

Joint Rapid Needs Assessment of Syrians in the Kurdish Region

Iraq

July 2012



Joint Rapid Needs Assessment of Syrians in the Kurdish Region of Iraq

BY

KURDISTAN REGIONAL GOVERNMENT (IRAQ)

AND

UN/NGOs

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ABBREVIATIONS

ACTED	Agency for Technical Cooperation and Development
BMD	Bureau of Migration and Displacement
CFW	Cash for Work
DDM	Department for Displacement and Migration
FGD	Focus Group Discussion
GOI	Government of Iraq
ID	Iraqi Dinar
IOM	International Organization of Migration
IR	Islamic Relief
IRC	International Rescue Committee
KRG	Kurdish Regional Government
MCHC	Maternal and Child Health Center
MOH	Ministry of Health
MSF	Médecins Sans Frontières
NFI	Non Food Items
NGO	Non-Governmental Organization
PDS	Public Distribution System
PHCC	Primary Health Care Center
PIN	People in Need
POC	Persons of Concern
RH	Reproductive Health
RI	Relief International
RNA	Rapid Needs Assessment
SC	Save the Children
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNCT	United Nations Country Team
WFP	World Food Programme
WHO	World Health Organization

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Assessment team, Erbil July 2012

1 Executive Summary

Since March 2011 Syrians have been coming to northern governorates of Iraq in increasing numbers as a result of the unrest. The fact that the Kurdish Region of Iraq has opened its borders to Syrians and is known for its favourable protection climate has further augmented the number of arrivals.

Many Syrians arrived with little cash, having had to deplete their resources while still in Syria. Syrians have scattered throughout northern Iraq, with the largest concentrations in the border governorates of Dahuk, Erbil and Sulaymaniyah and the Domiz Camp (Dohuk governorate).

Following consultations between members of the United Nations Country Team and partners, it was agreed to jointly carry out a rapid needs assessment of the Syrian population in Iraq (those that arrived as a result of the unrest) with the following goals:

1. To obtain a holistic overview of the situation of Syrians in Iraq.
2. To identify the humanitarian needs of Syrians and prioritize them.
3. To understand the coping mechanisms of Syrians in Iraq.
4. To provide a framework for immediate relief interventions.

For this purpose, a Task Force was convened by UNHCR consisting of UNESCO, UNFPA, UNHCR, UNICEF, WFP, WHO, IOM and partners IRC, People in Need, ACTED and Save the Children (SC). The Task Force agreed on methodology (Participatory Assessment), sectors (coping strategies, income and expenditure, food security, health and reproductive health, education and protection) and geographical coverage (three governorates and the Domiz Camp) of the needs assessment with UNHCR leading coordination and WFP providing technical assistance.

The participatory assessment methodology consisted of 72 focus group interviews, which were conducted with over 500 persons of concern (POCs) divided by age (youth, adult and elderly) and gender, as well as interviews with key informants, i.e. individuals close to the community such as government officials, health service providers, teachers etc.

Results Summary

- **Food Security**

A large proportion of Syrians (over 80% of adult males interviewed) are skilled labourers. The Syrian POC arrived from urban as well as rural settings. This division had a bearing on the self-reliance/income generation opportunities available in the host country. It is clear from the interviews that the selection of KR was based on finding ethnic communities as almost all the arrival to KR are Kurds. Even Kurds fleeing Damascus came to Northern Iraq instead of the nearer Jordan.

There are limited employment opportunities in the Domiz Camp so able bodied persons often go to the Dahuk city for labour opportunities. POC living in governorate capitals often find work as casual labour, restaurant help and semi-skilled workers. Higher end jobs require computer and language skills which the POCs often lack.

One (negative) coping mechanism is to engage minors in labour, as it seems easier for minors to find work (due to lower wages and the fact that they typically work in the informal sector where a work-permit is not required). A major concern for local employers is the political affiliation of job seekers, especially young men. Most employers prefer POCs who have registered with the local

authorities, in particular, the Residency Department. Such registration provides local employers the confidence that the job seeker has clearance from the authorities. In order to be registered POCs need to be registered in Domiz Camp which is found difficult and costly for POCs who have chosen to live in Erbil and Sulaymanihya.

Main expenditures are on rent, food and health; and milk and diapers for families with children under 3 years old. Some schools teach in Arabic and are preferred by the POCs. However, the Syrians take low rent apartments on the outskirts and are faced with high transport costs for such schools. Except for a few families that manage to find gainful employment, most Syrians are food insecure and in need of assistance. Food should be provided in the Camp until incomes or addition to the PDS safety net is assured. Regular food security monitoring should be implemented. The feasibility of assistance through school feeding should be explored.

Camp dwellers receive food and NFI assistance. The Syrians in urban settings rely on their own means to sustain themselves. Although the Government of Iraq allows free access to hospitals and schools, there is no formal provision of assistance outside the Camp. During the FGDs and KI interviews, it was evident that the majority of POCs, especially women, are not aware of the free services available to them at the local health facilities. There is a need to raise awareness amongst the POCs. It must be noted that the northern governorates have had Syrian residents who arrived prior to the current crisis. These Syrians have acquired government registration and the PDS ration cards. Consequently, new arrivals have joined such families and the PDS rations are shared. Such hospitality is of immediate assistance to the new arrivals but this coping mechanism should not be considered as a viable medium solution. More robust and comprehensive systems are required to ensure the needs of these families are met.

- **Health**

The main health problems among Syrians in Iraq are acute respiratory conditions followed by chronic diseases (such as hypertension and diabetes). Children in particular suffer depression and emotional distress. Although stress and psychological trauma was evident during these interviews, no incidence of war injuries were observed or mentioned by the participants. This is in stark contrast to Syrian POCs assessed in Jordan where many families had member(s) with physical wounds caused by the violence.

Syrians can access public health facilities where consultation and medicines are free of charge. However, Syrians also reported a lack of awareness of the fact that vaccines are free to all children under five years old.

- **Education**

In spite of the high number of school-age Syrians who fled to Iraq, and also despite the fact that the KRG has allowed the Syrians to register free of charge in public schools, the focus group discussions revealed a worrying number of children who were not attending schools. There are many children engaged in income generation to sustain the rent and food needs of their families.

- **Protection**

Majority of Syrians feel safe in the Kurdish Region of Iraq. They are of the same ethnic group as their host communities and speak the same language, though their Kurdish accent is nearer to that in Dahuk and less familiar in Erbil and Sulaymaniyah.

There were no reported cases of sexual violence and rape while in Syria. However, it is expected that such incidences remain underreported. The victims face trauma of dislocation and uncertainty. Some POCs admitted to have participated in non-violent protests and cited fear of government persecution as a major reason for leaving. Yet others have cited the high cost of living as the main reason for leaving Syria. This is in contrast with Syrians arriving in Jordan who claimed fear of

persecution by Syrian authorities as the main reason for leaving Syria. If financial hardships continue the risk of involvement in exploitative work are highly likely.

- **Assistance Needs**

The main priorities in all age groups regardless of gender were the related needs of income, rent and food. Short of unhindered access to the labour market, which would of course be the best and most dignified way to achieve self-sufficiency, there emerged a clear preference for cash assistance over food and in-kind distribution, the latter often being seen as low quality, not corresponding to dietary habits and humiliating, especially when distribution takes place in public. Regular financial assistance is moreover expected to counter negative coping mechanisms such as child labour and early marriage, and could provide protection against exploitation.

In general, the Government of Iraq needs support in dealing with a predominantly urban caseload, with increased pressure on public services such as water, electricity, health and education, and subsidised commodities. It must be noted that power outages in the Camp are less frequent than those experienced by local Iraqis in Dohuk and other governorates. The single most pressing need identified by the participants was that of registration with the government. Such registration allows freedom of movement, employment and access to schools and health services. The Syrians feel job market in the cities can absorb the Syrian labour force provided the required registration is secured.

2 Introduction

Since March 2011, violence in Syria has caused a deterioration of humanitarian conditions in parts of the country. On the border with Iraq, the citizens of north eastern (Kurdish) governorates have been living in extremely precarious conditions with little water, electricity, fuel and scarce food items.

Large numbers of rural people in the central, coastal, eastern and southern governorates have reported that they have lost their businesses, farms and/or livestock due to the on-going crisis as they have not been able to engage in commercial or farming activity.

High transportation costs, movement restrictions, and increasing commodity prices have all adversely affected the farming industry as well. Agriculture in these areas was also reliant on seasonal migrant farm labourers from eastern and north-eastern Syria who have been forced back home to drought-affected areas. Lacking income-earning opportunities, the affected population depleted their assets and savings. In addition; hundreds of women-headed households have lost their only available source of family income.

Iraq has opened its borders with Syrians crossing into the Kurdish Region of Iraq. For details, see Joint Rapid Food Security Needs Assessment June 2012 by FAO, WFP and Ministry of Agricultural Syria. As a result, large numbers of Syrians are arriving. According to UNHCR 11,000 arrived as of 5th August 2012. At the time of writing this report, UNHCR registered over 9,773 Syrians and this number is increasing rapidly, UNHCR estimates that it will continue to register some 1,200 to 1,500 Syrians in Iraq per month for the foreseeable future.

Following consultations between the Government of the Kurdish Region of Iraq(KRG) represented by the Department for Displacement and Migration (DDM) and the UN/NGOs, it was agreed to carry out a joint needs assessment with the following goals:

5. To obtain a holistic overview on the Syrians' situation in KR.
6. To identify the humanitarian needs of Syrians and prioritize them.
7. To understand the coping mechanisms of Syrians in KR.
8. To provide a framework for immediate relief interventions.

For this purpose, a joint assessment Task Force was set up by UN consisting of UNHCR, WHO, UNICEF, UNFPA, WFP and IOM. Partner agencies active in northern Iraq participated in the assessment. These were: SC, IRC, IR, RI, People in Need and ACTED. Through a series of meetings the Task Force agreed on methodology (Participatory Assessment- see below) sectors (coping strategies, income and expenditure, food security, health and reproductive health, education and protection) and geographical coverage (Dahuk, Erbil, Sulaymaniyah and Domiz Camp).

Followed by a brief explanation of the methodology and modalities applied, this report summarizes the outcome of the rapid needs assessment for the various sectors. The reporting is exclusively based on comprehensive information received from POCs in confidential settings, in their own words. As such, the report does not intend to publish the information received, although it does include recommendations.

