

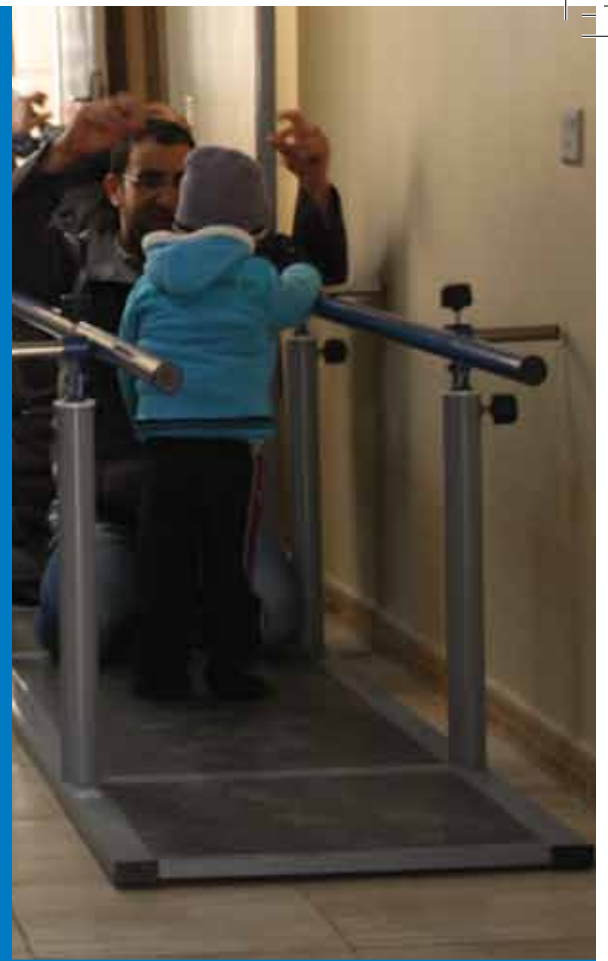
ASSESSMENT ON SYRIAN REFUGEES

with special focus on persons with

DISABILITIES

Housing Communities
in Zarqa Governorate

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Prologue

Movement for Peace (MPDL) together with its local partner Community Development Committee (CDC) based in Zarqa Palestinian refugee camp have been implementing several projects in Zarqa Governorate since 2010. According to MPDL and CDC experience and knowledge about this geographical area, where the unemployment rate is one of the highest in the country and the social tension is latent, the influx of numerous refugees could cause serious conflicts among both communities. As a matter of fact, UNHCR as well as several NGOs stated that the capacity of host communities to cope with more refugees and attend their needs is reaching their boundary. Due to the high risk of social conflicts in the area, MPDL and CDC consider vital to intervene in Zarqa Governorate targeting not only Syrian population but also host community.

Currently, CDC –Zarqa has been involved in several projects regarding protection and assistance of people affected by Syrian crisis living in Zarqa Governorate including several outskirts areas. One of the main concerns of CDC –Zarqa and MPDL is regarding people with disabilities and special needs as they remain among the most hidden, neglected and socially excluded.

This study offers a real understanding about disability issues among people fleeing from Syria, feeding into holistic context about emergency interventions in response to refugees needs in Zarqa.

Special acknowledgments to

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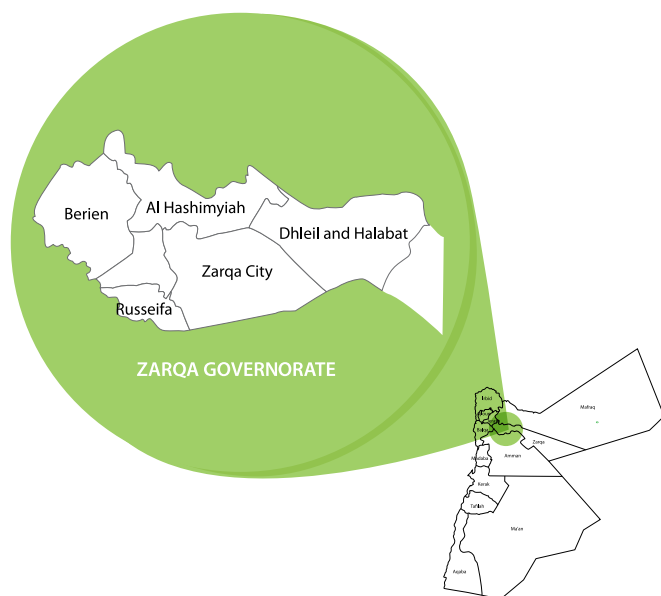
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Introduction

As the Syrian influx into Jordan is still constantly increasing with a high percentage of Syrian refugees who are scattered within the local host community outside the Za'atari tented refugee camp, a wide segment of Syrians are located in governorates near to borders such as Ramtha, Irbid, Mafraq and Zarqa. Refugees have access to services in these governorates except Zarqa where refugees have access to health services and minor programmes only. It is understood the concentration on the other three governorates as the number of refugees there is higher, but the increasing percentage of Zarqa's refugees could not be ignored. For that reason, Movement for Peace - MPDL in partnership with Community Development Committee and funded by FundiPax conducted this needs assessment study. The purpose of this assessment is to identify unmet needs to determine needed programs and services for Syrian refugees within Zarqa governorate.

Methodological Approach

Consistent with the principles of this assessment, the approach used for data collection was mainly participatory. The needs assessment was conducted utilizing a special survey questionnaire designed for the assessment's purposes, complemented by focus groups discussions targeting the same segment profile. Face-to-face interviews and focus groups aimed to capture data related to main needs of refugees as well as related to legality, women and children, housing, health, family



Map 1: Zarqa Governorate Municipalities

economy, persons with disabilities and refugee's concerns and recommendations.

A total of 144 interviews were accomplished by household refugees across the main four districts in Zarqa: Zarqa town, Russaifa, Dhleil and Alhashimiyah. Eight distinct focus groups discussions were convened during the assessment, providing an opportunity to 96 individuals represent-

ing households to elaborate further on the themes reflected in the questionnaire. 65% of participants' refugees were females, while 35% of them were males.

For a professional data analysis methodology, a full database was developed (using Microsoft Access) in order to store and maintain the responses of the households aiming to provide descriptive statistics for these responses. In many cases, the database presents the responses to the questions as percentages or counts that the respondents recorded during the interviews.

