Area-based city profile: Mafraq, Jordan
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Overview

This area-based city profile details the main results and findings from an assessment conducted by IMPACT initiatives in Mafraq city between January and April 2017 which aimed at piloting an innovative methodology. Conducted at neighbourhood and city level, the pilot focused on:

1) **Understanding areas**, through delineating boundaries of community and service areas,
2) **Identifying best sources of information:** selection of Key Informants (KI) within each service and community areas. To test accuracy of data provided by the KI, and thus identify the best informed, KI answers are compared with a survey conducted at household level.

This report presents the findings from this assessment. More specifically, **Part 1 - Understanding areas** presents findings from the participatory mapping: a brief chapter on the methodology, the exercise carried out in Mafraq and its main findings as well as maps to illustrate results and general patterns emerging from the participatory mapping.

Part 2 - Identifying best informed KI presents the data collected via KI and household survey. As suggested by aid actors on the field, analysis of the household level data focuses on livelihood indicators, such as income, livelihood challenges, coping mechanisms, as well as access to services (health and education).

At community areas level, data collected via KI illustrate the perceived challenges and issues for their own neighbourhoods. KI interviews - both at community level and at city level (for health and education) - bring an interesting perspective on the types of questions KI are actually able to answer, and which profile of KI is able to provide the most acurate set of data.

This assessment was done in the framework of a global programme aiming at testing a new methodology in collecting and analysing data in out-of-camp settings (more information on p.9).

Mafraq city center

Limitations
Data collected via household survey is only available at city level and for three neighbourhoods, it is therefore not bringing an area based approach lens. At city level, data was collected only for health and education sectors.
Concerning KIs and the analysis of their answers on page 6, please note that the sample remains limited for such exercise.

Please note that in addition to this city profile, community factsheets have been drafted for some key areas and that anonymized full datasets are available upon request.

Part 1 : Understanding areas

Why? International actors often use admininstrative boundaries or their perception of an area as a basis for planning, an approach that does not enable to capture the actual structure of the area, its local features and characteristics, and the communities that define the area. Understanding and delinetaing an area endogenously - with its very own inhabitants - offers the opportunity to apprehend a territory through local lenses and adapt the response to the needs and capacities of the communities: a first step for an adapted, context specific and relevant humanitarian and development response.

What? Beyond commonly used administrative boundaries, "community areas" are defined by their inhabitants: they share common key characteristics, have a feeling of belonging to the area which is delineated by agreed and commonly recognised boundaries. Delineations of community areas are fluid and dynamic, change over time and depend on their inhabitants.

How? Depending on the context and the aim of the exercise, actions are required to understand and delineate areas. Service catchment areas are usually quite straigtforward, and can be mapped in conjunction with service providers and/or the municipality. Community areas are more subjective and require some specific steps:

1. **Background research:** discussion with local staff, municipality stakeholders and key community leaders on official and unofficial boundaries and main characteristics of the city and its neighbourhoods
2. **Mapping Focus Group Discussions (MFGDs):** invite inhabitants from each supposed area to do a participatory mapping. Community members from all background are gathered to discuss and delineate their own area. A "question route" is drafted with local staff, maps are projected on the walls or printed on large paper and participants are asked to delineate their area and describe its main features.

Key findings

- There is a good saturation of data: inhabitants agreed on similar features and boundaries for their community area
- However, profiles of the participants influence the results (for instance women would delineate their areas as smaller than men)
- Community areas greatly differ from administrative neighbourhoods (names and boundaries as described later on)
- Landmarks used to delineate the areas were (i) physical: axis of communication: streets, railways, ditch ("wadis") or (ii) non physical and more subjective, for instance the area where different ethnic population starts to settle, marking a perceived boundary
- Common characteristics: livelihood income, population density, tribal origin or employment pattern were mentioned to define community area
- Socio-economic status seems to be linked to community coexistence and community networks

A participant during an MFGD in Mafraq

A document on the methodology used during Mafraq MFGDs is currently being drafted and will be shared soon.

Participatory mapping of Mafraq

Mafraq city is located in the North of Jordan and has been heavily impacted by the Syrian crisis in the past years, leading to more than half of its inhabitants being of Syrian origins today. The city is defined by a core densely populated, some military zones in the Eastern part and some fairly inhabited areas at the outskirts. Syrian refugees who have settled in the city are usually from urban/semi-urban areas in their country of origin, and have chosen to settle there influenced by the price of the rent and the presence of family if any. Those from rural origin, such as the "Bedouin" community, tend to live in empty areas or tented settlements, where they can cluster based on their tribal origins.