Top reasons for leaving Syria

1. Lack of security and threat to life
2. High Cost of Living
3. Young men avoiding military draft
4. Killing of family members
5. Opportunity for children to learn Kurdish language at school
6. Pressure from Syrian government to join the Baath party

Source: Joint Assessment KRG/UN/NGOs July 2012

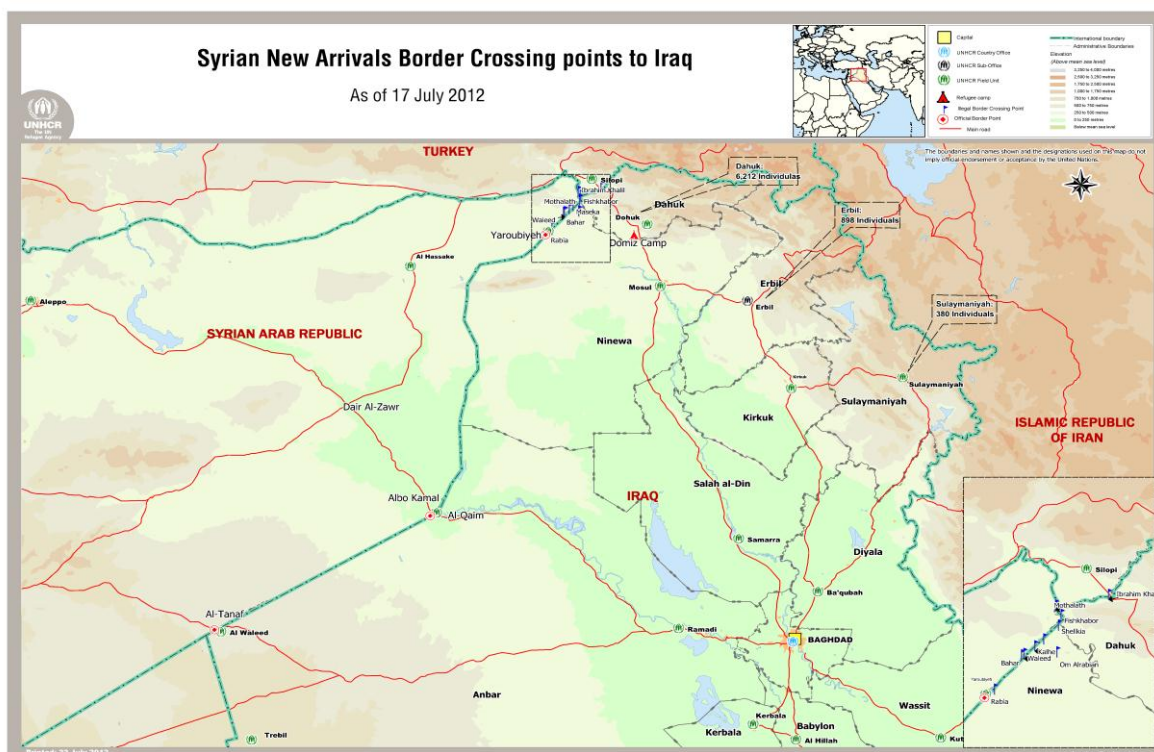
3 Methodology

The Participatory Assessment is an active “research” involving participation of all concerned stakeholders through structured dialogue, in order to gather accurate information on the specific needs, protection risks they face and the underlying causes, to understand their coping capacities, and to hear their proposed solutions. This tool has been found to be extremely beneficial in ensuring that men, women and youth regardless of their backgrounds are given the opportunity to identify their priorities, opinions and solutions while enhancing both the knowledge base and partnerships with persons of concern.

The main tool of the Participatory Assessment is the Semi-Structured Interviews; applied in focus group discussions on a few key topics with groups separated by age and gender, and more in depth key informant interviews with persons directly engaged in the situation and possessing valuable first-hand knowledge, including community leaders and Government officials. This process results in detailed, qualitative information in relation to specific topics and allows for an initial analysis of the challenges faced by women, girls, men and boys in the community. It is also an opportunity to gather insights into cultural practices, traditional protection mechanisms, and other issues which maybe affecting community members. The Task Force developed two check lists to structure focus group discussions and key informant interviews around key themes regarding protection, access to health and education, food, child labor, economic conditions and livelihoods, dynamics of co-existence, sense of community and future plans.

In June, UNHCR and WFP conducted a one day training workshop for the joint UN, NGOs and DDM teams who carried out the participatory assessments in the field. The workshop was held in Arabic at the UN compound in Erbil for a group of 35 persons, representing DDM, NGOs and participating UN Agencies on the 28 June 2012. It covered the concept of participation, levels of participation, and semi-structured interviews with special emphasis on the focus groups discussion and the key informant interviews. This training was followed by field work in Domiz camp, Dahuk, Erbil and Sulaymaniyah from 1st July to 10th July 2012. The sampling process and the areas were identified according to the data provided by the UNHCR on the distribution of Syrian families.

Map 1: Syrian new arrivals border crossing points to Iraq, Source: UNHCR Erbil



The focus group discussions were conducted separately with women and men, divided into 6 age groups: youth females, youth males, adult females, adult males, elderly females, and elderly males (Table 1).

A total of 72 focus group discussions were conducted, along with 24 key informant interviews with KRG officials, heads of community based organization and community leaders.

Table 1: Number of Syrian POCs in KR

Location	Domiz Camp	Dahuk	Erbil	Sulaymaniyah
Estimated Refugees	2,088	6,500	2,000	500
Registered	2,088	5,590	1,634	461

Source UNHCR Iraq August 2012

3.1 Limitations

Although a large number of FGDs were conducted, the subject matter was multi-sector. Therefore, only main points for each sector could be covered. In depth and detailed analysis by sector would require a larger survey. The problem of willingness to answer certain questions was partially addressed by using experienced and trained staff. This was a qualitative assessment and empirical data was not collected. Based on the results of this assessment, a household assessment could be designed and implemented to generate statistics on demography, coping strategies, incomes and expenditures and food.

4 Income and Expenditures

In order to assist the arriving Syrian POCs, the KR government established a camp at Domiz in Duhok governorate in March 2012. UNHCR played a leading role in providing tents and initial food rations and non-food items. In its current expanded state, the camp has a capacity for 7,500 persons. Free tanked water and electricity are available on a continuous basis. The KR Government has provided each tent a 1,000 liter water tank, desert coolers and gas stoves. Communal latrines are available and private latrines and kitchens for each tent are available. The camp houses a registration centre of UNHCR and a 24 hour health clinic run by the government and MSF. An ambulance is at hand to transport serious cases to the city hospital.

Syrians who have chosen to live in urban areas stay in low cost rental apartments or live with host families under difficult circumstances. They take up whatever employment is available, which is often unskilled labour and on a day by day basis but the majority remain without a source of income. Men are most in need of employment and lack of residency permit is a major limitation. One coping strategy adopted by families is to engage children in income generation by working as painters, in garments shops and restaurants. Women work as/for tailors and in beauty salons though some have jobs in supermarkets. If all else fails, a final coping strategy would be to return to Syria. The options vary. Some families fled due to insecurity while other cited lack of employment as the major reason for leaving Syria. Lack of income sources for these families is a serious concern for families and the local administrators. In particular, authorities are concerned about the single men who remain unemployed and without housing.

Top expenditures

- 1- House rent
- 2- Food
- 3- Water and electricity bills
- 4- Health
- 5- Education and transport

Top Coping means

1. Sell assets (jewellery, phone)
2. Reduce amount and frequency of meals or type of foods
3. Avoid essential medical treatment to save money
4. Debts
5. Stop sending children to school
6. Join host family in possession of PDS ration cards

Source: Joint Assessment KRG/UN/NGOs July 2012

UNHCR has been the mainstay provider of the support to the Domiz Camp. This Camp is very well furnished with electricity¹, running water and latrines. The Government has allowed Syrians access to schools and health services. They reserve the same rights to these facilities as locals. Many Syrian families settled in Iraq prior to the current crisis. These families have registered and have secured the PDS card. Consequently, they have access to the monthly food provisions by the Iraqi government. Only recently, the rules have been modified and now these families are required to renew their PDS cards every month. This involves a visit to the local administration for several hours. The new arrivals from Syria do not have such a card. Many new arrivals are hosted by Syrians in possession of the PDS cards.

Most families interviewed were in debt and only have access to small loans as they lack collateral. These small loans are used to cover basic needs but are not enough to contribute to self-reliance or establish small businesses. Most families have changed their diets to less expensive foods, reducing the intake of meat, fish, chicken, eggs and dairy products, including milk for children. Some rural families brought preserved food (from their farms) with them from Syria. However, these are exceptions and in general, the Syrians rely on local markets for their food needs.

Women have reported avoiding visits to doctors in order to limit expenses, which is having a negative effect on health, particularly children. Some families have chosen not to send children to school while others have pulled children out of school because they could not meet the expenses. These children often end up working to add to the meager family incomes. It has been noted that none of the families has resorted to sending members away to relatives or friends.

Rents in KR-Iraq are high and the DDM estimates about \$250 per month as a minimum rental for a 2 bedroom apartment in urban areas. Utilities costs vary and are averaged as being around \$30 per month. As low rent accommodations are sought, Syrians have to pay for all utilities, such as electricity, water and cooking gas. It must be noted that the current arrangements are unsustainable and there must be a more coherent approach to meet the accommodation needs. A major expense and burden identified by interviewees is the cost of transport to Dahuk for registration. Traveling from other governorates (Erbil, Sulaymaniyah) is expensive and often the reason for not registering. The situation regarding food is similar, while there are currently some families benefiting indirectly from the PDS system for food, these are ad hoc arrangements dependent on the hospitality of the host families. A more robust mechanism, for example involving regular cash assistance, vouchers or inclusion in the PDS to meet the food needs is required.

Syrians have expressed a sense of chaos in terms of aid from humanitarian agencies. They are not aware of their entitlements and the procedures through which aid could be received. Moreover they are not informed about the continuity of such assistance. A coherent approach to humanitarian aid delivery is required to avoid cases being excluded from assistance.

Preparation of an information pamphlet in Kurdish and Arabic is under consideration by UNHCR. In addition to basic contact information, the pamphlet will list the services available to POCs from the government and humanitarian agencies.

Families were under financial stress for at least a whole year prior to their crossing the border. Therefore, their capacity to liquidate assets and bring money to Iraq was very limited. Some had to pay their way out of Syria. As a result most arrived with little assets and cash. The cost of living in Iraq is higher than that in Syria. Consequently, most families depleted their reserves in the first three months of their arrival.

¹ Short duration power outages are normal but the supply is better than what is experienced by locals in cities such as Erbil.

In urban areas, there is no need for tank water as supply is adequate. Apart from rent, the most important recurring cost is food. Between rent and food the cost is estimated to be around US\$800 to US\$1,000 for a small family (two adults, two children). Syrians have access to medical services in the Kurdish Region of Iraq. Unlike the Syrians arriving in Jordan, the Syrians in KR do not seem to be suffering from war injuries though trauma of displacement is evident.

Most Syrians have come as nuclear families with children. The KRG estimates 146 Syrian children are enrolled in local schools. WFP is running a school feeding programme in KR but does not extend to Syrian POCs. There is a need to ensure meal programs at schools for Syrian students and others.

4.1 Skills Set

Arriving Syrians worked in the government, private sector and in the rural areas as farmers. These include merchants, teachers, drivers and farm labour. A large group of Syrians consists of skilled laborers. These include machine operators, computer and mobile phone technicians, tile workers, steel workers, carpenters, painters, masons, electricians etc. Amongst the unskilled laborers, most worked in the construction industry, in grocery shops, as farm laborers, office messengers, drivers, etc. Some owned private businesses (restaurant, stores). Syrian skilled laborers are more likely to find work in the urban sector. Many Syrians live in urban areas in the Kurdish governorates of Iraq.

