



UNHCR 2011

2012

Regional Response Plan for Iraqi Refugees



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1. EXECUTIVE SUMMARY

Several years after a massive influx of Iraqi refugees prompted the humanitarian community to build its first comprehensive and coordinated protection and assistance response, Iraqi refugees continue to constitute one of the largest urban refugee populations in the world.

The third consecutive response plan for Iraqi refugees, the 2012 Regional Response Plan (RRP), aims to provide a strategic framework to address the immediate, as well as the medium to longer term needs of displaced Iraqis in Syria, Jordan, Lebanon, Turkey, Egypt, the Islamic Republic of Iran and the Gulf Cooperation Council (GCC) countries. The RRP was preceded by the CAP in 2008 and 2009 which dealt with the needs of internally displaced Iraqis as well as Iraqi refugees.

The needs of Iraqi refugees remain substantial. While the overall population has declined through resettlement departures, returns to Iraq and other movements, Iraqis still continue to seek asylum in neighboring countries. Those who remain in countries of asylum have become more vulnerable as their displacement has lengthened and their coping mechanisms have become depleted. Despite their increased vulnerability, the majority of Iraqi refugees have indicated little interest in returning to their country of origin.

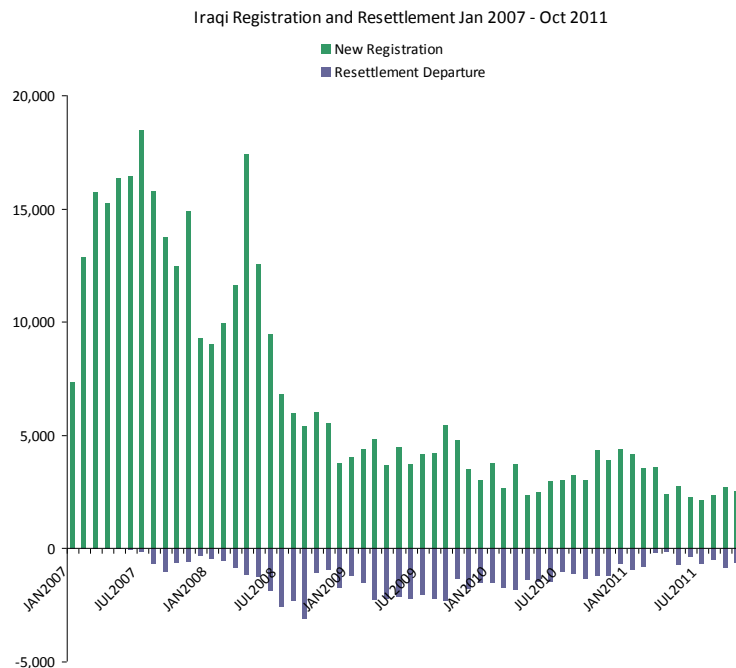
In view of Iraqi refugees' ongoing needs in an increasingly protracted situation, and in a region that has undergone considerable upheaval in the past year, humanitarian agencies agree that it is crucial for the response to be maintained. The 2012 RRP for Iraqi refugees represents agencies' continued efforts to identify common objectives and to ensure the further consolidation of their approaches and activities.

The 2012 RRP provides a comprehensive and strategic inter-agency framework following the principle of joint planning of the CAP. Given that refugees represent the RRP's target beneficiary population, the inter-agency coordination process continues to be led by the Office of the United Nations High Commissioner for Refugees.

2. REGIONAL OVERVIEW

2.1 Introduction

As of 31 October 2011, the 12 countries making up the geographical area covered by RRP included 176,982 Iraqis registered with United Nations High Commissioner for Refugees (UNHCR). The vast majority continue to be hosted by Syria, Jordan and Lebanon. Despite fewer Iraqis fleeing their country, the first ten months of 2011 saw over 28,000 Iraqis registering with UNHCR. Some refugees returned to Iraq and over 7,000 were given the chance by resettlement countries to start a new life in third countries. By the end of 2011, however, more than 40% of the refugee population remained in their respective countries of asylum for over five years. In spite of an overall decline, a number of countries, including Jordan, Lebanon and Turkey, witnessed an increase of registered Iraqis. This was due to unrest in Syria, a slowdown in resettlement departures and remaining concerns in Iraq. Overall, a large population of refugees remains and shows no sign of considering a return to Iraq, even as economic conditions in the region increase the hardship and the need for external assistance.



The situation in Iraq, although substantially improved since 2008, continues to inspire caution in refugees, many of whom claim to have no intention of returning to Iraq in the near future. While the number of victims of indiscriminate violence continued to drop, attacks in 2011 in certain parts of Iraq became increasingly targeted against individuals such as professionals (lawyers, academics), religious or political leaders as well as members of law enforcement forces. Moreover, the withdrawal of United States (US) forces from Iraq at the end of 2011 raised further questions amongst refugees in relation to the viability of return. At the political level, ongoing discussions left several key ministerial portfolios vacant and territorial disputes continued to fester in parts of the country while social and economic development remained uneven. The Government of Iraq has affirmed its commitment to addressing the issue of displaced Iraqis through a comprehensive plan to be formally launched by the Ministry of Displacement and Migration. It is likely, however, that such a plan would, as a priority, focus on the internally displaced.

Meanwhile, the countries and communities hosting Iraqi refugees have maintained their notable generosity towards them. Although most of the countries in question are not state parties to the 1951 Convention relating to the Status of Refugees, they have abided by broad humanitarian principles, generally allowing refugees into their territory and granting them access to some basic services.

In many aspects the approach taken by regional states such as Syria, Jordan and Lebanon are examples of providing protection despite domestic challenges. The authorities have moreover demonstrated their willingness to further consider, and potentially move ahead with, the adoption of national legislation regarding asylum. The protection space for refugees was upheld by the respective governments and in certain respects expanded thanks to ongoing advocacy and humanitarian agencies' positive engagement and capacity-building with the support of the international community.

As part of this positive regional trend, host governments and ministries have also maintained their commitment to a rights-based approach allowing vulnerable refugee and host community groups to benefit from a growing number of initiatives. This was made possible by the integration of refugee issues within wider development programmes including national partners with the potential to provide sustainable social support and assistance to specific groups in need. In parallel, humanitarian agencies' efforts to invest in greater refugee self-reliance, through the strengthening of community-based outreach and activities resulted in the growing engagement of refugees in building networks supporting vulnerable refugees and tightening links with the host communities.

In spite of progress made, needs remain substantial. Agencies' efforts to build vocational training programmes particularly targeting refugee youths and female heads of households have provided rewarding occupations and valuable skills. However, resulting (self-) employment opportunities have remained relatively limited, particularly due to difficult economic circumstances. Building self-reliance continues to be a priority which agencies have committed to pursuing further, integrating the lessons learned in 2011.



Iraqi refugee family renting a small flat in the suburbs of Damascus.
©UNHCR/ B. Diab/ 2011

In terms of durable solutions, more than 130,000 refugees have been submitted to resettlement countries since 2007 a clear demonstration of the efforts made by third countries to support refugees. As one of only two durable solutions available to Iraqis refugees as well as a valuable burden-sharing instrument, the resettlement of Iraqi refugees was expected to maintain its 2010 momentum. However, the introduction of new security checks for refugees departing for the US, the main resettlement country for Iraqi refugees, caused delays in resettlement departures. As a result, the first ten months of 2011 saw the departure of only 7,200 refugees compared to more than 16,000 departures in 2010. In addition to causing refugees considerable anxiety, these delays also led to humanitarian agencies having to maintain assistance for a larger number of refugees than expected. At the same time, there continued to be only limited interest in the other durable solution available to Iraqis, namely voluntary return, with only around 1,400 individuals across the region requesting assistance from UNHCR to permanently return to Iraq. Continued monitoring of refugee movements to and from Iraq confirmed that many Iraqis voluntarily returned without seeking UNHCR's assistance.

While the civil unrest that swept the Middle East in 2011 did not significantly affect the protection of Iraqi refugees in the region, the deterioration of the situation in Syria has been a cause of increasing concern due to this country hosting the majority of Iraqi refugees. Although the security situation

contributed to delays and the disruption of some project implementation, agencies working in Syria were largely able to continue providing assistance and protection to Iraqi refugees. Humanitarian agencies have chosen to base their planned response for 2012 on the assumption that the situation in the countries featured in the RRP would remain relatively stable, as would the refugee populations hosted by them. This assumption was made specifically in the context of the elaboration of the 2012 RRP and in no way precludes the possibility of agencies' plans being revised substantially in 2012. Contingency plans have in fact been drawn up both at the country and the regional level, and are regularly updated, to prepare for any dramatic change that may directly affect refugees and the operational environment.

2.2 Regional Strategic Objectives

The 2012 RRP continues to build upon the 2008 and 2009 Consolidated Appeal Processes (CAPs) and the subsequent RRP, which have adapted the previous regional objectives to the evolving situation in the region. These objectives, outlined below and detailed in the country responses, focus on ensuring that Iraqis continue to receive effective protection and assistance while durable solutions are sought for all.

I. Ensure that Iraqis continue enjoying asylum and protection

Agencies expect that the number of people fleeing Iraq and seeking asylum in countries in the region will continue to decline as the situation in Iraq stabilizes. Essential protection activities include registration, issuance and updating of documentation, legal advice and counseling, intervention on individual cases, and preventive and responsive activities addressing protection risks such as sexual and gender-based violence (SGBV), exploitation and problems specific to refugee children.

In spite of the respective host governments' notable generosity and hospitality towards Iraqi refugees, the fact remains that refugees seldom have a national asylum framework on which to rely for their continued protection and stay in the country of asylum. Agencies therefore need to ensure that host governments maintain their flexible understanding of refugee issues through advocacy and through capacity-building and the transfer of experience and expertise.

II. Ensure that basic needs of Iraqi refugees are met with special attention to the most vulnerable

A large number of refugees are finding it increasingly difficult to make ends meet. Many of them are unable to seek legal employment. Their vulnerability is increased by inflated prices related to rent, food and fuel. Among those in the most precarious situations are the elderly, disabled, children and women (either alone or responsible for children but without the support or protection of an adult male). Moreover, the on-going uncertainty inside Iraq as well as their own position reinforces their vulnerability which is why many agencies continue to note significant and growing psychological needs among refugees.

In order to ensure that refugees do not resort to desperate measures or negative coping mechanisms that would expose them and their families to further risk, agencies must continue providing direct assistance enabling vulnerable families are able to cover their needs in terms of food and accommodation.

Given the unsustainability of long-term assistance, humanitarian agencies have embarked on a series of capacity-building projects aimed at national organizations and institutions that have the potential for playing a larger role in providing support and services to vulnerable groups, be they refugees or members of host communities.

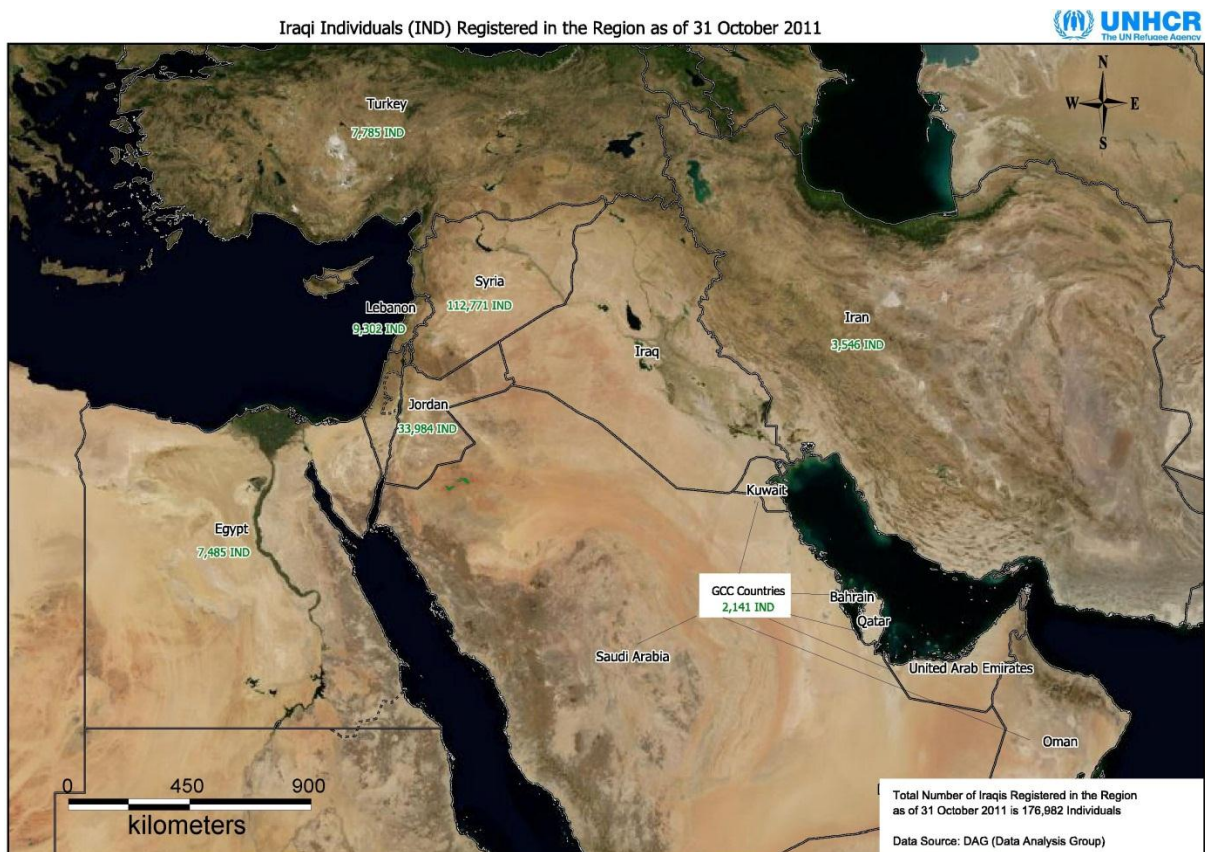
III. Strengthen refugee empowerment and potential for self-reliance

As many refugees are likely to remain in their country of asylum for the foreseeable future, humanitarian agencies have increased the emphasis on investing in community mobilization and refugee training strategies. Both have been beneficial to refugees in providing meaningful activities, reducing their isolation in the case of vulnerable refugees, while increasing the possibility of accessing livelihoods opportunities. While increasing the number of livelihoods remains challenging, agencies will continue to seek ways to support increased self-reliance for refugees, whatever the durable solution available to them.

IV. Support targeted resettlement for vulnerable Iraqis and assist voluntary returns

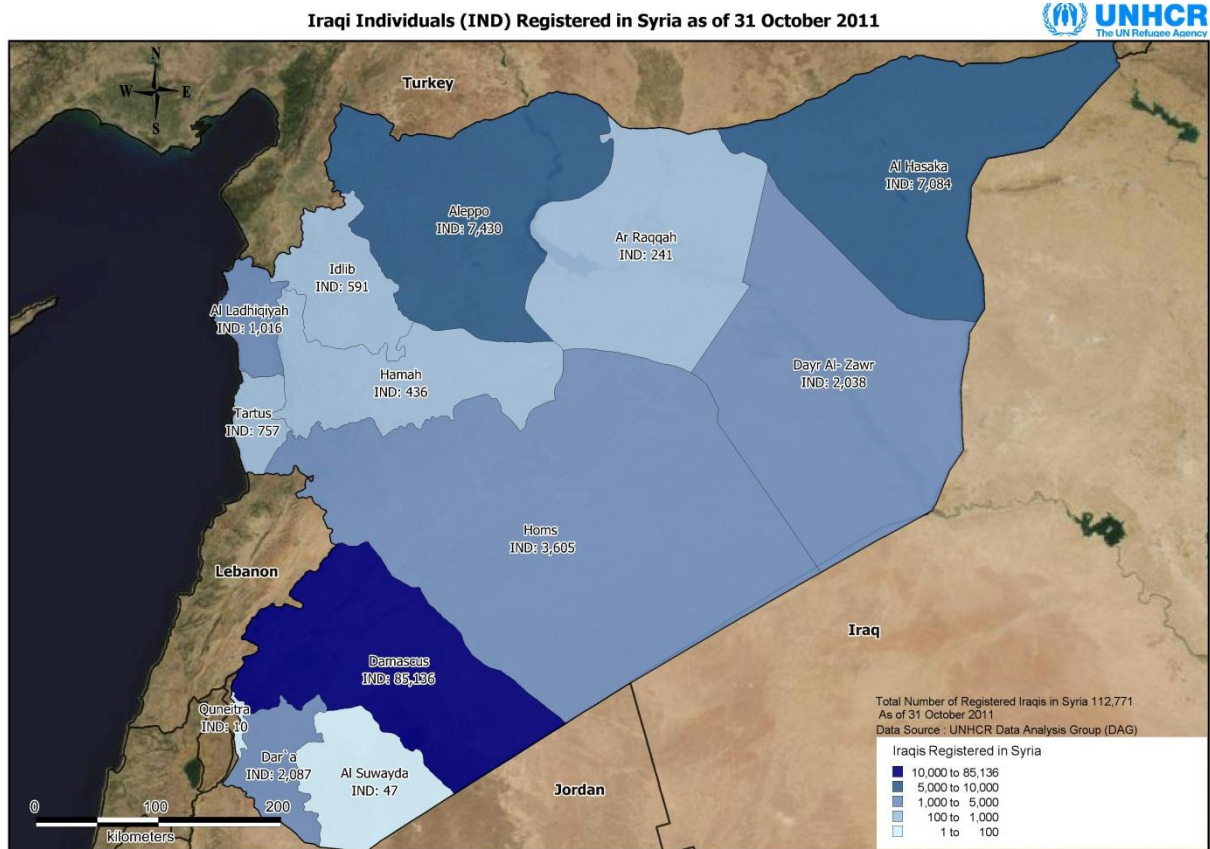
Many Iraqi refugees continue to show little interest in returning to Iraq. While resettlement will continue to be used as a protection tool throughout the region, and as a burden-sharing mechanism that demonstrates international solidarity with host countries, agencies acknowledge that this solution will gradually diminish as resettlement countries reduce their limited quotas. Agencies will therefore need to manage refugee expectations with regard to resettlement. The experience of 2011 and the disruptions in some refugee departures show the need for agencies to keep refugees regularly informed of developments that affect them.

Similarly, agencies will continue providing refugees relevant and accurate information about returnee conditions in Iraq to help refugees make informed decisions. The humanitarian community continues to be ready to assist voluntary returns, ensuring the decision is based on free choice.



3. COUNTRY RESPONSE PLANS

3.1 Syrian Arab Republic



Syria Humanitarian and Development Indicators	Most Recent Data	Source
Population	20,446,608	World Bank 2010
Population under 15 years of age	36.9%	World Bank 2010
U5 mortality rate	16 per 1,000 live births	World Bank 2010
Life expectancy at birth	75.6 years	World Bank 2009
Gross national income per capita, PPP	5,150 in PPP US\$ ¹	World Bank 2010
Number of registered refugees	117,721 registered Iraqis and non-Iraqis	UNHCR October 2011
	496,000 registered Palestinians	UNRWA December 2010
Average annual consumer price inflation	4.4%	World Bank 2010
Unemployment rate (as a % of total labor force)	8.4%	World Bank 2000
Gross primary school enrolment	122.2%	World Bank 2009

¹ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@un.org), which will display its requirements and funding on the current appeals page.

3.1.A Executive Summary

In spite of the unrest in Syria, humanitarian agencies participating in the refugee response had, at the time of writing, been able to maintain their projects and activities with some disruptions and delays in areas directly affected by events. Moreover, the refugee population does not appear to have significantly dropped beyond what the 2011 RRP projected and new arrivals from Iraq still approach agencies for protection and assistance.

This plan, a result of the coordinated effort of international and national agencies involved in the refugee response, is based on the assumption that the situation in Syria will remain as it was at the time of writing; namely that agencies continue to have access to refugees and that most refugees will choose to remain rather than return to Iraq or attempt to move to another country of asylum. As in previous years, this response plan focuses on the needs of Iraqi refugees as well as those of a small group of refugees from other countries and the Palestinians from Iraq who remain the only camp-based population in Syria.

3.1.B Context, 2012 Scenario and Humanitarian Needs

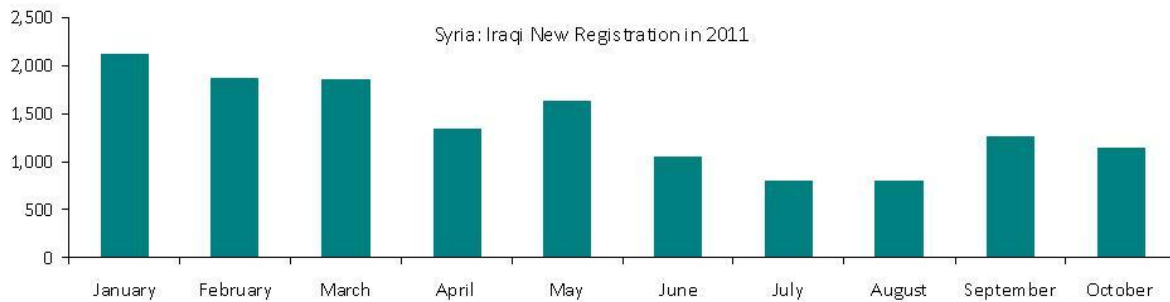
Context

2011 in Review

Improvements in the relations between Syria and Iraq which led to the introduction of a more flexible visa regime for Iraqis in February 2011 were overshadowed by the civil unrest which broke out in Syria the following month. Although this development was largely unexpected, humanitarian agencies were by and large able to operate and adhere to the broad orientations set out in the 2011 RRP. Despite some disruptions and delays in the implementation of projects, particularly long-term, development-oriented programmes, agencies were able to adapt and adjust their response accordingly, initially focusing on the capacity-building of service providers and strengthening communication and networks with the urban refugee population.

Refugees themselves, the majority of whom still reside in relatively quiet areas in and around Damascus, continued to enjoy asylum and peaceful co-existence with their respective host communities. Like the latter, however, refugees have been affected by the marked decline in economic activity and the consequent reduction in access to employment in the informal market from which many families derived at least part of their livelihood. An additional challenge for many refugees was UNHCR's decision to freeze resettlement submissions to the US due to the suspension of the US interviewing missions as well as the severe delays in departures to the same country due to changes in clearance procedures. With fewer countries offering resettlement quotas for Iraqi refugees from Syria, around 18,000 individuals already submitted or awaiting departure may be forced to remain in Syria till a solution is found.

The situation in Syria has naturally had a negative impact on refugees' morale due to their diminishing resettlement prospects, their reduced means and their fear for the future. A higher number than expected appear to have left Syria (over 30,000 refugee files have been inactivated so far this year), probably for the most part to return to Iraq (generally without requesting repatriation assistance), although some have moved to other neighboring countries. Nonetheless, UNHCR continued to register between 700 and 1,300 Iraqis a month from April 2011 onwards. With a registered population of close to 113,000 Iraqi refugees and 6,000 refugees from other countries, as of the end of October 2011, it seems clear that a core group of several tens of thousands of refugees remain unprepared to repatriate. With 45% of registered Iraqi refugees having been in Syria for over five years, and decreasing opportunities for resettlement, the character of the refugee situation will become protracted in nature.



Humanitarian Achievements and Lessons Learned

In spite of the multiple challenges in Syria, the authorities generally upheld their engagement with regard to refugees: maintaining access to the territory, issuing residency permits and renewals in accordance with previous practices, as well as maintaining their interest in asylum issues. Although progress on a draft national asylum framework slowed, partly due to changes in government counterparts, the dialogue with key counterparts was sustained and the commitment to greater involvement of national organizations in providing services was confirmed through the Ministry of Social Affairs and Labor (MoSAL) as well as growing partnerships with the Syrian Women’s Union (SWU) and the Syrian Arab Red Crescent (SARC). The interagency project on psycho-social support and mental health (PSS-MH) also continued advancing towards the creation of a national council and the integration of psycho-social services (PSSs) at the primary healthcare (PHC) level.

Knowledge of the refugee population continued to build through the pooling of information gathered from assessments, home visits and exercises identifying individuals no longer residing in Syria. This information in turn contributed towards improved targeting of beneficiaries, allowing agencies to adapt their level of assistance in line with changes in the refugee population. World Food Programme (WFP) was able to complete the roll out of its electronic voucher giving refugees greater flexibility in purchasing food items across the country at a time when access to areas affected by unrest was temporarily reduced. At the same time, refined data about regular financial assistance to beneficiaries allowed UNHCR to ensure that assistance for the most deserving cases was maintained throughout the year while making space for new beneficiaries as unrest revealed new needs.

With regard to refugees’ significant healthcare needs, humanitarian actors continued working towards the rationalization of services to ensure maximum geographical and service coverage through a common referral and data management system to minimize duplication and potential abuse. On the education front, the number of Iraqi refugee children enrolled in Syrian public schools appears set to remain relatively stable for the third consecutive year, the families of close to 23,000 children having received grants to encourage school enrolment in 2011-2012 compared to 24,500 refugee children enrolled in schools in 2010-2011, according to the Syrian Ministry of Education (MoE).

Syria: Age and Sex Breakdown of Iraqis as of October 2011

Age	0-4	5-11	12-17	18-59	60+	TOTAL	
Female	4,899	9,009	7,728	32,096	4,581	58,313	52%
Male	5,221	9,535	8,104	26,906	4,692	54,458	48%
Total	10,120	18,544	15,832	59,002	9,273	112,771	
	9%	16%	14%	52%	8%		

Efforts to expand training schemes and self-reliance for vulnerable refugees, particularly women and out-of-school youths, were successful in so far as they offered much needed life skills and an opportunity for refugees to learn and interact with their peers. Helping trained refugees gain access to livelihoods opportunities following these courses, however, proved even more challenging than expected due to the economic consequences of the unrest. Nonetheless, progress was made in terms of refugee self-reliance and community mobilization, refugee volunteers becoming increasingly involved in providing solutions as well as in the identification and follow up of vulnerable individuals and

families. Tighter networks among refugees and agencies on the ground have notably helped the rapid referral and/or delivery of services and information commonly required by refugees.

With resettlement and return still the only durable solutions available to Iraqi refugees in Syria, the drastic reduction in resettlement submissions and departures has been particularly challenging given that thousands of refugees due to leave Syria will require continued assistance as long as they are forced to remain. Based on previous counseling experience, UNHCR was careful in informing refugees of related developments in order to manage expectations. Similarly with regard to voluntary return, close communication with refugees has proved essential to allow them to make free and informed decisions, whether to return to Iraq, remain in Syria or attempt to seek asylum elsewhere.

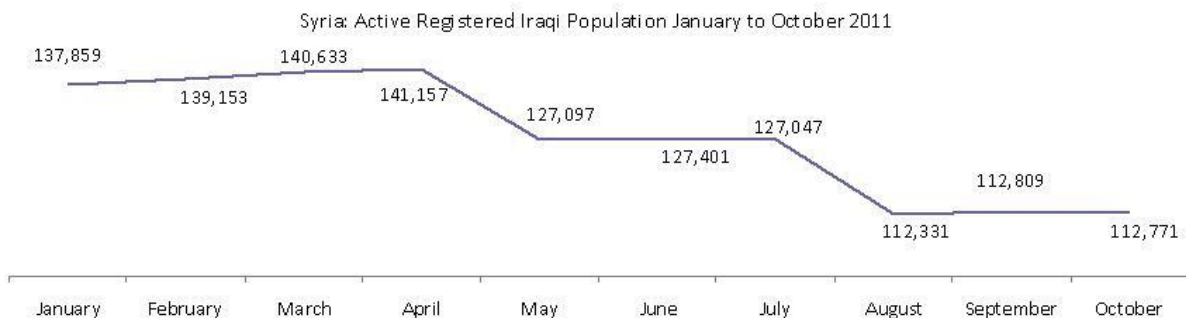
Overall, humanitarian actors' strategy of focusing efforts on the most vulnerable part of the refugee population while increasing the sustainability of general services and assistance through rationalization and national partner involvement was significantly disrupted by events in Syria. It is clear that the substantial refugee population set to remain in Syria will require sustained support from agencies and the international community, although low levels of funding, as was the case in 2011, may prove even more challenging in 2012.

2012 Scenario and Humanitarian Needs

Events unfolding in Syria at the time of drafting the RRP made it difficult to predict how the situation would evolve in 2012, and therefore how developments might affect refugees. Contingency plans have been developed and are regularly updated at the agency and United Nations Country Team (UNCT) levels to ensure proper preparedness in case of sudden change. However, for the purpose of this RRP, agencies agreed to assume that operational conditions in 2012 would remain similar to those at the end of 2011, with agencies taking part in the response in a position to continue their activities in Syria and have access to the areas where the main groups of refugees reside.

The 2012 RRP therefore assumes that civil unrest will continue to be localized and will not directly affect the vast majority of refugees, close monitoring having so far shown no indication of refugees being targeted or singled out by the authorities or the host population. The authorities themselves are expected to maintain access to their territory, allowing refugees to stay with valid documentation and residency permits.

Barring a dramatic change in situation in Syria and/or Iraq, refugees will continue to arrive in smaller numbers while those already in Syria but who have maintained links with Iraq may decide to return for good, in some cases with external assistance. With the hoped-for resumption of resettlement departures to the USA, the overall registered refugee population is expected to decrease to around 90,000 in the course of 2012.



As the refugee population gradually declines, however, humanitarian agencies expect the proportion of vulnerable refugees requiring assistance to remain significant. This is partly due to the fact that refugees remaining in Syria will for the most have spent more than five years in exile and will therefore have increasingly limited means to survive on their own as well as little chance of being resettled. The economic impact of the civil unrest and international sanctions against Syria has moreover already started exacerbating vulnerabilities, especially among refugees who were previously able to provide for themselves and their families thanks to informal work. If economic conditions

continue to worsen in 2012, refugees' coping mechanisms will further deteriorate giving rise to increased social and psychological difficulties. Moreover, host communities themselves will be facing economic and social hardship and are therefore likely to have similar needs.

In order to ensure the response to these emerging vulnerabilities, agencies will need to maintain close contact with refugees and sustain a significant coverage and level of direct assistance and services. Refugees' expectations will require careful management as resettlement options continue to shrink. A particular danger is that some refugees will feel forced to return to Iraq and to risk their and their family members' lives rather than remain in Syria.

Palestinians from Iraq remaining in the camp of Al Hol will continue to need full assistance coverage until the closure of Al Hol planned for 2012. Meanwhile, as agreed between the Syrian Government, United Nations Relief and Works Agency (UNRWA) and UNHCR, accommodation will be built near Damascus for the group of 130-135 refugees who will not be relocated outside Syria.

As in previous plans, agencies have agreed that refugees from other countries representing roughly 6,000 individuals chiefly from Somalia, Afghanistan, Sudan and the Islamic Republic of Iran, with similar needs to those of Iraqis will benefit from this humanitarian response on a par with Iraqi refugees.

