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ACRONYMS

CPs	Cooperating Partners
EDP	Extended Delivery Point
FDP	Final Distribution Point
GAM	Global Acute Malnutrition
GFD	General Food Distribution
GoS	Government of Syria
HB	Haemoglobin
HH	Household
IPs	Implementing Partners
JAM	Joint Assessment Missions
MoH	Ministry of Health
MOU	Memorandum of Understanding
MUAC	Mid Upper Arm Circumference
NFI	Non Food Items
P/L	Pregnant/Lactating
PDM	Post Distribution Monitoring
PDS	Public Distribution System
SARC	Syrian Arab Red Crescent
SFP	Supplementary Feeding Programme
SPC	State Planning Commission
TFC	Therapeutic Feeding Programme
UNCT	United Nations Country Team
UNHCR	UN High Commissioner for Refugees
UNICEF	United Nations Children Fund
W/H	Weight for Height
WFP	World Food Programme
WHO	World Health Organization

Organization of the report

The report is organized into following sections:

- Executive Summary
- Section I: Background and Methodology
- Section II: Key Issues of concern relating to critical food and non food assistance
- Section III Additional factors
- Matrix summarizing findings and recommendations
- Annexes
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Executive summary

There are an estimated 1.4 to 1.5 million Iraqis currently residing in Syria, between 75 and 90 % of them residing in the Greater Damascus Area, the remainder are in towns and rural locations around Syria. All indications point to rapidly increasing vulnerability of segments of the population as savings run out and visa restrictions inhibit movement from Iraq, as many Iraqis relied on frequent contact with Iraq to receive food rations, pensions or their families bringing in goods and remittances. The new visa regulations have interrupted the influx of refugees, and, at the same time, made it almost impossible to obtain a visa extension.

These factors in addition to uncertainty around their status and residency and limited access to free services and assistance are stretching families ability to cope beyond breaking point. Since the end of Ramadan it is estimated that up to 1000 people per day have been leaving Syria for Iraq for various reasons, amongst which is the inability to sustain themselves in Syria any longer. This is a situation which will need close monitoring. For the majority, return is not an option, their houses have been confiscated, livelihoods lost and they live in genuine fear for their lives. Many continue to live in the hope of moving on to a third country, especially among the registered refugees, however resettlement to a third country will benefit very few. Daily movement into Syria prior to the visa restrictions being implemented had been in the order of 3,000 at its peak with 1,000 traveling the other way. The full impact of the new visa restrictions which has yet to be felt has led to a great deal of uncertainty and misinformation. There were also a number of protection concerns around expired residency and fear of deportation.

Contrary to previous reports, movement of refugees outside Damascus to other areas in Syria appears to be limited. Many opt to stay in Damascus for a number of reasons: large refugee community, more job options, easier access to the Iraqi embassy, UN etc. The high costs associated with moving to a new area are also a deterrent. Options of livelihoods apart from ad-hoc jobs in the informal sector continue to be limited and it is increasing vulnerability. The major expenditures continue to be food, rent and medical supplies. Major worries revolve around payment for medicines for chronic conditions and the ever increasing costs of food in Syria.

Lack of information was highlighted as a serious gap for all aspects impacting the lives of Iraqis residing in Syria. Information provided to the refugee community is very poor and is largely limited to rumors and word of mouth in the refugee community. Some, a few, get some information from the TV or radio but by and large they do not know where to go to look for information, if it exists, be it about services being provided or the changes in the residency requirements.

UUHCR registration has entailed a long waiting period and travel, although the organization has consistently maintained an open-door policy to any refugees and asylum-seekers who indicate their wishes to be registered UNHCR currently operates only one registration site dedicated to new Iraqi registration in the country, in parallel to the registration exercise in the Damascus Head Office for verification/amendments/renewal of expired Protection letters on the one hand and the newly launched mobile registration outside Damascus.

The registration site for new registration is located in the outskirts of Damascus. To queue for an appointment takes 5 to 6 hours and the waiting time for appointments can be up to nine months¹. During this waiting period, the registration appointment slip entitles the holder to subsidized medical services, but access to other services and assistance is not available until completion of registration, creating a difficult situation for many refugees. With the introduction of a shorter registration modality and increased capacity to register, the waiting period is expected to decrease. While public transportation from Damascus to Douma is available access to the registration site in Douma can be inconvenient and costly, even for those residing inside Damascus. Those residing outside Damascus often lack information on its location and procedures. In addition there is confusion about the UNHCR refugee certificate; refugees remain unclear about its value and function– is it protection/residency/or services that the holders are entitled to? The above constraints negatively affect the most vulnerable population, who do not/cannot access registration. UNHCR's Community Services and Protection have been undertaking identification of such cases but the scale has been limited, reflecting the constraints of manpower and resources among the existing agencies, dealing with refugees. A lack of coordination and information sharing appears to exacerbate this. There remains a fear that UNHCR's capacity to register will not keep up with need and partnerships with NGOs and others will be required to pre-identify those most in need of assistance.

Until recently, only SARC had the capacity to register Iraqis requiring assistance outside of Damascus as well as needy refugees inside Damascus. A mechanism needs to be put in place whereby those identified by SARC can be swiftly channeled into UNHCR registration process..

SARC is responsible for coordinating the activities of INGOs though out Syria, and it expected that an MoU with 14 international NGOs will soon be signed, these NGOs will cover health, education, NFI and community services.

Targeting criteria for those to receive food assistance was too rigid and excluded many of those in need, however it is recognized that even an improved system, while increasing coverage, will still leave many vulnerables excluded, and thus there is a need for active identification of the unregistered vulnerables in the community. Targeting criteria have not been applied to recipients of assistance outside Damascus, and the new criteria need to be shared with all SARC offices.

There have only been two main food distributions so far this year and refugees were alerted via SMS. The SMS in the food distribution appears to have worked. Most refugees were satisfied with the actual distribution process, although there was confusion about where to go for the distribution. An assessment of the markets indicates that a food voucher system could be an appropriate form of assistance subject to government approval and the operational details elaborated.

School Enrollment has increased this year from 30,000 to 47,000 but is still low. However registration in school was reported to be easier in September than earlier and schools are conducting tests for 1-9 grade. Most families interviewed have at least one child in school, thus ensuring their residency for at least a school year. Some families opt to send some children to

¹ Amendment: Currently, queuing for an appointment takes 1 to 2 hours inclusive of information/awareness session. The waiting time for appointment was later reduced significantly. At present, an average of 150 cases (families) are registered per day.

school (private) and keep some at home. Older adolescents are working rather than being in school. Some children are traumatized and others have documents missing which precludes school registration. To ease the capacity constraint on the schools UNHCR is building additional classrooms in schools with a high concentration of refugees, double shifts are also being implemented.

Expenditures on health are a cause for concern amongst the Iraqi population. The burden of chronic disease is high. Cardiovascular disease and Diabetes are common conditions in Iraq and equally so amongst Iraqis in Syria. The Syrian Arab Red Crescent, supplies basic essential drugs to Iraqis, for a nominal fee but not those for the conditions aforementioned, this represents a huge burden for many.

SARC's work throughout Syria is to be commended, they are key providers of not only the UN's assistance packages but their own, SARC is largely staffed by volunteers and is understaffed for the magnitude of the task. Likewise the generosity of the Syrian people, without whose assistance many Iraqis would be in extremely dire straights, is exemplary.

Against the background of a prolonged crisis in Iraq, the economic situation of very many Iraqi refugees in Syria will deteriorate, thus increasing their vulnerability, which is reflected in the adoption of very short-term livelihood strategies by high percentage of the population. Even with the introduction of a more restrictive visa regime, the number of refugees in Syria is still likely to remain high. The problem is huge and assistance being provided is uneven. Currently, about 6,000 families (or about 30,000 beneficiaries) are receiving food assistance through WFP's Emergency Operation (EMOP) 10604.0. For next year, assistance is planned to reach a larger number of refugees, an average of 199,000/month. Improved co-ordination is required and a gaps analysis needs to be undertaken. A scale up in the intensity and scope of the operation is urgently required.

SECTION I

Background

In the past four years, the number of Iraqis who have been displaced by violence, both within Iraq's borders and in neighboring countries, has increased drastically. Of the estimated two million Iraqis who have sought protection in neighboring countries, an estimated 1.4 million to 1.5 million are presently in Syria, swelling the Syrian population by 8 percent and placing a huge strain on domestic social services. According to the government, the cost of hosting Iraqi refugees stands at US\$1 billion per year, a figure which they complain the international community is not helping them meet.

Iraqi refugees have come to Syria over the course of the past 25 years. The first wave came in the 1970s and 1980s, following the first Gulf War. The Syrian-Iraq border remained closed throughout the 1990s, and only re-opened in 2001-2002. The second wave of Iraqi displacement began in 2003 as a result of the US invasion. However it is estimated that most Iraqis have left Iraq during the last year or so (June 2006 to October 2007), as the security situation has deteriorated significantly there. On October the 1st 2007 Syria re-imposed rules barring entry to Iraqi refugees. Iraqis will now require visas, and visas will be limited to business people, scientists and academics. Prior to the border closure it is reported that up to 3,000 Iraqis entered Syria every day at its peak with circa 1,000 traveling in the opposite direction. The visa restrictions have slowed the exodus of refugees from Iraq from several thousands to less than few hundred people per day, but on the other hand it was reported that around 1,500 people were leaving Syria for Iraq in the month of October 2007. The movement after second half of November 2007 was normalized at daily average of 1,000 persons for entry and return.

The Iraqis who have come to Syria in the past four years come primarily from urban areas and represent diverse backgrounds. Many left as a direct result of conflict, mostly from the rising sectarian violence, especially recently. Some have left for economic reasons. Many came because they needed health care which was not available in Iraq. In some cases, Iraqis came to Syria with their entire families while in other cases, individuals come alone for their safety. Syria, rather than in other countries, is hosting the largest population of Iraqis for a number of reasons: geographic proximity, and up to recently simple entry requirements, although Iraqis have needed to leave the country periodically to renew their entry stamps. Most Iraqis use buses and collective taxis to reach Syria although the roads are increasingly dangerous for those traveling overland to Syria. More recent arrivals generally do not bring much money with them because they fear insecurity on the road.

The largest area of Iraqi concentration in Syria is the greater Damascus urban area where they have established communities in specific neighborhoods. Jaramana, Sayyida, Zeinab, Masakin Berza, Qudsia and Yarmouk. Unlike other large refugee crisis almost all Iraqi refugees are living in apartments. Because of the high demand for housing in 2007 prices have risen considerably when compared with last year. The rent of 2 room apartments increased from 7000-8000 SP in 2006 to 12000 to 15000 in 2007. Many Syrian citizens are experiencing the same price increases. Unlike in Jordan, few Iraqis buy property in Syria nonetheless prices for real estate are increasing.

In terms of access to services, Iraqis who have the means to do so visit private doctors and clinics. Poorer Iraqis can only visit the UNHCR-funded Syrian public health service for emergency and primary health care, Syrian Arab Red Crescent clinics and Syrian charitable organizations that also provide some health services.

According to a recent report issued by Refugees International the government has shown interest in working with the international community to address the needs of the Iraqi population, but many Iraqis still can not access basic services, as the population is growing too fast for Syria to adequately respond to all needs. Moreover, the Syrian government is not currently able to offer specialized medical care to Iraqis for problems such as cancer and heart diseases. The International Committee of the Red Crescent is concerned about the inability of the current water system to provide clean water in neighborhoods where Iraqis live because of the growing numbers in these areas, residents now have to buy their water.

UNHCR and WFP's collaboration to address the needs of Iraqi and Palestinian refugees commenced in January 2007 when a three-month emergency project was approved in favour of 6 645 vulnerable refugees from Iraq. In February 2007 WFP undertook a Rapid Food Assessment to prepare a 9 months project to start from April 2007, the objective of which was to meet the basic food needs of up to 30 000 beneficiaries to address the food insecurity caused by increasing household expenditures, especially housing costs. The first general food distributions took place in September for 33 000 beneficiaries, and beneficiary numbers are planned to reach 45 000 by the end of this year.

By October 2007, UNHCR registered 120,000 individuals, but it has scaled up its registration capacity to address the ever-increasing interest in registration. In June 2007, UNHCR expanded their original appeal to support the internally displaced inside of Iraq and refugees in Syria with registration, protection, non-food items (NFI), complementary food assistance, health services and education. Another joint appeal issued in July 2007 by UNHCR and UNICEF looked specifically at the inclusion of Iraqi children in the formal and informal educational sector in Syria and Jordan. WHO provided technical support to the Syrian Ministry of Health (MoH) for a health assessment that appears to show an increased prevalence of chronic malnutrition among Iraqis under-five years old. The assessment resulted in an appeal on September 2007 by WHO, UNHCR, UNICEF, UNEFPA and WFP; worth US\$ 40 million that received a very weak response from donors.

Methodology

This Joint Assessment Mission (JAM) was conducted under the existing framework of UNHCR and WFP's Memorandum of Understanding which requires periodic review of all joint operations. A JAM is a technical document which aims to provide an analysis of the functioning of the current operation and give guidance for future phases; and thus, while some stand-alone food security assessments have been undertaken; this will constitute the first JAM proper for this operation. This is also the first JAM to be undertaken in an urban rather than a camp setting.

About one month before the commencement of the assessment, WFP and UNHCR held consultative meetings to agree on the modalities for undertaking the assessment. As part of the build-up to the commencement of fieldwork, WFP and UNHCR compiled documents and secondary data required.

Prior to undertaking the field visits three meetings were convened in Damascus, to discuss the Terms of Reference and agree the assessment methodology. The first discussion on the ToRs (Annex 1), led to their complete revision to reflect the pressing issues of concern, namely targeting and registration. A sub working group was set up to reach consensus on targeting criteria prior to the mission taking place. A lessons-learned exercise was also conducted to review the effectiveness of the delivery of assistance during the first two EMOP periods, (Annex2).

Two additional pieces of work were commissioned. The first was a review of market conditions, (ToRs, Annex 3) conducted by a markets specialist from WFP's Regional Bureau. The specific objectives of the assessment were to assess of the feasibility of cash/voucher program in providing assistance through:

- Analysis of the governmental food subsidy system, and advice on its suitability for the implementation of a cash/voucher program.
- Assessment of the functioning of markets (food commodities, housing and labour) with regard to Iraqi refugees and their areas of concentration.
- Exploration of possible impacts (positive and negative) of a cash/voucher program on markets. Special focus to be placed on prices for food commodities and rent.
- Analysis of food prices in markets in Damascus, rural Damascus and in cities with a high concentration of Iraqi Refugees.
- Assessment of the dependence of vulnerable groups on markets with regards to their livelihoods and access to food.
- Assessment of food demand: national consumption estimates, per capita consumption (by commodity) and Iraqi food consumption habits and preferences as well as local consumption habits and preferences

The second task was undertaken by the assessment branch in HQ to design a questionnaire to be used during the assessment (Annex 4). This questionnaire was reshaped through meetings with the JAM team to include questions related to, barriers to registration, and the impact of the visa restrictions on future food security. WFP staff members with experience in administering questionnaires led the participants through them. The teams were briefed to purposively try to identify, select and include non registered refugees as well as registered refugees as part of the exercise (most assessments conducted to date have focused on registered and thus easy to find refugees.) Sites to visit were chosen purposefully to be in the poorer neighborhoods where large numbers of Iraqis reside.

The logistics matrix and team composition are in annex 5.

The primary data was collected and compiled by the assessment teams, using a combination of eight focus group discussions, interviews with households and individuals and representatives of key agencies involved in refugee operations. One hundred and eighty eight questionnaires were administered. The household survey interviewed both registered and non registered refugees, specifically to;

- Determine whether current targeting and distribution arrangements succeed in providing assistance to different groups of refugees according to need.
- Identify the barriers to registration
 - Determine the extent to which the refugees, or different groups among them, are able to meet the food needs of their families and how the level of self-reliance can be expected to change during the next 12-24 months.
 - Understand better the income and expenditure pattern and food sources through a household livelihood analysis to determine their level of self-reliance, dependence on markets, etc.
- Identify risk factors related to the border closure impacting on the food security of the refugees.

The mission members also were charged with looking at the following issues:

- 1) Population numbers: targeting, registration processes and Government Policies
- 2) Food security, food basket, health and nutrition, vulnerable groups.
- 3) Delivery of Food Assistance. Logistics and supply of non-food items (NFI).
- 4) Coordination.

SECTION II: KEY ISSUES OF CONCERN RELATING TO CRITICAL FOOD AND NON FOOD ASSISTANCE

Food security

Syria's strategic agricultural crop is wheat, in which the country is self sufficient. While wheat production in 2007 was lower compared with previous years, with an estimated production of 4 million tons, the country will still be in a position to export 700,000 tons. The Government encourages production by buying wheat from farmers at subsidized prices and makes sure it keeps the stocks in its national reserves at around 4 million tons. Wheat consumption should continue to grow, fuelled by the rising number of Iraqi refugees (about 1.5 million), which now account for about 8 percent of Syria's total population. Total consumption is estimated at about 4.7 million tons this year up from 4.35 million tons in 2006. Wheat imports, all by the private sector, are expected to stand at around 200,000 tons in 2007.

Other major staple food commodities, such as rice and sugar, are imported. Vegetable oil as well as pulses are from local production as well as from imports. All basic food commodities are available in sufficient quantities all year in all markets and shops. This applies to fruits and vegetables (according to the season) meat and dairy products.

The large influx of Iraqi refugees has considerably increased demand for food commodities, resulting in price increases. Price increases in international food commodity markets have also added to the price hike. This makes it increasingly difficult for poor populations and refugees to acquire necessary quantities of food. Compared with 2005, prices increased in 2007 particularly for bread: 30%; wheat flour: 50%; potato: 90%; tomato: 43%. Prices were relatively stable compared with previous years for other basic food commodities such as sugar, rice, vegetable oil (mainly imported) with only a slight increase registered. Basic food commodities such as wheat flour, sugar, rice are exported in larger quantities to Iraq by private Syrian traders, adding to high demand in Syria however precise figures for this trade are not available.

Prices of food commodities are likely to remain high or to further increase in coming months which will also depend on the number of refugees. Inflation has come down in recent months to around 5% from 10% in 2006. In areas with high concentration of refugees, food commodities are sufficiently available in all shops and markets. In areas with poorer populations, food prices are lower, often due to the low quality of food. There are a number of specialized shops which offer food and other commodities preferred by Iraqis.

Government food subsidy system

The Government subsidizes basic food commodities such as bread, rice and sugar. The price of subsidized bread (1kg) is about 12 SP per kg (US\$ 0.24), whilst wheat flour prices are in the range of 8 SP for subsidized flour, and around 20-25 SP in the open market.

The objective of the Government food subsidy system is to keep prices of basic food commodities low and to provide cheap access to food particularly for the poorer parts of the population. Bread, sugar and rice are the principal subsidized food items. Whilst subsidized bread is sold in almost all shops, sugar and rice is distributed through a voucher system by Government shops. All people residing in Syria are entitled to receive a card/voucher for subsidized food items. Every card holder is entitled to receive 0.5 kg of rice (at 6 SP) and 1 kg sugar (at 10 SP) per month at a subsidized price. According to the Ministry of Economy & Trade, the vouchers are currently issued to about 6 million families. Vouchers are printed on

special paper to avoid misuse. However, this involves relatively high costs. For distribution, the Government uses (i) Government shops, (ii) shops owned by consumer cooperatives, and (iii) private shops. Government shops offer other food items at generally slightly lower (although not subsidized) prices compared with private shops. The Government prefers distribution through its own shops and although the network of Government shops is wide spread, it does not reach every corner of the country. The Government is considering a revision of the current food subsidy system, with the objective of achieving better targeting of assistance to poor and vulnerable parts of the population.

Iraqis are considered guests and are consequently excluded from the national food subsidy system.

Factors affecting the food security of Iraqi refugees

The refugee population consists of relatively wealthy as well as poor populations. Some still have enough income or savings for a decent live. Others have no savings and very small incomes, insufficient for a decent life and for the purchase of required food commodities.

Almost all Iraqi refugees live in apartments. Because of the high demand for housing, in 2007 prices rose considerably compared with last year. The rent of 2 room apartment (where the majority live) increased from 7000-8000 SP in 2006 to 12000 to 15000 in 2007. Many Syrian citizens experienced the same price increases.