4.2 Current Income Sources

Presently, labor opportunities are adequate but would become very limited should the case load suddenly increase. A casual laborer could earn \$25 per day, with many earning far less. However, participants estimated only 60% in Erbil having stable incomes. KR-Iraqi employers are very reluctant to employ Syrians without proper documents (residency permits). Consequently, finding employment is a challenge. As time passes, local donations dwindle, savings are exhausted and negative coping strategies may set in. These could vary from working without registration to more serious offenses such as theft, prostitution, etc. Planners must address the need for gainful employment. Based on their skill sets and experience, Syrians have sought work in KR in their respective fields. Men pointed out the extreme difficulty in securing accommodation. Landlords are very reluctant to rent to groups of single men. Lack of work opportunities, especially amongst the young men, could lead to negative coping mechanisms.

4.3 Expenditures

The main expenditures are on house rent, food, medical expenses, transport, milk, diapers for babies and sanitation. Utilities costs vary and average around \$30 per month. Some POCs have received aid parcels from charity organizations but these are one-time interventions and could not be relied upon in the medium term. According to Government officials, the main needs are house rent and food. According to the focus group participants, Syrians have reduced their food quantity and quality, in order to cope with their restricted incomes. Markets have the food commodities but the Syrians lack the purchasing power.

The majority of Syrians interviewed stay in rented houses, and pay between \$250-400 for simply furnished houses. Some stay with Syrian families permanently residing in Iraq. Electricity and water services are available but present an additional cost to the rental fees. In many cases more than one family lives in the same house under difficult conditions. It is hard to find houses for rent, especially for single young men with no source of income. Furthermore, to alleviate their psychosocial stress and to obtain latest news, Syrians communicate with their families by phone in Syria which increases the burden on their expenses.

4.4 Conclusions

1. Rent, food and health are vital needs, which require a coherent mechanism of targeting and delivery.
2. Employment opportunities in low wage sectors are available but higher end jobs require computer and English skills.
3. Children are engaged in income generation instead of schooling.
4. The primary sources of income for most Syrian families prior to fleeing to Iraq were: manual daily work, farming or employment in private and public sectors. This was also confirmed by different key informants during interviews conducted in the three governorates.
5. Government is providing support to the Domiz Camp via the DDM.
6. Most Syrians are in debt, with some discussion groups claiming the figure to be approximately 90%.
7. In Kurdish Region, employment for locals is available as long as the number of POC job seekers is small. In case the situation across the border escalates resulting in large numbers of POCs, then the strain on the job market and the prices of food/rent would rise.

4.5 Recommendations

To consider the possibility of providing monthly cash assistance to vulnerable Syrians in Iraq. Financial assistance is considered a main protection tool which avoids opting for illegal work, exposure to exploitation and other negative coping mechanisms. The financial assistance seeks to protect Syrians' dignity since the assistance can be based on their needs which they themselves prioritize and it can be brought to them- through SMART cards- in a more dignified manner than in-kind assistance. Where cash assistance is not appropriate, a voucher system could be considered.

1. It is also recommended that the international community supports the government of KRG-Iraq so that Syrians can access the Iraqi PDS in the same manner that the Iraqi population can, and can continue providing access to Syrian children to its public schools.
2. Programmes that engage Syrians and local populations should be introduced to provide incomes and to create assets in urban (and Camp) areas of KR
3. Implement information sharing and coordination of programs.
4. Training and awareness raising of local NGOs and governorates' staff.
5. Incentives, such as school feeding, should be introduced to support education and curtail child labour.

5 Food Security

5.1 Availability

Food is readily and abundantly available in the Kurdish Region throughout the year. Food products from nearby Turkey are readily available. The Syrian population, in comparison to the local population, is relatively small and the resulting impact of their demand on the overall demand for food is so far marginal. Therefore, price escalation and hoarding is currently not evident. However should the crisis increase in intensity, resulting in much higher number of Syrians, and if the increased demand is not met with sufficient supply on a timely basis, this would have an inflationary impact on food prices. It is estimated that less than 2% of the Syrians stay in rural areas, and the majority live in close proximity to urban markets with a full variety of food items on sale. In the Domiz Camp, local charities are providing food. From August, WFP will provide a basic ration (wheat flour, rice, vegetable oil, pulses, salt and sugar) to all camp residents. Camp dwellers also have access to the markets in Domiz town.

5.2 Access

Arriving Syrians originate from urban as well as rural areas. Their skill sets vary from jobs as government servants, private businesses, skilled/semi-skilled labour and agriculture. Schemes designed to improve income generation for Syrians in Iraq would have to consider this diversity of skill sets. Currently, most Syrians are unemployed or semi-employed; Group discussions revealed an estimated 40% in Erbil are unemployed. The percentage is expected to be higher in the Camp residents. A household survey would reveal the extent of unemployment more accurately. The cost of living in Iraq is higher than Syria. A nuclear family with modest needs requires at least \$400 -500 while living in the Camp and \$800-1000 while living in urban areas. Crossing the border itself incurred heavy costs estimated to be from \$600 to 1000 per family member. Consequently, most Syrians had to mortgage their houses and farm lands to afford their travel to Iraq. What little cash and assets they could bring have been exhausted in the initial three months and now, focus group discussions confirm, about 90% are in debt. Without a stable income source, or a stable supply of food (in-kind/voucher), these Syrians should be considered food insecure. The exception would be families who have managed to secure labor jobs in urban centers. Such families, depending on their income levels, are able to meet their food needs. Nevertheless, the uncertainty of their casual incomes means they are still vulnerable. In the event of escalation of conflict, with a larger influx of POCs, the job market would be seriously affected and planners must make provisions for alternative income sources such as public works programmes.

Incomes of Domiz Camp dwellers are very limited. Youth are known to sell cigarettes, mobiles phone cards and vegetables to collect small incomes. Transport into the nearby town of Dahuk incurs costs that may not be recovered should the casual laborer fail to find work that day. Income generating schemes for women in the Camp would support meeting food and other basic needs.

The PDS offers a reliable safety net to Iraqi citizens. Syrians who arrived prior to the current conflict also possess PDS ration cards and benefit from this service. Inclusion of the recent Syrian POCs into to national safety net through the PDS would ensure food needs of these food insecure families are met. Such provisions could be made on humanitarian principles though the political implications of such an intervention may be far reaching and beyond the scope of this assessment. A third alternative would be to offer cash/vouchers to urban dwellers whereby their food needs are met. WFP could apply its expertise in this area to support KR government efforts to setup such a programme.

It is clear from most discussion and interviews that the residency permit is the major impediment to securing an income. Considering the large number of unemployed young men

(most avoiding mandatory drafting by the Syrian armed forces) it would be crucial to provide the required documents and to create the income opportunities that would result in their ability to meet their immediate needs and avoid engaging in negative coping strategies. The need to employ able bodied men and women with families is also critical to ensure the food needs, particularly of children, are met. In the event of a large scale influx, public works programmes may be the most viable response option. The KR government would require capacity development support in such initiatives.

5.3 Utilization

Most Syrians have taken shelter in low cost urban dwellings or live with host families under difficult circumstances. Facilities for storing, cooking and preserving food are often absent or of low quality. This impacts the utilization aspect of food security. Most families have reported a drastic change in their food consumption behavior. Meat, chicken fish and eggs have been omitted for most families. Fruits and milk for children is limited due to the high cost. These modified diets may provide the caloric requirements but would have long term impacts unless supplemented with adequate micro-nutrients. Through observations at the Camp and urban interviews, Syrians seem to be in good health with normal to high body-mass-index. KRG conducted a nutrition survey in Domiz Camp in June 2012. Bottled feeding was prevalent with a high level of diarrhea cases, probably linked to poor water quality. In July, UNHCR upgraded quality of the water supply. In schools where larger numbers of Syrian children have enrolled, the feasibility of school feeding as a safety net should be explored.

5.4 Conclusions

Food is one of a number of vital needs, which requires a coherent mechanism of targeting and delivery.

1. Except for a small number, most Syrians are food insecure and unable to meet their food needs without external assistance
2. Efforts to support income generation are essential to ensure food security of Syrians
3. Addition to the PDS system would offer a much required safety net
4. Large scale public programme would ensure food security and reduce risk of adopting negative coping strategies
5. Due to the multiple factors affecting food security, a monitoring system is required to capture the scope and extent of food insecurity on a periodic basis
6. Income generating scheme for women in the Domiz Camp is required
7. School feeding could offer a required safety net for food insecure families

5.5 Recommendations

1. Food assistance for vulnerable Syrians, in coordination with cash distribution should be provided.
2. Implement a robust monitoring system for food needs and food utilization.
3. Explore possibilities of CFW/Voucher schemes, bearing in mind the cash assistance provided through SMART card to be rolled out for Syrians. A WFP voucher feasibility study is on-going.
4. Advocacy of special distribution during Ramadan.
5. Capacity augmentation of KRG is supporting the POCs
6. Explore the feasibility of school feeding as a safety net
7. In the event of a large scale influx, implement public works programme

6 Health

6.1 Main Health Problems

Most Syrians, particularly women, are not aware of their free access to local health services. Most have reported visits to private clinics where consultation and medicines must be paid for in cash. There is no specialist female doctor at the Camp health centre. The health centre is run by KRG and MSF 24 hours a day and has an ambulance for emergencies. Gynecologic complaints were also reported, in addition to pediatric illnesses, dental and ophthalmic complaints. Most families came with their children but left elderly in Syria. Although there are some families with elderly and disabled, the majority constitute of a nuclear family with children. Overall, the bulk of POCs consists of young single men. Special needs children have also been reported. Key informants have indicated that diabetes and hypertension are among the problems faced by Syrians. Injuries and exhaustion during their movement from Syria to Iraq were also mentioned.

6.2 Mental Health and Psychological Well-being

Mental stress and complaints were reported by focus groups. Children in particular are suffering depression and emotional distress. Things that would make other children happy such as fireworks were triggering their fears because they reminded them of explosions back home. Children are showing isolation, are using escape mechanisms, and are experiencing enuresis (bedwetting) and crying attacks. One three year old will not leave the tent out of fear. Young men indicated that they suffer mental problems and disturbances resulting from the events in Syria. Adults are also suffering anxiety and fear, especially women. There are reports of panic attacks, increased tension, emotional distress and fear of the future. However, Syrians have expressed that they feel safe in the Kurdish Region. Key informants have referred to mental stress as present among Syrians. However, they had no accurate information on their prevalence or severity.

6.3 Reproductive Health (RH)

In general, responses from FGD participants (all males, and women over 60 years) were not informative as they considered this as a matter for young females that they were not aware of. All other women groups indicated that they seek RH services mainly for oral contraceptive pills, condoms and for antenatal care. There were limited opportunities for gynecologic services but no mention of genital tract infections.

6.4 Access to Health Services

Most Syrians are not aware that services provided by Ministry of Health (MoH) hospitals and primary health care centers (PHCCs) are free-of-charge and resort to private providers. Some seek services from the private sector, and due to the high cost of the doctors' consultation, many were purchasing medications directly from private pharmacies. Transport cost to the health facilities is high. Although the MoH in KR had clearly announced that health services will be provided to Syrians through public facilities free-of-charge, some respondents reported that they need a letter from the *mukhtar* (area representative) to access health services. There was a lack of awareness among most participants on RH services provided by the government and about their cost. Accordingly, women seek these services from the private clinics (for maternity services) and from pharmacies (for contraceptives). Few participants knew about RH services provided free of charge by the government.

