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UNHCR
United Nations High Commissioner for Refugees
Haut Commissariat des Nations Unies pour les réfugiés

Jordan Valley Assessment of Syrian Refugees

January 2014

in collaboration with

Ministry of Health

International Medical Corps (UK)

جمعية العون الصحي الاردنيه
JORDAN HEALTH AID SOCIE T Y

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List of Abbreviations

JV	Jordan Valley
UNHCR	United Nations High Commission for Refugees
ISAC	International Standing Committee
IRA	Initial Rapid Assessment
IMC	International Medical Corp
JHAS	Jordan Health Association
MOH	Ministry of Health
AA	Aman Association
CDC	Centers for Diseases Control and Prevention
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
WASH	Water, Sanitation and Hygiene

Executive summary

Background

For decades, Syrians have been migrating to the Jordan Valley (JV) for seasonal work. Since the majority of Syrians in JV follow this seasonal migratory pattern, the humanitarian community has paid less attention to this region. However, since the onset of the Syrian conflict, many who came as migrants have been unable to return home and many who have fled Syria to Jordan for conflict related reasons have moved to JV in search of work. This has resulted in burgeoning humanitarian needs.

The northern segment of the valley consists of three districts, which are; South Shouneh with a population of 48000, Dair Alla with a population of 57000 and North Aghwar with a population of 106000. The number of Syrian refugees residing in South Shouneh, Dair Alla and North Aghwar districts is estimated to be 3200, 2950 and 4000 respectively [1].

Although a number of agencies have started working in JV, no comprehensive assessment of needs and overall strategy have been done, particularly for the health sector. As such, a multi-sectoral assessment is planned with an emphasis on health to guide the future response.

The overall objective of this assessment is to determine the main health and related needs of displaced populations in JV with the aim of enhancing the humanitarian response.

Methodology

A rapid assessment with a purposive sample was conducted. The sample consisted of well-known 24 locations (sites) of Syrian people living in temporary shelters (tents), distributed over 13 areas located in three districts of the Central and Northern JV.

The IASC Initial Rapid Assessment (IRA) tool was used to conduct this study. The tool was adapted for Jordan; many questions were added to the questionnaire in coordination with UNHCR, after which it was translated to Arabic and validated. The data collected were related to health and its related needs, namely water, sanitation, hygiene, shelter, food, essential non-food items, education and access to governmental services. Data were collected through the use of key informant's interviews (both community and official), group discussions, observations and facility visits. Teams recorded their findings through note taking and completing the relevant questionnaires. The teams conducted 28 community key informant interviews, 24 group discussions, 24 observations and 10 official key informant interviews. Nine health facilities were assessed; three hospitals and six health centres.

Four teams comprised of four to five individuals each were assigned. Each team had a team leader and the overall operation was led by a senior operation leader .The team members were trained for two days and underwent a one day pilot test before embarking on actual study. Data collection from the field was performed over four days.

Participating agencies:

1. United Nations High Commissioner for Refugees (UNHCR)
2. Ministry of Health Jordan
3. International Medical Corps (IMC)
4. Jordan Health Aid Society (JHAS)
5. Aman Association(AA)

6. Eastern Mediterranean Public Health Network (EMPHNET)

Data analysis

The data collection tool transformed into electronic data entry forms using Epi Info7™ statistical software developed by Centres for Disease Control (CDC) in Atlanta, Georgia. Questions and data entry fields were designed and coded identically to the original tool with respect to each section and to the number of questions for ease of the data entry process and analysis reference. For the quality assurance, conditional skip patterns, data validation and custom calculations using check codes were applied during the development of the electronic form. The data was entered and analysed by the same person who developed the electronic questionnaire.

Key findings

Registrations. Twenty-four of 24 sites reported that their populations were registered with UNHCR. However, the populations of only 19 sites were registered with both UNHCR and local security centres.

Population movement. The movement of population to and from the sites was assessed; 15 sites reported an increase in the population, 7 sites reported no change in the number of population and 2 sites gave 'don't know' answer.

Birth and marriage registrations. All 24 sites reported documentation of new births and marriages in Jordanian legal courts.

Population size. The total number of population in all 24 sites was estimated to be 1798 living in 311 shelters, with an average number of 5.8 persons per household and the estimated number of people arriving daily to all sites was 46.The source of population data was based on number of households.

Host community relations. Sixteen sites reported willingness of host communities to support the refugees and 8 sites reported good work relations.

Role of agriculture. Agriculture is the main source of income in all study sites.

Children, elderly and women. Large number of assessed sites reported children, elderly and women as being risk groups in the population.

Shelter conditions. Population in all 24 sites are living in small temporary shelters (tents) in rural areas. Seventeen sites described the security status as stable, while 7 sites described it as unstable.

Shelter safety. Almost all study sites reported that their shelters do not provide protection from cold, heat, fire; there is a lack of security and proper space for essential household activities.

Lack of non-food essentials. Non-food items, clothing, bedding and kitchen utensils are not sufficient throughout the JV sites.

Insufficient potable water. Twenty-three of 24 sites reported using safe water trucks for human consumption and other household uses. Refugees buy water from a private company at a rate of 3 Jordanian Dinars[1] per cubic metre. However, the quantity of water is not enough to cover an acceptable level of domestic use due to its high cost.

[1] Please note that 1.00 JD = 1.412 USD.

Lack of latrines. No sanitary latrines usage was reported; people are defecating either randomly in the open or in the open managed areas.
Environmental sanitation. Presence of human faeces, solid wastes and stagnant water is common throughout the sites.
Less food overall. All sites indicated a decrease in the total amount of food that people are eating since the crisis began.
Less nourishing foods. All sites complained of a change in the types of foods that people are eating since the crisis began; the main change was represented by low intake of meat and poultry.
Level of food stocks. About 48 per cent of observed households were found to have food stocks sufficient for at least one week.
Obstacles to health care. Ministry of Health is running all health facilities that provide health care free of charge for Syrian refugees in the JV; main constraints are physical access due to the distance and legal access due to registration.
Diseases among population. Diarrhoeal diseases, respiratory tract infections, non-communicable diseases and skin diseases were the main health problems reported by both the people and physicians in the affected population.
Routine Immunization. Coverage of routine vaccination is very low among Syrian refugees population studied.
Overall provision of health care. There were no problems related to infrastructure and availability of the essential equipment and supplies in the assessed facilities. In general, there was a post-crisis increase in numbers of general consultations, deliveries and preventive care activities in most facilities. The services of general clinic, mother-and-child health, normal deliveries, emergency obstetric care, emergency surgery and dispensary/pharmacy were functioning normally in all facilities that were supposed to provide these services, but specialized services like management of victims of sexual violence, mental health and HIV/AIDS prevention and treatment services were not available in any of the facilities.
Presence of school-age children. Twenty two sites reported a total of 399 children of school age and 2 sites reported no children of school age.
Nearly no school enrolment. School enrolment of children is almost non-existent, the two main contributing factors are the continuous movement of the families as well as financial problems.

Sectoral recommendations

A. Shelter and non-food items recommendations

1. Cash support to most vulnerable families to procure most needed non-food items, since work opportunities are limited.
2. Provision of blankets, bedding and clothes.
3. Provision of cooking utensils and enough fuel for heating and cooking.
4. Solving the problem of payment related to renting the land of the camp in certain sites.
5. Completing the registration of people not yet registered at local security centres to enable them to benefit from local governmental services.
6. Provision of more protective shelters and kits to improve the available shelters.
7. Control of insects in and around the sites.
8. Presence of humanitarian agencies in the JV is vital.

B. Water, sanitation, hygiene (WASH) recommendations

1. Cash support to enable people to buy potable water in sufficient quantity or distribution of safe truck water from water authorities, free of charge or subsidized.
2. Provision of toilets and special toilets for women.
3. Sanitary waste disposal through provision of containers and regular collection of garbage by the local municipalities.
4. Distribution of detergents and hygiene kits.
5. Provision of sufficient narrow neck (Jerry Cans) containers to store water.

C. Living conditions, food security and infant and child feeding recommendations

1. Provision of cash support to improve the economic access to food in the market.
2. Provision of sufficient basic food items and food diversity for adults.
3.To reassess availability of enough food vouchers, food items for the children and adults and introduction of nutritional screening and nutrition supplementation programs if needed.
5. Provision of enough utensils and fuel for cooking.
6. Existence of nutritional programs and food aid programs in the areas.
7. Future need of nutrition assessment particularly for children under five years old and women of child-bearing age.
8. Identify dealer for food exchange in the area.

D. Health recommendations

1. Integrate JV population in disease control programs and death registration programs of the government.
2. Raising the awareness amongst refugees about the importance of routine vaccination.
3. Ensuring high and sustainable vaccination coverage of children living in the sites by regular outreach vaccination visits.
4. Orientation of health personnel working in the JV Ministry of Health facilities to raise their awareness about health needs of this special population.
5. Ensuring the continuous availability of essential medicines and vaccines.
6. Improving physical and economical accessibility to the health facilities.
7. Ensuring registration of all people at local security centres to guarantee their ability to obtain free governmental services.
8. Provision of specialized services e.g. management of victims of sexual violence, mental health and HIV/AIDS prevention.
9. Advocacy for MOH to establish operational guide for field staff about dealing with Syrians accessing health facilities in order to improve access to different programs including vaccination

E. Education recommendations

1. Urgent measures should be taken to enrol all children of school-age in schools.
2. Urgent awareness-raising campaigns should be launched in different refugee sites in JV to encourage them to participate in school enrolment of their children.
3. Cash support to overcome the problem of transport for children.
4. Future need of more in-depth assessment of educational needs to identify gaps and plan interventions.

I. Introduction

A. Background

The Jordan Valley (JV) carries the River Jordan south from the Sea of Galilee (some 200m below sea level) to the Dead Sea (400m below sea level). It's a distance of only 104km as the crow flies, although the meandering river twists and writhes for more than three times that length. The northern segment of the JV, known in Arabic as the Ghor, is the nation's most fertile region and lies in Irbid and Balqa Governorates. The river is set in a deep gorge flanked by a desolate flood plain (the zor). Flanked by 900 metre -high mountains on both sides and enjoying a subtropical climate of low rainfall, high humidity and scorching temperatures, the valley, with its fertile alluvial soil, is perfect for agriculture on a large scale: this vast open-air greenhouse can produce crops up to two months ahead of elsewhere in the Middle East and can even stretch to three growing seasons annually.

