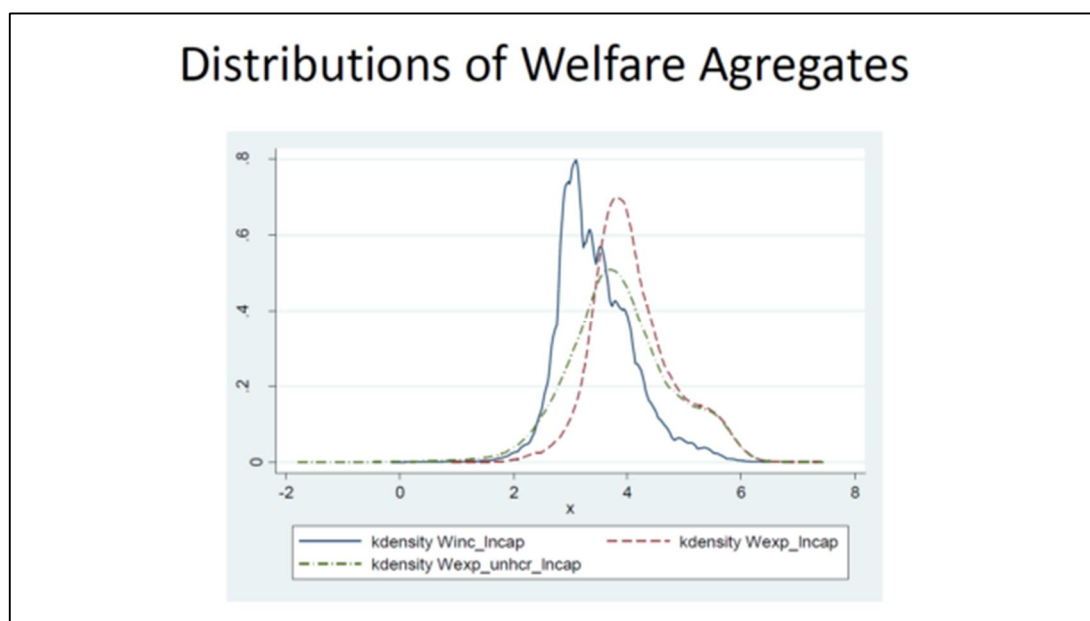
- Indicator 7: Excreta disposal system reliability/ Ratio of HH members to functional latrines/ Latrine Accessibility
- Indicator 10: Birth registration

ANNEX 4: WORLD BANK REVIEW OF HOME VISIT DATA

Presentation Slides

<p style="text-align: center;">World Bank Analysis of Home Visit Data</p> <p style="text-align: center;">Extract for Vulnerability Assessment Framework Steering Committee Jordan March 2014</p> <p style="font-size: small;">NB For use by the VAF Steering Committee, not for general circulation. The data / models are still being refined, so should not yet be quoted. A full report of the World Bank analysis will be shared in April 2014.</p>	<p style="text-align: center;">Welfare Models</p> $W_i = \alpha + \beta_1 HP_i + \beta_2 H_i + \beta_3 P_i + \varepsilon_i$ $W_i = \alpha + \beta HP_i + \varepsilon_i$ $\hat{W}_i = \beta HP_i + \varepsilon_i$ <p style="font-size: x-small;">Where W=welfare measure (income or expenditure); HP=vector of case characteristics present in both the PG and HV databases; H=vector of case characteristics present in the HV data but not in the PG data; P=vector of case characteristics present in the PG data but not in the HV data; ε_i= normally distributed error term with zero means; i=household (case number in UNHCR data).</p>
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<p style="text-align: center;">Data (March 2014)</p> <ul style="list-style-type: none"> PG: profile Global registration system (proGres) <ul style="list-style-type: none"> – 161,848 cases – 586,349 individuals – ~20 Variables HV: New Home Visits database <ul style="list-style-type: none"> – 15,975 cases – 68,245 individuals – ~185 Variables 	<p style="text-align: center;">Welfare Aggregates</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th></th> <th>Obs</th> <th>Mean</th> <th>Std. Dev.</th> <th>Min</th> <th>Max</th> </tr> </thead> <tbody> <tr> <td>Income for quest.</td> <td>15975</td> <td>82.1</td> <td>111.1</td> <td>0</td> <td>2800</td> </tr> <tr> <td>Expenditure 1 from quest.</td> <td>15975</td> <td>161.0</td> <td>123.1</td> <td>0</td> <td>2582</td> </tr> <tr> <td>Expenditure 2 from quest.</td> <td>15975</td> <td>232.9</td> <td>120.3</td> <td>0</td> <td>2260</td> </tr> <tr> <td>Expenditure from 1 and 2</td> <td>15975</td> <td>242.4</td> <td>121.3</td> <td>5</td> <td>2592</td> </tr> <tr> <td>Expenditure from 1 and 2 net of UNHCR</td> <td>15975</td> <td>202.8</td> <td>126.5</td> <td>0</td> <td>2492</td> </tr> <tr> <td>Income per capita</td> <td>15975</td> <td>21.0</td> <td>36.3</td> <td>0</td> <td>667</td> </tr> <tr> <td>Expenditure0 per capita</td> <td>15975</td> <td>82.0</td> <td>84.1</td> <td>2.5</td> <td>1725</td> </tr> <tr> <td>Expenditure1 per capita</td> <td>15975</td> <td>73.7</td> <td>86.3</td> <td>0</td> <td>1725</td> </tr> <tr> <td>Poverty (income)</td> <td>15975</td> <td>0.9</td> <td>0.3</td> <td>0</td> <td>1</td> </tr> <tr> <td>Poverty (expenditure0)</td> <td>15975</td> <td>0.4</td> <td>0.5</td> <td>0</td> <td>1</td> </tr> <tr> <td>Poverty (expenditure1)</td> <td>15975</td> <td>0.5</td> <td>0.5</td> <td>0</td> <td>1</td> </tr> </tbody> </table>		Obs	Mean	Std. Dev.	Min	Max	Income for quest.	15975	82.1	111.1	0	2800	Expenditure 1 from quest.	15975	161.0	123.1	0	2582	Expenditure 2 from quest.	15975	232.9	120.3	0	2260	Expenditure from 1 and 2	15975	242.4	121.3	5	2592	Expenditure from 1 and 2 net of UNHCR	15975	202.8	126.5	0	2492	Income per capita	15975	21.0	36.3	0	667	Expenditure0 per capita	15975	82.0	84.1	2.5	1725	Expenditure1 per capita	15975	73.7	86.3	0	1725	Poverty (income)	15975	0.9	0.3	0	1	Poverty (expenditure0)	15975	0.4	0.5	0	1	Poverty (expenditure1)	15975	0.5	0.5	0	1
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Welfare Model 1 (PG+HV)

