

The World Food Programme (WFP) Jordan FOOD SECURITY OUTCOME MONITORING (FSOM)

Quarter 4 (Q4) 2016: Summary Report



Norld Food Programme

KEY FINDINGS:

- The food security situation has overall worsened amongst Syrian refugees in Jordan, particularly for refugees living in communities. They observed lower food consumption and higher levels of both consumption-based and livelihood coping strategies.
- Q4 continued to see a rise in the percentage of refugees (both in camps and communities) who bought food on credit or borrowed money from non-relatives/friends to purchase food.
- Access to healthcare for Syrian refugees appears to be decreasing particularly amongst those residing in communities.
- Throughout 2016, the majority of refugees in communities continued to be behind in their rental payments further increasing their debt levels.
- Q4 observed a decrease in the proportion of refugees reporting to receive assistance from other aid organisations. While the proportion of assisted refugees that cited WFP as their main source of income continued to increase.

INTRODUCTION:

In Jordan, WFP's largest programme is the general food assistance (GFA) programme to Syrian refugees. GFA is provided through a cash-based transfer. This programme reaches approximately 535,000 Syrian refugees every month. One-fifth of this population lives in camps whereas the remainder reside in communities. In communities WFP has implemented a tiered approach whereby there are two categories of beneficiaries 1) extremely vulnerable who receive full assistance and 2) vulnerable who receive partial assistance. This tiered approach was rolled out in April 2015 as part of WFP Jordan's targeting strategy to ensure resources are channeled to households most in need. In addition, through targeting a proportion of the Syrian refugee population were removed from assistance as they were deemed to be able to meet their food needs. This population is included in FSOM to ensure their food security situation is regularly reviewed.

CONTEXT / METHODOLOGY:

In Q4 over 1,200 household interviews were conducted with registered Syrian refugees as part of WFP Jordan's regular food security outcome

monitoring (FSOM) (see table 1 below and the map on page 10 for the breakdown of the sample and the geographical coverage). The objective of this type of monitoring is to assess key trends overtime amongst refugees receiving WFP food assistance and those who are not. In the context of Jordan, this form of monitoring measures food security outcomes amongst four strata as done in the previous quarters: 1) refugees in camps¹, 2) extremely vulnerable refugees in communities², 3) vulnerable refugees in communities³ and 4) non-assisted refugees in communities.

In Q4 WFP partnered with CrystelCall, a local call center, to conduct the FSOM household level interviews. It is critical to note that these interviews were conducted in December, the month in Q4 experiences which typically the coldest temperatures, which can impact household expenditures and prioritization of needs. Phone interviews were administered as opposed to in person face-to-face home visits, which had been conducted for all three previous quarters in 2016. This different approach may cause some challenges of directly comparing this quarter's findings with the previous rounds when face-to-face interviews were conducted.

Location (gov./ camp)	Camp	Ext vul.	vul.	Non- ben.	Total
Ajloun	0	7	2	2	11
Al Aqaba	0	3	1	0	4
Al Balqa	0	18	14	11	43
Al Karak	0	9	7	4	20
Al Mafraq	0	64	36	33	133
Amman	0	120	92	85	297
At Tafilah	0	2	1	0	3
Az Zarqa	0	34	29	22	85
Azraq refugee	70	0	0	0	70
camp					
Irbid	0	134	106	78	318
Jerash	0	9	3	4	16
Ma'an	0	4	1	1	6
Madaba	0	6	8	1	15
Za'atari Camp	196	0	0	0	196
Total	266	410	300	241	1217

Table 1: Location of household interviews by strata

² Entitlement JOD 20 per person per month 3 Entitlement JOD 10 per person per month

DEMOGRAPHICS:

In Q4 one in four households interviewed were headed by a female, consistent with previous monitoring rounds. The extremely vulnerable and vulnerable refugees continued to have the highest percentage of female headed households – 31 percent amongst both strata (see table 2).

Amongst all four strata, over one in four refugee households reported they have a member who is either disabled or chronically ill. This figure almost reached one in two amongst the vulnerable and extremely vulnerable households. Since Q1, the proportion of refugees that reported they have a chronically ill or disabled member in their household doubled across all four strata. This finding could be linked to the challenges refugees continue to report with regards to accessing healthcare and medical treatment particularly in communities.