According to the Brookings institute, Iraqis fleeing to Syria overland in the past year to eighteen months do not bring much money or jewelry with them because they fear looters on the road. Most carry only a small amount (\$50-200) to cover expenses on route. Frequently, these funds run out before steady employment can be secured, and many Iraqis must make trips to Iraq to sell off cars and other valuables. The majority of refugees have been surviving on money saved earlier and assistance from relatives

Because employment is illegal for refugees, most of them have difficulties in finding jobs to support their families. International observers estimate that 55 percent of Iraqi men and 80 percent of women are unemployed. UNHCR, UNICEF, WFP: "Assessment of the Situation of Iraqi Refugees in Syria," March 2006, p. 15 stated that nearly 50 percent of Iraqi refugees interviewed in Syria reported that they were unemployed. This finding is similar to that found during the July 2007 Ministry of Health (MOH), UNICEF and WHO Rapid Assessment which showed that 62% of household heads were unemployed, while 35.8% work. The figure for the current assessment is down to less than 20%.

Those who have found work have integrated themselves into Syria's labor market in many different ways. For the most part securing employment involves jobs in the informal sectors of the economy: like waiters, petty traders, construction laborers, cleaning ladies, and so on.. The unemployment rate for Syrians is also high at around 20%.

Previously (prior to the visa restrictions being imposed) some Iraqis got rental income from properties they may have in Iraq, although many Iraqis informed the mission that their houses had been confiscated by one militia group or another, others drew government pensions and even salaries while in Syria. Loss of pension entitlements was mentioned by many interviewed. Some of them have been traveling back to Iraq to take the money personally. Another resource for Iraqi

refugees was the PDS food rations which most Iraqi families in Iraq are entitled to. Friends and family took the rations in Iraq and sent them to Iraqis in Syria. However, even prior to the visa issue, this had slowed down and has not been available for many months although some families still were consuming the remainder of their rations. The PDS is no longer functioning in Iraq as it once did, and the mission was informed by some Iraqis that the ration cards of non resident Iraqis had been revoked.

There are Iraqi businesses, restaurants, travel agencies, internet and phone services, coffee shops, etc. but Iraqis usually work with a Syrian partner. The latter will register the company, while giving his Iraqi counterpart some form of guarantee against receiving monthly payment (rent) from his Iraqi counterpart. A number of Iraqi merchants do business with Iraq. With the lack of electricity and insecurity in Iraq, Iraqi businessmen have started producing manufactured goods (like water tanks, pipes, construction materials) in Aleppo and exporting them to Iraq.

However those fleeing from their homes over the last year, are entering Syria with less resources and less time to prepare their departure from Iraq than those arriving over the last few years. This means they are crossing the border and are totally reliant on their available cash and social networks to pay for their housing, medical, food and non-food needs whilst in Syria. According to our questionnaire the highest share of refugee household expenditure is for housing, followed by food, and medical treatment.

Food insecurity caused by limited purchasing power is a situation which grows worse for many Iraqi families with the passing of time as their savings run out. The government of Syria reports that 27 percent of Iraqi refugee families arrived in Syria with no breadwinner

The WFP assessment conducted in February 2007 concluded that: New arrivals are spending their money more quickly than they anticipated as the cost of living in Syria has recently become more expensive than in Iraq. Households reported spending twice as much money on food in Syria, with the better off families spending USD \$3 per person per day and the poorest reducing their spending to USD\$0.50 (this is very close to the market value of a full WFP food ration of basic commodities). This is true of both rural and urban areas.

There are other vulnerable Iraqis in Syria: destitute families, elderly or handicapped individuals who may not have a family or a community to rely on and they remain hidden. Some are assisted through existing structures – Syrian state health and education services, the Syrian Red Crescent, various Syrian charities – all of which are increasingly overburdened. However, it is felt that many are falling through the net. UNHCR has a small cash grant program for refugees with urgent cash needs.

The impact of the recent border closure is very likely to be that the income situation of many Iraqi refugees will further deteriorate in the near future, and it will very soon be felt by the segment of the population relying on frequent contact with Iraq to replenish their means, whilst remittances and food transfers from Iraq are likely to further decline, and more Iraqis will become poorer and more dependent on external assistance.

Analysis related to food security

As can be seen from the tables below, Iraqis interviewed live on a limited diet comprising largely of cereals, sugar, oils, tea. Only eggs provide the protein regularly and other foods are eaten on a limited basis. These diets not only low in good quality protein, but are also deficient in micronutrients, which will contribute to poor nutritional health, anemia and stunting are already prevalent.

Food consumption

Table 1: Frequency of Food Consumption by Food Group and Item of all households

Food Group	Food Item	Never/Rare (0-2/week)	Sometimes (3-4/week)	Frequent (5-7/week)
Cereals/Carbohydrates	Bread/Pasta			
	Rice			
	Potatoes			
Meat and Beans/Proteins	Canned meat			
	Chicken/Lamb			
	Canned fish			
	Fish			
	Eggs			
	Lentils/beans			
Dairy Products	Powdered milk			
	Yogurt			
	Liquid milk			
Oil and Fats				
Vegetables and Fruits	Vegetables			
	Fruits			
Sugar/sweets				
Other	Tea			
	Soup			
	Infant formula			

Table 2: Average Number of Days Food Items consumed per week for all households

Food Item	Number of Days Consumed Per Week	Food Item	Number of Days Consumed Per Week
Bread/Pasta	6.88	Yogurt	2.04
Rice	4.73	Liquid milk	0.98
Potatoes	3.00	Oil and Fats	6.36
Canned meat	0.93	Vegetables	5.34
Chicken/lamb	1.59	Fruits	2.27
Canned fish	0.48	Sugar/Sweets	6.63
Fish	0.18	Tea	6.74
Eggs	4.43	Soup	1.71
Lentils/beans	1.65	Infant formula	1.44
Powdered milk	1.79		

The canned items in the diet come from the food packages distributed by UNHCR. Iraqis in general prefer not to eat canned food. The survey revealed that 41% of adults and 28% of adolescent eat less than three times per day, more worrisome is the frequency of meals consumed by a large percentage of small children.

Table 3: How many times/day did Adults eat yesterday?

	Frequency	Percent	Valid Percent
1	11	6	6
2	65	35	35
3	109	58	59
4	1	1	1
Total	186	99	100
Missing System	2	1	
Total	188	100	

Table 4: Frequency of Food Consumption by Food Group and Item of all households

	Frequency	Percent	Valid Percent
0	5	3	3
1	6	3	4
2	41	22	26
3	91	48	59
4	7	4	5
5	1	1	1
Not applicable	4	2	3
Total	155	82	100

Table 5: How many times did the children 0-4 yrs eat yesterday?

	Frequency	Percent	Valid Percent
0	26	14	23
1	2	1	2
2	15	8	13
3	55	29	48
4	6	3	5
5	2	1	2
6	4	2	3
8	1	1	1
Not applicable	4	2	3
Total	115	61	100

Employment

Employment is a sensitive issue as Iraqis are not allowed work visas in Syria, and any work undertaken is not only illegal, but in general temporary and badly paid, with some incidents of Iraqis not being paid for the work they did. According to the survey only 19.9% of adults are engaged in employment, nearly 12.6% are physically unable to work. An unknown number of children work, which is one of the reasons for non enrollment in schools.

Table 6: Number of adults (18-59 years) in the household who are engaged in some type of economic activities

	Frequency	Percent	Valid Percent	Not Engaged	% Engaged in Adults from 18 - 59
0	107	56.9	58.2%	0	
1	60	31.9	32.6%	60	
2	11	5.9	6.0%	22	
3	2	1.1	1.1%	6	
4	2	1.1	1.1%	8	
5	2	1.1	1.1%	10	
Not applicable	2	1.1			
No response	1	0.5			
Total	187	99.5	100		
Missing System	1	0.5			
Total	188	100		106	19.9%

	Frequency	Percent	No Unable to work	% Unable to work of the adults
1	26	13.8	26	
2	2	1.1	4	
4	1	0.5	4	
8	3	1.6	24	
9	1	0.5	9	
Not applicable	139	73.9		
Total	172	91.5		
Missing System	16	8.5		
Total	188	100	67	12.6%

Coping strategies

As can be seen from the table below reducing consumption and purchasing cheaper food items is very commonly employed by the respondents to the costs of food. Fifty-eight percent had also sold assets in the last six months, the majority of whom sold them to buy food and pay rent. The month of Ramadan which immediately preceded the assessment can account for some of these sales.

Table 7: Coping strategies

		Never	Seldom(1-3 days / month)	Sometimes(1-2 days / week)	Often(3-6 days / week)	Daily
1	Reduce adult consumption so children can eat	32%	9%	11%	13%	36%
2	Borrow food or rely on help from friends or relatives	74%	9%	7%	5%	5%
3	Rely on less expensive or less preferred food	18%	3%	9%	12%	58%
4	Purchase or borrow food on credit	72%	7%	9%	4%	8%
5	Send household members to eat elsewhere	94%	3%	1%	1%	3%
6	Send children to work	91%	1%	1%	1%	6%
7	Send household members to receive Charity / Zakat	81%	10%	4%	1%	4%
8	Reduce number of meals	39%	8%	7%	8%	38%
9	how frequently did your household Limit portion size at meal times	28%	6%	10%	10%	47%

Sale of assets

Sale of assets was frequently reported to the teams and 58% of respondents had sold assets in the past six months. The most common reason to sell assets was to purchase food, followed by rent.

Table 8: Have you sold any of your assets in the past 6 months?

	Frequency	Percent	Valid Percent
Yes	108	57	58
No	78	41	42
No response	1	1	1
Total	187	99	100
Missing System	1	1	
Total	188	100	

Table 9: Reason 1 for selling any of your assets in the past 6 months

	Frequency	Percent	Valid Percent
Buy food	50	27	27
Pay for rent	37	20	20
Pay for education fees	1	1	1
Pay for medical expenses	8	4	4
Other emergency	8	4	4
Not applicable	79	42	43
Total	183	97	100
Missing System	5	3	
Total	188	100	

Table 10: Reason 2 for selling any of your assets in the past 6 months

	Frequency	Percent	Valid Percent
Buy food	29	15	17
Pay for rent	33	18	20
Pay for education fees	7	4	4
Pay for medical expenses	10	5	6
Pay debt	1	1	1
Other emergency	10	5	6
Not applicable	78	41	46
Total	168	89	100
Missing System	20	11	
Total	188	100	

Savings

The assessment carried out in February concluded that 15% of those registering with UNHCR are unable to meet their expenses for more than three months, this figure of vulnerable individuals is now at close to 40%, once again highlighting the increasing plight of the Iraqis. Refugees registering with UNHCR upon arrival in Syria over the last year are more vulnerable than those who entered two or three years ago because they are leaving Iraq very rapidly, bring less cash with them, and are competing for accommodation and illegal work opportunities in Syria to maintain themselves.

Table 11: For how long do you expect your current saving to last?

	Frequency	Percent	Valid Percent
Less than a week	24	13	17
Less than a month	24	13	17
Up to three months	27	14	19
Up to six months	16	9	11
About a year	7	4	5
Not applicable	2	1	1
No response	42	22	30
Total	142	76	100
Missing System	46	24	
Total	188	100	

Differences between those who eat less and those eating more than twice a day

A further analysis was carried out to assess the differences between those eating twice or less a day and those eating more than twice a day. The results tabulated below highlight that smaller families and

female headed households are more vulnerable. There are also fewer registered amongst them. Those who eat less than twice a day are subsisting on very basic foods with very limited protein, vegetables, fats, and fruit. Fewer of their children are registered in school, interestingly 60% of those in receipt of food aid eat more than twice a day.

Table 12: Differences between those eating twice or less and those eating more than twice a day

Sex of Household head interviewed			
	Eat ≤ 2 Times	Eat > 2 Times	Total
Male	40.3%	58.3%	100.0%
Female	52.3%	47.7%	100.0%
Percentage of Registered Household			
	Eat ≤ 2 Times	Eat > 2 Times	Total
Registered	41.2%	57.3%	100.0%
Not Registered	47.4%	52.6%	100.0%
Total number of people living in the Household			

	Eat ≤ 2 Times	Eat > 2 Times	Total
1	0.0%	100.0%	100.0%
2	60.0%	40.0%	100.0%
3	69.2%	30.8%	100.0%
4	40.9%	59.1%	100.0%
> 4	40.1%	58.5%	100.0%
Percentage of Enrolled Children (aged 5-17 years) at school			
	Eat ≤ 2 Times	Eat > 2 Times	Total
Enrolled	46.3%	52.6%	100.0%
Not Enrolled	40.7%	57.6%	100.0%
Food Group consumption			
	Eat ≤ 2 Times	Eat > 2 Times	Total
Consume less than 3 days Protein	61%	39%	100%
Consume more than 2 days Protein	41%	58%	100%
Consume less than 3 days Dairy	52%	46%	100%
Consume more than 2 days Dairy	35%	65%	100%
Consume less than 3 days Fats	70%	30%	100%
Consume more than 2 days Fats	42%	57%	100%
Consume less than 3 days Vegetables	58%	42%	100%
Consume more than 2 days Vegetables	40%	59%	100%
Consume less than 3 days Fruits	47%	52%	100%
Consume more than 2 days Fruits	36%	63%	100%
Percentage of HH Receive food aid in the last 6 months			
	Eat ≤ 2 Times	Eat > 2 Times	Total
Receive Aid	37.4%	60.4%	100.0%

Refugees in camps

In addition to Iraqis residing inside Syria there are two camps for Palestinians who came from Iraq which are situated in the border area. The Palestinian refugees staying in the camps entirely depend on humanitarian assistance. The food received from UNHCR and WFP/SARC is sufficient to cover the refugees' needs, however, serious concerns have been raised over the issue of quality of some WFP-provided commodities like rice and dates (the expiration date of the recently distributed dates was January 2007).

The problem of access to medical facilities inside the camps has also been raised. The doctor in the camp medical point is available all week days. In the case of Hol camp, referred refugees by the camp doctor have to wait for a doctor from Hassakeh or visit a private clinic located in the near-by village of El-Hol. UNHCR usually compensates the refugee medical expenses.

The refugees have complained over insufficient quantities of diesel fuel for h/cooking stoves earlier provided by UNHCR. The need for refugee shelter repairs in view of the coming winter season has been voiced as well. The review of a "Loan Logbook" in a small shop located inside the camp indicated that large number of refugees takes loans from the shopkeeper to buy hygienic items including chlorine and detergent powder.

Resettlement to a third country is being actively pursued by UNHCR for this caseload.

Conclusion on food security

Against the background of a prolonged crisis in Iraq, the economic situation of Iraqi refugees in Syria is likely to deteriorate, thus increasing their vulnerability. With the border closure to Iraq and the introduction of a more restrictive visa regime, and the number of Iraqis leaving the country, the number of refugees in Syria while likely to be lower than the current level, but will still be high. It is very likely that the income situation of many Iraqi refugees will further deteriorate in the near future, as they are running out of savings, whilst remittances and food transfers from Iraq are likely to further decline.

Food markets in Syria are well functioning and provide food commodities in sufficient quantities. There seems to be no justification for bringing additional food commodities into the country for the provision of food aid in kind. Therefore, a voucher system or a cash system would be the more appropriate way of providing assistance to Iraqi refugees in Syria. For the provision of food assistance to the refugees, the Government food distribution/shop system seems suitable to be used for the purpose.

Delivery of Food Assistance

WFP leads the food coordination in Syria with the SARC and UNHCR.. WFP, SARC and UNHCR work in partnership according to a tripartite agreement. SARC is seconded by the Norwegian Refugee Council through assignment of a distribution advisor. In 2005/2006 WFP in Syria participated in the Joint Assessment Mission with UNHCR and UNICEF which an overwhelmingly majority of households was found to have adequate food consumption. Only 1% had a poor dietary intake with insufficient food and diversity. In January 2007, WFP began a three month emergency response operation to support UNHCR to assist 6,645 vulnerable Iraqi and Palestinian displaced by providing them with basic rations. In February 2007 a WFP rapid food needs assessment was conducted and it recommended that food assistance be provided for another

9 months for an estimated 30 000 beneficiaries nationwide to address the food insecurity primarily caused by increasing household expenditures, especially housing costs.

WFP signed a Memorandum of Understanding with the Government of Syria and a tripartite agreement with UNHCR and SARC defining the operational modalities.

The first general food distributions under this emergency operation only took place in September for 33 000 beneficiaries, however beneficiary numbers are planned to reach 45 000 by the end of this year. The first distribution was delayed for several reasons including the need for additional discussions between UNHCR and WFP on the most appropriate targeting criteria to be applied to the UNHCR registered refugees. Finally the negotiation of the tripartite agreement with the cooperating partner (CP), SARC, and the planning of the distributions in Damascus took four months to complete.

NEGOTIATION OF AGREEMENT

With the GoS (SPC): The negotiation process took almost 2 months due to several request for changes, unavailability of counterparts and need for SPC to consult with different Ministries/SARC.

With UNHCR:, the agreement for the first EMOP was signed mid February. UNHCR was responsible for the identification of local partners and the follow up of the distribution. The problem was the proposed division of the food commodities half for Damascus and the other half for the North East region when the caseload is mainly concentrated in Damascus. UNHCR planned to register Iraqis in Hassakeh governorate to identify and include beneficiaries in the general food distribution.

With UNHCR and SARC: Negotiation on the second EMOP started on 10th of April and was finalized on the 9th of Sept. Firstly, UNHCR was overwhelmed with intensive operational demands with few program officers and therefore not able to follow up. Secondly, negotiation of the operational budget (EDP-FDP) took several months. Thirdly, issue was internal changes in SARC causing changes in the distribution plan/strategy, which needed to be inserted into the agreement. Fourthly, the lengthy negotiation of the targeting criteria between UNHCR and WFP.

The distribution of roles between UNHCR, WFP and SARC are the following: WFP is responsible to procure and channel the food commodities to the EDP (SARC Damascus Branch) and provide technical assistance on warehousing and logistics trainings. WFP also undertakes qualitative and quantitative monitoring of food distributions. UNHCR is responsible for providing the list of beneficiaries that fit with agreed targeting criteria and to provide the operational budget to SARC for the, EDP operations, EDP to FDP transport and distribution. The CP SARC receives and stores the food at the EDP, organizes secondary transportation to the FDP and distributes the food to beneficiaries.

Table 13: From whom did you receive your food aid?

	Frequency	Percent	Valid Percent
PDS	6	3	3
WFP/UNHCR/SARC	72	38	38
Other	12	6	6
Not applicable	97	52	52
Total	188	100	100

Table 14: Beneficiaries in 2007 Planned Vs Actual

Jan	Feb	March	April	May	June	July	August	Sept	Oct	November
6645	6645	6645	8600	11100	13800	16500	19200	21900	24600	27300
300	300	3300	3000	3000	2393	2041	3321	37575	37557	

How Refugees find out about Food Distribution

As highlighted in several places information dissemination to the refugees is very weak. The following is a description of the various means by which refugees are informed if there is to be a food distribution.

1. Messages were sent via SMS which gave them a website to log on to find the information about the distribution
2. Beneficiaries who received food early in the distribution cycle informed their neighbours and friends to let them know to check if they could be entitled or not.
3. People who came to avail of a distribution of school equipment observed that a concurrent food distribution was taking place, checked to see if their names were on the list for food aid receipt.
4. Some of them were informed by the announcement placed by WFP in the local Jaramana and Massaken Barzeh internet cafes, shops and restaurants.
5. Finally a few found the distribution center by chance walking near the Al Marad area.

Table 15: How did you hear about the food distribution?

	Frequency	Percent	Valid Percent
SMS	11	6	6
SARC	23	12	13
Other	41	22	23
Not applicable	99	53	55

Food Commodities and Food Basket

Complementary food: UNHCR provides complementary ration with 10 different items, however the canned foods are not preferred by the refugees and could possibly be replaced by a fortified biscuit to enhance micro-nutrient availability

Table 16: UNHCR Complementary Food Basket

Food Items	Qty(person/month)	Unit price SP
Sugar	1 kg	28.9
Cheese	1 box	29.173
Canned Meat	2 boxes	29.792
Spaghetti	1 kg	36
Beans	1 kg	61.5
Cracked wheat	1 kg	24
Tea	200 g	148
Jam	500 g	50
Tomato paste	500 g	27
Tuna	2 boxes	28.1
Fish (sardines)	2 boxes	26.5

WFP's food basket was planned as indicated below, however wheat flour was removed from the basket because Iraqis, as do most Syrians, purchase their bread. The current food basket provides 450 grams/person/day rice as the cereal component.