Since the late nineteenth century, rapid development including irrigation of the eastern Ghor, has led to a burgeoning agricultural industry that supplies most of Jordan's tomatoes, cucumbers, bananas, melons and citrus fruits, as well as producing a surplus for export. Several degrees warmer than the rest of the country, its year-round agricultural climate, fertile soils, higher winter rainfall and extensive summer irrigation have made the Ghor the food bowl of Jordan.
Syrians have been migrating to the JV for seasonal work for decades. However, since the onset of the Syrian crisis, many who came as migrants have been unable to return home and many who have fled Syria to Jordan for conflict related reasons have moved to JV in search of work or at least moved during the work season from their areas of residence across the country to JV seeking jobs..

As of December 31 2013, UNHCR reported that 576,354 Syrian refugees were registered in Jordan, 21.5% of which were refugees hosted in Za'atri camp (124, 105) [2].
UNHCR reported a total172000, Syrian refugees residing in Ajloun, Karak, Balka, Madaba and Irbid, however, the actual figures are still unknown. Population of host community in the areas of study constitute to a total of211000[3], (with 48000 in South Shouneh, 57000 in Dair Alla and 106000 North Aghwar), and the Syrian refugees populations residing in the same areas(South Shouneh, Dair Alla and North Aghwar districts)are estimated to be 3200, 2950 and 4000, respectively [1].

Health facilities available in the three districts of the valley constitute to 4 hospitals, 41 health centres, 28 maternal and child health centres and 24 dental clinics, all of which are owned and operated by Ministry of Health. Furthermore, many private clinics are distributed along the3 different districts.

B. Rationale

For decades, Syrians have been migrating to the Jordan Valley (JV) for seasonal work. . Since the majority of Syrians in JV follow this seasonal migratory pattern, less attention has been paid to this region by the humanitarian community. However, since the onset of the Syrian conflict, many who came as migrants have been unable to return home and many who have fled Syria to Jordan for conflict related reasons have moved to JV in search of work. This has resulted in burgeoning humanitarian needs. Although a number of agencies have started working in JV, no

comprehensive assessment of needs and overall strategy have been done, particularly for the health sector. As such, a multi-sectoral assessment is planned with an emphasis on health to guide the future response.

C. Objectives

The primary objective was to determine the main health and related needs of Syrian displaced populations in the JV with the aim of enhancing the humanitarian response. As a result, the following objectives were developed:

1. Access to essential services. Determine access to critical services such as primary health care and referral for acute conditions, water, sanitation and hygiene, shelter and non-food items.

2. Prioritize health conditions most likely to cause morbidity. Determine priority health conditions amongst the displaced population (those leading to the largest causes of morbidity and excess mortality).

3. Access to government services. Determine the existing humanitarian interventions including access to government services and the extent to which they are meeting the populations' needs.

4. Identify focus of follow-on assessments. Identify aspects on which more detailed follow-on assessments should focus.

5. Improve humanitarian response. Develop key recommendations to guide the humanitarian response especially in the health sector

II. Methodology

A. Study design

Study design was a qualitative study with purposive sampling method. We used the Initial Rapid Assessment tool of IASC as a basis for the tool and the tool was significantly adapted for Jordan. The study is not an initial assessment, as this is not the beginning of the emergency in this area.

B. Selection of sites for data collection

Before deciding on the selection of study sites, an exploratory visit was made to the valley by the coordinating team to map out the probable locations of Syrian refugees in different areas of the JV. Meetings with some official key informants were conducted which concluded that the actual number and locations of Syrians in the JV were not well identified. Many of the refugees are distributed randomly within the local communities (i.e. mainly farms) and are moving from one site to another according to jobs availabilities as well as availability of shelters and rental places. As a result, names and GPS points were used to guide the teams to the are as where Syrian refugee pockets were.

The well-known Syrian locations in the valley were 24 specific locations of people living in temporary shelters (tents), distributed over 13 areas and located in three districts of the Central and Northern JV. The areas were: Fannoosh, Ma'adi, Balawanah, Tal-Almenteh, Twal Shamali and Abu Obaidahin DairAlla district; Shouneh Janoubiah, Al Karama and Al Sakneh in South Shouneh district, these two districts belong to Balqa Governorate while Kraymeh, Abu Seido, Abu Habeel and Wadi Elrayyan, in the North Aghawar district, belongs to Irbid Governorate.

C. Sampling

The sample size for this assessment was limited to the 24 known sites of the Syrian refugees, as mentioned above. The study site was defined as a collection/pocket of Syrian refugees in the JV; the area was defined as having administrative offices with availability of basic social services for the population (both host and refugees). List of the sites was prepared either after conducting the field visit or based of the already available information about presence of the Syrian refugees in the area.

D. Operational decisions concerning the field work

The field work plan was designed to address the following objectives:

- Number, size and make-up of the assessment teams.
- Allocation of assessment teams to specific locations.
- Preliminary visits to specific locations.
- Logistical issues concerning travel time, time for field work, how teams would travel and point of assemblies and meetings, etc.

E. Formation of field assessment teams

Four teams comprised of four to five individuals each were assigned. Each team had a team leader and the overall operation was led by a senior operation leader. The team members were trained for two days and underwent a one day pilot test before embarking on actual study. Data collection from the field was performed over four days.

The team leader who also worked as surveyor reported to the operation leader; the operation leader and team leaders were responsible for decision-making. No decision was taken without informing the operation leader.

Roles within the team were clearly defined at the outset. Each team was divided into two groups and each group consisted of two persons. Two persons conducted the key informant's interviews (i.e. both community and official) and completed the observation questionnaire and the other two persons conducted the group discussions. A team leader was chosen to facilitate the team's work, manage logistics, provide a contact point and also ensure that the data outlined in the Initial Rapid Assessment (IRA) form was adequately collected and transmitted to the operation leader at the coordination level.

The field teams regularly met at the end of each day to wrap-up each visit by collectively discussing, reconciling and consolidating data gathered at each location for each specific sector and completing the IRA form(one form per site)based on the data collected.

F. Study tools and types of data collected

The IASC toolkit for Initial Rapid Assessment (IRA) was used to conduct this study. The tool was adapted for Jordan; many questions have been added to the questionnaire in coordination with UNHCR and after that it was translated to Arabic and validated. Different questionnaires, checklists and scripts were used to collect data from group discussions, meetings with community and official key informants and from observations (i.e. home visits and facility visits).

Data were collected through the use of interviews with key informants (both community and official), group discussions (homogeneous and heterogeneous), observations of tents, environments refugees are living in and facility visits. Teams recorded their findings through taking notes and filling-in the relevant questionnaires.

The study was approved by Ministry of Health Jordan and a verbal consent was obtained from the respondents before doing the interviews.

G. Data analysis

All questionnaires and checklists from each site were compiled and one general form per study site was developed. In order to get the measureable statistical information, the one form per site/data collection tool was transformed into electronic data entry forms using Epi Info7™ statistical software developed by the CDC. Questions and data entry fields were designed and coded to be identical to the original tool with respect to each section and to the number of questions for ease of data entry and analytical reference. For quality assurance purposes, conditional skip patterns, data validation rules and custom calculations using error-checking codes were applied during the development of the electronic form.

The data was entered and analysed by the same person who developed the electronic questionnaire.

H. Participating agencies:

1. United Nations High Commissioner for Refugees (UNHCR)
2.Ministry of Health Jordan(MOH)
3. International Medical Corps (IMC)
4. Jordan Health Aid Society (JHAS)
5.Aman Association (AA)
6. Eastern Mediterranean Public Health Network (EMPHNET)

III. General findings, conclusions and recommendations

A. Key general findings

The teams conducted 28 community key informant interviews, 26 group discussions (6 and 12 individuals attended each group discussion), 24 observations and 10official key informant interviews. The teams assessed nine health facilities which include three hospitals and six health centres.

A total of 311 families comprised of 1798 individuals of which 399 were children of school age living in the areas under study were included; average number of persons per household was 5.8. The teams visited 178 households in 24 study sites. Nine sites were studied in each North Aghwar and Dair Alla districts while six sites were studied in South Shouneh district.

All sites reported registration with UNHCR. Nineteen of the 24 sites reported registration with both UNHCR and local police/security offices, although the group discussions and key informants interviews revealed that the estimated average registration proportion was 92.6 per cent.

All of the population reported that they have some sort of identification document (ID), 96 per cent of the participants reported that they have identification cards from Jordanian security centres (Table 1).