3.1.C Strategic Objectives for 2012

I. Ensure that Iraqis continue to enjoy asylum and protection

The aim is to ensure that Iraqis are able to remain in Syria and continue to have access to legal counseling and assistance. UNHCR's ongoing registration operation will ensure that refugee documentation remains valid while national and international partners will continue strengthening the legal counseling capacity in areas where refugees reside. Although developments in Syria may prevent major progress on the adoption of national refugee legislation and the implementation of the anti-trafficking legislation, continued advocacy with the Government of Syria (GoS) will ensure the dialogue on these issues is maintained.

Indicators

Number of Iraqis with active UNHCR registration.

Number of protection interventions and counseling related to detention, deportation, residency/visa issues and child protection.

Number of capacity-building projects for border officials, immigration staff and the Ministry of Justice (MoJ) and MoSAL.

II. Ensure the basic well-being of vulnerable Iraqi refugees and strengthen social safety nets

Overall, the aim is to ensure that vulnerable refugees, particularly those who cannot or will not return to Iraq and (potential) victims of SGBV, continue to receive basic support through agencies as well as increased social services through the expanded capacities of national partners.

While support to the ministries that have traditionally offered their services to refugees (Ministry of Health (MoH) and MoE) will be further reduced, the response will continue to build on the partnership with the MoSAL, and targeted national non-governmental organizations (NGOs) under it which can provide assistance and services to refugees as well as vulnerable groups in the host communities in the long term. The SARC and the SWU will also continue to form key national partners in the social response to refugee needs and therefore benefit from further capacity-building.

Eligibility for direct financial assistance, which will continue to play a major role in preventing negative coping mechanisms potentially leading to serious protection risks, will be based solely on individual assessments. With the payment of rent still constituting a heavy burden on refugees, and families having lost part, or all, of their livelihoods due to the unrest, financial assistance will continue

to constitute a significant component of the response for very vulnerable families. Food assistance is also set to become monetized in the course of 2012.

Owing to the refugees' extensive healthcare needs, primary, secondary and limited tertiary healthcare will continue to be available to them, along with increased psycho-social support and mental health (PSS-MH) available at the PHC level.

The education response will continue working on encouraging school enrolment, preventing dropouts, and offering vocational training programmes for adolescents and youths who cannot integrate the formal education system. A limited number of higher education scholarships will also be provided.

Palestinians from Iraq in Al Hol Camp will remain entirely dependent on humanitarian assistance for all basic needs and services.

Indicators

- Percentage of the refugee population receiving direct material assistance.
- Number of advocacy and response projects with a focus on violence prevention, gender, child protection, human rights.
- Number of project and centres dedicated to the prevention and response to SGBV.
- Number of Iraqi children enrolled in pre-school, primary and secondary schools.
- Number of children supported through remedial and vocational education in MoE schools.
- Number of Iraqi refugees receiving PHC services.
- Number of secondary/tertiary healthcare services provided (e.g. cancer, surgery, dialysis, obstetric care).
- Number of refugees receiving PSS-MH services.
- Number of refugees living in Al Hol Camp provided with shelter, water, food and non-food items (NFIs), healthcare, education, psycho-social assistance, recreational and socio-cultural activities and skills and vocational training.

III. Maintain investment in refugee skills and capacities

Developing refugee skills and self-reliance is a priority in the medium to longer term. While in Syria, training has the potential to give refugees access to new livelihoods. In either a resettlement country or back in Iraq, training may also allow young adults to complete their education. While deteriorating economic conditions in Syria may limit the possibility of trained refugees becoming fully self-reliant, vocational and life skills training build refugees' well-being and sense of purpose while they remain in Syria.

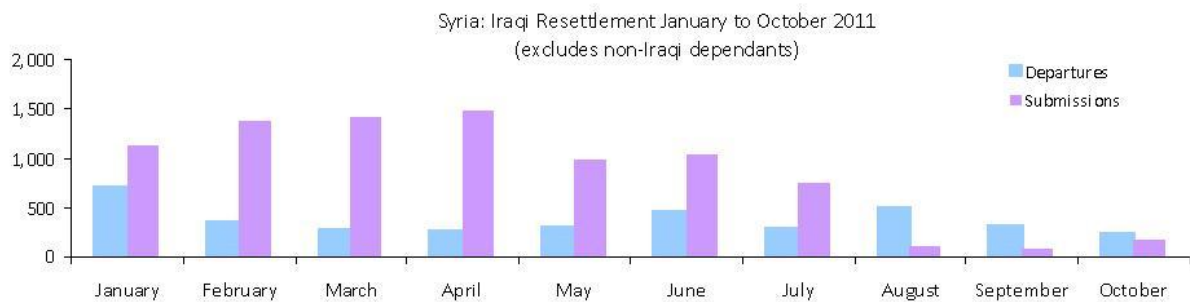
Refugee self-reliance and community mobilization has been successful both in giving refugees the opportunity to help themselves, through the resources at their disposal, and in providing extensive outreach and support to vulnerable groups of refugees who may otherwise not have access to services. By further strengthening networks among refugee volunteers and local partners, agencies aim both to empower refugees and to build sustainable community-based response mechanisms that can immediately benefit vulnerable groups in the refugee and host communities.

Indicators

- Number of vulnerable individuals and families receiving community-based services (through community centres, child-friendly-spaces (CFSs), adolescent empowerment and mother support groups and multidisciplinary units).
- Number of vulnerable refugees and Syrians from host communities receiving integrated vocational training, focusing particularly on refugee minors, (out-of-school) youths and adolescents.
- Number of refugees and Syrians engaged in outreach communities and support groups.

IV. Support durable solutions through targeted resettlement and comprehensive assistance for refugees returning to Iraq

Return and resettlement in a third country remain the only durable solutions available to refugees in Syria. Given the difficulties in expediting resettlement departures, the temporary freeze on resettlement submissions, and the limited number of resettlement places offered by other countries, resettlement is set to become even more selective than before. A priority will therefore be to manage refugee expectations at this difficult juncture.



The situation in some parts of Iraq remains too volatile to promote large-scale return; however, developments in Syria are likely to encourage more refugees who have retained links with Iraq to attempt a return. Procedures to assist voluntary return on a case-by-case basis will be maintained and agencies will work to provide whatever information is available about return conditions and opportunities for returnees in Iraq.

Indicators

- Number of Iraqis submitted for resettlement and number of Iraqis departed for resettlement countries.
- Individual counseling and voluntary repatriation grants provided for refugees returning to Iraq.

3.1.D Coordination Structure

The Working Group (WG) structure remains the same as in 2011, with Protection, Health, Food, Education and Camp Palestinians. The Protection Working Group (PWG) continues to incorporate the coordinated plans in the areas of SGBV prevention and response as well as psycho-social support and community mobilization. Vocational training comes under both protection and education in the case of programmes developed in partnership with the Syrian MoE.

While some international non-governmental organizations (INGOs) have departed the country (*Terre des Hommes-Italie* (Land of People-Italy/TdH), *Médecins Du Monde* (Doctors of the World/MDM), and Turkish International Blue Crescent), the 2012 response plan will rely on the increased engagement of a number of national partners.

As in 2011, the response will seek to enhance linkages between the humanitarian response and ongoing development programmes to strengthen its sustainability for refugees as well as for members of the host communities sharing similar vulnerabilities. Further consolidation and institutionalization of humanitarian support and interventions in 2012 will depend on developments in Syria.

3.1.E WG Response Plans

3.1.E.I Protection

1. Chair and Participating Agencies

Lead Agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Participating Agencies	ACF-E, DRC (in the capacity of a member of the WG), DRC, GOPA, HELP Germany, IECD, IMC, IOM, IFRC (in the capacity of a member of the WG), PU, MC, UNDP, UNICEF, UNFPA, UNRWA, SARC, SWU, Ousret Al Ikhaa Al Sourieh (TdH Syria), Syria Trust for Development, WHO
Working Group Objectives	<ul style="list-style-type: none"> • Enjoyment of refugees' rights, access to asylum and enhanced protection through legal interventions and continued dialogue with the authorities. • A protective environment that maintains the basic well-being of refugees most in need is sustained and promoted, including through livelihood development, skills training and psycho-social support. • Refugees are assisted in achieving and/or preparing for voluntary repatriation, and with targeted resettlement. • The prevention and response to SGBV and exploitation of children are sustained and strengthened.
Funds requested	\$86,340,611
Contact information	Paul Stromberg - stromber@unhcr.org

2. Achievements and Challenges in 2011

Achievements

The majority of refugees continue to enjoy access to territory and asylum, and host community hospitality has not wavered. Despite the civil unrest which erupted in Syria in March 2011, refugees are still arriving from Iraq, although in smaller numbers than in 2010. In the first ten months of 2011, UNHCR registered 13,671 new refugees from Iraq, 60% of whom had arrived in Syria that same year. Refugee certificates have continued to play a positive role in helping refugees secure temporary and renewable residence, reflecting the growing, albeit tacit, and understanding of broad asylum concepts among relevant government offices. Overall, Syria continued to adhere to the principle of *non-refoulement* and the implementation of its anti-trafficking law showed progress through outreach to victims and the launch of a regional television awareness-raising campaign on the subject.

Agencies have registered some progress in the engagement of a wider range of national actors on protection and assistance for refugees, such as the MoSAL, the Interior Ministry's Counter-trafficking Directorate (CTD), the Ministry of Justice, the SWU, the Syrian Association for Health Promotion and Development (SAHPAD) and the Syrian Family Planning Association (SFPA). The SARC, still a key national player in the refugee response, was further capacitated in managing social, psycho-social and MH services through its medical clinics. The interagency capacity-building project on psycho-social and MH support is close to becoming formalized through the creation of a national structure, with humanitarian agencies providing psychological first aid (PFA) training for national organizations. On the whole, agencies have progressively shifted to a community-based approach in their initiatives and projects, integrating vulnerable host populations in their assistance and services wherever possible.

Despite delays in resettlement departures from the camp of Al Hol which houses Palestinian refugees from Iraq, the GoS, UNRWA and UNHCR reached an agreement to establish permanent accommodation in Rural Damascus for approximately 130 Palestinian refugees who will not be resettled.

Challenges

Since the start of the civil unrest in Syria, agencies have noted a rise in new vulnerabilities among refugees, a particularly challenging development at a time of reduced funding and the rationalization of programmes. For many refugees, the relative socio-economic stability they had managed to achieve has been affected by the deteriorating Syrian economy. While refugees continue to have very limited access to the legal employment market, they also now have far fewer opportunities in the informal labor market.

Syria: Specific Needs as of October 2011	People	% of the total active Iraqis
Critical medical condition	25,659	23%
People with disabilities	3,561	3%
Woman at risk	7,418	7%
Single parent	670	1%
Child or adolescent at risk	3,889	3%
Unaccompanied or separated child	363	0%
Family unity	,955	2%
Older person at risk	3,366	3%
Special legal and protection needs	6,749	6%
Survivor of torture	11,561	10%

Agencies have reported difficulties in achieving long-term objectives of investing in refugees’ skills and employability in the context of the economic and social security downturn in the country. Determining whether such training opportunities help refugees’ return or influence their intention to repatriate remains difficult to assess.

The halt in resettlement processing for the US has made it increasingly difficult to manage refugees’ expectations. Equally challenging is finding alternative solutions for refugees who would otherwise have been resettled and whose assistance must therefore be maintained.

Overall, refugees are experiencing higher levels of anxiety, depression and fatigue linked to the economic downturn, renewed security fears and uncertainty, compounded by the slowdown in resettlement departures. As a result, there is increased pressure on the nascent specialized mental healthcare and integrated MH case management systems at the community level.

Some of the long-term capacity-building projects aimed at developing and/or implementing a legal framework on asylum and counter-trafficking have been adapted/reduced echoing new priorities of the Syrian Government considering new developments in the country. However, the commitment to pursuing these development projects remains in place. Some international agencies note limited partnerships opportunities with national agencies on the capacity-building front.

Since the start of the unrest all agencies have endeavored to adapt their projects so that essential services and assistance remain uninterrupted in the affected locations. It was not always possible, however, to reach out to all refugees in such areas, particularly outside Damascus.

3. Priority Needs

The overarching priority in 2012 is to respond to emerging vulnerabilities among refugees and to maintain their basic well-being as long as they remain in Syria.

In addition to their protracted exile, many refugees have lost their coping mechanisms as a result of the civil unrest in the country. Priority will therefore go towards strengthening refugee empowerment and equipping them with skills that can potentially lead to livelihoods opportunities, in turn mitigating the

protection risks they face. At the same time a sizeable group of refugees will remain dependent on outside assistance to maintain their basic well-being which means that outreach, identification of vulnerable refugees and delivery of essential assistance and services will also be a priority.

Acknowledging the refugees' growing distress at the uncertainty of the situation in Syria, psycho-social and MH services will require continued attention. A similar focus will be maintained on responding to and preventing SGBV among refugees, notably through a holistic approach and a common referral system.

Like last year, agencies will continue to pursue greater engagement of national partners in the areas of protection, social services and livelihood opportunities to maximize the sustainability of the response and the outreach to those most in need.

In 2012, resettlement needs are projected to stand at 20,000 refugees. Concerned agencies will continue lobbying third countries to maintain this solution and ensure the continued availability of urgent resettlement opportunities for refugees facing immediate risks. The actual number of submissions and departures, however, depends on the willingness of third countries to continue welcoming refugees from Syria. It is worth noting that the priority at the time of writing is also to find solutions for a further 18,000 refugees whose cases have been submitted to the US for resettlement and have been affected by the stalled processing.

4. Response Strategy

a) 2012 Objectives

- Enjoyment of refugees' rights, access to asylum and enhanced protection through legal interventions and continued dialogue with the authorities.
- A protective environment that maintains the basic well-being of refugees most in need is sustained and promoted, including through livelihood development, skills training and psycho-social support.
- Refugees are assisted in achieving and/or preparing for voluntary repatriation, and with targeted resettlement.
- The prevention and response to SGBV and exploitation of children are sustained and strengthened.

b) Planning Assumptions

Target beneficiaries include an estimated 90,000 Iraqi refugees registered with UNHCR and residing in Syria in 2012, some 2,700 Palestinian refugees from Iraq and around 6,000 refugees and asylum seekers from countries other than Iraq (mainly Somalia, Sudan and Afghanistan).

By early 2012, more than two-thirds of refugees are expected to have been in Syria for over five years, exhausting their savings and becoming more vulnerable as a result. Their prolonged exile will be exacerbated by continued civil unrest, leading to the loss of previous coping mechanisms and heightened uncertainty regarding their future prospects.

In addition to focusing on prevention and response to SGBV, child protection, PSS-MH, agencies will seek to increase synergies and build refugee empowerment with greater involvement of national actors, assuming that agencies are able to maintain the necessary degree of cooperation with the authorities.

Agencies will moreover continue to refine beneficiary targeting in all their interventions, particularly in the area of material assistance.

The PWG's investment in refugee skills and livelihoods support which includes a vocational training component is designed to complement the fast-track vocational training presented under the Education Working Group (EWG) Response.



Iraqi refugees receiving resettlement counseling in UNHCR's main office in Damascus.
©UNHCR/ B. Diab/ 2011

c) Main Activities

- Continue the registration, refugee status determination (RSD) and documentation of refugees.
- Provide protection counseling and legal assistance, gradually rolling out such services to selected (community) centres and continue interventions on detention cases.
- Carry out capacity-building activities with the GoS, including immigration staff and local partners, to promote the adoption of national legislation on asylum and the implementation of counter-trafficking legislation.
- Maintain basic material and financial assistance for the most vulnerable refugees including Iraqi, Palestinian ex-Iraq and non-Iraqi refugees.
- Maintain 15 community centres for refugees across the country with integrated social, psychological, education services/counseling.
- Integrate psychological and MH case management in the health services of SARC (see the Health Working Group (HWG) response) and continue community-based psycho-social support and services, targeting the most in need.
- Pursue the identification and follow up of vulnerable refugees through outreach, counseling, individual assessments, referrals using existing volunteer networks.
- Sustain the training and engagement of volunteers in outreach and support activities (including social and psycho-social support).
- Pursue the PSS-MH capacity-building project aimed at the creation of a National Mental Health Council; handover of the PSS-MH handbook to the MoH; and PFA training targeting volunteers and refugees.
- Organize targeted vocational courses for vulnerable refugees and members of the host communities; integrating internships whenever possible; provide small business grants for successful graduates.
- Intensify lobbying for the resettlement programme in favor of the most vulnerable refugees.
- Maintain the voluntary repatriation facilitation programme for refugees making a voluntary and informed decision to return.
- Raise awareness on SGBV and the exploitation of children, among NGOs, local organizations, the media, religious and community leaders; increase partnerships with local organizations on SGBV response and prevention; and ensure ongoing training of relevant agency staff and volunteers.

- Prevent SGBV and the exploitation of children, including child labor, through outreach, vocational programmes, child protection programmes, material and financial assistance and resettlement
- Provide SGBV survivors (including minors) with high quality medical and PSSs, legal counseling/assistance, safe houses, rehabilitation, empowerment activities and resettlement
- Advocate for the release of girls and women in detention and promote community-based alternatives to punishment and rehabilitation.
- Promote male involvement in combating SGBV through awareness-raising/community sensitization sessions targeting men.
- Prepare SGBV awareness-raising materials for non-Iraqi refugees.
- Empower refugee women and girls through training activities on life skills, negotiation skills, presentation and conflict resolution skills.
- Provide counseling for families with regard to family disputes and domestic violence.
- Enhance the identification and referral of victims of trafficking to available services.
- Establish permanent shelter for an estimated 130 residents of Al Hol Camp.

The following surveys/studies/assessments will help guide the agencies in the PWG:

- Participatory assessment and focus group discussions with target refugee groups (UNHCR, Danish Red Cross (DRC) in cooperation with SARC, SWU and other partners).
- Return intentions survey (UNHCR).
- Analysis of the scope and extent of SGBV using situation and participatory assessments (UNHCR).
- Operational research on the degree of integration of gender-based violence (GBV) services into the reproductive healthcare package and on opportunities of further replication (United Nations Population Fund (UNFPA)).
- Evaluation of United Nations Children's Fund (UNICEF) and DRC supported centres/services provided by SARC.
- Impact study on support groups and vocational training/skills development projects/schemes (SARC and the DRC).
- Annual evaluation study (SARC and the DRC).
- Study on lessons learnt from vocational training projects developed by INGOs in support of Iraqi refugees in Syria (*Première Urgence* (First Aid/PU)).
- Impact evaluation on vocational training/skills development projects and schemes for women, youth and other groups (DRC).
- Ongoing verification of registered refugee presence in Syria (UNHCR).
- Assessment of the impact of the vocational training scheme for women (SWU).
- Study on psycho-social support for mothers in pre- and post natal medical services (SWU).
- Assessment of psychological support for victims/survivors of SGBV (SWU).
- Assessment of the Syrian technical and vocational education and training system (UNDP).

5. Monitoring and Accountability Framework

Indicators	Baseline mid-2011	2012 Targets	Responsible Agencies
Objective 1: Enjoyment of refugees' rights, access to asylum and protection enhanced through legal interventions and a continued dialogue with the authorities			
Percentage of refugees registered on individual basis and provided with refugee certificates	112,771 Iraqis with active registration status (end of October) All registered people in possession of UNHCR registration documentation	100% of genuine refugees approaching for registration with valid refugee certificates	UNHCR
Number of protection interventions related to detention and deportation	Over 350 interventions	500 interventions 100% of <i>refoulement</i> prevented	UNHCR
Number of legal counseling sessions (residency /visa issues/child custody/personal status)	1,634 counseling sessions (Damascus, Homs and Deraa) Two legal counseling cells operational (Homs and Damascus)	3,360 sessions	UNHCR, DRC
Number of capacity-building events in support to the development/implementing of the legal framework for national asylum and counter-trafficking	One study visit to Switzerland for members of the national Draft Asylum Law Committee Two meetings with the Department of International Protection/UNHCR HQ with members of Draft Asylum Law Committee Two workshops for 52 shelter personnel and local authorities shelter management and identification of victims of trafficking One workshop for six staff of MoSAL and the CTD 38 immigration officials, law enforcement and judges participated in the workshop about trafficking More than 300 lawyers through four training sessions on counter-trafficking legal framework 20 staff from three border points trained on the use of anti-fraud equipment	Eight events: One workshop on the Draft National Asylum Law for committee members One workshop on refugee law for parliamentarians, the judiciary and civil society organizations Cooperation with two public universities on integration of a refugee law in their curriculum Study visit/expert assistance for draft asylum law Three workshops for immigration and border official staff on refugees and asylum Two workshops for lawyers on the application of counter-trafficking legislation Capacity-building for Border Migration Management: training and training-of-trainers (ToT) for 75 migration staff Ten-day on-job training for five border checkpoints on newly installed equipment and the biometric application	UNHCR, IOM

Objective 2: A protective environment that maintains the basic well-being of refugees most in need is sustained and promoted, including through increased capacity in livelihood development, skills training and psycho-social support			
Percentage of refugees receiving material assistance	<p>16,639 families (incl. 14,984 Iraqis and 770 – Palestinians ex-Iraq) receive financial assistance</p> <p>500 families received urgent one-time grants</p> <p>7,513 elderly, disabled and infants (incl. 7,370 Iraqis) assisted with diapers</p> <p>46,037 female refugees (incl. 44,900 Iraqis) received sanitary napkins</p> <p>7,400 Iraqi women received hygiene kits</p> <p>5,419 among new arrivals received quilts</p> <p>30 extremely vulnerable families received direct NFIs</p>	<p>UNHCR: 60% of registered refugees receive cash assistance (19,670 families out of 33,170 inclusive of Iraqi, Palestinian ex-Iraq and non-Iraqi refugees)</p> <p>100% of refugees with specific needs and extremely vulnerable refugees receive NFIs (such as diapers for children and the elderly/disabled, women with sanitary supplies)</p>	<p>UNHCR</p> <p>UNRWA</p> <p>HELP</p> <p>DRC</p> <p>GOPA</p> <p>UNHCR</p> <p>HELP</p>
Number of beneficiaries/users of community centres (beneficiaries of social and psychological support)	19,203 beneficiaries/users of 14 community centres	Total 21,900 beneficiaries/users of 14 centres with 9,800 beneficiaries of social and psycho-social support	UNHCR, SARC, DRC, DRC, IMC, SWU
Number of refugees and Syrians engaged in outreach activities and support groups	<p>552 volunteers fully engaged in providing support to people of concern</p> <p>Implementation of area-based approach in Damascus and Rural Damascus implemented</p>	<p>730 volunteers providing support to people of concern</p> <p>Implementation of area-based approach in Damascus and Rural Damascus implemented</p>	
Training provided to outreach volunteers and refugees running activities at community centres	<p>Five refugee volunteers trained on psycho-social support; 41 individuals (ten volunteers and 31 parents) trained on learning difficulties</p> <p>45 volunteers trained in monitoring and evaluation (M&E) and circus/cultural activities</p> <p>220 volunteers trained on community support with 33 follow-up projects</p>	<p>280 volunteers trained on psycho-social support and other topics relevant to the services they provide</p> <p>250 volunteers trained on psycho-social support in relation to activities at community centres and outreach (SARC/DRC)</p> <p>240 volunteers trained on community support with 22 follow-up projects</p>	<p>SARC/DRC</p> <p>GOPA</p>
	<p>Series of workshops conducted on psycho-social and MH subjects to 50 refugee volunteers</p> <p>Two training workshops organized on communication skills and learning difficulties for 29 participants</p>	<p>Four workshops conducted on PSS-MH for at least 70 volunteers</p>	<p>UNHCR, DRC, UNFPA</p>

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<p>Number of vulnerable individuals and families receiving community-based PSSs (CFSs, adolescent empowerment and mother support groups and multi-disciplinary units)²</p>	<p>Six child-friendly spaces and support groups</p> <p>Four multi-disciplinary units in two shifts (Jaramana , Saida Zeinab, Al-Othman)</p> <p>Four adolescent support groups, each with two groups of 15 -20 participants (Jaramana, Qudsaya, Saida Zeinab)</p>	<p>5,000 refugees and vulnerable Syrians receive community-based support (children, adolescents and mothers) through:</p> <ul style="list-style-type: none"> - six CFSs and support groups - four multidisciplinary units - four mother support groups - four adolescent support groups 	<p>SARC, UNICEF</p>
	<p>Two adolescent empowerment groups with 42 adolescents attending</p> <p>Three structured play groups with 27 children attending</p> <p>18 mother support groups with 216 mothers attending</p> <p>One support group for adult males with nine participants</p> <p>2,025 children and adolescents under 18 years supported</p> <p>40 referrals to multi-disciplinary teams or psychologists</p>	<p>1,500 male and female adults, adolescents and children attending support groups</p> <p>100% of all people in need of individual psychological support provided with or referred to relevant services</p>	<p>SARC, DRC</p>
	<p>27 children completed and 21 enrolled in a five months rehabilitative services (children with developmental delays, emotional or behavioral problems or learning disabilities)</p> <p>40 beneficiaries involved in empowerment initiatives and activities</p>	<p>50 children with developmental delays, emotional and behavior problems and learning impediments through one centre for special needs children.</p> <p>40 beneficiaries involved in empowerment initiatives and activities</p>	<p>IMC</p> <p>IECD</p>
	<p>80 youth workers and decision makers Youth Union (YU) and UNRWA trained</p>	<p>300 youth workers in adolescents friendly spaces</p>	<p>UNICEF, UNRWA, YU, Ministry of Culture, Syrian Trust Fund for development, MoE</p>
	<p>Adolescent-led initiatives started in the summer</p>	<p>1,000 adolescents participate in the initiatives and research</p>	<p>UNICEF with YU, UNRWA, Ministry of Culture</p>

² Specialized psycho-social support and mental healthcare is reported under the Health Working Group. Cases are managed according to an integrative and comprehensive PSS-MH approach.

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<p>Number of capacity-building interventions targeting volunteers and other relevant actors</p>	<p>Frontline training and development of curricula continued</p> <p>Co-organized conference with University of Uppsala in May 2010 with very positive feedback</p> <p>Development of a draft national council resolution</p> <p>Revision of Handbook</p> <p>One national ToT on PSS First Aid to children conducted for 32 experts and minimum response from IASC Guidelines on PSS-MH introduced</p> <p>One training on United Nations (UN) Guideline on alternative child care conducted for 25 Government partners</p>	<p>Master Training Graduates continue attending training workshops and conducting PSS-MH frontline trainings</p> <p>Finalized PSS-MH Handbook for Refugees translated into Arabic and handed over to MoH</p> <p>Finalized resolution for National Mental Health Council</p> <p>200 teachers and school counselors trained on PSS-MH, PFA and child protection</p>	<p>Inter-agency (UNHCR and MoH co-chairs, members: UNICEF, SARC, IMC, UNFPA, WHO, MoE and University of Damascus)</p> <p>UNICEF, MoE</p>
	<p>Manual identified and moderated to Syrian context.</p>	<p>500 volunteers and beneficiaries trained in community-based First Aid and PFA (SARC/DRC)</p>	<p>SARC/DRC</p>
<p>Number of vulnerable refugees including adolescents, out of school refugees and Syrians from host communities receiving integrated vocational training</p>	<p>1,036 beneficiaries</p>	<p>11,755 beneficiaries</p>	<p>Ministry of Culture, SARC, GOPA, YU, DRC, DRC, HELP, IECD, UNHCR, UNICEF, UNFPA, UNDP Al-Nada, MC, Syrian Computer Society</p>
<p>Number of beneficiaries benefiting from income support schemes</p>	<p>115</p>	<p>1,235</p>	<p>UNHCR, GOPA, Al-Nada, SWU</p>

Objective 3: Refugees are assisted in achieving and/or preparing for voluntary repatriation, and with targeted resettlement			
Number of Iraqis submitted for resettlement; number of Iraqis departed	8,754 submissions, 3,894 departures (including 8,505 submissions and 3,684 departures for Iraqi refugees) as of Oct 2011	5,325 departures 13,000 submissions	UNHCR and IOM
Preparedness to support voluntarily returns to Iraq through individual counseling and repatriation grant	979 assisted returns as of Oct 2011 Capacity maintained for 10,000 individuals 5,000 leaflets and 200 posters on return disseminated	2,000 assisted returns Capacity maintained for 15,000 individuals Mass information (posters and leaflets) campaign on voluntary return 100% of refugees approaching the community centres and UNHCR offices for return related questions receive relevant information Targeted counseling for 100 single males	UNHCR, DRC DRC

Objective 4: The prevention and response to SGBV and exploitation of children, including child labor, are sustained and strengthened			
Number of projects/centres dedicated to the prevention of and response to sexual gender-based violence (SGBV), the exploitation of children and trafficking	Legal centre Family Support Project Response to survivors by dedicated centre/outreach (SWU) with integrated prevention project (awareness and life-skills) ongoing One shelter (victims of violence) Two shelters (victims of trafficking) Preparation to establish the centre for unaccompanied children in place Support to two juvenile rehabilitation centres; ongoing assessment for the third centre/association [in Aleppo]	Nine projects/centres: Legal centre Family support project SGBV-dedicated centre/outreach (SWU and UNRWA) with integrated prevention project (awareness and life-skills) and two ongoing centres Project on response to victims of trafficking One shelter (victims of violence) Two centres for support to SGBV survivors, including medical, social and legal services Upgraded centre for unaccompanied children Support to three juvenile rehabilitation centres Regional workshop on SGBV prevention and response	SWU, MoSAL, DRC, UNHCR, UNDP, IOM UNFPA
Number of refugees (men and women), UN and NGO staff trained and/or targeted for awareness-raising activities on the prevention of and response to sexual gender-based violence (SGBV), the exploitation of children and trafficking	123 NGO/UN/HCR staff (advanced training on GBV, identification/response to victims of trafficking, GBV awareness) 700 people reached (including 90% women by trainings on SGBV and reproductive health (RH)) 338 Iraqi women and girls at risk benefiting from 53 SGBV awareness raising sessions Awareness raising manual for men finalized	2,350 refugee women and men 270 NGO/UN/partners staff Awareness-raising materials targeting non-Iraqi and Iraqi refugees (women and men) prepared and disseminated in selected areas	UNHCR, SWU, UNICEF, IMC, IOM, DRC, MoE, MoSAL, other partners UNFPA SFPA AIDOS

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Number of survivors and refugees at risk benefiting from a multi-sectoral response (including psycho-social, legal and health services, life skills training and livelihood support)	1,033 survivors and refugees at risk benefiting from a multi-sectoral response	830 survivors and refugees at risk benefit from the multi-sectoral response	UNHCR, DRC, SWU UNFPA, SFPA
	800 vulnerable people including 16-victims of trafficking assisted with financial aid 15 refugee girls and women, victims of trafficking, received comprehensive support From five to 25 victims of trafficking accommodated in one shelter	100 vulnerable Iraqi families or victims of trafficking assisted with medical aid 12 victims of trafficking, stranded in Syria, assisted with return and reintegration support	IOM, CTD, local partners
	1,119 women at risk receive livelihood support	1,850 women at risk receive livelihood support	DRC, UNRWA, IOM, UNHCR, SWU