Key informants indicated that Syrians can access health and RH services from PHCCs and public hospitals free-of-charge or against nominal fees for the UNHCR registered, Community-Based Organizations (CBOs). Iraqi clinics do not ask for ID cards and the Syrians have easy

access. Some are referred to the private sector for higher level care. Deliveries are all free-of-charge. Syrians reported that they can seek services from the public sector, private sector and NGOs clinics. In Erbil, they reported that they buy drugs over-the-counter to avoid paying the consultation cost. Key informants indicated that Syrians access public services, private services and NGO services. The NGO mentioned in particular was Médecins Sans Frontières (MSF) for surgical cases.

6.5 Cost of Health Services

There was a consensus across the focus groups that the cost of private health services was high including the cost of consultations, medications and transportation. Surgical procedures were reported to be unaffordable. Some indicated that they cannot buy drugs due to their high cost and reported that they had discontinued treatment for chronic illnesses because they cannot afford the cost. Syrians complained about the high cost of lab investigations, and the unavailability of medications for chronic diseases. Residents said that health services are available, but their cost is not affordable. It is clear that Syrians are confused when it comes to public health services (free/not free). Also what papers they need in order to be eligible for these services.

6.6 Access to Childhood Vaccination Services

Participants indicated that the lack of awareness of the fact that vaccines are free to all under-fives in Iraq deterred some parents from utilizing the service. Another problem was that many parents did not have their children's vaccination cards at hand as they left them in Syria. Many parents reported that they did not know where to get their children vaccinated. Some health providers refused to vaccinate children who did not have a vaccination card, while others could not understand the names of the vaccines that were listed on the Iraqi cards. However, KRG conducted a vaccination campaign in the Camp. In June 2012 the government conducted a nutrition survey in the Camp. Key informants have indicated that vaccines are available for under-fives free-of-charge in all PHCCs and MCHCs. However, most Syrians do not know about this. In addition, most Syrian families have no vaccination cards, with differences between the Iraqi and Syrian schedules. If the family has no card, they are asked about the vaccination history of the child and missed doses are provided by Iraqi health facilities.

6.7 Negative Coping Mechanisms Relevant to Health

One of the coping mechanisms reported by FGD participants was to avoid going to the doctor, in spite of the need to do so, due to cost, lack of the cash, or to use the available cash to buy food.

6.8 Immediate Priorities Relevant to Health

Participants in FGDs asked to make health services available through MoH centers, to provide vaccines free of charge, to inform them of the available services and where to seek them (one day awareness sessions), to improve the quality of health services and to address environmental issues such as air conditioning. Many have reported that their rented homes are in poor condition with sanitation services bad.

6.9 Conclusions

1. The main health problems among Syrians in Iraq are acute conditions followed by chronic diseases. The need for stress counseling and reproductive health services were also pointed out.
2. Syrians had to access the expensive private services when they needed medications for chronic diseases which they found expensive. Tertiary level care appears to be a problem.
3. For those who are aware of the free vaccination services for under-fives helped to increase access to health service.

4. There seems to be lack of awareness on where to access services, at what cost and eligibility criteria. This is true for service users and for providers alike.

6.10 Recommendations

1. In spite of the indications that the needed basic health services are provided to Syrians at no- or very low- cost from the public sector and NGO clinics, there seems to be some lack of clarity on the long-term care for chronic diseases, on hospital-based care, on Mental Health and RH services. Therefore, there needs to be clear guidelines on which services are available to Syrians, where, at which cost, and at what prerequisites.
2. The above guidelines need to be translated into clear and informative messages that are widely disseminated among the Syrians in Iraq.
3. Harmonization of the government subsidized services to be granted to the Syrians with that already granted to the Iraqis is advised. This step will make it easier for the Iraqi Government to calculate the cost of the provided services and will prevent the sensitivities that may arise due to differing service packages.
4. Since the crisis is still evolving, and the situation on the ground may change very quickly, any sharp increases in the size of the Syrians will overwhelm the capacity of the public health services provided by the Iraqi Government, its international partners and the local NGO services. Accordingly, the international community should step in to provide capacity development support to the Government of Iraq and to the international and local organizations working on the ground to ensure access of the Syrians in Iraq to quality health care.

7 Education

The medium of instruction for local schools in KR is Kurdish and Arabic though the latter are limited and concentrated in specific areas like Ankawa. The arriving Syrian children, though Kurdish, received schooling in Arabic and are unable to read and write in Kurdish. This has led them to seek Arabic teaching schools which are limited and may be in the city centre far from the city outskirts where the Syrians have occupied low rent accommodation. This translates to high transportation costs for schooling. On the other hand, some families have expressed the opportunity to school their children in Kurdish as being a driving force for their coming to Iraq. Responses of the key informants or the Syrians interviewed do not provide consistent basis to establish clear estimates of the proportion of school-age Syrians enrolled in Iraq. However, as confirmed by some key informants interviewed, the assessment highlighted low registration of school-age Syrians. A small number of Syrians with post-secondary education level were recorded and in most cases they were not able to register in Iraq due to the high auxiliary cost of education in Kurdish Region. In spite of the high number of school-age Syrians who fled to KR, and also despite the fact that the KRG has allowed the Syrians to register free of charge in public schools, the focus group discussions revealed a worrying number of (especially secondary) school-age children, who were not attending schools. Particularly delayed start of school in the Domiz camp.

Among the reasons for not attending schools are the following:

1. Lack of prior-schooling documentation and other relevant IDs or certificates.
2. Most of the interviewed male adolescent simply do not wish to go to school and prefer to work in order to afford daily basic living expenses. Wages in Iraq are relatively high and attractive to families with limited resources.
3. Lack of knowledge among Syrian community about registration in Kurdish Region public schools free of charge.

4. Some of the interviewed families argue that it is still summer break and they will consider enrolment in September. Some families are expecting to return to Syria .
5. Many families recently arrived and were more concerned to secure basic needs such as house rent and food, and were not aware of the education services accessible to them in the KR of Iraq.
6. Some children are experiencing psychological difficulties and are feeling insecure to go to school.
7. The KR curriculum is taught in Kurdish language and is perceived to be more difficult for the Syrians who speak Kurdish but do not read or write the language.
8. Many families do not have the resources to spend on the school kits (bags, uniform or proper clothing) and most importantly, transport cost.
9. Some school-age children already dropped-out from education in Syria prior to the unrest and cannot easily re-enrol in the school system.
10. As the assessment was conducted during the school summer break, it would be useful to conduct a monitoring exercise in September when schools resume.
11. Family mobility: Some families reported that they had to change their accommodation which entailed challenges on school registration or transferring children from one school to another.

7.1 Key Needs

1. Resolve the widespread lack of awareness issues among parents/guardians, school principals, and youth.
2. Improve or facilitate the conditions for school registrations.
3. Support the public education system to be able to accommodate the growing number of Syrian students.
4. Enlarge the portfolio of educational and vocational education services with a focus on mitigating psychosocial distress.
5. Introduce remedial classes for Kurdish language.

7.2 Conclusions

Syrians seem to lack awareness of the available public education. Enrolment in secondary education seemed to be lower than in primary level. An important proportion of adolescents (12-18) seem to work for long hours to meet the basic needs of their families. Syrian children who are not going to schools need to be re-inserted into the education system or alternatively most of the adolescents involved in child labour require alternative education opportunities. Given the economic status of the interviewed displaced families, their dependence on public schools is clear since private schools are not affordable unless subsidised by donors, which raises sustainability issues. There is a need to support the public education system to be able to accommodate the growing number of Syrian children.

Some participants provided the following suggestions to solve the educational problems:

1. Inform the school management that Syrian displaced students can register in public schools regardless of their parent's possession of work permit.
2. Facilitate the enrolment procedures for those students who do not have relevant documentation to register in schools.
3. Increase awareness of Syrians families on the significance and availability of free access to education in KR.

4. Provide financial support to families to prevent them from the temptation of sending their children to work instead of school.
5. Provide tutoring or remedial classes in subjects where students face difficulties, such as: Kurdish.
6. Address the needs of youth and late adolescents for vocational education in areas such as computer skills.
7. Provide alternative learning opportunities for out-of-school children and literacy classes for their parents.
8. Expedite residency as it would facilitate parent work opportunities and child enrolment in local schools.

7.3 Recommendations

1. The enrolment of all students at schools by minimizing the required registration documents.
2. Close monitoring when schooling resumes in September to clearly understand the enrolment situation of the Syrian children in schools
3. Conduct awareness campaigns for families on the right of students to education, and on the available educational services in Iraq.
4. Tutoring support or remedial classes for children and youth to facilitate their return to and retention in schools.
5. Alternative learning opportunities and awareness-raising programmes for out of school children and literacy for their parents/ care givers (especially targeting mothers).
6. Provide psychosocial support to Syrian students at schools and inform the school counsellors of the available psychosocial services for further referrals.
7. Provide school kits, uniform– among others- for Syrian students and needy students in schools.
8. Provide non formal education or literacy classes for students that can't be reintegrated at schools and are working.
9. Post-secondary education opportunities for youth at tertiary levels.
10. Map out areas of high concentration of Syrians and support the KR-Iraqi public education sector in order to be able to mitigate adequately the pressure imposed by a growing influx of Syrians while sustaining the quality of education.
11. Supporting and monitor the access of Syrian students to secondary education.
12. Consider undertaking further sectorial research on issues like literacy level, learning achievements, completion rates, etc.

8 Youth and Adolescents

According to a number of Key Informants from all four surveyed areas, youth (13-24 years old) form a sizable proportion of the Syrian population that fled their country to Iraq since the beginning of the crisis from early 2012. They have also identified the youth group as the most vulnerable or at risk category among the Syrians. It appeared that for security reasons the single males are not integrating well within the host communities. During the focus group discussions, the youth were the most aggressively screened at checkpoints and hence are more affected by psychosocial distress. An important proportion of adolescents and youth at their early ages (12-18) seems to have no other alternative than to work for long hours (between 10-12 hours on average a day), and in difficult circumstances to meet their basic needs and those of their relatives. They are generally working in grocery shops where they carry boxes of goods and organize them on shelves. Some are waiters in cafes, others sell vegetables stalls in markets. They are also working in physically demanding jobs in the construction industry. In the Camp, they sell cigarettes, mobile cards and vegetables.

Early marriage of Syrian girls is a risk given the widespread acceptance of early marriage (under certain conditions) among the Syrian community. While these practices may in fact amount to a coping strategy by a number of Syrian households, they are not necessarily well perceived by everyone within the host communities. The needs assessment also revealed that some young females have vocational skills (e.g. handicraft) but are unable to undertake income generating activities due to lack of documents (residency), lack of start-up funds and lacking a conducive environment (including entrepreneurial skills appropriate to their new host communities).

8.1 Conclusions

1. There is high prevalence of child labour among Syrian POCs.
2. Adolescents and youth suffer from psychosocial distress.

8.2 Recommendations

1. Address the root causes of child labour by offering assistance programmes to the families who are sending their children to schools and monitor their regular attendance. Provision of residency permit is considered an important step.
2. Further identification (through participatory assessments) of the specific needs of male and female youth/adolescents in order to develop and implement tailor-made interventions.
3. Improve the scope of the existing services and referring systems aiming at helping youth to overcome their psychosocial distress.