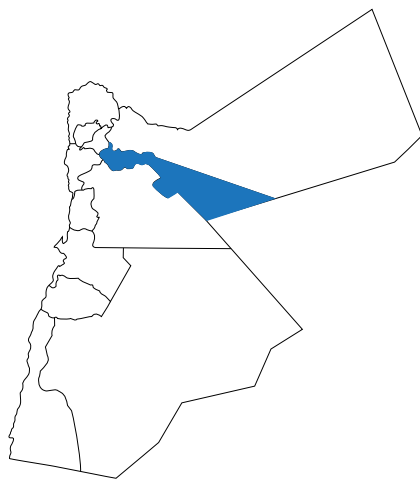
Methodology: Number of participants in interviews according to district

Gender	Age Group	Zarqa Town	Russaifa	Dhlail	Alhashimiyah	Total					
Females	18 - 59	60	10	7	4	81	56%				
	60 +	5	2	1	2	10	7%				
Males	18 - 59	32	9	2	5	48	33%				
	60 +	5	0	0	0	5	4%				
Total		102	71%	21	15%	10	7%	11	7%	144	100%

Methodology: Number of participants in focus groups according to district

Gender	Age Group	Zarqa Town	Russaifa	Dhlail	Alhashimiyah	Total					
Females	18 - 59	26	11	5	12	54	56%				
	60 +	4	2	1	2	9	10%				
Males	18 - 59	23	0	5	0	28	29%				
	60 +	4	0	1	0	5	5%				
Total		57	59%	13	14%	12	13%	14	14%	144	100%

Zarqa Governorate



Map 2: Zarqa Governorate

Located 25 km east of the Jordanian capital Amman, Zarqa governorate is the most densely populated region in Jordan, consisting of 15% of the total population. Between 1997 and 2002, average per capita income fell from JD 694.9 (US\$ 979.81) to JD 684.6 (US\$ 965.3), and increased in 2008 to JD 1149.1 (US\$1608.7). Four of the 20 poverty pockets identified in Jordan are located in Zarqa. Poverty rates in these pockets range from 29% to 52.2%, induced by low levels of education, high fertility and dependency rates, exacerbated by low wages, inadequate social protection schemes, and severe environmental deterioration.

Of the 12 Governorates, Zarqa's Human Development Index (HDI) ranking fell from third to sixth. Zarqa has also shown below-average improvement in the gender related HDI (GDI), resulting in a slip from fifth to eighth position among the governorates. There is also a worse than-average gender gap in income distribution¹. Unemployment rates have risen from 13.4% in 2004 to 15.6% in 2008.

Zarqa has a large population of Palestinian refugees and has seen a huge influx of Iraqi and Syrian refugees in the recent years. This, coupled with a local hosting population that is mainly tribal, gives Zarqa a special flavor and also is a reason for changing community dynamics, lack of resources and community conflict. According to UNHCR², 50,031 Syrian refugees

1) UNDP: The Jordan Human Development Report

2) UNHCR: <http://data.unhcr.org/syrianrefugees/region.php?id=73&country=107>

are settled in Zarqa, 46,340 of them are spread all over the governorate's districts (Zarqa city, Russaifa, Azraq, Dhlail, Halabat, Alhashimiyah and Berien), while 3,691 refugees are living in the Emirati Jordanian camp (Murijip Al Fhoud). The following table shows the demography of refugees:

When asked about the reasons for settling in Zarqa, the majority of refugees explained that Zarqa governorate has a less accommodation renting rate and low-cost of living than other governorates. Others were looking to live near to their relatives, or friends in some cases, where they can support each other during the crisis, it was found that in each area, a kind of coalition were established by family members, this coalition helps them to feel more safe and secure, it is also a way for transferring information regarding the provided services or even news regarding the situation in Syria. On the same time; they found the social environment is similar to their place of origin which can provide them with a better way to cope with the host community. Availability of job opportunities is one of the reasons to choose Zarqa as place of settlements; moreover, Zarqa has suitable markets and transportation that can meet the refugees' needs, according to respondents' opinion.

As Jordan and Syria are sharing borders, it was normal that social relation between Jordanian and Syrian families takes place. As a result, many Jordanian families living in Zarqa hosted their Syrian relatives for a period of time till they were settled in a proper accommodation; some of them are still living together. When a refugee student can afford university study in one of the governorate's public or private universities, Zarqa is the right place to live in since it counts with 3 universities, which are also more accessible forma financial point of view.

While the majority of refugees reach to Zarqa just after leaving Za'atari camp, as the governorate is the nearest to Mafraq where Za'atari camp is located, others were obliged to live there because they were dissidents from the Syrian army. The Jordanian government granted them accommodation in a specific area called "Madinat Alsharq".

Infrastructure in Zarqa town and Russaifa as

Syrian refugees' demographic data according to UNHCR

Age Group	Male 48.3%	Female 51.7%
0 - 4	9.7%	9.1%
5 - 11	10.9%	10.4%
12 - 17	7%	6.9%
18 - 59	19.4%	23.5%
60 +	1.3%	1.8%

well, are better than the one in Dhlail and Alhashimiyah, as the government's services are more focused in such area more than the others, the concentration of population in these area could be the reason behind that. Accommodation sufficiency countered the lowest situation in Alhashimiyah, and then in Dhlail, while in urban areas is better where houses are more qualified for living, same for accessing to health, and to WASH facilities, education and livelihood. In Zarqa town, 28% of refugees' household's heads are females, while in Russaifa the percentage is 19%, 16% in Alhashimiyah and 14% in Dhlail.

Rural areas in Zarqa governorate, such as Dhlail and Alhashimiyah, where poverty rate is high, are the less to benefit from services provided by national and international agencies, because of distance, refugees and host community are isolated, in Alsukhna camp (Alhashimiyah) there are no bank branches which cause a difficulty for refugees to benefit from the ATM cash assistance provided by UNHCR. Both districts are suffering from different problems, infrastructure, education, health and many others.

Findings

1. Demographic Data

Through interviews and focus group discussions, refugees were asked a number of demographic information related to the profile of the respondent, household composition, arrival time and home of origin within Syria. Despite that 65% of assess-

Demographic Data: Household heads by gender and Age group

Gender	Age Group	Total	
Female	18 - 59	71	29.5%
	60 +	3	1%
Male	18 - 59	148	62%
	60 +	18	7.5%
Total		240	100%

Demographic Data: Disabled household heads by gender and age group

Gender	Age Group	Total	
Female	18 - 59	1	0.5%
	60 +	0	0%
Male	18 - 59	20	8.3%
	60 +	3	1.2%
Total		24	10%

ment survey's participants were females, 30.8% of households are identified as female headed-household. Average household size among the targeted segment was approximately 7, while the average number of children under 18 was approximately 4 per family. 27% identify Damascus as their point of origin, while 35% fled from Hums, 37% from Dara'a and 1% from Joulan.

Except dissidents from army, all participated refugees report having been registered by UNHCR and Government of Jordan, this registration allowed them, in addition to the health assistance, to benefit from the WFP food assistance on monthly basis. Only 14% reported benefiting from the cash assistance gifted by UNHCR.