Table 1
Types of ID documents

Type of documents	Percentage
Jordan Security ID	96%
Syrian Passport	88%
Syrian Family book	17%
Syrian ID Card	12%

In 25 per cent of the sites, it was mentioned that the refugees paid an average of 24 Jordanian Dinars (range between 20 to 30 JD) to some third-party (e.g. a sort of mediator or guarantor) to

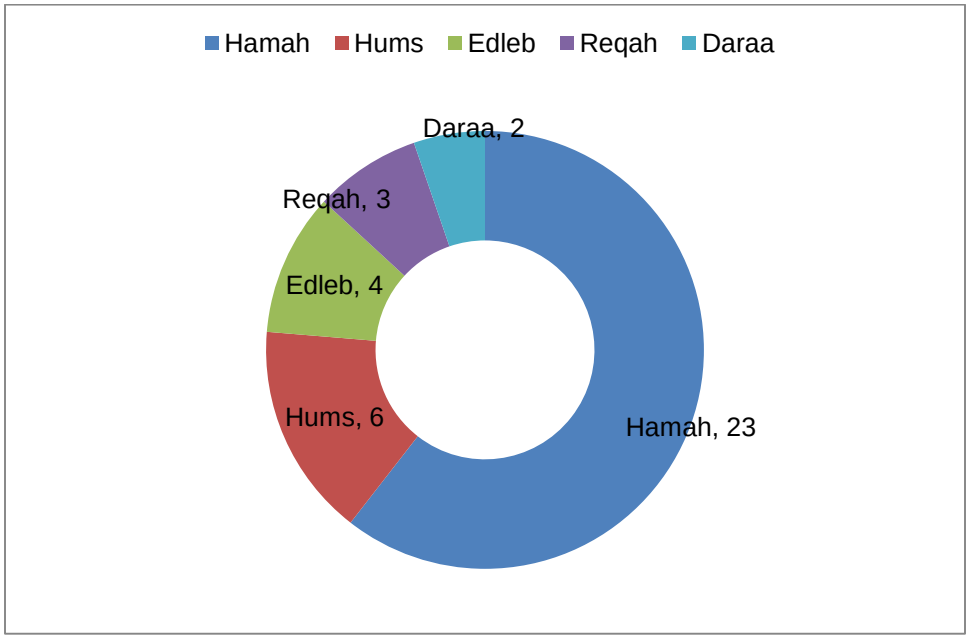
obtain the security ID card. During the interviews it was found that neither security services nor police charge any fees to issue identification cards.
Size of the population in the sites was not stable in 15 of the 24 sites and the number of new arrivals per day was averaged to 46, while 7 sites reported no change. The source of population data was based on number of households.
All sites reported documentation of new marriages in Jordan legal courts, with no problems.
Children, the elderly and women were reported to be risk groups among the population of studied sites. No sites reported presence of infants (i.e. less than one year of age) unaccompanied by their mothers (Table 2).

Table 2
Risk groups

Group type	Number of sites	Percentage
Children	21	87.5%
Elderly	14	58.0%
Women	8	33.0%

The places of origin for the affected Syrian population were Hamah, Hums, Edleb, Reqah and Daraa. Hamah was mentioned in 23 out of the total 24 sites as a place of origin of the refugees, however, population in these sites originated from other parts of Syria as well. (Figure 1).

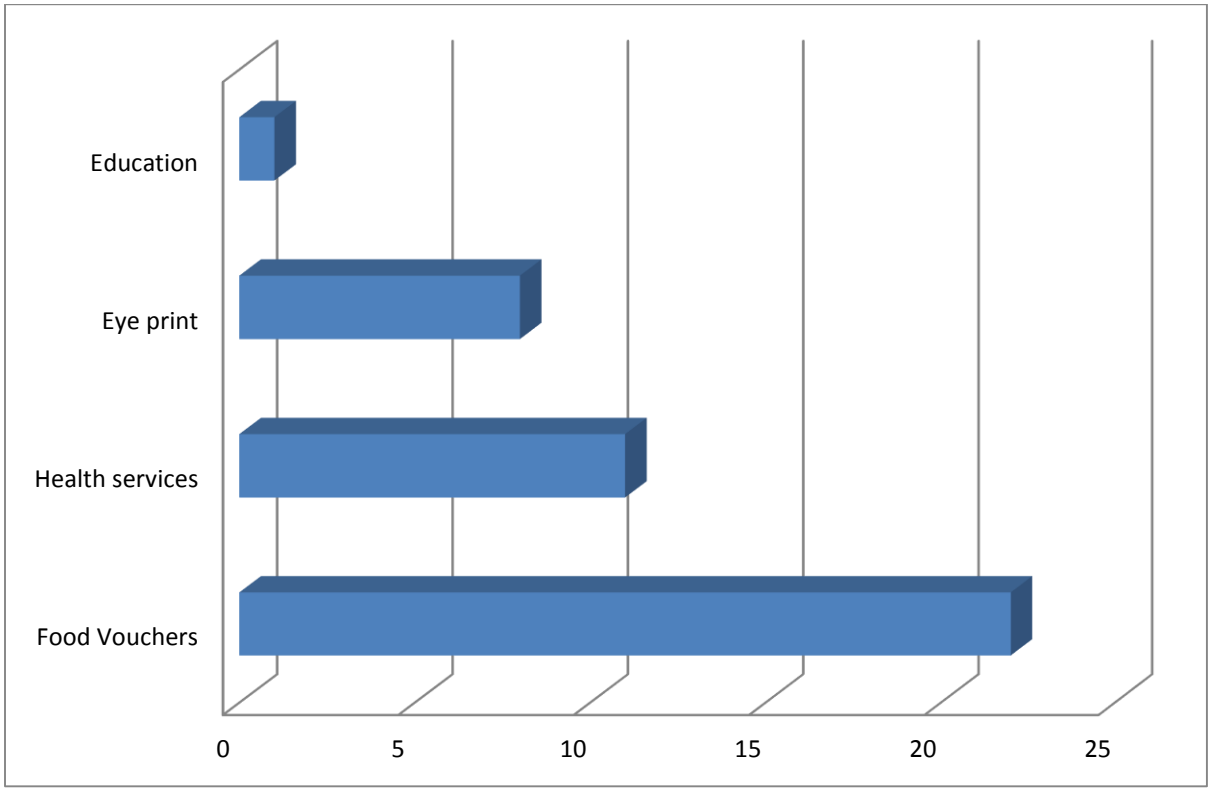
Figure 1
Place of origin, Syrian Refugees JV Assessment Nov-2013



All sites reported arrival to JV through Mafraq governorate in Jordan. Twelve of the 24 sites reported illegal arrival either by directly crossing the borders or through Za'atri camp. Also 12 of the 24 sites reported legal arrivals to JV either directly crossing the borders or through Za'atri camp.

Refugees in all sites under study were living in temporary shelters in rural areas. In 7 of the 24 sites, as previously mentioned, the security status in the area was unstable. Sixteen of 24 sites reported willingness of host communities to support the refugees and that good work relation existed. Furthermore, agriculture was reported as the main job and source of income in all studied sites. It was reported in the Abu Saido area at least, that although the refugees can find work on the farms, the hourly wage ranges from only 0.60 to 1.00 JD per hour; this roughly accounts for only half of what other labourers (e.g. Egyptians) are paid. As such, the average daily income of an adult Syrian ranges between 4.00 to 7.00 JD per day.
Majority of the sites were aware of services UNHCR provides for the registered Syrian refugees; they could name 'food vouchers/coupons' (22 of 24 sites), 'free of charge health services' (13 of 24 sites) and Iris scan 'eye print' (8 of 24 sites) (Figure 2).

Figure 2
Knowledge of refugees on types of Services UNHCR provides for registered Syrian refugees,
Syrian Refugees JV Assessment Nov-2013



B. Conclusions

Five out of 24 sites are not registered in the Jordanian Security Services. Although they did not give a clear answer as to why they did not get registered, it is assumed to be due to payment to the mediator/guarantors. Syrians not registered with Jordanian Security Services/police registration are not entitled to free of charge health and education services in the communities in which they are living. Despite the high level of registration with UNHCR (estimated to be 93 per cent), there is still a need to register those who are not registered (7 per cent).

As high numbers of assessed sites reported children, the elderly and women as being over-represented in the population, specific attention needs to be given to these groups.

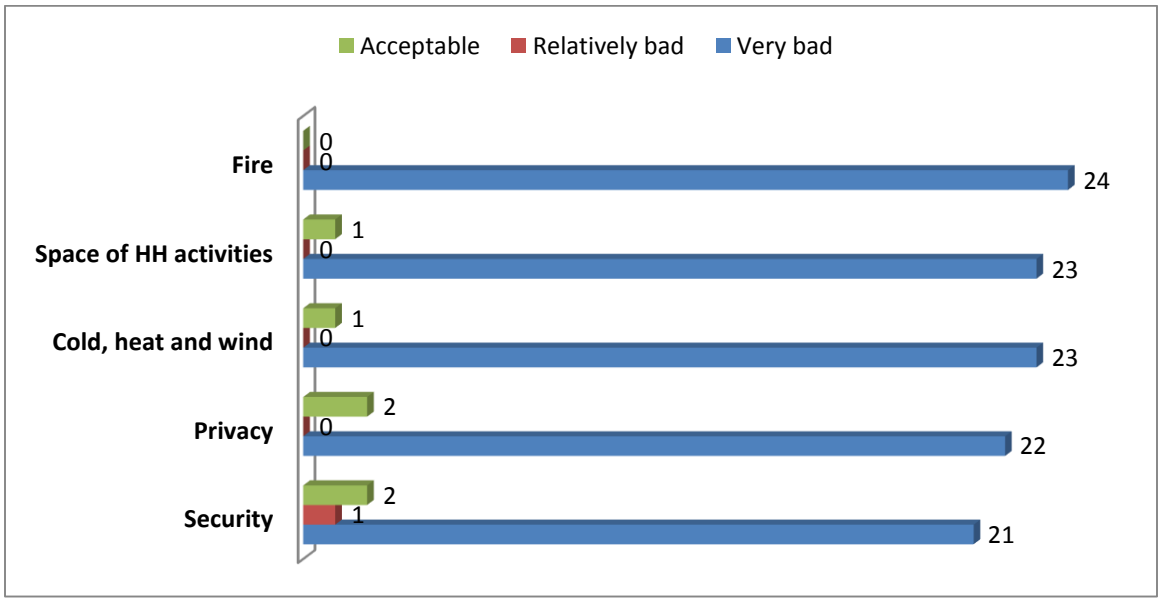
IV. Sectoral findings, conclusions and recommendations

A. Shelter and essential non-food items

1. Key findings

All sites assessed represented temporary family shelters; the average surface area of each house/shelter was about 26 square metres and an average number of 5.8 persons per house. Almost all sites (21 out of the 24 sites) indicated a very bad situation in the temporary shelters regarding protection from weather conditions, protection from fire, privacy and enough space for essential household activities (Table 3). In South Shouneh in specific, refugees were paying a rent price for the land where they erect their tents, that is not fixed and varies among the different farms.

Figure 3
Protection of Shelter (Fire, cold etc) -Syrian Refugees-JV assessment-Nov 2013



Canvas and/or plastic sheets were the main materials used to build or adapt shelters in 23 of the 24 sites. Only two sites reported that their shelters were donations and the rest reported self-purchase or self-preparation (21 of the 24 sites).