Table 17: WFP food Basket

EMOP 10576.0 (1st EMOP)

Food Items	g/day/person	Kg/month/person
Wheat flour Turkey	250	7.5
Red Lentils local	60	1.8
Oil Local	25	0.75
Rice Pakistan	241	7.23
Salt Local	5	0.15

EMOP 10604.0 (2nd EMOP)¹

Food Items	g/day/person	Kg/month/person
Red Lentils local	60	1.8
Oil Egypt	30	0.9
Rice Egypt	450	13.5

Although there had been some concerns about the quantity of rice being delivered, most refugees were satisfied with what they received. Many, during the focus group discussions, indicated that they would like the ration to be more similar to what they received under the PDS in Iraq, namely to include milk powder and detergent as well as the other commodities.

Table 18: How adequate was the amount of food you received?

	Frequency	Percent	Valid Percent
More than enough	7	4	4
Sufficient	50	27	27
Less than enough	28	15	15
Not applicable	97	52	53
No response	1	1	1
Total	183	97	100
System	5	3	

Quality: WFP has had problems regarding the quality/standard of imported rice. The first load was of Pakistani origin and was of poor appearance. However, laboratory test showed the rice was fit for human consumption and had an adequate nutritional value. The second load was purchased at higher price from Egypt. The last shipment from US was rejected in its entirety by the GoS due to infestation of 7 containers.

¹ In addition comes dates that is donated by the Kingdom of Saudi Arabia. The ration is 2 kg/person/2 month.

Table 19: Quality of the received food

	Frequency	Percent	Valid Percent
Good	67	36	39
Poor	16	9	12

Timing: Delays in procurement and reception of rice/oil for the first load resulted in 2 distributions at 4 month intervals. The rejection of a recent consignment of Rice has caused a shortfall for the next planned distribution in November.

Ration scale: it is perceived that the 450gr per person per day of rice goes beyond an individuals capacity to consume but the table below does not indicate excessive sales of the commodity. However, the two rations given together exceed by far the 2,100 kilocalorie /person/day requirement for a population. Nonetheless, it should be maintained as the long term sustainability of UNHCR's complementary food basket and given the anticipated increase in beneficiary caseload, might be compromised.

Table 20: Did you sell, barter or give away any food aid to people other than your household members last month?

	Frequency	Percent	Valid Percent
Yes	33	18	18
No	51	27	28
Not applicable	98	52	53
No response	2	1	1
Total	184	98	100

Table 21: Who consumes the food aid?

	Frequency	Percent	Valid Percent
All household members	78	41	42
Household and non household members	7	4	4
No one	2	1	1
Not applicable	98	52	53
Total	185	98	100

SARC is responsible for food distribution and registration/listing for assistance outside of Damascus. The SARC offices are manned by volunteers, apart from the Homs branch, no registration or targeting were implemented, rather presentation of an Iraqi passport was deemed sufficient to qualify to be an aid recipient. Demand for food aid far exceeded supply, 10,000 rations had been planned for distribution, but by the end of the JAM exercise more than 12,500 had been distributed and was still ongoing.

Table 22: Food Distribution Statistics via SARC branches up to end October 2007

Town/ Branch	Food Packages Dispatched	Food Packages Distributed	Balance	Comments
Homs	3300	2953	347	Distribution ongoing
Lattakia	1600	1595	5	Distribution finished
Hama	500	469	31	Distribution ongoing
Edleb	1700	1700	0	
Edleb/ Alepo	2500	2293	207	Distribution ongoing
Daraa	2000	1883	117	Distribution ongoing
Al Hassakah	500	479	21	Distribution ongoing
Al Raqqa	500	320	180	Distribution ongoing
Total	12600	11692	908	Distribution ongoing

SARC will continue to be responsible for food distribution outside of Damascus, and it is recommended that the Homs registration system is implemented throughout the country and that the targeting criteria are also shared and implemented by all of the SARC branches. It is further recommended that WFP monitors actively and assist SARC in the areas outside Damascus with training on food management, distribution and targeting.

Registration and Targeting

Registration

UNHCR registration has entailed a long waiting period and travel,, although the organisation has consistently maintained an open-door policy to any refugees and asylum-seekers who indicate their wishes to be registered. UNHCR currently operates one registration site dedicated to new Iraqi registration in the country, in parallel to the registration exercise in the Damascus Head Office for verification/amendments/renewal of expired Protection letters on the one hand and the newly launched mobile registration outside Damascus. The registration site for new registration is located in Douma in the outskirts of Damascus. To queue for an appointment takes 5 to 6 hours and the waiting time for appointments can be up to nine months¹. During this waiting period, the registration appointment slip entitles the holder to subsidised medical services, but access to other services and assistance is not available until completion of registration, creating a difficult situation for many refugees.

By October 2007, UNHCR had registered approximately 125,000 Iraqi refugees. UNHCR is expecting to register by the end of the year additional 25,000 individuals, increasing the total registered to 150,000.

Many Iraqis residing outside Damascus expressed their dissatisfaction with the lengthy and expensive travels, required for accessing registration at Douma Centre; the cost factor, lack of information and the long queues all act as barriers to accessing registration, and both the time and the costs act as discriminatory factor against them in comparison to those Iraqis living in Damascus. The most vulnerable category of refugees in Damascus or outside are most affected by these hindrances in accessing registration. Moreover, there is confusion about the UNHCR refugee certificate; refugees remain unclear about its value and function – is it protection, residency, or services that the holders are entitled to? Many Iraqis believe it is for resettlement.

Table 23: Why Registering?

	Frequency	Percent
To receive medical care	42	22%
To receive Food	55	29%
To receive support for housing	13	7%
For immigration documents (Visa)	51	27%
Registered for other reason	55	29%

According to UNHCR information, about 34 percent of registered refugees are to be considered vulnerable. Amongst these, 6 percent are women at risk. UNHCR is continuously increasing its registration capacities, including the mobile registration units, which started in October 2007. The number of refugees applying for UNHCR registration is unpredictable, in light of the hitherto unknown consequences of new visa regulations and the closure of the borders with Iraq.

¹ Amendment: Currently, queuing for an appointment takes 1 to 2 hours inclusive of information/awareness session. The waiting time for appointment was later reduced significantly. At present, an average of 150 cases (families) are registered per day. This figure reflects the fact that registration involves an in-depth interview process, requiring 45 minutes to 1 hour per case (family), during which the applicants' reasons for leaving Iraq, family composition, past occupational background and present Specific Needs, amongst other information are extensively analysed. The levels of UNHCR registration outside Damascus are now very low, particularly in the rural areas. The non-registered cases (or cases not even listed with SARC) include both people who do not need services and people in need.

Table 24: What is the reason for not registering?

	Frequency	Of all HH	Of those who are not registered
Don't know about UNHCR/SARC	24	13%	42%
No registration centre available	6	3%	11%
No need	6	3%	11%
Other	20	11%	35%
No response	1	1%	2%
Total	57	30%	30%

The table above clearly indicates the information vacuum that the refugees face, with 42% of them unaware of UNHCR or SARCs registration. While only 11% have indicated that unavailability of a registration centre being a constraint, the larger sample interviewed are residing in Damascus where registration is available.

Demographic profile of registered refugees

UNHCRs statistics of registered refugees the demographic profile of the refugees can be broken down as follows:

0-4years	9%
5-17 years	29%
18-59 years	56%
60+	5%
Total females	47%
Total males	53%

The above profile is a typical of a refugee population, while a far larger percentage of children under 5 (usually in the range of 15-20%) and a bigger representation of younger people are the norm. The male to female ratio is also atypical, with far more males represented in the population as a whole. These figures must be interpreted with caution as they only represent the *registered* population and not the entire population, a very small percentage of whom have actually registered.

In contrast, the demographics below which are based upon a joint assessment of the Iraqi Refugees in Syria in March 2006 (UNICEF,WFP,UNHCR); derived upon from a household survey; are what would be considered a normal population. However, as in the case of the registered refugees, the male to female ratio is skewed in favour of the male at 52.3% vs 47.7 %.

<1 year old	1.8%
1-5 years	9.0%
6-14 years	24.5%
15-18 years	11.9%
>18 years	52.7%
unknown	0.1%

A recent unpublished survey analyses the reasons given by Iraqis for registering with UNHCR and states the following: almost half applying for UNHCR registration appointment do so because wish to resettle in another country or have protection concerns. UNHCR registration statistics as of August 2007 show that 19% of those registering in Syria report having a significant medical condition. Amongst the other reasons found include the need to gain access to UNHCR assistance programs (5%), and lack of resources (5%). This Assessment noted that those registering with UNHCR, are increasingly motivated by medical assistance offered and hopes it will secure their residence in Syria as refugees. Approximately 80% of those registered are residents of Damascus, consistent with the estimated geographical distribution of the whole Iraqi refugee population.

Table 25: Number of staff and refugees registered/month

Month	Registration Clerks	Supervisors	# of refugees Registered
January	25	3	5243
February	25	3	9296
March	25	3	12347
April	25	3	10339
May	20	4	9765
June	30	6	10110
July	30	7	11159
August	29	8	9048
September	41	10	8576
October	41	10	1650

Residency/visa concerns

New visa regulations governing the movement of Iraqis into Syria were applied after Eid, which fell on the 15th of October 2007. According to the new regulations only Iraqis with visas granted for education, business and scientific purposes will be granted access into Syria. The restrictions were first introduced on 10 September but Syria reopened the border to all Iraqis as a gesture of goodwill for the Muslim holy-month of Ramadan.

The new visa restrictions come in response to the more than 1.5 million Iraqis (according to the Syrian government figure) who have fled to Syria since the US-led war in 2003, swelling the Syrian population by 8 percent and placing a huge strain on domestic social services. It was reported that the numbers of Iraqis crossing the border had reached 20,000 per day prior to the beginning of Ramadan as Iraqis sought to move into Syria before the introduction of the new visa restrictions. The full impact of the new visa restrictions has led to a great deal of uncertainty and misinformation. There were also a number of protection concerns around expired residency and fear of deportation. Iraqis are also moving back into Iraq, according to a recent report 43,000 in October alone for a variety of reasons. One reason could be that the security situation has improved in certain parts of Iraq, but in many/most cases it is because Iraqis no-longer have the means to support themselves in Syria. Others have lost hope in being resettled in the foreseeable future (less than 1% will be able to benefit from this durable solution in the next 12 months). UNHCR is currently interviewing Iraqis, at various departure points in Damascus, to identify the triggers for their return. UNHCR staff in Damascus have also reported that in many cases the male head of household returns leaving the women and children in Syria.

For the majority, return is not an option, their houses have been confiscated and they live in genuine fear for their lives. Given the fact that up to the present, Syria has been the country most open to accepting Iraqis fleeing violence at home, there is increasing concern that there are fewer options left for Iraqis seeking refuge elsewhere. Unfortunately, it is often the most vulnerable, with the least resources and who may be most at risk - including single women, the elderly and the sick - who will be left behind.

Table 26: Do you have plans to travel back to your country of origin in the next 6 months?

	Frequency	Percent
Yes	15	8%
No	168	89%
No response	3	2%
Total	186	99%
Missing System	2	1%
	188	100%

Residency/Visa concerns are a major cause of concern and confusion among refugees. There is contradictory information flowing on the need to travel to Iraq. Many believe that one can go to the border to renew their visas at a cost of 35-50 US \$/head, this is untrue. What is clear is that those who have children in school are able to obtain the annual residency at least for the immediate family unit. And there has been an observed increase in the numbers of people registering. But registration needs are high there is a real need for enhanced identification followed by registration especially for these vulnerable groups.

Even with an increased capacity to register it is feared that registration will not keep pace with need. For setting up a proper food assistance/distribution system, registration of refugees is required. Only then proper targeting of vulnerable refugees can be undertaken. Also a sound monitoring system requires increased registration capacity to address specifically the verification/amendments of previously registered cases.

According to UNHCR a “Bio-Data mobile registration” initiative was previously proposed as a part of a revision of strategy by the Registration department to address the very long delays in registration and access to assistance outside Damascus. The projected speed of this initiative was calculated at 600 cases/week (5 days x 120 cases/day), which at an average of 4 members/Iraqi refugee family equating to 2,400 Iraqis/week.

The Syrian Arab Red Crescent Society (SARC) has its own registration system which is independent from the UNHCR system. SARC reaches far more Iraqis than UNHCR outside of Damascus 40 to 50% of estimated Iraqis vs 2/3% (??) by UNHCR. SARC is a country wide organization. Having its HQ in Damascus, there are 14 branches and 72 sub-branches. HQ has currently 24 staff. Branches are relatively independent and are running their own assistance programmes. SARC needs considerable capacity strengthening for the registration of refugees as it is differently applied everywhere. A model system which has been developed by SARC Homs is being proposed for wider dissemination in all SARC offices, who are registering between 60-90 families per day. They run an appointment system when more than 90 people show up per day (max waiting time is two weeks). Only the head of the family has to present for the current Homs SARC registration, carrying the passport documentation for all members of the family.

This SARC "registration" signals a family vs. individual category. It lists passport number, address in Iraq, address in Syria, telephone number, age for every family member, health problems (cancer, diabetes, etc.) for every family member, special vulnerabilities (woman unaccompanied, single head of family, handicap, etc.). It does not include the date of the arrival in Syria, the reason for the arrival, the profession for the adults and the military information for males

Calculations and projections for “light registration” outside Damascus

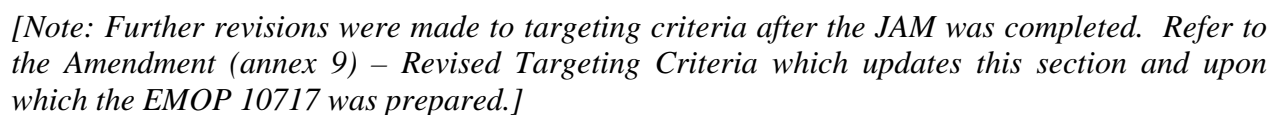
Homs governorate (9 000 SARC-registered/ 30 000 estimated) can be completed in 42 working days (remaining 4250 families at a rate of 100 families per day) if one computer were added or if SARC volunteers could work five, instead of four hours per day.

Hamma governorate (none SARC-registered / 10 000 estimated) can be completed in 25 working days, in parallel with the Homs registration (2,000 families at a rate of 100 families per day + 5 days to install 5 computers and train 5 SARC volunteers).

If the estimates for over 120,000 Iraqis in Aleppo were accurate, their “light registration” could be completed in 120 working days, in parallel with all other “light registrations” (24,000 families at a rate of 200 families per day if 10 volunteers and 10 computers were put in place at SARC Aleppo).

Ideally there would be efforts to link both UNHCR’s and SARC’s systems. Pre-selection could be done by SARC, and registration by UNHCR. SARC would operate the “Bio-Data registration” with technical and material support from UNHCR, but using SARC volunteers and facilities across Syria, in a simultaneous effort across the branches. However, this would require a high level political decision in UNHCR HQ. In the meantime, UNHCR will increase capacity in Damascus and include outreach activities and introduce a shortened registration mechanism, should the need for registration remain high at the current level. WFP will monitor UNHCR registered numbers in Damascus, if targets are not being met there will need to be a revision of how beneficiaries are included into lists for food assistance. In this scenario, SARC will assume responsibility for registering refugees outside Damascus for food assistance.

Identification of beneficiaries for food assistance



Identification of beneficiaries to receive food assistance depends largely on self presentation to either UNHCR or SARC. A targeting Sub-Group was formed from representatives of UNHCR, SARC and WFP to review targeting criteria which were considered to be too stringent, excluding many who did not fit neatly into one of the categories. Prior to the field work been undertaken a series of meetings were held to review criteria. It was agreed that in addition to those already qualifying more would be included by relaxing the dependency ratio. Based on these criteria (below), around 45% of registered refugees will be eligible for food assistance.

Final agreed targeting criteria for Joint Assessment Mission

1. All beneficiaries for targeted for food assistance must be registered by UNHCR according to the jointly agreed criteria.
2. UNHCR and WFP will target refugees from Iraq arrived and settled in Syria after April 2003 and meeting the criteria (see table). Special cases who arrived before that date, it will be examined by the joint review committee comprised of WFP/UNHCR and SARC.
3. Special cases not fitting into targeting criteria, will also be reviewed by the joint committee.
4. Relatives (not part of the nuclear family) who are over 18 years and not leaving in the same household will be dealt with separately from the family registered by UNHCR and the targeting criteria will be applied to them.

1- All households without an Able Bodied Worker

(if 1 person falls in ABW category it will be not be considered if he/she is a caregiver)
this includes:

- A. Child headed household
- B. Single parent
- C. Single female household representative

2. All households with 2 ABW and 4 dependents or 1 to 5

3- All households with 1 ABW with 4 or more dependants (incl. 1 SPN and 1 Care giver) or 2 ABW and 3 or more dependents (incl. 1 SPN and 1 Care Giver) according to the following agreed UNHCR criteria's:

- A. Separated child
- B. Unaccompanied minors
- C. Older person at risk
- D. Woman with accompanied family members but none are adult male
- E. Malnourished members
- F. Serious medical condition (cancer, heart, TB, Thalessimia) – not including diabetic -

H. Persons with severe physical disabilities

K. Persons with severe mental disabilities.

M. Lactating (6 months)

N. Pregnant Women

4 All Palestinian Refugees from Iraq at Al Tanf camp and Al-hol Camp are included in the food distribution without conditions

Definitions:

An Able Bodied Worker (ABW) includes: males or females b/w ages 18 and 59 years. Excluding pregnant and lactating women.

A dependent is a person under 16 and over 59 years old. Children and parents and brothers/sisters.

Community outreach

However, even with agreement on the targeting criteria reached, it is understood that many vulnerables will remain hidden. The most vulnerable cannot register for many reasons and recognizing this, UNHCR has recently initiated an activity to improve community outreach specifically to identify Iraqis in need of protection or assistance and enhancing their access to assistance. In order to achieve this, links will be forged between refugees already active in their communities and UNHCR. An important component of this is a commitment to provide immediate support and follow up on the cases identified as vulnerable and referred to UNHCR.

The expected role of the identified refugees is to:

- Link between UNHCR and refugee community.
- Report to UNHCR on certain cases that are in need of urgent support or assistance.
- Deliver assistance to specific persons as appropriate.
- Deliver information to the community from UNHCR regarding protection and assistance of refugees.
- Provide UNHCR with information on situation (needs/concerns) of certain groups and link UNHCR with these groups for further dialogue if need be.
- Work with all groups in the community and with the host community.

This project has been active since mid of September 2007 when eight Iraqi women were identified to work in seven different neighborhoods in Damascus and its surroundings. Four meetings were conducted between the Iraqi ladies and UNHCR staff (Community Service, Protection, Health, Education & IP) to discuss the following issues:

- UNHCR mandate and code of conduct.
- UNHCR's partners and the assistance provided.
- Criteria of vulnerable groups/individuals.
- Method of handling information and reporting on vulnerable cases.

Once a week the Iraqi women meet with UNHCR staff in the main office in order to discuss problems faced by the Iraqi communities such as difficulties in accessing schools, or to access some service facilities (medical, food) etc. These issues are usually brought to the attention of the units in UNHCR or IPs for follow up. Refer lists of vulnerable Iraqis facing difficulties registering in UNHCR in addition to lists of vulnerable cases in need of urgent medical or financial assistance.

These cases are fast tracked and registered. cases in need of assistance are provided with an urgent financial grant and referred to the food assistance list. Critical medical cases such as (cancer, kidney failure heart disease etc) are referred to the medical unit for follow up and provide access to the medical facilities. To date, 20-40 cases have been referred by the Iraqi ladies on weekly basis. In the coming weeks additional Iraqi women will be identified to undertake this work.

SARC also have a community outreach programme, staffed by five volunteers who undertake home visits.

In order to facilitate easier access to registration, it is proposed that a mobile registration team, register these pre-identified people close to their homes.