2. Housing / Shelter

Shelter assistance, mainly cash for rent, is a critical need, according to 86% of the participated refugees. On average, a refugee family is paying 130 Jordanian dinars per month (183.6 USD) to rent unfurnished two bedrooms (plus kitchen and bathroom) flat. By the increasing demand for accommodation, house rents are getting higher each month. This inflation forced Syrian families to share the same residence with their extended families (relatives of two to three generations, such as grandparents, uncles and in-laws) leading to an unaccepted over-crowding by landlords or even neighbors, which gradually increases the

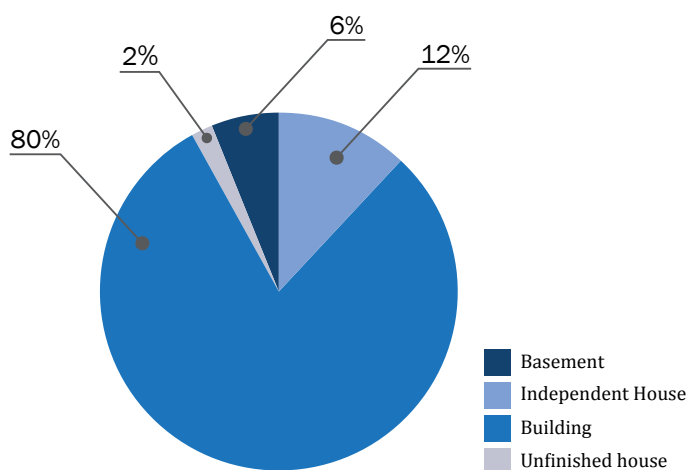


Fig. 1: Type of occupancy

risk of eviction, in addition to reasons related to the limited ability to pay the rent.

In order to measure the sufficiency of accommodation, the questionnaire included some topics which is checking if the house is connected to piped water system, if it has a proper sewage system, well insulated and ventilated, and if it is connected to electricity network. According to these criteria, forty two percent (42%) of interviewed refugees reported that their present accommodation is sufficient for their households. Along with the shortage of warm clothing, carpets, mattresses and blankets, accommodated shelters are suffering from limited heating and insulation from the freezing condition. Other accommodations (46%) have roof rain water licking, which is causing unhealthy cold humid walls. **Worst living conditions were found in Sukhna camp** (Alhashimiyah district), During the focus groups discussions, some families mentioned living in a warehouse where there are no proper windows or doors. Families living in basements are exposed to rodents' invasion such as rats and mice.

Despite that all accommodations have access to electricity, the assessment questionnaire's results show that 4% of households have no access to piped water system, 30% having poor sewage system, 46% of accommodations urgently need enhancements in house insulation and 14% lacking wash facilities.

3. WASH (Water, Sanitation and Hygiene)

The majority of households (96%) are connected to piped water system; receiving water is once a week, this is caused by the water shortage all over Jordan. Water is stored in septic tanks or in jerry cans if not available, but, when running out of water, households have to buy water from tankers. Moreover, tap water cannot be considered adequate for drinking, because of low quality, buying bottled water is an additional expense for households. In general, a household with 6 members could pay **up to 50 Jordanian dinars (70.6 USD)**

per month buying tank or bottled water per month. In some hilly areas like “Alkassarat” in Ma’soum neighborhood in Zarqa town, water is rarely delivered to houses through the piped system.

As for host community, refugees have access to toilets, but suffering from the **poor sewage system** infrastructure in Zarqa, 30% claimed that the sewage system in their accommodation needs maintenance, or, in some cases, is not available. Households may depend on collection tanks and use trucks services once a month

to empty and transport their content to dedicated wastewater treatment plants, this would cause an extra cost for families (around 25JD per service), in addition to its health effects on individuals who are already suffering from other health problems.

Accessing hygiene items is difficult for household’s members, as the cost for soap, shampoo, washing powder, feminine hygiene products and baby diapers are considered high expenses, hence, almost 95% of participated refugees recommended including such items within the WFP food vouchers or in a form of similar voucher dedicated to such items. At the moment, families are exchanging an amount of these vouchers to cover the need of these items.

4. Livelihoods and Coping Mechanism

Regardless the restrictions on work permit in the local marketplace, many refugees choose to work in irregular casual work mainly in constructions, supermarkets and clothes markets accepting the slipped below standard market rates wages, even if it is insufficient to cover monthly expenses for average sized household (around 250 Jordanian dinars excluding food vouchers). Other sources

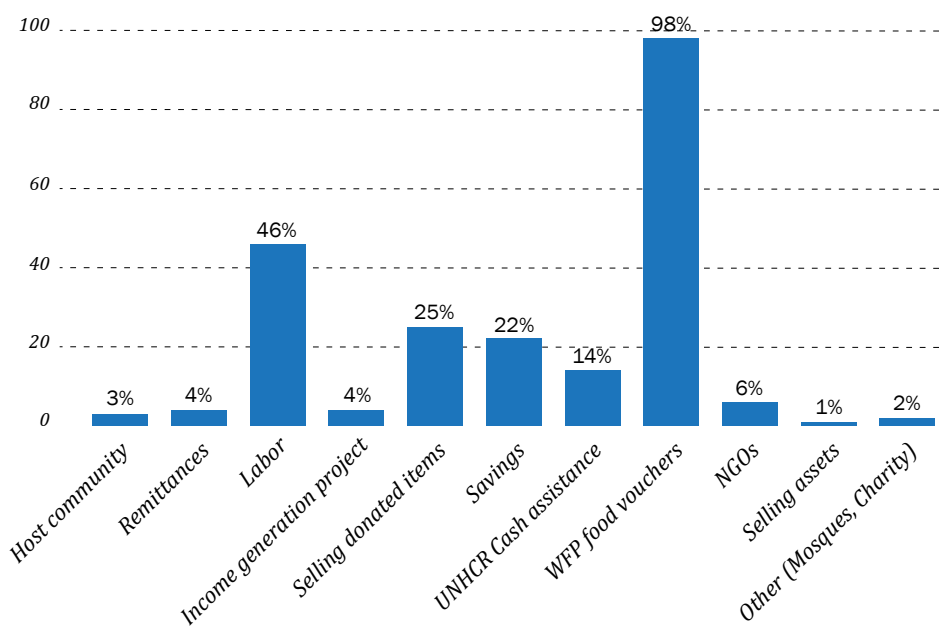


Fig. 2: Source of income

of income are: charitable donations from organizations, mosques, host communities and remittances. Family saving and selling assets that they were able to bring with them such as jewelry, if it was not spent for bailing out of the camp, can be also considered one of these sources. A couple of female participants’ refugees informed that they used their skills in tailoring and hairdressing to establish a small home-based income generation project to support their families.