Table 2: Demographic characteristics

Strata	% of HH headed by a female	De-pen -dency ratio	% of HH with a chronicall y ill or disabled member	widow	% of single HH
Camp	23%	1.9	25%	8%	2%
Ext vul.	31%	2	45%	7%	4%
Vul.	31%	1.4	44%	9%	3%
Non-ben.	15%	1	37%	3%	11%

The extremely vulnerable strata reported the highest dependents per working age individual, while non-beneficiaries reported the lowest number of dependents, consistent with previous quarters. Non-beneficiaries continued to represent the highest proportion of single households while the vulnerable sustained the highest proportion of widow households.

FOOD SECURITY OUTCOMES

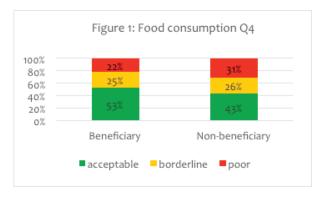
Access to food:

Food consumption is used as a proxy to measure household food security. The food consumption score is calculated based on frequency and nutritional value of food groups consumed – the higher the score, the better the consumption.

 $\frac{Q4 \text{ observed a drastic decrease in refugees' food}}{\text{consumption, and was recorded as the worst}} \\ \frac{Q4 \text{ observed a drastic decrease in refugees' food}}{\text{quarter}^4 \text{ for Syrian refugees' in Jordan.}}$

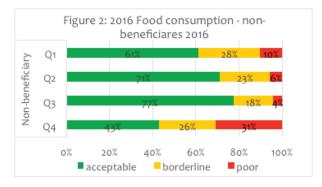
Provided the alarming quantitative results additional qualitative data collection was conducted in Q1 2017 to better understand the sharp decrease in refugees' food consumption particularly amongst those residing in communities. Findings from these FGDs will be presented throughout the report to assist in explaining the changes in refugees' food consumption between Q3 and Q4.

Both assisted and non-assisted refugees reported more than a 30 percent point decrease in acceptable food consumption compared with the previous quarter. While access to food reduced amongst both groups, assisted refugees continued to report higher acceptable food consumption compared to non-assisted refugees, consistent with all previous quarters in 2016 (see figure 1).



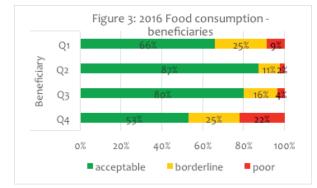
Similarly as seen throughout 2016 female and male headed households reported nearly equal levels of food consumption.

During the first three quarters of 2016, the non-beneficiary group steadily made food security gains (see figure 2).

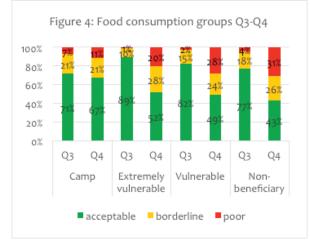


Correspondingly, the beneficiary group's food consumption improved during the first half of the year (Q1-Q2). In Q3 this group's acceptable food consumption decreased, primarily due to the inclusion of new arrivals in Azraq camp (see figure 3).

4 Since the start of WFP's response in Jordan in 2012 to the Syrian crisis.



When comparing food consumption amongst the four strata, consumption severely declined amongst refugees in communities by an average of 35 percent in Q4. This was the most extreme variation in refugees' food consumption since Q2 when acceptable food consumption improved for assisted refugees in communities by an average of 20 percent. While food consumption considerably worsened amongst refugees in communities between Q3-Q4, food consumption amongst refugees residing in camps remained constant during the reporting period (see figure 4).



Refugees' reduced food consumption is a result of a decreased intake of key staple food groups that previously contributed to their acceptable food consumption. In Q4 refugees on average consumed pulses, nuts and seeds less frequently - twice per week - compared to three times per week in Q3. In addition, refugees less often consumed cereals, roots and tubers in Q4 compared to the previous quarter. All three refugee groups in communities on average reduced their consumption of vegetables during the reporting period, while only assisted refugee households in communities (extremely vulnerable) vulnerable and reduced the consumption of animal protein such as eggs, meat and fish. Fruits remained to be consumed on average just once per week amongst all groups,

except the vulnerable group consumed fruits less than once per week. While dairy was consumed less frequently by extremely vulnerable families.