Response options food assistance

The options for providing food assistance to the vulnerable Iraqi populations are as follow.

- (i) food assistance through conventional distribution system.
- (ii) voucher system using Government shop network for food distribution.
- (iii) cash voucher system, entitling refugees to buy a well defined range of food commodities in Government shops.
- (iv) cash distribution system using the ATM system of private banks.

Food distribution by provision of food commodities through WFP distribution system seems not be justified in a country like Syria, where food markets are well functioning, supplies are sufficient and an excellent network of shops and markets is in place. Moreover, some donors such as the EU would not support a conventional food distribution system, conversely the US might prefer a food assistance programme.

The advantage of food assistance is that it reaches vulnerable refugees directly. The disadvantages are that the costs are comparatively high, as administrative and distribution costs make up 44% of total costs. Transport costs for refugees are high, as distribution points can be far from their place of residence.

A voucher system for the distribution of food commodities could use the existing Government supply system and network of government/cooperative shops. Money for food commodities would be paid to the Government, including compensation for Government subsidies. Compared with a traditional food distribution system, the voucher system would be cost effective. Administrative costs are estimated to be in the range of 10-15% of total costs.

The advantages of a voucher system are, the use of an existing food distribution network which would save costs. Distribution points would be close to the place of residence of beneficiaries implying low transportation costs for refugees. The Government system is well established and functioning. The potential disadvantages of the system are possible complicated administrative procedures. If well-established, the risk of misuse in a voucher system is low.

A cash voucher system entitling refugees to buy a number of well defined food items for a fixed amount of cash in Government shops would give refugees flexibility in the selection of food items. The advantages of cash vouchers would be to make use of an existing food distribution system, which would save costs and provide flexibility in food selection. Disadvantages are as above, namely possible complicated administrative procedures.

A cash distribution system, using ATM machines would give refugees maximum flexibility in the selection of food commodities. The costs involved are relatively low, since money withdrawal is cost free and the issuance of cards involves low costs.

However in such a system the Government still has to be compensated for the supply of subsidized food commodities. The banks interviewed were ready to establish such a system. A similar system is about to be launched by UNHCR in the coming weeks, providing refugees cash for medical expenses and schooling.

Advantages of cash distribution are its relatively low costs, high flexibility for refugees receiving cash, low transport costs for refugees. Disadvantages include: Government compensation (food subsidy) difficult to calculate; Refugees may use cash for expenditures other than food which would also be difficult to monitor.

A cash based system seems not likely to distort markets, as the number of beneficiaries and cash involved will be relatively small.

The Government of Syria has to be involved in the design of a food assistance system. Compensation to the Government for subsidized food items will be required.

It is recommended to undertake a further study to review the costs of a food distribution system, including compensation payments for the Government and all other cost implications.

To better fine tune the food assistance to the current economic and social environment in Syria, it is recommended to undertake a more detailed market assessment study in early 2008.

Projection Numbers of beneficiaries for food assistance January-December 2008

The projected number of beneficiaries from January to December 2008 are given below, estimated at 90% of the registered population and are based upon the following assumptions:

1. Inside Damascus UNHCR outreach workers will start a pre-identification and fast-tracking of vulnerable cases that are currently not registered. Additionally, community outreach and regular distributions of humanitarian assistance, will encourage vulnerable Iraqis will come forward to register with UNHCR (with a fast tracking system).
2. The Government of Syria will maintain the current visa regulation that lessens the inflow of Iraqis in Syria. The outflow, currently estimated at 1,500/day will be monitored.
3. Implementation of the new targeting criteria will have increased the vulnerable case load to represent 90% of registered Iraqis.
4. The estimated total Iraqi refugees settled outside of Damascus is in the range of 150,000-200,000 persons.
5. By January 2008, SARC will have started using the agreed light registration protocols (see Homs Branch software and system) under the technical supervision of UNHCR (using the agreed UNHCR/WFP/SARC targeting criteria) SARC will upgrade the information of their current caseload as well as reaching out vulnerable cases in marginal urban and rural areas outside of Damascus.
6. The capacity of SARC to undertake the light registration and the pre-identification is built, in terms of financing paid-staff and training them in registration and in pre-identification.

Table 27: Food insecure population projection for the Period January-December 2008

Date	Total estimated number registered	Total estimated food beneficiaries in Syria
1-Jan-08	171,000	155,000
1-Feb-08	188,500	171,300
1-Mar-08	204,000	185,600
1-Apr-08	236,000	216,400
1-May-08	268,000	247,200
1-Jun-08	300,000	278,000
1-Jul-08	332,000	308,800
1-Aug-08	344,000	319,600
1-Sep-08	356,000	330,400
1-Oct-08	368,000	341,200
1-Nov-08	380,000	352,000
1-Dec-08	392,000	362,800
Average	294,958	272,358

SECTION III: ADDITIONAL FACTORS

Education

School Enrollment has increased this year from 30,000 to 47,000, but is still low, although it is free of charge to Iraqis. However, registration in school was reported to be easier in September than earlier and schools are conducting tests for 1-9 grade. Most families interviewed have at least one child in school, thus ensuring their residency for at least a school year. Fifty one percent of families had all of their children enrolled, but significant numbers are still not enrolled with expense being cited as the primary reason for this.

Table 28: How many of your children are not enrolled at school?

No. Children	Frequency	Percent	Valid Percent	From Children 5 to 17 - Total Not enrolled
0	2	1.1	4%	0
1	26	13.8	54%	26
2	11	5.9	23%	22
3	5	2.7	10%	15
4	2	1.1	4%	8
5	2	1.1	4%	10
Not Applicable	96	51.1		81
No Response	1	0.5		% not enrolled
Total	145	77.1	100	20%

Table 29: Are all of your children aged 5-17 years enrolled at school?

	Frequency	Percent	without missing data
Yes	95	51%	57%
No - not enrolled	59	31%	36%
Not applicable	12	6%	7%
Total	166	88%	100%
Missing System	22	12%	
Total	188	100%	

Some families opt to send some children to school (private) and keep some at home. Older adolescents are working rather than being in school. Some children are traumatized and others have documents missing which precludes school registration. To ease the capacity constraint on the schools UNHCR is building additional classrooms in schools with a high concentration of refugees, double shifts are also being implemented.

Table 30: What is the main reason for not enrolling them?

	Frequency	Percent	Of who are not enrolled
The family can not afford the fees	14	7	29%
There is no places in schools in the neighborhood	2	1	4%
Lack of documentation from schools in Iraq	11	6	22%
My children are working	4	2	8%
They did not pass the admission test	1	1	2%
Other	17	9	35%

School supplies were distributed to some families this year, the distribution and confusion in the information flow was highlighted during the focus group interviews. However, a number did receive the school materials.

Table 31: Did you receive school material from SARC

	Frequency	Percent	Valid Percent
Yes received	42	22%	25%
No	106	56%	63%
Not applicable	5	3%	3%
No response	16	9%	9%
Total	169	90%	100%
Missing System	19	10%	
Total	188	100%	

Table 32: If No- Did you hear about that service

	Frequency	Percent	Valid Percent
Yes I hear	58	31%	36%
No I didn't	74	39%	46%
Not applicable	11	6%	7%
No response	17	9%	11%
Total	160	85%	100%

Information on university scholarships remains limited.

Health

The policy of the host government is to provide access to health services for displaced Iraqis living in their countries on the same basis as for the local population, is placing a major additional burden on national health services and involves substantial additional costs (estimated to be circa 100,000,000 US in Syria). Iraqis who have the means to do so visit private doctors and clinics.

Table 33: Health facility Type you visited

	Frequency	Percent
Private	110	59
Public	73	39

Poorer Iraqis can only visit the UNHCR-funded Syrian public health service for emergency and primary health care, Syrian Red Crescent clinics and Syrian charitable organizations that also provide some health services.

Information about the health status of Iraqis in neighbouring countries comes mainly from the Red Crescent Societies and UN agencies, which have been supporting health services. There is currently no information about morbidity or usage of services based on national surveillance or health information systems because existing systems do not disaggregate data by nationality.

UNHCR registration statistics as of August 2007 show that 19% of those registering in Syria report having a significant medical condition. Furthermore, many of the displaced Iraqis have been exposed to terrifying experiences of terror and violence, and approximately 22% of Iraqis who have registered with UNHCR have reported experiencing personal traumatic events. The mental and psycho-social distress have been further aggravated by the increasing financial difficulties, unemployment, different living environment, and an uncertain future, resulting in psychological fragility, distress and in some cases trauma.

There has been growing attention in recent months to the needs of the displaced Iraqis both in Iraq and in neighbouring countries. Red Crescent Societies, UN Agencies (UNFPA, UNHCR, UNICEF, WFP, WHO) and NGOs (especially Caritas) have all mobilized resources to assist national authorities to meet the additional demands. Moreover, a joint health appeal was launched in September 2007 with the purpose to provide support to national efforts aimed at improving access to health care for displaced Iraqis living in Syria, Jordan and Egypt. The activities prioritized in the appeal are based on the Common Action Framework agreed upon during the Ministerial Consultations to Address the Urgent Needs of Displaced Iraqis, convened by WHO in Damascus from 29-30 July 2007. The appeal was issued jointly by UNFPA, UNHCR, UNICEF, WFP, and WHO, who acted as a coordinator of the process. The appeal does not cover the additional costs incurred by the national authorities in providing health care through their existing systems. WFP is also part of the appeal but is not requesting funds.

The details of the assistance being planned for are in annex 6.

Findings related to health

As can be seen from below, the vast majority of respondents used a health facility in the past six months, the majority for a consultation or for medicine.

Table 34: Have you used a health facility during the last 6 months?

	Frequency	Percent
Yes	161	86
No	27	14
Total	188	100

Table 35: Main Reason for not using Health facility

	Frequency	Percent	Valid Percent
No money	3	2	14
Don't know where to go to	2	1	9
No need	15	8	68
Other	2	1	9
Total	22	12	100

Table 36: What type of service did you receive?

	Frequency	Percent
Consultation	111	59
Receive Medicine	82	44
Vaccination	9	5
Antenatal	6	3

Expenditures on health are a cause for concern amongst the Iraqi population. The burden of chronic disease is high. Cardiovascular disease and Diabetes are common conditions in Iraq and equally so amongst Iraqis in Syria. The Syrian Arab Red Crescent, supplies basic essential drugs to Iraqis, for a nominal fee but not those for the conditions aforementioned, and this represents a huge burden for many including the government. Reports from Syrian national health authorities indicate that Iraqis with chronic diseases are posing a substantial burden on government health services, e.g. those in need of renal dialysis, cardiac catheterization and other sophisticated technologies. There are clear indications of problems for Iraqis for having access to appropriate health care. Many Iraqis also appear not to be aware of the availability of free primary health care (PHC) services for children and pregnant women. The preliminary results of the rapid health assessment showed that Iraqi pregnant women tend to use the private sector for maternity care, both prenatal and delivery care.

Given the huge financial burden being placed upon Iraqi families to pay for the medicines required to manage CHD, Diabetes, it is proposed that UNHCR/UNICEF and WHO agree a list of essential drug items which could be given free of charge to people with these chronic conditions. UNHCR will be providing 15 million US to the MoH in 2008.

Water and sanitation

The International Committee of the Red Crescent is concerned about the inability of the current water system to provide clean water in neighborhoods where Iraqis live because of the growing numbers in these areas, residents now have to buy their water. In addition to food, 32% of refugees are purchasing their water.

Table 37: What is the main source of drinking water for your household?

	Frequency	Percent
Public tap	127	68%
Purchase through vendor	61	32%
Total	188	100%

The majority have access to bathrooms.

Table 38: Do you Have bathroom?

	Frequency	Percent
Yes	181	96%
Has No bathroom	7	4%

Malnutrition and micronutrients

Preliminary results of a rapid assessment carried out by MOH, UNICEF and WHO in Syria in July 2007 provided information on the health and nutritional status of displaced Iraqi children under five years of age and of women of child bearing age. In this rapid survey of a small sample of families, the immunization coverage among children under five was 89% for diphtheria-pertussis-tetanus (DPT) and Haemophilus influenzae type B (third dose); 82% for measles, and 81% for Hepatitis B3. These findings were confirmed by the JAM which found that overall immunization rates were good. 21.2% of children were reported to be mildly/moderately stunted, while 10.8% were severely stunted (chronic malnutrition). These stunting rates are similar to those observed in Iraq during sanctions. There is a risk – and some evidences – of increased prevalence of malnutrition and other health conditions among displaced Iraqis as a result of the loss of income and other sources of support. Breastfeeding rates are similar to those in Iraq, and as is common in Iraq, infant formula was requested to be included in the food basket.

Table 39: Are you breastfeeding your children aged 0-24 months?

	Frequency	Percent	Valid Percent
Yes	37	20	25
No	71	38	49
Not applicable	35	19	24
No response	3	2	2
Total	146	78	100
Missing System	42	22	
Total	188	100	

Table 40: Has any of your children aged 6-59 months suffered from the following recently?

	Frequency	Percent
Diarrhea	22	12
Fever	20	11
Coughing/other respiratory	46	24

In the area of nutrition the actions of individual agencies are as follows:

UNHCR

- Provides nutrition support and training to UNHCR's implementing partners

UNICEF:

- Promotion of breastfeeding, through promotion of exclusive breastfeeding for the first six months, proper complementary feeding after six months plus continued breastfeeding at all PHC facilities and maternity hospitals, implementing BFHI in all maternity hospitals in targeted areas; involving local NGOs in breastfeeding promotion at the community level and provision of communication materials.
- To provide technical support in the management of malnutrition; promote micronutrient supplementation; and support the training of PHC workers and local volunteers to provide nutrition education.
- Supports Therapeutic Feeding of severely malnourished children through training of PHC workers on emergency feeding, provision of therapeutic milk, treatment of infections, and correcting micronutrient deficiencies.
- Supports Communication & Education through the development of communication plan, which includes development of communication package on nutrition with focus on micronutrient deficiencies (e.g. household use of iodized salt, iron supplementation and vitamin A), conduct nutrition education, and support community-based interventions.

WHO

- Provide technical support and training on standard protocols for the management of acute/severe malnutrition and micronutrient deficiencies in close coordination with UNICEF.

Strengthening information and surveillance systems

There are also plans to collect much better information on access to and usage of health services by displaced Iraqis and to strengthen the nutritional and health surveillance systems to monitor and address health threats.

A pre-requisite of improved data is strengthening of the existing health information systems which need to be updated. The proposed action includes provision for making some essential improvements to these systems. It will also be necessary to extend the national disease surveillance system to encompass the nutritional status of displaced Iraqis. The system also needs strengthening to include more disaggregated data.

Coordination

Coordinating structures need to be enhanced and a gaps analysis is required as assistance being delivered is patchy. The existing UN coordination mechanism is limited to sharing information without securing a minimum level of coherence and complementary. The UN humanitarian procedures, processes and programmes are still not clear to national counterparts. Thus a need has been identified to assist the Government in building its capacity in coordination/management of these programmes

The overall responsibility for coordination of work in the health sector rests with national health authorities and it was agreed that they should develop coordination mechanisms for health assistance for displaced Iraqis. It was further agreed in the Ministerial Consultations that it is vital for all partners to work closely with national health authorities in order to ensure effective coordination for more effective planning and delivery of additional services and support.

SARC has the overall responsibility for coordinating all INGOs, an MoU with 8 NGOs who have been agreed is shortly to be signed. The matrix below details NGOs, interventions and geographic coverage.

Table 41: INGOs Intervention Matrix

Sector	Activities	Area of interventions	RC/RC Movement	NGO
Health	Primary Health Care	Nationwide	SARC, IFRC, French RC, Netherlands RC, Qatar RC	International Medical Corps
	Secondary Health Care	Nationwide	SARC	International Medical Corps
	Mobile Health units	North-East	SARC, IFRC	Medecins du Monde (Greece and France)
	Training (medical/clinic staff)	Damascus	SARC, French RC	International Medical Corps, IECD/ICU
Community Services	Community Centers		SARC	Danish Refugee Council
	PSS	8 Branches	SARC, Danish RC	
Education	Support to schools	DAM/Rural DAM		Premiere Urgence, Norwegian Refugee

				Council
	Remedial classes	DAM/Rural DAM & tbd		Save the Children UK, Norwegian Refugee Council
Relief	Food	Nationwide	SARC	
	Non Food Items (hygiene kits, school uniforms & stationary, blankets etc.)	Nationwide	SARC, IFRC, Turkish RC	Islamic Relief Worldwide, Danish Refugee Council
Watsan	Rehabilitation of water and sanitation structures	DAM	ICRC	
Other	Tracing	Nationwide	ICRC	
	CBRR, DM Training of volunteers	Nationwide	IFRC, British RC	
	Coordination		SARC	

Health				
	Primary Health Care	SARC	Nationwide	14 branches/clinics
		NL RC	Nationwide	19 SARC clinics
		Fr RC	R DAM	Seyda Zeinab
		Qatar RC	East	Rakka, Aboukamal, Qamishli
	Sec health Care	SARC - UNHCR	DAM/R DAM	Seyda Zeinab, Jaramana, Seida Zeynab
	Mobile Health units	IFRC	East	Rakka, Aboukamal, Qamishli
	Training (medical/clinic staff)	Fr RC	DAM	Nursing school
Education	Prefab schools	Turkish RC	R DAM	Jaramana, Oudsaya
Community Services	Community Centers	SARC - UNHCR	DAM & R DAM	4 Centers
	PSS	Danish Red Cross	Nationwide	9 Branches
Relief	NFI	SARC - IFRC	Nationwide	
	F & NFI	Turkish RC	Nationwide	
Watsan		ICRC	R-DAM	Jaramana, Massakeh Barzeh, Seida Zeynab

I NGO

Health	Primary Health Care	IMC	R-DAM	Jaramana	1 new clinic
				Judaydat Artuz	1 new clinic
	Mobile Health units	Medecins du Monde	North	Aleppo/Hassakeh	
	Training (medical/clinic staff)	IECD/ICU	DAM		to be determined
Education	Rehab & Support of	NRC	R DAM	Zachnaya	5 schools
	Primary and Sec schools	PU	R DAM	Jaramana	3 schools
		Save UK		Haraste	
Community Services					
	Community Centers	DRC	DAM & R-DAM	Seida Zeynab and Massakeh Barzeh	2 community centers
Relief	NFI	DRC	DAM & R-DAM	Seida Zeynab and Massakeh Barzeh	in area of comm centers
	F & NFI	IRW	Nationwide		to be determined

Table 42: Sectoral Division UN agencies

Sector	Activities	Area of interventions	UN
Health	PHC	All Syria	UNFPA
	SHC	All Syria	UNHCR
	Mobile Health units	North-East	
	Training (clinic staff)	Damascus	
	PSS (Community Services)	8 Branches	UNICEF, UNHCR
Education	Support to schools	(Rural) Damascus	UNHCR, UNICEF
	Remedial classes	(Rural) Damascus & tbd	
Relief distribution	Food items	All Syria	WFP, UNHCR
	Non food items (hygiene kits, school uniforms & stationary, blankets etc.)	All Syria	UNHCR
Watsan	Rehabilitation of water and sanitation structures	Damascus	
Other	Tracing	all branches	
	CBRR, DM Training of volunteers	all branches	
	Coordination		

Conclusion

Against the background of a prolonged crisis in Iraq, the economic situation of very many Iraqi refugees in Syria will deteriorate, thus increasing their vulnerability. Even with the introduction of a more restrictive visa regime, the number of refugees in Syria is still likely to remain high. The problem is huge and assistance being provided is uneven. Currently, about 6,000 families (or about 30,000 beneficiaries) are receiving food assistance through WFP's EMOP 10604.0. For next year, assistance is planned to reach a larger number of refugees, an average of 199,000/month. Improved co-ordination is required and a gaps analysis needs to be undertaken. A scale up in the intensity and scope of the operation is urgently required.