Children are dropping out of schools to support their families, 8% of children between 12 and 17 years old are facing child labor. Wages are between 3 JDs to 5 JDs in best scenarios while working hours would reach to 12 hours per day, and for some of them, end of working day could be at 3:00 morning time, e.g. for children working in coffee shops or restaurants. This also increases the risk of exploitation and child abuse.

Food assistance through the WFP vouchers is a key to cover the needs of each household, but, and because of the lack of income, families choose to sell some of it with less value amount to host community members or to markets aiming to cover other needs. Unfortunately, vouchers are not covering other basic needs like FORMULA (powder milk) and diapers for newborn babies. With Only 14% reported benefiting from the cash assistance

gifted by UNHCR, international humanitarian organizations, such as Caritas Jordan, distributed vouchers that cover few other needs but these organizations could not reach to all households in the governorate, mainly because of funding shortage or refugees don't have information regarding the service

Where livelihoods are concerned, the high cost of house rent and living in Jordan have put refugees under increasing pressure to find durable means to cover their daily needs. Besides covering the rental, settling utilities fees such as electricity and water bills, transportation, urgent house maintenance and covering basic living needs had put the refugees under loans from host community or relatives who are already refugees in Jordan or still located in Syria. **80.5% of interviewed refugees admitted being under loan**, assessment's results show that the average for loans is approximately 360 JOD (508 USD). Other income consuming fields are heating and fuel, buying furniture, kitchen kits and NFIs. In case of medical condition the costs of medical treatment can pose an added financial hard to manage burden, particularly those whose registration with UNHCR has expired and are unable to access free medical care as a result.

Through focus groups discussions, participants showed varied concerns that are differ according to their age group, **elderly concern** about being unable to regularly afford the medications they require, they benefit from the humanitarian assistance, but there is no special attention given to elderly people, as there is for women and children, another critical challenge for elder refugees are the mobility, it is hard for them to move around looking for supporting benefits from services providers to cover their needs. **Male households** are concerned about survival and family economics, the safety of family members, being exposed to violence from the host community, and being caught for illegally working while female households showed a different concern about the situation of their accommodation and the availability of furniture and NFIs. **Persons with disabilities** are, typically, concerned about their livelihood with

their disabilities and their needs; they are looking for rehabilitation programmes and supporting agencies to rely on. Regardless the classifications of concerns according to age groups, all participants are sharing the same concerns mentioned in each finding topic of the assessment.

5. Health

Syrian refugees who are registered with UNHCR can access the public health system (health centers and hospitals) for free. However, in most case, **medicines need to be paid** for its unavailability, and **treatment for ongoing chronic conditions or any medical issue that requires specialist care or hospitalization does not appear to be accessible.** If the registration is expired, the Jordanian Health Aid Society (JHAS) is providing health care services until it is renewed. Similar to host community, most families benefited from the vaccination campaign organized by the Jordanian Ministry of Health that took place lately. One of the notable information mentioned by most participated refugees is that a Syrian doctor (Dr. Ahmed Alsawas) is providing free health services, many household are considering his services better than public centers and hospitals.

One of the challenges faced by refugees regard-

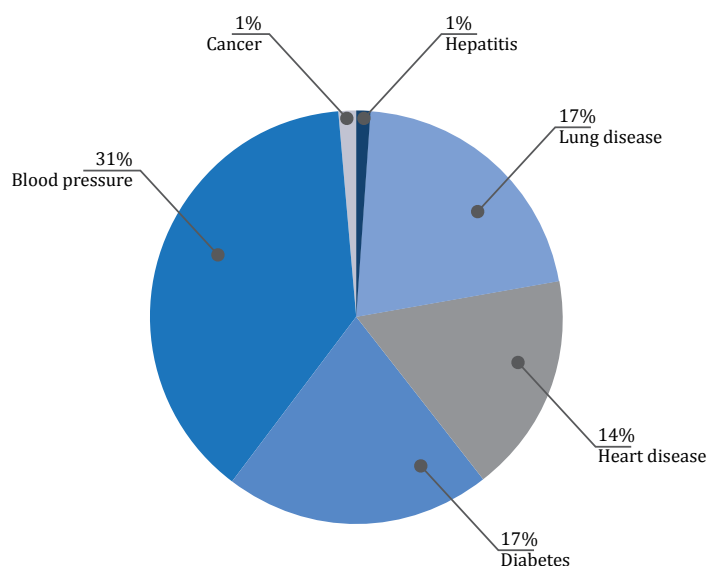


Fig. 3: Chronic diseases

Health: Chronic diseases by gender and age groups

Gender	Age Group	Cancer	Lung disease	Heart disease	Diabetes	Blood pressure	Hepatitis
Female	0 - 4	0	1%	0	0	0	0
	5 - 11	0	2%	0	0	0	0
	12 - 17	0	1%	0	0	2%	0
	18 - 59	0	3%	6%	8%	11%	0
	60+	0	0	0	0	2%	0
Male	0 - 4	0	2%	1%	1%	1%	0
	5 - 11	0	2%	0	0	0	1%
	12 - 17	0	1%	0	0	2%	0
	18 - 59	1%	5%	6%	7%	10%	0
	60+	0	0	0	1%	2%	0

ing the access to health is the Government of Jordan - GoJ registration. According to the Jordanian government, refugee can benefit from health services in public centers and hospitals located in areas near to their GoJ card place of issue. It is well known that refugees are moving from an area to another looking for better living opportunities, some are changing the living governorate; this can cause an obstacle to refugee who has to travel to other areas following his/her GoJ registration. For instance, in case of medical issue, some refugees living in Zarqa are travelling to Ramtha as their GoJ card was issued there since it is their first settlement upon arrival holding the cost on their shoulders. According to participated refugees, re-issuing the GoJ card according the current living area could cost up to 18 JD per person.

When asking about covering the health services' expenses, 16% claimed benefiting from free services provided by individual doctors, 31% are depending on their own resources, 2% are benefiting from organizations such as JHAS and Caritas Jordan, while 46% benefiting from public hospitals and centers through UNHCR registration.

Diabetes, blood pressure and lung diseases are the main chronic diseases the refugees suffer, the table shows the percentage of refugees suffering from the main spread chronic diseases between

refugees community, it is typical that one refugee may have more than one disease. 54% of households have at least one of other diseases such as: Epilepsy (with no disability), severe eczema, Glaucoma, Lumbago, Psoriasis, Migraine, Varicose Veins, Osteoporosis, different allergies, Prostate problems, Thalassemia, Thyroid problems and Anemia.

6. Education

School-aged children of Syrian refugees who are registered with UNHCR can enroll in public schools. Private schools are also available if household can afford (its high expense). Previously, the required document to be enrolled at schools was causing a delay. The adapted double-shifted procedure at schools solved the crowding problem. Still, school kits, uniforms and shoes are one of the expenses which families are haunting about.