9 Protection

9.1 Residency and Registration with UNHCR

While the Syrians living in Domiz camp did not report of particular problems related to residency, concerns over access to residency permit were raised by all age and gender groups in Erbil and Sulymaniya. In particular, new Syrian arrivals in Erbil were concerned about the consequences of lack of residency permit in terms of access to work, education and health services. Children and adolescents were mainly concerned about the fact that they would not be able to access schools without residency papers, while male adults (18-40) also expressed concerns of inability to access legal employment and rent house without residency permit. The latter also stated that financial obstacles make it difficult to go to Domiz to finalise residency procedure and raised concerns about the difficulties of obtaining a residency in Erbil as they did not have anyone who could provide them with a sponsorship. Reportedly, they had also experienced harassment by security officers when they applied for residency.

In Erbil, it was also reported of some new arrivals that had not registered with UNHCR, some of the Syrians in Erbil believed that they were unable to access public services such as health with residency documents and, as a consequence, did not obtain required medical treatment as they did not have funds to pay for treatment in private hospitals. In all the other locations, the new arrivals were registered with UNHCR. However, the groups living outside the camp did not receive any additional assistance from UNHCR and some of the residents in the camp believed that UNHCR did not provide them with adequate or enough assistance to cover their needs.

9.2 Child Protection

Violence against children living in Domiz camp was reported by some of the groups interviewed in the camp, and in particular by some of the female children and adolescents who stated that violence in the families also led to violence between the children. Adult females also acknowledged that children were beaten in their homes, but with the exception of one case of severe child abuse in one household, they expressed that it generally were “mild slaps” implying that this was acceptable. Moreover, the four groups of adult males interviewed did not report of violence or any problems for women or persons with specific needs. On the other hand, one of the key informants from the camp reported of beating of children by their parents. Violence against children was not reported to be present among any of the Syrians living scattered in Dahuk, Erbil and Sulymaniya. In Sulaymaniyah, it was, however, reported as a concern that the location of most of the Syrians in a military camp could increase the risk of incidents, and that children sometimes heard shootings which made them scared.

Some cases of child labour were also reported among children living in Dahuk, both in the camp and scattered, as well as in Erbil. In the camp, a few children were reported to be engaged in sale of cigarettes, mobile credit cards and vegetables, while among the Syrians living scattered in Dahuk and Erbil it was stated that some of the older children/adolescents worked as daily labourers (mainly in construction), often under difficult conditions with long working hours and low salaries. Some of these were also seen as being at risk of exploitation or losing their job due to lack of residency permit. No incidents of child labour were reported in Sulaymaniyah. A few of the groups interviewed also reported that they were aware of some separated or unaccompanied children in Domiz camp, but they did not raise any further specific needs of these children. In Erbil, there were reports of a couple of children separated from their parents and living with other relatives. Some of these had lost their fathers in the unrest in Syria.

Access to primary and secondary education for the children was one of the main concerns among the Syrians raised by all groups in all locations. While residents in Domiz had been informed that the children would get access to remedial summer school, they were concerned of whether the academic

year would be approved as a pass year. In Dahuk (outside the camp), Erbil and Sulaymaniyah, the lack of access to any schooling caused by lack of residency permit as well as language barriers, was a major concern. Syrians in Sulaymaniyah, requested provision of transportation fees for the children in order for them to be able to travel to schools teaching in Arabic when the new academic school year would start.

Lack of recreational activities was seen by children (10-13) and adolescents (14-17) in Domiz camp as being an obstacle to their psychological wellbeing and development. While they did visit the Child Friendly Space established in the camp and used the existing playground, they requested more activities and a better, paved playground with possibilities to do more sports. Furthermore, girls (10-13) expressed fear and limited opportunity to move freely in the camp because of harassment by single men and other male youth. Children in the camp also reported of hazards in terms of insects, scorpions and snakes as well as sand storms.

9.3 Persons with Specific Needs

It was reported of a few persons with disabilities living in Domiz camp. While it was stated that the number and needs of these individuals were unknown, it was believed that they generally were not provided with adequate assistance in terms of e.g. bathrooms, social reintegration, participation, and wheelchairs or other equipment. In Erbil, it was also reported of some persons among the new Syrian arrivals with specific needs, including elderly persons unable to care for themselves and/or with chronic diseases in need of continuous treatment and female headed households. It was stated that these individuals generally lacked support or economic assistance, and were unable to access health and social services because of lack of funds and knowledge of the system in place in KR and the service providers available.

9.4 Psycho-Social Needs

Adolescents females (14-17) living in Domiz reported that many of the people in the camp suffered from psychological stress stemming from the experiences of unrest in Syria and the flight; feelings of uncertainty about the future and difficult living conditions. The adult male population generally seemed reluctant to talk about psycho-social problems, but this may be related to the traumatizing events many of them have been through and difficulties of talking about these issues rather than the non existence of the problem. Furthermore, one of the key informants in Domiz stated that psychological stress certainly was widespread among the new arrivals and also caused by family members still remaining (and some missing) in Syria. In Erbil, most groups interviewed also expressed concerns of psychological stress stemming from traumatic experiences of abuse and fear of exploitation in Syria. In particular, it was stated that both children and women had faced threats of kidnapping for ransom before fleeing. Some had also experienced loss of family members in the unrest.

9.5 Conclusions

1. Residency permit and registration documents are essential to provide assistance.
2. Child labour practices require immediate attention.
3. Provision for special needs personal must be programmed.
4. Many Syrians are in need of psycho-social assistance.

9.6 Recommendations

1. KRG to facilitate residency for new Syrian arrivals in all governorates in KR
2. Syrians in all governorates in KR should have access to assistance from UN, the government and other agencies

3. Ensure access to education for Syrian children in all location in KR, including by ensuring that the school year they had to interrupt when leaving Syria is approved and that they have access to schooling in Arabic language (either by establishing more schools or covering transportation costs)
4. Establish safe and improved facilities and opportunities for recreational activities for male and female children in Domiz camp
5. Set up child protection monitoring and referral mechanisms including monitoring and reporting on grave child rights violations (MRM)
6. Increase assistance to persons with disabilities and other persons with specific needs inside and outside the camp

Additional recommendations from the JAM task force based on the findings from the assessment:

1. Increase outreach and awareness raising on registration with UNHCR and rights and services provided in KR for Syrian communities living scattered, including by developing a leaflet on the assistance provided and procedures to obtain residency
2. Strengthen protection monitoring in Domiz camp and among Syrians living scattered in the three governorates and ensure consultation with all age and gender groups in development of programs to prevent or mitigate risk of violence.
3. Establish proper response and referral mechanisms for victims of violence or other persons with specific needs
4. Ensure access to school for all children and improve livelihoods opportunities for adults to counter child labour
5. Continue provision of free legal assistance to cases related to work exploitation
6. Strengthen identification and follow up of persons with specific needs inside and outside the camp through protection monitoring, community service activities and adequate coordination and referral mechanisms
7. Continue and strengthen counseling and mental health services provided by DoH in Domiz camp
8. Establish additional psycho-social activities for children and adults in Domiz camp and involve the population in the planning and implementation of these activities as well as other programs

9.7 Gender Based Violence and Harassment

“Harassment is one of the most important problems facing the Syrian women.”

Key Informant – Dohuk

Results of this assessment suggest that while many Syrian families feel much safer in Iraq, some women have been subjected to harassment in the camp, both within their families, as well as in the community by young single men living there. Informants also reported that children in the camp are harassed by the young men’s group from the singles side of the camp, often causing the children to hide from them and reducing their mobility, which may have implications for their access to education. Key informants reported a small number of domestic violence cases between husbands and wives and a mother and child. The father of a family of teenage girls told an assessment team that he refuses to move to the camp for fear of his daughter’s safety.

9.8 Access to Services and Resources

Camp residents report that food and aid distributions are not equitably managed and many residents are overlooked in distributions. Such a distribution mechanism disadvantages women, particularly those whose husbands are out working during the time of distribution. Furthermore, due to economic stresses related to displacement, families are experiencing food shortages and report a significant change in diet. Many families are cutting meals from their daily intake. Electricity, food and water shortages, combined with high temperatures disproportionately affect women that are vulnerable such as pregnant, breastfeeding, elderly women and those with health problems.

Women and children's fears and stresses were most often spoken of. Such under-reporting of gender based violence (GBV), particularly sexual violence, is common, even in well-resourced settings with thorough gender-specific assessments. Moreover, it is never the role of any GBV assessment to capture prevalence data. Rather, assessments of women's protection needs should seek to determine how women and girls are at risk of GBV, what interventions will best address the identified problems, and whether GBV actors have the appropriate level of resources and capacity to respond.

9.9 Recommendations

1. Despite underreporting, evidence clearly suggests that GBV, psychosocial pressures, and limited access to resources including health care, are important issues to address immediately in order to support women and girls in the recently arrived Syrian population. To address these issues, the following mechanisms should be initiated and/or strengthened:
2. An interagency GBV working group to coordinate appropriate and safe services for Syrian women. Engage this group in outreach to other agencies and to women in the camp regarding available GBV-related referral services for their needs. Implementing partners of the UN can coordinate protection monitoring focused on risks faced by women and girls and be able to link them to existing GBV referral networks across the 3 governorates.
3. Protocols to ensure consultation with women and girls in the camp across all sectors to ensure minimum standards to prevent or mitigate risk of violence. The disempowerment and hopelessness of dislocation can be addressed by engaging females in decision making regarding the services they need and want in the camp as well as all necessary violence prevention measures. Moreover, many Syrian professional women may be able to contribute to capacity building and program implementation in the camp. This could necessitate the creation of liaison positions in the camp with UN agencies, INGOs and local NGOs to ensure full inclusion of women's needs.
4. Protocols to support women and girls food and non-food needs through adequate and equitable distributions. Distribution points should be separated and clear distribution schedules defined to assure families, particularly women, of adequate access.
5. Assessment of local health care providers and camp-based providers for adequate medical resources, (including PEP kits) as well as capacity building needs of GBV-related issues. Following assessment, protocols to ensure access to quality, age-appropriate health services for women and girls who are survivors of any form of GBV. Health staff must be able to deliver survivor-centered care, and age-appropriate treatment. Publicize available free and low cost health and psychosocial services for women's needs. In addition to international NGOs serving women in the camp, Dohuk has a number community based organizations that can provide case management and psychosocial care to camp and community based Syrian women. UN or INGOs should provide funding to such actors to deliver services in the camp and outside.
6. Protocols to include women in site planning and security discussions to ensure that camp layout and security address women's and girls' protection needs. Following a simple safety

audit engaging all sectors, such plans may include location of distribution points, water points and latrines; lighting and easy access to all camp quarters.

7. Female-only safe spaces for women and girls to report protection concerns, access available services, and for adolescent girls and child survivors to receive age-appropriate emotional support. Safe spaces should be established that provide safe environments for women and girls to report protection concerns and incidents of GBV and to effectively access services and support. All sectors should also deliver age-appropriate emotional support and activities to adolescent girls and ensure appropriate support to child survivors of any kind of violence.

10 Gaps and Immediate Needs

10.1 Syrians, between 13 and 24 years

Agreed that house rent was considered to be their first priority in Iraq, followed by food, phone calls to Syria and health.

1. Talked about their need for in-kind items such as a refrigerator especially during summer as it is difficult to save food in the hot temperature.
2. Some groups indicated the need for clothes.