A total of 29 MFGDs and 8 interviews with more than 170 community members (inclusive of male, female, Syrians and Jordanians) were conducted at community level to understand and delineate areas. Common patterns were found among all community areas and the way people define their community, their territory and where they draw the line between their "kin" and people from other neighbourhoods.

Main findings

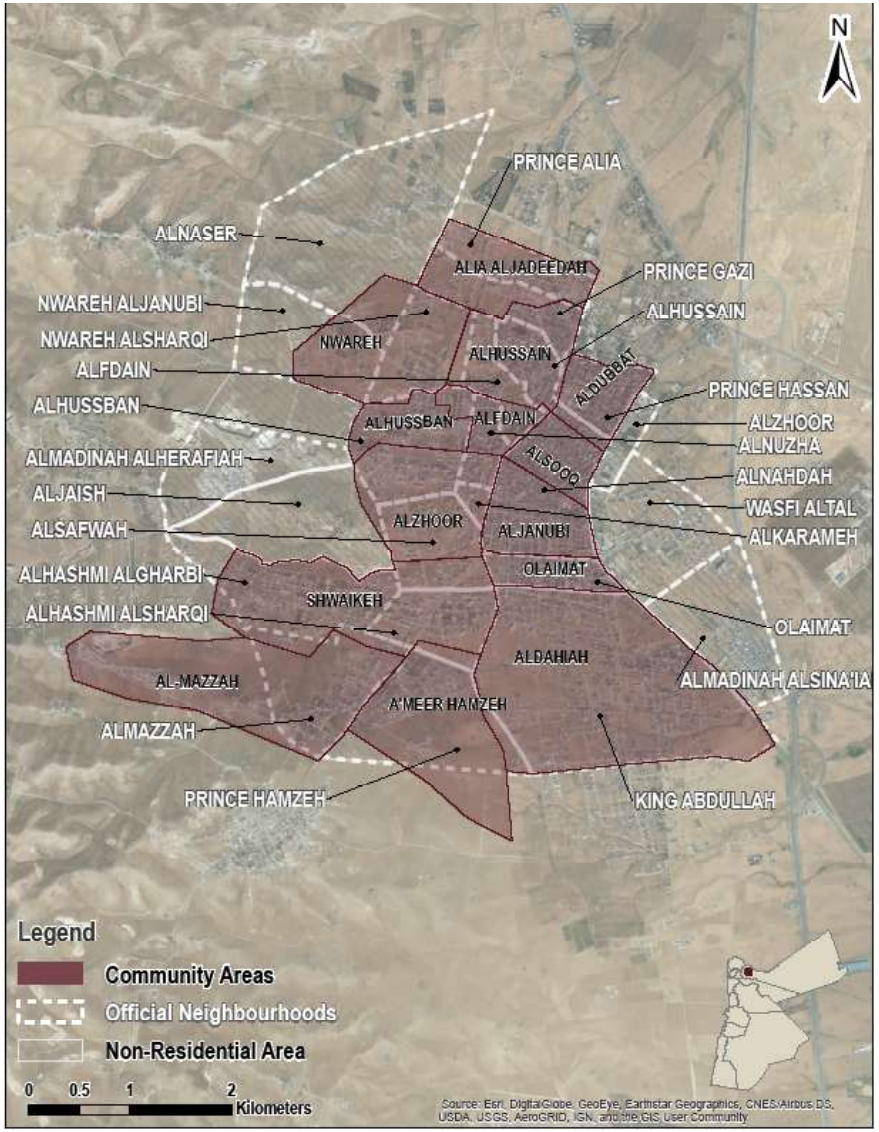
a. Different perceptions

Depending on who participated in the discussions, results would differ. A general tendency was found among women who would delineate their community areas as much smaller. Younger generations would not be aware of the historical boundaries of the area and would only look at its actual features and boundaries. Most Syrians would feel uncomfortable in taking part of the exercise, like if they felt not fully part of the community even if the majority has settled in Mafraq years ago. Finally, in general, people living in the core of a community area do not integrate people living in its periphery as part of the neighbourhood, whereas people in the periphery feel they do belong to the area.

b. Official neighbourhoods vs. community areas:

Mafraq city has 25 official neighbourhoods (last update done by the Municipality in 2016) whereas the MFGDs held with its inhabitants resulted in only 14 community

Communities boundaries vs administrative boundaries, Mafraq City



areas. In most cases, boundaries and names differ – leading to a very different profile of the city as shown below. However, landmarks used to delineate official neighbourhoods were the same used by the community members to define their community areas, although used differently. This could be explained by the fluidity and evolutive nature of networks leading to change in the overall social structure, the growth of the population – shaped by urbanization and various refugees' influxes – as well as the dynamism of communities or the differences between groups of population who cohabit for a while and then feel apart, not sharing the same community area anymore.