As mentioned before, and because of lack of income and job opportunities, children are dropping out of schools to support their families, 8% of male children between 12 and 17 years old are facing child labor. Other reasons for dropping schools are: inability to afford the cost, unavailability

of schools kits, schools are distant, or because of disability. Small range of school-aged children dropped out of school before the crisis as it was their desire.

When school's enrollment is not a problem, **Syrian students face two challenges, violence and bullying from other students and different educational system in comparison with the one used in Syria.** When interviewing some students, 3% (2% boys, 1% girls) claimed facing difficulties integrating with Jordanian students, others preferred dropping out of school to avoid the situation, increasing the risk's percentage. No bullying from teachers reported.

Educational curriculum is differing between Jordan and Syria, mainly for English subject where it is mandatory at Jordanian schools at earlier ages than the ones in Syria. It was notable that Syrian students are having difficulties adapting the Jordanian curriculum; additional remedial courses are needed in order to allow students to catch-up on the missing subjects. Other solutions taken by the government was placing the students in lower grade, especially with missing one educational year at least because of the crisis, this could cause inconvenient situation for the student and encourage him/her to drop out of school.

Despite that 8% of families don't have access to information related to informal education where their children can, kind of, benefit from the provided services. Another 8% of families' children and youth are benefiting from the vocational training provided by the Community Development Committee (CDC) and the entertainment activities provided by Save the Children (SC).

7. Protection Issues

Demographic data provided by UNHCR shows that, with Syrian refugees scattered all over Jordan, percentage of females in all age groups is higher than males (51.7% females, and 48.3% males), In Zarqa governorate, the conducted assessment shows

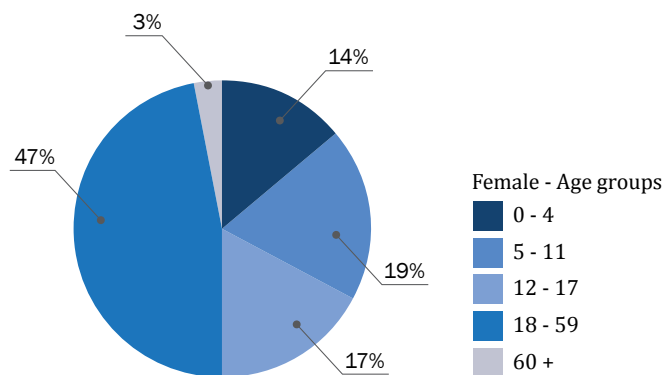


Fig. 4: Percentage of Syrian females refugees in Zarqa gov.

a slight variances in between (49.3% females, and 50.7% males). Higher percentage for females is for the age group between 18 to 59 years old, in another meaning, the adults' age group¹.

Refugees (females and males) explained that they are feeling safe in Jordan in general, especially for their legality; some incidents related to labor exploitation or verbal assault by the host community's members were reported through focus groups discussions. Parents don't allow or try to avoid their children from going out in the streets and playing with other Jordanian children. They fear they may fight with other Jordanian children thus involving the families in the disputes. They are afraid from the neighbors to verbally attack them. If they let them going out they have to keep playing very close to the house, this behavior causing stress to many children and to their parents especially to the mothers or elder sisters who have to take care of them. 16% of children are under four years old while 21% are between 5 and 17 years old. Male teenagers are most likely to find a job in marketplaces easier than others as the wages is really under scale exposing them to exploitation and abuse (physically, verbally and sexually as one participant explained in a focus group discussion). In general, males work in constructions, supermarkets, fruits and vegetables stores, clothes markets, bakeries, or as porters. None of the interviewed females claimed working.

No UASC (Unaccompanied / separated children) cases were reported, this refers to the random segment chosen for the purposes of the assess-

1) See Table 4: Household heads by gender and Age group

ment; refugees mentioned that they heard about such cases but none of them have it within their households. Two cases of early marriage were reported through interviews, in the same time, focus groups' participants confirmed for other cases. Most of interviewed refugees came from rural areas where traditions and customs occupies a large space of their conservative life, for that, in case of females' sexual abuse, GBV or domestic violence this will remain under-cover because of the fear of shame.

The World Health Organization estimates that 15% of any population will be persons with disabilities², there may be even higher rates of disability in communities that have fled war or conflict, as people acquire new impairments from injuries and/or limited health care. Persons with disabilities remain one of the most vulnerable and socially excluded in any displaced community. They may be hidden in shelters, missed in needs assessments and not consulted in design programmes. Due to variety of social, environmental and communication barriers, their protection risks, including violence, abuse and exploitation are increasing.

The conducted assessment statistics shows that 10% of the participated refugees have more than one type of disability. Out of them, 47% have physical disability, 43% sensorial disability, 9% intellectual disability, 9% psycho-social disability and only 1% of other types of disabilities. One third counted persons with disability are females and 26% of disabilities are caused by war related reasons. 10% has a complex of disabilities (more than one).

As the table shows, 10% of household heads are disabled, none of them are working. 52% of persons with disabilities benefited from rehabilitation services in Jordan, as 20% benefited from public and private hospitals for surgeries, while 80% from national and international organizations such as CDC, JHAS, the Islamic Charity Center Society and Niccod, additional to the needs of physiotherapy and occupational therapy, assistive devices also are needed. The main needs are for wheel chairs, commodes, hearing aids and medical glasses. Persons with disabilities having hearing problems needs to undergo to hearing test too, unfortunately, despite that UNHCR has released in Nov a new booklet with a complete lists of service providers

Protection: Number of persons with disabilities according to gender and age group

Gender	Age Group	Physical		Sensorial		Intellectual		Psycho-social		Other types	
		#	%	#	%	#	%	#	%	#	%
Male (62 PwD, 67%)	0 - 4	3	3%	3	3%	0	0%	0	0%	0	0%
	5 - 11	4	4%	4	4%	1	1%	2	2%	0	0%
	12 - 17	3	3%	4	4%	2	2%	1	1%	0	0%
	18 - 59	17	19%	16	17%	2	2%	2	2%	1	1%
	60 +	1	1%	1	1%	1	1%	1	1%	0	0%
Female (31 PwD, 33%)	0 - 4	2	2%	0	0%	0	0%	0	0%	0	0%
	5 - 11	5	5%	2	2%	0	0%	0	0%	0	0%
	12 - 17	1	1%	2	2%	0	0%	0	0%	0	0%
	18 - 59	8	9%	7	9%	2	2%	2	2%	0	0%
	60 +	0	0%	1	1%	0	0%	0	0%	0	0%
Total		44	47%	40	43%	9	9%	8	8%	1	1%

The 10% difference is the percentage of PwD who has a complex of disabilities (more than one disability)

2) WHO, World Report on Disability, 2011

per governorate and per type offered service, the refugees have no access to information related to service providers who is offering this kind of service, main reason could be the lack of leaflets distribution, unavailability of a proper referral system and uncertainty of refugees regarding the services.