In addition, to reporting on the average number of times food groups were consumed, it is also important to analyze the proportion of families in each strata that do not consume nutrient-rich food groups (see table 3).

Table 3: Proportion of HH that did not consumed the below these food groups seven days prior to the date of visit

	Fruits	Eggs, meats, fish, poultry)	Dairy and milk products	Pulses, nuts and seeds
Camp	41%	18%	13%	18%
Extremely vulnerable	66%	23%	22%	17%
Vulnerable	71%	29%	26%	25%
Non-beneficiary	63%	30%	33%	28%

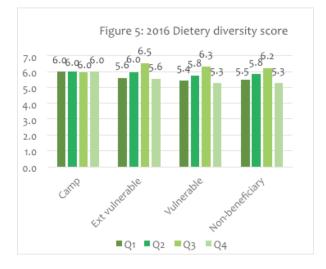
The majority of refugees in communities did not consume fruits within the seven days prior to the survey, a common finding across all quarters. While a higher proportion of camp refugees consumed fruits, this was largely due to the reported fruit donations provided by other aid organisations in the camps. Over one in four vulnerable and non-beneficiary households did not consume eggs, meat, fish, poultry or dairy in the designated time period prior to the interview. The lack of consumption of these key food groups serves to further explain low acceptable food consumption as these two food groups have the highest weighting based on their nutritional composition.

Findings from focus group discussions (FGDs) with refugees in communities further confirms quantitative findings regarding a change in refugees' consumption pattern during winter months. In FGDs, refugees reported they consume less proteins during the winter, and rather increase consumption in other groups: cereals, grains, roots and tubers, oils and fats and sugars and sweets. In addition, assisted refugees in communities stated they try to make their assistance last for the entire month in the winter which means they consume less.

Dietary Diversity:

Dietary diversity measures the variety of food groups⁵ a household consumes within a seven day period.

In Q4 the diversity of refugees' diet, in communities, reduced compared to the previous two quarters. While, dietary diversity amongst refugees in camps remained constant throughout the year at 6.0 – indicating that this population is consuming six different food groups within a seven day period. The good dietary diversity amongst the camp population can be attributed to the sustained transfer value provided in addition to daily bread rations. While both assisted and non-assisted refugees in communities remained within medium dietary diversity range throughout the year (see figure 5).

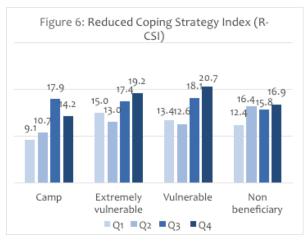


COPING CAPACITY

Consumption-based coping strategies:

To better understand how refugee households are maintaining their access to food they are asked how many times in the seven days prior to the survey did they utilize any of the five consumption-based coping strategies. Each strategy has a weighting to calculate the overall coping strategy score when multiplied by the frequency of usage.

In Q4 the use of consumption strategies increased amongst all three strata in communities (see figure 6).



The higher coping strategies index (R-CSI) score amongst assisted refugees in communities can be explained by a greater proportion of refugee households reducing adult food consumption in order to provide for the food needs of their children (from two times in Q3 to three times in Q4 per week).

In Q4 vulnerable households in communities more often reduced the number of meals eaten per day, four times in a week period compared to a previous three observed in Q3. This could be due to the lower transfer value the vulnerable receive compared to the extremely vulnerable and camp populations.

When disaggregated by sex of the head of the household the findings did not show a significant difference.

Overall, each of the five consumption-based strategies continued to be used at least once per week by all strata. While amongst certain coping strategies this figure increased to two, three or four times per week. This finding is quite remarkable, provided that as the crisis becomes more protracted, refugee households are still rely on reducing their consumption to meet their families basic food needs.

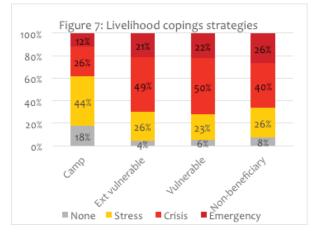
Livelihood coping:

In addition to the R-CSI, livelihood-based coping strategies are a standard WFP tool used to measure household food security. Livelihood strategies are divided into three categories stress, crisis and emergency based on the severity (see table 4). Table 4: Categorization of livelihood coping strategies

Stress	Those which indicated a reduced ability to deal with future shocks due to a current reduction in resources or increase in debts.	
Crisis	Directly reduce human productivity, including human capital formation.	
Emergency	Affect future productivity, but are more difficult to reverse or more dramatic in nature.	