Matrix summarizing final recommendations and actions taken in related sectors

Findings matrix

1	2	3
Findings	Conclusions/comments/action points	Recommendations/Response option
A) FOOD SECURITY		
<p>The large influx of Iraqi refugees has considerably increased demand for food commodities, resulting in price increases. This makes it increasingly difficult for poor populations and refugees to acquire necessary quantities of food.</p> <p>The refugee population consists of wealthy as well as poor populations. Some of whom have still enough income or savings for a decent life, others have no savings and very small incomes, not sufficient for a decent living and for the purchase of required food commodities.</p> <p>The refugees in rural areas are more vulnerable than those in urban locations since the already limited employment opportunities in urban locations become virtually inexistent in rural context. This especially concerns the poorest category of the newly arriving refugees who leave Iraq with no assets or savings and try to find the less expensive means of stay in Syria, i.e. in the areas outside large urban areas like Damascus or Aleppo.</p> <p>Impact of the visa restrictions it is very likely that the income situation of many Iraqi refugees will further deteriorate in the near future, will soon be felt by the segment of the population relying on making return trips to Iraq.</p> <p>Against the background of a prolonged crisis in Iraq, the economic situation of many Iraqi refugees in Syria is likely to deteriorate, thus increasing their vulnerability. With the border closure to Iraq and the introduction of a more restrictive visa regime, the number of refugees in Syria is likely to remain high.</p>	<p>In areas with high concentration of refugees, food commodities are sufficiently available in all shops and markets. In areas with poorer populations, food prices are lower, due to often low quality of food.</p> <p>The highest share of refugee household expenditure is for housing, followed by food and medical treatment.</p> <p>Remittances and food transfers from Iraq are likely to further decline, and more Iraqis will become poorer and more dependent on external assistance. The existing problem with refugee food security should be seen through the prism of economic security.</p>	<p>It is recommended to introduce a food voucher system, using the exiting Government network of shops in Damascus (throughout Syria).</p> <p>Cash vouchers could be tested on a pilot basis outside Damascus.</p> <p>The commodities for a food voucher system should include: rice, vegetable oil, pulses</p> <p>Preconditions for implementing such a system include; A political agreement with the government on the principle of a voucher system should be reached before technical details of a food distribution system/cash voucher system can be negotiated and established</p> <p>An expert in food subsidy systems would be required to undertake a study to review the costs, including compensation payments for the Government and all the associated cost implications of a such a food distribution system</p> <p>Donors willing to support such a system would need to be identified</p> <p>For a cash/voucher based system, periodic review will be necessary to adapt the budgets to price developments</p> <p>A comprehensive monitoring system would need to be designed and implemented.</p> <p>Prices of wheat and wheat products are controlled by the government, thus wheat markets require a more comprehensive assessment.</p> <p>Pending the above food aid should be planned for the first nine months of the operation (up to December 2008)</p>
<p>Camps The Palestinian refugees staying in the camp entirely depend on humanitarian assistance. The food received from UNHCR and WFP/SARC is sufficient to cover the refugees' needs.</p>		<p>Continue with assistance as before pending resettlement.</p>
<p>FOOD BASKET</p> <p>Generally people were satisfied with ration and composition although missing powder milk. Canned fish and sardines are not preferred.</p>		<p>Complementary food Consideration need to be given to replacing canned fish and meat with an easily fortified commodity such as biscuits</p>

Wheat flour was not a suitable item in the food basket most Iraqis purchase their bread.		WFP food basket to be maintained as before, pending implementation of the voucher system
B) DELIVERY OF FOOD ASSISTANCE.		
WFP prepared a 9 months project to start from April 2007, the objective of which was to meet the basic food needs of up to 30 000 beneficiaries to address the food insecurity caused by increasing household expenditures, especially housing costs. The first general food distributions took place in September for 33 000 beneficiaries, and beneficiary numbers are planned to reach 45 000-50,000 by the end of this year.		
While the SMS in the food distribution appears to have worked and most refugees were satisfied with the actual distribution process. Those who missed out the food assistance still not clear how to obtain it. Many not sure whether to go to SRC or UNHCR office or community centers. Occasional double distribution of food commodities by UNHCR in Hassakeh and WFP/SARC to the same refugee HH has been recorded.		Focus on information and awareness delivered to the beneficiaries on timing of distribution, entitlements and their knowledge about the process to get those entitlements UNHCR and WFP co-ordinate their food distribution activities better.
Camps		In view of the full dependency on humanitarian aid of the Palestinian refugees staying in Camps, WFP need to improve the quality control of the food positioned for distribution
Warehousing of the food commodities for the EMOP WFP responsibility is to deliver basic food commodities to the Extended Delivery Points (EDPs), which are in this case SARC warehouses in Damascus. SARC uses two warehouses, one in Cargo Village and the other is in Arbeen. WFP has been assisting SARC to maintain proper warehouse management procedures with regard to storage, handling, commodity tracking and inventory. This has been done through regular contact with SARC staff, warehouse visits as well as conducting training for SARC staff. One training session has been conducted focusing on distribution practices, reporting and warehouse management. Nevertheless, SARC's capacity in undertaking best warehouse management practices needs to be improved, especially in keeping track of commodities movement, managing the warehouses in a way makes it easier to conduct inventory, which in turn makes it possible to get the exact balance of commodities at each time.		WFP to provide training to SARC and eventually other implementing partners on commodity management from storage through distribution to reporting.
TARGETING AND REGISTRATION		
Targeting criteria for those to receive food assistance was too rigid and excluded many of those in need, however it is recognized that even an improved system which will increase coverage will still leave many vulnerable excluded, and thus there needs to be active identification of the unregistered vulnerable in the community. Targeting criteria have not been applied to recipients of assistance outside Damascus. Occasional double distribution of food commodities by UNHCR in Hassakeh and WFP/SARC to the same refugee HH has been recorded. Current SARC registration outside of Damascus is limited and does	New targeting criteria were agreed during several meetings between WFP/HCR and SARC. It is recognized that there are cases who will be vulnerable who do not fit into the categories described, and thus there needs to be active identification of the unregistered vulnerables in the community. New targeting criteria has increased the caseload by 15%	New targeting criteria need to be applied and shared with all SARC offices. Mechanisms are put in place for active identification of the vulnerable-through community outreach A mechanism whereby those identified by SARC as vulnerable can be assessed and included in a registration format that can be shared with

not provide any useful information for targeting (except Homs branch), however the strength of SARC is that they reach far more Iraqis than UNHCR 40 to 50% of estimated # Iraqis vs 2/3% UNHCR(??)	Plans to aid refugees should consider refugees population at smaller geographical unit of targeting (i.e. District and Sub-Districts levels) outside of Damascus	UNHCRs data base. Mobile teams in Damascus facilitate fast tracking of registration for identified vulnerable groups.
<p>Registration To register is difficult, and largely relies on self selection. One registration site and one mobile team. Capacity 150 cases per day (??).</p> <p>Confusion about the UNHCR refugee certificate – refugees still not clear about its value and what it provides them – is it protection/residency/or services ? Many Iraqis believe it is for resettlement- supported by the demographics Registration is now a prerequisite for receiving assistance. But the most vulnerable do not/cannot register</p> <p>The purpose of the Hassakeh registration is often misunderstood by the refugees and considered as an exercise similar to the services provided by the UNHCR Mobile Registration Team near El-Hol Camp available for refugees living in KMS and HSK regions and willing to undergo the standard UNHCR registration routine. As a result, the refugees registered by the Hassakh RC continue patiently waiting for their Protection Letters not knowing that the UNHCR-Hassakeh registration was meant for the sole purpose of the distribution of food items.</p> <p>In DZ and RQ provinces neither SARC staff nor Iraqi refugees aware of the meaning of registration by UNHCR.</p> <p>Registered in SARC doesn't mean registered in UNHCR. It means only that the family info is maintained by SARC. No consistent/integrated system of registration in SARC: substantial potential for duplication between branches.</p>	<p>For the identification of vulnerable refugee populations, a credible registration process has to be established, which provides a sound basis for a food distribution system. Therefore, it recommended to identify and establish procedures in conjunction with UNHCR and SARC, to provide a sound data base, in which double counting is excluded.</p> <p>Need for compatible UNHCR/SARC registration process feeding into one database: two tier registration system which will require resources, training and hardware for SARC to pursue. UNHCR to dramatically increase its capacity to register SARC two/tiers registration.</p>	<p>Increased capacity to register is urgently required, to achieve this it is recommended that:</p> <p>UNHCR light registration system (short registration format) is implemented</p> <p>UNHCR increase community outreach to identify vulnerable</p> <p>Standardized and integrated SARC registration system nationwide is implemented</p> <p>SARC upgrade the information of their current caseload as well as reaching out vulnerable cases in marginal urban and rural areas.</p> <p>Capacity of SARC to undertake the light registration and the pre-identification is built, in terms of financing paid staff and training them in registration and in pre-identification. outside of Damascus</p> <p>With increased community outreach and the regular distributions of humanitarian assistance, vulnerable Iraqis will come forward to register with UNHCR will increase the current percentage of beneficiaries to 45% of the registered caseload.</p>
It is feared that even with an enhanced capacity to register it will not keep up with need.		Review targeting criteria and registration 6 months into the operation
C) OTHER CRITICAL FACTORS/EDUCATION/HEALTH		
Vaccination coverage is good, and the Syrian Arab Red Crescent supplies basic essential drugs to Iraqis, for a nominal fee. However, expenditures on health are a major cause for concern amongst the Iraqi population as the burden of chronic disease (CHD and Diabetes) is high and the specialist drugs for these conditions are not available through SARC.		WHO/UNICEF/UNHCR to agree a list of essential drugs for chronic conditions to be provided free through MOH /SARC clinics
No proper nutritional assessment was undertaken as WHO had recently completed one, which indicated a high prevalence of stunting (similar to that found in Iraq during the sanctions). Anemia is also likely due to poor quality food consumption by the poorer groups.		Provide a multiple fortified food commodity in the complementary food basket. E.g replace the unpopular tinned fish with fortified biscuits.
School Enrollment has increased this year from 30,000 to 70,000 but is still low, although it is free, 58% families surveyed have at least one child in school.		

<p>Communication:</p> <p>Lack of information was highlighted as a serious gap for all aspects impacting the lives of Iraqis residing in Syria. Information provided to in the refugee community very poor and is largely limited to rumors in the refugee community (??).</p>	<p>Various channels have been tried to impart information to the refugee population, information leaflets, SMSs, some newspapers. However, there is no single place where refugees can find information regarding registration and entitlements.</p>	<p>Refugees need to be provided with the information they require to understand fully what realistic expectations they have as refugees in Syria. The lessons learnt exercise proposed the following:</p> <p>SMS</p> <ul style="list-style-type: none"> • Agreed as good communication method for short, simple messages • Agreed as a good way to direct people to other information sources • SMS to be used to direct people to the website <p>Posters</p> <ul style="list-style-type: none"> • SARC to look into using space at Jesser Al-Raees, to direct people to lists and website <p>Leaflets</p> <ul style="list-style-type: none"> • UNHCR to develop content for leaflets and print copies. SARC to distribute with each ration <p>Website / Newsletter</p> <ul style="list-style-type: none"> • Website to be used as key information source as before • Future consideration of a printed information source for key information maybe a newsletter or FAQs <p>TV</p> <ul style="list-style-type: none"> • UNHCR will consider possible advertisements on Al Iraqia to give key information <p>Telephone</p> <p>UNHCR hotline already in use for all refugee issues. Operators can continue to ensure they have information about food distributions</p>
<p>E) POPULATION NUMBERS AND NUMBERS FOR ASSISTANCE</p>		
<p>1.2 to 1.5 million Iraqis currently residing in Syria, between 75 and 90 % of them residing in the Greater Damascus Area, the remainder are in towns and rural locations around Syria. These figures which are estimates need to be confirmed. UNDP study commissioned to define number, location, and socioeconomic characteristics is underway.</p> <p>The estimated total Iraqi refugees outside of Damascus is in the range of 150 000 -200,000 persons. 25% of this population is food insecure.</p> <p>Movement of refugees outside Damascus to other areas in Syria appears to be limited.</p> <p>Iraqis opt to stay in Damascus for a number of reasons: large refugee community, more job options, easier access to the Iraqi embassy, UN etc Those outside Damascus settled there directly from Iraq New visa requirements limit movement into Syria and have caused and outflow of Iraqis back to Iraq. Estimated that 1,500 people per day are leaving Syria for Iraq</p>	<p>With increased community outreach and the regular distributions of humanitarian assistance, vulnerable Iraqis will come forward to register with UNHCR, which will increase the current percentage of beneficiaries to 45% of the registered caseload.</p> <p>.</p>	<p>The numbers for food aid/voucher assistance/ 114,000 by April 2008 -269,000 by end of March 2010 average 191,500/month.</p> <p>The above is based upon the following assumptions:</p> <p>Active identification of the vulnerable-community outreach.</p> <p>The Government of Syria will maintain the current visa regulation.</p> <p>The outflow will be monitored.</p> <p>The remaining Iraqi population should be stable for the coming 2 years.</p> <p>UNHCR light registration system is implemented.</p> <p>UNHCR increase community outreach to identify vulnerable.</p>

Annex 1: Terms of Reference

UNHCR/WFP/UNICEF/Government of Syria Joint Assessment Mission

20 – 29 October 2007

Background

UNHCR and WFPs collaboration to address the needs of Iraqi and Palestinian refugees commenced in January 2007 when a three-month emergency project was approved (EMOP10576.0) with CERF funding, in favour of 6 645 vulnerable refugees from Iraq with 348 mt of mixed food commodities. This operation officially closed at the end of June with a final distribution of 178 mt of food commodities (5 items) to 3 294 refugees. In February 2007 WFP undertook a Rapid Food Assessment to prepare a 9 months EMOP (10604.0) to start from April 2007. The objective of which was to meet the basic food needs of up to 30 000 beneficiaries in order to address the food insecurity caused by increasing household expenditures, especially housing costs. while employment opportunities remain low, Iraqi refugees are not entitled to work permits

In the meantime UNHCR scaled up their registration capacity and added 113 000 refugees* to their lists and planned to register 200 000 by the end of 2007.

The first general food distributions took place in September for 33 000 beneficiaries, and beneficiary numbers are planned to reach 45 000 by the end of this year. The first distribution of food aid was delayed for several reasons including the need to spend more time compiling the beneficiary lists for the north east region (apart from the 2 Palestinian camps) and the need for additional discussions between UNHCR and WFP on the most appropriate targeting criteria to be applied to the UNHCR registered refugees. Finally the negotiation of the tripartite agreement with the cooperating partner (CP) and the planning of the distributions in Damascus took four months to complete.

The distribution of roles between UNHCR, WFP and SARC are the following: WFP is responsible to procure and channel the basic food commodities to the EDP (SARC Damascus Branch) and provide technical assistance on warehousing and logistics trainings. WFP also undertakes qualitative and quantitative monitoring of food distributions. UNHCR is responsible for providing the list of beneficiaries that fit with agreed targeting criteria and to provide the operational budget to SARC for the EDP to FDP transport and distribution. UNHCR is also responsible for the provision of funds for procurement of complementary food items through SARC. The CP SARC receives and stores the food at the EDP, organizes secondary transportation to the FDP and distributes basic and complementary food items to beneficiaries.

In June 2007, UNHCR expanded their original appeal to support the internally displaced inside of Iraq and refugees in Syria with registration, protection, non-food items (NFI) and complementary food assistance, health services and education. Another joint appeal issued in July 2007 by UNHCR and UNICEF looked specifically at the inclusion of Iraqi children in the formal and informal educational sector in Syria and Jordan. WHO provided technical support to the Syrian Ministry of Health (MoH) for a health assessment that appears to show an increased prevalence of chronic malnutrition among Iraqis under-five years old.

Figures for Iraqi refugees have not yet been confirmed officially and range from 1.2 to 1.4 million depending on the source of information. As of today, some 90 percent of the potential beneficiaries are settled in urban areas with high concentration in and around the capital Damascus.

Objectives

The Joint Assessment Mission in consultation with representatives from donor embassies will review the overall food and non-food supply situation of the refugees in Syria who are registered to receive assistance in terms of the adequacy of assistance provided to date. And will explore means of improving its delivery. The assessment mission will look at all aspects of assistance to determine the needs of the Iraqis refugees in urban and Palestinians in camp settings in terms of protection, food security, education, health and shelter.

Specifically the joint assessment mission will undertake the following tasks;

NUMBERS AND ASSISTANCE

- Based upon the lessons learnt exercise and review of existing information, determine if the present intervention meets the needs of the Iraqis refugees in both urban and camps settings in terms of protection, food security and access to health, education and shelter.
- Define geographical areas of concentration and trends in settlement, including existing numbers (confirmed/estimated) and projections for 2008.

TARGETING AND REGISTRATION

- Review the WFP-UNHCR targeting criteria in the light of lessons learned from EMOP and the targeting working group, propose an agreed transparent and consistent set of criteria applicable for each specific population.
- Propose mechanisms to reach non-UNHCR registered refugees requiring assistance using agreed targeting criteria in order to ensure no duplication of assistance

FOOD SECURITY

- Based upon the conclusions of the WFP Rapid Assessment, questionnaires and MoH surveys on health and nutrition provide an overview of the refugee's food security, and livelihood strategies.
- Define which vulnerable groups are most at risk to food insecurity and make recommendations on mechanisms for their inclusion.
- Review the adequacy of the basic and complementary ration scale and determine the composition and ration size of food for each specific group
- Provide a detailed account of UNHCRs complementary food basket, detailing beneficiaries, food basket composition and expected duration of assistance.

DELIVERY OF FOOD ASSISTANCE.

- Based upon the lessons learnt exercise analyse the performance and efficiency of the basic and complementary food delivery from the EDP and FDP.
- Include a focus on information and awareness delivered to the beneficiaries on timing of distribution and food ration entitlements. Propose mechanisms to improve delivery of assistance reducing food losses/sales on the market and division of roles and responsibilities.

- **RESPONSE OPTIONS**

- Based upon a markets and feasibility study to be undertaken prior to the JAM, examine if other programming options for example vouchers and/or cash are more appropriate forms of assistance for a section of the beneficiaries than food aid. Estimate number, target group, estimation of cash value and frequency.

COORDINATION

- Compile in one matrix current operations and plans of the UN agencies, RC movement and INGOs to identify synergies and propose a forum for the regular exchange of information .

Output

To provide a report outlining the food and other assistance required for the next 12 to 24 months including the targeting criteria, location and number of potential beneficiaries.

A detailed operational plan on assistance, defining roles and responsibilities of each of the actors in the delivery of this assistance, taking into consideration their appropriateness for the urban based refugee population vs. camp based populations and the different ongoing programs. Identify information gaps and make clear recommendations on data requirements to be filled, e.g. nutrition.

Finally make recommendation for a contingency plan in case of sudden change of the situation (for example voluntary repatriation or sudden influx);

Duration of the exercise

2 weeks in October

Methodology

Information should be collected and compiled by the assessment team through a combination of observation, closed question questionnaires, open ended questions to focus groups as well as formal individual interviews with select beneficiaries and individuals representing key agencies involved with refugee operations:

Reviewing and analyzing available secondary information including but not limited to: The 2006 JAM Report, WFP Rapid Food Assessment Report, IPSOS surveys, UNHCR and WFP Situation Reports and monitoring reports, MoH health assessment, SARC surveys. Brooking institute and ICG reports among others to be identified.

Meeting with key informants:

UN agencies: UNDP, UNHCR, UNICEF, UNWRA, Donors (SDC, ECHO, etc), WFP – head of agencies and focal points for the Iraqi refugee programs

SARC HQ& Damascus Branch, IFRC and ICRC

Ministries: MoE, MoH, SPC

INGO: NRC, DRC, and SCF

Visiting the area of concentration of refugees in and outside of Damascus (market and grocery stores), SARC polyclinics, UNHCR community centers, DRC centers, PHC

Primary data collection through focus group discussion with refugees and hosts, key informant interviews and, if possible, small household survey, covering both the ones who received WFP/UNHCR food and the ones who did not meet the criteria.

Market survey: Market prices, food availability, access to government food subsidized system and private banking system to deliver food/cash

The Analysis should:

- Determine whether current targeting and distribution arrangements succeed in providing assistance to different groups of refugees according to need, and whether there are alternative methods that could be more effective and efficient;
- Determine the extent to which the refugees, or different groups among them, are able to meet the food needs of their families and how the level of self-reliance can be expected to change during the next 12-24 months, whether there are any possibilities for increasing the refugee's self-reliance and what measures and inputs would be required;
- Analyse the dependence of refugees on markets for their livelihoods and food access, analyse trends of market prices for labour and stable food, and determine local market value of WFP food basket (calculate Alpha Value)
- Identify the programs of the UN agencies and Government and others that would promote self reliance in the next 12-24 months
- Understand better the income and expenditure pattern and food sources through a household livelihood analysis to determine their level of self reliance, dependence on markets, etc (through interview of a small sample of households in structured way). .
- Identify the relevance and the pro and cons of cash/vouchers programs compared to in kind food distribution in the current situation
- Identify factors that could be contributing to any observed malnutrition, and possible measures to address those factors.