During focus group discussions and interviews, it was clearly noted that almost all refugees, without exception, are **in deep need to psycho-social support**. After witnessing and experiencing the situation in Syria, and with the poor living situation in Jordan, family's members are suffering from stress, anxiety and depression. Refugees can be described as more vulnerable to pressures and tensions within the home, and particularly from male family members, due to crowded living conditions combined with the decreased likelihood of women going outside the house, as a result, GBV cases and domestic violence are increasing.

Recommendations

It is highly recommended to focus on Dhlail and Alhashimiyah districts for projects implementation. In Dhlail, Women of Dhlail for special education association and Alnafitha Albaida' association can be an implementing partner for projects, while in Alhashimiyah, Local community association for women servicing in Sukhna camp can be this partner. But, it is strongly recommended to provide intensive capacity building training to these organizations before the implementation as all of them, despite being active, has lack of managerial and organizational skills. By priorities, the main recommendations would be:

- 1.** As high rent rates are economically suffering, cash for rent is a priority, also increasing the programmes for cash assistance more than NFIs distribution may decrease the risk of child labor.
- 2.** Special care and protection programs should be activated for all households. These may include psycho-social support for all members and all ages, financial support and economic empowerment of men and women, set up of special protection mechanisms, follow up and monitoring of most vulnerable cases such as female headed households, disabilities within the household, engagement in child labor, GBV and domestic violence cases, family members exceeded the average (crowded household) in comparison with the livelihood patterns (e.g. income, loans, shelter and WASH), a suggested protection mechanism could be:
 - a.** Conducting awareness campaign/sessions related to protection issues such as child labor, GBV and domestic violence and its risks against Syrian families at school level and community level, community leaders, religious parties such as mosques' imams can play a good role achieving this part
 - b.** Conducting family counseling session when needed, art therapy sessions would be also appropriate to decrease level of tension
 - c.** Identify service providers who could respond to protection needs and brief the Syrian community about it
 - d.** Setup a referral system to refer cases needing protection assistance to the identified proper service provider
 - e.** When possible, establish safe spaces and entertainment projects for women and children.



- 3.** Design and implement an information flow system between refugees and services providers. Community briefing can be organized in order to disseminate information related to service providers and legal regulations
- 4.** Conducting remedial courses, especially in English in order to help students adapting the educational curriculum in Jordan, school kits distribution could be an advantage in this case
- 5.** Livelihood project including vocational training aiming to establish an income generation project could be useful helping refugees covering daily needs.
- 6.** Development of rehabilitation programmes concerning disabilities to include physiotherapy, occupational therapy, speech therapy and assistive tools distribution.
- 7.** Conducting water and hygiene awareness campaign at schools and within refugees, host communities could also benefit from such campaigns. Distribution of hygiene kits is appropriate.

M a p p i n g

As in other governorates, humanitarian and civil society organizations are active in Zarqa; these organizations are offering services for both host community and Syrian refugees. In order to establish a networking and referral system and for integrated services, the mapping was conducted.

The type of provided services can be classified as following:

- » **Development:** through programmes and activities aiming to build the skills and personal capacities
- » **Emergency:** provide basic needs to new arrivals refugees and psycho-social support
- » **Charity:** such as cash assistances and NFIs distribution

The mapping process identified the following main stakeholders and organizations providing different types of services in the governorate:

UNHCR

- Registration desk and briefing about the current services available
- Free hotline for protection from violence against women and children
- Free hotline for refugees' detention cases

GUIDANCE AND AWARENESS CENTER - RABBAT ALBOYOUT

- Mental health cases' referral
- Psycho-social support services
- Legal advices
- Individual, family and groups counseling sessions
- Awareness sessions about protection issues
- Cash assistances and NFIs distribution
- Entertainment activities
- Educational and academic support

KHAWLA BINT ALAZWAR ASSOCIATION

- Provision of legal services in addition to providing legal counseling through the Family Justice Center
- Psycho-social support services

- Child labor projects
- Rehabilitation programmes for children with disabilities
- Literacy projects
- Vocational training
- Awareness campaign about reproductive health and AIDS

ISLAMIC CHARITY CENTER SOCIETY

- Protection services
- Safe space for children, youth and women
- Primary health care and hospitals' referrals

SAVE THE CHILDREN – INTERNATIONAL

- Children's friendly space (psycho-social and protection services)
- Youth's friendly space
- Free hotline for educational services provided within school

JORDAN HEALTH AID SOCIETY – JHAS

- Primary and secondary health care
- Reproductive health services
- Mobile medical unit
- Mental health services through Bayt Alkol Association

VICTIMS OF TORTURE CENTER

- Psycho-social support services
- Physiotherapy
- Case management for victims of torturing

LOCAL COMMUNITY CENTER – SUKHNA CAMP

- Winter campaign
- Sport and Art programme
- Capacity building and entertainment activities

WOMEN OF DHLEIL ASSOCIATION FOR SPECIAL EDUCATION

- Rehabilitation projects for persons with disabilities

Needs Assessment Form for Syrian Refugees in Zarqa

NEEDS ASSESSMENT FORM FOR SYRIAN REFUGEES IN ZARQA

No.	[] []		
Date:	__ / __ / 2013		
Social Worker Name:	_____		
Location:	<i>Governorate:</i>	<i>District:</i>	<i>Sub District:</i>

MPDL is a Spanish humanitarian organization working in Jordan since 1995. As part of its mandate MPDL has a particular focus on vulnerable and marginalized groups. This study is an assessment of the living conditions of population affected by the Syrian crisis, with a special focus on households with one or more members with disability.

The information acquired during the interview will be kept confidentially private information and will not be shared with third parties without the consent of the interviewee.

1. Demographic Data

Household is a group of people (mainly, but not limited to, family or relatives) who are living together in the same compound/ house and facing the same daily situations and circumstances.

1.1	Household Name	_____		
1.2	Household Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
1.3	Household Age	[] year		
1.4	Telephone Number	1. []	2. []	
1.5	Physical Address	_____		
1.6	Arrival Time	<i>Month / Year</i>	<i>Place of Origin</i>	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
1.7	Is the family registered with UNHCR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration No. []
1.8	Appointment for UNHCR Registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	App. Date. []
1.9	If not registered nor no appointment, why?	<input type="checkbox"/> No information	<i>Description</i>	
		<input type="checkbox"/> No access		
		<input type="checkbox"/> Security reasons		
		<input type="checkbox"/> Other		
1.10	Is the family registered with GoJ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration No. []

1.11	Number of family members	Age Group	Male	Female	Total
		0 - 4			
		5 - 11			
		12 - 17			
		18 - 59			
		60 <			

1.12 Describe the relative relation within the family

1.13	Do you have relatives or friends who are living in Zarqa?	[_____] .Yes <input type="checkbox"/> No Who <input type="checkbox"/>
1.14	Why did you choose Zarqa to settle in?	