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
Danish Refugee Council (DRC) with SARC, Syrian Women Union (SWU) and UNRWA	2,270,000	Two refugee community centres in Homs and Deraa Protection and livelihood support for vulnerable refugee women SGBV awareness raising Return assistance for male refugees (pilot)
GOPA	4,928,000	Material assistance (NFI) for vulnerable groups Capacity-building for volunteers with community support projects Vocational training/livelihood support with internships opportunities and grants schemes
HELP	500,000	Integrated educational and social support to Iraqi refugees and host communities: livelihoods development training; micro-business development; technical skills development, and social and material assistance to the most vulnerable out-of-school youths and their families
IMC	1,200,000	Two community centres (Damascus) One child and family day care centre for children with special needs
IOM	572,749	Assistance and support to victims of human trafficking including among Iraqi refugees and other vulnerable groups: vocational training, medical and legal aid, return and re-integration, awareness raising
MC	2,000,000	Vocational and information technology (IT) training; establishing a group of IT trainers to work with people with and without disabilities Establishing a training centre for individuals with and without disabilities
SARC with DRC (for reference only as funding secured through a separate appeal)	1,700,000	Five community centres in Damascus, Rural Damascus, Aleppo, Qamishli and Deir Ezzor including outreach to Hassakeh, Abu Kamal Capacity-building of SARC HQs, branches and volunteers in 14 Syrian governorates
UNDP with MoSAL	180,000	Vocational training for refugees on market relevant skills with a focus on female-headed families with support for self-employment Assessment and adaptation of the Syrian Technical and Vocational Education and Training system Capacity development for MoSAL Juvenile Centers

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UNHCR with SARC, DRC, IECD, MOSAL, Ministry of Interior (MoI), GOPA, SWU, Al-Nada, UNRWA, other national partners	68,606,778	Protection and registration Resettlement and return facilitation Community mobilization and support SGBV prevention and response Vocational training and livelihoods support Psycho-social and MH support Material assistance Shelter for Palestinians ex-Iraq
UNFPA with MoH, SFPA, SAHPAD	225,000	Capacity-building on PSS support and GBV prevention and response Assessment, counseling, legal support and medical services for victims of SGBV (two clinics) Vocational training for Iraqi youths
UNICEF	1,600,000	CFs, mother support groups and multidisciplinary units PSS-MH services to vulnerable children and families Adolescent-friendly spaces and adolescent-led initiatives Capacity-building activities for service providers on PSS-MH, PFA , SGBV and child protection
UNRWA	2,558,084	Emergency cash assistance to cover shelter, food and NFIs for Palestinian refugees from Iraq (urban population)
TOTAL	86,340,611	

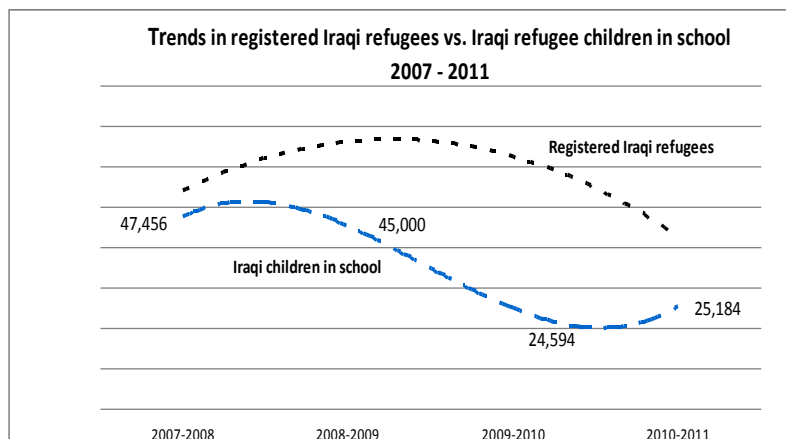
3.1.E.II Education

1. Chair and Participating Agencies

Lead Agency	UNITED NATIONS CHILDREN'S FUND
Participating Agencies	ACF-E, Aga Khan Foundation, DRC, HELP Germany, GOPA, IECD, PU, SARC, SIF, UNHCR, UNRWA
Working Group Objectives	<ul style="list-style-type: none"> • Increase access, retention and completion rate for refugee children through formal and NFE, with a special focus on protection and psycho-social support. • Foster learning opportunities through the provision of vocational education and life skills for adolescent boys and girls, including out-of-school children and other vulnerable groups. • Maintain access to higher education among the refugees.
Funds requested	\$15,727,249
Contact information	Annette Nyquist - anyquist@unicef.org

2. Achievements and Challenges in 2011

The 2010-2011 school year saw the first stabilization of the number of Iraqi refugee children in Syrian schools since 2007, 43.3% being girls. This is a very positive result for the EWG after four years of intensive work supporting the Syrian education system and encouraging refugee families to register their children. This result was achieved thanks to the establishment of the Child-Friendly School (CFS) framework which structured the complementary interventions of the MoE and humanitarian agencies, notably leading to the improvement of the quality of education and of the physical school environment. The provision of remedial classes, vocational education and education cash grants to support families with children enrolled in school were also critical to achieve this result.



Moreover, in early 2011 the MoE committed to targeting 5,000 schools over the next five years, including those with a high number of Iraqi children, to implement the CFS framework. The 2010-2011 school year also saw the roll out of the MoE's new curriculum which, in spite of some challenges related to the training of teachers, offers a more participatory teaching methodology.

With regard to tertiary education, 300 refugees were supported and counseled to study in Syrian public universities in Damascus and other cities during the 2010-2011 academic year. In spite of the psychological impact of the unrest on refugee and Syrian students alike, the academic results being collected at the time of drafting the response were strong. A significant number of refugee students achieved outstanding scores.

Civil unrest has led to unplanned challenges in the refugee response. Priorities at the government level delayed or postponed discussions between the MoE and INGOs about future plans and both WG members and beneficiaries experienced difficulties in accessing some schools and project sites. Finally, many education activities had to be implemented with funds carried over from 2010 due to problems experienced in seeking fresh contributions.

3. Priority Needs

Continued problems of access and growing socio-economic hardship may have a serious impact on the willingness of refugee families to send their children to school, potentially increasing school dropout levels.

The Education Working Group's first priority will focus on attempting to limit out-of-school and dropout rates. In order to maximize school retention, the group will seek to implement the basic CFS model of a safe, protective, welcoming and motivating environment in which students can learn and catch up, and where they can receive psycho-social support. This will require community participation in school management, well-trained teachers, improved classrooms and adequate school supplies. In addition, activities will continue to pay particular attention to girls to ensure equal access and participation in education. These activities will be complemented by financial assistance to refugee families to ensure that the potential deterioration of their socio-economic situation does not lead to their cutting back on education-related expenses.

The second priority will be to equip refugees with knowledge and skills to support their social and economic integration and offer life rewarding options, through access to fast-track vocational education, the provision of start-up kits and study grants with a special focus on girls, vulnerable refugees and out-of-school adolescents and youths.

The third priority involves building the capacity of MoE staff and national NGO partners to apply the lessons learned during the previous years of intervention by the EWG and to utilize M&E methodology and tools. This has already started in the area of remedial classes, protection, psycho-social support and vocational education where the MoE is actively starting to adapt its system to integrate new approaches previously implemented by the EWG.



Iraqi schoolchildren attending remedial classes in a public school in Jaramana, Damascus.
©PU/ 2011

1. Response Strategy

a) 2012 Objectives

- Increase access, retention and completion rate for refugee children through formal and non-formal education (NFE), with a special focus on protection and psycho-social support.
- Foster learning opportunities through the provision of vocational education and life skills for adolescent boys and girls, including out-of-school children and other vulnerable groups.
- Maintain refugee access to higher education opportunities.

b) Planning Assumptions

Based on the assumption that developments in Iraq and Syria will not lead to mass returns to Iraq, humanitarian agencies expect the school-aged refugee population to remain significant. The 2012 planning figure of Iraqi children registered with UNHCR and registered in Syrian school was therefore set at 21,000 children.

c) Main Activities

- In order to support the enrolment of Iraqi refugees, efforts will continue to facilitate the integration of those school-aged children without formal documentation of their schooling in Iraq into the Syrian public school system, through UNHCR's assistance to parents to acquire the necessary documents and through the organization of placement tests by the MoE to assess the level of children concerned.
- Remedial education will remain a core activity carried out by UNICEF, UNHCR, DRC, PU and Health, Education, Livelihood, and Participation (HELP) aimed at helping Iraqi refugee children already enrolled complete their education. Free Exam classes for out-of-school children will provide them with an opportunity to pass the 9th and 12th grade exams despite the disruption of their education.
- The provision of financial support in the form of annual education cash grants given by UNHCR to refugee families with school-aged children will help them meet school-related expenses and will form part of the strategy to address school dropout. Strategies for identifying and monitoring children who are out of school for individual follow-up/response will need further development. Community participation in school governance through school boards will help take CFS concepts beyond the classroom setting, to introduce them into the wider community and will play a crucial role in reaching out-of-school children and reintegrating them.
- Protection and psycho-social support will be mainstreamed in CFSs and through First Aid psycho-social support (FAPSS) training. In addition to students, such training will benefit teachers and volunteers through all activities and interventions implemented by UNICEF, DRC, PU and SARC, thereby increasing the capacity of teachers, schools and MoE staff to mitigate the consequences of the unrest on the students.
- PU and *Action Contre la Faim* (Action Against Hunger/ACF) will remain engaged in the implementation of fast-track vocational education curriculum in vocational schools of the MoE in order to empower out-of-school Iraqi and host community youth with skills they can use to build a future.
- Pedagogy will be enhanced through teachers' training in active learning and participatory methodology, and the provision of school supplies and teaching equipment. NFE will provide academic opportunities for out-of-school children through accelerated learning and enhanced extra-curricular activities for children's physical and psycho-social well-being.
- To further minimize school dropout rates and the potential number of out-of-school children, the EWG will focus on improving the physical school environment to boost enrolment,

including water, sanitation and hygiene (WASH) facilities and the expansion of classroom space.

- The UNHCR Higher Education program will continue to benefit vulnerable refugees already sponsored to study at the tertiary level in Syrian public universities. In parallel, efforts will be sustained to advocate for a decrease of tuition fees in public universities.

5. Monitoring and Accountability Framework

Indicators	Baseline mid-2011	2012 Targets	Responsible Agencies
Objective 1: Increase access, retention and completion rate for refugee children through formal and NFE, with a special focus on protection and psycho-social support			
Number of Iraqi children enrolled (pre-school through secondary)	25,184 Iraqi children are enrolled in Syrian school for the year 2010-2011	21,000 refugee children enrolled in school in 2011-2012	All agencies
Number of refurbished schools, additional classes/classrooms; number of students benefiting from an improved educational environment and space	84 schools have been identified, assessed and work on infrastructure will start during the summer 5,786 Iraqi children will benefit from this activity	70 schools are refurbished, restructured, maintained and equipped according to Active Learning methodologies 4,700 refugee children benefit from this activity	UNICEF, DRC, HELP, SIF, ACF, PU, MoE,
Number of teachers and MoE staff trained in the CFS approach	1,770	3,300	UNICEF, PU, DRC, MoE
Number of teachers, counselors, principals, trained on FAPSS.	15	375	UNICEF, DRC, PU, MoE
Number schools implementing FAPSS / Number of children	-	50 schools / 3,000 children	UNICEF, DRC, PU, MoE
Number of school-aged children benefiting from remedial education	33,396	21,800	MoE, UNICEF, UNHCR, DRC, PU, GOPA, HELP
Number of children benefiting from individual interventions and follow up	729	900	DRC, UNHCR
Number of schools implementing CFS-activities including school maintenance	62	62 schools	UNICEF, DRC, PU,
Number of schools having adopted remedial education schemes	80	47	UNICEF, DRC, PU, UNHCR, MoE, HELP

Objective 2: Foster learning opportunities through the provision of vocational education and life skills for adolescent boys and girls, including out-of-school children and other vulnerable groups			
Number of children supported through vocational education	220	1,600	UNICEF, UNHCR, PU, ACF, IECD
Number of MoE vocational schools having adopted fast-track vocational training courses	3	7	UNICEF, UNHCR, MoE, PU, ACF, IECD

Objective 3: Maintain access to higher education among the refugees			
Number of students provided with higher education opportunities	300	300	UNHCR

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
DRC	412,000	<p>Design, delivery and organization of MoE school-staff and School Board training</p> <p>Design, delivery and organization of a remedial education programme (including free exam classes and extra-curricular activities).</p> <p>Procurement and distribution of education and learning material and equipment</p> <p>Design and organization of “back to school” activities: including procurement of uniforms and education material</p> <p>Procurement and distribution of school kits and training for teachers, social counselors and parents on child protection and psycho-social support</p> <p>Design and delivery of literacy classes</p> <p>School restructuring/refurbishing for two schools including basic supplies and educational support in Deraa and Homs</p> <p>MoE capacity-building on designing, planning and monitoring of active learning principles</p> <p>Ongoing training of DRC technical staff members</p>
ACF	276,000	<p>Implementation of courses, teachers management, transportation, life skills courses, purchase of equipment, materials and kits, evaluation</p>
GOPA	1,472,000	<p>Remedial education, intensive summer school programmes and literacy classes</p> <p>Support with partial/full tuition fees and schools materials</p>
HELP	500,000	<p>School infrastructure rehabilitation, remedial education and school Maintenance Training in the governorates of Tartous, Latakia and Rural Damascus</p>
UNICEF with PU, ACF, SIF, DRC, Aga Khan Foundation, UNRWA	4,500,000	<p>Access to quality education opportunities for children including preschool-aged children, girls, and other excluded children</p> <p>Implementation of the CFS model and community mechanisms to address dropout in targeted schools</p> <p>Implementation of fast-track vocational and life skills training for children out-of-school in targeted areas</p> <p>Access to safe WASH facilities for school-aged children as well as improving of physical environment in school</p>
UNHCR with DRC, PU, ACF, MoE, MoHE, GOPA	8,567,249	<p>Material/financial support to refugee families with school-aged children to increase enrolment and retention</p> <p>Non-formal/remedial education, literacy training</p> <p>Training of teachers</p> <p>Sponsorship of refugee students through the Higher Education program</p>
TOTAL	15,727,249	

3.1.E.III Health

1. Chair and Participating Agencies

Lead Agencies	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES and THE WORLD HEALTH ORGANIZATION
Participating Agencies	IFRC (in the capacity of WG member), IMC, MoH, SARC, UNFPA, UNICEF
Working Group Objectives	<ul style="list-style-type: none"> • Sustain access to quality primary, secondary and tertiary health services for refugees in Syria, including the prevention and early detection of non-communicable diseases at the PHC level. • Strengthen MH and psycho-social support services for refugees in Syria as well as to the host population at all healthcare levels with an emphasis on their integration at the PHC level. • Increase access to healthcare for the most vulnerable refugees through the strengthening of outreach activities. • Improve the efficiency of health service delivery to ensure the rationalization of available resources. • Expand and enhance environmental health services and activities in locations where refugees are settled.
Funds requested	\$20,024,929
Contact information	Riwa Dahman - dahman@unhcr.org Hala Khudary - khudarih@syr.emro.who.int

2. Achievements and Challenges in 2011

The Health Working Group’s principal objective of ensuring access to healthcare was achieved throughout the year. Primary and secondary healthcare needs were covered for all Iraqi refugees, as well as 80% of their tertiary medical needs. Although refugees living in areas affected by the unrest sometimes experienced difficulties to access medical facilities, permanent healthcare services were expanded in northeastern Syria.

The quality of medical care continued to improve through the provision of equipment and the training of national NGOs and MoH staff, particularly in maternal and child health and MH. However, additional steps will be required to raise the quality of secondary and tertiary medical aid. In terms of preventive care, the support and the organization of large-scale initiatives contributed to the prevention and early detection of non-communicable diseases (NCDs) (primarily breast cancer) and to maintain the vaccination coverage among refugee and host communities.

An important step towards the gradual integration of psycho-social support at the PHC level was the piloting of individual case management in one of the SARC clinics in Rural Damascus. Furthermore, the reinforced coordination of partners’ interventions and the implementation of UNHCR’s new health policy in UNHCR/SARC clinics helped rationalize the delivery of health services and to improve the use of existing resources.

However, some critical challenges remain, particularly the provision of costly treatment (e.g. for chronic diseases), and the need to improve the beneficiary identification database shared by all partners which would help prevent the overuse of health services by the refugees who tend to duplicate requests for medical assistance. Finally, the civil unrest in some areas of the country has sometimes compromised beneficiaries’ access to health services and complicated the smooth implementation of the Working Group’s activities.

3. Priority Needs

More than 38.6% of the 112,771 Iraqi refugees registered with UNHCR have special needs, including some 25,700 people who have been identified as having a critical medical condition and some 3,600 who are disabled. The hardship affecting a growing number of refugees has led some to cut back on medical expenses and aggravate their vulnerabilities and their health status. The main priority of the HWG will therefore be to ensure that vulnerable refugees have sustained and equitable access to

quality healthcare. This priority need also requires the reinforcement of outreach activities to identify vulnerable refugees who are not receiving proper medical attention, particularly among disabled people.

In order to ensure the best use of existing resources and anticipate a potential decline in funding in coming years, the HWG will pursue the rationalization of health services, in terms of geographical coverage, the common referral system and health information data management.



Refugees in the SARC polyclinic of Saida Zeinab, Damascus.
©SARC/ I. Malla/2011

Another clear priority is to continue the integration of disease prevention and health promotion activities at the PHC level, such as the prevention and early detection of non-communicable/chronic diseases. This will contribute to improving the effectiveness of medical aid and bring services closer to the beneficiary population. Support to national partners, including through capacity-building activities, will also contribute to improving the quality of care and prepare the smooth transition of healthcare delivery in the longer term.

Addressing the substantial PSS-MH needs of the refugee and host communities will remain a priority in 2012, particularly in view of the unrest. Almost one refugee in ten has severe psycho-social and MH vulnerabilities which is why the HWG will continue supporting the provision of PSS-MH services, and more particularly, considering the needs, the integration of these services at the PHC level.

4. Response Strategy

a) 2012 Objectives

- Sustain access to quality primary, secondary and tertiary health services for refugees in Syria, including the prevention and early detection of NCDs at the PHC level.
- Strengthen MH and psycho-social support services for refugees in Syria as well as to the host population at all healthcare levels with an emphasis on their integration at the PHC level.
- Increase access to healthcare for the most vulnerable refugees through the strengthening of outreach activities.
- Improve the efficiency of health service delivery to ensure the rationalization of available resources.
- Expand and enhance environmental health services and activities in locations where refugees are settled.

b) Planning Assumptions

In terms of medical interventions, it is anticipated that 2012 figures will reflect the trends of the overall registered refugee population, which is expected to drop from 113,000 people at the end of 2011 to 90,000 one year later.

No major changes are expected in the disease profile of Iraqis or in their healthcare seeking behavior. However, the deterioration of the economic situation in the country may aggravate the vulnerabilities of refugees and of the host community, which in turn may put additional strain on the health infrastructures of SARC, the main implementer at the PHC level. Close cooperation with SARC and the Syrian MoH will continue to form the cornerstone of the health response, particularly at a crucial time when the sustainability of the response is a central concern and accessibility problems may arise in areas affected by unrest.

c) Main Activities

Activities under Objective 1

- Support to selected Public Health Care Centers (PHCCs), SARC clinics, mobile medical units and contracted hospitals serving refugees to provide primary, secondary and tertiary healthcare, including with necessary equipment and training of staff, particularly with regard to the integration of services for NCDs, MH and early detection of cancer.
- Review and updating of MoH and SARC management guidelines and protocols for non-communicable and childhood-related diseases according to international and national standards
- Support to the training/continuing education of health workers.
- Establishment of a community-based health awareness programme at the PHC level in selected SARC clinics and PHCCs.
- Support to the nutrition surveillance system, including through the provision of equipment and supplementary/therapeutic feeding supplies to the MoH.
- Support to the organization of immunization campaigns through the provision of supplies to MoH and the introduction of immunization services in SARC clinics.

Activities under Objective 2

- Support to secondary MH services in terms of infrastructure, equipment, and systems (including the establishment of a short-stay MH ward in Damascus).
- Support to training courses and programmes on MH and psycho-social support for health workers at the primary, secondary and tertiary levels.
- Continued piloting of the community-based case management module for MH and psycho-social support in SARC clinics.
- Development of policy and training for the integration of MH and psycho-social support at the PHC level, targeting selected PHCCs and SARC clinics.
- Support to the training of community health workers and volunteers on PFA.

Activities under Objective 3

- Support to training programmes for outreach health workers and volunteers.
- Strengthening of networks and referral mechanisms among HWG members in order to identify refugees with special medical needs.
- Expansion of existing partnerships with local NGOs and creation of new partnerships.

Activities under Objective 4

- Updating of the mapping of health services for locations in areas of high concentration of refugees.
- Continued updating and strengthening of the referrals network.
- Improvement of health data collection and sharing of information.

Activities under Objective 5

- Capacity-building related to environmental health and healthcare waste management of MoH staff in medical facilities.
- Awareness-raising activities on environmental health promotion with all partners.
- Provision of equipment for environmental health and healthcare waste management to MoH.

5. Monitoring and Accountability Framework

Indicators	Baseline mid-2011	2012 Targets	Responsible Agencies
Objective 1: Sustain access to quality primary, secondary and tertiary health services for refugees in Syria, including the prevention and early detection of NCDs at the PHC level			
Number of refugees receiving primary and secondary healthcare services through SARC, mobile medical units and contracted hospitals	117,228 (total refugee population as at end of May 2011 is 131,799)	120,600	UNHCR, SARC/IFRC, MoH, MoHE, IMC, UNFPA, SARC
Number of healthcare facilities accessible to Iraqi refugees	29 clinics, including: Nine UNHCR/SARC clinics 11 clinics and four mobile clinics (IFRC/SARC) Three mobile clinics and two clinics (IMC) 170 PHCCs	27 clinics, including: Eight clinics (UNHCR/SARC) 12 clinics and four mobile clinics (IFRC) Two clinics and one mobile clinics (IMC) Access to all MoH PHCCs will be maintained with a particular focus on 20 PHCCs	UNHCR, SARC, IFRC, IMC, MoH
Number of refugees accessing tertiary healthcare services	397	590	UNHCR, MoH, MoHE, SARC
Number of PHCCs receiving training and equipment for the integration of NCDs and childhood diseases in their services	No activities implemented owing to lack of funding	16 PHCCs, SARC clinics (MH, early detection of cancer, NCD)	WHO, MoH, UNHCR, SARC, IMC
Number of refugees covered by health awareness campaigns and health education sessions	12,885	33,500	UNHCR, IMC, IFRC, SARC, UNFPA

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Number of PHC clinics provided with essential equipment to detect neonatal congenital malformations	-	5	WHO, MoH
Number of professionals in health facilities serving refugees trained on relevant areas of practice (MH, GBV, reproductive and maternal health, antenatal/neonatal care etc.).	153	505	UNFPA, UNICEF, WHO, MoH, UNHCR, SARC, IMC
Percentage of Iraqi children covered with measles, mumps, and rubella vaccines	74	85	UNICEF
Percentage of underweight/stunting/wasting among children under five	underweight: 1.65% stunting: 2.12% wasting: 1.23% (statistics from MoH Nutrition Surveillance report 2010)	1% 2% 1%	UNICEF
Percentage of iron deficiency anemia (6-59 months)	20.34% (MoH Nutrition Surveillance report 2010)	10%	UNICEF
Percentage coverage with Vitamin A	81.9% (Family Health Survey 2009)	90%	UNICEF
Percentage of exclusive breastfeeding (six months)	53.51% (MoH Nutrition Surveillance)	60%	UNICEF

Objective 2: Strengthen MH and psycho-social support services at all healthcare levels

Number of Iraqi refugees receiving mental healthcare ³	All refugees identified as in need and willing to receive specialized psychological / psychiatric care received it Referral of 133 cases to out-patient specialized PSS-MH services and provision of in-patient tertiary mental healthcare to three cases	All identified refugees in need of psycho-social/psychiatric care (at least 100)	UNHCR, SARC, MoH, UNICEF, IMC
Number of specialized nurses trained on MH psychiatric nursing services	Nothing to report (lack of funding and implementation capacity gaps)	15	UNFPA, MoH
Number of health professionals at different healthcare levels receiving training on MH and psycho-social support services	142	210	IMC, UNFPA, UNHCR, UNICEF, WHO, MoH

Objective 3: Increase access to healthcare for the most vulnerable refugees through the strengthening of outreach activities

Number of health workers and volunteers trained on outreach	350	150	UNHCR, UNICEF, UNFPA
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³ Community-based psycho-social support is reported under the Protection Working Group. Cases are managed according to an integrative and comprehensive approach to PSS-MH. Additional specialized service provision and referrals are reported under the Protection Working Group.

Objective 4: Improve the efficiency of health service delivery to ensure the rationalization of available resources			
Information-sharing system in place for primary, secondary and tertiary healthcare	-	System in place involving IFRC, UNHCR and IMC-supported SARC clinics	SARC, IFRC, UNHCR, IMC
Percentage of referrals for consultations/investigations	93%	83%	SARC clinics, Damascus hospital, Al Assad hospital, UNHCR

Objective 5: Expand and enhance environmental health services and activities in locations where refugees are settled			
Number of health facilities trained on the national guidelines of healthcare waste and waste water management	70	150	WHO, MoH

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
IFRC (for information only – resource mobilization takes place through a separate Appeal)	2,151,900	Provision of PHC through 12 SARC clinics Outreach services to vulnerable populations through four mobile health units Capacity-building and training of SARC clinics staff and procurement of equipment Organization of health-awareness and community-based health education programmes Support to data sharing among partners and SARC Health Information System
IMC	2,333,000	PHC (in two SARC clinics and one mobile clinic) MH and psycho-social support (in two SARC clinics, two recreational activities centres and one Child and Family Care Centre) Training of medical and non-medical staff on integration of MH into PHC practices and on GBV Introduction of the MH case management model in two SARC clinics Early Child Development Education for parents Rehabilitation services for children with special needs Educational/vocational training and recreational activities for adult and children
UNFPA with SARC, SAHPAD, SFPA	175,000	Provision of RH and ambulatory health services through the RH clinic in Douma Registration centre Capacity-building on MH and psycho-social support through support for the establishment of “MH and psychiatric nursing” diploma programme, and training on PFA. Support for the delivery of maternal health services for refugees through the Obstetric and Gynecological University Hospital Awareness-raising activities related to RH/family planning and MH Provision of awareness-raising materials, equipment and supplies to PHCCs and hospitals
UNHCR	13,440,029	Provision of primary and secondary healthcare through SARC clinics Tertiary healthcare support through contracted government hospitals Capacity-building and training of MoH and clinics staff and procurement of equipment Organization of health-awareness campaigns and community-based health education programmes Provision of specialized mental healthcare and psycho-social support case

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Agency (and partners)	Financial requirements in \$	List of projects and main activities
		management in selected PHCCs Outreach to vulnerable refugees, including through the monitoring of the refugee health and psycho-social and MH volunteers Support to data sharing among partners and the Health Information System
UNICEF	900,000	Follow up of the nutrition surveillance system, including the provision of equipment and feeding supplies to MoH Provision of supplies for routine and supplementary immunizations to MoH Support to training courses for health workers on maternal and child health and in targeted PHCCs on psycho-social support Support to community mobilization through the local NGO SAHPAD Support to health education activities to increase awareness among Iraqi families on maternal and child health issues and provide MoH and NGOs with training manuals and materials Capacity-building of MoH service providers on adolescent health issues and awareness-raising for decision-makers and parents
WHO	1,025,000	Integration of NCDs at all healthcare delivery levels Awareness-raising activities on the early detection of cancer Provision of essential equipment for the early detection of cancer in PHCCs Provision of essential equipment for early detection of congenital malformation in five selected MOH PHC clinics at the governorate level Capacity-building activities on rapid response teams to detect, assess, notify and control health events of public health concerns Capacity-building for integration of MH in PHC facilities Capacity-building on Environmental Health and Health Care Waste Management (HCWM) Awareness raising activities on Environmental Health Promotion Provision of equipment for Environmental Health and HCWM
TOTAL	20,024,929	

3.1.E.IV Food

1. Chair and Participating Agencies

Lead Agency	WORLD FOOD PROGRAMME
Participating Agencies	IFRC (in the capacity of WG member), UNHCR, SARC
Working Group Objectives	Support refugees in meeting their basic food needs
Funds requested	\$24,640,029
Contact information	Moayad Hameidi - Moayad.Hameidi@wfp.org Ayman Gharaibeh - gharaibe@unhcr.org

2. Achievements and Challenges in 2011

Achievements

An average of 108,500 refugees (53% female, 47% male) received regular food rations throughout 2011. Since September 2011, all refugees have received this assistance through the Electronic Voucher System (EVS), which gradually replaced in-kind food rations, giving refugees the freedom to choose their food items according to individual and family preferences.

Challenges

Since the start of the unrest in parts of Syria in March 2011, the mobile telephone network that agencies relied on to relay important information about food assistance delivery to refugees experienced sporadic disruption. Moreover, eligibility verification exercises and planned home visits could not be undertaken in areas such as Deraa and Homs. Some refugees had difficulties accessing distribution points and dedicated food outlets (General Establishment for Storing and Marketing Agricultural and Animal Products (GESMAAP) shops) which in turn impacted the verification of refugees' physical presence in Syria, which serves to update UNHCR registration data. In response to these difficulties, agencies adopted alternative methods of verification and delivery of assistance to ensure uninterrupted food aid to beneficiaries based in or in the vicinity of areas affected by unrest.

In this context, the planned Joint Assessment Mission and Emergency Food Security Assessment, which should have informed the 2012 planning process and introduced a new targeting plan, could not be undertaken. In the absence of such an assessment, beneficiary lists for 2012 food assistance will be based on the physical verification of refugees' presence in the country.

Furthermore, members of the Food Working Group (FWG) had to contend with ongoing challenges linked to resource availability and donor awareness of the needs and vulnerabilities of refugees in an urban context.

3. Priority Needs

Given the deterioration of refugees' socio-economic situation as a result of their prolonged displacement and the economic downturn linked to the civil unrest in the country which has further reduced their access to the informal labor market, refugees' capacity to meet their food needs are minimal. Sustaining food aid remains a critical protection tool to prevent vulnerable groups from resorting to negative coping mechanisms and contributing to their well-being will therefore require continued external support in the form of food assistance.