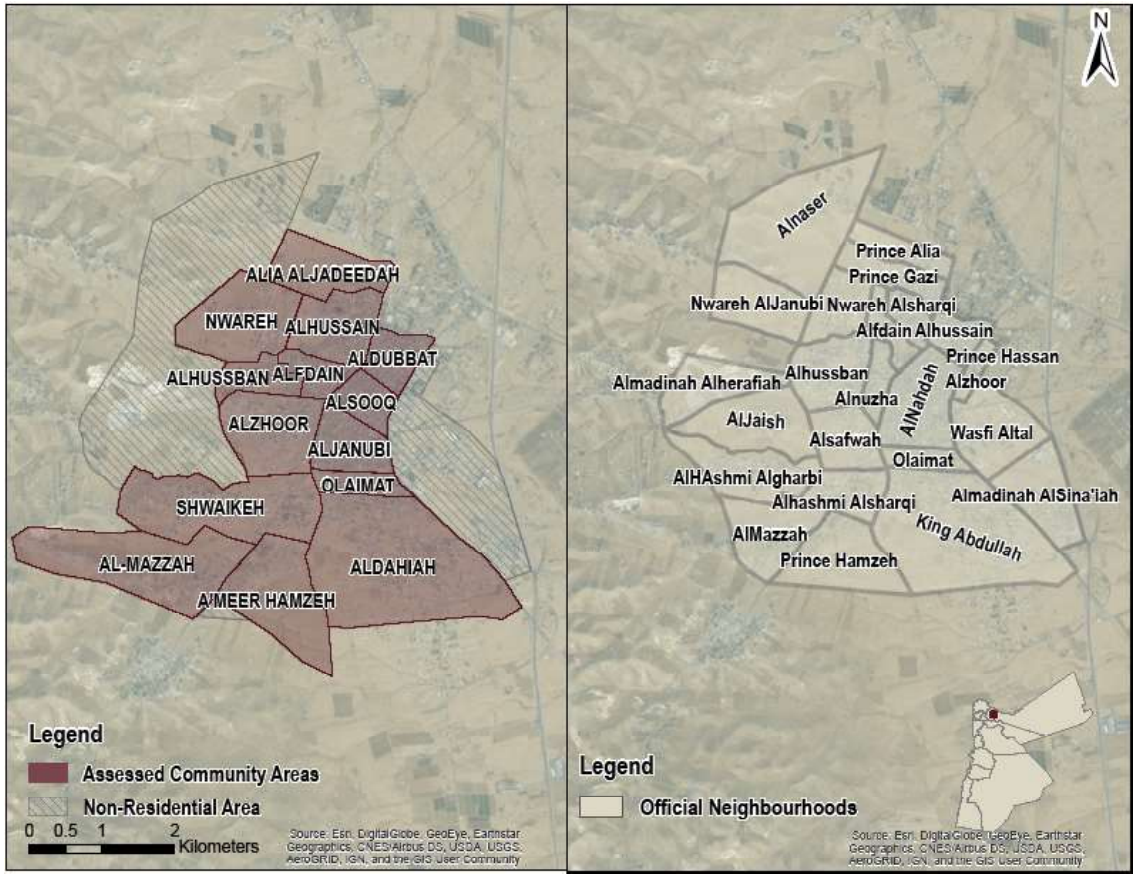
c. Landmarks and boundaries

For both official and community areas, geographic landmarks play a key role (valleys or wadis), as well as communication axis (streets, highways, railways). Mafraq has seven main axis of communication, which serve as perceived boundaries between community areas, especially where population density is high. In areas with less population density (adjacent to the desert) – where one can find newest settlements - wadis are used as boundaries. Density of population and tribes are as well ways of delineating official and community areas.

d. Socio-economic status and tribes:

Level of income was a pre-dominant factor to define a community area: community members with the same level of income would share the same needs and capacities, sending their children to the same private school for instance or being able to pay a high rent. Employment pattern was as well a factor in some cases, such as an area where most inhabitants were military or former ones. Richer community areas seem to have less social networks, less public spaces where to interact like cafés or barber shops ("rich" being relative and defined endogenously, in comparison with neighbouring areas). Whereas in poorer areas – where rents are lower and more Syrians settled – people tend to communicate and interact more, relying on each others due to overcrowded services and government structures. In only two cases the community area was clearly delineated based on the tribal origin of its inhabitants.