Annex 2: Food distribution lessons-learnt workshop with action points for WFP

8TH OCTOBER 2007, BLUE TOWER HOTEL, DAMASCUS

Attended by:

Ayman, Mesfin, Anas, Reem (UNHCR); Mona, Samer, Ali, Abu Khaled (SARC); Philippe, Bashar (WFP); Teresa (NRC, Facilitator)

Objectives:

The workshop was held to discuss ways in which we can improve our work following the completion of the first round of food distributions in September. The workshop was to look at issues of effectiveness, efficiency, and accountability, under the following 6 sections;

- Awareness (visibility, communication with refugees, general information sharing between partners)
- The “list” (inclusion/exclusion errors and concerns, targeting criteria, registration processes, monitoring and feedback from beneficiaries)
- Pre-distribution processes (purchasing, warehousing, repackaging, transport, communication, ration cards, timing, distribution points)
- On site distribution processes (volunteer/staff management, handling of beneficiaries, timing, systems used for each step of the process, documentation)
- Accountability and Reporting (commodity tracking, warehousing, documentation, financial systems, budget vs actual)
- Planning and Communication (timing, people management (volunteers & staff), budgets, communication, dealing with problems, overall management)

Methodology:

Each partner provided information in advance of the workshop, detailing their concerns or ideas on their key issues under each sector. The points made by each partner were summarized and presented on flipcharts for the whole group to review. Additional points that had been omitted were added at the start of the workshop.

The issues were then reviewed one by one, by the whole group, and action points, and points of agreement were listed. The full discussion was noted with the different viewpoints, to inform this final report.

Outcomes:

Summary of issue	Main points raised in discussion	Decision / Action point
AWARENESS		
Visibility for all partners at the distribution sites	<ul style="list-style-type: none"> • No visibility for UN agencies at sites outside Damascus • Inequal visibility at Maraad distribution site • Proposal that SARC should be more visible than other partners – this point was not agreed 	<ul style="list-style-type: none"> • Banners to be made with all partners given equal visibility, with SARC in the middle, according to earlier designs. • 50 banners to be produced by WFP and used at all distribution sites
Communication with beneficiaries regarding distributions	<p>SMS</p> <ul style="list-style-type: none"> • Incorrect people received the message in some cases 	<p>SMS</p> <ul style="list-style-type: none"> • Agreed as good communication method for

	<ul style="list-style-type: none"> • Cellphone numbers for most beneficiaries were found to be correct when checking details at the distribution site • Concern that the information given did not match situation outside Damascus (dates, locations) • Confusion noted to be about recent SMS message which directed people to the website, and earlier message for the first distribution which gave other information <p>Posters</p> <ul style="list-style-type: none"> • Suggestion to place posters at Jesser Al-Raees as it is a key transportation point where Iraqis pass • Permission needs to be sought to place more permanent billboards in that area, or fee paid to advertise on the existing boards • Not a good idea to put full lists in this location, as space is limited <p>Leaflets</p> <ul style="list-style-type: none"> • Suggestion of leaflets to be given with rations to detail role of each partner in the food distribution, and entitlements <p>Website</p> <ul style="list-style-type: none"> • Agreement that website is a good source of all key information • Noted that not all beneficiaries have access to the internet, especially outside Damascus <p>TV (Al Iraqia station)</p> <ul style="list-style-type: none"> • Beneficiaries had noted that this was a preferred way to receive information relevant to Iraqi refugees <p>Telephone (hotline)</p> <ul style="list-style-type: none"> • There was a suggestion of a hotline where people can find information about the food distribution 	<p>short, simple messages</p> <ul style="list-style-type: none"> • Agreed as a good way to direct people to other information sources • SMS to be used to direct people to the website <p>Posters</p> <ul style="list-style-type: none"> • SARC to look into using space at Jesser Al-Raees, to direct people to lists and website <p>Leaflets</p> <ul style="list-style-type: none"> • UNHCR to develop content for leaflets and print copies. SARC to distribute with each ration <p>Website / Newsletter</p> <ul style="list-style-type: none"> • Website to be used as key information source as before • Future consideration of a printed information source for key information maybe a newsletter or FAQs <p>TV</p> <ul style="list-style-type: none"> • UNHCR will consider possible advertisements on Al Iraqia to give key information <p>Telephone</p> <ul style="list-style-type: none"> • UNHCR hotline already in use for all refugee issues. Operators can continue to ensure they have information about food distributions and can anticipate FAQs <p>General</p> <ul style="list-style-type: none"> • All media messages and materials to be approved by all partners to ensure consistency and agreement, with equal visibility
THE LIST		
Timeframe for finalising list	<ul style="list-style-type: none"> • List to be provided 15 days in advance of the distribution, as before 	<ul style="list-style-type: none"> • Agreed that final list prepared 15 days in advance of

	<ul style="list-style-type: none"> • Issued raised about special cases as assessed by SARC for inclusion in the list 	<p>distribution start date</p> <ul style="list-style-type: none"> • Agreed that SARC assessed people to be listed and provided in the agreed format before this, to allow UNHCR time to cross check and finalise the list. • For next distribution, lists to be finalised before Eid and submitted to UNHCR
Targeting Criteria	<ul style="list-style-type: none"> • Criteria being set for next year by the working group, so referred most issues to this meeting • The number of rations distributed outside Damascus exceeded the agreed number of 10,000, and many who received did not meet the criteria, and/or were not registered by UNHCR • Suggestion was made that SARC evaluate people for humanitarian aid outside UNHCR registration. Rejected as registration is the role of UNHCR, and the tripartite agreement is only for UNHCR registered beneficiaries 	<ul style="list-style-type: none"> • From 2008, only UNHCR registered people will be entitled to food aid (if they meet the targeting criteria) • SARC/UNHCR/WFP Country Directors, Senior Managers to meet to take a decision on if/how to support to those not registered by UNHCR, including the previously agreed 10,000 people outside Damascus • To give Nov/Dec food rations to those who are not UNHCR registered, but received in the last distribution, pending a return to the criteria in 2008
Ration scales	<ul style="list-style-type: none"> • Concerns about the size of the rice ration • Concerns that the ration did not include items for children / babies and was the same for people of any age • Concerns about sustainability of current ration size, and complimentary ration • Suggestion to give (as example) 2 boxes to families of 1-4 people, 3 boxes for families of 5-8 people, etc, as rations are quite generous 	<ul style="list-style-type: none"> • The JAM to review the current ration scales and make recommendations addressing the issues noted • No changes to be made to rations until 2008 earliest
Duplication between distributions inside and outside Damascus	<ul style="list-style-type: none"> • During the last distribution some people received food in more than one location • Concern that distribution numbers must be clear and agreed <u>in advance</u> to ensure enough food is available to complete the distribution, and we do not over-distribute 	<ul style="list-style-type: none"> • Duplication issue will be resolved by ration cards being compulsory from 2008, and only issued by UNHCR • Distribution numbers to be clearly communicated in advance, per location, and not changed • UNHCR to communicate

		<p>numbers on the list as early as possible</p> <ul style="list-style-type: none"> • WFP to communicate maximum numbers used in planning (including the natural growth in numbers as registration increases) to all partners to avoid any over distribution • SARC to ensure that final distribution numbers are within agreed limits
PRE DISTRIBUTION PROCESSES		
Repackaging operation: documentation and reporting	<ul style="list-style-type: none"> • Concern expressed that reports had not been received, and that there did not seem to be good record keeping of the repackaging operation and the movement of stocks to FDPs 	<ul style="list-style-type: none"> • SARC to provide all distribution reports to WFP before Eid (within two days) regarding receipts, distribution, and balances of food stocks • Reporting deadlines agreed as 15 days after final distribution day • WFP/SARC to review CTS (Commodity Tracking System) in place
Coordination of different types of distributions	<ul style="list-style-type: none"> • Noted that this could ease burden to SARC and refugees • Discussion around other distributions and when they would occur • Decided that there is little scope for coordination as other distributions are less frequent or one-off • Agreed that organising according to capacity at different times was a good idea 	<ul style="list-style-type: none"> • Education distribution for next school year to be at a different time from food distribution
Frequency of distributions	<ul style="list-style-type: none"> • Agreed as bi-monthly due to logistics capacity and repackaging has already begun with this in mind • Iraqis also preferred bi monthly distributions 	<ul style="list-style-type: none"> • Two month ration at next distribution
Length of time for distributions	<ul style="list-style-type: none"> • Need to serve as many people as possible per day, to reduce overall timeframe of distribution • Strict deadline to end the distribution to facilitate better planning and reporting • Exact dates and length to be determined once lists and numbers 	<ul style="list-style-type: none"> • SARC to prepare distribution plans according to capacity and numbers/situation for each location, for warehousing/storage, distribution, and trucking. This will follow a review of capacity at each site and of

	<p>are finalised</p> <ul style="list-style-type: none"> • New sites for those already holding ration cards will be able to process faster, due to less steps in the distribution process • Maximum numbers served last time was 435 families in one day, working 8am to 3pm shift, including issue of ration cards • Space, labour, and warehousing capacity are factors influencing overall processing capacity. This varies across the sites used • Proposal to start the working day at 8 or earlier to serve maximum numbers per day 	<p>central warehousing and trucking capacity</p> <ul style="list-style-type: none"> • Distributions sites and resources to be ready 3 days in advance of distribution start date • Minimise number of distribution days with two shifts per day. Start as early as possible (before 8?) considering volunteer availability • SARC to inform UNHCR of increased funding needs if current funding does not support enough staff to organise distributions in this way
Simultaneous distributions in different locations	<ul style="list-style-type: none"> • There are enough volunteers in Damascus to do this, but capacity is more limited outside Damascus • Storage is an issue outside Damascus, but could be resolved with daily deliveries 	<ul style="list-style-type: none"> • SARC to inform UNHCR of increased funding needs if current funding does not support enough staff to organise distributions in this way • SARC to prepare distribution plans according to capacity and numbers/situation for each location, for warehousing/storage, distribution, and trucking
Number of distribution points	<ul style="list-style-type: none"> • Suggested to add FDPs in Sayeda Zainab and Jaramana to be closer to areas where Iraqi refugees live • Space available in Sayeda Zainab, but in Jaramana space is limited if we don't want to disrupt clinic activities • Request for UNHCR to have contact point for information at each site. Agreed that this need will be covered by written information on site and SARC volunteers (see next section) • Request that beneficiaries have full flexibility to choose their collection point to accommodate those changing address, and personal preference. This was not agreed due to logistical and planning constraints • Discussion around opening a DP in Aleppo, although there is no SARC 	<ul style="list-style-type: none"> • New distribution point to be opened in Sayeda Zainab to serve people from Sayeda Zainab and Jaramana, who already have ration cards • Jaramana distribution point to be looked into if possible • Al Maraad point will stay for people in other locations, and those not having a ration card • UNHCR to produce lists for each location according to the above • SARC to provide total numbers per location (outside Damascus) in their distribution plans to allow determination of how many DPs are required to meet the agreed 10,000 cases

	<p>polyclinic, and the DP used for Aleppo cases in the first distribution was Idlib (where there is a SARC clinic)</p> <ul style="list-style-type: none"> • Proposal to open DPs in Tartous and Der-El-Zur for next distribution 	<ul style="list-style-type: none"> • Country Director/ Rep level meeting to determine appropriateness of new distribution points outside Damascus in line with agreed distribution numbers (limit of 10,000 beneficiaries, etc)
Ration Cards	<ul style="list-style-type: none"> • Agreement that ration cards may only be collected at Al Maraad, although after this initial collection people can use other distribution points in future • Beneficiaries outside Damascus must also come to Al Maraad for the first distribution to collect their ration card 	<ul style="list-style-type: none"> • Ration cards to be given only at Al Maraad. All beneficiaries to come to Al Maraad for their first distribution, including those outside Damascus
Actual dates of distribution	<ul style="list-style-type: none"> • Suggestion to use the same dates for each distribution to allow people to always come on the same date of each month. Agreed that this may be possible in future, but with changing locations, increasing caseload, etc this is more appropriate for future distributions • WFP requested that the distribution date be moved to start on 18th November due to pipeline problems caused by the rejection of a shipment of American rice. Requests for the date to be 11th November if possible • Concern about having distributions on Fridays 	<ul style="list-style-type: none"> • WFP to confirm regarding pipeline issues and possibility to commence distribution on 11th November as preferred by all parties • Agreement that there will be no distributions on Fridays. SARC to schedule accordingly
Communication between partners	<ul style="list-style-type: none"> • Suggestion to hold periodic meetings where decisions can be made with all partners present • Discussion about frequency of meetings and attendees • Discussion about best method of communication, especially as SARC staff do not have individual email accounts • Discussion around how best to share information from SARC branches outside Damascus 	<ul style="list-style-type: none"> • Agreed representative from each organisation for periodic meetings as follows; <ul style="list-style-type: none"> ○ SARC Damascus – Samer ○ SARC Other – Ali Haider ○ WFP – Philippe ○ UNHCR – Ayman / Mesfin This responsibility to be delegated if necessary to ensure representation at all meetings from each partner • Meetings to be held periodically as needed • All communication to be sent by fax as well as email, and telephone to be used more frequently to share information

		<ul style="list-style-type: none"> • Ali Haider identified as focal point for all information sharing regarding branches outside Damascus
ON SITE DISTRIBUTION PROCESSES		
Family size	<ul style="list-style-type: none"> • Concern that the database figures and real figures did not always match. Confirmed that issue has already been resolved by UNHCR and in many cases was resolved onsite by Baghdadi 	No further action
Volunteers	<ul style="list-style-type: none"> • Suggested benefits of using the same volunteers as much as possible, for the distribution for consistency and to use their experience and knowledge • Volunteers to be professionally managed with clear roles and responsibilities, clear reporting lines, working hours roster, and organigram • Discussion regarding transparent incentives for volunteers, which are the same, or reflect specific responsibilities of each person • Suggestion of at least one employee per site to provide experience over time, improved accountability, and ensure standardised system • Suggestion to have one distribution site manager as a focal point for all information, responsible to ensure accountability on site, and handle money and manage volunteers • Suggestion to have one volunteer working as the 'information point' for all queries to prevent the time taken with people directing their questions to all volunteers on site • Concern of not enough volunteers to support food distributions outside Damascus 	<ul style="list-style-type: none"> • Same volunteers to be used as much as possible for future distributions • SARC to provide volunteers with clear roles and responsibilities, and reporting lines, working hours roster, and organigram for the team • Volunteer incentives to be standard and transparent for everyone • Volunteers to receive basic training and induction before the distribution on key messages, processes, FAQs, etc • A SARC staff member to be employed in every branch to oversee distribution activities • Site manager to determine need for an information focal point on site, as per site needs • Written information to be available on site to support information needs of beneficiaries for volunteers to refer people to
Security on site	<ul style="list-style-type: none"> • Concern that the police did not provide security in the way that we wanted • Security not an issue at branches outside Damascus • Security necessary to manage crowds 	<ul style="list-style-type: none"> • SARC to hire private security firms for future distributions in Damascus • Private security staff to be briefed/trained on expectations, processes, how to handle beneficiaries, etc

	and the flow of people at Damascus DPs	
Media on site	<ul style="list-style-type: none"> Concern around the management of media on site, messages given and the large number of people wishing to take pictures, film, conduct interviews Concern that some press do not have ministerial approval to operate Concern that there is a lot of press attention, despite the fact that we are not reaching many Iraqis 	<ul style="list-style-type: none"> A media focal point to be identified by each partner All queries on site to be referred to the media contact person/people to ensure consistency of messages All press to have ministerial permission (through SARC) to operate and report
Communication and messages to beneficiaries	<ul style="list-style-type: none"> Messages to be consistent and positive at all times Some finger pointing at the last distribution does not present unified and positive messages to the beneficiaries (ie blaming UNHCR if someone is not on the list) 	<ul style="list-style-type: none"> Volunteers to be trained to ensure consistency of messages Messages to be positive and clear Messages to be unified from all partners
Transport for beneficiaries	<ul style="list-style-type: none"> Concern that the provision of transport is expensive and difficult to manage Suggestion that the provision of transport be cancelled completely. Rejected as Al Maraad to areas where Iraqis live could be as much as 300/400 SYP. Suggestion that a cash payment be given to beneficiaries to support transport needs, rather than provide transport. Rejected as cash handling carries other risks. Some beneficiaries were asked to pay the drivers up to 400 SYP after the vehicle had left the site, to complete the journey 	<ul style="list-style-type: none"> Transport to continue to be provided at Al Maarad only. This will reduce over time with the introduction of other DPs No transport will be provided at Sayeda Zainab DP, or outside Damascus Formal communication on site to beneficiaries that transport is provided by UNHCR, and free of charge for them, and they should complain if any driver tries to charge them Meeting with all drivers to advise them that they must not try to charge fees to beneficiaries
Improve on site storage of food	<ul style="list-style-type: none"> Food to be stored securely and locked inside Food to be stored out of the sun/rain Good recording keeping of movement and storage of food items 	<ul style="list-style-type: none"> SARC to ensure that food on site is secure and stored inside to prevent damages CTS to be in use (as mentioned previously)
Improve verification process	<ul style="list-style-type: none"> Suggestion of electronic verification of beneficiaries at all sites 	<ul style="list-style-type: none"> Agreement that ration cards will reduce duplication and ease verification on site Al Maraad to continue to operate as before for beneficiary verification
Standard distribution system	<ul style="list-style-type: none"> Concern that distribution systems in use were not consistent 	<ul style="list-style-type: none"> Standard distribution system to be developed and implemented

	<ul style="list-style-type: none"> • Standard distribution systems will improve distribution capacity and ensure consistency of approach • Standard distribution systems will support better record keeping and reporting 	across branches
ACCOUNTABILITY & REPORTING		
Commodity Tracking System and Inventory	<ul style="list-style-type: none"> • Need to record stocks in/out of the warehouse and each FDP and document all food movement • Full inventory suggested after each distribution 	<ul style="list-style-type: none"> • Full inventory after each distribution, at each location • Other actions covered in earlier discussions
Clarity on exact reporting requirements	<ul style="list-style-type: none"> • Need to consolidate reporting requirements of UNHCR/WFP/SARC into one document that supports all needs • One page report or need for narrative? • Concern that reporting on previous distribution has been poor to date, as reports not yet received 	<ul style="list-style-type: none"> • SARC to consolidate all reporting requirements into one document with narrative to be provided only where problems were experienced
Computerised systems and ability to provide data on beneficiaries	<ul style="list-style-type: none"> • Lack of database at SARC branch level makes it difficult to verify beneficiaries, and to provide reporting data for those not registered by UNHCR • Future distributions will only be UNHCR registered beneficiaries so age and gender data can be provided from the UNHCR database • Ration cards will remove confusion over who is registered or not in future 	No further actions were noted
Timing and responsibility for reporting	<ul style="list-style-type: none"> • Clarification of when reports are required • Clarification of what exactly is required, and who is responsible to provide this information 	<ul style="list-style-type: none"> • Reports to be submitted no more than 15 day after the final day of distribution • Reports to be per location, with a consolidated report for all locations • Reports to note losses and damages, and error margins as per agreement • Reports to be stamped and approved within SARC before submission • Physical inventory to be carried immediately after the distribution, and report

		submitted
Cost benefit analysis	<ul style="list-style-type: none"> • Needed to determine if we are operating to budget • Needed to determine if we are operating in a cost effective manner • WFP carry out a CBA as standard for the food that they provide 	<ul style="list-style-type: none"> • A full CBA to be carried out at the end of the EMOP to determine overall cost efficiency
PLANNING & COMMUNICATION		
Clear, consistent messages to beneficiaries	<ul style="list-style-type: none"> • Need for clarity and consistency on FAQs from beneficiaries 	<ul style="list-style-type: none"> • Exact messages to be developed at the next meeting
Coordination between all 3 partners	<ul style="list-style-type: none"> • No bilateral decision • No changes to agreements without discussion • No last minute changes • Regular meetings 	<ul style="list-style-type: none"> • All actions covered in earlier discussions
Volunteer turnover	<ul style="list-style-type: none"> • Suggestion to replace some volunteers with staff to reduce turnover • Discussion around how to motivate and support volunteers • Clear, standard incentives for volunteers, and proper management 	<ul style="list-style-type: none"> • All actions covered in earlier discussions
Standard distribution system	<ul style="list-style-type: none"> • Need for standard system (as noted earlier) 	<ul style="list-style-type: none"> • All actions covered in earlier discussions
Better advanced planning	<ul style="list-style-type: none"> • Improve on last minute planning at last distribution 	<ul style="list-style-type: none"> • Already in progress with this workshop • Agreed by all as the best way to improve
Improve communication between partners	<ul style="list-style-type: none"> • As noted previously 	<ul style="list-style-type: none"> • All actions covered in earlier discussions
Improve internal communication	<ul style="list-style-type: none"> • Identify focal points for information 	<ul style="list-style-type: none"> • All actions covered in earlier discussions

Annex 3: Terms of Reference - Market Assessment

WFP Syria, 3-14 October 2007

Background

The market assessment is supposed to feed into the Joint Assessment Mission, scheduled for October 2007, in order to guide decision-making with regard to responses, modalities and possible impact of assistance for Iraqi refugees in Syria.