10.1.1 Females

When females in the same age group were asked about their priorities, there was consensus about the following order with some exceptions as stated below:

1. Rent.
2. Pocket money.
3. Health services.
4. Food.
5. Education.

However, most participants considered education as their first priority. Mothers considered health services as their first priority. Some participants gave high priority to work opportunities as these could secure reasonable levels of living conditions.

The female groups suggested the following:

1. Rent: if UNHCR can secure free residence or housing allowance. Moreover, they proposed that assistance should include water and electricity bills.
2. Income: provide their husbands with work opportunities based on their qualifications.
3. Health services: to allow them access to public health services, and ensure free vaccination for their children.
4. Health awareness sessions.
5. Food: they suggested to include more food varieties and include items for babies such as milk and to increase the quantity of items to match the number of family members.
6. Some suggested literacy classes.

10.2 Male Group (25 - 60)

Males between (25-60) prioritized: residence permit, employment, rent, food and health. They expressed a deep need for a steady income either through being helped to secure work permits and employment opportunities, or through financial assistance. They also expressed the need to extend registration from Dahuk to other cities.

There was a consensus among the group on the following priorities:

1. Rent and necessary or basic home furniture and appliances (refrigerators, washing machines, fans and cooker).
2. Income can be in different forms: work opportunities or financial assistance. Priorities differed according to the city in which they live in:

10.2.1 Camp

1. Residence permit
2. Awareness of available services.
3. Food.
4. Awareness of UNHCR mandate.
5. Utilities.
6. Medical services.
7. Education services.

10.2.2 Dahuk City

1. Residence permit.
2. Rent fees.
3. House furniture and basic appliances.
4. Cloths.
5. Education services.
6. Food.
7. Health services.
8. Coordination between the different existing organisations.

10.2.3 Erbil

1. Residence permit.
2. Rent fees.
3. Household appliances.
4. Financial assistance.
5. Food.
6. Health services.

10.2.4 Sulaymaniyah

1. Residence permit
2. Rent fees.
3. Food.
4. House furniture and appliances.
5. Education services.
6. Health services.
7. Financial assistance instead of food packages and in-kind assistance.

10.3 Male over 60 years old

Males over 60 years old listed their needs as the following:

1. Rent fees.
2. Health services.
3. Job opportunities.
4. House furniture and appliances.
5. Food.

They meet part of these needs through sharing the expenses with other families and from assistance provided from the different organizations. They believe that they need financial aid as soon as possible to meet these needs.

10.4 Female over 60 years old

The older female participants indicated the below priorities:

1. Separate accommodation, bathroom, refrigerators.
2. Rent fees: cash assistance to meet expenses which are not covered by the assistance provided by different organisations and individuals. In addition, household appliances.
3. Cash assistance: They added that cash assistance was one of their priorities.
4. Special equipment: Some of the participants indicated that older persons need special equipment such as medical beds and wheel chairs.

They stated that they are completely dependent on savings to meet their needs. They concluded the focus group discussion by saying that the financial assistance is the best mechanism to help them live in dignity and prioritise their needs.

10.4.1 Conclusions

1. Employment and rent are top priorities for Syrians. They believe the residency permit is the key that will facilitate employment and other services such as health and schools. The Participants said that some Syrians are coping with their financial needs until now, but if the crisis continues they will need more material and financial assistance.
2. Rent is the priority for all participants from different age groups, followed by food and other services such as education and health.
3. One can understand the need for the Syrian population to start earning its living in the country of asylum. They expressed their need to work and asked UNHCR and the government of Iraq to facilitate the legal requirements.

10.4.2 Recommendations

1. It is recommended that the government of Iraq look into the option of facilitating residency/work permits for Syrians for jobs restricted for non-Iraqi as a mean of protection for them. Providing residency permits to all families is a vital step.
2. Financial assistance should be considered in a timely manner. This assistance will allow Syrians to prioritise their needs in a dignified manner.
3. Awareness sessions on vaccination and women reproductive health in public health centres.
4. A robust scheme to cover accommodation costs is needed.

10.5 Male participants (13-24)

The male participants (13-24) summarized the assistance provided by the government in the medical and educational services. Some said that they can receive primary health care free of charge. Concerning assistance from other organizations some mentioned that they have received in-kind assistance from UNHCR. Participants shared the following on the distribution of in-kind assistance:

1. The size of food parcels does not match the number of family members. They have the same quantity regardless of how big or small is the family.
2. Distribution can be humiliating when it takes place in the streets, sometimes the organizers do not take into consideration the importance of dignity when they organize the distribution methodology.
3. Children needs are not taken into consideration. They need milk and diapers, items which are not distributed.

10.6 Female Participants (13-24)

The females in this age group said that they received assistance from all cities. The different organisations provide different forms of support including; part of the rent, food parcels and in-kind assistance. The participants said that their neighbours and friends (Iraqi or Syrians) provided them with in-kind donations such as kitchen kits and washing machines.

10.7 Male Participants (25-60)

Male participants 25-60 said that they did not receive direct assistance from the Iraqi government and that support only came from organizations and individuals in the form of partial rent assistance and in-kind donations. The participants confirmed that the assistance which Syrians received from Syrian friends and neighbors was not different from that of organizations and Iraqi individuals.

10.8 Female Participants (25-60)

Female participants 25-60 claim that they do not receive financial aid but in-kind donations from different organizations. They said that some individuals provide them with financial support without which they would have been living in more difficult conditions. They also talked about having received support from landlords and Syrian friends. Participants mentioned the need of their children for remedial classes as the Iraqi curriculum is more difficult than the Syrian one. They also suggested organising recreational activities which can help Syrians to meet Iraqis and increase the harmony within the two communities.

It is worth mentioning that the participants complained regarding aid distribution mechanisms; stating that the process was humiliating, taking place in the streets in front of neighbours.

10.9 Male Over 60 Years Old

Males over 60 years old said that the KR government does not provide assistance; Moreover, their views were the same in regard to receiving assistance from Iraqi and Syrian friends and landlords.

10.9.1 Conclusions

1. The KR government provides support to the Camp but urban Syrians do not receive any subsidy. For those aware of the health and education free services, these services were used.
2. Most of the urban Syrians in KR are not receiving official assistance but some are getting ad hoc assistance from Syrian and Iraqi friends, neighbours, landlords, and other Iraqi individuals.
3. All Camp Syrians are receiving food, shelter, electricity, water and sanitation.
4. It is vital to highlight the comments made by participants regarding distribution of aid through organisations. Some participants reported undignified aid distribution strategies.

10.9.2 Recommendations

1. UNHCR staff members and its partners should contribute to raise the awareness of the registered Syrian population on types of assistance- those which are provided by the organisation and by the government.
2. A monitoring system on different national and international organisations involved in offering assistance for Syrian should be developed.
3. Complaints reporting system for the Syrian population should be established. The UNHCR and the government of Iraq can establish a joint one.

4. Coordination system should be established to manage assistance provided by different donors. This system in combination with complaint and monitoring systems should allow assistance to be targeted to vulnerable persons of concern by UNHCR and the government of Iraq.

11 Annex

11.1 Annex I: Assessment Taskforce

Assessment Leader

- 1) Bushra Halepota Head of office, UNHCR
- 2) Yaver Ali Sayyed Programme Officer, WFP

Department Displacement and Migration

- 1) Mohamed Hamou-DDM Duhok
- 2) Farid- DDM Duhok
- 3) Musa- DDM Duhok
- 4) Snur- DDM Suleimaniya

Technical Co leaders

- 1) Yaver Ali Sayyed Programme Officer, WFP, Iraq
- 2) Nadjia Hafsa Protection Officer, UNHCR, Iraq

Field teams for Dohuk, Erbil and Suliymaniya

دهوك

نجية حفصة 07706700815

المجموعة	الفئة	الاسماء	الاستمارة
1	7+ 1	رافد + زفان	10
2	8+2	شادان + هاوار	10
3	3	فريد + زيار	5
4	4	شيلان + بروين	5
5	5	فادي + شفان	5
6	6	هيفي + ليلان	5

سليمانية سلام 07701509765 - نياز 07701534509

المجموعة	الفئة	الاسماء	الاستمارة
1	1	احمد + توانا	3
2	2	شادان + نياز	3
3	3	مصطفى + كاوان	3
4	4	احمد + بشرى	3
5	5	رافد + فريد	3
6	8 + 6	كاني + سنور	6
7	7	موفق + سلام	3

اربييل هاورى 07504455829

المجموعة	الفئة	الاسماء	الاستمارة
1	1	رافد + علي ادم	3
2	2	ديانا + شادان	3
3	3	فريد + محمود	3
4	4	زينة + لاجان	3
5	5	ماجد + كاروان	3
6	6	احمد + بشرى	3
7	7	كريم + علي زيدان	3
8	8	ابو بكر + فهمي	3

11.2 Annex II: Concept Note

Concept Note (TOR)
KRG / UN Joint Rapid Needs Assessment of Syrians in KR
June 2012

Background

Since April 2011 the conflict in Syria has resulted in movement of thousands of Syrian nationals to the Kurdistan Region (KR), concentrated in three governorates: Erbil, Sulaimaniya and Dohuk. UNHCR announced that some 6,000 Syrians have crossed the borders and stayed in the KR since April 2011. Although not all would be considered persons of concern (POC), a considerable number are in urgent need of humanitarian assistance.

Following consultations between the KRG (Ministry of Interior- and the DDM-BDM), UN agencies and NGOs, it was agreed to jointly carry out a joint rapid needs assessment to inform on the immediate needs of POCs. For that purpose, a joint rapid assessment task force was convened by UNHCR and WFP consisting of UNESCO, UNFPA, UNICEF, WHO, IOM and NGO partners, which agreed on the following. This assessment will involve all partners so that the need for individual assessment by partners is discouraged.

Objectives

The general objective of the assessment is to take stock of the needs of POCs who arrived in Kurdistan Region as a result of the unrest that started in Syria in April last year, in order to better inform the response options of the different stakeholders, covering the following sectors and issues:

- Living conditions (including shelter)
- Coping mechanisms (including external/humanitarian support, income, expenditures and food)
- Protection (including child protection and SGBV)
- Health
- Education
- Water and Sanitation
- Gaps and immediate needs

Methodology: Participatory assessments which consist of:

- Focus group discussions (FGDs) with 8 groups of six to eight participants each, i.e. a sample population of 80, divided into eight categories by gender and by age (younger children 10-13; Adolescents 14-17, adults 18-40 and people over 40 40+ - the elderly +60. (All groups should be including persons with disabilities);
- Key informants meetings of local community leaders and KRG officials two key informants in Domiz camp, two in Dohuk city, one in Sulaimaniya and one in Erbil;
- Secondary data reviews.

The FGDs are to be conducted by eight teams, each team consisting of one UN and one NGOs staff. i.e. 16 staff from UN and KRG will be involved in the data collection after being trained on FGD and key informant interview methodologies each group is expected to conduct six group interviews two in Domiz camp, two in Duhok city, one in Sulaymanyah and one in Erbil. KRG representation is desired in all planning and implementation activities.

Locations covered will be Erbil, Sulaimaniya, Dohuk and the camp in Dohuk i.e. areas with major concentrations of Syrians.