Based on the projected reduction of the refugee population in 2012, the FWG has agreed that food assistance should target a monthly average of 85,000 beneficiaries among Iraqi and non-Iraqi refugees. Priority beneficiaries will moreover be those who have severed or lost all links with their country of origin and are therefore unlikely to have access to additional support while they remain in Syria.

4. Response Strategy

a) 2012 Objective

Support refugees in meeting their basic food needs

b) Planning Assumptions

The food assistance planning figure is based on the projected beneficiaries of the first distribution cycle covering January-February of 95,000 refugees which will gradually decrease to give a monthly average of 85,000 beneficiaries across the year. Further targeting criteria may also be introduced and is subject to a number of factors, including availability of resources. Beneficiary lists will be drawn up for each assistance cycle and will be based on UNHCR's registration data, physical verification of refugee presence in Syria, combined with ad hoc home visits, therefore only including refugees with an active registration status.

Furthermore, the modality for food assistance is expected to change starting from the second bi-monthly cycle (March-April) of 2012 due to funding constraints on WFP which may lead the EVS to be replaced by UNHCR *cash-for-food* programme.

c) Main Activities

The WG agrees that in the first cycle for the period January-February 2012, all 95,000 registered refugees will be assisted by WFP through EVS, WFP will cover the shortfall of funds for this cycle from the CERF underfunded window where \$7 million is expected to be allocated to several UN agencies including WFP for life-saving assistance to refugees in Syria. As of March 2012, all eligible food beneficiaries will receive from UNHCR cash in lieu of food rations through the automatic teller machine (ATM) system or, for a limited group, through electronic checks.



An Iraqi refugee purchasing fresh products using the WFP EVS in Hassakeh. ©WFP/ Marco Frattini/ 2010

The *cash-for-food* programme will operate on a bi-monthly basis, which entails that the current bi-monthly physical verification will be maintained. As UNHCR will continue to verify refugees' presence in the country it will be in a position to continue updating beneficiary lists. The amount payable to refugee families will follow an established monthly rate per person and will depend on the number of family members.

The members of the FWG will remain unchanged in 2012. It is moreover expected that SARC will play an essential role in ensuring assistance delivery in areas without UNHCR's permanent presence as well as for non-Iraqi refugees. The group will continue to meet regularly in particular to ensure a smooth transition from the EVS to *cash-for-food*.

Participatory assessment and focus group discussions will be informing the planning and design of the food assistance programme. Home visits will further ensure that the most vulnerable refugees are assisted in meeting their basic food needs.

5. Monitoring and Accountability Framework

Indicator	Baseline mid-2011	2012 Target	Responsible Agencies
Objective: Support refugees in meeting their basic food needs			
Percentage of refugees supported to meet their basic food needs	97%	100%	WFP, SARC, UNHCR

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
WFP with GESMAAP and SARC	2,400,000	Food assistance via EVS for the first cycle of 2012 for all beneficiaries; includes food cost purchased through GESMAAP and associated cost
UNHCR with SARC (and potentially DRC)	22,240,029	Food assistance via cash supplements (ATM and checks), logistics, staff and associated costs
TOTAL	24,640,029	

3.1.E.V Palestinian Refugees from Iraq

1. Chair and Participating Agencies

Lead Agency	UNITED HIGH COMMISSIONER FOR REFUGEES
Participating Agencies	IOM, Office of the Governor of Hassakeh, SARC, UNRWA, WFP
Working Group Objectives	<ul style="list-style-type: none"> • Ensure protection of and continued humanitarian assistance programmes for Palestinian refugees from Iraq residing in Al Hol Camp, pending the closure of the camp. • Pursue appropriate solutions for Palestinian refugees from Iraq to ensure the closure of the camp.
Funds requested	\$1,283,898
Contact information	Paul Stromberg - stromber@unhcr.org Helene Songe - h.songe@unrwa.org

2. Achievements and Challenges in 2011

The number of refugees living in Al Hol camp has considerably decreased in 2011, dropping from 438 individuals at the end of 2010 to 280 refugees as of the end of October 2011 resulting mainly from the departure of refugees to resettlement countries. Throughout the year, all refugees living in the camp continued to receive protection, including timely and effective registration, legal and psycho-social counseling and other services as well as assistance in the form of food and domestic items, shelter, education, vocational training and healthcare. Refugees were also authorized by Syrian authorities to travel temporarily to Hassakeh region or to Damascus for specific reasons such as medical referrals and family visits.

In terms of resettlement, as of the end of October 2011 149 of the 280 refugees living in Al Hol camp had a file submitted for resettlement and were expected to depart to third countries, and 102 refugees had effectively departed from Al Hol camp during 2011 to resettlement countries.

The closure of the camp, which was one of the objectives this year, was not implemented in 2011. This comes mainly from delays experienced in the departure of Al Hol camp refugees to resettlement countries, the lack of resettlement slots available for this population despite UNHCR’s advocacy efforts, and the time required to formulate and gain government approval for a plan for the local integration of the remaining camp population. As a result, the closure of the camp is now postponed to the last quarter of 2012. By that time, the majority of the current camp population should have been resettled.



Refugee children playing in Al Hol Camp for Palestinians ex-Iraq.
©UNHCR/ B. Diab/ 2010

3. Priority Needs

Half of the 280 refugees living in Al Hol camp sought refuge in Syria five or more years ago. The overall gender representation is almost equally divided, with 53% male and 47% men. Refugees under 18 represent 35% of the total population. Close to 30% of the refugees living in Al Hol camp have special needs, while 17% suffer from a critical medical condition and 7.5% have special legal and protection needs.

The first priority in 2012 will be the departure or resettlement of a large proportion of the refugees currently living in Al Hol camp. The second priority will be the construction of 52 permanent housing units in an existing Palestinian camp on the outskirts of Damascus for the remaining 130 individuals without resettlement prospects. The implementation of this solution will ultimately enable UNHCR and its partners to transfer the population and close the camp, foreseen for the last quarter of 2012.

Consequently, all camp activities and assistance will be geared toward preparing for the relocation of the refugees and ensuring a smooth closure of the camp. Key to that transition will be the involvement of camp residents at all stages of the process.

UNHCR will not launch new projects in view of the expected closure of the camp next year. However, it will ensure a permanent presence, the delivery of protection and assistance activities, notably in basic care and maintenance sectors. UNRWA, which took over most support to education and vocational/life skills training in the camp in the latter part of 2011, will continue to provide such support and deliver other basic services to refugees, such as monthly cash grants to camp volunteers.

Psychological/counseling needs may surface as a result of the implementation of resettlement departures and extended exile. As a result, special consideration will be given to community support mechanisms, in particular to women and groups with special needs.

4. Response Strategy

a) 2012 Objectives

Ensure protection of and continued humanitarian assistance programmes for Palestinian refugees from Iraq residing in Al Hol Camp, pending the closure of the camp.

Pursue appropriate durable solutions for Palestinian refugees from Iraq.

b) Planning Assumptions

UNHCR expects that the closure of the camp will take place in the final quarter of 2012, once refugees with resettlement opportunities have left for third countries and the remaining 130 refugees without resettlement prospects have been relocated to permanent housing in an existing camp in Damascus, as approved by the Government. The joint UNHCR/UNRWA project calls for the construction of 52 housing units and one school in Khan el Sheikh Camp.

Agencies will maintain the current level of services and facilities in Al Hol camp, which will not undergo any physical change or new construction. Shelters will progressively be shut down as departures continue and all other sectors will be adjusted accordingly. UNRWA plans to support activities in the camp until the end of 2012. Its remaining social worker will relocate to Damascus in 2012 from where there will be a regular follow-up of the projects as well as monthly monitoring visits of activities financed by UNRWA in the camp.

c) Main Activities

- Continue and accelerate the resettlement departures for all camp refugees.
- Prepare the transfer and local integration of refugees without resettlement prospects.
- Continue to ensure the timely and effective registration, protection counseling, interventions on detention, legal representation for all camp refugees (UNHCR).
- Maintain the provision of adequate shelter, food and domestic items (UNHCR, UNRWA, WFP, Governorate of Hassakeh).

- Maintain the water provision system and monitor water quality (UNHCR).
- Maintain the provision of PHC and referrals to secondary and tertiary healthcare (UNHCR, Governorate of Hassakeh).
- Provide all refugee children with primary and secondary schooling (UNRWA).
- Continue to offer psycho-social support through referrals to psychologists and follow-up visits (UNHCR).
- Support early childhood development, recreational, socio-cultural activities and life skills training in particular for children and adolescents, along with adapted self-reliance and vocational training for refugees without resettlement prospects (UNHCR/UNRWA).
- Provide SGBV victims (including minors) with high quality medical and PSSs, legal counseling and assistance (UNHCR).
- Continue regular profiling of the camp population and help the community to gradually adjust to the forthcoming closure of the camp (UNHCR/UNRWA).

5. Monitoring and Accountability Framework

Indicators	Baseline mid-2011	2012 Targets	Responsible Agencies
Objective 1: Ensure protection of and continued humanitarian assistance programmes for Palestinian refugees from Iraq residing in Al Hol Camp, pending the closure of the camp			
Number of refugees living in Al Hol camp provided with shelter, water, food and NFIs, healthcare, education, psycho-social assistance, recreational and socio-cultural activities and life skills	<p>Provision of up-to-standard assistance to all 331 refugees (103 families) residing in Al Hol camp, incl. adequate shelter, food, NFIs (hygiene kits, cooking fuel, diapers, sanitary napkins, complementary clothing, etc.), and primary, secondary and tertiary healthcare, in addition:</p> <p>Two vaccination campaigns by health authorities.</p> <p>92% of children attended primary and 53% secondary school</p> <p>Remedial classes provided to eight ninth grade students in need of support to prepare for the June national exams</p> <p>25 refugee youths enrolled in various vocational and life skills training courses</p> <p>106 refugees engaged in camp maintenance with incentives compensations</p> <p>sport field established</p> <p>Supply of safe water to all camp population; water supply system maintained (until March); mobile water purification unit functional and maintained</p>	<p>All refugees living in Al Hol camp provided with shelter, water, food and NFIs, healthcare, psycho-social assistance, socio-cultural activities</p> <p>Access ensured for children and youth to early adulthood to mainstream education, recreational activities and life skills training</p>	<p>Shelter, food, NFIs, healthcare: UNHCR, WFP, UNRWA (cash grants and sanitary items), Governorate of Hassakeh</p> <p>Healthcare: UNHCR, Government of Hassakeh</p> <p>Psycho-social support: UNHCR</p> <p>Socio-cultural activities, education, life skills: UNHCR, UNRWA</p> <p>Water (UNHCR, Government of Hassakeh)</p>
Number of protection interventions related to detention, deportation and other legal issues	<p>One case facing guardianship issues assisted;</p> <p>Interventions with the authorities on behalf of six Palestinians (not from Iraq, sent to the camp by the authorities)</p>	<p>All refugees at risk of deportation and/or in detention given protection and legal representation</p>	<p>UNHCR</p>

Regional Response Plan for Iraqi Refugees 2012

Number of GBV survivors identified, referred and followed up	No SGBV case reported	All survivors of GBV identified, referred and followed up	UNHCR
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Objective 2: Pursue appropriate solutions for Palestinian refugees from Iraq to ensure the closure of the camp			
Number of camp refugees submitted and departed on resettlement	79 submitted; 78 departed (Jan-May 2011)	All camp refugees submitted and departed on resettlement	UNHCR, IOM

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
UNHCR with Governor of Hassakeh	1,175,898	Protection and registration Resettlement Shelter, food, non-food items, camp management Primary, secondary and tertiary healthcare Education
UNRWA	108,000	Basic education support, including remedial classes for 9th graders Vocational and life skills training for youth and young adults Recreational and socio-cultural activities Monthly provision of cash grants Monthly provision of sanitary items/diapers
WFP	The financial requirements for food in Al Hol camp are included in the financial requirements of the FWG	Food commodities purchase and EVS for January and February 2012
TOTAL	1,283,898	

3.1.F Funding requirements for Syria

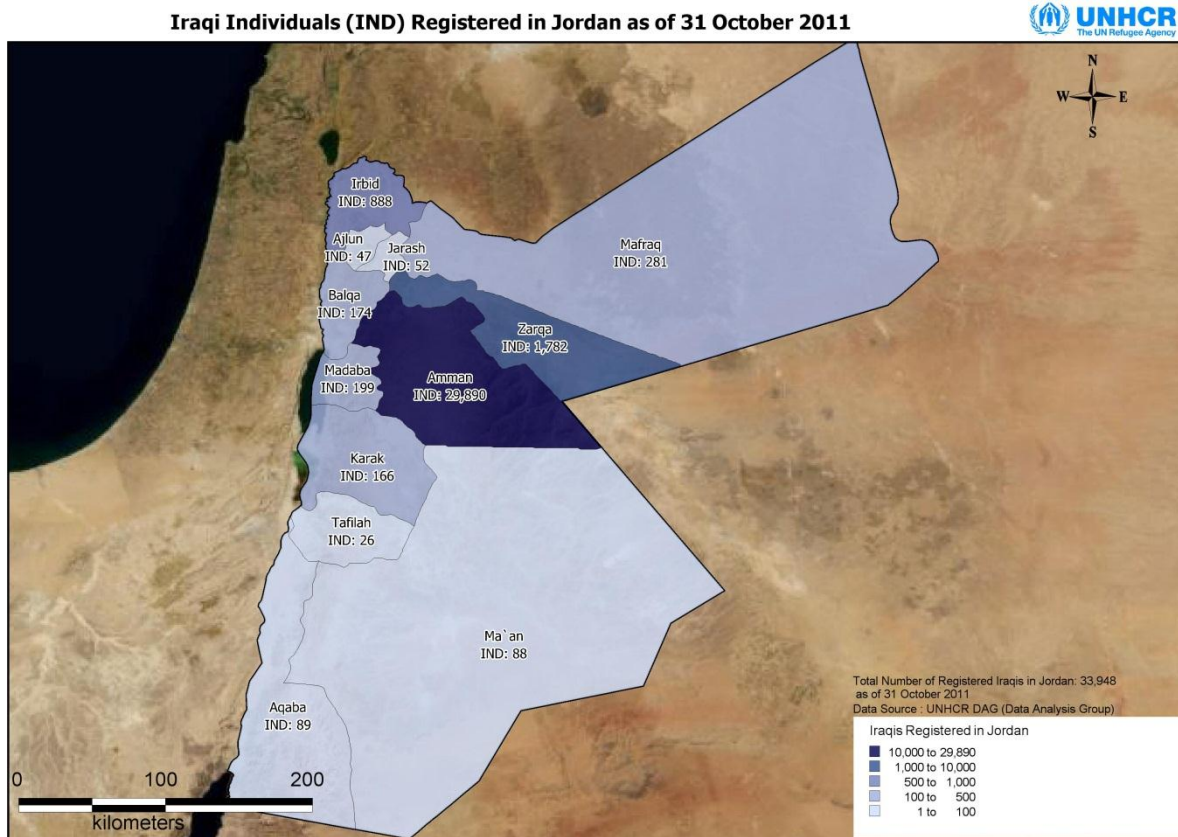
Summary budget requirements per agency and per working group

Agency	Financial requirements in \$
PWG	
DRC	2,270,000
GOPA	4,928,000
HELP	500,000
IMC	1,200,000
IOM	572,749
MC	2,000,000
SARC in cooperation with the DRC	1,700,000
UNDP	180,000
UNFPA	225,000
UNHCR	68,606,778
UNICEF	1,600,000
UNRWA	2,558,084
Sub-total Protection	86,340,611
EWG	
ACF-Spain	276,000
DRC	412,000
GOPA	1,472,000
HELP	500,000
UNHCR	8,567,249
UNICEF	4,500,000
Sub-total Education	15,727,249
HWG	
IMC	2,333,000
IFRC in cooperation with SARC	2,151,900
UNFPA	175,000
UNHCR	13,440,029
UNICEF	900,000
WHO	1,025,000
Sub-total Health	20,024,929
FWG	
WFP	2,400,000
UNHCR	22,240,029
Sub-total FWG	24,640,029
Palestinian refugees from Iraq	
UNHCR	1,175,898
UNRWA	108,000
Sub-total Palestinian refugees from Iraq	1,283,898
TOTAL	148,016,716

Summary budget requirements per agency

Agency	Financial requirements in \$
ACF-Spain	276,000
DRC	2,682,000
GOPA	6,400,000
HELP	1,000,000
IFRC in cooperation with SARC	2,151,900
IMC	3,533,000
MC	2,000,000
IOM	572,749
UNFPA	400,000
UNDP	180,000
UNHCR	114,029,983
UNICEF	7,000,000
UNRWA	2,666,084
Syrian Arab Crescent in cooperation with the DRC	1,700,000
WHO	1,025,000
WFP	2,400,000
TOTAL	148,016,716

3.2 The Hashemite Kingdom of Jordan



Jordan Humanitarian and Development Indicators	Most Recent Data	Source
Population	6,047,000	World Bank 2010
Population under 15 years of age	38%	World Bank 2010
Under five mortality rate	21.7 per 1,000 live births	World Bank 2010
Life expectancy at birth	73 years	World Bank 2009
Gross national income per capita, PPP	5,810 in PPP \$	World Bank 2010
Number of registered refugees	33,978 registered Iraqis and non-Iraqis	UNHCR October 2011
	Two million registered Palestinians	UNRWA December 2010
Average annual consumer price inflation	5%	World Bank 2010
Unemployment rate (as a % of total labor force)	12.9%	World Bank 2009
Gross primary school enrolment	97%	World Bank 2008

3.2.A Executive Summary

The Hashemite Kingdom of Jordan (Jordan) has hosted refugees since its inception. Given its geographical location, it has earned the reputation of a neutral safe haven for neighboring nations. Though it is a small, middle income country with significant levels of unemployment (nearly 13%), Jordan continues to show tolerance and hospitality to Iraqis and others seeking protection from violence.

Despite considerable improvements in protection and assistance delivery, the lack of legal status and access to livelihoods, coupled with a precarious economic situation, resulted in many Iraqis finding themselves in dire circumstances. This document outlines a common strategy and coordination mechanism for the humanitarian response towards Iraqi asylum seeker and refugees in Jordan.

The Jordan Chapter in the RRP unites humanitarian and development actors, and encompasses UN agencies, government counterparts, national and international NGOs and donors. In an environment of increasing needs and decreasing international attention and funding, national and international humanitarian actors recognize the need to carefully coordinate their work and resources to ensure the most effective and comprehensive response in protecting and assisting vulnerable Iraqi refugees.

3.2.B Context, 2012 Scenario and Humanitarian Needs

Context

2011 in Review

In 2011, the humanitarian community continued its cooperative and productive relationship with the Government of Jordan (GoJ). Jordan remains generous in its treatment of Iraqi asylum seekers and refugees, largely maintaining access to public services, and the potential for assistance and protection. A Royal amnesty was declared by which Iraqis (amongst others) are exempted from paying their overstay fines in an attempt to facilitate movements of Iraqis to and from Jordan. The Ministerial Council also announced its decision to extend acceptance of Iraqi students in government schools in the academic year 2011/2012 and to exempt these students from paying “school contributions” and textbooks.

In terms of detention, the situation remained unchanged since the time of the 2011 RRP mid-year review (MYR). Detention rates remained low and deportation cases exceptional and limited to cases related to national security issues. Iraqis are not detained or deported for immigration violations. By end of October of 2011, 69 Iraqis were detained and eight registered Iraqis had been deported. On the livelihood front, some positive developments occurred when several categories of work were opened for legal Iraqi refugee employment. However, given the current economic context in the country, the opportunities this initiative had opened up remain fairly scarce.



Iraqi refugee woman in a rented flat in Amman.
©UNHCR/ S.Malkawi / 2011

UNHCR continues to pursue resettlement as the main durable solution in line with its memorandum of understanding (MoU) with the GoJ and is indicative of the lack of local integration prospects. In 2012, UNHCR expects to submit a total of 2,500 (Iraqis and non-Iraqis). Between January and October 2011, 2,915 people were submitted for resettlement to third countries, mainly the USA. It is of concern that departures have markedly dropped compared to the departures in the same period last year, primarily due to increased security checks as part of the US processing. As of 31 October, only 847 Iraqis had actually departed to a third country.

The situation remains one where refugees and asylum seekers are not keen on returning to Iraq for good. In the first ten months of 2011, only 78 people availed themselves of UNHCR's assistance to voluntarily repatriate. There is no doubt that Iraqis in Jordan still find themselves in need for support and humanitarian protection, especially in light of the security situation that hinders large-scale returns to Iraq and dwindling resources that result in different degrees of socio-economic vulnerability for Iraqis.

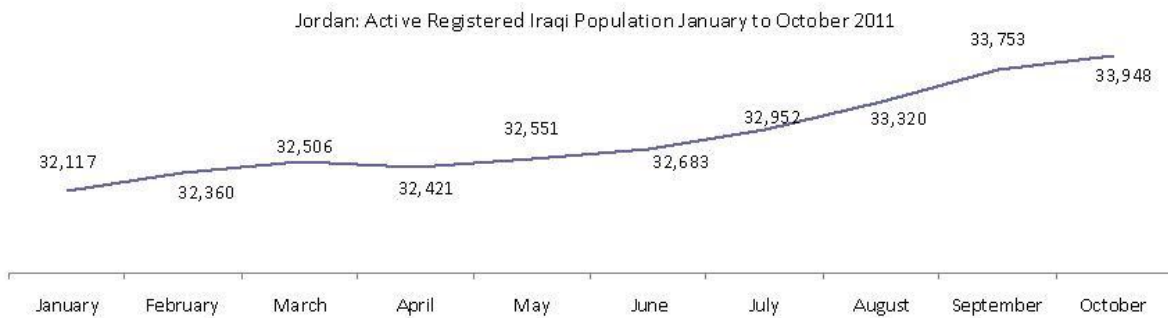
Iraqis in Jordan live in a precarious legal situation. Only 30% of Iraqis in Jordan have a government-issued residence permit. The vast majority do not have a residence permit, which makes it difficult and costly to obtain a work permit. Jordan's high cost of living means that financial assistance, earnings from informal work, remittances and savings do not go very far. At least 40% of registered Iraqis in Jordan live below the poverty line and most of them therefore need cash assistance. Moreover, due the various improvements in protection practices not being entrenched in a legal framework, Iraqis in Jordan continue to feel the precariousness of their situation.

Partners in the health field continued to provide care to Iraqis in Jordan, however, shifting towards an increase in the use of governmental PHCCs (for primary and secondary healthcare services) due to the decrease in the level of donor support. Funding shortfalls also severely impaired tertiary healthcare coverage which remains a compelling need, the Iraqi refugee population suffering from high levels of chronic and acute diseases.

Financial assistance, the lifeline for many families living below the poverty line, also had to be reduced from 4,872 families by mid-2011 to 4,613 cases/ families by October 2011. It will further be reduced to 2,500 cases by January 2012.

Humanitarian agencies continued to work on harmonizing services through the Refugee Assistance Information System (RAIS) to prevent duplication and improve information sharing, reporting and strategic planning. The number of RAIS users at the time of writing stood at 227.

As of end of October 2011, the number of Iraqi refugees and asylum seekers registered with UNHCR stood at 33,948 individuals (14,197 families), with 6,417 new registrations since the beginning of 2011. While registration of new arrivals as well as needs have remained at similar or higher levels than in 2010, the means and ability to respond due to funding constraints have reduced. As for non-Iraqi asylum seekers and refugees, the number stood at 3,456 as of end of October 2011. The numbers increased by some 30% as an immediate consequence of the Arab Spring and other developments in Sudan and Somalia.



There continues to be uncertainty about the total number of Iraqis. Cross-border movements are difficult to monitor and estimates vary widely. For planning purposes, agencies rely on the number of Iraqis with active UNHCR registration which is regularly updated through the inactivation of files of Iraqis who have not had any form of contact with UNHCR or its partners for a period of one year.

There is some concern from partners that beneficiary dissatisfaction will increase in particular if there is a reduction of services provided to refugees due to shrinking of funding to the Iraq operation. UNHCR has also repeatedly expressed concerns over the fact that funding shortage will seriously impact the organization's ability to provide and sustain financial assistance to vulnerable Iraqis. Since the threshold is the poverty line, UNHCR is faced with an impossible situation while having to decrease the number of families receiving financial assistance. This is inevitably going to have serious consequences on the well-being of people of concern (PoC) to UNHCR as well as possibly on the security situation of UNHCR and other humanitarian staff in the front line as well as their ability to operate.

Humanitarian Achievements and Lessons Learned

The major achievements of 2011 included the following:

- Continued expansion of protection space including low rate of detention, waiver of overstay fines for people returning to Iraq.
- Maintenance of a strong safety net of cash assistance for the most vulnerable.
- Renewed waiver of school fees for Iraqi children, allowing children access to free primary and secondary education.
- Creation of safe spaces for Iraqi children to access quality education and PSSs.
- Efficient delivery of high-quality assistance and services.
- Steady progress toward durable solutions, particularly in the high rate of resettlement.
- Continued dialogue and capacity-building efforts with key governmental and non-governmental counterparts.

Over the years, the humanitarian community has learned important lessons to respond to the specificities of the Iraqi population needs in the context of Jordan. In a situation where there are multiple service-providers, it was important to have a common database to track assistance delivery and to identify and eliminate duplication. When the first system was found to have limitations, a new web-based database (RAIS) was launched in early 2010, which has proven far more successful.

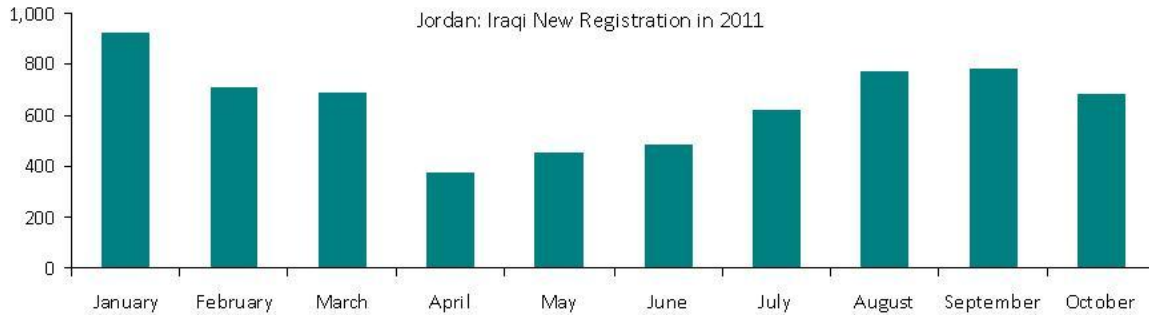
Capacity-building activities have also yielded positive results. International NGOs have intensified their cooperation with national partners, which are increasingly demonstrating the capacity to deliver high-quality services with sensitivity to the specific needs of Iraqis.

Women, in particular, often resort to working illegally to support their families. Along with those whose husbands have been killed, have disappeared or been seriously injured, Iraqi women working illegally, as well as those with no access to income, are highly vulnerable to various forms of violence, trafficking in people, and other forms of exploitation and abuse. At the same time, well-organized

transnational smuggling and trafficking networks further exploit Iraqi women's vulnerabilities, as they attempt irregular migration toward Europe, North America and Australia. In 2011, International Organization for Migration (IOM) Jordan identified and assisted 299 Iraqis in Jordan, predominately women, vulnerable to human trafficking.

2012 Scenario and Humanitarian Needs

This strategy is based on the assumption that the overall number of Iraqis with active UNHCR registration will remain stable in 2012, the number of new arrivals being offset by resettlement departures, assisted returns and other departures from Jordan.



In 2012, Iraqis will continue to seek asylum in Jordan for a variety of reasons. Within Iraq, the overall security and political situation is unlikely to improve significantly in the near future. Violence, particularly emanating from anti-government and extremist elements is ongoing and serious human rights violations continue, with many Iraqis leaving the country because of targeted threats against them.

This plan does not contain provisions for a mass influx. If conditions in Iraq were to deteriorate causing larger numbers of people to flee the country, the humanitarian community would need to revise the existing plan. Similarly, if conditions were to improve dramatically, there would be need to revise this plan in order to support large-scale return.

Working with host governments, donors, national frameworks and development agencies, solutions will be sought to ensure continued protection and enhance self-reliance amongst refugee communities.

As the remaining Iraqi refugee population is increasingly a protracted one, needs are growing and vulnerabilities heightened. Savings are depleted, and regional trends can be observed in the areas of health, nutrition and education. The humanitarian community continues to offer primary and secondary healthcare, but lack of funding has severely impaired its ability to provide tertiary healthcare, when the Iraqi refugee population shows disproportionate and uneven numbers of chronic and grave diseases.

2012 will be another year of consolidation for many humanitarian agencies in the region. With funding dwindling, the humanitarian community will strive to meet the needs, while relying increasingly on national capacities and existing frameworks. Capacity-building of local institutions will ensure greater efficiency and sustainability. International donor support remains key however to target the needs of the most vulnerable, and show solidarity with host countries and populations. Not only do Iraqis depend on the humanitarian community to address their basic needs, maintaining the protection space is also directly linked to the support the international community can provide.

3.2.C Strategic Objectives for 2012

I. Ensure that Iraqis are able to seek asylum and continue to receive protection

Jordanian authorities continue to show considerable hospitality and tolerance towards Iraqis in the Kingdom: Iraqis can register with UNHCR, have access to public services such as health and education, and enjoy basic freedoms within the Kingdom. To preserve this access to asylum and to ensure continued access to government institutions, essential activities include advocacy and training as well as direct, institutional and bi-lateral support in the areas of health, education and social development. Provision of documentation, legal interventions and naturally the response to SGBV and child protection remain key elements of the response.

Key indicators

- Number of Iraqis actively registered with UNHCR.
- Reduction in *refoulement*.
- Access to people in detention (100%).
- Number of cases receiving legal counseling and legal representation.
- Number of SGBV and child protection cases reported and responded to.

II. Ensure that the basic needs of Iraqi refugees are met with special attention to the most vulnerable

A key priority remains ensuring that the humanitarian community meets the basic needs of the Iraqis in Jordan, particularly of the most vulnerable. This will be achieved through the provision of direct assistance and safety-net arrangements such as financial assistance, PHC and education. In addition, there will also be a need to ensure specialized services for groups with specific needs such as elderly people, people with disabilities, survivors of torture, single parents, and children with special education.

Key indicators

- Number of Iraqis benefiting from financial assistance.
- Access/utilization of MoH services by Iraqis.
- Number of consultations/ services for Iraqis at NGO clinics.
- Percentage of Iraqi children registered with UNHCR and accessing formal education.