Table 3
Clothing, blankets and bedding

Sufficientclothing	Number of sites	Per cent
<25%	14	58
25-50%	8	33
50-75%	1	4
>75%	1	4
Sufficientblanketsandbedding		
<25%	13	54
25-50%	4	17
50-75%	3	12.5
<75%	4	17

In 14 of the 24 sites, respondents mentioned that less than 25 per cent of people had enough clothing while in 8 of the 24 sites, 25 to 50 per cent of the respondents mentioned they had enough clothing. In 17 of the 24 sites, less than half had enough blankets and beddings (Table3). Cooking gas (in 20 of the 24 sites) and wood (in 19 of the 24 sites) were the main sources of fuel for cooking. In 20 sites, the population complained of insufficient fuel. Inability to buy fuel due to lack of financial resources was the main reason behind not having enough fuel.
In only 8 of the 24 sites did more than three-quarters of the people have sufficient cooking utensils and more than 75 percent of the sites had electricity for artificial lighting. In 15 of the 24 sites, 50 per cent or fewer of the people had sufficient cooking utensils (Table 4).

Table 4
Number of sites with sufficient non-food items

Proportion of families	Sites reporting sufficient cooking utensils	Sites reporting sufficient plastic sheeting	Sites reported having electricity
< 25%	10	17	0
25-50%	5	1	0
50-75%	1	1	0
>75%	8	5	24

All sites agreed that there is no humanitarian agency working in the areas under study.

2.Conclusions and priority needs

There are many unmet needs in a high proportion of the affected population related to shelter and non-food items that need to be addressed (e.g. suitable and protective shelters ,sufficient clothes, blankets, bedding, cooking utensils, enough fuel, availability of electricity and small electrical

appliances, plastic covers for tents, control of insects, cash support and the presence of humanitarian agencies working in the areas).

Table 5
Priorities based on requests of studied sites

Priorities	Number of sites requested
Lack of work opportunities	14
Lack of blankets, bedding	13
Financial shortage	11
Lack of cooking utensils	10
Lack of registration at local centre	9
Availability of clothes	9
Availability of small electrical appliances	9
Problems related to renting the land for shelters	9
Lack of security	7
Lack of suitable and additional shelters	7
Presence of insects	7
Lack of electricity	6

3.Recommendations

1. Cash support to most vulnerable families to procure most needed non-food items since work opportunities are limited.
2. Provision of blankets, bedding, clothes, fuels and other essential items and equipment for use in the households.
3. Improve available shelters: provide more permanent shelters that protect the refugees from cold and also protect their health; find a solution for the problem of rent payments for the land where refugees are erecting their tents.
4. Control of insects in and around the sites.

B. Water supply, sanitation and hygiene

1. Key findings

Twenty-three of 24 sites reported using water from water tankers/trucks; the water trucks are from authenticated sources which are supplied by private and public sectors for consumption of host and refugee communities. Only one site used water for drinking and other household activities from an unprotected spring. Also 9 of 24 sites reported that they use untreated river water for other household uses in addition to safe truck water. Usually in Jordan there are two types of water tankers/trucks; green water tankers are meant for drinking and the blue ones are for other use (e.g. agriculture). Refugee households receive water from the green water tankers. Usually they have their own water storage tank, which measures one cubic metre, they fill the

water tank and use it later on for drinking and other uses. Syrian refugees are buying water for drinking; cost of one cubic metre of drinking water is three Jordanian Dinars (JD). The water is never quality-tested at point of use. The refugee community and those involved in its management in Jordan trust that the quality of water is acceptable. The water tanker is available almost all times and the refugees did not think they have problems accessing water due to its unavailability. In only one site they had to go and fetch water, which took them thirty minutes.

In 13 of 24 sites the average amount of water available daily per household for drinking and cooking was 26 to 50 litres, in 2 sites the figure was less than 25 litres, in 3 sites it ranged between 51 and 75 litres and in 6 sites it was more than 75 litres. Based on the above figures the daily amount of water per capita in different sites varies in range from 4 to 13 litres per person per day. In 13 of 24 sites water consumption per person ranged from 4 to 9 litres per day for drinking and cooking, while in 9 of 24 sites the consumption rate ranged between 9 and 13 litres of water per person per day; and 2 of 24 sites were consuming maximum 4 litres of water per person per day for cooking and drinking. The basic need for water per The Sphere Project standard is7.5 to 15 litres per person per day.

The average amount of water used daily for washing clothes per household was 92.5 litres and for other household uses was 80.4 litres; these amounts were considered by all sites to be insufficient.

The only places available for the population in all sites for defecation were in the open, both randomly and in the open but in a defined and managed defecation area. There are no special toilets for women in any of the sites.

Teams observed human faeces around the water sources and the environment in 12 of 24 sites and 16 of 24 sites respectively; community informants and groups reported the same. The distance of faeces from the site and water source was more than 30 metres. In only one site the distance of faeces from the site was between 10 to 30 metres. Solid waste on and around the site and near water sources was reported in 20 of 24 sites and 16 of 24 sites respectively. The distance of solid waste for the majority of sites was between 50 to 100 metres from both of the sites and water sources. There was stagnant wastewater on and around the site in 16 sites and near water sources in 15 sites. The distance of stagnant wastewater for the majority of sites was between 50 and 100 metres from both of the sites and water sources. The distribution of the presence of solid waste (household waste, building rubble, animal carcasses and animal faeces) and stagnant wastewater on and around the sites and near water sources is shown in Table 6.

Table 6
Distribution of presence of solid waste and stagnant wastewater on and around sites

	<50m	50 m to100 m	> 100 m	Not present	Do not know	Total
Presence of solid waste on and around the site	0	16	4	4	0	24
Presence of solid waste near water sources	0	15	1	8	0	24
Presence of stagnant wastewater on and around the site	1	14	1	8	0	24
Presence of stagnant wastewater near water sources	1	13	1	7	2	24

In about 92 per cent of the sites, more than 75 per cent of households possess soap and in 75 per cent of the sites more than 75 per cent of households possess narrow-necked water containers. The average capacity of these containers was 11 to 20 litres for 16 sites, 21 to 40 litres for six sites and more than 40 litres for only one site.

The main priorities for WASH (i.e. water, sanitation and hygiene) needs regard water supply, waste disposal and general hygiene, clean and sufficient water (free of charge), availability of toilets, sanitary waste disposal and availability of detergents (Table 7).

Table 7
Priority needs related to WASH N=24

Priorities	Number
Clean and sufficient water free of charge	16
Availability of toilets	16
Sanitary waste disposal	14
Availability of detergents	13
Provision of containers to store water	7
Provision of water filters	3

2. Conclusions

Although the quality of water used for domestic purposes seems to be safe as it is purchased from safe water trucks, the quantity remains insufficient when calculated as per capita

consumption in comparison with what is recommended by The Sphere Project standards during emergencies**.**

The population use very unsanitary places for defecation and waste disposal is very poor. These conditions might carry a very great risk to their health. Thus the most pressing needs in the field of water, sanitation and hygiene are: adequate safe and affordable water; provision of sanitary toilets; and waste disposal.

3. Recommendations

1. Provision of potable water for all Syrian refugee population without any charge;
2. Quality testing of current drinking water at the point of use;
3. Provision of toilets and special toilets for women;.
4. Sanitary waste disposal through provision of containers and regular collection of garbage by the local municipalities;
5. Distribution of detergents and hygiene kits;
6. Provision of sufficient narrow necked (Jerry Can) containers to store water;
7. Insecticides for polluted areas;
8. Destruction and decontamination of stagnant waters from areas where Syrian refugees are living;

C. Nutrition and food security

1. Key findings

None of the sites reported the presence of nutritional programmes or food aid programmes. All sites indicated a decrease in the total quantity of food that people are eating since the crisis began. The average number of meals and snacks adults and children are eating daily decreased from 3.6 (adults) and 3.5 (children) to 2.8 for both groups (Table 8).

Table 8
Meals/snacks before and after crisis

Number of meals/snacks/day	Before the crisis	After the crisis
Adults (all sites)	3.6	2.8
Children < 5 years of age (all sites	3.5	2.8

All sites complained of a change in quality and quantity of foods that people are eating since the crisis began; the main change was represented by low intake of meat and poultry.

Out of 174 households visited in the 24 sites, 84 households (i.e. 48.3 per cent) were found to have existing food stocks; 40.5 per cent reported enough for less than one week, 25 per cent reported enough for one to two weeks and 34.5 per cent reported a period of more than two weeks.

Most commonly eaten foods are available in the markets, hence there is no problem stocking foods at home (Table 9). The average time needed, though, to reach the nearest food market (walking) is 95 minutes.

Table 9
Commonly eaten foods in the local market N=24

Types of food	Positive answers
Cereals	24
Roots and tubers	24
Pulses and legumes	24
Oils and fats	24
Meat, fish and eggs	24
Vegetables and fruits	24
Milk and cheese (dairy) foods	24
Commercial infant formula	24
Food aid commodities	24

The main field of work and source of income is agriculture. Twenty-three of 24 sites reported that they are working in the agricultural sector. In eight of 24 sites, Syrians reported working as well as receiving external aid, while in one of 24 sites, refugees were solely relying on aid.

Syrian refugees receive food and food vouchers from UNHCR. In 19 of the 24 sites, refugees receive the vouchers/coupons after registration and in 5 of the 24 sites vouchers/coupons are

received just after arrival. The food voucher/coupon is worth 24 JD per month per person , but the food is consumed in 7 to10 days. In some sites refugees complained that the food markets charge more than the local markets[2] and/or they have to obtain items that they do not need in order to complete the price of the coupon, e.g. they have to get wheat flour instead of sugar or vice versa.

All sites denied the presence of markets to change their food vouchers for food items nearby. Syrian refugees need to travel outside the JV to Salt, Amman, Irbid or Zarka to obtain their food items. Round trip transportation costs 20 to 30 JD for one person to go to these markets to obtain food.

When the impact of the crisis on living conditions and availability of food was assessed, the main negative impacts reported were: lack of work opportunities; lack of food; lack of money; lack of milk and formula for children; and the psychological effects.

The priority needs for Syrian refugees were access to food for all age groups and a need for financial support (Table 10).