WFP Programme Guidance Manual (PGM) explains the rationale behind market assessment; “WFP’s policy commits the use of food aid to only where it has a comparative advantage and where food aid does not negatively impact on local food production and marketing systems. Food market assessment therefore provides tools for planning food aid interventions and local or regional food purchases with the assurance that their impact on local food production and markets is kept minimal if at all. The principles of food market assessments are the same in emergency, recovery or development situations. However, the depth of an assessment may vary depending on prevailing conditions and urgency for action.”

The approach and activities described below are adapted to the current urban refugee setting in Syria and to the limited time for the market assessment.

Objectives and activities of the market assessment

- Assessment of the feasibility of cash/voucher program in providing assistance.
- Analysis of the governmental food subsidy system, and advice on its suitability for the implementation of a cash/voucher program.
- Assessment of the functioning of markets (food commodities, housing and labour) with regard to Iraqi refugees and their areas of concentration.
- Exploration of possible impacts (positive and negative) of a cash/voucher program on markets. Special focus should be on prices for food commodities and house rent.
- Analysis of food prices in markets in Damascus, rural Damascus and in cities where there is high concentration of Iraqi Refugees.
- Assessment of the dependence of vulnerable groups on markets with regards to their livelihood and access to food.
- Assessment of food demand: national consumption estimates, per capita consumption (by commodity) and Iraqi refugees’ food consumption habits and preferences as well as the local consumption habits and preferences.
- Tasks/activities with regards to the transfer system
- Assess the transaction costs (including transport and storage costs) per person in providing the governmental food subsidy.
- Assess different types of transfer systems such as voucher system, bank transfer system (incl. ATM machines), cash distribution etc.

- Identify potential alternative uses (for purposes other than purchase of food commodities) of cash or vouchers: selling vouchers, receiving money from a shopkeeper in exchange for a voucher and selling of commodities on the open market.
- Identify the extension of the governmental shops network involved in the governmental subsidy system, with special focus on the concentration areas of Iraqi refugees.
- Collect price information with focus on WFP basic commodities, UNHCR complementary commodities and commodities preferred by Iraqi refugees.
- Estimate the proportion of household income that is spent on basic food items.
- Provide an overview on household income and expenditure
- Identify the most significant needs of vulnerable households (food, shelter, health, education and income) and risks involved.

Methodology

The assessment should involve analysis of primary data and secondary information gathered to draw conclusions and make appropriate recommendations. The analysis may entail both qualitative and quantitative types of information.

Proposed Timeline

Finalizing TOR	3	October
Prepare analysis plan, meeting schedule & field survey	3-5	October
Secondary data analysis	4-6	October
Field work	7-11	October
Data analysis and report writing	12-15	October
Presentation of preliminary findings to the JAM team	16	October
Submit final report	22	October
Terms of Reference		
Market Assessment		

Annex 4: Household Questionnaire

COMPLETE BEFORE THE INTERVIEW

Date :	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>/</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>/</div> <div>2007</div> <div> <div>Month</div> <div>Day</div> </div>
Area :	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
Questionnaire ID:	<div> <div></div> <div></div> <div></div> <div></div> </div>
Enumerator Name/ID :	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
Supervisor Name/ID:	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
Signature of Supervisor for Verification:	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

Guidance for introducing yourself and the purpose of the interview:

- My name is _____ and I am doing a survey for UNHCR, WFP and UNICEF.
- Your household has been selected by chance from all households in the area for this interview. The purpose of this interview is to obtain information on your activities and food consumption. It helps us understand the food security situation. The results of the survey will bear no effect on the prospects food aid and/or registration.
- The survey is voluntary and the information that you give will be confidential. The information will be used to prepare reports, but neither you nor any other names, will be mentioned in any reports. There will be no way to identify that you gave this information.
- Could you please spare some time (around 40 minutes) for the interview?

NB to enumerator: DO NOT suggest in any way that household entitlements could depend on the outcome of the interview, as this will prejudice the answers.

Respondent should be the head of the household, preferably with the assistance of the person who deals directly with food preparation.

SECTION 1 – HOUSEHOLD DEMOGRAPHICS

A household is defined as a group of people who routinely eat out of same pot.

Persons that work and stay occasionally outside the current location, but do eat with the household while present, should be included.

1.1	Sex of household head interviewed	1 = Male		2 = Female	
1.2	Highest level of education of household head	1 = Illiterate		5 = Tertiary	
		2 = No formal education		6 = Undergraduate	
		3 = Elementary		7 = Postgraduate	
		4 = Secondary		9999 = NR	
1.3	Total number of people living in the Household	<div> <div></div> <div></div> <div></div> </div>		<div> <div></div> <div></div> <div></div> </div>	
	<div> <div>Males</div> <div>Females</div> </div>	<div> <div>0 to 4 : <div></div></div> <div>5 to 17 : <div></div></div> <div>18 to 59 : <div></div></div> <div>60+ : <div></div></div> </div>		<div> <div>0 to 4 : <div></div></div> <div>5 to 17 : <div></div></div> <div>18 to 59 : <div></div></div> <div>60+ : <div></div></div> </div>	
1.4	How many persons in your household are living with disabilities?	<div><div></div><div></div></div>		9999 = NR	
1.5	How many persons in the household are not relatives of the household head (eg. who are not brothers/sisters, nephews, father, mother, etc.)?	<div><div></div><div></div></div>			
1.6	Is there a child (0-17 years) in your household who is an orphan?	1 = Yes	0 = No	8888 = NA	9999 = NR
1.7	How many adults (18-59 years) in your household are engaged in some type of economic activity?	<div><div></div><div></div><div></div><div></div></div>			
WRITE 8888 IF NOT APPLICABLE, WRITE 9999 IF NO RESPONSE					

1.8	Have any of the adults (18-59 years) been unable to work during the last three months due to disability, illness or age?	1 = Yes	0 = No IF NO GO TO SECTION 2	9999 = NR
1.9	If yes, how many were unable to work? WRITE 9999 IF NO RESPONSE	□□□□		

SECTION 2 – HOUSEHOLD CIRCUMSTANCES

2.1	Are you registered?	1 = Yes	2 = No IF NO GO TO 2.4		
2.2	Where are you registered?	1 = UNHCR	2 = SARC		
2.3	Why did you choose to be registered? CIRCLE ALL THAT APPLY	1 = To receive medical care	4 = For immigration documents (Visa)		
		2 = To receive food	5 = General assistance		
		3 = To receive support for housing	6 = Other		
2.4	If you are not registered, what is the reason?	1 = Don't know about UNHCR/SARC	3 = No need		
		2 = No registration centre available	9999 = NR		
2.5	If you there is the possibility, will you register? CIRCLE 8888 IF ALREADY REGISTERED	1 = Yes	2 = No	8888 = NA	
2.6	When did the household head move to the current location?	Year □□□□	Month □□	8888 = NA	9999 = NR
2.7	Do you have plans to travel back to your country of origin in the next 6 months?	1 = Yes IF YES GO TO 2.9	0 = No	9999 = NR	
2.8	If no, what is the main reason for not traveling back? Main problem □□□□ Second problem □□□□	1 = No home / land in place of origin	3 = Closure of border		
		2 = Don't have enough money to return	4 = Not interested		
		5 = Insecurity	6 = Other		
2.9	Do you have any plans to move to another location in the next 6 months?	1 = Yes	0 = No IF NO GO TO 2.12		
2.10	If yes, where will you move to?	1 = Inside Damascus	3 = Different region		
		2 = Outside Damascus (surrounding areas)	4 = Different country (out of Syria)		
2.11	What is the reason for your plans to move? CIRCLE ALL THAT APPLY	1 = To find a better house	3 = Cannot afford the rent		
		2 = To join relatives/friends	4 = Other		
2.12	How does the closure of border affect your household? CIRCLE ALL THAT APPLY	1 = Cannot collect PDS ration	3 = Family members are separated		
		2 = Cannot receive remittance	4 = Not affected 5 = More expensive to renew		
2.13	Is the house you are occupying owned or rented?	1 = Owned	3 = Staying with relatives/friends		
		2 = Rented	4 = Homeless		
		9999 = NR			
2.14	Do you share your house with another family?	1 = Yes	0 = No IF NO GO TO 2.15		
2.15	With how many persons do you share your house (apart from your own family)?	□□			

2.16	How much did you pay for your rent, last month ? WRITE 0 IF NO RENT	_____	
2.17	How much did you pay for your rent, this year ? WRITE 0 IF NO RENT	_____	
2.18	How much did you pay for your rent, last year ? WRITE 0 IF NO RENT	_____	
2.19	What is the main source of drinking water for your household? CIRCLE ONLY ONE	1 = Public tap	2 = Purchase through vendor
2.20	Do you have a bathroom?	1 = Yes	2 = No
2.21	Are all of your children aged 5-17 years enrolled at school?	1 = Yes IF YES GO TO SECTION 3	2 = No
2.22	If no, how many of your children are not enrolled at school?	_____	
2.23	What is the main reason for not enrolling them?	1 = The family can not afford the fees	4 = My children are working
		2 = There is no places in schools in the neighborhood	5 = They did not pass the admission test
		3 = Lack of documentation from schools in Iraq	6 = other
2.24	Do you plan to enroll your children at school in the near future?	1 = Yes	2 = No
2.25	Why do you wish to enroll your children at school?		
2.26	Did you receive about school materials assistance from SARC?	1 = Yes	2 = No
2.27	If no, did you hear about school assistance materials?	1 = Yes	2 = No

SECTION 3 – SOURCES OF INCOME / HOUSEHOLD ASSETS

Please complete the table, one source at a time.		During the last three months, what were your household's most important income sources? (use income source codes, up to two sources)	Using 'divide the pie' method, please estimate the relative contribution to total income of each source (%)
3.1	Most important	_____	_____
3.2	Second	_____	_____
Income source codes: 1 = Savings 2 = Informal work 3 = Remittance 4 = Pension 5 = Own Business 6 = Loan 8888 = NA 9999 = NR			
3.3	For how long do you expect your current saving to last?	1 = Less than a week	4 = Up to six months
		2 = Less than a month	5 = About a year
		3 = Up to three months	9999 = NR
3.4	Have you sold any of your assets in the past 6 months?	1 = Yes	2 = No IF NO GO TO SECTION 4
3.5	If yes, why? Give two main reasons. Reason 1 _____ Reason 2 _____	1 = Buy food	5 = Pay debt
		2 = Pay for rent	6 = Other emergency
		3 = Pay for education fees	9999 = NR
		4 = Pay for medical expenses	

SECTION 4 – HEALTH / CARE PRACTICES

4.1	Have you used a health facility during the last 6 months?	1 = Yes IF YES GO TO 4.3		2 = No	
4.2	If no, what is the main reason? CIRCLE ONLY ONE	1 = No money		3 = Don't know where to go to	
		2 = Health facility is too far away		9999 = NR	
4.3	What type of health facility did you visit?	1 = Private clinic		5 = Public clinic centre (NGO, Government etc.)	
4.4	How much did you pay for your most recent visit to the private/public health facility? WRITE 8888 IF NOT APPLICABLE	_____			
4.5	What type of assistance did you receive in your most recent visit to the public facility?	1 = Consultation		3 = Vaccination	
		2 = Medicine		4 = Other	
4.6	Are you breastfeeding your children aged 0-24 months? CIRCLE 8888 IF NOT APPLICABLE	1 = Yes	2 = No		8888 = NA
4.7	Has any of your children aged 6-59 months suffered from the following recently? CIRCLE ALL THAT APPLY; 8888 IF NOT APPLICABLE	1 = Diarrhea		3 = Coughing/other respiratory illness	
		2 = Fever		8888 = NA	

SECTION 5 – FOOD CONSUMPTION

5.1	How many times did the adults (18+) in the household eat yesterday ?	____ Times	WRITE 8888 IF NOT APPLICABLE, WRITE 9999 IF NO RESPONSE	
5.2	How many times did the adolescents (5-17) in the household eat yesterday ?	____ Times		
5.3	How many times did the children (0-4) in the household eat yesterday ?	____ Times		
<ul style="list-style-type: none"> Over the last seven days (one week), how many days did you consume the following foods? What are the two main sources of the food? (use the source codes below) 				
	Food Item	Number of days (0 to 7)	Source (8888 = NA, 9999 =NR)	
5.4	Cereals (rice)	____	____	____
5.5	Bread/pasta	____	____	____
5.6	Potatoes	____	____	____
5.7	Canned meat	____	____	____
5.8	Chicken/lamb	____	____	____
5.9	Canned fish	____	____	____
5.10	Fish (including fresh, dried and smoked)	____	____	____
5.11	Oil and fats	____	____	____
5.12	Eggs	____	____	____
5.13	Milk (liquid)	____	____	____
5.14	Powdered milk	____	____	____
5.15	Infant formula	____	____	____
5.16	Yoghurt	____	____	____
5.17	Lentils/beans	____	____	____
5.18	Vegetables	____	____	____
5.19	Fruits	____	____	____
5.20	Tea	____	____	____

5.21	Sugar/sweets	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.22	Soup	<input type="text"/>	<input type="text"/>	<input type="text"/>
Source codes: <div style="display: flex; justify-content: space-between;"> <div> 1 = Borrowed 2 = Purchase 3 = Gift </div> <div> 4 = WFP/UNHCR/ SARC food package 5 = Caritas 6 = PDS 8888 = NA 9999 = NR </div> </div>				

SECTION 6 – HOUSEHOLD EXPENDITURE & DEBT

		Monetary expenditure during the last month (<i>in SP</i>) WRITE 9999 IF NO RESPONSE		
6.1	Education, school fees	<input type="text"/>		
6.2	Electricity/fuel bill	<input type="text"/>		
6.3	Medical expenses, health care	<input type="text"/>		
6.4	Clothing, shoes	<input type="text"/>		
6.5	Repayment of debts/borrowing	<input type="text"/>		
6.6	Remittance to relatives and friends	<input type="text"/>		
6.7	Social events (i.e. expenditure during Ramadan)	<input type="text"/>		
6.8	Food	<input type="text"/>		
6.9	Telephone use	<input type="text"/>		
6.10	Transport (in general)	<input type="text"/>		
6.11	Expenditure for traveling to collect PDS WRITE 8888 IF NOT APPLICABLE	<input type="text"/>		
6.12	During the past 3 months, did you or any member of your household borrow money?	1 = Yes	0 = No IF NO GO TO SECTION 7	9999=NR
6.13	What was the main reason for your borrowing? CIRCLE ONLY ONE	1 = To buy food		5 = To pay for education
		2 = To pay for health care		6 = Other
		3 = To pay for rent		9999 = NR
		4 = To start a business		
SECTION	How did you repay your loan? CIRCLE ONLY ONE	1 = Own income		
		5 = Remittances		
In the last CIRCLE		2 = Selling assets/belongings		6 = Other
		3 = Food aid (returned in kind)		9999 = NR

7.1			
7.2			
7.3			
7.4			
7.5		4 = Food aid (sold and repaid in cash)	
7.6			
7.7			
7.8			
7.9			
6.14			

SECTION 8 – FOOD ASSISTANCE

8.1	Did any of your household members receive food aid in the last 6 months?	1 = Yes	0 = No IF NO END QUESTIONNAIRE	9999 = NR
8.2	Where did you receive your food aid from?	1 = PDS	2 = WFP/UNHCR/SARC	3 = Other
8.3	The monthly food ration is generally used during how many weeks of the month? INDICATE 1, 2, 3 OR 4 FOR THE NUMBER OF WEEKS			
8.4	How adequate was the amount of food you received?	1 = More than enough	2 = Sufficient	3 = Less than enough
8.5	How was the quality of the food you received?	1 = Good		2 = Poor
8.6	Did you sell, barter or give away any food aid to people other than your household members last month?	1 = Yes	0 = No	8888 = NA 9999 = NR
8.7	Who consumes the food aid?	1 = All household members		3 = No one
		2 = Household and non household members		9999 = NR

Annex 5: Logistics Matrix

	Areas	Vehicles & Drivers	Team members				Date	Time
			Function	ID #	Name	Organisation		
Team 1	Damascus1: Masaken Barza and Sayda Zeinb	1 (UNICEF: 1 vehicle and 1 driver)	Team leader	11	Sarah Khan	UNHCR	21-24 Oct	ETD to field: 21st Oct at 8 am Meeting point: UNICEF office
				12	Iman Bahnasi	UNICEF		
				13	Anne Callanan	WFP		
				14	Adham Musallam	WFP		
				15	Samer Akhras	SARC		
				16	Mohamad Bakkar	WFP		
				17	Waseem Alzarou	SARC		
				18	Ranya Aswad	UNICEF		
Team 2	Damascus2: Jaramana, Yarmouk and Qudsya	1 (WFP: 1 vehicle and 1 driver)	Team leader	21	Haitham El-noush	WFP	21-24 Oct	ETD to field: 21st Oct at 8 am Meeting point: UNICEF office
				22	Mai Barazi	UNHCR		
				23	Kutaiba Al-Khani	SARC		
				24	Alasdair Gordon	IFRC		
				25	Amelia Reese	UNICEF		
				26	Emad Abdalmagid	UNHCR		
				27	Gehan Joudeh	SARC		
				28	Carina Svenfelt	SARC		
Team 3	Sub-team1: Aleppo, Idleb, hammah. Sub-team2: Aleppo, Homs, Hamah	2 (WFP: 2 vehicles and 2 drivers)	Team leader	31	Philippe Puyo	WFP	20-24 Oct	EDT from Damascus: 20th oct at 8 am Meeting point: UNICEF office
				32	Marius Campean	UNHCR		
				33	Bashar Elias	WFP		
				34	Teresa Cullip	SARC/NRC		
				35	Ali Hayder	SARC		
				36	Tareq Al shraf	SARC/Homs		
Team 4	Sub-team1: AlHassakeh, Kamshli, Al Hol. Sub-team2: AlRaqah, Der es Zour	2 (WFP: 1 vehicle & 1 driver, UNHCR: 1 vehicle and 1 driver)	Team leader	41	Zelim Yandarov	UNHCR	20-24 Oct	EDT from Damascus: 20th oct at 8 am Meeting point: UNICEF office
				42	Bashar Akkad	WFP		
				43	Wael Al-Ahdali	SARC		
				44	Muthanna Al Farhan	SARC/Der Zour		
Team 5	UNHCR registration center in Duma			51	Mari threas	UNHCR		
				52	Rasha Yousif	UNHCR		
				53	Husam Mustafa	UNHCR		
Total	13	Vehicles = 6 Drivers = 6			23	4	5	

Annex 6: Common Action Framework on health needs of Iraqis living in Syria

Ministerial Consultation on the Health Needs of Displaced Iraqis living in Neighbouring Countries. 29-30 July 2007

Common Action Framework

Introduction

The purpose of the Ministerial Consultation held in Damascus on 29-30 July 2007 was to agree on ways to improve access to health care for displaced Iraqis living in Syria, Jordan and Egypt and to address the key issues involved in doing so. The meeting followed the conference of neighbouring countries held in Amman on 26 July, itself a follow-up meeting to the Sharm Al Shaikh conference on the international compact for Iraq. It builds upon the conclusions of the Amman conference especially item seven of those conclusions relating to health.