III. Support targeted resettlement for vulnerable Iraqis

Given that the prospects of large-scale voluntary and sustainable return to Iraq are unlikely, UNHCR will continue to actively seek resettlement for recognized refugees. In 2012, UN agencies and NGOs will play an important role in advocating for increased resettlement opportunities, particularly for Iraqis with special needs, medical conditions and those with emergency protection concerns. While important in itself as the main durable solution available to vulnerable refugees, resettlement also continues to play a major role in Jordan as a symbol of international burden-sharing and consequently helps to preserve the protection space for those refugees who remain in the country.

Key Indicator

- Number of Iraqis submitted for resettlement (3, 600 individuals)

IV. Identify the groups of Iraqis who are not likely to be able to return or resettle in the medium-term, and identify appropriate means of support or self-reliance for them

While many Iraqis are likely to find a durable solution either through voluntary repatriation or resettlement, a significant group is likely to remain in Jordan for a longer period. A specific strategy will address their needs in 2012. Through advocacy with the authorities and provision of legal counseling, this group will be assisted with legal matters related to their stay and work in Jordan. They will also be targeted with assistance to help them become self-reliant, including through

vocational training, business development training, and microfinance. Community development activities will also help them to enjoy improved social inclusion within hosting communities.

Key indicators

- Number of government officials, NGO staff and students trained on refugee issues.
- Number of people to participate in community-based activities.
- Number of Iraqis assisted to obtain legal work permits.

V. Undertake contingency measures for potential voluntary returns

UNHCR still considers that basic conditions inside Iraq are unlikely to support a sustainable, large-scale return, and refugees' intentions generally reflect this. In these conditions, UNHCR will maintain its policy against promoting large-scale returns to Iraq until conditions allowing for safe and dignified return are firmly established. Nevertheless, UNHCR will continue to provide assistance to those who have made a voluntary and informed decision to return, on a case-by-case basis. In the first nine months of 2011, 78 individuals benefited from this programme.

While acknowledged interest in return continues to appear very limited, shifts in security, politics or policy could change this; accordingly, preparedness and contingency planning to support voluntary return remain crucial. There is a need for continued information dissemination to refugees about conditions in their areas of origin, including available assistance and livelihood opportunities. This will require strengthened cooperation between the Jordan and Iraq humanitarian communities to ensure coordinated planning and programming. From a strategic perspective, increased harmonization between Iraq and the host country to ensure comparable levels of protection and assistance should eventually encourage refugees to return.

Key indicator

- Number of Iraqi refugees accessing voluntary repatriation (capacity maintained to support the return of 5,000 individuals).

3.2.D Coordination Structure

Humanitarian actors in Jordan continue to coordinate assistance, programmes and referrals through its different working groups. Overall, the WG structure will remain the same in 2012 as in 2011, with Community-Based Protection, Health and Education groups. These groups meet on a monthly basis to exchange updates on programmes, services, refugee trends, and challenges.

3.2.E WG Response Plans

3.2.E.I Community-Based Protection

1. Chair and Participating Agencies

Lead Agencies	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES and NOUR AL HUSSEIN FOUNDATION
Participating Agencies	AVSI, IRD, IRC, IOM, MC, UNICEF
Working Group Objectives	<ul style="list-style-type: none"> • Include Iraqis in local social services and community activities, using a community-based approach and targeting the specific needs of vulnerable groups. • Support Iraqis in meeting their basic needs in the country of asylum. • Support Iraqis in accessing durable solutions, as well as interim solutions for those in a protracted refugee situation. • Provide protection against violence and exploitation. • Improve Iraqi access to and utilization of the Jordanian justice system. • Build the capacity of the Government, NGOs, refugees and host population. • Maintain social and psychological services for the most vulnerable Iraqis, while maximizing the sustainability of service provision.
Funds requested	\$39,426,490
Contact information	Giulia Ricciarelli-Ranawat - ricciare@unhcr.org Manal Tahtamouni - dr.tahtamouni@ifh-jo.org

2. Achievements and Challenges in 2011

Achievements

Humanitarian actors continued to provide protection and assistance to Iraqis asylum seekers and refugees, and they refined the tools and programmes to target and measure the impact of programmes to assist the most vulnerable.

- Detention rates continued to decline with only 69 reported detention cases in the first nine months of the year and eight deportations while reported cases of SGBV remained at similar levels compared to 2010 with some 140 cases reported in the same period. Strong cooperation with the Family Protection Department and various sections of the Public Security Department ensured timely and adequate protection response to Iraqis in need of protection.
- Agencies devoted significant attention to capacity-building and awareness-raising activities in 2011 reaching 679 government officials and 233 non-government counterparts and stakeholders, as well as beneficiaries. Some 46 training sessions and workshops contributed to maintaining and expanding the protection space for refugees in Jordan.
- 299 extremely vulnerable beneficiaries at risk of human trafficking were assisted thanks to the established network including UNHCR, Save the Children (SC), Care and Heartland Alliance
- MC developed a monitoring tool using beneficiary reviews of the courses they attended and conducted a preliminary assessment study on the impact of its support work on refugees' lives.
- The Institute for Family Health (IFH) built the capacity of three community-based organizations (CBOs) on GBV and child protection to address the needs of vulnerable groups and provided psycho-social support to 200 children and their mothers at Dar Al Wafaq shelter.
- A further 263 individuals received advanced psychological support and 638 attended counseling sessions.

- At the community level, PSSs were delivered focusing on areas of high concentration of Iraqis such as the governorates of East Amman, Zarqa, and Rusaifah. These services, which were delivered through a number of international and local NGOs, ranged from counseling sessions, recreational/extra curriculum activities, to vocational training. Safe spaces for PSSs were provided to refugee and Jordanian parents, teachers, counselors and social workers. These safe spaces impacted positively on both Iraqi and Jordanian children including a reduction in peer-relationship problems and behavioral and emotional problem and the improvement of social interaction⁴. Approximately over 6,000 Iraqi and Jordanian children⁵ in East Amman, Zarqa, and Rusaifah governorates benefited from PSSs supported by UNICEF.
- To respond to the psycho-social needs of vulnerable Iraqi and Jordanian children at school, UNICEF supported the capacity-building of duty-bearers within and outside the MoE on the provision of care for students affected by war and displacement. In 2011, UNICEF capacity-building interventions included the creation and training of 80 core team counselors from the MoE and the training of 1,500 teachers across 39 directorates on psycho-social support and protection for children in emergencies.

Challenges

The lack of legal status remains the first challenge faced by Iraqi asylum seekers and refugees due to its impact on all aspects of their life in Jordan, as well as their protection and assistance needs. Lack of employment is also cited as a major challenge facing urban refugees who, after years of displacement are unlikely to have many resources of their own. The implementation of the GoJ's decision to allow Iraqis to apply for work permits in certain professional categories has proven difficult and slow, especially in the current economic context.

The decline in funding moreover poses a serious risk to specialized services and targeted assistance for vulnerable groups whose numbers is likely to grow in the coming year. While an agreement on the referral of people with disabilities to the centres of the Ministry of Social Development (MoSD) was reached with UNHCR in 2011, timely and concrete implementation of this agreement remains difficult. Building up local capacity to a level that can meet the needs is essential but time-consuming therefore requiring continued support from the international community.

Jordan: Specific Needs as October 2011	People	% of the total active Iraqis
Critical medical condition	4,264	13%
People with disabilities	901	3%
Woman at risk	813	2%
Single parent	60	>1%
Child or adolescent at risk	34	>1%
Unaccompanied or separated child	76	>1%
Family unity	54	>1%
Older person at risk	451	1%
Special legal and protection needs	1,768	5%
Survivor of torture	665	2%

Compounding the above challenges, low resettlement departures rates in 2011, largely due to increased security checks and requirements from some resettlement countries have created an extra burden as vulnerable refugees in need of sustained assistance are forced to remain in Jordan longer than anticipated.

⁴ External Evaluation of the Iraqi Emergency Programme in Jordan (2011)

⁵ The figure is based on progress reports gathered through UNICEF partners as of September 2011.

3. Priority Needs

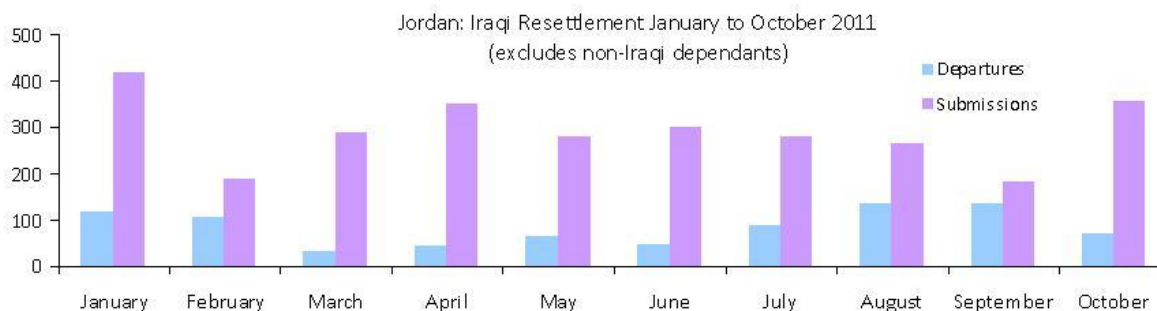
The members of the community-based PWG have identified the following priorities for the year 2012:

- The first priority remains the preservation of the protection space for PoC, particularly focusing on the most vulnerable groups such as unaccompanied and separated minors, single women, victims of violence (including GBV), people with disabilities, torture survivors and single parent. This will be done through continued capacity-building and awareness-raising activities, efficient identification and referral mechanisms and sustained communication with key actors, especially on the side of government and law enforcement authorities.
- As the most accessible durable solution in the short to medium term, maintain third country resettlement which will also contribute to burden-sharing and therefore to maintaining the protection environment for Iraqis remaining in Jordan.
- Awareness-raising on SGBV, prevention of sexual violence, and trafficking in people among vulnerable Iraqi women in Jordan. In the longer term, this activity will facilitate outreach to vulnerable migrant communities in Jordan and will contribute to strengthening their social protection.
- Maintain, refine and consolidate the support to vulnerable and marginalized groups of concern in Jordan while establishing a clear handover strategy among stakeholders.
- Sustain comprehensive and individually-tailored direct assistance to very vulnerable Iraqis who have no other means of sustenance and at risk of adopting negative coping mechanisms.
- Provision of psycho-social support. Agencies will moreover continue to focus on enhancing the capacities of CBOs through training of staff members on issues such as psycho-social programme management, child protection, and quality psycho-social case management.

4. Response Strategy

a) 2012 Objectives

- Include Iraqis in local social services and community activities, using a community-based approach and targeting the specific needs of vulnerable groups.
- Support Iraqis in meeting their basic needs in the country of asylum.
- Support Iraqis in accessing durable solutions, as well as interim solutions for those in a protracted refugee situation.
- Provide protection against violence and exploitation.
- Improve Iraqi access to and utilization of the Jordanian justice system.
- Build the capacity of the Government, NGOs, refugees and host population.
- Maintain social and psychological services for the most vulnerable Iraqis, while maximizing the sustainability of service provision.



b) Planning Assumptions

The WG assumes that the host government will continue to allow Iraqis to remain in Jordan, given the relative volatility of the situation in Iraq, and that it will continue to provide protection to Iraqis. The number of Iraqis in Jordan is likely to remain stable, as only a small percentage has indicated an interest in return, and resettlement quotas are limited. While refugee access to legal employment would potentially resolve a number of pressing needs, the WG does not expect any major changes in the legal framework in 2012. Agencies will work together in a holistic manner to provide services to the Iraqi population, supported by RAIS for timely referrals, targeted assistance and the proper utilization of resources.

c) Main Activities

Building on past achievements and best practices, the following activities are proposed for 2012:

UNHCR

- Will provide protection activities covering: registration, RSD, legal counseling and representation, detention interventions, prevention of *refoulement*, identification of SGBV and child protection cases and timely referrals as well as resettlement and assisted repatriation to all registered Iraqi asylum seekers and refugees.
- Will provide financial assistance to some 2,500 families living below the poverty line.
- Will continue to ensure access to public education and health services as well as support access to work permits and livelihood.
- Will maintain capacity-building efforts in the form of awareness-raising and training targeting key governmental and civil society actors as well as PoC.

UNICEF

- Will support safe spaces for 3,800 children and their families and provide comprehensive professional psycho-social support.
- Will conduct training for nine CBOs on psycho-social programme management, child protection, and quality PSSs.
- Will complete the development of a field-tested M&E manual in partnership with the MoE which will be disseminated across the public school system to guide psycho-social activities by counselors and teachers.

Mercy Corps (MC)

- Will continue to provide accommodative equipments which will facilitate the mobility and accessibility of people with disabilities.
- Will support refugee children with moderate to severe disabilities who cannot be included in services provided by the MoSD will therefore be referred to special educational services to assist their learning and social integration.
- Will provide elderly Iraqis with rehabilitation services and accommodative and supportive equipment if needed.
- Will implement cultural and recreational activities/outings to promote host community. Five recreational trips/outings will be implemented. Trips will be planned in communication with beneficiaries and refugee stakeholder committees.

Nour Al Hussein Foundation

- Will provide psycho-social support for SGBV cases.
- Will provide psychological services for children and their mothers who are residing in Dar Al Wafaq Shelter.

- Will screen children with hidden behavioral and psychological problems.
- Will build the capacity of Dar Al Wafaq staff on GBV and child protection issues.
- Will provide rehabilitation services for children with disabilities.
- Will provide basic and advanced counseling sessions.
- Will conduct training for Iraqi volunteers to maintain a sustainable outreach to the community.
- Will conduct awareness sessions for vulnerable families and community members.
- Will conduct ToT trainings for CBO members.

International Medical Corps (IMC)

- Continue provision Psycho-social and educational services (Day care services, women's support groups, early childhood development training, and athletic activities through Bayt Al-Kol, the Child and Family Development Centre located in Zarqa.
- IMC in partnership with Jordan River Foundation (JRF) will continue implementing youth empowerment programme in East Amman and Zarqa the programme includes training and supervision of youth leaders, recruitment and 16 weeks of youth groups.
- IMC will work with World Health Organization (WHO) will adapt the current 4Ws (Who, What, Where and When) mapping tool and cater it toward a post recovery setting; 4Ws mapping will be implemented during 2012.

International Relief and Development (IRD)

- Strengthen the labor force skills of Iraqi refugees to match economic opportunities.
- Increase market access for micro enterprises established by vocational training graduates.
 - Increase employment opportunities for Community-Based Support Project (CBSP) graduates by providing work permits, internships and job placement services.

5. Monitoring and Accountability Framework

Indicators	Baseline mid-2011	2012 Targets	Responsible Agencies
Objective 1: Include Iraqis in local social services and community activities, using a community-based approach and targeting the specific needs of vulnerable groups.			
Number of disabled and elderly receiving specialized services; number of people participating in community-based activities	As of mid-2010, 524 people with disabilities received assistances related to their need; equipments, rehabilitation services, special education services, peer empowerment and peer support services, Group and individual counseling As of mid-2010, 286 elderly received assistances related to their need; medical equipments, rehabilitative services, in-home care services and community and recreational activities.	351 people with disabilities receive specialized individual and group services 200 elderly receive specialized services	IMC, AVSI, MC, NHF
Iraqi and non-Iraqi refugees participate in cultural and recreational activities	1,178 Iraqi and non-Iraqi refugees participated in cultural and recreational activities until the end of October	750 Iraqi and non-Iraqi refugees participate in cultural and recreational activities	MC through CCA

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Objective 2: Support Iraqis in meeting their basic needs in the country of asylum.			
Number of vulnerable Iraqi families receiving financial assistance	4,168 families receive financial assistance as of December 2011.	6,000 families receive financial assistance per UNHCR Comprehensive Needs Assessment	UNHCR
Objective 3: Support Iraqis in accessing durable solutions, as well as interim solutions for those in a protracted refugee situation.			
Number of Iraqi refugees accessing durable solutions (resettlement and voluntary repatriation)	As of 14 December 2011, 3,047 individuals processed and submitted for resettlement consideration and 103 individuals were assisted for voluntary repatriation.	2,500 people submitted for resettlement; capacity maintained to supports the return of 5,000 individuals	UNHCR
Objective 4: Provide protection against violence and exploitation.			
Number of SGBV cases identified and referred; number of refugee trainings for prevention of violence	<p>SGBV cases identified by UNHCR</p> <p>247 SGBV cases received assistance</p> <p>70 children and their mothers were screened at Dar Al Wefaq shelter</p> <p>Six trainings and awareness sessions were conducted on GBV for 90 participants and 59 CBO</p> <p>66 service providers and outreach workers were trained to do SGBV screening, identification, management and referral</p> <p>192 GBV cases screened, 148 cases referred and 133 women provided with 437 multidisciplinary services</p>	<p>250 cases identified and referred</p> <p>Ten SGBV training sessions conducted</p>	UNHCR through partnership with Family Protection Department, Dar El Wefaq shelter and NHF, IRC
Objective 5: Improve Iraqi access to and utilization of the Jordanian justice system.			
Reduction in <i>refoulement</i> and access to people in detention	<p>Three people deported as of end March 2011</p> <p>100% access to detention facilities</p>	<p>0% <i>refoulement</i></p> <p>100% access to detention facilities</p>	UNHCR in cooperation with Ministry of Interior and Public Security Department.
Objective 6: Build the capacity of the Government, NGOs, refugees and host population.			
Number of government officials, NGO staff and students trained on refugee issues	1,139 people trained from government officials, legal practitioners. Students and NGO staff as well as religious sectors were trained by UNHCR direct implementation and with NCHR (National Center for Human Rights) and the Arab Bridge's cooperation.	1,400 opinion leaders including government officials and civil society members trained through	UNHCR's direct implementation, and in partnership with NCHR and Arab Bridge Center
To strengthen the labor force skills of Iraqi PoC to match available economic opportunities in Jordan	500	945 Iraqi men and women graduated from different VoTech classes	IRD
Increase market access and employment opportunities for Vocational Technical (VoTech) training graduates	<p>50</p> <p>30</p> <p>10</p>	<p>100 Iraqis placed for internships opportunities</p> <p>70 obtained work permit</p> <p>20 started /join small businesses</p>	IRD, AVSI

Objective 7: Maintain social and psychological services for the most vulnerable Iraqis, while maximizing the sustainability of service provision.			
Number of Iraqis receiving psycho-social assistance	<p>8,165 people received psycho-social assistance.</p> <p>1,600 psychologically affected children and adults receiving direct psychological support and are referred for specialized psychological assistance</p> <p>150 families with special needs supported with urgent social assistance (in kind support, referrals to external service providers).</p> <p>374 individuals received 1,292 basic counseling sessions</p> <p>132 individuals received 496 advanced counseling sessions</p>	<p>10,000 people receive psycho-social assistance</p> <p>400 individuals will receive 2,000 basic counseling sessions</p> <p>350 individuals will receive 1,000 advanced counseling sessions</p>	<p>IMC, UNICEF /Nour Al Hussein Foundation/ JRF/ Islamic Charitable Society/ TdH-I</p>

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
AVSI (Caritas Jordan, Young Women Christian Association, Pilot Yazan Aranki Charity Association)	175,000	<p>Establishment of a network among NGOs, local associations, training centres and the private sector to facilitate the access to work for Iraqis and vulnerable Jordanians inviting national and international companies to join the initiative</p> <p>Specific skills trainings to be offered will include: cooking, handicrafts, tailoring and secretarial courses</p> <p>Income generating activities with the support of centres/associations serving as facilitators for market linkages.</p> <p>Assistance to trained Iraqis to find internship/apprenticeship and job opportunities.</p>
IMC	250,049	<p>Youth Community Protection Program (YCP) for youth empowerment</p> <p>Community-based services for children and families</p>
IRD	2,200,000	<p>CBSP to train Iraqi refugees and help them achieve self-reliance</p>
IRC and partner the General Union of Voluntary Services (GUVS)	600,000 secured from BPRM from November 2011 to November 2012	<p>Strengthening Protection: Preventing and Responding to GBV in Jordan</p>
IOM	678,145	<p>Financial assistance</p> <p>Medical assistance</p> <p>Psychological assistance</p> <p>Provision of household items</p> <p>Provision of technical and material assistance to legalize residency</p> <p>Vocational training</p> <p>Improving access to primary and secondary education</p> <p>Assisting Iraqis in finding job placements</p> <p>Assistance to vulnerable Iraqi migrant women in Jordan through vocational training; capacity-building for the authorities and awareness-raising activities related to GBV, prevention of sexual violence, and trafficking in people</p>
MC and ZENID	659,585	<p>Provision of the most essential and crucial services for vulnerable groups of refugees, particularly people with disability</p>

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Nour Al Hussein	558,308	<p>Psycho-social support to Iraqis and vulnerable groups through psycho-social support for SGBV, capacity-building for Al Wefaq Shelter, rehabilitation services for children with disabilities, basic and advanced counseling sessions and training for Iraqi volunteers</p> <p>Strengthening the role of civil society to respond to child protection issues and enhance the psycho-social wellbeing of Iraqi children and their parents through ToT trainings for CBOs and awareness sessions for families and community members.</p> <p>Screening for children with psycho-social problems and provision of specialized trauma services to victims of torture and violence, through rehabilitation services for torture survivors and training and sensitization of health-social workers.</p>
UNHCR	33,737,403	<p>Registration, RSD, legal counseling and representation, detention interventions, prevention of <i>refoulement</i>, identification of SGBV and child protection cases and resettlement and assisted repatriation</p> <p>Financial assistance</p> <p>Support to access to work permits and livelihood</p> <p>Capacity-building, awareness-raising and training for key governmental and civil society actors and refugees</p>
UNICEF	568,000	<p>Increasing national capacities - Technical support to MoE to integrate psycho-social activities within MoE</p> <p>Psycho-social assistance: group and individual counseling, psychological assistance, training and capacity-building of local NGOs/CBOs</p>
TOTAL	39,426,490	

3.2.E.II Health

1. Chair and Participating Agencies

Lead Agencies	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES and THE WORLD HEALTH ORGANIZATION
Participating Agencies	Caritas Jordan, CVT, IMC, IRD, JHAS, UNFPA and UPP
Working Group Objectives	<ul style="list-style-type: none"> • Improve access to and utilization of quality health services (including those for chronic diseases, mental conditions, RH, and emergency services) at the primary and secondary levels, focusing on vulnerable groups, and on integrating services into existing governmental PHC services. • Improve access of vulnerable Iraqis with life-threatening conditions and serious diseases to quality tertiary care services. • Strengthen the outreach component of programmes including for MH and RH through CBOs and community mental health centres. • Improve information dissemination on available services and increase health awareness. • Improve health data collection and analysis, and harmonize HISs. • Strengthen coordination mechanisms among partners within the health sector and ensure the efficient use of available funds.
Funds requested	\$17,709,937
Contact information	Nada Al Ward - alwardn@jor.emro.who.int Amra Nuhbegovic - nuhbegov@unhcr.org

2. Achievements and challenges in 2011

Achievements

From January to November 2011, primary level services were provided to Iraqis by NGO clinics and MoH PHCCs. UNHCR, through its implementing partners, provided around 27,000 consultations on the primary and secondary level and continued supporting the integration of the management of chronic diseases into PHC services. Tertiary services for life-threatening conditions and major surgeries were provided for 243 beneficiaries through. With breast cancer being the leading cancer among Iraqis treated in Jordan, early detection activities were implemented leading to the identification of a number of new cases. Furthermore IMC and its implementing partner, the Jordan Health Aid Society (JHAS), provided primary and secondary out-patient health assistance and, in partnership with Jordan Breast Cancer Program, screened 451 women for breast cancer and supported tertiary care through an agreement with the King Hussein Cancer Foundation to treat three Iraqi women for breast cancer.

Strengthening MH services and system has been supported by WHO 2010 carry-over funds, and the national policy and strategy for MH was launched in February. In partnership with JHAS, IMC continues providing MH and psychological services in four clinics in four geographical areas. Emergency obstetric care were provided through UNHCR affiliated hospitals and the RH services were provided through the MoH PHCCs, IFH, and JHAS with UNFPA and IMC support, together with a number of NGOs, IRD, Families Development Association and Queen Zein Al Sharaf Institute for Development/ Jordanian Hashemite Fund for Human Development (ZENID/JOHUD) providing awareness raising and counseling on RH to Iraqi and Jordanian Women.

The health information system (HIS) intergraded in the on-line database RAIS is being increasingly used by UNHCR partners.

Challenges

Under-funding is a feature of projects under the RRP 2011. Some organizations have not received any funding by mid-2011 and beyond, which had a negative impact on service provision. Due to shortage of UNHCR funds, the much needed tertiary services did not cover all those in need. Prioritization and selection of cases was done on a case-by-case basis.

RH services are still a major challenge; this is reflected through low uptake rate of family planning methods.



Iraqi mother and child waiting for a consultation in a clinic in Amman.
©UNHCR/ S.Malkawi / 2011

Although WHO did not receive funds under the RRP 2011 until August 2011, WHO worked with carry-over funds from 2010 to cover the period January – June 2011 inclusive, during which WHO had to discontinue its support for the management of Iraqi cancer patients, but was able to cover the cost of management of thalassemia and multiple sclerosis cases until May 2011. Under the MH component of the programme, the national MH policy and strategy documents were launched, the users' association was inaugurated and services were being provided by the three community MH centres. The shortage of funds had resulted in the interruption of the programme and the loss of some of its key staff. This situation was addressed under the funds awarded in August 2011, but lengthy recruitment procedures are impacting on the implementation of the new work plan. Shortage of funds and loss of key technical staff are the greatest challenges facing the programme.

3. Priority Needs

The health needs of vulnerable Iraqis remain the same. In addition to primary and some secondary level care that are provided by government PHCCs and NGO clinics, tertiary care remains as a big gap considering the funds awarded to UNHCR for 2012. WHO had received the current award under the condition of covering the tertiary care needs of Iraqis in Jordan Two MoUs with King Hussein Cancer Foundation and the Italian Hospital are being signed to cover these cases between December 2012 and January 2012. Closer collaboration with other UN agencies and implementing partners during 2012 will result in a better and wider response to the needs of vulnerable Iraqis in terms of tertiary care.

4. Response Strategy

a) 2012 Objectives

- Improve access to and utilization of quality health services (including those for chronic diseases, mental conditions, RH, and emergency services) at the primary and secondary levels, focusing on vulnerable groups, and on integrating services into existing governmental PHC services.
- Improve access of vulnerable Iraqis with life-threatening conditions and serious diseases to quality tertiary care services.
- Strengthen the outreach component of programmes including for MH and RH through CBOs and community MH centres.
- Improve information dissemination on available services and increase awareness.
- Improve data collection and analysis, and harmonize HISs.
- Strengthen coordination mechanisms among partners and ensure the efficient use of available funds.

b) Planning Assumptions

The objectives listed above were developed to encompass all identified priority needs of the target population. UN agencies and their implementing partners and operational partners will address one or more of these objectives depending on their mandates and the availability of funds. The health sector group will take every precaution to avoid duplications and overlaps in the activities implemented by various partners.

It is assumed that the numbers of vulnerable Iraqis in Jordan will remain within the range observed over the past two years. Several issues which may affect these numbers need to be kept in mind, one of which is the impact of the withdrawal of the US troops from Iraq. This may either provoke more civil unrest driving more Iraqis out of Iraq, or it may result in more stability leading to the accelerated return of Iraqis to their homeland. Another issue is the civil unrest in Syria that had already caused some Syrians to cross the borders to Jordan while they don't have the same access to primary public healthcare as Iraqis.

Planning target beneficiary figure: the number of registered Iraqis and non-Iraqis is expected to range from 30,000 to 35,000 in 2012.

c) Main Activities

- Supporting the provision of primary, secondary and tertiary level services to vulnerable Iraqis residing in Jordan.
- Supporting the provision of quality MH services to vulnerable Iraqis, non-Iraqis and Jordanians through the multi-disciplinary bio-psycho-social approach at the community and health service levels.
- Supporting the dissemination of health information to vulnerable Iraqis in Jordan.
- Supporting information generation relevant to the health needs and priorities of vulnerable Iraqis in Jordan.
- Supporting the coordination of health service delivery and information sharing relevant to Iraqis in Jordan among partners.