Table 10
Priority needs/issues N=24

Priorities	Number of sites
Absence of nutritional and food aid programmes	24
Change in the types of foods that people are eating	24
Not enough fuel for cooking	20
Lack of money	19
Insufficient milk and food for children	19
Insufficient food for adults	16
Not enough cooking utensils	10
Vouchers not sufficient to meet needs	2

2. Conclusions

From the group discussions and key informant interviews, the perception was that the amount and diversity of food is not sufficient, neither for children nor for adults. While a variety of food is available in the markets, the refugees do not have the means to shop due to the lack of income and/or external support. Although food vouchers are available and accessible in all communities studied, they are insufficient for families and are difficult to actually use[3].Specific fortification programmes--especially for children and pregnant women--are missing.

[2]E.g.for 10 kg sugar which should cost 4 JD they paid 7 JD.

[3]The vouchers can only be used in designated shops as payment for food.

3. Recommendations

1. Provision of sufficient basic, diverse and balanced food items for adults and provisions of special feeding formulas for children;
2. Reassess availability of sufficient food vouchers to meet the needs of Syrian refugees;
3. Establish specific nutritional programmes and food aid programmes for the 'at-risk' groups (e.g. children and pregnant women).
4. It is recommended to conduct nutritional assessments particularly for children under-5-years-old and women of childbearing age.
5. Provision of cash support to improve economic access to food in the market might serve as a short-term solution.
6. Identify dealer for food voucher exchange in the area

D. Health risks, health status and health facility assessment

1. Key findings

All the sites indicated that, primary health care centres are the health facilities that provide health care services for them. Also, all indicated presence of physicians and nurses in the centres, while seven of the twenty-four sites reported availability of midwives in the centres. The managing organization of these health centres is the Ministry of Health Jordan. All sites denied the presence of other health care providers like community health workers or traditional healers. Per Prime Ministerial Decree, provision of health care services for refugees is free of charge. According to existing regulations the refugees must go to the areas in which they are registered (i.e. their local police/security departments) to receive the free health care services. People who are not registered in the study sites are not getting/not entitled to receive health care services free of charge in the areas in which they live.

Twenty out of 24 sites reported that the nearest health facility to them was 5 kilometres away or less while 4 of the 24 sites reported that the distance was more than 5 kilometres and as much as 10 kilometres. The access to health facilities was reported to be difficult in 23 of the 24 sites and very difficult in one site only. The main reasons for difficulty were lack of transportation and/or the financial ability to rent a means of transport.

Diarrhoeal diseases, respiratory tract infections, non-communicable diseases and skin diseases were the main health problems reported both by the people and physicians in the areas under study (Table 11).

Table 11
Reported diseases and events

Conditions	Reported by communities	Reported by physician
Diarrhoea	22	21
Respiratory infections	18	20
Noncommunicable diseases	10	13
Skin diseases	8	11
Rheumatological diseases	5	0
Allergy	4	0
Kidney disease	3	0

All sites denied the presence of any reports or rumours of any outbreaks or unusual increases in illness and reports related to sexual and gender-based violence. Seven sites reported the presence of non-infectious agents (such as cold, heat, food poisonings or scorpion bites) and two sites only reported trauma or injury. The presence of patients suffering from chronic diseases among the affected population was reported by 13 sites. However, in 12 of these 13 sites, patients were able to get the necessary medicines.

All sites reported negative impact of crisis on the health of the population. The most-reported adverse events of the crisis on the health of Syrian refugees were communicable diseases.

In 50 per cent of the sites, the population reported a bad experience to get health care services. The two most noted cases were patients who should have been registered at the local security centre to gain access to the free health care. They weren't registered, so one patient had to go to private sector clinics/health facilities and pay money for treatment; while second patient had to go through several complicated procedures in order to gain access to a consultation and health services. In about 25 per cent of the sites, refugees complained about health care providers behaving badly towards them and shortage of medications in the health facilities (Table 12).

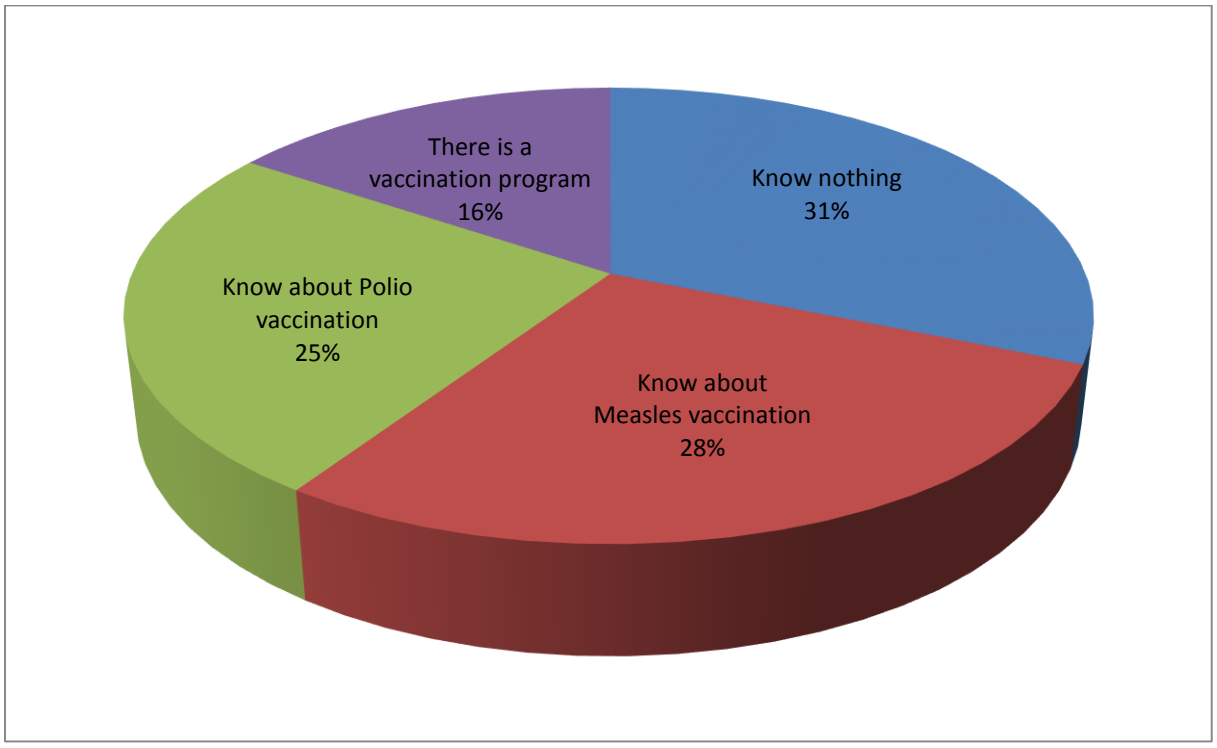
Table 12
Population experience in getting health care services, N=24

Population experience in getting health care	Number of sites
Forced to go to private clinic due to inability to have the free governmental service	12
Patient should be registered at local security centre to have the health care	12
Complicated procedures	12
Bad behaviours of health providers	6
Lack of medicines	5
Easy procedures	2
Bad experience because hospital was far away	1

Eighteen of 24 study sites obtained their information about available health services from UNHCR and 7 of 24 sites obtained this information from the communities in which they were living.

In 19 of 24 sites people were aware that all registered Syrian refugees with UNHCR have health cards that permit the cardholder to obtain free-of-charge services. In 10 of 24 sites people knew nothing about child vaccination; and in other sites they had partial knowledge about polio and measles vaccination. (Figure 4).

Figure 4
Knowledge of Syrian refugees in JV on immunization of their children N=24



When they were asked about practices, in 20 sites people vaccinated their children only during the last national campaign and didn't benefit from routine vaccinations. In 22 sites children had no vaccination cards and their parents did not take them to the health centres for vaccinations.
In 15 of 24 study sites the refugees got a positive response when they needed an ambulance and in 19 of 24 sites they knew of the nearest referral hospital.
In 18 of 24 sites refugees reported that women delivered in hospitals with no problems and in 2 sites with problems related to the cost of the service, because they were not registered in the local security centres, while in 4, the respondents had no idea about process of admission and delivery in the hospital. In 22 sites, people were able a birth certificate for their children born in Jordan and in 15, people were aware of the necessity of having identification documents in order to obtain a birth certificate for their children. Only one site reported the presence of new-borns without birth certificates.

The main health priority problems facing people in the majority of sites were absence of special diseases control programme, unawareness about child vaccinations, lack of registration at local security centres to have the free of charge health care services (otherwise, they have to pay fees or go to private sector facilities), exposure to complicated procedures during visits to health facilities, shortage of medications and health care providers behaving badly towards refugees in certain sites (Table 13).

Table 13
Main health priority problems facing people, N=24

Problems	Number of sites
No special diseases control programme	24
No mortality surveillance	24
Unawareness about child vaccinations	22
Mandatory registration at local security centre to have free care	12
Unaffordability of private sector services	12
Complicated procedures in health care facilities	12
Health services inaccessibility	7
Lack of medicines	7
Bad behaviours of health providers	6

Nine health facilities (i.e. three hospitals and six health centres) that serve the sites were assessed by the investigation team. The infrastructure was functioning in all facilities. The essential equipment, essential drugs and consumables were available in all of the facilities. Vaccines of the expanded programme on immunization were available in six facilities but not available in three facilities only (Table 14).

Table 14
Functioning sub-sectors and services in the assessed health facilities

Sub-sectors and services	Functioning	Not functioning	No service	T/assessed site
General clinic services	9			9
Mother-and-child health	9			9
Reproductive health	8		1	9
Normal deliveries	3		6	9
Emergency obstetric care	3		6	9
HIV/AIDS Prevention		9		9
Management of victims of sexual violence			9	9
Emergency surgery	3		6	9
Mental health			9	9
HIV/AIDS treatment		9		9
Nutrition	3		6	9
Expanded programme of immunizations (EPI)	6		3	9
Communicable disease control	5	4		9
Health education/promotion	7	2		9
Community health services	4	5		9
Epidemic preparedness	3	6	0	9
Laboratory	7		2	9
X-ray	4		5	9
Dispensary/pharmacy	9			9

Ninety-eight general practitioners, 34 specialists and residents, 3 dentists, 341 nurses and 21 midwives were working in the nine facilities.