2. Women and Children

2.1	Women headed household?	<input type="checkbox"/> Yes <input type="checkbox"/> No Age. [_____]	Description
2.2	Single parents within the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No Age. [_____]	Description
2.3	Pregnant and lactating women?	1. Age. [_____] 2. Age. [_____] 3. Age. [_____] 4. Age. [_____]	Description

Separated children are those separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

Unaccompanied minors are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

2.4	Unaccompanied minors?	1. Age. [_____] 2. Age. [_____] 3. Age. [_____] 4. Age. [_____]	Description
2.5	Separated child within the family?	1. Age. [_____] 2. Age. [_____] 3. Age. [_____] 4. Age. [_____]	Description
2.6	Orphan child within the family?	1. Age. [_____] 2. Age. [_____] 3. Age. [_____] 4. Age. [_____]	Description
2.7	Children facing black labor?	1. Age. [_____] 2. Age. [_____] 3. Age. [_____] 4. Age. [_____]	Description

2.8	Are there any children (school age) who is not attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No []	Num.	If yes, Why?	<input type="checkbox"/> Cannot afford <input type="checkbox"/> No school kits <input type="checkbox"/> Schools are distant <input type="checkbox"/> No space in school <input type="checkbox"/> Children need to work <input type="checkbox"/> Newly/irregularly arrived <input type="checkbox"/> Other
2.9	If not attending school, is the child enrolled in informal education?	<input type="checkbox"/> Yes <input type="checkbox"/> No []	Num.	Where? Which Org.?	

3. Housing

3.1	What is the type of the house?	<input type="checkbox"/> Independent house <input type="checkbox"/> Compound <input type="checkbox"/> Factory <input type="checkbox"/> Warehouse <input type="checkbox"/> Unfinished house <input type="checkbox"/> Garage <input type="checkbox"/> Tent <input type="checkbox"/> Other	Type of occupancy	<input type="checkbox"/> Owned apartment <input type="checkbox"/> Unfurnished rental <input type="checkbox"/> Furnished rental <input type="checkbox"/> Provided by employer <input type="checkbox"/> Hosted (for free) <input type="checkbox"/> Squatting <input type="checkbox"/> Assistance <input type="checkbox"/> Other
3.2	Rent per month / Area	[] JOD [] m ²	Num. rooms	[] <i>room/sother than kitchen and toilet</i>
3.3	Tick if available	<input type="checkbox"/> Connected to piped water supply <input type="checkbox"/> Sewage system is working properly <input type="checkbox"/> House is winterized properly <input type="checkbox"/> Electricity is available and sustainable <input type="checkbox"/> Wash facilities are available		<i>Description</i>
3.4	Is there any risk of eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Why?	

4. Health / Medical

4.1	Any family member has any of the following chronic disease?	<input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Lung disease <input type="checkbox"/> Blood pressure <input type="checkbox"/> Heart disease <input type="checkbox"/> Hepatitis	Description (who? how many?)
4.2	Any family member with other medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description
4.3	Does the family have any access to health centers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, Why? <input type="checkbox"/> Cannot afford <input type="checkbox"/> Health center is far <input type="checkbox"/> No information <input type="checkbox"/> Transportation difficulty <input type="checkbox"/> No capacity at health center <input type="checkbox"/> Other
4.4	How does the family cover the health costs?	<input type="checkbox"/> Free <input type="checkbox"/> Own resources <input type="checkbox"/> Support from NGO/INGO <input type="checkbox"/> Support from UN agencies <input type="checkbox"/> Support from host community, friends, neighbors <input type="checkbox"/> Other	

5. Family economy

5.1	What are the main three needs mentioned by the family? <i>(Rank by priority from 1 to 3)</i>	<input type="checkbox"/> Food assistance <input type="checkbox"/> Health care / medicine <input type="checkbox"/> Education <input type="checkbox"/> Psycho-social support <input type="checkbox"/> Fuel <input type="checkbox"/> Cash assistance <input type="checkbox"/> Cash for rent <input type="checkbox"/> Shelter <input type="checkbox"/> Furniture <input type="checkbox"/> Clothes <input type="checkbox"/> Hygiene kit <input type="checkbox"/> Cooking kit <input type="checkbox"/> NFIs <input type="checkbox"/> Other	Description
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5.2	What were your family's sources of income in the last 3 month? And how much income did you get from each source?	<input type="checkbox"/> Local family/friends support <input type="checkbox"/> Remittance <input type="checkbox"/> Labor / employment <input type="checkbox"/> Small business <input type="checkbox"/> Selling donated items <input type="checkbox"/> Money brought with family (savings) <input type="checkbox"/> UNHCR cash assistance <input type="checkbox"/> WFP vouchers <input type="checkbox"/> Other NGO/Charity assistance <input type="checkbox"/> Sold assets <input type="checkbox"/> Other	<input type="checkbox"/> JD <input type="checkbox"/> JD <input type="checkbox"/> JD <input type="checkbox"/> JD <input type="checkbox"/> JD <input type="checkbox"/> JD <input type="checkbox"/> JD <input type="checkbox"/> JD <input type="checkbox"/> JD <input type="checkbox"/> JD <input type="checkbox"/> JD
5.3	Have the family loaned money in the last month?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount <input type="text"/> JD	Why? <i>(rent, food, education, health, ...)</i>

6. Persons with special needs / Disability issues

In case of having a disabled person within the family, please, ensure to fill this section as accurate as possible. Use different form if there are more than one disabled member (consider adding a reference with the second form)