5. Monitoring and Accountability Framework

Indicators	Baseline mid-2011	2012 Targets	Responsible Agencies
Objective 1: Improve access to and utilization of quality health services (including those for chronic diseases, mental conditions, RH, and emergency services) at the primary and secondary levels, focusing on vulnerable groups, and on integrating services into existing governmental PHC services.			
Number of consultations made by Iraqis in PHCCs and NGO clinics	27,058	30,000 UNHCR +180 CVT+ 21,000 IMC+2760 IRD+ 1000 UPP	Caritas, IMC, IRD, JHAS, UNHCR, UPP, CVT
Number of cases receiving MH services	831	1,000 (WHO)+600 CVT+ 400 IMC	Caritas, CVT, IMC, JHAS, WHO
Number of MoH facilities equipped/ constructed / rehabilitated	5	10	UNHCR
Number of staff from governmental PHCCs and NGO clinics trained to deliver health services for Iraqis	230	50 UNHCR+ 250 (WHO)+ 60 IMC+440 IRD	IRD, UNHCR, WHO, IMC
Number of beneficiaries using RH services from MoH and NGO clinics	4900	2000 UNHCR+ 2500 UNFPA	JHAS, UNFPA, UNHCR
Objective 2: Improve access of vulnerable Iraqis with life-threatening conditions and serious diseases to quality tertiary care services.			
Number of vulnerable Iraqis accessing tertiary services for life-threatening conditions, mental illnesses, complicated pregnancies and emergency care	420	2000 UNHCR+ 1,000 (WHO)	Caritas, JHAS, UNHCR, WHO
Objective 3: Strengthen the outreach component of programmes including for MH and RH through CBOs and community MH centres.			
Number of Iraqis covered by outreach mobile medical services	943	200 UNFPA+ 1600 IMC	JHAS, IMC, UNFPA
Number of community MH centres	3	Six WHO+ four IMC	WHO, IMC
Objective 4: Improve information dissemination on available services and increase awareness.			
Number of target population reached with health education	9,922	2500 UNHCR+ 400 UPP+ 1500 CVT + 9000 IMC+1500 IRD	Caritas, IMC, IRD, JHAS, UNHCR, UPP, CVT
Objective 5: Improve data collection and analysis, and harmonize HISs.			
Number of targeted health centres producing monthly RH reports	0	30	UNFPA
Objective 6: Strengthen coordination mechanisms among partners and ensure the efficient use of available funds.			
Regular monthly meetings for coordination groups with information sharing and programme planning and implementation monitoring	Ongoing	All partners	All partners

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
CVT	1,500,000	<p>Support the provision of quality MH services to vulnerable Iraqis (survivors of torture and victims of War and Other Violence) and others through the multi-disciplinary - approach</p> <p>Internal Capacity-building of local Clinical team (18 psycho-social counselors; three physical therapists; one social worker; one outreach coordinator) and external capacity-building for local PSSs providers)</p> <p>External capacity-building of local medical, MH, and social services providers and increase awareness of community members on the MH impacts of torture and war and other violence through community sensitization and MH education sessions</p> <p>Supporting information generation on the MH needs and priorities of vulnerable Iraqis in Jordan</p>
IMC	2,098,710	<p>Support the provision of primary, secondary and tertiary level services for vulnerable Iraqis residing in Jordan</p> <p>Support the provision of quality MH services to vulnerable Iraqis and Jordanians through the multi-disciplinary bio-psycho-social approach</p> <p>Supporting information generation on the health needs and priorities of vulnerable Iraqis in Jordan.</p> <p>Supporting the coordination of health service delivery and information sharing relevant to Iraqis in Jordan among partners</p> <p>Carry out healthy life style campaign to promote prevention of chronic conditions and their complications</p> <p>Launch MH e-learning curriculum for continued sustainable education in the PHC system for general practitioners and mid-level professionals</p>
IRD	999,780	<p>Health Linkages to National Networks to increase access of vulnerable Iraqis to sustainable Jordanian health and community-based social services</p>
UNFPA	350,000	<p>Support the provision of primary, secondary and tertiary level services for vulnerable Iraqis residing in Jordan</p>
UNHCR	8,784,987	<p>Support the provision of primary, secondary and tertiary level services for vulnerable Iraqis residing in Jordan</p>
UPP	150,200	<p>Supporting the dissemination of health information to vulnerable Iraqis in Jordan</p> <p>Supporting information generation on the health needs and priorities of vulnerable Iraqis in Jordan</p>
WHO	3,826,260	<p>Support the provision of primary, secondary and tertiary level services for vulnerable Iraqis residing in Jordan</p> <p>Support the provision of quality MH services to vulnerable Iraqis and Jordanians through the multi-disciplinary bio-psycho-social approach</p> <p>Supporting the dissemination of health information to vulnerable Iraqis in Jordan</p> <p>Supporting the coordination of health service delivery and information sharing relevant to Iraqis in Jordan among partners</p>
TOTAL	17,709,937	

3.2.E.III Education

1. Chair and Participating Agencies

Lead Agencies	UNITED NATIONS CHILDREN’S FUND and SAVE THE CHILDREN US
Participating Agencies	ANERA, AVSI, Caritas, ICMC, Questscope, SC JO, UNESCO
Working Group Objectives	<ul style="list-style-type: none"> • Ensure that vulnerable Iraqi children have sustainable access to formal and NFE and benefit from remedial, pre-primary, special education • Ensure enrolment of vulnerable children and youth in MoE regular training programmes and MoE vocational education • Ensure emergency-funded assistance is provided within the framework of the Jordanian national educational strategy and linked to other educational development initiatives within the country
Funds requested	\$4,761,887
Contact information	Nasser Moeini - nmoeini@unicef.org Saba Mobaslat - smobaslat@savechildren.org

2. Achievements and Challenges in 2011

As the lead agency for education and on behalf of the EWG, UNICEF successfully advocated with the MoE and the Ministry of Planning and International Cooperation (MoPIC) to continue providing free access to public education for Iraqi children, regardless of their residence status, which the GoJ generously granted, also waiving tuition and text book fees for the school year 2011-2012.

UNICEF supported the MoE in operating 72 rental schools, 20 double-shifted schools. The rental and double-shifted schools contributed to alleviating crowded classrooms and reducing teacher-student ratios. To promote interactive teaching and learning tools at classrooms and enhance the social integration of vulnerable Iraqi, 29 multi-purpose rooms in 29 schools were established. Through its Helpdesk, SC JO continued to assist Iraqi students and families in gaining access to education and protection services, referring vulnerable Iraqi children to appropriate education services; and supporting school counselors and the MoE in addressing psycho-social and protection challenges faced by Iraqi students. Through “The School Readiness Programme”, UNESCO provided educational support to more than 800 Iraqi and Jordanian students and more than 200 teachers. UNESCO also supported 16 Iraqi students to complete their higher education.

The NFE programme was implemented by Questscope in collaboration with the MoE to assist Iraqi children and youth who are facing challenges in joining the formal education path. Questscope, in collaboration with MoE, assisted 197 Iraqi students through NFE programme. The results of a study conducted by the University of Oxford in collaboration with Questscope and the MoE on the impact of the NFE programme on out-of-school youth in 2009-2010 demonstrated the NFE had brought significant and positive changes on youth conduct and learning. In 2011, the NFE programme enabled students to pursue not only vocational training, but also further academic opportunities.

At the community level, quality informal, remedial, and early childhood education services were supported through a number of INGOs and local NGOs. To ensure quality education and reintegration of students into formal education, Association of Volunteers in International Service (AVSI) provided remedial and informal education through after-school programmes targeting more than 300 children (four to 17 years old). Targeting children with disabilities, MC provided access to special education and home care, beneficiaries demonstrating improved academic achievement and functional abilities. International Catholic Migration Commission (ICMC), in collaboration with Caritas, implemented tutoring programmes for 151 Iraqi students⁶ (53% girls) in four schools to help drop-out students return to schools and prevent students at risk from dropping out. American Near

⁶ Figure as of MYR of Regional Response Plan 2011 in August 2011

East Refugee Aid (ANERA)-implemented projects in 2011 and reached 1,200 students with special needs (60% Iraqis) through after-school tutoring at schools and community centres.

SC US established an additional 20 Parent Children Centres (PCCs) in different parts of Jordan and renovated an additional 20 kindergartens during 2011. These centres served Iraqi children and vulnerable Jordanian children by helping parents to be more involved in their children’s development and education. SC trained 78 teachers and PCC facilitators on protection and participation approaches to informal and NFE, reaching approximately 500 Iraqi children. Negotiations with the MoE on the adoption of the SC-developed training manual on Education and Protection for Early Childhood Development are still ongoing.

Emergency activities were provided within the framework of the Jordanian national education strategy and linked to other educational development initiatives within the country. UNICEF and other partners have worked with the MoE to strengthen the national system and capacity linking to Educational Reform for the Knowledge Economy II (Erfke). As part of SC’s Regional Action Learning Component under Ta’leem initiative, a regional event was launched on the topic of “Child right to Education in Emergencies” in association with the League of Arab States and the World Bank. Attended by government officials and civil society representatives from the Middle East and North Africa (MENA) region, SC US shared its regional research which captured lessons learnt and solicited input from SC and partners in the region on successful approaches and tools for child protection and participation through Education in Emergencies. In addition, recommendations from SC and partners were compiled to feed into the development of the events’ recommendation paper and mutually agreed on advocacy messages for the MENA States to promote the right of all children to education in emergencies.

Agencies continued to hold regular coordination meetings to map evolving the needs and priorities in the essential services to vulnerable Iraqis. With agencies’ resources declining, the meetings crucial for maximizing the use of limited resources effectively. Due to lack of funding, most of the EWG members were unable to meet their intended target for education programmes.

Jordan: Age and Sex Breakdown of Iraqis as of October 2011

Age	0-4	5-11	12-17	18-59	60+	TOTAL	
Female	1,507	2,272	1,611	9,447	1,781	16,618	49%
Male	1,619	2,351	1,783	10,117	1,460	17,330	51%
Total	3,126	4,623	3,394	19,564	3,241	33,948	
	9%	14%	10%	58%	10%		

3. Priority Needs

In 2012, UNICEF plans to maintain its support to the MoE in accommodating Iraqi children in public schools. At the community level, greater emphasis will be placed on providing educational and psycho-social assistance to the most vulnerable Iraqi groups such as drop-out and out-of-school children, pre-primary aged children, and children with disabilities. The EWG will aim to ensure that out of school children are able to access an alternative form of education that will provide certificates that are recognized by Iraqi authorities while ensuring informal education is available for those with no other options.

The EWG will continue to put great emphasis on interventions targeting youth. According to UNHCR, youth make up at least half of the Iraqi refugee population in Jordan, yet for the most part they lack relevant labor market skills, have no legal status to work, and continue to be marginalized in the Jordanian communities. Without access to skills training and educational activities related to employment, many young Iraqis will continue to live marginal existences. Enhancing educational opportunities for Iraqi youth and ensuring that the vulnerable youth has access to higher education will

be a paramount priority. Several partners in EWG will focus their interventions in 2012 targeting specifically Iraqi youth groups in Jordan including SC US, UNESCO, and UNICEF.

For vulnerable Iraqis especially those who recently arrived in Jordan, access to information remains crucial in order to receive appropriate basic services including education. Referral and follow-up services will continue to be strengthened through partners of EWG. In addition, enhancing linkages with other existing working groups such as PSS-MH will help ensure that vulnerable children are receiving the needed assistance holistically.

4. Response Strategy

a) 2012 Objectives

Given that the size of Iraqi population in Jordan appears to be stable, the EWG believes in the need to maintain its key activities with the overall objective of ensuring that vulnerable Iraqi children and youth participate, attend and benefit from appropriate, safe and quality education.

In particular, the EWG members will work to achieve the following three objectives through its planned activities based on the experience and lessons learned from previous years and subject to funds made available by donors:

- Ensure that vulnerable Iraqi children have sustainable access to formal and NFE and benefit from remedial, pre-primary and special education.
- Ensure enrolment of vulnerable children and youth in MoE regular training programmes and MoE vocational education.
- Ensure emergency-funded assistance is provided within the framework of the Jordanian national educational strategy and linked to other educational development initiatives within the country.

b) Planning Assumptions

Key assumptions for 2012 remain unchanged. Education is a fundamental right for all. Educational institutions provide a protective environment for children and help ensure and preserve the general well-being of Iraqi children and youth. Key assumptions include the following:

- GoJ will continue to allow open access for Iraqi students to public schooling.
- Iraqi students continue to be dispersed within the education system of Jordan.
- GoJ will provide the necessary statistics on the progress of Iraqi students in public schools.
- Number of Iraqi children in Jordan will remain stable with no large influx of refugees into the country.
- MoE is provided with technical and financial assistance in order to be able to continue serving Iraqi children.

c) Main Activities

- Supporting rental and double-shifted schools located in areas of high refugee concentration such as Amman, Zarqa, and Irbid. This includes covering teachers' salaries and operational costs for those supported schools (UNICEF).
- Support the registration and continued enrolment of Iraqi children in proper educational settings through the provision of Help Desk services. Information to access education and protection services is available for Iraqi children and families through Help Desk and outreach and referral system is strengthened for 1,000 cases (UNICEF/SC Jordan).

- Support the MoE's NFE centres, provide certified NFE programme including extra-curricular activities to approximately 740 drop-out and out-of-school Iraqi and Jordanian children to increase opportunities to complete their education (Questscope).
- Provide remedial, informal education as well as life skills trainings to 2,784 children in Iraqi concentrated areas of Jordan (UNICEF).
- Home-schooling support activities in NFE environment for 70 students: including books, fees and tutoring/remedial lessons and transportation (Questscope).
- Conduct training sessions for NFE facilitators and 20 Iraqi volunteers (Questscope).
- Support the enrolment of 125 young Iraqi children (aged 3-6) in early childhood education (kindergarten) during academic year of 2011/2012 (SC JO).
- Conduct after school activities to 200 students which includes remedial courses in math, reading, English and Arabic (AVSI).
- Identify and train 20 teachers (of whom at least ten will be Iraqis, to conduct the remedial classes together with eight volunteers) on the approach towards vulnerable children aimed to understand their needs and capacities and to develop effective teaching methods (AVSI).
- Provide scholarships and school related expenses assistance to a small number of Iraqi children who have experienced particular difficulties integrating into the public schools (AVSI).
- Provide 200 Iraqi children with tutoring classes according to the Jordanian curriculum (ICMC).
- Provide remedial classes for 600 students (50% Iraqis) throughout the academic year in public schools and after official schooling hours, and in the following summer (ANERA).
- Provide academic support programmes for up to 1,000 at-risk and vulnerable Iraqi and Jordanian students (aged 6-18) and other nationalities through informal classes in vulnerable communities in Jordan (UNESCO).
- Assist up to 300 disabled children to receive education and rehabilitation (and conduct awareness activities to local communities on disability issues) (UNESCO).
- Enroll 500 Iraqis and vulnerable non-Iraqi youth in its vocational training centre activities, which includes Life and Employability Readiness Training, where they will gain practical skills that will increase their employability and mobile skills and will also include training on negotiation, communication, workplace ethics, resource management, business mapping and planning, and career planning (SC US).
- Enhance the capacity of identified CBOs staff on Leadership skills and Youth Led Initiatives (YLIs) that in turn, would supervise and support 30 youth groups (average of six per group, minimum 50% Iraqis) to draft YLI proposals, based on identified needs in hosting local communities (SC US).
- Work with identified CBOs on establishing, renovating and equipping youth-friendly spaces in each of the three target areas (SC US).
- Conduct training sessions to identified CBO staff on youth friendly spaces and youth participation principles (SC US).
- Ensure all education projects are closely linked to the Jordanian national educational strategy and programmes. For example, the NFE is implemented as part of the MoE programme. Informal education provided at local community centres are provided in accordance to the Jordanian curriculum.

- Undertake dialogue with the MoE based on the recommendations from the Regional Action Learning Conference, held in June 2011, in collaboration with the League of Arab States. These recommendations evolve mainly on the topics of inclusive education and emergency preparedness.
- Implement capacity-building mechanisms that focus on professional development for teachers, headmasters, and counselors on education planning based on Inter-agency Network on Education in Emergencies (INEE) Minimum Standards of Education in Emergencies and inclusive education. These activities include setting up sustainable policies for INEE Minimum Standards to be integrated within the MoE emergency plan.

5. Monitoring and Accountability Framework

Indicators	Baseline mid-2011	2012 Targets	Responsible Agencies
1) Number of Iraqi children registered with UNHCR and accessing formal education	*8,017	100% of UNHCR Registered school age children	EWG
2) Number of Iraqi children supported through academic support classes (i.e. remedial/support or informal classes)	**2,350	3,682	UNICEF ICMC/Caritas AVSI ANERA Questscope
3) Number of Iraqi children and youth supported with access to specialized education and/or vocational training	**310	1077	Questscope UNESCO SC-US
4) Number of young Iraqi children (age three-6) Enrolled in early childhood education programme	120	125	SC JO/UNICEF
5) Number of vulnerable Iraqi children receiving support from help desk and referred to other services	**800	1,000	SC JO/UNICEF
6) Number of double-shifted ⁷ and rented schools hosting Iraqi children	92	60	UNICEF
7) Number of adolescents and youth access appropriate life skills programmes and trained on information about the emergency	-	500	UNICEF SC-US

*Number of school aged children (5-17 years old) as per UNHCR data as of 31 October 2011

** EWG target for 2011

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
ANERA	433,000	Remedial education (after-school tutoring) for Jordanian and Iraqi students (50% Iraqis)
AVSI in partnership with Caritas Jordan	235,000	After-school initiative which includes remedial courses in math, reading, English and Arabic Development of curriculum materials and assessment tools for remedial courses, and provide recreational activities

⁷ "Double-shifting" refers to a situation in which half the children attend school in the morning and half in the afternoon. While reducing physical overcrowding in classrooms, it reduces time spent at school and is therefore a temporary measure pending the construction of new schools and classrooms.

Regional Response Plan for Iraqi Refugees 2012

		Training of teachers Scholarships for the most vulnerable Iraqi children Summer school programme
ICMC in partnership with Caritas Jordan	70,240	NFE group tutoring On the job teacher training
Questscope	447,745	NFE Remedial education – home schooling support activities Training sessions for Iraqi volunteers and continuous monitoring/development Extracurricular activities
SC JO	359,000	Quality Education for All
SC US	441,902	Ta'aleem Youth Project
UNESCO in partnerships with ANERA, Relief International, Nour Al Hussein Foundation	400,000	School Readiness Programme (Phase II)
UNICEF	2,375,000	Formal, informal, early childhood education, NFE projects Advocacy and coordination
TOTAL	4,761,887	

3.2.F Funding requirements for Jordan

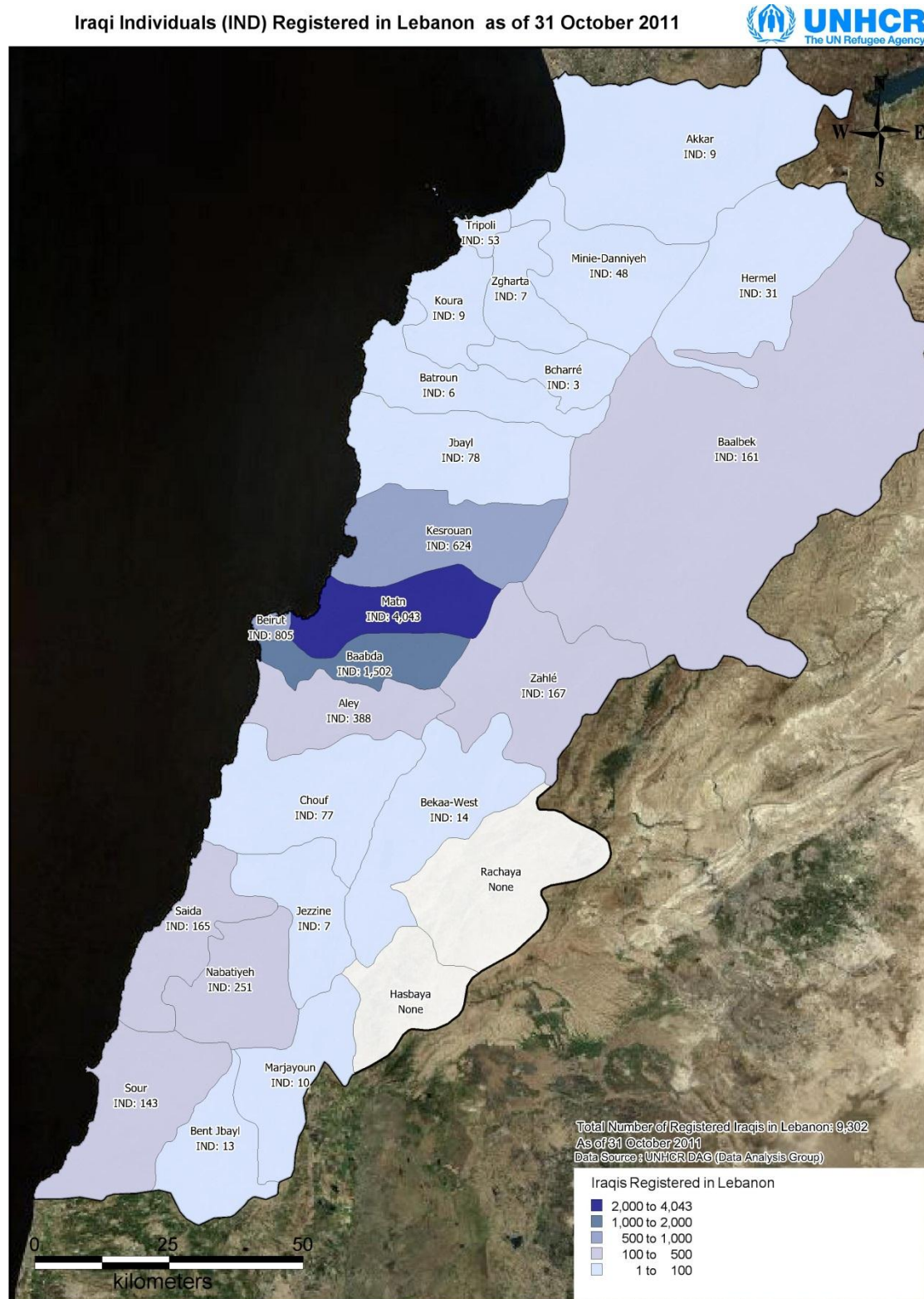
Summary budget requirements per agency and per working group

Agency	Financial requirements in \$
Community-based Protection	
AVSI	175,000
IMC	250,049
IRD	2,200,000
IRC	600,000
IOM	678,145
MC	659,585
Nour Al Hussein	558,308
UNHCR	33,737,403
UNICEF	568,000
Sub-total Community-based protection	39,426,490
Health	
CVT	1,500,000
IMC	2,098,710
IRD	999,780
UNFPA	350,000
UNHCR	8,784,987
UPP	150,200
WHO	3,826,260
Sub-total Health	17,709,937
Education	
ANERA	433,000
AVSI	235,000
ICMC	70,240
Questscope	447,745
SC JO	359,000
SC US	441,902
UNESCO	400,000
UNICEF	2,375,000
Sub-total Education	4,761,887
TOTAL	61,898,314

Summary budget requirements per agency

Agency	Amount \$
ANERA	433,000
AVSI	410,000
CVT	1,500,000
IMC	2,348,759
IRD	3,199,780
IOM	678,145
MC (with ZENID)	659,585
Nour Al Hussein	558,308
Questscope	447,745
SC JO	359,000
SC US	441,902
ICMC	70,240
IRC (with the GUVS)	600,000
UPP	150,200
UNESCO	400,000
UNFPA	350,000
UNHCR	42,522,390
UNICEF	2,943,000
WHO	3,826,260
TOTAL	61,898,314

3.3 Lebanon



Regional Response Plan for Iraqi Refugees 2012

Lebanon Humanitarian and Development Indicators	Most Recent Data	Source
Population	4.2 million	<i>World Bank 2010</i>
Population under 15 years of age	25%	<i>World Bank 2010</i>
Under five mortality rate	22.1 per 1,000 live births	<i>World Bank 2010</i>
Life expectancy at birth	72 years	<i>World Bank 2009</i>
Gross national income per capita, PPP	14,260	<i>World Bank 2010</i>
Number of registered refugees	8,859 registered refugees, including Iraqis	<i>UNHCR October 2011</i>
	455,000 registered Palestinians	<i>UNRWA December 2010</i>
Average annual consumer price inflation	4%	<i>World Bank 2010</i>
Unemployment rate (as a % of total labor force)	9%	<i>World Bank 2007</i>
Gross primary school enrolment	103%	<i>World Bank 2009</i>

3.3.A Executive Summary

This plan reflects the coordinated work of international and national agencies working to meet the needs of Iraqi refugees in Lebanon. It is a comprehensive one, covering interventions from arrival until durable solutions are found. The focus in this document is on priority interventions in protection, health, education, and relief and community empowerment (RACE).

This being the fourth year of a consolidated response plan, it builds on lessons learned and best practices from previous years, while also building on the consultative work of the four thematic working groups which met regularly throughout 2011 to share experiences, analyse trends, coordinate activities and monitor developments and implementation.

The details of this plan were first elaborated during a 2011 RRP workshop held with implementing, operational and governmental partners. The workshop identified priority needs, common goals, objectives and planned outputs to realize the agreed upon objectives. This document presents the agreed upon strategy and identifies the agencies working on each agreed output, as well as the financial costs entailed.

3.3.B Context, 2012 Scenario and Humanitarian Needs

Context

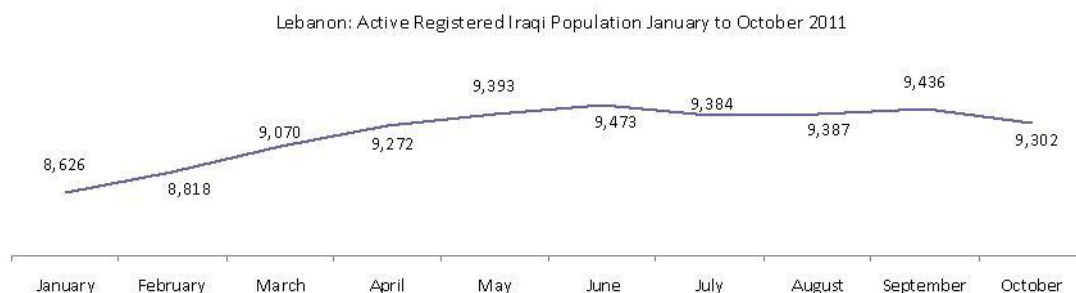
2011 in Review

Iraqi nationals represent 88% of all UNHCR-registered refugees and asylum-seekers in Lebanon. At the end of October 2011, 9,289 Iraqi refugees and asylum seekers were registered with UNHCR, the vast majority (80%) originating from Baghdad and Ninewa and 57% being women and children and 39% single men.

Lebanon is not a state party to the 1951 Geneva Convention relating to the Status of Refugees or to its 1967 Protocol. It also does not have legislation or administrative practices in place to address the specific needs of refugees and asylum seekers. As a result, refugees who enter the country without prior authorization or who overstay their visa are considered to be illegal and are at risk of being fined, detained for considerable lengths of time, and deported. Without permission to stay until a durable solution is found, many live in hardship.

In terms of durable solutions, the government has consistently stated that Lebanon cannot become a country of temporary or permanent asylum, leaving only voluntary repatriation and resettlement as possible durable solutions.

From January to October 2011, UNHCR registered 2,498 new Iraqi refugees (compared to 2,685 in the same period in 2010), the majority of whom are Chaldean Christians. However, unlike in previous years, the number of new registrations was not offset by the number of departures (569), or people whose files were inactivated (639) having failed to contact UNHCR for over a year. The main reason for the difference between this year and the last is that resettlement departures have been delayed by the introduction in 2011 of additional security checks by the US.



By the end of October 2011, 2,646 Iraqi refugees had been referred to resettlement countries, but only 569 had departed. The level of resettlement departures in 2011 was only 33% of what it was in 2010 in the same period. The delays occasioned by the new US global security checks have led to an additional strain on the budget as those who were expected to depart remain for longer periods and need humanitarian assistance. The delays have also left many refugees anxious about their future.

In regard to voluntary repatriation, the number of Iraqi refugees assisted to return to Iraq doubled compared to 2010. Nevertheless the numbers remained modest with 96 people requesting assistance to return to Iraq in 2011.

Survey results indicate that of those questioned on their intentions to return to Iraq, only 2% were considering returning in the near to medium term while 91% claimed that they did not want to return out of fear of direct threats of the overall unstable security situation. 6% mentioned their expectation of being resettled as the main reason they would not consider returning and 3% referred to lack of job opportunities, housing and/or the social infrastructure in Iraq.

Humanitarian Achievements and Lessons Learned

Protection: This year saw continued efforts to ensure that asylum-seekers were promptly registered by UNHCR, their needs assessed and addressed and their claims to refugee status determined in a timely manner. On a daily basis UNHCR registered, interviewed or counseled an average 100 refugees and asylum seekers. In addition, humanitarian agencies worked to assist detained refugees and asylum seekers with the provision of legal counseling, food and non-food items, vocational training, psychological counseling and advocacy. At the end of October 2011, there were 50 refugees and asylum-seekers detained in various facilities across the country (compared to 97 one year ago) of whom 19 were incarcerated solely for illegal entry or stay. Interventions with the authorities helped obtain the release of 31 PoC.

Agencies also assisted refugees who could meet existing employment regulations by helping them obtain valid work and residence permits. Legal services were also provided to PoC to register their marriage and the birth of their children as well as to resolve rental and labor disputes. During 2011, UNHCR provided direct legal counseling to 302 people (the majority of them Iraqis) and, with partners, assisted with 75 court interventions and helped regularize the status of 715 people.

UNHCR has proposed a new MoU to the Government of Lebanon to help address the needs of refugees in a manner that is sensitive to its political and security concerns. The proposed MoU sets out practical means to address refugee protection in Lebanon, providing assurances of UNHCR's ongoing support of refugees, its efforts to find durable solutions outside Lebanon as well as joint trainings and other initiatives designed to strengthen the response capacities. UNHCR was able to initiate a constructive dialogue with the new government after its formation in June.

Health: Humanitarian actors in Lebanon provide health assistance to all refugees and asylum seekers in need. By the end of May 2011, 7,608 patients had used healthcare facilities and 207 had received MH services. At the same time, agencies invested more in health awareness/prevention activities targeting more than half of the refugee population in areas of sexual and RH, nutrition, hygiene, alcohol, tobacco, drug addiction prevention and proper use of medication. The HWG also stepped up efforts to ensure that refugees receive quality and timely healthcare through the establishment of formal referral networks at hospital and clinic level, with similar systems and rates to those applied to nationals. In spite of efforts to reduce healthcare costs, however, some refugees reported that they were still unable to cover their share of hospital expenses due to the rise in the cost of living and their inability to find gainful employment. Given budget constraints, the HWG was unable to cover costly tertiary healthcare services such as cancer treatment.

Education: All refugee and asylum-seeking children have access to Lebanese schools by virtue of a ministerial decree issued in 2008. Educational grants were provided by the humanitarian agencies to all registered children, who were also able to benefit from remedial classes and vocational training. Due to efforts of the EWG, 92% of primary school-aged children registered with UNHCR were

enrolled in formal education in 2010-2011, compared to 85% in 2009-2010. Moreover, the rate of enrolment in public schools rose from 33% to 54%. Such achievements were obtained thanks to the mobilization of the refugee community and refugee involvement in identifying and responding to high dropout rates, as well as targeted messaging to parents. The main challenges, however, remain in ensuring the enrolment and retention of children at lower and higher secondary school levels. Many adolescents, including those who were out of school for several years before reaching Lebanon, find it difficult to adapt to the new school curriculum. The often forgo school and end up working long hours and in hazardous conditions in order to support their families.

RACE: Refugees in Lebanon have great difficulty in meeting their basic domestic expenses, owing to their minimal financial means, the high cost of living and their informal status. By the end of September 2011, rent alone had increased by 16% since the beginning of the year and by 57% since 2009. People with specific needs such as women at risk, unaccompanied elderly people and people with serious medical conditions are the most seriously affected, being entirely dependent on the limited assistance provided by agencies. There is a need to provide more targeted financial assistance to such groups, as well as increase community support. There is also a need for a comprehensive self-reliance and livelihoods strategies informed by poverty studies and market assessments. Efforts should include vocational training and securing needed residency/work permits. This would moreover complement efforts aimed at increasing tolerance towards refugees by illustrating their positive contribution and skills.