There was a post-crisis increase in numbers of general consultations, deliveries and in preventive care activities (e.g. vaccinations, antenatal care consultations) per day in about two thirds of the facilities. Health information system, referral mechanism, patient records and general hygiene were available and satisfactory in all facilities.

Supervisory visits were satisfactory and regular in almost all facilities (i.e. in 8 facilities). The standardized case management was available in 7 facilities.

The services of general clinic, mother-and-child health, normal deliveries, emergency obstetric care, emergency surgery and dispensary/pharmacy were functioning normally in all facilities that were supposed to provide these services. Laboratories were available in 7 facilities and X-ray in 4 facilities. Management of victims of sexual violence and mental health services were not available in any of the facilities. HIV/AIDS prevention and treatment service is not functioning in any facility. The service of expanded programme of immunizations (EPI) is working normally in 6 facilities but not existing in 3 facilities. Other services like, Communicable disease control, Health education/promotion, Community health services, Nutrition and Epidemic preparedness are functioning normally in about half of the assessed facilities.

All the assessed facilities have antibiotics, antipyretics, dressing consumables, tetanus toxoid vaccine and functioning vaccine cold chain. Eight facilities have family planning commodities, two-thirds of facilities have the basic vaccines and 5 facilities have oral rehydration solution.

(Table 15)

Table 15
Availability of drugs, vaccines and other commodities in the assessed facilities, N=9

Item	Facilities having the item	Facilities don't having the item	Number of assessed facilities
Antibiotics	9	0	9
Antipyretics	9	0	9
Dressing consumables	9	0	9
Tetanus toxoid vaccine	9	0	9
Functioning vaccine cold chain	9	0	9
Family planning means	8	1	9
Measles vaccine	6	3	9
DPT vaccine	6	3	9
Polio vaccine	6	3	9
BCG vaccine	6	3	9
Oral rehydration solution	5	4	9

Access to the health facilities was easy for two-thirds of Syrian refugees and it was difficult for three facilities. The utilization of health facilities services increased in eight facilities after the crisis and remained unchanged in one facility.

2. Conclusions

Health centres belonging to Ministry of Health are the main facilities that provide the primary health care services to Syrian refugees. There is a problem of inaccessibility of these facilities, mainly due to lack of transport and unaffordability of the transport, when it is available.

Diarrhoeal diseases, respiratory tract infections, non-communicable diseases and skin diseases are the main conditions of morbidity among the population. Availability of medicines for patients suffering from chronic illnesses appeared to be very high. The most frequent impact of the crisis on population health was contraction of communicable diseases.

The main problems which face patients in accessing and utilizing health services are: registration at local security centres as a pre-condition to obtain free of charge health care services; complicated procedures during consultation of health services; health care providers behaving badly towards refugees; and shortage of medications. There is a big gap in the awareness and practices of people regarding the importance of routine vaccination of children.

It seems that there are no problems in relation to the delivery services in hospitals and in the registration of their newborn at the relevant governmental institutions.

Special disease control programs and death registration do not exist in any of the sites.

There were no problems related to infrastructure and availability of the essential equipment and supplies in the assessed facilities. In general there was a post-crisis increase in numbers of general consultations, deliveries and preventive care activities in most facilities. The services of general clinic, mother-and-child health, normal deliveries, emergency obstetric care, emergency

surgery and dispensary/pharmacy were functioning normally in all facilities that are supposed to provide these services, but specialized services like management of victims of sexual violence, mental health and HIV/AIDS prevention and treatment services were not available in any of the facilities. Access to health facilities was easy for two thirds of Syrian refugees and it was difficult for 3 facilities, mainly due to referral from the primary health care centres to hospitals.

3. Recommendations

1. Integrate JV/population in the diseases control programs and death registration programs of the government.
2. Raising the awareness of the refugees about the importance of child vaccinations.
3. Ensuring high and sustainable vaccination coverage of children living in the sites by regular outreach vaccination visits.
4. Orientation of health personnel working in the Ministry of Health facilities in the JV to raise their awareness about health needs of this special population.
5. Ensuring the continuous availability of essential medicines and vaccines.
6. Improving physical and economical accessibility to the health facilities.
7. Ensuring registration of all people at local security centres to guarantee their ability to obtain free governmental services.
8. Provision of specialized services e.g. management of victims of sexual violence, mental health and HIV/AIDS prevention.
9. Advocacy for MOH to establish operational guide for field staff about dealing with Syrians accessing health facilities in order to improve access to different program including vaccination

E. Education

1. Key findings

In 22 sites, people reported that they have 399 children of school age, while in 2 sites people had no children of school age. None of them sent their children to schools; only five children from one site were reported to attend schools without mentioning which type of schools.

The reasons behind not enrolling children in schools were assessed; the two main reasons were continuous movement of the family and financial problems; these were reported by 16 and 11 out of 24 sites, respectively. Other reasons mentioned were the long distance to schools, fear of violence and ‘education is not important’ in 9, 7 and 2 sites, respectively (Table 16).

Table 16
Main reasons for not enrolling in schools, N=24

Reasons	Sites reporting
Continuous movement of the family	16
Financial problems	11
Schools are too far	9
Fear of violence from other children	7
Lack of transportation	5
'Education is not important'	2

When the people were asked about how children spend their time, 21 of 24 sites responded that they spent their time playing and only one site mentioned that their children spent their time working.

2. Conclusions and priority problems

School enrolment of children is almost non-existent; the main two reasons are continuous movement of the families and financial problems. The majority of children spend their time playing.

3. Priority recommendations

1. Urgent measures should be taken to enrol all school age children in schools.
2. Urgent awareness raising campaigns should be launched in refugee communities.
3. Specific transportation means for school age children can be availed or cash support to overcome the problem of transport for children. Also food for school programme is another method that can encourage families to send their children to school.
4. Future need of more in-depth assessments of education in order to identify gaps and plan interventions.

VI. Limitations of the assessment

A. This is a rapid assessment, thus the depth of the information collected is limited. In order to find answers to some of the questions raised, a more in-depth sector-specific assessment is required; specifically, it is important to have a nutrition and education sector assessment.
B. The sampling methodology of this assessment is purpose sampling, which is prescribed for initial rapid assessment. The sites selected for the study, especially with the rapid movement of Syrian refugees within the JV in search of work, was meant to obtain a snapshot of the problems that Syrian refugees are facing in the JV. Hence, this is recommended not to generalize information and extrapolate estimations obtained in this assessment on other Syrian refugee populations living in other parts of the country.
C. Size of population of Syrian refugees in the JV is changing, every day, based on availability of jobs, season of the year and the population studied are mainly professional farmers. Their

responses, their access to information, their attitude, style of living is for middle-class farmers and not all Syrian refugees.
D. Since the unit of analysis for this assessment was the site and not a household or individuals, the presence of bias when it comes to percentages at the household and individual levels can't be ruled out. If one needs to obtain more precise data, the methodology of the assessment should be changed and the unit of analysis should be based on a sampling of households and their inhabitants.

VII. General recommendations for all sectors

- Provision of safe drinking water, free of charge for all Syrian refugees throughout the JV.
- Provision of nutrients and balanced food basket to ensure food security throughout the year.
- Food fortification or supplementation programs for children and pregnant women;
- Provision of proper shelters, blankets, bedding, clothes, shoes and means for heating or cooling for all adults and children; provision of fuel for heating and cooking.
- Solving the problem of payment related to renting the land for shelter placement at certain sites in South Shouneh
- Registration of people not yet registered at local security centres to enable them to benefit from local governmental services,
- Advocacy with the government authorities to ensure free health and education services for registered refugees throughout the Kingdom of Jordan and waiving or replacing the regulation that registered refugees should receive these services in the areas of registration;
- Establishment of specific diseases detection and control programmes including control of insects, vectors and other carriers.
- Integration in disease detection programmes, health education, vaccination awareness, education awareness programmes.
- Conduct nutrition assessment particularly for children under-5-years-old and women of childbearing age.
- Regular immunization outreach programmes to ensure a high rate of vaccine coverage and reduce vulnerability of refugees and host communities;
- Orientation of health personnel working in the Ministry of Health facilities in the JV to raise their awareness about health needs of this special population.
- Ensure the continuous availability of essential medicines and vaccines and other consumable supplies in the hospitals.
- Provision of specialized services like management of victims of sexual violence, mental health and HIV/AIDS prevention, screening and treatment;
- Measures should be taken to enrol all children of school-age in schools.
- Urgent awareness raising campaigns should be launched in different refugee sites in the JV to encourage them for school enrolment of their children
- Cash support to overcome the problems of transport of children to school, immunizations, etc.
- Launch specific food-for-education and immunization programmes.
- More in-depth assessments of education needs/programs in near future.

- Advocacy for MOH to establish operational guide for field staff about dealing with Syrians accessing health facilities in order to improve access to different program including vaccination
- Identify dealer for exchange of the food vouchers in the close by community

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Annexes

1. Consent form

Jordan Valley Assessments
Consent Form

Hello,
My name is _____ and I work for the UNHCR
We are working to learn from your experience on how to improve the quality of services you receive from the international agencies as well as government agencies.
We will be asking questions regarding your daily life and the services you receive.
Although we would greatly value your time and responses, you are free to choose not to take part in this survey. We would also take notes of the recommendations you may propose. Taking into account that taking part in the survey would benefit you and other refugees in the region as well.
If you choose to participate, we assure you that the information you give shall be confidential and no one other than the people involved in the survey will have access to them. If you choose not to participant in this study this will not affect you in any way
You can skip answer any question and if you feel uncomfortable you can leave the interview at any time.
Would you like to be interviewed? 1. Yes 2. No
Name and data signature ……..
Date:

2. Questionnaires

A. Full Group Guideline

Jordan Valley Assessment
GROUP DISCUSSION
(General population)

Name and locality of site assessed: _____

Refugee population at site (# people): _____

Name of assessment team leader: _____

Assessment team should collect answers for questions a-e. These questions should not be asked during the group discussion.

a. Name and location of site being assessed. _____

   Note administrative/district boundaries, and which government authorities should be involved. Note estimated size of site and attach map if possible.

b. Name and location of site being assessed. _____

c. GPS Coordinates: _____

Note: GPS coordinates will be given to you by Operation Team Leader

d. Date(s) of the visit: _____

e. Hours of the visit: _____

f. Main contact at this site: _____

I verify that the introduction to this focus group was read to all participants in Arabic and that informed consent for participation obtained from all participants.