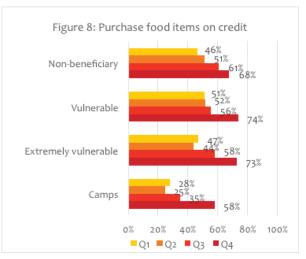
On a positive note, the use of emergency coping strategies reduced amongst refugees in communities and were rather replaced by crisis strategies (see figure 7). For example, the proportion of households that had a male household member engage "high-risk, in exploitative, illegal temporary work" decreased from the previous quarter.

When examining whether the sex of the head of the household played a role in the usage of livelihood coping strategies, it did not.

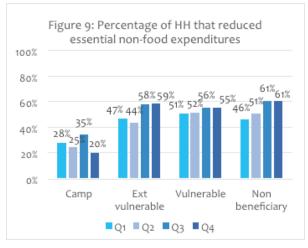


In Q4 refugees continued to rely on three main livelihood coping strategies because there was not enough food or sufficient money to purchase food: 1) purchase, 2) reduce, 3) chang.

Purchasing food items on credit increased amongst all four strata across all four quarters in 2016 (see figure 8). By Q4, this strategy was used by a majority of refugee households – 68 percent. Amongst the camp population the usage of this strategy increased by over 20 percent between Q3 and Q4.



Reducing essential non-food expenditures such as health or education has been more widely used by refugees in communities compared to refugees in camps as their overall household expenditures are greater (see figure 9). The persistent use of this strategy further reveals that throughout 2016 refugees were forced to compromise on which needs they could meet.



More than one in three refugees in communities changed their accommodation in the 30 days prior to the interview to reduce their rental expenditure to better meet their families' food needs. The proportion of refugees in communities that used this strategy remained consistent throughout 2016. The use of this coping strategy underscores the high mobility of this population, which further emphasizes their underlying vulnerability.

While the use of certain emergency coping strategies have decreased since Q1, still more than 10 percent of Syrian refugee households across all four strata sent their children to work in the 30 days prior to the survey because they did not have food or money to purchase food, a finding constant throughout 2016. While amongst the extremely vulnerable, the use of this strategy reached 20 percent. This group also had the highest percentage (14 percent) of households withdraw their children from school in the 30 days prior to the survey to meet their food needs.

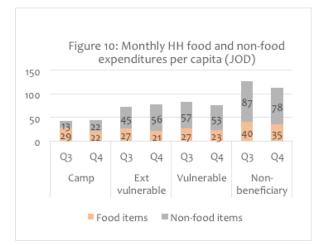
In FGDs female headed households expressed the challenge of not being able to access work opportunities as easily as their male counterparts. This forced some female headed households to withdrawn their children from school to better ensure someone in the family could access work.

The groups that reported the highest number of returns to Syria to provide for their family, were the strata that receive less or no WFP assistance – the vulnerable and non-beneficiaries.

EXPENDITURES AND DEBTS

Estimated monthly total household per capita expenditures fluctuated during the reporting period (see figure 10). Non-beneficiaries continued to report the highest overall expenditures (113 JOD), while the camp population reported the lowest (44 JOD).

All four strata reported a decrease (12-24 percent) in their household food expenditures compared to Q3, with the camp and extremely vulnerable populations reporting the sharpest fall in food expenditures per capita (24 and 22 percent respectively). However, these groups reported a higher household expenditures on non-food items (NFI) compared to Q3.

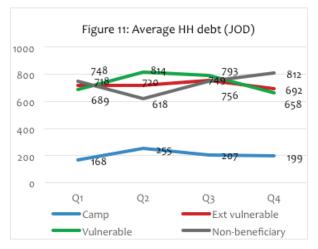


Potential explanations for the decrease in food expenditures and increase in NFI expenses for certain groups could be linked to debt repayment and health expenses. In Q4 refugee households cited the highest amount for debt repayment in 2016, at an average of 22 JOD, more than double the amount recorded in Q1 (10 JOD). In addition, expenditure on health, pharmaceuticals, and medical treatment doubled amongst all strata in Q4, except the vulnerable group.