Timeline

Date	Action	Responsibility
21 June	UN agencies NGOs and KRG agree on themes, methodology and plan of action	All
21 June	Changes on themes from relevant agencies	All
25 June	Sharing of FGD training package	WFP/UNHCR
25 June	Translation of FGD and KII tools to Arabic	All
25 June	Review and finalization of the Arabic versions of the FGD and KII tools	All
21 June	Secondary data sources identified	All
26 June	Joint Assessment Task Force Meeting	All
27 June	Focus Group interview participants identified	UNHCR
27 June	Key informants identified and approval to be interviewed obtained	UNHCR
28 June	Partners and UN staff trained jointly in Erbil 9:30 AM TO 3:30 PM	WFP/UNHCR
01 July-10 July	Data collection (includes organizing venues and calling POC participants)	Partners, KSO, WFP, UNHCR
11 July-18 July	Data analysis and drafting report sections	To be agreed
19 July- 10 August	Review, finalization and sharing with Government counterparts.	All – lead by WFP/UNHCR

11.3 Annex III: Questionnaires

Rapid Joint Needs Assessment for Syrians in the Kurdistan Region

Focus Group Discussion Guide

June 2012

Location: _____
Focus Group number: _ _ _
Code enumeration team: _
Date: _ _ / 0 _ 2012

The discussions should preferably take place with:

- (i) no more than 10 persons representing the average households of interest (e.g. Adult male Syrians, Syrian female adolescents,...)
- (ii) Keep in mind lessons learned from previous sessions, taking into consideration questions formulation and guiding discussions.
- (iii) The questions below are a guide. In a FGD, unlike a hh questionnaire, we guide the discussion along certain themes but allow the participants to identify their issues and priorities

IDENTIFICATION

Main type of participants in the discussion: 1= Syrian adult males (25 – 60) 2= Syrian adult females (25 –60) 3= Syrian adolescent / youth males (13 – 24) 4= Syrian adolescent / youth females (13 – 24) 5= Syrian elderly males (>60) 6= Syrian elderly females (>60)	1.1	_
Number of participants in the discussion:	1.2	_ _

SITUATION AND NEEDS ASSESSMENT

2.1	Reason for leaving the country <ul style="list-style-type: none"> • Why did you leave?
2.2	residence <ul style="list-style-type: none"> • Where are you living: rented, host family? • What facilities are available: electricity, running water, sanitation, heating/cooling? Are they included in the rent?
2.3	Income and Expenditures: <ul style="list-style-type: none"> • What was your main source of income before your re-location? • How are you managing financially in Jordan? • How long will your savings last (months)? • At present, what are your main expenditures: rent, food, transport, school, health? • Are you in debt? Coping Strategies

Rapid Joint Needs Assessment for Syrians in the Kurdistan Region

Focus Group Discussion Guide

June 2012

	<p>Have you had to rely on any of the following</p> <ul style="list-style-type: none"> • Sell assets • Borrow, buy on credit or take a loan • Reduce size, frequency or type of foods you and / or your family consume • Avoid visiting the doctor due to lack of fees • Stop sending the children to school • Send family member to relatives/friends <p>(To the interviewer) Examples of sources of income are given below, but do not suggest them to participants. Leave participants to answer in their own way:</p> <ul style="list-style-type: none"> - Independent work (e.g. taxi driver, carpenter etc.) - Unskilled regular wage labour (e.g. in construction, guard) - Unskilled irregular or seasonal labor (e.g. agricultural worker, temporary construction) - Remittances from family in Syria or abroad - Humanitarian assistance
2.4	<p>General Protection:</p> <ul style="list-style-type: none"> • Are you registered with UNHCR? Yes, No • If no, why? <p>Child protection Explain that when we say children we mean anyone under 18. You can also say 'children and adolescents to be cleared'</p> <ul style="list-style-type: none"> • What were the risks to children's safety and security in Jordan? • Have you heard of children who have been affected by any kind of violence, either from a family member or non-family member? If yes, what kind of violence? If yes, who did they get help from? • Are there any children in this location without parents or any family members taking care of them? (yes or no). If yes, how many? What are their living conditions? • Are the children working? Where? Under which conditions? For what wage? <p>Women protection</p> <ul style="list-style-type: none"> • Is there a problem in your community because women are not safe or protected? • Have you heard about women who have been affected by any kind of violence, either from a family member or non-family member/ example: hitting, harassment, ...etc?, if yes, did they seek help from anybody?
2.5	<p>Support and assistance:</p> <ul style="list-style-type: none"> • What support have you received from the Government of Jordan? housing, services • What support have you received from humanitarian agencies and charity organizations • What support have you received from family/friends/locals?
2.6	<p>Food</p> <ul style="list-style-type: none"> • Has there been a change in your diet since leaving Syria? Give an account of an average daily food list consumed by your household before and after relocation. • Are food items of your choice readily available in the markets? • If yes, can you purchase them?
2.7	<p>Health</p> <ul style="list-style-type: none"> • What are the three main health problems that you/your family faced since you arrived in Jordan? • Is any member from your families currently suffering from psychological distress? if yes, in what way? • Can you access health services while in Jordan? • If yes, where? (public, private, NGO clinics) • Do you have to pay for health services • If you have children under the age of 6 years in your household, are they fully / partially / not vaccinated?

Rapid Joint Needs Assessment for Syrians in the Kurdistan Region

Focus Group Discussion Guide

June 2012

2.8	Reproductive Health <ul style="list-style-type: none">• Did you or any of your family members seek reproductive health services while in Jordan such as services related to pregnancy, childbirth, family planning, or Sexually Transmitted Infections?• Can you or any of your family members easily access services related to maternal health? Where (public, private, NGO clinics)?• Do you pay for such services?
2.9	Education <ul style="list-style-type: none">• Are your children going to school? (Are you going to school if adolescents?) (yes or no)• If yes: are they/ you going to public or private schools?• If no, why?• What could be done to help your children / you to go to / stay in school?
2.10	Gaps and Immediate Needs: <ul style="list-style-type: none">• What are your immediate needs: housing, schooling, health, income, food?• What are you doing to meet these needs?• What assistance do you require to meet your needs?

Joint Needs Assessment for Syrians in Kurdistan Region

Key informers interview

June 2012

Location _____ Informant: please select one: Active Community member (Kurdistan) Active Community member (Syrian) KRG Representative (directors of health, social development, Education directorates) Examples: Religious leaders, and government entities, Jordanian and Syrian active community members (men and women)	
1.1	Syrian demography and subgroups Demography: <ul style="list-style-type: none"> • What is the composition of Syrians in your locality by age and sex; • What are the subgroups within the Syrian population that are recognized as having different identities, means of livelihood and/or social status • What are the characteristics of each subgroup • What is your estimate of the number of households (and individuals) in each subgroup • Who are the specially vulnerable individuals / groups at particular risk: • What are the characteristics and estimated numbers of these groups who are especially vulnerable or have special needs (e.g. ethnic minorities, unaccompanied children, infant orphans, people living with terminal diseases, female headed households...etc.);
1.2	Reason for leaving: <ul style="list-style-type: none"> • What is the reason that most of the Syrians left their country for?
1.3	Residence <ul style="list-style-type: none"> • Where are the Syrians living? (Rented, host family) • Do you think that they have enough facilities in their residences? (Electricity, running water, sanitation, heating/cooling? Are they included in the rent?);
1.4	Incomes and Expenditures: <ul style="list-style-type: none"> • What was their main source of income of most Syrians before re-location? • How do you think that they are managing financially in Jordan? • How long do you think that their savings will last (months)? • At present, what are their main expenditures: (rent, food, transport, school, health)? • Do you think that many Syrians are in debt? Coping Strategies Do you think that Syrians have to rely on any of the following <ul style="list-style-type: none"> • Sell assets • Borrow, buy on credit or take a loan • Reduce size, frequency or type of foods they consume • Avoid visiting the doctor due to lack of fees • Stop sending their children to school • Send family member to relatives/friends Examples of sources of income are given below, but do not suggest them to the KIs. Leave them to answer in their own way: <ul style="list-style-type: none"> • Independent work (e.g. taxi driver, carpenter etc.) • Unskilled regular wage labour (e.g. in construction, guard)

Joint Needs Assessment for Syrians in Kurdistan Region

Key informers interview

June 2012

	<ul style="list-style-type: none"> Unskilled irregular or seasonal labor (e.g. agricultural worker, temporary construction) Remittances from family in Syria or abroad Humanitarian assistance
1.5	<p>General Protection:</p> <ul style="list-style-type: none"> Do you think that Syrians feel comfortable with registering with UNHCR? Yes, No If No, why? <p>Child protection</p> <ul style="list-style-type: none"> What are the main risks to Syrian children's safety or protection in this governorate? Have you heard about children who have been affected by any kind of violence either from a family member or non-family member? If yes, what kind of violence? Are there any children in this location without parents or any family members taking care of them? Yes, No If Yes, how many? What are their living conditions? Are the Syrian children working? Where? Under which conditions? For what wage? <p>Women protection</p> <ul style="list-style-type: none"> Is there a problem in the Syrian community because women are not safe or protected? Have you heard about women who have been affected by any kind of violence, either from a family member or non-family member/ example: hitting, harassment, ...etc?
1.6	<p>External Support:</p> <ul style="list-style-type: none"> What support have Syrians received from the Government of Jordan? housing, services, subsidized items (wheat, electricity, fuel, water,...) What support have Syrians received from humanitarian agencies and charity organizations What support have Syrians received from family/friends/locals?
1.7	<p>Food</p> <ul style="list-style-type: none"> Has there been a change in their diet since leaving Syria? Give an account of an average daily food list consumed by them, before and after relocation. Are food items known to the Syrians readily available in the markets? If yes, can they purchase them?
1.8	<p>Health</p> <ul style="list-style-type: none"> What are the three main health problems that Syrians faced since they arrived in Jordan? Are you aware of people suffering from psychological distress? If yes, in what way? How many? Can Syrians access health services while in Jordan? If yes, where? (public, private, NGO clinics) Do they have to pay for health services? Are their children under the age of 5 years fully / partially / not vaccinated?
1.9	<p>Reproductive Health</p> <ul style="list-style-type: none"> Do Syrians seek reproductive health services such as those related to pregnancy, childbirth, family planning, Sexually Transmitted Infections? Can they easily access services related to maternal health? Where do they go, (public, private, NGO clinics)? Do they pay for such services?
1.10	<p>Education</p> <ul style="list-style-type: none"> Are Syrian children going to school? Are Syrian adolescents going to school? If yes: are they going to public or private schools? If no: why? What could be done to help their children to go to / stay in school?

Joint Needs Assessment for Syrians in Kurdistan Region

Key informers interview

June 2012

1.11	<i>Situation and needs of the local (host) population</i> <ul style="list-style-type: none">• What do you think are the changes in the general economic and market conditions and the food security situation of the host population;• What do you think are the changes in the host population's access to services;
1.12	<i>Social organization and attitudes</i> <i>Control of resources:</i> <ul style="list-style-type: none">• Who (men and/or women) controls resources within the Syrian household and at community level (food, cash, non-food household and productive items)• What is the level of access of Syrians to any household means of transport (e.g. bicycle, cart);• Whether this has changed from what was normal for the Syrians (for the first two bullets) <i>Attitudes and expectations:</i> <ul style="list-style-type: none">• How would you describe the Syrians' ability and willingness to engage in self-help and community-based activities; their perceptions of the prospects of returning home
1.13	<i>Gaps and Immediate Needs:</i> <ul style="list-style-type: none">• What are the Syrians' immediate needs: housing, schooling, health, income, food?• What are they doing to meet these needs?• What assistance do they require to meet their needs?