Lebanon: Age and Sex Breakdown of Iraqis as of October 2011

Age	0-4	5-11	12-17	18-59	60+	TOTAL	
Female	475	583	367	2,099	178	3,702	40%
Male	558	650	437	3,758	197	5,600	60%
Total	1,033	1,233	804	5,857	375	9,302	
	11%	13%	9%	63%	4%		

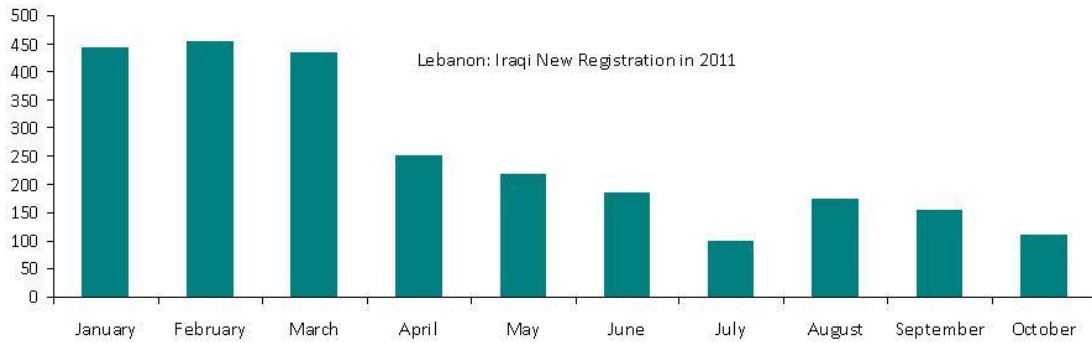
2012 Scenario and Humanitarian Needs

Refugee protection in Lebanon must be seen in the broader socio-political context of a country constantly in a state of flux. The political and security situation in Lebanon and the surrounding region is one of ongoing instability. Beginning in April 2011, Lebanon witnessed the influx of several thousand Syrian refugees into northern Lebanon who, at the time of writing, were still residing with host families, in difficult circumstances.

The RRP is based on the assumption that the conditions that have prevailed in the past two years will endure in 2012. Specifically, this means that while the risk of conflict in Lebanon exists, this response plan is based on the assumption that no such conflict will occur. Contingency plans, nevertheless have been elaborated in case of a humanitarian emergency leading to internal displacement (with UNCT process) and/or a refugee influx (lead by UNHCR), in close collaboration with partners. Both include provisions to ensure the uninterrupted protection and provision of assistance to refugees.

The cost of living is expected to continue increasing, which, coupled with the very limited access to legal employment, will severely impact refugees. Socially, it is likely that refugees will continue to attract little sympathy for a variety of complex reasons, not the least of which is the fact that there are over 200,000 Palestinian refugees in Lebanon. Moreover, there is very little understanding of the difference between refugees and migrant workers, leading the former to being seen as people who enter the country illegally solely to gain economic advantages. While UNHCR and its partners will continue to seek changes to the 1962 Law on the Entry and Stay of Foreigners, to include some basic rights of refugees, the success of these efforts is not assured.

Thus, the 2012 operational context will likely remain very much as it was in 2011. Registration and RSD will continue to fall within UNHCR’s responsibility. Refugees and asylum-seekers will continue to look to the humanitarian community to help alleviate harsh living conditions through the provision of financial assistance, access to medical services, and support for education. Until a new, more favorable MoU is agreed between the government and UNHCR, there will be a need to intervene for the release from detention of those who are arrested and charged with illegal entry or stay. The search for durable solutions will continue to be a priority, realized mostly through resettlement which moreover represents an important means of advocating for an improved protection space for the remaining refugee population.



Finally, for those who cannot be resettled and cannot return home in safety and dignity, an interim solution must be found in collaboration with the government, so their protection is assured. Consideration of their situation in the context of the hundreds of foreign workers currently in Lebanon may help convince the government that permitting the temporary stay of a small group of refugees does not represent a security challenge. Agencies will therefore need to increase efforts towards livelihoods and self-reliance for this group as well as for those refugees who are facing delays in their resettlement departure.

3.3.C Strategic Objectives for 2012

I. Favorable protection environment

- Access to legal assistance and legal remedies improved
- Law and policy developed and strengthened
- Access to the territory improved and risk of *refoulement* reduced
- Public attitude towards people of concern improved

Key Indicators

- Extent People of Concern (PoC) have access to legal assistance.
- Extent law and policy consistent with international standards.
- % of cases of threatened *refoulement* that have been prevented.
- Extent public information (PI) interventions focused on PoC protection.

II. Fair Protection Processes and Documentation

- Civil registration and civil status documentation strengthened
- Access to and quality of RSD procedures improved
- Quality of registration and profiling improved or maintained

Key Indicators

- % of PoC who have birth certificate.
- Average number of days from approach to individual interview.
- Average number of days from first instance to notification result.
- Registration done according to UNHCR standards.

III. Security from violence and exploitation

- Risk related to detention reduced and freedom of movement increased
- Risk of SGBV is reduced and quality of response improved
- Protection of children strengthened

Key Indicators

- Number of asylum seekers detained for illegal entry/stay for > six months.
- Number of reported incidents of SGBV per year.
- Extent community's efforts to address SGBV.
- Extent that known SGBV survivors receive support.
- % of out of school adolescent who participate in targeted programmes.
- % of United Arab Shipping Company (UASC) for whom a best interest process has been initiated or completed.

IV. Basic needs and essential services

- Population has optimal access to education
- Health of the population improves or remains stable
- Population has optimal access to RH and HIV services
- Services for groups with specific needs strengthened
- Population has sufficient basic domestic and hygiene items
- Population lives in satisfactory conditions of sanitation and hygiene

Key Indicators

- Percentage of PoC aged 3-5 years enrolled in early childhood education.
- Percentage of PoC aged 6-11 years enrolled in primary education.
- Percentage of PoC aged 12-17 years enrolled in secondary education.
- Percentage of PoC aged 15-24 years enrolled in certified training.
- Crude mortality rate.
- Extent PoCs have access to PHC.
- Extent PoC have access to secondary and tertiary healthcare.
- Extent PoCs have access to comprehensive reproductive healthcare services.
- Extent PoCs have access to HIV services.
- Percentage of older people with access to services for their specific needs.
- Percentage of PoC with disabilities with access to services for their specific needs.
- Percentage of PoC with psycho/social needs with access to services for their specific needs.
- Percentage of women with sanitary supplies.
- Percentage of households whose needs for basic and domestic needs are met.

Lebanon: Specific Needs as of October 2011	People	% of the total active Iraqis
Critical medical condition	371	4%
People with disabilities	134	1%
Woman at risk	157	2%
Single parent	14	>1%
Child or adolescent at risk	38	>1%
Unaccompanied or separated child	12	>1%
Family unity	-	>1%
Older person at risk	76	1%
Special legal and protection needs	57	1%
Survivor of torture	22	>1%

V. Community empowerment and self-reliance

- Self-reliance and livelihoods improved
- Community mobilization strengthened and expanded
- Peaceful coexistence with local communities promoted

Key Indicators

- Extent PoC have formal access to work opportunities.
- Percentage of active female participants in leadership/management structures.
- Extent PoC represented in leadership management structure.
- Extent local communities support continued presence of PoC

VI. Durable solutions

- Potential for resettlement realized
- Potential for voluntary return realized
- Comprehensive Solutions strategy developed, strengthened or updated

Key Indicators

- Percentage of identified individuals departed for resettlement.
- Extent PoC able to make an informed choice concerning return.
- Extent Comprehensive solutions strategy identified and agreed.

VII. Leadership coordination and partnerships

- Donor relations and resource mobilization strengthened,
- Partnerships strengthened and updated

Key Indicators

- Percentage of financial needs covered by donors.
- Extent cooperation among partners effective.

VIII. Logistics and Operations support

- Operations management, coordination and support strengthened and optimized

Key indicator

- Extent programme management mechanisms working effectively.

3.3.D Coordination Structure

Humanitarian actors in Lebanon coordinate their work through thematic working groups on Protection, Education, Health, and RACE. These include UN agencies and international and national NGOs. The UN Country Team also meets regularly and follows the United Nations Development Assistance Framework (UNDAF) process. Joint programmes pertaining to non-Palestinian refugees in Lebanon are designed and discussed in the framework of the integrated working groups on Human Rights and on Gender. Such integrated working groups interface with national authorities in the Government and in the Parliament. The National Action Plan for Human Rights (NAPHR) is coordinated by the Parliament's Human Rights Committee and includes a chapter on the "Rights of non-Palestinian Refugees". In this context, the Office of the High Commissioner for Human Rights (OHCHR), UNHCR and UNICEF, as well as civil society human rights actors have been consulted by the Human Rights Committee and contributed to the development of the NAPHR. More generally, UN agencies as well as international and local organizations routinely liaise with their respective counterparts in government line ministries.

3.3.E WG Response Plans

3.3.E.I Protection

1. Chair and Participating Agencies

Lead Agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Participating Agencies	Abaad, AJEM, Amel, CLMC, DRC, Heartland Alliance, HELP, IECD, Insan Association, IRD, IMC, IOM, Makhzoumi Foundation, NRC, Restart Association, SCS, UNESCO, UNRP, UNSCOL, YMCA
Working Group Objectives	<ul style="list-style-type: none"> • Law and policy developed or strengthened. • Access to legal assistance and legal remedies improved. • Access to territory improved and risk of <i>refoulement</i> reduced. • Public attitude towards people of concern improved. • Communication to refugees on rights and services enhanced. • Quality of registration and profiling improved or maintained. • Access to and quality of status determination procedures improved. • Civil registration and civil status documentation strengthened. • Risk of SGBV is reduced and quality of response improved. • Risks related to detention reduced and freedom of movement increased. • Protection of children strengthened. • Comprehensive solutions strategy developed, strengthened or updated. • Potential for resettlement realized. • Potential for voluntary return realized.
Funds requested	\$5,018,200
Contact information	Véronique Robert - robert@unhcr.org

2. Achievements and Challenges in 2011

In regards to a national administrative framework, the former Minister of Interior agreed to a new MoU which could substantially improve the operating environment. Following the formation of a new Government, the MoU was presented to the new Prime Minister and his office is currently reviewing it. The Prime Minister has expressed openness to this.

The number of arrests, detentions and charges of illegal entry/stay dramatically declined during the year due, in part, to intensive advocacy and trust-building measures with the government at a time when the latter was keen to ease pressure in detention facilities. This led to fewer court interventions than anticipated. Unfortunately, and despite UNHCR's efforts, 48 detained people of concern were deported after signing consent forms. These departures are not considered to be voluntary given that the majority of individuals concerned had been arbitrarily detained for long periods. Detention based on illegal stay as well as the social problems affecting both detainees and family members outside remained of concern. Agencies were nonetheless encouraged by the implementation of a regularization period which allowed over 300 refugees without permits six months to regularize their stay in Lebanon. This was contingency on paying fines and fees for work permits – obligations assumed by a number of agencies.

UNHCR maintained its efforts to prevent and respond to SGBV, supporting survivors and providing training on SGBV prevention and response throughout 2011. Child protection included working to mainstream refugee child protection within the National Action Plan and, with SC, UNHCR started a project to upgrade the national child protection system. The phenomenon of children dropping out of school in order to work remained a significant problem in 2011. Moreover, the risk of human

trafficking also remained relatively high according to a study conducted by the International Labor Organization (ILO). Several hundred refugees received legal assistance through agencies on a range of issues (SGBV, personal status, regularization, illegal entry, birth and marriage registration and other criminal charges as well as civil/labor/birth registration).



Iraqi refugees waiting for interviews and counseling in UNHCR's reception area in Beirut.
©UNHCR/ Benjamin Loyseau/ 2011

3. Priority Needs

The PWG conducted regular participatory assessments and outreach initiatives to assess refugees' needs and to adjust activities accordingly. Based on this information, seven areas of priority needs have been identified for 2012:

- improving national and administrative frameworks.
- ensuring adequate reception conditions, registration and profiling.
- RSD process made fairer and more efficient.
- freedom of movement and non-arbitrary detention.
- promoting access to legal remedies.
- resettlement
- assisting voluntary repatriation.

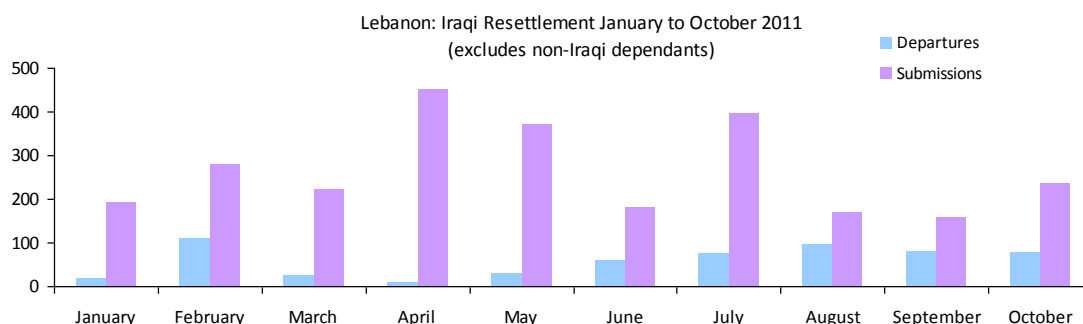
4. Response Strategy

The strategy in 2012 will remain to provide protection and solutions for refugees and other people of concern (PoC), including through partnerships with the government, the parliament and the judiciary.

UNHCR is seeking an amendment to the 1962 Law Regulating the Entry and Stay of Foreigners in Lebanon which, if adopted, would prevent detention, prohibit refoulement and provide for temporary stay and work authorizations for refugees. However, there remains significant opposition to this amendment at the political level. UNHCR is also engaged in discussions with the Prime Minister's Office and the MoI regarding the signature of a revised MoU which, if implemented, would significantly improve the protection environment for refugees in Lebanon, allowing Iraqi and other non-Palestinian refugees to stay legally in the country without fear of being detained and/or expelled pending a durable solution outside Lebanon.

Meanwhile the protection response will continue to focus on both working to eliminate and reduce arbitrary detention and supporting activities to improve refugee access to legal services, particularly for those who are prosecuted for illegal entry and stay. Dependents of detained people of concern will continue to receive financial and psychological support during the head of household's detention.

Resettlement and repatriation are the only durable solutions for the vast majority of refugees in Lebanon.. Resettlement is also used as a critical strategic tool to advocate for a limited protection space for the overall refugee population. In parallel, there is still a need to continue assisting the few who choose to voluntarily repatriate.



Based on the assumption that the risk of SGBV is much higher than what is reported to humanitarian actors, the need to maintain a 100% response rate needs to be further consolidated with improved identification and monitoring. In regard to child protection, legal advice and interventions need to be expanded to protect against child labor and to avoid children dropping out of school.

Ongoing efforts are necessary to ensure that refugees are properly informed of their rights and the ways in which they can access services and assistance. In addition, stronger coordination and referral mechanisms between relevant agencies will improve the impact of joint endeavors and avoid duplication.

a) 2012 Objectives

FAVORABLE PROTECTION ENVIRONMENT

- Law and policy developed or strengthened
- Access to legal assistance and legal remedies improved
- Access to territory improved and risk of refoulement reduced
- Public attitude towards people of concern improved
- Communication to refugees on rights and services enhanced

FAIR PROTECTION PROCESSES AND DOCUMENTATION

- Quality of registration and profiling improved or maintained
- Access to and quality of status determination procedures improved
- Civil registration and civil status documentation strengthened

SECURITY FROM VIOLENCE AND EXPLOITATION

- Risk of SGBV is reduced and quality of response improved
- Risks related to detention reduced and freedom of movement increased
- Protection of children strengthened

DURABLE SOLUTIONS

- Comprehensive solutions strategy developed, strengthened or updated
- Potential for resettlement realized
- Potential for voluntary return realized

b) Planning Assumptions

While a large scale humanitarian emergency cannot be entirely ruled out, this plan is based on the following assumptions:

- Security situation will remain stable although experience periods of volatility.
- Refugee inflows will remain as they have been in last two years.
- Inflows will be matched by those who are resettled or who move onward and therefore the total number of refugees will not significantly increase.
- The government will continue to insist that Lebanon is not a country of permanent or temporary asylum.
- There will be no relaxation of the provisions of the laws affecting foreigners (e.g. no specific accommodation in the 1962 law for refugees).
- Administrative reforms (through MoUs between UNHCR and key government ministries) will remain possible.
- Refugees will continue to endure harsh living conditions in Lebanon.
- Work for refugees will be limited and the need for assistance ongoing.
- Public attitudes towards refugees are unlikely to change dramatically.

c) Main Activities

FAVORABLE PROTECTION ENVIRONMENT

- Law and policy developed or strengthened
 - Continued engagement with the Prime Minister's Office, the MoI, the MoJ and the General Security in view of the signature and the implementation of the revised MoU with UNHCR
 - Capacity-building with General Security, MoI and Lebanese Armed Forces on refugee protection principles including treatment in detention and prevention of detention
 - Advocacy with the Government and the judiciary
- Access to legal assistance and legal remedies improved
 - Legal assistance
 - Strengthening of lawyer capacity and developing interest in refugee issues among lawyers
 - Awareness-raising activities among the judiciary on refugee and human rights law to ensure more favorable court outcomes for refugees
- Access to territory improved and risk of refoulement reduced
 - Legal intervention in individual cases when deportation is feared
 - Training of government and prison officials on basic human rights principles, and legal provisions in international and domestic law which prohibit forced removals of refugees
 - Capacity-building on prevention mechanisms with local police officers in areas where arrests are more likely
 - Awareness sessions with refugees on areas and circumstances to avoid so as to lessen their chance of arrest

- Advocacy with resettlement countries for inclusion of detainees in their resettlement targets
- Advocacy with the government
- Public attitude towards people of concern improved
 - Advocacy campaign through local and international media interviews, press briefings, refugee stories
- Communication to refugees on rights and services enhanced
 - Development of mass information materials for refugees
 - Inter-agency information sharing

FAIR PROTECTION PROCESSES AND DOCUMENTATION

- Quality of registration and profiling improved or maintained
 - Registration of PoCs
 - Issuance of UNHCR documents
- Access to and quality of status determination procedures improved
 - Implementation of UNHCR status determination procedure
 - Justification and notification of applicants' refusal.
 - Improvement of individual case management
- Civil registration and civil status documentation strengthened
 - Legal assistance to facilitate registration through civil administration and/or courts
 - Advocacy interventions with Ministries and local officials to ensure that birth and marriage certificates pertaining to PoCs are registered regardless of their legal status

SECURITY FROM VIOLENCE AND EXPLOITATION

- Risk of SGBV is reduced and quality of response improved
 - Technical support and capacity-building to agencies to strengthen their prevention and response interventions to SGBV
 - Set up of a follow-up survey and follow-up activities (material support and livelihood opportunities)
 - Referral of SGBV survivors to available services
 - Prevention activities and awareness sessions to children and women-at-risk, as well as men and boys
 - Prevention campaigns at a national level
- Risks related to detention reduced and freedom of movement increased
 - Assistance and services to detainees through Implementing Partners
 - Challenging in courts of the detention of PoCs on charges of illegal entry
 - Monitoring detention cases
 - Capacity-building of prison officials
 - Advocacy to bring a halt to detention for illegal entry and arbitrary detention beyond the sentence
 - Assessment of the detention trends to identify the detention risk factors and counsel the PoCs accordingly

- Protection of children strengthened
 - Direct and urgent legal, educational, social, psycho-social and health services, as well as physical safety through shelters, to children and their family through implementing partners
 - Trainings with the refugee community and the partners on better identification and referral intervention
 - Monitoring of children-at-risk
 - Capacity-building activities to provide UNHCR and NGO staff with the skills in child interviewing techniques and knowledge of how to address the needs of separated children
 - Advocacy to improve the national child protection system and integrate refugee children and their specific situation within it

DURABLE SOLUTIONS

- Comprehensive solutions strategy developed, strengthened or updated
 - Continuous engagement with GoL on a comprehensive strategy to ensure the temporary legal stay of refugees who are not eligible for resettlement and who cannot yet return in safety to their country of origin
- Potential for resettlement realized
 - Submission of refugees cases for resettlement
- Potential for voluntary return realized
- Assistance to individuals and families who express a free and informed decision to return

5. Monitoring and Accountability Framework

Objectives	Indicators	Baseline mid-2011	2012 Targets	Responsible Agencies
Law and policy developed or strengthened	Extent law and policy consistent with international standards	20%	30%	UNHCR, IMC
Access to legal assistance and legal remedies improved	Extent PoC have access to legal assistance	40%	65%	UNHCR, Ajem, CLMC, IMC
Access to territory improved and risk of <i>refoulement</i> reduced	% of cases of threatened <i>refoulement</i> that have been prevented	20%	50%	UNHCR
Public attitude towards PoCs improved	Extent PI interventions focused on PoCs protection	90%	90%	UNHCR, IMC
Communication to refugees on rights and services enhanced	Extent refugees receive information about rights and services	70%	90%	IMC
Quality of registration and profiling improved or maintained	Average number of days from approach to individual registration	30	30	UNHCR
	% of PoC registered on an individual basis	100%	100%	UNHCR
Access to and quality of status determination procedures improved	Average of days from first instance interview to notification of result	50	30	UNHCR
	Average of days from submission of appeal to notification of results	90	60	UNHCR
Civil registration and civil status documentation strengthened	% of PoC who have a birth certificate	20%	50%	UNHCR
Risk of SGBV is reduced and quality of response improved	Number of reported incidents of SGBV per year	92	150	UNHCR, Amel, CLMC, Makhzoumi, IMC
	Extent of community's efforts to address SGBV	30%	50%	UNHCR, Amel, CLMC, Makhzoumi, IMC
	Extent that known SGBV survivors receive support	70%	90%	UNHCR, Amel, CLMC, Makhzoumi, IMC
Risks related to detention reduced and freedom of movement increased	Number of asylum-seekers detained for illegal entry/stay for > six months	50	20	UNHCR, IRD
Protection of children strengthened	% of out of school adolescents who participate in targeted programmes	20%	50%	UNHCR, Amel, CLMC, Makhzoumi, HELP, UNICEF
	% of UASC for whom a best interest process has been initiated or completed	100%	100%	UNHCR, Amel, CLMC, Makhzoumi
Comprehensive Solutions strategy developed, strengthened or updated	Comprehensive Solutions strategy identified and agreed	70%	100%	UNHCR
Potential for voluntary return realized	Extent PoC able to make an informed choice concerning return	100%	100%	UNHCR
Potential for resettlement realized	% of identified individuals departed for resettlement	86%	90%	UNHCR

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
UNHCR, Ajem, Amel, CLMC Makhzoumi	3,320,234	<p>Engagement with the Prime Minister's Office, the MoI, the MoJ and the General Security</p> <p>Legal intervention in individual cases when deportation is feared</p> <p>Awareness sessions with refugees on ways to reduce the risk of arrest as well as on rights and services</p> <p>Advocacy campaign through local and international media interviews, press briefings, refugee stories</p> <p>Registration of PoCs and issuance of UNHCR documents</p> <p>Legal assistance to facilitate registration through civil administration and/or courts</p> <p>Technical support and capacity-building to agencies to strengthen their prevention and response interventions to SGBV</p> <p>Prevention activities and awareness sessions to children and women-at-risk, as well as men and boys</p> <p>Direct and urgent legal, educational, social, psycho-social and health services, as well as physical safety through shelters, to children and their family through implementing partners</p> <p>Submission of refugees cases for resettlement</p> <p>Assistance to individuals and families who express a free and informed decision to return</p>
IRD	1,030,266	Interventions for the legalization of Iraqi male refugees and the possibility of income-generating activities while in Lebanon
IMC	192,700	<p>Develop listening and counseling trainings for social workers</p> <p>Develop standardized GBV documentation for use by social workers</p> <p>Conduct trainings on GBV case management, MH awareness and education as part of comprehensive health education training</p> <p>Operate a clinic for men engaged in domestic violence</p> <p>Set up support group sessions for men and women affected by GBV and domestic violence</p> <p>Enhance basic sustainable protection to Iraqi victims of domestic violence and family conflict through advocacy and develop awareness raising materials</p> <p>Conduct comprehensive training on TV spot production which will lead to the production and broadcasting of eight TV spots on ending violence against women and conduct on survey on men's attitude to violence against women</p>
HELP	250,000	Livelihoods Development Training for out-of-school youth
UNICEF	225,000	Psycho-social interventions and support for around 300 vulnerable Iraqis refugee children, families and communities through outreach activities and capacity development of 200 services providers in child protection
TOTAL	5,018,200	

3.3.E.II Health

1. Chair and Participating Agencies

Lead Agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Participating Agencies	AJEM, CLMC, IMC, Makhzoumi Foundation, Restart Association, WHO, YMCA
Working Group Objectives	<ul style="list-style-type: none"> • Ensure adequate access to comprehensive healthcare services to improve health status of the population. • Ensure that the population has optimal access to RH and HIV services. • Ensure that information regarding the health of refugees is well documented.
Funds requested	\$2,491,349
Contact information	Carol El Sayed - elsayed@unhcr.org

2. Achievements and Challenges in 2011

In 2011, refugees in Lebanon obtained better and affordable access to healthcare, including emergency care. This was mainly achieved through:

- establishment of a referral network with private and public hospitals at flat rates similar to nationals.
- the provision of generic medication within the essential drug list approved by WHO and the Ministry of Public Health (MoPH).
- through an expanded nationwide PHC network (clinics) improving access to refugees.

Through these achievements, UNHCR and NGOs reduced the total expenditure on the healthcare budget by 36% and thus were able to extend the healthcare programme – especially hospital care- to cover a greater number of refugees. Through clear referral mechanisms, refugees received timely, quality, low cost and predictable access to healthcare services. It also allowed UNHCR and NGOs to improve service delivery monitoring.

Other achievements in the health sector include the integration of MH services within PHCCs, community-based health education sessions and the introduction of a common health database/information system (RAIS) to monitor health trends and norms. The latter would allow for monitoring of the health situation of refugees which is important for developing targeted health activities and services. Priority was placed in 2011 on RH, especially for adolescents. 30 youths (16 to 24 years-old) were trained as peer educators on RH/HIV.

Despite these achievements, the health sector still faces many challenges that are largely inherent to the national healthcare system. These include insufficient supplies of generic medication at the national level to the PHCCs (clinics), doctors not prescribing from the WHO/MoPH essential drug list and inflated medical bills from referral hospitals due to absence of MoPH oversight. Such challenges result in the need for rigorous monitoring and follow-up from UNHCR and NGOs, as well as a constant revisiting of health procedures to ensure that refugees continue to receive timely and quality healthcare.

Another major challenge is the reduction in budget among major health actors in 2011, which resulted in support being stopped for cancer cases and other expensive health interventions.

3. Priority Needs

Refugees continue to emphasize their dependence on the health coverage programmes of humanitarian agencies in Lebanon. While most can access affordable PHC services, the gaps in the national system will require continued monitoring.

Despite the establishment of a referral system for hospital care, the cost for refugees remains relatively high. While refugees have informal access to the national system for tuberculosis, HIV Antiretroviral treatment, post-exposure prophylaxis (PEP), and immunizations, at low or no cost, similar to nationals, there is an increased need for monitoring and audit activities in relation to hospital costs, especially given that some Iraqis come to Lebanon specifically to access tertiary services. Budget constraints mean the HWG members are no longer able to cover the cost of tertiary healthcare services, especially cancer and catastrophic illnesses and that there is a need to seek the support of the MoPH.

Comprehensive reproductive healthcare services will continue to be sought for refugee men, women and adolescents/youth in Lebanon. The main focus will be to reduce the high caesarean section rate of 57% among refugee women (compared to an average of 32% for nationals). Moreover, programmes will be put in place to provide ongoing awareness to refugee youth (15 to 24 year-old), especially in relation to HIV. The provision of MH services is also essential given the impact of the challenging legal and security environment on refugees.



Iraqi child in a consultation at a pediatric clinic in Lebanon.
©IMC/ 2011

While there is a need to monitor the health status of refugees, it is equally important that UNHCR and NGOs continue to cover the healthcare costs of refugees in Lebanon. Meetings with refugees continue to show that refugees with specific health issues, e.g. people with disabilities and the elderly, remain entirely dependent on available health support and outreach health services. Therefore, UNHCR and NGOs in Lebanon will continue to cover the majority of health related costs to avoid potential increased mortality and morbidity rates (deaths and illnesses).

4. Response Strategy

a) 2012 Objectives

The WG objectives contribute to the realization of the fourth national strategic objective “Basic Needs and Essential Services”:

- Ensure adequate access to comprehensive healthcare services to improve health status of the population
- Ensure that population has optimal access to RH and HIV services
- Ensure that information regarding the health of refugees is well documented

b) Planning Assumptions

Given the substantial health needs among Iraqi refugees in Lebanon, the response plan aims to ensure that all can access affordable primary health care such as chronic medication, diagnostics, comprehensive RH services and MH services through national facilities. With the rise in the cost of living which is affecting refugees’ capacity to cover basic health needs, there is a need for enhanced coverage by partners.

c) Main Activities

- Ensure adequate access to comprehensive healthcare services to improve health status of the population
 - Provision of chronic healthcare and majority of hospital or secondary healthcare interventions.
 - Provision of a minimal coverage of tertiary care treatments.
 - Establishment of Exceptional Care Committee for hospital care interventions/approval.
 - Increased monitoring and auditing of hospital care services and bills.
 - Mobilization refugee community involved in healthcare through setting up refugee medical volunteer initiative.
 - Provision of mental healthcare services.
 - Coordination and advocacy with MoPH to integrate refugees within the national health strategies.
 - Establishment of a community outreach and home-based care.
 - Establishment of HIS.
 - Facilitation of provision of general PHC care services including acute illnesses, chronic conditions, MH, RH/ HIV/sexually transmitted infections (STI), and vaccination (HWG-level).
 - Implementation of a rapid appraisal about the determinants of healthcare-seeking behavior (WHO).
 - Establishment of an audit system for the hospitalized cases by UNHCR with the support of WHO.
 - Organization of prevention activities, including dissemination of health information and services.
 - Dissemination of information about existing health services targeting all refugees, especially youth (WHO).

- Ensure that the population has optimal access to RH and HIV services
 - Facilitation of access to comprehensive RH services through national facilities.
 - Organization of awareness prevention activities as well as access, including dissemination of health information and services to prevent and respond to RH related problems, such as maternal deaths, HIV and other infections targeting all refugees, especially youth.
- Ensure that information regarding the health of refugees is well documented
 - Joint engagement in participatory assessment with refugees of various ages, gender and backgrounds in 2012 (HWG-level).
 - Organization of a rapid appraisal on access to healthcare and determinants of health-seeking behavior (WHO).
 - Issuing of a periodical standard health reports concerning refugees (HWG-level).

Planned assessments/surveys/studies in 2012:

- The HWG members will continue to jointly engage in participatory assessments with all categories of refugees.
- Rapid appraisal about the determinants of healthcare seeking behavior (WHO).