Communities boundaries vs administrative boundaries, Mafraq City



About Key Informants

Two different types of KI were interviewed during this assessment:

1. At community level, a total of 320 KI were interviewed. These KI provided data on their community area (vulnerabilities, access to services, daily challenges, etc.)
2. At service/city level, Jordanian professionals, 38 from health and 51 from education sectors, were interviewed on these two specific sectors (access to services, most common challenges such as health issues or school drop-out, etc.). This data collected via KI was then compared to representative household level data, to allow an assessment of the capacity of a KI to answer accurately to specific questions.

General trends and initial findings:

In general:

- Overall, KI were having difficulties in providing precise numbers or percentages, as well as information on individuals (patients / students) - such as precise number of the population facing specific health issues or number of primary school children attending less than three days/week.

At service level:

- Among professionals from the **health sector,** doctors were providing the most accurate information, followed by administrative staff from the local health department. However, both were reliable only when providing approximate figures (interval estimates such as «25%-50% Syrians are suffering from heart disease»)
- KIs from the **education sector** (teachers, headmaster, administrators, etc.) were able to provide very reliable figures for the «interval estimates», and they were as well rather good in providing information on services, for instance distance to services, what could be improved in terms of access and quality of these services, etc.
- KIs from **both sectors** were providing less accurate data on Syrian related questions than on Jordanian related questions, especially KIs from the education sector, for example on figures or percentages for Syrians' school drop-out rates or issues faced by Syrian children in education (access to school, quality of teaching, lack of material, etc.).

At community level:

- KI that have best social connections with other community members (thus, eventually best access to data[1]) are not the commonly used informants for data collection and assessment such as community leaders, imams, etc. Indeed, they represent various kind of socio-economic profiles: self reported «unemployed», business owners or teachers, Syrians or Jordanians. In the majority of networks assessed in Mafraq municipality, self-reported communication between Jordanian and Syrian were limited.
- In some locations, it was very difficult to find community KI that were able to provide information on their own "community area". This could be due to a lack of networks within a defined area (such as residential/wealthier areas) where people may commute outside of their settlement and so rely on wider external networks for exchange of information.

[1] to be further tested in future field pilots.

City level results

Data collected via household survey

This data has been collected at household level in Mafraq city in March 2017, with a rate of 97.5% confidence level and 2.5% margin of error.

Assessment sample

	#	%
Jordanian households assessed:	775	53
Syrian households assessed:	691	46
Household of other nationality assessed:	9	1
Total:	1,475	100

Livelihood

Average number of people in one household: Jordanians **4.9**; Syrians **5.5**

Top three main reported sources of household income in the month preceding the survey:

Jordanians		Syrians	
Regular work	46%	Humanitarian Assistance	62%
Pension	28%	Daily Work	26%
Self employment	14%	Self-employed	5%

Average monthly amount of money generated from their main source of income:

Jordanians 397 JOD **Syrians** 175 JOD

Average monthly amount of money generated from their second main source of income:

Jordanians 247 JOD **Syrians** 100 JOD

Challenges in maintaining livelihood in the past month[1] :

	Jordanians	Syrians
High costs of food and goods	23%	23%
Lack of jobs	24%	31%
Low wages	14%	11%
Physical access to jobs	20%	24%
No challenges	11%	4%

Proportion of Syrian households receiving humanitarian aid in the past month, by type of assistance received:

Food	Cash	Non-food items	Education, vocational training
62%	36%	NFI 11%	0%

Most frequently reported adopted strategies by households to cope with challenges faced in maintaining livelihoods in past month[1] :

	Jordanians	Syrians
Borrowing from family members	52%	64%
Receiving support from neighbours	16%	48%
Not paying rent	6%	48%
Selling household asset	6%	34%
Sharing cost with host family	1%	23%
Selling food vouchers	0%	29%

[1] Multiple choices could be selected.

Full datasets available upon request.