Signature of team leader/facilitator _____

1. Site, size and date

First of all, let us talk about the main problems and issues that you are facing in this situation.

1.1. What are the main problems/issues in this site?

1.2. What is/are the place/s of origin of refugees living in this site?

1. _____

2. _____

3. _____

4. _____

1.3. How did you reach here, describe for us the route of your journey?

1.4. What is the number of refugees in the (name of site)?

1.5. Tell us about refugee population in this site.Is the population at this site increasing, decreasing or staying the same?

If increased or decreasing ask number and time period(e.g. 10 persons/day)

1.6. Are you aware of services available in this area?

1.7. Are you registered?

1.8. Do you know what UNHCR can do for you if you are registered refugees?

If YES, can you explain what UNHCR can do?

_____

_____

2. Shelter Quality

Now we will ask questions about shelter and the place that you are living in.

2.1 What are the types of shelter that you are using?

2.2 Are you living in a family or collective shelters?

2.3 Who provided you with these shelters?

2.4 Can your shelters protect you from cold, heat, fire, wind, rain, snow etc.?

2.5 Tell us about privacy of your shelter, how is the privacy of your shelters?

2.6 How about personal security and security of your belongings?

2.7 Do you have enough covered space for your essential household activities?

2.8 Is support available for the people that they cannot build their own shelter?

2.9 What are their priorities concerning shelter and none food items?

1. _____

2. _____

3. _____

4. _____

5. _____

3. Water

Now we will ask you questions about shelter or the place that you are living in.

3.1 Is the water available at your household or you collecting it from other sources?

3.2 What kind of issues you experienced with water collection?

Do you have enough potable water,(water for drinking and kitchen use)?

3.3 Do you have enough water for personal hygiene, household hygiene, animals or others?

4. Sanitation

Now we will ask you questions about sanitation issues.

4.1 Can you list the major sanitation issues or problems in this site (name of site).

1. _____

2. _____

3. _____

4. _____

4.2 A. Which of the followingplaces are currently used for defecation in this site? Check the box next to the place that people in this site are currently using. *Can choose more than one answer*

	1. In the open, no facility at all
	2. Defecation in a define, managed area
	3. Public toilets (pit latrines, pour-flush latrines, flushingtoilet)
	4. Family toilets
	5. DNK

B. What percentage of adults and children currently use each of the places listed below *Can choose more than one answer*

	Adult	Children

s

1. In the open, no facility at all			Skip 4.3&4.4
2. Defecation in a define, managed area			Skip 4.3&4.4
3. Public toilets (pit latrines, pour-flush latrines, flushingtoilet)			
4. Family toilets			Skip 4.3&4.4
5. DNK			Skip 4.3&4.4

Check that column for adults adds up to 100, and column for children adds up to 100

4.3 If you are using public toilets, are there separate public toilets for males and females?

4.4 If you are using public toilets, what is the average number of users in each functioning toilet? If you are not using public toilets.

5. Hygiene

Now we will ask you questions about hygiene issues.

5.1 Can you list the major hygiene issues or problems in this site (name of site).

1. _____

2. _____

3. _____

4. _____

5.2 Do they have access to personal hygiene materials?(E.g. Soaps, toothpaste, sanitary napkins for ladies/girls etc.).

5.3 What proportion of households has soap in their home?

5.4 Do you have tools for water storage in your households? Which type you have?

5.5 What are the priorities concerning water supply, sanitation and hygiene?

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Ask if you missed any important thing that they want to add.

6. Livelihood and food

Now we will ask you questions about livelihood and food issues.

6.1 Can you describe the current livelihood/food situation in this area? (name of site)

_____

_____

_____

_____

_____

_____

6.2 On average, have you noticed any change in the total amount of food that people are eating since they reachhere?

6.3 Since reaching this area, have you received food from NGOs, Government or other organizations?

6.3a If YES, can you give the name of the organizations?

_____

6.4 On average, how many people in the community currently have food stocks (available quantities of food) in their households?

6.5 On average, how long will stocks of **cereals and roots/tubers**last in the households, according to the community?

6.6 On average, how long will stocks of pulses and legumes last in the households, according to the community?

6.7 On average, how long will stocks of oils and fats last in the households, according to the community?

6.8 Is there an available functioning markets close by in the community?

6.9 Do you have access to these available functioning markets?

6.10 Do you have access to food voucher/coupons of (UNHCR/WFP)?

6.11 Are WFP supermarkets available where cash food vouchers can be cashed?

6.12 What are the major source of income and livelihood in the area?

6.13 Did the crisis have an impact on livelihoods,markets and food stocks?

6.14 What population groups are most affected?

6.15 How is security overall?

6.16 What are the priorities expressed by the population concerning livelihoods, food security or infant and young child feeding?

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

7. Health

Now we will ask you questions about Health issues.

7.1 What are the priorities expressed by the population concerning health?

_____

_____

_____

_____

_____

_____

_____

7.2 Do you think that the conflict/crisis is having an impact on your health? In what ways?

7.3 How can you best describe your experience in accessing health facilities, was it

7.4 Tell me about how you have obtained information about the health services available to help you address these health concerns

7.5 Do you know that all UNHCR registered refugees hold security card have free access to governmental services at primary health care center and hospitals?

7.6 What you know about child vaccination?

7.7 Do you vaacinate your children within national immunization program? do you have vaccination card for all of your children?

7.8 7.3. What about access to the referral facilities. What is the name and type of closest referral facility to this site?

7.9 Are vehicles or other means of transport available to access health facilities?

7.10 Are community-based health services delivered in catchment area of the health facility?

7.11 Where women normally deliver their baby? What kind of problems faces you in this regard?

7.12 Do you have access to birth certificate services for your children born in Jordan?

8. **Education:**

8.1 Do you have children in school age?

8.2 Do your children have free access to public school?

8.3 Since you are mobile people how you manage your children access to schools? What are your concerns?

8.4 Normally your children attend schools? If no. how does they spent their times?

B. Key Informant – Official -- Guideline

Jordan Valley Assessment
Key informants' interview (KI)
Officials

Name and locality of site assessed:
Refugee population at site (# people):
Name of assessment team leader:

Assessment team should collect answers for questions a-e. These questions should not be asked during the interview.

g. Name and location of site being assessed.(Note administrative/district boundaries, and which government authorities should be involved. Note estimated size of site and attach map if possible.)

h. GPS Coordinates:

Note: GPS coordiantes will be given to you by Operation Team Leader.

i. Date(s) of the visit:

j. Hours of the visit:

k. Main contact at this site:

I verify that the introduction to this key informant's interview was ready and that informed consent obtained.

Signature of team leader/facilitator

---

9. Registration, site, size of population:

1.9. Can you tell us that how many Syrian refugees are living in (Name of the site)

1.10. You said that (_____) people are living in this area, right? What is the source of this data?

1.11. What is the proportion of registered refugees in this area?

-
-
-

1.12. Who has registered Syrian refugees in your area?

1.13. How is relation between host communities and refugees? Many answers are possible, select the appropriate one/s.

1.14. If the number is changing, can you tell us how much?

Note time period and number of people e.g. 10/day(_____per_____)

1.15. Where is the origin of these refugees?

e.g. Al Homos, Syria

1.16. Are there any vulnerable groups among Syrian refugees in this site?

1.9 My next question is about available partners and their capacities in this area, Can you tell us that which organizations are working in this area, what are areas of their interest, how long they have been here and what are their limitations?

Fill below table while s/he is talking

	Organisation or person(s) responsible	Since when?	Normal / current activities	**Limitations to capacity or performance (lack of staff, materials and equipment, transportation, funds**
Health				
Water supply				
Sanitation				

Hygiene				

10. Water

My next questions are about available water sources in this. What are the main water sources for human and animal use?
Fill the table below while the key informant is talking, ask relevant questions if s/he did not answer some part of question- see table.

Water resources	3.1 Number of water sources of each type	3.2 Water source most used for human consumption at this site	3.3 Water source most used for animal consumption at this site	3.4 Any water sources producing dirty-looking water	3.5 Check if likely that the quantity of water available will decrease in the near future
Boreholeorwellwithfunctioningmotorpump					
Boreholeorwellwithfunctioninghandpump					
Protectedspring					
Protectedopenwell					
Pipedwater					
Unprotectedspring					
Unprotectedopenwell					
Surfacewater(specifyifalake,arivero rother)					
Traditionalwatersellers*(specifythesource)* _____					
Other*(specify)*					
Boreholeorwellwithnon-functioninghandpump					
Boreholeorwellwithnon-functioningmotorpump					

11. Food security and Nutrition

Existing capacities and activities

Can kindly let us know if below activities are available in your catchment area?
3.1 Management of severe acute malnutrition (facility or community based) official

If services are available name of organization and when this activity started
How many children are covered?

3.2 Management of moderate acute malnutrition official

How many children are covered?

3.3 Micronutrientsupplementation programmes(e.g., vitamin A, iron) official

If services are available name of organization and when this activity started
How many children are covered?

3.4 General food distribution

If above services are present name of organization and when this activity started
How many children/Beneficiaries covered?

3.5 Other nutrition programmes(e.g. school feeding, infant feeding support, HIV feeding)

If above services are present name of organization and when this activity started
How many children/Beneficiaries covered?

3.6 Ask him/her if there is a functioning market available close by the community.

3.7 If the answer to the question 4.9 is yes, ask him/her if the refugees have physical access to functioning markets?

3.8 Ask him/her if they have access to food voucher/coupons of (UNHCR/WFP)? Ask him/her if WFP supermarkets available where cash food vouchers can be cashed? What are the major source of income and livelihood in the area?