	Wexp_Incap		Wexp_unher_Incap		Winc_Incap	
	coef	t	Coef	t	coef	t
Individuals in case (HV)	-0.191***	-85.361	-0.212***	-69.811	-0.149***	-45.036
Proportion of children	-0.452***	-25.326	-0.611***	-25.245	-0.563***	-17.581
Concrete House	0.249***	13.940	0.195***	8.017	0.087***	2.796
Sanitation average or above	0.100***	9.011	0.109***	7.244	0.091***	5.321
Ventilation average or above	0.064***	5.327	0.100***	6.194	0.050***	2.675
Free Housing	-0.681***	-32.000	-0.705***	-24.419	-0.134***	-3.352
Proportion school-aged children	0.146***	15.688	0.113***	8.919	0.016	0.862
Proportion of children in school	-0.033***	-3.253	-0.207***	-15.267	-0.068***	-4.560
Sharing costs with host family	-0.063***	-5.987	-0.095***	-6.628	-0.055***	-3.153
Living together with host family	0.085***	9.088	0.114***	8.987	0.087***	5.635
IsCertificateValid	-0.007	-0.754	0.124***	9.190	0.044***	3.091
_cons	4.796***	224.612	4.715***	162.779	4.315***	115.328
Number of observations	14,150		14,150		7,244	
R2	0.605		0.555		0.404	
Adjusted/Pseudo R2	0.605		0.554		0.403	

Ranking Indexes

Variable	Obs	Mean	Std. Dev.	Min	Max	R2
ind_house_crowd	15975	1.781887	1.364509	0	16	0.267
ind_house_crowd1	15975	2.551506	1.697571	0	58	0.022
ind_wash_water	15975	3.196244	1.168634	0	4	0.014
ind_nfi	15975	0.16169	0.381374	0	7	0.011
ind_house_subjective	15975	1.736588	1.619757	0	6	0.009
ind_house_assets	15975	8.3682	3.006631	0	13	0.008
ind_cope_index	15975	2.448013	1.727429	0	5	0.007
ind_wash_hygiene	15975	4.192363	1.150333	0	5	0.007
ind_cope_wfp	15975	1.665477	1.481963	0	8	0.006
ind_food_wfp	15975	42.55236	16.63382	0	112	0.003
ind_house_quality	15975	1.685383	0.57311	0	2	0.003
ind_food_score	15975	22.13459	8.49884	0	56	0.002
ind_food_variety	15975	7.101659	1.576538	0	8	0.001

Ranking Indexes Components

Variable	Obs	Mean	Std. Dev.	Min	Max	R2	%
i_rent	15975	0.91518	0.278622	0	1	0.017427	1.742672
i_latrine	15975	0.773083	0.418852	0	1	0.014387	1.438695
i_good_liv-d	15975	0.476557	0.499466	0	1	0.013578	1.357762
i_housecon-n	15975	0.86723	0.339337	0	1	0.007125	0.712506
i_pipewater	15975	0.878685	0.326503	0	1	0.007003	0.700316
i_good_san-y	15975	0.138717	0.345662	0	1	0.006762	0.676154
i_good_ven-n	15975	0.28626	0.452026	0	1	0.006047	0.604679
i_waste	15975	0.746792	0.434863	0	1	0.005852	0.585157
i_water	15975	0.797684	0.401739	0	1	0.005125	0.512468
i_good_ele-y	15975	0.281189	0.449594	0	1	0.005017	0.501678

Conclusions

- Welfare aggregates based on expenditure are better suited to predict poverty than welfare aggregates based on income.
- The best welfare model that the paper could find explains over 60 percent of the variation in welfare (expenditure) with just 11 variables.
- Reducing further the model to those of the 11 variables that are present in both HV and PG data, it reduces the number of variables to 5. These five variables alone still explain almost 52 percent of the variation in welfare. It is the quality of variables that one seeks in welfare modelling rather than the quantity.
- With no prior knowledge of the correlation structure of the individual components, composite indexes may have an explanatory capacity in terms of welfare inferior to that of their single components. Therefore, the construction of composite indexes designed to measure welfare can be improved by the use of welfare modelling.