11.4 Annex IV: Technical Recommendations

The table hereunder presents the recommendations made by the Joint Assessment as of July 2012:

Table 1: General Technical Recommendations

1. Food Security				
Recommendations 2012	Actions	Deadline	Partners	Remarks
1. Food assistance for vulnerable Syrians, in coordination with voucher distribution should be provided.	WFP Activities	August	WFP, IR, DDM	
2. Implement a robust monitoring system for food needs and food utilization	WFP Activities	October	WFP, IR	
3. Explore possibilities of Voucher schemes, bearing in mind the cash assistance provided through ATM card to be rolled out for Syrians.	WFP, DDM Activities	August	WFP, DDM	
4. Advocacy of special distribution during Ramadan.	Donors, WFP, DDM	August	Islamic Relief, ACTED	

2. Income and Expenditures				
Recommendations 2012	Actions	Deadline	Partners	Remarks
1. To Consider the possibility of providing monthly cash assistance to vulnerable Syrians in Iraq. Financial assistance is considered a main protection tool which avoids opting for illegal work, exposure to exploitation and other negative coping mechanisms. The financial assistance seeks to protect Syrians' dignity since the assistance can be based on their needs which they themselves prioritize and it can be brought to them- through ATM cards- in a more dignified manner than in-kind assistance. Were cash assistance is not appropriate, a voucher system could be considered.	UNHCR, WFP	September	WFP, UNHCR, DDM	

2. It is also recommended that the international community supports the government of Iraq so that Syrians can access the Iraqi medical services in the same manner that the IR-Iraqi population can, and can continue providing access to Syrian children to its public schools.	Donors, UNHCR, MOH, WHO		UNHCR,M OH,WHO, DDM	
3. Programmes that engage Syrians and local populations should be introduced to provide incomes and to create.	GoI, MOL		DDM, UNHCR, WFP	
4. Donors should support the KRG to compensate any implications related to considering temporary stay/modification of the work permit requirements for Syrians.				
5. Implement information sharing and coordination of programs.	UNHCR			
6. Training and awareness raising of local NGOs and governorates' staff	UNHCR, WFP	September	IR	
7. Incentives, such as school feeding, should be introduced to support education and curtail child labour.	WFP	September	DDM	

3. Health				
Recommendations 2012	Actions	Deadline	Partners	Remarks
1. In spite of the indications that the needed basic health services are provided to Syrians at no- or very low- cost from the public sector and NGO clinics, there seems to be some lack of clarity on the long-term care for chronic diseases, on hospital-based care, on Mental Health and RH services. Therefore, there needs to be clear guidelines developed and agreed upon between partners on which services are to be provided for Syrians, where, at which cost, and at what prerequisites.	Develop guidelines	On going	MOH,DDM UNHCR, WHO, UNICEF	

3. Health				
Recommendations 2012	Actions	Deadline	Partners	Remarks
<p>2. The above guidelines need to be translated into clear and informative messages that are widely disseminated among the Syrians in Iraq.</p>	<p>Clarify with MOH procedures and costs for all treatments in all geographic locations</p> <p>Raise awareness on reproductive health services available for Syrians with no or low cost.</p>	Sep.	<p>MOH, DDM WHO, UNHCR, UNICEF, UNFPA, JHAS, IFH, CBOs</p>	
<p>3. Harmonization of the government subsidized services to be granted to the Syrians with that already granted to the Iraqis is advised. This step will make it easier for the Iraqi Government to calculate the cost of the provided services and will prevent the sensitivities that may arise due to differing service packages.</p>	<p>Assess and measure the cost of health services provided by MOH for Syrians and seek donors support</p> <p>Issues clear guidelines to harmonized the costs of services for Iraqis and Syrians if approved by the Government</p>	Oct.	<p>DDM UNHCR, WHO, UNICEF</p>	

4. Education				
Recommendations 2012	Actions	Deadline	Partners	Remarks
1. The enrolment of all students at schools by minimizing the required registration documents. MoE decisions to be circulated to the General Directorates of Education.	UNICEF, UNESCO	On-going	MOE, UNHCR, WFP	
2. Conduct awareness campaigns for families on the right of children to education, and on the educational services in Iraq.	UNICEF,	On-going	MOE, DDM, UNHCR	
3. Tutoring support or remedial classes for children and youth to facilitate their return to and retention in schools.	UNESCO	Under discussion	UNICEF, MOE, DDM, UNHCR	TOT, training of school supervisors, and teacher training
4. Alternative learning opportunities and awareness-raising programmes for out of school children and literacy for their parents/ care givers (especially targeting mothers).	UNICEF, UNESCO		MOE, DDM	Implement media campaign
5. Provide psychosocial support to Syrian students at schools and inform the school counsellors of the available psychosocial services for further referrals.	UNESCO, UNICEF		MOE, DDM, IRC	UNICEF will focus on the wellbeing of youth age 12-18
6. Provide school kits, uniform– among others- for Syrian students and needy students in schools.	MoE, UNICEF		DDM,, UNESCO, MoE	
7. Provide alternative learning opportunities or literacy classes for children that can't be reintegrated at schools and are working.	UNICEF MoE		UNICEF, DDM, MoE	
8. Post-secondary education opportunities for youth at tertiary levels.	UNESCO		MOE, UNICEF, DDM	
9. Support for the Iraqi public education sector in order to be able to mitigate adequately the pressure imposed by a growing influx of Syrians while sustaining the quality of education.	UNICEF MoE		UNICEF, UNHCR, DDM, MoE	

4. Education				
Recommendations 2012	Actions	Deadline	Partners	Remarks
10. Supporting and monitor the access of Syrian children to secondary education	UNICEF UNESCO		MOE, UNICEF, UNHCR, DDM	
11. Implement school nutrition programme	WFP, UNICEF		MoE, IR, IRC	

5. Youth				
Recommendations 2012	Actions	Deadline	Partners	Remarks
1. Address the root causes of child labour by offering assistance programmes to the families who are sending their young children to schools and monitor their regular attendance.	UNHCR		DDM, UNICEF, UNHCR	
2. Improve the scope of the existing services and referring systems aiming at helping youth to overcome their psychosocial distress.	UNHCR	on going		

6. Protection				
6.1. General Protection				
Recommendations 2012	Actions	Deadline	Partners	Remarks
1. It is recommended that UNHCR prepares an information dissemination strategy about its mandate, its help desk offices in other governorates and its services too. This strategy can combine various methodologies such as awareness raising focus group discussions, leaflets in the government hospitals and clinics	UNHCR	on going	UNHCR, DDM	
2. UNHCR is to reconsider its services to the Syrian population.	UNHCR		UNHCR	

6.2. Child Protection				
Recommendations 2012	Actions	Deadline	Partners	Remarks
1. Provide financial and in-kind assistance to vulnerable families to prevent further child protection issues and where appropriate use conditional cash transfers to respond to child protection issues such as child labor				
2. Strengthen the national monitoring and reporting mechanisms to include the Syrian community			Iraq Coordinati on Unit/ DDM	
3. Strengthen the role of the Family Protection Directorate to respond and deal with Syrian cases of violence & abuse			DDM, UNHCR	
4. Conduct an awareness campaign for the Syrian and host community on different protection issues including expanding the better parenting program to raise the awareness of Syrian parents & caregivers on child rearing practices and protection issues			UNHCR	
5. Strengthen the psychosocial support programs targeting all age groups of Syrian community who were subjected to any form of violence, abuse or torture			UNICEF, FPD	
6. To create child and adolescent friendly spaces for Syrian boys & girls especially those who have been exposed to child protection issues				
7. Strengthen the referral system to meet the needs of the Syrian community				

6.4 Domestic Violence				
Recommendations 2012	Actions	Deadline	Partners	Remarks
1. Need for psychosocial support to women who were subjected to sexual and gender based violence (SGVB) before coming to Iraq.	Discuss with potential partners and sign agreements with NGOs , develop proposal to donors, conduct training with service providers on counselling, monitoring and evaluation	on going	UNICEF, UNHCR, MOH, IRC/ACTED, CBOs, working group on protection of women and children, DDM	Start date depends on the approval from the Government and the availability of

				funds
2. Future activities targeting women, especially young women have to ensure they are provided in place considered safe from the Syrian women's perspective.	Identify with various resources safe places for Syrian women , agreements to be signed with NGOs, DDM		UNHCR, UNICEF, IRC/ACTED, CBOs, working group on protection of women and children, DDM	Start date depends on the approval from the Government and the availability of funds
3. Awareness raising is needed targeting Syrian women on domestic violence, their rights and available services in Iraq.	Agree on the messages to be conveyed, print simple leaflets, work with local radios, conduct theatre based edutainment, Agreements to be signed with NGOs, FPD	on going	UNICEF, IRC/ACTED, CBOs, working group on protection of women and children,	Start date depends on the approval from the Government and the availability of funds
4. Awareness raising is needed targeting Syrian men on domestic violence and stress management.	Agreements to be signed with NGOs, conduct training sessions for service providers working with men, conduct training for men on women's rights and domestic violence using culturally appropriate messages, conduct training for men on stress management.	on going	DDM, UNICEF, UNHCR, UNFPA, Islamic Relief, IRC/ACTED, CBOs, working group on protection of women and children	Start date depends on the approval from the Government and the availability of funds
5. NGOs to work on raising the awareness of Syrian and hosting communities on the early marriage issues, and relevant Iraqi laws.	Agreements to be signed with NGOs, conduct training for service providers on early marriage, conduct awareness raising sessions for religious leaders and Iraqi and Syrians.		NGOs,	
6. Raising awareness of aid providers on standards and codes of conduct in aid provision in line with local cultures.	Conduct workshops for NGOs on standards of conduct for aid and social workers.		UNHCR	

7. Gaps and Immediate Needs				
Recommendations 2012	Actions	Deadline	Partners	Remarks
1. Financial assistance should be considered in a timely manner. This assistance will allow Syrians to priorities their needs in a dignified manner.				
2. It is also recommended that the government of KR-Iraq look into the option of facilitating work permits for Syrians for jobs restricted for non-Iraqians as a mean of protection for them.	UNHCR, DDM, MOL		DDM, UNHCR	
3. Awareness sessions on vaccination and women reproductive health in public health centres.	UNICEF, WHO		DDM, MoH	
4. A robust scheme to cover accommodation costs is needed.	UNHCR	Continues	KRG, UNHCR	

8. Support and Assistance				
Recommendations 2012	Actions	Deadline	Partners	Remarks
1. UNHCR staff members and its partners should contribute to raise the awareness of the registered Syrian population on types of assistance- those which are provided by the organization and by the government.	UNHCR, DDM	On going	UNHCR	
2. A monitoring system on different national and international organization involved in offering assistance for Syrian should be developed.	UNHCR	To be established soon	UN agencies, DDM	
3. Complaints reporting system for the Syrian population should be established. The UNHCR and the government of Iraq can establish a joint one.	UNHCR	To be discussed with DDM and established	UNHCR, DDM	
4. Coordination system should be established to manage assistance provided by different donors. This system in combination with complaint and monitoring systems should allow assistance to be targeted to vulnerable persons of concern to UNCHR and the government of Iraq.	UNHCR	On going	DDM,UNHCR	



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