3.9 Has the crisis had an impact on livelihoods, markets and food stocks?

3.10 What groups of population are most affected?

12. Health Risk and Health Status

4.1 How many BIRTHS have there been during last 7 days? How many of these with skilled attendant present?

Births (total) # Births (w/ skilled attendant)
Visibly pregnant women at the site(if any number)

4.2 What are the main health concerns from clinic records or other health reports, fill the table official

Conditions	# cases in last 7 days	# deaths in last 7 days
Measles		
Malaria		
Diarrheal diseases		
Acute respiratory infections		
Cholera		
Injuries		
Pregnancy-related conditions*		
Other *(specify)*		

4.3 Did you receive report of any unusual increases in illness or rumors of OUTBREAKS?

4.4 Are patients suffering from CHRONIC DISEASES for which sudden interruption of therapy could be fatal(e.g. heart disease, insulin-dependent diabetes, kidney dialysis, epileptics) still able to receive treatment?

If yes, can you please give us the number patients/ day or week?

4.5 Have there been reports of SEXUAL VIOLENCE?

Number of cases in the last seven days:_____

4.6 Are aware if there are institutions (e.g. orphanages, mental hosp. od-age home), severely lacking basic services (e.g. WATSAN, food, shelter, health care)? If so describe_____

4.7 Have there been reports of extreme cold/heat, radiation, poisons, toxinsetc?

4.8 Did you receive reports of HAZARDOUS SUBSTANCE USE (e.g. injecting drugs, heavy alcohol use)?

4.9 Do you if there is a functioning EARLY WARNING SYSTEM in place?

4.10 If yes, how regularly is data reported?

4.11 Do you know how much is the Local measles vaccination coverage of under-five (at 12 months)?

_____

4.12 Do you know if any special disease control programmes exist in this area?

4.13 If there was any disease control programme, what areImpact of crisis on disease control programmes?

4.14 Is there any humanitarian health intervention in the area?

If yes please
Which Organization Since when? What are main activities?

13. Health Facility/outreach site assessment (fill one per facility/site visited)

General Information:

5.1 Name of facility

5.2 Contact

5.3 GPS location:

5.4 What is the type of health facility providing services to the refugees in this area?

5.5 Who is managing this facility?

5.6 Is this facility temporary or permanent?

5.7 Who provides health care services in this facility? (Check all that apply)

	# staff	# consultations/day
Nurse		
Medical doctor		

Medical assistant		
Vaccinator		
Midwife		
Lab technician		
Public health officer		
Other		

5.8 Can I ask if the health facility has all below essential medications and vaccines?

Items	Available	Unavailable
Antibiotics		
ORS		
Anti-malarial		
Antipyretic		
Contraception		
Dressing materials		
Tetanus toxoid		
Measles		
DPT		
Polio		
BCG		
Is there a functioning cold chain?		

5.9 Ask them if they have access to birth certificate services for their children borne in Jordan

6 What challenges has the Syrian community faced? (Probe: Disruption of food, health, water, sanitation, market and other services, incoming people straining resources, etc.)

7 Has the conflict/crisis affected education and health services and attendance? Has the conflict affected security for children, women and young people?

8 Are there children/young people here without one or more parents? How are they cared for?

9 Are there children/young people/women here who are working for money? Or for other basic needs (i.e. food)? Has this increased, decreased or stayed the same with the conflict/crisis?

10 Where do Syrians go for health care? What limits or prevents some people from going to the health facility? (Could be cost, lack of supplies, perceived discrimination, etc.)

11 Services for immunization for children, acute illnesses, pregnant women, deliveries, person with chronic disease e.g. diabetes, hypertension, persons with disabilities.

12 Also ask about capacities within the community about Syrian health workers and do they provide any services (this may be sensitive as not allowed to legally work in Jordan but important to ask.

13 What do you think can be done to improve the situation for Syrians?

C. Key Informant – Community – Guideline

Jordan Valley Assessment
Key informants' interview (KI)
Community

Name and locality of site assessed:
Refugee population at site (# people):
Name of assessment team leader:

Assessment team should collect answers for questions a-e. These questions should not be asked during the interview.

l. Name and location of site being assessed.(Note administrative/district boundaries, and which government authorities should be involved. Note estimated size of site and attach map if possible.)

m. GPS Coordinates:

Note: GPS coordiantes will be given to you by Operation Team Leader.

n. Date(s) of the visit:

o. Hours of the visit:

p. Main contact at this site:

I verify that the introduction to this key informant's interview was ready and that informed consent obtained.

Signature of team leader/facilitator

14. Registration, site, size of population:

1.17. Can you tell us that how many Syrian refugees are living in (Name of the site)

1.18. You said that (_____) people are living in this area, right? What is the source of this data?

1.19. What is the proportion of registered refugees in this area?

1.20. Who has registered Syrian refugees in your area?

1.21. How is relation between host communities and refugees? Many answers are possible, select the appropriate one/s.

1.22. If the number is changing, can you tell us how much?

Note time period and number of people e.g. 10/day(_____per_____)

1.23. Where is the origin of these refugees?

e.g. Al Homos, Syria

1.24. Are there any vulnerable groups among Syrian refugees in this site?

1.25. Can you estimate number of infants without mothers (or other long term primary carers)?

_____

15. Access to essential NFI

2.1 Proportion of households with access to sufficient clothing?

2.2 Proportion of households with access to sufficient blanket and bedding?

2.3 Proportion of households with access to sufficient cooking utensils?

2.4 Proportion of households with access to sufficient plastic sheeting?

2.5 Can you tell us that what are the main types of fuel used for cooking and heating in this locality?

2.6 Is there enough cooking fuel?

2.7 Is there enough heating fuel?

2.8 My next question is about available partners and their capacities in this area, Can you tell us that which organizations are working in this area, what are areas of their interest, how long they have been here and what are their limitations?

Fill below table while s/he is talking

	Organisation or person(s) responsible	Since when?	Normal / current activities	**Limitations to capacity or performance (lack of staff, materials and**
Health				
Water supply				
Sanitation				
Hygiene				

16. Water

My next questions are about available water sources in this. What are the main water sources for human and animal use?

Fill the table below while the key informant is talking, ask relevant questions if s/he did not answer some part of question- see table.

3. Waterresources	3.1 Number of water sources of each type	3.2 Water source most used for human consumption at this site	3.3 Water source most used for animal consumption at this site	3.4 Any water sources producing dirty-looking water	3.5 Check if likely that the quantity of water available will decrease in the near future
Boreholeorwellwithfunctioningmotorpump					
Boreholeorwellwithfunctioninghandpump					
Protectedspring					
Protectedopenwell					
Pipedwater					
Unprotectedspring					
Unprotectedopenwell					
Surfacewater(specifyifalake,arivero rother)					
Traditionalwatersellers*(specifythesource)* _____					
Other*(specify)*					
Boreholeorwellwithnon-functioninghandpump					
Boreholeorwellwithnon-functioningmotorpump					

17. Food security and Nutrition

Existing capacities and activities

Can kindly let us know if below activities are available in your catchment area?

4.1 General food distribution

If above service is present name of organization and when this activity started
How many children/Beneficiaries covered?

4.2 Other nutrition programmes(e.g. school feeding, infant feeding support, HIV feeding)

Specify please.
If above services are present name of organization and when this activity started
How many children/Beneficiaries covered?

4.3. Ask if s/he noticed any change in the total amount of food that people are eating since they reach here, on average

4.4 Ask him/her about the available quantities of food in their households, how many people in the community currently have food stocks in their households?

4.5 On average, how long will food stocks last in the households, according to the community?

	< 1 Week	1-2 weeks	> 2 weeks
Cereals and roots/tubers			
Pulses and legumes			
Oils and fats			

4.6 Have infant milk products (e.g., baby formula) and/or baby bottles/teats been distributed since the emergency?

4.7 What percentage of infants in the area are formula fed /formula dependent?

4.8 Has the community/health staff identified any problems in feeding children < 2 years since the crisis started?

4.9 Ask him/her if there is a functioning market available close by the community.

4.10 If the answer to the question 4.9 is yes, ask him/her if the refugees have physical access to functioning markets?

4.11 Ask him/her if they have access to food voucher/coupons of (UNHCR/WFP)?

4.12 Ask him/her if WFP supermarkets available where cash food vouchers can be cashed?

4.13 What are the major source of income and livelihood in the area?

4.14 Has the crisis had an impact on livelihoods, markets and food stocks?

What groups of population are most affected?

18. Health Risk and Health Status

5.1 How many BIRTHS have there been during last 7 days? How many of these with skilled attendant present?

5.2 Are patients suffering from CHRONIC DISEASES for which sudden interruption of therapy could be fatal(e.g. heart disease, insulin-dependent diabetes, kidney dialysis, epileptics) still able to receive treatment?

5.3 If yes, can you please give us the number patients/ day or week?

Have there been reports of SEXUAL VIOLENCE?
Number of cases in the last seven days:_____

5.4 Are aware if there are institutions (e.g. orphanages, mental hosp. od-age home), severely lacking basic services (e.g. WATSAN, food, shelter, health care)? If so describe_____

5.5 Have there been reports of extreme cold/heat, radiation, poisons, toxinsetc?

5.6 Is there any humanitarian health intervention in the area?

19. Health Facility/outreach site assessment (fill one per facility/site visited)

General Information:

6.1 Name of facility

6.2 Contact

6.3 GPS location:

6.4 What is the type of health facility providing services to the refugees in this area?

6.5 Who is managing this facility?

6.6 Is this facility temporary or permanent?

6.7 Who provides health care services in this facility? (Check all that apply)

	# staff	# consultations/day
Nurse		
Medical doctor		
Medical assistant		
Vaccinator		
Midwife		
Lab technician		
Public health officer		
Other		

6.8 Can I ask if the health facility has all below essential medications and vaccines?

Items	Available	Unavailable
Antibiotics		
ORS		
Anti-malarial		
Antipyretic		
Contraception		
Dressing materials		
Tetanus toxoid		
Measles		
DPT		
Polio		
BCG		
Is there a functioning cold chain?		

6.9 Ask them if they(Syrian Refugees) have access to birth certificate services for their children borne in Jordan