

Cash Working Group

Syrian Refugee Response in Jordan

Meeting Location	UNHCR–Large Conference Room	Meeting Date	08.07.2013
Chair Person	Volker Schimmel	Meeting Time	15:00-17:00
Minutes Prepared by	Rasha Batarseh		
Purpose of Meeting	Regular meeting of the cash working group		

1.) Summary of action points

Item	Action point	Focal Point / Organization
1.)	Receive updates for tabular overview by the end of Thu 11.07.13	All partners to submit to Rasha Batarseh
2.)	Invite someone from the Health WG for a medical brief to CWG	UNHCR
3.)	Check with Community Services Unit for more in depth knowledge of disabilities.	UNHCR
4.)	IRC to present their cash program in September	IRC (Melanie Megevand)
5.)	Next meeting will be on 12 Aug at 15:00 @ UNHCR	UNHCR

2.) Attachments and References

Documents	Location	Contact Person
Oxfam's Scoring Card	Attached	Peter and Ahmedin
Gender Workshop Documents	Attached	Melanie and Samia

3.) Minutes

Item	Discussion
Presentation by CWG gender focal points	<ul style="list-style-type: none"> - Melanie Megevand (IRC) & Samia Qumri (UNHCR) briefed the group about the training by GenCAP for gender focal points in each working group. - It was confirmed that gender issues should be taken into consideration in current and future RRP. - All related documents attached.
Presentation by Oxfam on vulnerability targeting in their CBIs	<p>Mr Peter Struijf presented Oxfam's cash program as a wider assistance project among others:</p> <p>I. General comments:</p> <ul style="list-style-type: none"> - They started two months ago in Salt and got MoPIC's verbal approval three weeks ago. - Once they get MoPIC's approval document, the cash transfer will start which should be in July. <p>II. Assessment:</p> <ul style="list-style-type: none"> - Using score cards (attached) with a threshold of 10 points or more for the family to be eligible. - The below criteria (purple cells), are not collected at registration point but they can be considered extremely vulnerable if externally referred. <ul style="list-style-type: none"> • Psycho-social disorder/trauma (moderate/severe) • Women at risk of SGBV • Children at risk (child labour, SGBV) • Unaccompanied minors - The below criteria (green cells), are automatically qualified for inclusion but are also followed up with a home visit which is the second step of assessment. <ul style="list-style-type: none"> • Demonstrated severe medical condition • Demonstrated disability or injury - permanent or long term serious impairment of mobility or capacity • Elderly (60+) - living without other adult family members - Figures: 600 families' information was collected, around 20% are not registered with UNHCR which means not receiving HCR'S financial assistance, health, education or WFP vouchers. The percentages for vulnerability/scores were as follows: <ul style="list-style-type: none"> • 27.5% :>= 15 (extremely vulnerable) • 27.5% : 10-14 (high) • 20%: 6-9 (vulnerable) • 11%: 0-9 low • 13.5%: 0 (already receiving from other agency) <p>III. Home Visits: to check reliability of the registered Syrians, home visits are conducted and the work is being done with three different local charities to access Syrian families and to have community mobilization strategy to help understand the situation better and possibly refer them to other agencies. A total of 197 visits were conducted. The approved cases were sent to HCR for cross checking and it was found that 60 cases were receiving from HCR already.</p> <p>IV. Strengths of Program:</p> <ul style="list-style-type: none"> • Cash aspect is not included in the initial assessment. • Work with local communities. • The questionnaire takes 20 minutes and is being done for around 100 cases/day by 10-12 case workers. • It is a smooth process. <p>V. Challenges:</p> <ul style="list-style-type: none"> • Transparency and accountability are needed when dealing Syrians. • Oxfam is not an expert agency in medical, disability or psychological matters (except for the severe medical obvious problems). Hence it was agreed that someone will be invited from the Health WG for a medical brief to CWG. <p>Issues to be addressed in a future briefing by UNHCR Community Services</p>

	<ul style="list-style-type: none"> • Logistics: home visit consideration (single man, single woman...) & who will be conducting the visit, access to families, labour intensive and time consuming, • Basic Unit: Household vs. family • Limited resources vs. large numbers with 50-60% vulnerability. <p>VI. Additions by partners:</p> <ul style="list-style-type: none"> • Visiting the families with/without a prior phone call. DRC is studying the possibility of not calling them while CARE thinks that this can be an insult. • Inform families that they are not eligible (DRC) • Distribution premises: Oxfam confirmed that they did not face any problems until now knowing that they did distribute hygiene kits once and it went smooth. <p>VII. Reassessment: After 3-4 months Oxfam will conduct PDM and will share results accordingly.</p>
Presentation of coverage table (3W) and request for updates	UNHCR to send out tabular overview for updates to be received by the end of Thursday (11 July)
Feedback on prioritization process	The universal consensus is that cash is the most needed assistance. So it was agreed that all will be under ESSENTIAL except for seasonal support which will be under PRIORITY.
Setting of CWG objectives for the second half of 2013	<ul style="list-style-type: none"> - Joint Assessments were done perfectly but at assessments were shared. - Check more duplication: HCR duplicates will be checked through biometrics. This has to be more improved not necessarily through RAIS but via other parameters especially in alignment w with what is the government doing. - Consolidation of data (DRC, CARE...etc.) then comparison. - Effective evaluation and revision of assumptions. - Running arbitration: clarification of what cash really is. - Ensure continuous support from other sectors ex. Invitation of health focal point from Health WG. - Proactive engagement with MoPIC for integration of Jordanians in cash programs. - Orientation kit for new agencies (TBC). - Info Products: <ul style="list-style-type: none"> • Mailing list to be improved • Coverage map: breakdown per area and for the whole country.
Review of TORs	TORs were not sent out because HCR is still waiting for the voting to those who are running programs and will provide feedback.
AOB	<ul style="list-style-type: none"> - CaLP training was postponed until end of Sep for immigration challenges. - HCR relocation to Khalda: movement from level 1 to level 2. This means all information will be collected and this includes biometrics. The total persons being registered is now 2500 person/day. This will hopefully be increased to 3,000-3,500 for full registration.