The agreed aim is that all displaced Iraqis living outside Iraq should be able freely and safely to return to Iraq in due course so that the strategy for meeting their health care needs in host countries should be seen as a temporary one.

Meanwhile, the host countries have all committed to provide equality of access to health services for displaced Iraqis living in their countries through their existing systems and they are opposed to the provision of separate services. It was widely recognized and appreciated by participants at the consultation that host countries, Red Crescent Societies (supported by the International Red Cross and Red Crescent Movement) and others had made and were continuing to make a very substantial contribution in providing for the health needs of displaced Iraqis living in their countries. Furthermore, despite the increasing burden on their health systems, host governments are at present receiving very little support for the heavy additional costs which they are incurring. The representatives of the Iraqi Government at the consultation re-iterated the commitment of their Government to share these additional costs in collaboration with the international community.

However, it was also accepted that, despite the above commitments, a substantial proportion of the displaced Iraqi population living in neighbouring countries, particularly those requiring secondary and tertiary care, are facing difficulties in getting access to adequate health care.

The following note summarizes the key issues that were discussed at the consultation and sets out the actions which National Authorities, UN agencies, Red Crescent Societies and non-governmental organizations (NGOs) agreed to take to improve access by displaced Iraqis to health care in line with their existing services.

Issue 1. Principle of Equal Access

Issue 2. Priorities for Access to Health Provision

Issue 3. Malnutrition and Micronutrient Deficiencies

Issue 4. Information and Health and Nutrition Surveillance

Issue 5. Coordination

Issue 6. Resource Mobilization to Address Additional Demands

Issue 1: Principle of Equal Access

Displaced Iraqis in neighbouring countries currently have variable or inadequate access to health services. Host governments have agreed that they should be eligible for health care services on the same basis as the local population.

Health Implication if not met

- Excess morbidity and mortality in inequitable manner occurring

Actions needed

National Authorities

- Confirm their existing commitment to the principle of equal access for displaced Iraqis to public health services, regardless of whether they are registered as refugees with the United Nations High Commissioner for Refugees (UNHCR) or not, on the same basis as the local population
- Establish a mechanism to monitor access to public health measures and essential health services (see issue 2 below)
- Promote quality of health services through joint work with health service providers and community-based organizations

UN agencies, Red Crescent Societies and other partners:

- Commit to support displaced Iraqis and host governments in providing access to quality health services

Issue 2. Priorities for Access to Health Provision

Need to agree on priorities for access since not all health needs of displaced Iraqis can currently be met.

Health Implications if not met

- Inequitable care and unfair allocation of resources
- Less urgent needs may be met before more urgent needs
- Reduced immunization coverage with outbreaks of vaccine preventable diseases may take place

Actions needed

National Authorities:

- Will provide access to:
 - Primary health care including both preventive and curative services and reproductive health and child health services
 - Emergency medical care
 - Essential drugs and medical supplies including those required for treatment of chronic diseases
- Establish fixed immunization sites in selected areas with dedicated outreach programs
- Carry out immunization campaigns in areas populated by displaced Iraqis

UN agencies, Red Crescent Societies and other partners will:

- Provide technical support as needed

- Develop standard operating procedures for referring and paying for costly secondary and tertiary care
- Support MOH in establishing immunization points and carrying out immunization campaigns
- Mobilize resources to support MoHs in providing the necessary services

Issue 3. Malnutrition and Micronutrient Deficiencies

There is a risk of, and some evidence of, increased prevalence of malnutrition and other health conditions among displaced Iraqis as a result of the loss of income and other sources of support.

Actions needed

National Authorities:

- Undertake health surveillance
- Provision of treatment for severe acute malnutrition in health centres and hospitals
- Iraq Government to consider assistance in cash or kind to help meet nutritional needs of displaced Iraqis

UN agencies, Red Crescent Societies and other partners:

- Support country efforts to ensure vulnerable populations receive food aid (World Food Program)
- Provision of technical support on treatment of acute malnutrition and micronutrient deficiencies

Issue 4. Information and Health and Nutrition Surveillance.

Insufficient data about the numbers of displaced Iraqis living in neighbouring countries and about their health status and needs.

Health Implication if not met

- Impedes effective planning and decision making
- Essential health needs of displaced Iraqis not identified or met
- Surveillance gaps, non functioning early warning systems and difficulty in implementing international health regulations
- Weakened capacity for timely response
- Risks to health of host population and displaced Iraqis
- Poor response to epidemics
- Duplication of efforts and waste of time and resources

Actions needed

National Authorities:

- Consider appropriate registration mechanism for displaced Iraqis such as issuance of health card to provide access to health services; not for political or security purposes. This would not replace the refugee registration process by UNHCR but rather be a complementary measure
- Strengthen the national disease surveillance system including disaggregated data
- Ensure nutritional surveillance undertaken with the national information systems

UN agencies, Red Crescent Societies and other partners:

- Support National health information systems through training, technical assistance and provision of data processing as well as geographic information system equipment (World Health Organization; WHO)
- Provide technical and logistic backup to MOH disease surveillance and outbreak response systems (WHO)
- Work with partners to undertake sample surveys and analysis of available information to identify health status and access to health services of displaced Iraqis
- Support the implementation of international health regulations

Issue 5. Coordination

Insufficient coordination of health provision for displaced Iraqis.

Health Implications if not met

- Gaps in information and services
- Unmet needs
- Reduced health protection for host population and displaced Iraqis

Actions needed

National Authorities:

- Develop coordination mechanisms for health assistance for displaced Iraqis with partner agencies ensuring that the four major parties are represented, i.e. MOHs, UN Agencies, Red Crescent Societies and NGOs. This should translate into the formulation and implementation of national strategies and action plans for meeting the health needs of displaced Iraqis in the respective countries.

UN Agencies, Red Crescent Societies and other partners.

- UNHCR coordinates assistance to and protection of all displaced Iraqis in host countries across all sectors in line with their mandate.
- UNHCR will work closely with WHO to coordinate UN interventions in the health sector for displaced Iraqis and will agree to a clear definition of roles and responsibilities according to their respective expertise and resources.

Issue 6. Resource Mobilization to Address Additional Demands

Additional burden on the human, financial and infrastructure resources of the national health systems (e.g. clinics, hospitals, tertiary centres, drug and medical supply management, and other types of diagnostic and treatment facilities)

Health Implications if not met

- Shortage of resources for services to national and displaced Iraqi populations
- Longer waiting lists
- Extra costs to host governments

Actions needed*National Authorities:*

- Identify and quantify additional burden of demand and utilization of health services and estimate costs of meeting increased needs.
- Maximize use of qualified health staff among displaced Iraqi population
- Expedite the contribution to the health care costs of displaced Iraqis committed by the Iraqi Government

UN agencies, Red Crescent Societies and other partners:

- Support national authorities in quantifying additional burden in terms of demand and utilization, taking into account multiplicity of beneficiaries
- Mobilize resources needed to support MOH and other health service providers to carry out actions mentioned above
- Consider existing mechanisms for funding the health needs of displaced Iraqis, including the Iraq Reconstruction Trust Fund Facility, and examine alternatives in coordination with national authorities.

Annex 7: Fieldwork participants and area coverage

	Areas covered	Participants by teams	Participants by organizations
Team 1	Damascus areas: Masaken Barza and Sayda Zeinb	Sarah Khan, Team leader, UNHCR Iman Bahnsi, UNICEF Anne Callanan, WFP Adham Musallam, WFP Samer Akhras, SARC Mohamad Bakkar, WFP Waseem Alzarou, SARC Ranya Aswad, UNICEF	WFP Anne Callanan, Mission leader Adham Musallam, mission supervisor Haitham El-noush, Programme officer Philippe Puyo, Emergency Operation manager Bashar Akkad, VAM focal point Bashar Elias, Food Aid Monitor Mohamed Bakkar, Field Monitor UNHCR Sarah Khan, Protection officer Mai Barazi, Community Services officer Emad Abdalmagid, Associate Field officer Marius Campean, Registration supervisor Zelim Yandarov, Logistics officer Mari Threas, Registration clerk Rasha Yousif, Registration clerk Husam Mustafa, Registration clerk UNICEF Iman Bahnasi, Project officer Ranya Aswad, Project assistance Amelia Reese, Intern Carina Svenfelt, Intern SARC Samer Akhras, Food Distribution coordinator Waseem Alzarou, Volunteer Kutaiba Al-Khani, SARC Damascus manager Alasdair Gordon, IFRC Representative Gehan Joudeh, Volunteer Teresa Cullip, Distribution advisor Ali Hayder, Administrator/Distribution coordinator Tareq Al shraf, Volunteer Wael Al-Ahdali, Programme coordinator Muthanna Al Farhan, SARC Der es Zour manager
Team 2	Damascus areas: Jaramana, Yarmouk and Qudsya	Haitham El-noush, Team leader, WFP Mai Barazi, UNHCR Kutaiba Al-Khani, SARC Alasdair Gordon, SARC/IFRC Amelia Reese, UNICEF Emad Abdalmagid, UNHCR Gehan Joudeh, SARC Carina Svenfelt, UNICEF	
Team 3	Aleppo, Idleb, Hamah and Homs	Philippe Puyo, Team Leader, WFP Marius Campean, UNHCR Bashar Elias, WFP Teresa Cullip, SARC/NRC Ali Hayder, SARC Tareq Al sharaf, SARC	
Team 4	Al Hassakeh, Al Kamshli, Al Hol refugees camp, Al Raqah and Der es Zour	Zelim Yandarov, Team leader, UNHCR Bashar Akkad, WFP Wael Al-Ahdali, SARC Muthanna Al Farhan, SARC	
Team 5	UNHCR registration center in Duma, North Damascus	Mari Threas, UNHCR Rasha Yousif, UNHCR Husam Mustafa, UNHCR	

Annex 8: Improved access to health services

UNFPA works in partnership with UNHCR, Syrian Arab Red Crescent (SARC), General Federation of Women's Union and other partners in addressing the humanitarian needs of Iraqis in Syria. Together with SARC joined the efforts of UNHCR in extending assistance to Iraqi women and girls, including establishing health services, focusing on reproductive and other health care for victims of gender-based violence. It has also positioned emergency reproductive health kits to meet the needs of 30,000 Iraqis UNHCR has signed an agreement with Syria and is finalizing agreements with Jordan and Egypt concerning support to the health sector. UNHCR is also working with other agencies, including the Red Crescent Societies and Caritas, to expand services and meet the cost of referrals on a pre-agreed basis. For the time being healthcare is mainly provided by implementing partners (IPs). UNHCR supports, depending upon the country: the costs of medical referrals to governmental hospitals; provision of medicines, medical equipment and ambulances for health centres and hospitals; upgrading health facilities; recruitment, training and incentive schemes of additional health staff; and direct financial assistance.

UNICEF launched an appeal in May 2007 to raise funds to meet the humanitarian needs of the vulnerable Iraqi displaced population. This enabled UNICEF to expand its humanitarian support responding to the immediate needs of the Iraqi displaced children and women for the interim period until end of 2007. The joint Syrian MOH and UNICEF plan of action includes : a rapid assessment of health and nutrition status of Iraqi displaced children and women; support to immunization services (routine & campaign), supply of cold chain equipment, syringes, printing vaccination cards, communication materials and Vitamin A; pre-positioning of health supplies to cover the needs of 40,000 displaced. In Jordan, UNICEF reached an agreement with the government for the first comprehensive health assessment for Iraqi guests in Jordan, which should be completed by the end of the year.

WHO organized the Ministerial Consultation to discuss the urgent health needs of displaced Iraqis in Damascus from 29 to 30 July as a follow-up to the Amman conference in order to focus specifically on the issues involved in meeting the health needs in Syria, Jordan and Egypt – those countries bearing the greatest additional burden on their health services. Participants included the Ministers of Health or their representatives from these countries and from Iraq, deputy Ministers or representatives from Foreign Ministries of Egypt, Jordan, Iraq, and Syria and representatives of UN Agencies, Red Crescent Societies and the International Red Cross and Red Crescent Movement. The purpose of the Consultation was to share information about the current situation of displaced Iraqis living in these countries and to agree ways of improving their access to health services. A Common Action Framework was developed at the Consultation and subsequently agreed with all participants. This has provided the basis for the more detailed plan of action on the part of UN agencies.

The overall aim of the joint plan of action of the UN Agencies is to support the national authorities and other agencies in improving access to health services for displaced Iraqis, including strengthening essential public health systems, in order to reduce avoidable, crisis-related, morbidity and mortality among displaced Iraqis, and the local population.

General Objectives

The general objectives have been agreed by all partners in the Common Action Framework .

- A. Advocate for the provision of equal access of Iraqis to health services on the same basis as the local population, particularly for primary health services, including immunization, emergency services, reproductive health services, child health services, school health, mental health, access to essential drugs and treatment of acute and chronic diseases.
- B. Support national health systems/services in providing improved health services at all levels.
- C. Support non-governmental IPs as appropriate.
- D. Support public health programmes including health information and surveillance systems, early warning and outbreak response as well as nutrition surveillance.
- E. Support nutrition interventions to reduce the malnutrition rate and micronutrient deficiencies.
- F. Strengthen coordination of international support for the health sector with national health authorities to meet the additional needs.

Strategy

- Support ongoing and/or planned health surveys to assess the health and nutrition status and needs of Iraqis in neighbouring countries. Assess what support is most urgently required by national and local authorities and other agencies to meet these needs. Re-evaluate the situation when revised data becomes available.
- Assist national health authorities in strengthening the national health and nutrition information and surveillance systems to provide better information about health risks and health service utilization, including disaggregated data about displaced Iraqis.
- Support environmental sanitation activities in areas populated by displaced Iraqis.
- Ensure close coordination between UNFPA, UNHCR, UNICEF, WHO and national health authorities, Red Crescent Societies and NGOs to develop and implement a joint plan of action.
- Support national health authorities to obtain the information needed for resource mobilization to meet the extra burden on their health systems.
- Strengthen health education, and communication efforts to empower Iraqis to exercise a more active role in preventive health and in making better use of services provided.
- Monitor and evaluate the utilization and impact of international support and provide options for improving performance.

Improved Access to Health Services

Although host governments have agreed that displaced Iraqis should be eligible for health care services on the same basis as the local population, the reality is that there are huge difficulties in meeting this commitment and severe problems of access in practice. It was agreed at the Ministerial Consultation that priority should be given to improving access to the following services in the first place:

- Primary health care including both preventive and curative services; reproductive health and child health services; and improved sanitation.
- Emergency medical care.
- Essential drugs and medical supplies including those required for treatment of chronic diseases, emergency obstetric care and reproductive health commodities.

It was also agreed that Ministries of Health should establish fixed immunization sites in selected areas with dedicated outreach programs and carry out immunization campaigns in areas populated by displaced Iraqis.

The support which the four UN agencies will provide to national health authorities to improve access to priority services is summarized below.

UNFPA:

- Collaborate with WHO and UNICEF to upgrade the capacity of the existing health facilities for provision of regular care during pregnancy, as well as for access to emergency obstetric and neonatal care (EmONC) during delivery.
- Introduce standards, guidelines and protocols for ante- and post-natal care, family planning (FP), prevention and management of reproductive tract infections (RTIs) /sexually transmitted infections (STIs)/HIV/AIDS, reproductive health (RH) conditions and the management of obstetric complications and neonatal problems.
- Train health professionals in RH care and equip facilities that provide maternal and neonatal care with necessary medicines, equipment and supplies as well as contraceptives and hygiene items.
- Address the three types of delays contributing to maternal deaths, namely delays in deciding to seek care through community initiatives, delays in reaching appropriate care and delays in receiving adequate treatment at facilities.
- Enhance capacity of the concerned health facilities in clinical management of gender-based violence (GBV) cases, psychosocial support for mothers and GBV cases and establish appropriate referrals.
- Improve access to reproductive health services through provision of technical support for better quality of care and through education and social awareness about the importance of utilizing reproductive health services.
- Improve access to prevention efforts for combating HIV/AIDS and STIs through mobile VCT vans.
- Enhance youth friendly health services and improve accessibility and availability through cooperation with teaching hospitals. This includes detection of anaemia and providing iron pills.
- Support information and services related to RH needs of adolescents including prevention of risky behaviours.

UNHCR:

- Supports and expands the capacity of IPs to deliver primary care and management of chronic diseases to displaced Iraqis.
- Supports the MOH to provide care in health clinics and referral hospitals.
- Supports the MOH and IPs to provide more advanced care to selected cases.
- Buys medicines and equipment for those clinics that have a large displaced Iraqi caseload.
- Purchases ambulances to improve the transportation of medical emergency referrals to hospitals.
- Continues to develop strategies to deal with issues of sexual gender based violence (SGBV); as part of the protection mandate of UNHCR taking into account UNFPA role in dealing with the health and social consequences of GBV.

UNICEF:

- Supports immunization services for children and mothers through the provision of cold chain supplies and equipment, syringes and needles, vaccination cards, and Vitamin A capsules, and communication materials.
- Strengthens primary health care (PHC) capacity through training of PHC workers in child and adolescent health, provision of training and communication materials. In Jordan, services will be expanded to include mobile school health teams – including the equipment, staff and support required for nurses, dentists and doctors to work effectively in schools with Iraqi children.
- Strengthens PHC capacity to provide psycho-social services to Iraqi mothers and children and refer severe cases.
- Upgrades the MOH capacity through training on adolescent health, provision of education materials and counselling on HIV/AIDS.
- Developing communication plan and printing of communication package on maternal and child health, to meet the communication plan objectives; revise and print training materials and support community-based action.
- Supporting the outreach services of PHC centres through the development of a school health programme.
- Implements Integrated Maternal and Neonatal Childhood Illnesses (IMNCI) and increase awareness at the family level and recognizing danger signs of newborns and children.
- Strengthens family care and promote early initiation of breastfeeding, especially exclusive breastfeeding up to six months.

WHO:

- Provides technical advice and support to national authorities (and UN agencies where required) on specific programmes and priorities and practical measures for ensuring the provision of equitable and quality preventive and curative health services.
- Support to the MOH through provision of supplies and equipments for secondary and tertiary care services (renal dialysis, intensive care, and other advanced services). In Egypt – where UNHCR focuses on assisting persons registered with UNHCR – funds will also be used for essential drugs.
- Mental health and psychological support: Strengthen the capacity of MOH to coordinate mental health and psychological assistance; identification of and provision of adequate protection and care for displaced people with severe mental diseases (about 1%) within community settings; basic training in psychological intervention will be provided to health care professionals to increase their knowledge and skills to specialized facilities for persons who need more intensive care.

Annex 9:

Amendment

After the JAM a food distribution took place in November 2007. During and after the distribution large numbers of excluded refugees presented themselves at UNHCR and SARC to request food assistance. They were confirmed to be in need by UNHCR community services officers.

Due to the mounting evidence that targeting criteria set in October 2007 during the JAM were still too strict and that significant numbers of vulnerable refugees continued to be excluded from the food assistance programme, the Targeting Sub-Group met again to reconsider the approach to targeting and seek a more effective mechanism to reach those who are in need.

The Group recommended reversing the targeting approach from including families meeting set criteria to excluding individuals according to their profile. This approach reduces exclusion errors to a minimum while inclusion errors increase. Inclusion errors will be minimized passively and actively. It is expected that many of those not in need but qualifying for food assistance based on the new approach will not go to the effort of collecting their ration. To further reduce inclusion errors Group recommended the beneficiary list be 'cleaned' over time through ongoing monitoring activities and that the registration questionnaire include a declaration that food assistance is needed.

The Group further recommended that excluded households that request assistance should be allowed to appeal to UNHCR for reconsideration.

The newly agreed criteria that will likely make up to 90% of UNHCR registered Iraqis eligible to receive food assistance are below:

- All Palestinians settled in the two border camps
- UNHCR registered Iraqis that do *not* meet the following criteria:
 - Arrival in Syria before March 2003.
 - Households composed solely of able-bodied males aged between 18 to 50 years.

Special cases will be examined by a joint review committee comprised of WFP, SARC and UNHCR.

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