FGDs revealed that during winter months refugee

families acquire additional NFI expenses such as health expenditures for their children and heating costs. This forced them to prioritise their urgent needs, often having to choose healthcare and rent over food.

Household debt levels remained steady throughout the year amongst all four groups. However, over the quarters the non-beneficiaries steadily increased their average debt levels – reaching 812 JOD (approximately 1145 USD) by the end of 2016 (see figure 11).



One factor contributing to refugees' debt is their rental expenses. <u>A majority of refugees in</u> communities (almost 70 percent) are behind in their rental payments. This finding was regular throughout all quarters in 2016 – a majority of refugees families are in debt from their rent. The average refugee family in the community is one to four months behind in their rent.

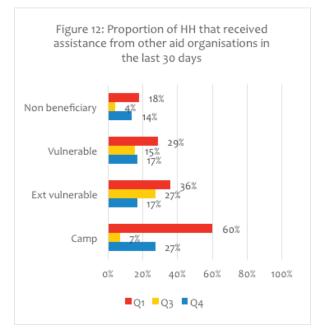
The average expenditure on rent decreased for refugees in communities, particularly amongst the vulnerable (21 percent) and extremely vulnerable (13 percent), which could be linked to the fact that these families are unable to currently pay their full rental expenses. Rent in addition to health care are the primary sources for refugees going into debt.

In FGDs some refugees mentioned that they cash in their food assistance in order to meet their other needs or repay their debt. Both male and female participants stated the amount of WFP food assistance typically lasts 15 days, 20 days if they consciously ration. Thus for the remaining days in the month additional debts are accrued. Debts are accumulated to cover the following: rent, health and food needs. Refugees' debtors are often shop owners, relatives or friends.

OTHER ASSISTANCE AND INCOME SOURCES

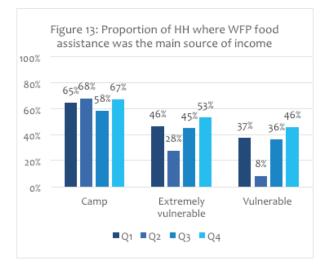
Other aid channels:

The proportion of refugees that reported they received assistance from other aid organisations fluctuated throughout the 2016 – particularly amongst the camp and extremely vulnerable groups (see figure 12). In Q4 the proportion of camp and extremely vulnerable households that received assistance from other aid organisations halved in comparison to Q1. By the end of 2016 only one in six refugee households in communities reported they received assistance from other aid organisations within the 30 days prior to the survey (see figure 12).



WFP assistance:

The percentage of assisted households that cited WFP food assistance as their main income source continued to increase in Q4. In Q4 a majority of both the camp and extremely vulnerable families and almost half (46 percent) of vulnerable families reported WFP food assistance as their main income source (see figure 13). This finding continues to highlight the critical role WFP assistance continues to have in meeting both the humanitarian and livelihood needs of refugee households.



Other sources of income:

For non-beneficiaries the most commonly reported source of income was unskilled labour (34 percent) followed by skilled labour (25 percent). While amongst the vulnerable and extremely vulnerable one in four households indicated unskilled labour was their main source of income. For refugees in communities 7 percent reported borrowing money as their main source of income.

In FGDs refugees revealed that in the winter informal work opportunities decrease impacting refugee households' total income.

Access:

Syrian refugees' ability to access required medicine and public hospitals and health clinics decreased steadily since the start of 2016. In Q1 less the one in six refugee households (16 percent) reported they were unable to access medicine in the past six months, however this doubled to over one in three households (36 percent) by the end of 2016.

A similar trend was observed when refugees were asked if they were able to access a public health clinic or hospital within the last six months. In Q1 2016, one in ten refugee households (10 percent) stated they could not access a public health clinic or hospital and this figure later increased to over one in four (28 percent) by Q4.

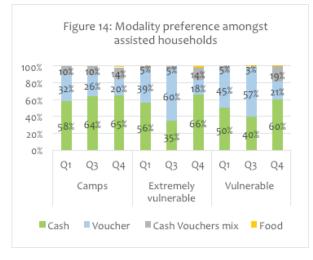
While camp refugees overall reported better access to medicine and health facilities than their counterparts in the communities, a proportion of this population reported constraints around accessing medicine (24 percent) and health care facilities (18 percent). In communities almost one in three refugees (31 percent) reported that they were unable to access a public health clinic in the six months prior to the survey. Even more startling is that <u>40 percent of refugees in communities could not access required medicine in the last six months.</u>

These findings overwhelming underscore the health vulnerability of refugees in Jordan and the critical need to explore potential interventions to support this population.