6.1	PWD information	Name: [_____] Age: [_____] Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						
6.2	Type of disability	<table border="1"> <tr> <td data-bbox="573 621 1076 958"> <input type="checkbox"/> Physical disability <input type="checkbox"/> Paraplegia <input type="checkbox"/> Quadriplegia <input type="checkbox"/> Hymaplegia <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Polio/Post Polio </td> <td data-bbox="1076 621 1577 958"> <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Amputation <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Other </td> </tr> <tr> <td data-bbox="573 958 1076 1232"> <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Description:..... </td> <td data-bbox="1076 958 1577 1232"> <input type="checkbox"/> Sensorial disability <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech </td> </tr> <tr> <td data-bbox="573 1232 1076 1505"> <input type="checkbox"/> Psycho-Social disabilities <input type="checkbox"/> Anxiety <input type="checkbox"/> Mood swings <input type="checkbox"/> Depression <input type="checkbox"/> Other </td> <td data-bbox="1076 1232 1577 1505"> <input type="checkbox"/> Other types of disabilities: <input type="checkbox"/> Medical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Autism Description:..... </td> </tr> </table>	<input type="checkbox"/> Physical disability <input type="checkbox"/> Paraplegia <input type="checkbox"/> Quadriplegia <input type="checkbox"/> Hymaplegia <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Polio/Post Polio	<input type="checkbox"/> Spina Bifida <input type="checkbox"/> Amputation <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Other	<input type="checkbox"/> Intellectual disability <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Description:	<input type="checkbox"/> Sensorial disability <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech	<input type="checkbox"/> Psycho-Social disabilities <input type="checkbox"/> Anxiety <input type="checkbox"/> Mood swings <input type="checkbox"/> Depression <input type="checkbox"/> Other	<input type="checkbox"/> Other types of disabilities: <input type="checkbox"/> Medical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Autism Description:
<input type="checkbox"/> Physical disability <input type="checkbox"/> Paraplegia <input type="checkbox"/> Quadriplegia <input type="checkbox"/> Hymaplegia <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Polio/Post Polio	<input type="checkbox"/> Spina Bifida <input type="checkbox"/> Amputation <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Other							
<input type="checkbox"/> Intellectual disability <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Description:	<input type="checkbox"/> Sensorial disability <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech							
<input type="checkbox"/> Psycho-Social disabilities <input type="checkbox"/> Anxiety <input type="checkbox"/> Mood swings <input type="checkbox"/> Depression <input type="checkbox"/> Other	<input type="checkbox"/> Other types of disabilities: <input type="checkbox"/> Medical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Autism Description:							
6.3	In case of visual disability, what is the type?	<input type="checkbox"/> Blind <input type="checkbox"/> Low vision <i>Description</i>						
6.4	In case of hearing disability, what is the communication method used?	<input type="checkbox"/> Lips reading <input type="checkbox"/> Sign language <input type="checkbox"/> Home sign language <i>Description</i>						
6.5	What are the causes behind the disability?	<input type="checkbox"/> Accident <input type="checkbox"/> Hereditary disease <input type="checkbox"/> Infection <input type="checkbox"/> Congenital <input type="checkbox"/> Stroke <input type="checkbox"/> War related (wounded) <input type="checkbox"/> Other <i>Description</i>						

6.6	Does the PWD have any other diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What?	
6.7	Does the PWD use any kind of medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Description</i>	

7. Interviewee observation

Please write any additional information you believe it is useful but not mentioned above, you may include personal opinions and summaries.

Focus Group Discussion

“Improving needs analysis and support to the most vulnerable people among refugee population from Syria in Lebanon and Jordan”

Focus Group No.	رقم المجموعة	
Date	التاريخ	
Time	الوقت	
Location	المكان	
Facilitators	الميسرين	
No. of Participants	عدد الحضور	

1 - Documents**١ - الوثائق**

1. Are all participants registered in the UNHCR?
2. Do they have and appointment for UNHCR Registration?
3. If not registered nor no appointment, why?
4. Is the family registered with GoJ? If not, Why?
5. Why some Syrian families choose Zarqa for residency?

١. هل جميع المشاركين بالمجموعات المركزية مسجلين لدى ال مفوضية السامية لشؤون اللاجئين؟
٢. هل يوجد موعد للتسجيل مع المفوضية؟
٣. في حال عدم التسجيل و عدم وجود موعد، ما السبب؟
٤. هل تمتلك أسر المشاركون بطاقة أمنية خاصة بالحكومة ال أردنية؟ إذا لا، لماذا؟
٥. لماذا اختارت بعض الأسر السورية محافظة الزرقاء للإقامة؟

1. Did you notice the increasing number of Syrian children who are facing labor? What do you think about that?
2. Why there are a high percentage of Syrian children who are not enrolled in schools?
3. Do you think that enrolling children in informal education can solve the education problem? If yes, how?

١. هل لاحظت زيادة أعداد الاطفال السوريين العاملين؟ ما رأيك بذلك؟
٢. ما سبب عدم التحاق نسبة عالية من الاطفال السوريين بالمدارس؟
٣. هل تعتقد ان التحاق الأطفال بالتعليم اللامنهجي قد يساعد في حل مشكلة التعليم؟ إذا كانت الإجابة بنعم، كيف؟

1. What is the type of the houses occupied by the Syrian refugees? And what is the type of occupancy?
2. Do you have any idea about house rent in Zarqa?
3. What are the main needs for the shelter?
4. Did you face any risk of eviction? Why?

١. ما نوع المساكن التي يقطنها اللاجئين السوري بشكل عام وما هي طبيعة إشغالها؟
٢. هل تمتلك فكرة عن الإيجارات في مدينة الزرقاء؟
٣. ما هي الاحتياجات الأساسية التي تفتقر إليها المساكن؟
٤. هل واجهت خطر الإخلاء من المنزل؟ لماذا؟

1. Do the Syrian families have any access to health centers? If No, Why?
2. How do the families cover the health costs?

١. هل تستفيد الأسر السورية من خدمات المراكز الصحية؟ إذا لا، لماذا؟
٢. كيف تستطيع الأسر تأمين النفقات الصحية؟

<ol style="list-style-type: none">1. What are the main needs of the families?2. What are the sources of income for family?	<ol style="list-style-type: none">١. ما هي أهم احتياجات الأسر السورية؟٢. ما هي مصادر دخل الأسر؟
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1. What are the types of disability within the Syrian families? What are the causes behind it?
2. What are the rehabilitation services received by the PWD in Syria and in Jordan?
3. What are the aid tools which could be needed by the PWD?
4. Are the PWDs enrolled in school? If not, why?

١. ما هي أكثر أنواع الإعاقة المنتشرة بين الأسر السورية؟ وما هي أسبابها؟
٢. ما هي الخدمات التي قد تلاقها ذوي الإعاقة في سوريا؟ وما هي الخدمات التي يتلقونها في الأردن؟
٣. ما هي الأدوات التي قد يحتاجها ذوي الإعاقة؟
٤. هل ذوي الإعاقة ملتحقين بالمدارس؟ إذا لا، لماذا؟

1. What are the main PWDs' concerns and recommendations regarding:

١. ما هي أقصى مخاوف وتوصيات ذوو الإعاقة بما يتعلق بـ:

Sector القطاع	Concerns المخاوف	Recommendations التوصيات
الغذاء		
المعيشة		
المسكن		
الصحة		
النظافة		
الحماية		
التعليم		
المواد اللاغذائية		



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