Incentive-Based Volunteering in Zaatari Camp
Basic Needs and Livelihoods Working Group

February 2020

As a result of the lack of livelihoods opportunities in Zaatari camp, UNHCR and partners have focused their efforts on providing a significant number of services through Incentive-Based Volunteering (IBV); an initiative in which refugees are remunerated for supporting partner programming in the camp. IBV activities are coordinated by the Basic Needs and Livelihoods Working Group (BNLWG) and partner members, who during 2015 developed IBV guidelines that aim to promote equal IBV opportunities to all refugees in the camp, and improve information management about the active IBVs by harmonizing the IBV approach of humanitarian actors. To facilitate the continuous development of the IBV guidelines and increase the transparency of IBV activities in the camp, the BNLWG has developed an IBV factsheet. This factsheet is based on the information that humanitarian actors in the camp provide to the BNLWG about their IBV activities at the end of each month.

Key Figures for February 2020

Total camp population (18+): 31,075

Total camp cases: 15,580

- Total number of IBVs: 4,109
- Percentage of IBVs: 13%
- Total number of cases engaged in IBV: 4,049
- Percentage of cases engaged in IBV: 26%
- Total amount spent on IBV activities: 590,236 JOD

- Total number of cases with more than one IBV: 60
- Total number of vulnerable IBVs: 726
- Total number of IBVs who have vulnerable family member: 869

Number of duplications identified*: 4
Number of duplications resolved*: 4

* Duplications indicate that an individual was selected to be engaged in IBV activities by two different organisations during the same period.
* 1 case had more than one IBV during the same time period (Duplication) while 59 cases had more than one IBV during the same month but on different dates.
*** UNICEF has not submitted its spent amount.

District of residence

Percentage of cases engaged in IBV in each district:

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<th>District</th>
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Participating agencies

Number of IBVs by camp partners:

- UNHCR: 1,370
- UNICEF: 665
- Oxfam: 241
- UN Women: 235
- NRC: 305
- WVI: 289
- Blument: 284
- ACTED: 214
- SC-JO: 172
- Relief International: 118
- Other: 351

BNLWG response to community feedback:

In February, IBV was not discussed at any community gatherings* held across the camp.

* Community gatherings are a two-way communication forum between Syrian refugees and camp partners to find solutions to community problems in Zaatari camp. Each gathering hones in on one primary topic.

Feedback: UNHCR section:

In February, UNHCR IBV data management team provided the following feedback regarding IBV activities:

- Agencies should share the list of potential IBVs with UNHCR to check their eligibility before 3 working days of engaging them in any activity.
- Agencies must adhere to the rotation and Break-in Service mechanism that outlined in the SOPs.
- UNHCR should be informed immediately when fixed or rotational IBV cease to be employed by agencies.
- Agencies should use the IBV module on RAIS to conduct pre-eligibility check before engaging individuals in IBV activities.

Gender of IBVs

Proportion of IBVs by gender:

- Male: 61%
- Female: 39%

Position type

Proportion of fixed or rotational positions:

- Rotational: 70%
- Fixed: 30%

Skill level

Proportion of IBV position skill level:

- Semi-skilled: 37%
- Skilled: 31%
- Highly-skilled: 23%
- Technical: 9%

Vulnerabilities

39% of IBVs and/or their family members had vulnerabilities.

Proportion of vulnerabilities identified:

- Serious medical condition: 45%
- Disability: 27%
- Single Parent: 20%
- Older person at risk: 4%
- Women at risk: 4%

IBV Sectors

Proportion of IBV positions by gender/sector:

- UNHCR: 20%
- Education: 17%
- Child Protection: 9%
- Community Mobilisation: 6%
- Shelter: 4%
- Basic Needs & Livelihoods: 1%
- Health: 2%
- Food: 1%

Male: 44%
Female: 56%

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*All reported figures and analysis on this factsheet are based on the Incentive-Based Volunteering data submitted by humanitarian actors in Zaatari camp for February, and are therefore not representative of the IBV who were employed by agencies who did not submit their data or have submitted incomplete data. Further, the analysis covers the total individual IBV reported as active during February, rather than the number of positions filled.