CROSS-CUTTING THEMES AND SATISFACTION

Modality preference:

In Q4 the majority of beneficiaries across all three assisted strata reported they would prefer to receive their food assistance in the form of unrestricted cash as opposed to a restricted voucher which is only able to be redeemed at WFP contracted shops (see figure 14). The preference for cash was also consistent when findings were disaggregated by sex of head of household.



The increase in refugees' preference for cash could be due to several factors, one being that WFP assistance continues to be a critical source of income for refugee families and cash has proven to provide beneficiaries with greater purchasing power and freedom to purchase what they want from the retailers of their preference.

Accountability to affected populations (AAP):

AAP indicators which ask beneficiaries if they know 1) what they are entitled to and 2) who to contact in case you need to file a complaint revealed changes from previous quarters when face-to-face interviews were conducted. The next quarter will include further explanation of Q4 results. An extremely low proportion - 15 percent - of beneficiaries reported they were aware of what they are entitled to with their food assistance. A substantial decrease from Q1 when a majority (62 percent) reported they knew what they were entitled to.

Roughly one in three refugees (36 percent) knew who to contact if needed to regarding WFP assistance, a 17 percent decrease from Q3. This finding suggests the need to reinforce the existing communication and outreach WFP has established with its beneficiaries. For example, continue regular communication with beneficiaries via SMS to inform them of WFP's hotline. In addition, ensure partners and field staff inform beneficiaries that WFP's hotline number is on the back of their e-card should they have any inquiries. Lastly, review current visibility items provided to contracted shops to ensure the purpose of the hotline is clearly emphasized and that the number is visible.

Satisfaction:

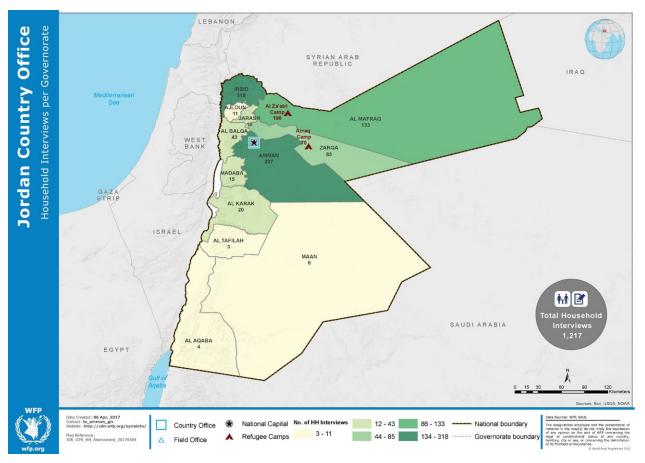
Despite low AAP levels, satisfaction with WFP amongst beneficiaries remained high. A majority of beneficiaries were satisfied with how WFP assistance is provided and with the quantity of WFP assistance at 85 and 65 percent respectively.

CONCLUSIONS AND RECOMMENDATIONS:

- Increase qualitative data collection: to better understand the challenges refugee families are facing in maintaining acceptable food consumption additional focus group discussions across all four strata will need to be held. Through these forms of information gathering, it will help to identify if there were any other key issues impacting refugees' access to food that were not captured in the quantitative survey.
- Share relevant inter-sectoral findings: Several key shelter, health, and education findings were drawn, it will be essential to share these with relevant shelter and health colleagues.
- **Strengthen AAP:** Provided the second half of 2016 revealed low levels of AAP, the next quarter will be closely reviewed to see if this decrease in AAP is linked to the change in methodology during Q4. Meanwhile the CO will take measures to ensure beneficiaries are aware of the existing complaints and feedback channels, this will include sending a mass SMS to all beneficiaries. In addition, to the CO

will continue to work with our cooperating partners to strengthen the community sensitisation and information awareness sessions to better equip beneficiaries of what they are entitled to.

• **Closely observe refugees' food consumption in Q1 2017:** in the subsequent quarter, it will be essential to see whether there is a substantial change in refugees' access to food or whether it remains consistent with Q4.



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