City level results

Data collected via household survey

Health

Top three reported use of medical services in the last six months[1] :

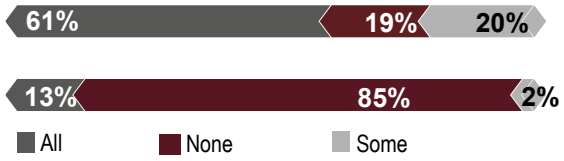
Jordanians		Syrians	
1. Public hospital	**66%**	**1.** NGO/ UN Health clinic	**84%**
2. Private hospital	**29%**	**2.** Public hospital	**24%**
3. Pharmacy	**30%**	**3.** Pharmacy	**20%**

Challenges in accessing healthcare in the past month:

Jordanians		Syrians	
Overcrowded facilities	**34%**	Overcrowded facilities	**45%**
Lack of medical staff	**33%**	High costs of medication	**32%**
High costs of medication	**29%**	High costs of treatment	**32%**

Average time to access a health facility:		
	Jordanians	**17 min**
	Syrians	**21 min**

Number of household members per household, who currently have health insurance:



82% of Syrian households reported using humanitarian assistance to cover entirely or partly their healthcare expenses.

Education

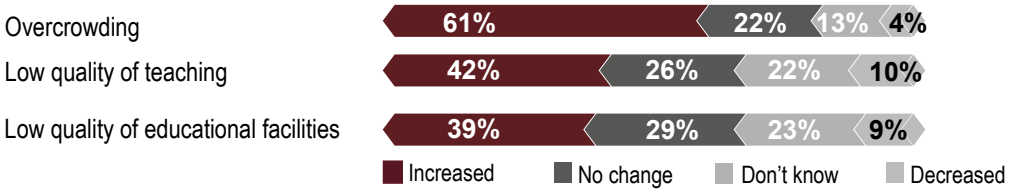
93% of Jordanians school-aged children (aged 6 to 17) were reported attending formal school vs **67%** of their Syrian peers.

Top three households reported challenges in accessing education services in the last year[1]:

	Jordanians	Syrians
Distance to school	**24%**	**29%**
Financial constraints	**7%**	**25%**
Insufficient quality of available services	**29%**	**12%**

Average time to access primary school for all children:	**13 min**
Average time to access secondary school for all children:	**15 min**

Most reported perceived changes in education services provision by households in the past five years:



Shelter

Main shelter issue in the past month (February):

Jordanians		Syrians	
Damp walls	**46%**	Damp walls	**76%**
No issues	**38%**	Leaking roofs	**33%**

[1] Multiple choices could be selected.

About the global programme

This area-based city profile has been developed as part of a programme led by IMPACT initiatives and ACTED, within the framework of their initiative AGORA, supported by BPRM and in partnership with UNHCR. Recent displacement trends show that up to 60% of refugees do not reside in camps or designated areas, but within host communities and increasingly in urban areas, challenging humanitarian response and bringing a new set of opportunities. This programme aims at developing a new methodology for area-based approach to assessment and analysis in out-of-camp refugee contexts.

As recognised by UNHCR, out-of-camp responses require: "planning on the basis of data, information and analysis […] supported by effective information management systems and the better use of available macro-economic and community-level data"[2]. In order to achieve this, it is essential to establish clear communication channels with refugee and host communities to understand local dynamics, vulnerabilities and capacities and inform aid planning in a given area.

In the course of the programme IMPACT will develop and field-test a toolbox on collecting information about refugees and host communities in a given area using Key Informants. By developing a framework for Key Informant area-based data collection, the toolbox will contribute to the broader body of knowledge on area-based coordination and responses by humanitarian actors. The toolbox will enable aid actors to collect consistent and relevant information on host and refugee communities in a specific area, for more efficient planning and delivery of aid. In spring 2018, once the methodology has been refined through the field pilots and the toolbox finalised, regional trainings and presentations will be hold to share this new approach with aid actors.

Mafraq in Jordan has been the first location where the methodology has been piloted. In order to mutualise lessons learned and practices from the field pilot a national steering committee has been established at Jordan level, comprising members from the Jordanian authorities (MOPIC and MOI at district level), BPRM, UNHCR, World Bank, IRC, ACTED, DRC, Caritas and Handicap International. Steering committee members' involvement has been instrumental in ensuring that the piloting of the approach was relevant and contextualised to Mafraq and Jordan in general and that feedback and inputs at field level were incorporated into the methodology.

[2] UNHCR "Policy on alternative to camps", 2014

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