5. Monitoring and Accountability Framework

Objectives	Indicators	Baseline mid-2011	2012 Targets	Responsible Agencies
Ensure adequate access to comprehensive healthcare services to improve health status of the population	Crude mortality rate	1%	0%	UNHCR, Ajem, CLMC, Makhzoumi, WHO, IMC
	Extent PoCs have access to PHC	100%	100%	UNHCR, Ajem, CLMC, Makhzoumi, WHO, IMC
	Extent PoCs have access to secondary and tertiary healthcare	73%	90%	UNHCR, Ajem, CLMC, Makhzoumi, WHO, IMC
	Extent PoCs have access to health IEC activities	50%	70%	UNHCR, Ajem, CLMC, Makhzoumi, WHO, IMC
	Extent PoCs have access to mental services	50%	70%	UNHCR, Amel, Restart, IMC
Ensure that population has optimal access to RH and HIV services	Extent PoCs have access to comprehensive RH	60%	80%	UNHCR, Ajem, CLMC, Makhzoumi, WHO, IMC
	Extent PoCs have access to HIV services	100%	100%	UNHCR, Ajem, CLMC, Makhzoumi, WHO, IMC
Ensure that the information regarding health of refugees is well documented	Number of health situation updates reports	1	2	All WG members

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
UNHCR, Caritas, Makhzoumi, Ajem, Restart	1,221,304	Provision of chronic healthcare and majority of hospital or secondary healthcare interventions Provision of a minimal coverage of tertiary care treatments Monitoring and auditing of hospital care services and bills Refugee community mobilization in healthcare Provision of mental healthcare services Establishment of an audit system for the hospitalized cases Organization of prevention activities, including dissemination of health information and services Facilitation of access to comprehensive RH services through national facilities
WHO	150,265	Rapid appraisal on determinants of health seeking behavior Standardization of mental healthcare using the adapted Mental Health Gap Action Program (MHGAP) module Community-based health awareness Support for RAIS and audit systems
CLMC	142,800	Outpatient and inpatient medical care Home-care nursing Community health education
IMC	685,980 (health) 291,000 (MH)	Establishment of mobile teams in rural areas Community and clinic-based health education Provision of support for disabled people GBV-management for rape survivals and STIs management Set up of a health information system Hygiene and baby kits distribution Facilitation of access to individual, family, and group therapy for refugees in need of clinic and home-based psychotherapeutic services Training of PHC staff using standardized WHO MHGAP material and MH specialists and establishment of two supervision units
TOTAL	2,491,349	

3.3.E.III Education

1. Chair and Participating Agencies

Lead Agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Participating agencies	Amel, CLMC, HELP, IECD, Makhzoumi Foundation, NRC, Restart, SCS, UNESCO, UNDP, UNICEF, UNRCO
Working Group Objectives	Population has optimal access to education
Funds requested	\$2,167,781
Contact Information	Agatha Abi Aad - abiaad@unhcr.org

2. Achievements and Challenges in 2011

Compared to previous years, the 2011-2012 school year showed a greater enrolment of refugee children in public schools, overall increased retention rates at primary and lower school levels and enhanced community mobilization.

Throughout the years, refugee school children, similar to national children, had been registering at government subsidized private schools. With parents being unable to cover the full tuition of these schools, many refugee children were dropping out by mid-year. As a result of robust individual and group counseling by UNHCR, NGOs and refugee outreach workers during the school registration period, more children enrolled in public schools with the aim to prevent potential drop outs. However, some children will need to register in the government subsidized private schools due to a low number of public schools delivering the curriculum in English (the preferred second language for them), the varying quality of public education from one area to another and limited geographical coverage.

Other school retention activities included after school (homework) support classes being introduced for the first time in all areas hosting refugees. In terms of community mobilization, refugee outreach workers were able to visit parents and access school administrators with the aim to monitor enrolment, prevent drop-outs and sensitize parents on the importance of education for their children. In addition, strong coordination and advocacy with MoE resulted in a public school opening its doors to around 300 refugee students after their school closed down mid-2011.

The same achievements were not reached with adolescents who chose to work in the informal sector rather than enroll in school. The main causes of this included the harsh economic situation, the difficulty for refugees to catch up with the Lebanese curriculum at the secondary level, parental neglect, and in some cases discrimination by peers, teachers and the local community. Refugees also reported that resettlement delays had added to their financial difficulties, sometimes resulting in reduced enrolment. All these factors led to an unskilled, mostly adolescent population, becoming the main breadwinners of their families.

Because of funding constraints, educational support was decreased this year, barely covering public school registration fees, books and school supplies. Transportation was provided to only 20% of students most in need. This was also among the factors leading to drop-out among some children.

3. Priority Needs

The EWG identified the following priority needs:

- Out of the 2,301 refugee children aged between four and 17,707 (31%) are not receiving any form of education. Among them, 63% are adolescents who are working informally to financially support their families, many having arrived in Lebanon after leaving the school system for several years. This population cannot engage in accelerated vocational or skills trainings without parallel/alternative financial support for their families.
- Out-of-school children, especially adolescent girls, are at increased risk of harm and exploitation, often living in isolation or working in difficult conditions.
- Refugee children enrolled in schools have great difficulties to adapt to the Lebanese curriculum which puts them at greater risk of discrimination, violence and even corporal punishment by teachers (despite national law). Since some parents are unable to help their children with homework and exam preparation, agencies will have to increase after-school programmes, in addition to exploring accelerated learning programmes for children and youth who have dropped out for several years. It should be noted that there are currently no such programmes at the national level.
- As part of efforts to increase enrolment and retention, assistance with tuition fees, transportation costs, and school materials need to be increased in order to alleviate the burden on parents. Some refugee children often have no other choice but to register in government-subsidized private schools due to the absence of public schools delivering the curriculum in English (the preferred second language for them), the varying quality of public education from one area to another and limited geographical coverage of public schools. The tuition fees in such schools are often too high for refugees.

4. Response Strategy

a) 2012 Objective

1) *Population has optimal access to education*

b) Planning Assumptions

In 2012, it is likely that the Lebanese MoE will continue to permit refugees to enroll in public schools. It is further assumed that school fees and related costs such as stationary or school supplies – for both public and private schools – and transportation fees will constitute a significant hurdle to overcome for most families.

Teachers and school administrators are key players who can influence a non-discriminatory and inclusive environment, which is why they will be targeted through training and sensitization on working with refugees. It is likely that national institutions such as the Ministry of Social Affairs (MoSA), the Higher Council for Childhood and the Social Development Centres (SDCs) will continue to be engaged in the areas of education and child protection in line with state responsibility for all children in Lebanon. Close coordination will be maintained with the PWG to ensure child protection components are addressed. Similarly, WG members will ensure coordination with the RACE WG for community-based activities, outreach and identification of children at risk, and non-formal vocational training, and with the HWG regarding vaccination and children with specific needs.

SCS will be sharing its latest manual on “The Learning Difficulty of the Child” before the end of 2011 with the EWG.

c) Main Activities

- Financial and material education support to all refugee children (tuition, books and transportation fees) to ensure access to primary and lower secondary education.
- Pre-school/day-care provided to children between four and five, as required by the MoE.
- Special assistance and psycho-social follow up for children-at-risk.
- Extracurricular activities, homework support and remedial classes to respond to dropout.
- Vocational training programmes (formal/non-formal/skills training) for adolescents and youth (15 to 24 year-olds).
- Accelerated learning programmes and NFE for drop out children and adolescents.
- Enhancing the capacity of teachers, education and social personnel in schools, and in SDCs.

5. Monitoring and Accountability Framework

Through ongoing assessments and monitoring, the EWG will track trends on a quarterly basis. At least two evaluation reports (mid-year and annual) are planned to review the impact of projects. Primary data sources will include the RAIS reports, programme reports, MoE statistics and ongoing focus group discussions with refugee children/youth and community members.

Objectives	Indicators	Baseline mid-2011	2012 Targets	Responsible Agencies
Population has optimal access to education	% of PoC aged 3-5 years enrolled in early childhood education	30%	60%	UNHCR, Caritas, Makhzoumi, Amel
	% of PoC aged 6-11 years enrolled in primary education	92%	95%	UNHCR, Caritas, Makhzoumi, Amel, SC, HELP
	% of PoC aged 12-17 years enrolled in secondary education	55%	56%	UNHCR, Caritas, Makhzoumi, Amel, SC, HELP
	% of youths aged 15-24 years enrolled in certified training	16%	30%	UNHCR, Caritas, Makhzoumi, Amel, IOM, HELP

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
UNHCR, Amel, CLMC, Makhzoumi, Restart	1,092,781	Financial and material education support to all Iraqi children (tuition, books and transportation fees) to ensure access to primary and lower secondary education Special assistance for children-at-risk Extracurricular activities, homework support and remedial classes to respond to dropout Vocational training programmes for adolescents and youth (15-24 year olds)
Amel, CLMC, IECD, SAWA, SCS	600,000	Increased formal and NFEal opportunities for 630 vulnerable Iraqi children aged 6-16 Increased education and knowledge for 250 vulnerable Iraqi and Lebanese adolescents and youth aged 16-28
UNICEF	325,000	Support to the establishment of a protective environment within schools and the refugee community Capacity-building for a total of 150 teachers in public schools and administrators from the MoE, 50 SDC and 200 parents to improve the integration of Iraqi refugees in the national school system Identification and support to 200 Iraqis children and youths through vocational training, life skills activities, recreational activities and assistance for reintegration into the formal educational system, particularly for adolescent girls
HELP-Amel	150,000	Accelerated learning programme and NFE for drop out children and adolescents Special assistance for children-at-risk Extracurricular activities, homework support and remedial classes to respond to dropout Vocational training programmes for adolescents and youths
TOTAL	2,167,781	

3.3.E.IV Relief and Community Empowerment (RACE)

1. Chair and Participating Agencies

Lead Agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Participating Agencies	Ajem, Amel, CLMC, DRC, Heartland Alliance, HELP, Insan Association, ILO, IMC, IOM, Makhzoumi Foundation, SCS, YMCA
Working Group Objectives	<ul style="list-style-type: none"> • Population lives in satisfactory conditions of sanitation and hygiene. • Population has sufficient basic and domestic items. • Services for people with specific needs strengthened. • Community mobilization strengthened and expanded peaceful co-existence with local communities promoted. • Self-reliance and livelihoods improved.
Funds requested	\$3,229,882
Contact information	Carol El Sayed - elsayed@unhcr.org

2. Achievements and Challenges in 2011

Community mobilization was strengthened in 2011 through:

- the expansion of the refugee volunteer outreach programme from 15 to 25 members, covering a wider area.
- the selection and training of 30 youth peer educators on RH/HIV.
- increased awareness activities in the area of knowledge of rights, SGBV and health.
- the conducting of participatory assessments with 632 refugees of various ages, gender and backgrounds in order to jointly prioritize the main protection issues in Lebanon, elicit solutions and evaluate existing programmes.

While community mobilization activities helped to alleviate some of the challenges faced by refugees, financial assistance to those most in need remains essential as well as livelihood activities. This will be reached through NGOs providing targeted financial assistance to people with specific needs, expanding vocational training services, job placement services and financial coverage for regularization/work permits.

Due to the rise in the cost of living (leading to a 16% increase in rent) and the few work opportunities, especially for people with specific needs, agencies found themselves with limited capacities to meet refugees' financial and material needs. In order to help their families cope with the rise in needs, an increased number of children, mostly adolescents, engage in informal work, often in hazardous and difficult conditions.

Efforts in 2011 notably focused on livelihood activities, mainly through the support given to over 698 families with work permits (around 20% of the total registered refugee population) and the provision of vocational training and support tools for women and men via community centres.

Notwithstanding these efforts, refugees were often unable to find work opportunities related to the training they had received. Key challenges, aside from few opportunities, included refugees' lack of proper documentation and the limited technical capacity among the RACE WG in terms of market studies and analysis.

Due to funding constraints, agencies were unable to systematically address discrimination against refugees and their subsequent isolation, for instance through activities that increase refugee and host community interaction. Nevertheless, a core group of 20 Lebanese and refugees was established which is planning activities in 2012 to enhance refugee integration. In line with UNHCR's strategy to enhance refugee access to existing national institutions and services, the agency signed a MoU with

the Ministry of Social Affairs (MoSA) to support 23 of its SDCs in areas of high refugee concentration. This includes training in refugee protection, material support to their social, educational and recreational activities and strengthening their knowledge management systems. Through this partnership, it is expected that refugees will be able to access SDC services and that there will be opportunities to further develop joint activities.



Iraqi parents attending an awareness-raising session on schooling organized by IECD.
©IECD/ B. de Truchis/ 2011

3. Priority Needs

Based on WG consultations and participatory assessments with 623 refugees covering all ages, gender and backgrounds, the following priorities were identified for the year 2012:

- Refugees in Lebanon have great difficulty meeting their basic domestic expenses. By the end of 2011, rent alone had increased by 16% since the beginning of the year. Families find themselves prioritizing basic needs such as food and rent, over proper sanitary items for the elderly, women and children and refugees with serious medical conditions. These vulnerable groups are therefore seriously affected, and often completely dependent on outside support.
- There is a great need to develop a comprehensive strategy for self-reliance, focusing on people who cannot return to Iraq or be resettled and are, for now, expected to remain in Lebanon. Men, women and other groups at risk also need to be targeted for livelihoods support. Past projects have shown that technical support in this area is central to the success of any project, especially those related to micro-credit and marketing. Support to cover the fees for work permits is also essential. A poverty study is considered essential to build an in-depth understanding of the socio-economic situation of refugees.
- The longer refugees remain in Lebanon, the greater the need for enhanced community-self management and participation. Establishing systematic and structured contacts with refugee communities in all areas of concern including protection, security, assistance delivery, health, education, would benefit all agencies involved in the refugee response by fostering a deeper understanding of their concerns and priorities, which would feed into UNHCR and NGO

programme designs. It would also serve in enhancing communication and fostering social support among refugees, including through the use of national institutions, and improve planning and monitoring. The role of community development centres and community outreach workers is therefore essential, including in remote areas where refugees also reside.

- Refugees, especially youths, report isolation and limited interaction with the local community. This is particularly true of refugees who have recently arrived in Lebanon, who lack information and tend to reside in areas that are already congested and poor. Moreover, refugees who are employed are usually exposed to exploitation and abuse. Agencies must therefore devote more efforts towards encouraging greater positive interaction between the refugee and the hosting communities, notably using MoSA's centres.

4. Response Strategy

a) 2012 Objectives

The WG objectives contribute to the realization of the fourth and fifth national strategic objectives, namely "Basic Needs and Essential Services" and "Community Participation and Self-Management".

BASIC NEEDS AND ESSENTIAL SERVICES

- Population lives in satisfactory conditions of sanitation and hygiene
- Population has sufficient basic and domestic items
- Services for people with specific needs strengthened

COMMUNITY PARTICIPATION AND SELF-MANAGEMENT

- Community mobilization strengthened and expanded
- Peaceful co-existence with local communities promoted
- Self-reliance and livelihoods improved

b) Planning Assumptions

In 2012, it is expected that the cost of living will continue to increase due to further inflation, leading to a rise in rent and utility costs. As a result, there will be a continued need to provide financial assistance and to support livelihood programmes such as job placements, vocational training and micro-credits.

c) Main Activities

BASIC NEEDS AND ESSENTIAL SERVICES

- Population lives in satisfactory conditions of sanitation and hygiene
 - Distribution of hygienic items to women, children and older people
- Population has sufficient basic and domestic items
 - Regular financial assistance to a large number of people at-risk to allow them to cover their basic needs with a focus on youth
 - Emergency cash assistance available to cover urgent needs
 - Household items and for groups with specific needs
- Services for people with specific needs strengthened
 - Financial and material assistance for people with specific needs
 - Outreach work to engage people with specific needs in community-based activities and to skills training, home-based economic activities
 - Home visits and outreach worker referrals to identify the people in need of assistance (through partners and government-run SDCs).
 - Advocacy with ministries and specialized governmental departments for inclusion of refugees in services
 - Access to counseling

COMMUNITY PARTICIPATION AND SELF-MANAGEMENT

- Community mobilization strengthened and expanded
 - Awareness raising activities and other activities
 - Strengthening self-management structures
- Peaceful co-existence with local communities promoted
 - Organization of inter-community events and social/educational activities through partners and SDCs
- Self-reliance and livelihoods improved
 - Vocational and skills training
 - Assessment on market needs and livelihood opportunities
 - Increased coverage of legalization and work permit fees
 - Strengthening linkages with ILO, UNRWA and local micro-credit facilities
 - Livelihood projects (micro-credit, skill-training courses, job placement and support to regularization processes)
 - Entrepreneurship-building and skills training for vulnerable refugees
 - Poverty survey

5. Monitoring and Accountability Framework

Objectives	Indicators	Baseline mid-2011	2012 Targets	Responsible Agencies
Population lives in satisfactory conditions of sanitation and hygiene	% of women with sanitary supplies	100%	100%	UNHCR, CLMC, Makhzoumi
Population has sufficient basic and domestic items	% of households whose needs for basic and domestic items are met	60%	90%	UNHCR, Ajem, CLMC, Makhzoumi, DRC
Services for people with specific needs strengthened	% of older people with access to services for their specific needs	100%	100%	UNHCR, Ajem, CLMC, Makhzoumi, IMC
	% of PoC with disabilities with access to services for their specific needs	100%	100%	UNHCR, Ajem, CLMC, Makhzoumi, IMC
	% of PoC with psycho-social needs with access to services for their specific needs	50%	70%	UNHCR, Ajem, Amel, CLMC, Makhzoumi, Restart, IMC
Community mobilization strengthened and expanded	% of active female participants in leadership/management structures (greater involvement in men on SGBV)	50%	60%	UNHCR, Amel, CLMC, Makhzoumi, DRC, IMC
	Extent PoC represented in leadership management structures	85%	95%	UNHCR, Amel, CLMC, Makhzoumi, DRC, IMC
Peaceful co-existence with local communities promoted	Extent local communities support continued presence of PoC	10%	30%	UNHCR, Amel, CLMC, Makhzoumi, DRC
Self-reliance and livelihoods improved	Extent PoC have formal access to work opportunities and to home-based income generating activities	20%	30%	UNHCR, Amel, CLMC, Makhzoumi, DRC, IRD

6. Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
UNHCR, Ajem, Amel, CLMC, Makhzoumi	2,781,982	Distribution of hygienic items to women, children and older people Regular financial assistance to a large number of people at-risk to allow them to cover their basic needs with a focus on youth Emergency cash assistance available to cover urgent needs Outreach work to engage people with specific needs in community-based activities and to skills training, home-based economic activities Home visits and outreach worker referrals to identify the people in need of assistance (through partners and government-run SDCs). Advocacy with ministries and specialized governmental departments for inclusion of refugees in services Counseling and awareness-raising activities Organization of inter-community events and social/educational activities through partners and SDCs Vocational and skills training Coverage of legalization and work permit fees
IMC	42,000	Early Childhood Development courses for a minimum of 80 parents/caregivers of children, including children with special needs YCP for vulnerable adolescents to provide life skills and communication training Community service projects designed by refugees
IRD	252,000	IRD aims to build the skill capacity among Iraqi refugees that are reflective of employment and income generation opportunities in Lebanon.
CLMC	153,900	Provision of humanitarian assistance and SGBV sessions
TOTAL	3,229,882	

3.3.F Funding requirements for Lebanon

Summary budget requirements per agency and per working group

Agency	Financial requirements in \$
Protection	
HELP	250,000
IMC	192,700
IRD	1,030,266
UNHCR (with Ajem, Amel, CLMC Makhzoumi)	3,320,234
UNICEF	225,000
Sub-total Protection	5,018,200
Health	
CLMC	142,800
IMC	976,980
UNHCR (with Caritas, Makhzoumi, Ajem, Restart)	1,221,304
WHO	150,265
Sub-total Health	2,419,349
Education	
Amel (with CLMC, IECD, SAWA, SCS)	600,000
HELP-Amel	150,000
UNHCR (with Amel, CLMC, Makhzoumi, Restart)	1,092,781
UNICEF	325,000
Sub-total Education	2,167,781
RACE	
CLMC	153,900
IMC	42,000
IRD	252,000
UNHCR (with Ajem, Amel, CLMC, Makhzoumi)	2,781,982
Sub-total RACE	3,229,882
TOTAL	12,907,212

Summary budget requirements per agency

Agency	Financial requirements in \$
Amel	600,000
CLMC	296,700
HELP	400,000
IMC	1,211,680
IRD	1,282,266
UNHCR	8,416,301
UNICEF	550,000
WHO	150,265
TOTAL	12,907,212

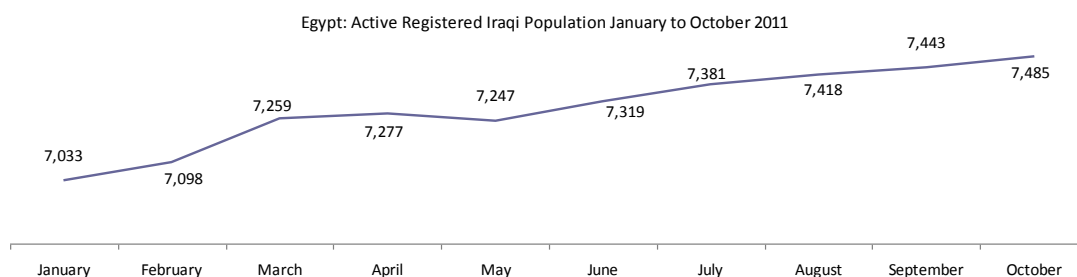
3.4 Egypt, Iran, Turkey and the Gulf Countries

3.4.1 The Arab Republic of Egypt

Overview

The Arab Republic of Egypt (Egypt) is a signatory to the 1951 Convention relating to the Status of Refugees⁸ as well as the 1969 Organization of African Unity (OAU) Convention. In accordance with the 1954 MoU with the Government of Egypt, UNHCR registers refugees and asylum-seekers, issues documentation to those registered and determines refugee status, all in close cooperation with the Government of Egypt. In 2010, Cairo was chosen as a pilot city for the implementation of UNHCR's Urban Refugee Policy. From October 2010 to October 2011, Egypt chaired the Executive Committee of UNHCR.

As of 31 October 2011, a total of 7,485 Iraqi nationals were registered with UNHCR, representing 17% of some 44,000 refugees and asylum seekers registered with UNHCR in Cairo. Estimates for the total number of Iraqis in Egypt, including those not registered with UNHCR, have ranged from 15,000 to 20,000 people, however, there are no exact figures available.



As of 31 October, a total of 751 Iraqis registered with UNHCR in the year 2011. In the same period, over 300 registered Iraqis had their files with UNHCR closed, excluding those closed for resettlement purposes, largely because they had chosen to return to Iraq. Of this group, 222 Iraqi were assisted with voluntary repatriation. Meanwhile over 306 Iraqis were submitted for resettlement from January to October 2011. In light of the afore-mentioned, the number of Iraqis registered with UNHCR in the year 2012 is not expected to change substantially, and the total population of concern will probably remain around 7,500 individuals.

UN agencies and international and national NGO partners directly or indirectly provide critical protection and assistance to Iraqi refugees, including, *inter alia*, Caritas, Catholic Relief Services (CRS), IOM, the Psycho-social Training Institute in Cairo (PSTIC), Refuge Egypt, UNHCR, UNICEF and WHO. To ensure that gaps in protection and services are addressed while avoiding overlapping, UNHCR facilitates the coordination among all partners through interagency and bilateral meetings.

Priority Needs

Iraqi migrants and refugees in Egypt live in an urban context, where the cost of living rose in 2011, particularly after the uprising in Egypt early in the year. The cost of living is expected to continue to increase in 2012. The deteriorating socio-economic environment and difficulties to access formal employment as well as public health and education systems have left many migrants and refugees highly dependant upon international assistance. Working with various implementing partners, UNHCR is the largest provider of assistance to refugees through education and health subsidies, and financial assistance for those with special needs and the most vulnerable. Presently some 20% of the registered Iraqi refugee population – those who have special needs or are identified as being particularly vulnerable – require financial and emergency humanitarian support.

⁸ Upon accession to the 1951 Convention, Egypt made reservations to articles 12 (1) (personal status), 20 (rationing), 22 (1) (access to primary education), 23 (access to public relief and assistance) and 24 (labor legislation and social security). Egypt's subsequent accession to the 1989 Convention on the Rights of the Child made primary education compulsory and available free to all children. Nonetheless, the other reservations result in difficult socio-economic circumstances for all refugees, including Iraqis.

The 2012 priorities determined by humanitarian agencies remain similar to those of 2011. Iraqis continue to need support to access affordable, comprehensive, decentralized public and other healthcare facilities, close to their areas of residence, as well as access to MH and psycho-social support services. In light of restrictions on Iraqi children’s access to public primary and secondary schools, many require support in order to enroll in affordable private schools and pursue their formal education. Enabling access to means of self-reliance is also of importance for the concerned population. Durable solutions including assisted voluntary return or repatriation for those wishing to do so and resettlement also continue to be among refugees’ priority needs.

Egypt: Age and Sex Breakdown of Iraqis as of October 2011

Age	0-4	5-11	12-17	18-59	60+	TOTAL	
Female	163	549	553	2,184	265	3,714	50%
Male	167	636	558	2,146	264	3,771	50%
Total	330	1,185	1,111	4,330	529	7,485	
	4%	16%	15%	58%	7%		

Response Activities

In 2012, humanitarian agencies in Egypt will continue their work in the fields of protection, health, education, and support to vulnerable groups and pursue durable solutions for Iraqis as follows:

UNHCR: Planned activities in the field of protection include protection against *refoulement* and provision of documentation to Iraqi refugees and asylum seekers. In line with the implementation of the UNHCR Urban Refugee Policy in Egypt, UNHCR’s top four priority areas for action in 2012 will continue to be health, livelihoods, community outreach and education. In the field of health, planned activities include enhancing national capacities through the improvement of selected health facilities and boosting staff capacity as well as improving access and quality of care for refugees and asylum seekers. In addition, UNHCR implementing partners will maintain the provision of subsidized primary and emergency healthcare and support in the fields of reproductive and mental healthcare.

In 2012, UNHCR plans to increase its focus on livelihood, and build up its efforts to improve opportunities for self-reliance available to refugees and asylum seekers in Egypt. With regards to community outreach, UNHCR will in 2012 continue to make use of trained psycho-social outreach workers, and strengthen outreach and interaction with all refugee and asylum seeker communities. In the field of education, UNHCR will continue to provide education grants through its implementing partner CRS. Support to vulnerable groups and individuals includes continued provision, by UNHCR, of limited financial and in-kind assistance to Iraqi refugees and asylum seekers who are identified as having special needs or being impoverished, following counseling and individual assessment of their socio-economic situation. Potential durable solutions are return and resettlement. For those expressing a wish to return based on a free and informed decision, activities will include coordination and facilitation of their repatriation; provision of reliable and up-to-date information about both the process of repatriation and the conditions in areas of return and the provision of a transportation and repatriation grant. For those for whom resettlement is the most appropriate durable solution, support will be provided throughout the process from the initial interviews until the arrival in the country of resettlement, in collaboration with IOM when relevant.

UNICEF: In Egypt, UNICEF will maintain its cooperation with NGOs that support Iraqi refugees to improve access to psycho-social counseling for 1,500 Iraqi children. Capacity-building for 25 psycho-social workers will be supported in collaboration with the PSTIC.

Nutrition screening for children U5 will be carried out as well as awareness-raising activities for mothers and families on the healthy nutrition for their children through baby-friendly clinics. Additionally, UNICEF will support psycho-social interventions through the training of psycho-social

workers; increasing the capacity of 13 PHCCs to operate as Healthy Baby clinics and increasing health awareness among Iraqi mothers and children through health screening to 2,917 refugee children from age 0 to five.



Refugee children playing sports, Egypt.
©UNHCR/ 2011

WHO: WHO will continue to support the provision of PHC services to vulnerable Iraqis through selected governmental facilities. Secondary and tertiary healthcare services, in addition to MH services, will be supporting through WHO ensuring refugee access to quality care. WHO will work on improving knowledge among displaced Iraqis relevant to health issues and to services available to them, also developing an integrated HIS for all health service providers which will improve agencies' knowledge of the population's health status and future planning.

IOM: In 2012, building upon a successful pilot project conducted in 2009, 2010 and 2011 and in line with prevailing needs, IOM will continue promoting Iraqis' access to PHC (with a focus on maternal and child malnutrition) through outreach and direct assistance as well as capacity-building activities to strengthen governmental and non-governmental capacities to deliver quality, "migrant-friendly" services.

With regard to protection, under an ongoing project, IOM will continue providing direct assistance to trafficked and other extremely vulnerable Iraqis in Egypt, including medical and psychological assistance, legal counseling, financial support and vocational training, in line with their assessed, individual needs. In 2012, where beneficiaries are women, IOM will also be able to provide temporary accommodation at a shelter established in partnership with Egypt's National Council for Childhood and Motherhood. At the same time, to help protect Iraqis in Egypt and, in particular, at border crossing points, IOM is looking to continue supporting the Government's effort to counter irregular migration (and, in particular, combat smuggling and trafficking) and uphold Iraqi and other

migrants' human rights, through national-level activities to assess and address training and equipment needs, as well as regional-level activities to promote high-level technical dialogue and practical cooperation between countries in the Middle East.

Agency (and partners)	Financial requirements in \$	List of projects and main activities
IOM	3,050,000	Provision of humanitarian assistance to vulnerable Iraqi migrants residing temporarily in Egypt Supporting efforts to prevent HIV and promote sexual and RH services amongst Iraqi and other vulnerable migrant communities in Egypt Promoting better health and well-being amongst Iraqi and other migrants residing temporarily in/transiting through Egypt Provision of repatriation assistance to migrants stranded in Egypt Building Governmental and Non-governmental Capacity in Managing Iraqi Migration Flows and Safeguarding Migrants' Rights in Egypt
UNFPA	UNFPA does not have a specific budget allocated to Iraqi refugees but will contribute to supporting them through their general services	VCT centres established with the MoH that provide rapid HIV testing Youth friendly clinics that provide RH and premarital services for young people
UNHCR	1,300,000	Reception, registration, provision of documents and undertaking RSD for Iraqi refugees and asylum seekers Provision of healthcare for Iraqi refugees and asylum seekers and nutrition to children Provision of education grants for Iraqi refugee and asylum seeker children Provision of assistance for refugee or asylum seeker Iraqis with specific needs Activities for the promotion of self-reliance opportunities Community outreach including through community outreach workers Voluntary repatriation and resettlement for Iraqi refugees
UNICEF	589,000	Health and Nutrition activities
WHO	601,925 (410,589 is already available until Aug 2012 on top of which an estimated 191,336 will be needed to cover the needs from September to December 2012)	MoU with selected hospital to provide secondary and tertiary level services to vulnerable Iraqis; Capacity support to selected PHCCs in service delivery and addressing identified gaps (clinical guidelines and training) Development of health service providers' capacities in selected PHCCs and hospitals to provide adequate/quality/rights-based mental healthcare Support to the treatment of vulnerable Iraqis at governmental mental hospitals
TOTAL	5,540,925	

Finally, in 2012, as the designated Overseas Processing Entity site in Cairo, IOM will continue to undertake resettlement activities of all cases submitted for the US Refugees Admissions Program. For resettlement to Australia, Canada and various European countries, IOM will also continue to assist in liaising with respective embassies in Cairo to undertake medical screening activities, cultural orientation and pre-departure requirements, then arrange the travel of approved individuals to their final destination. In 2010, in an effort to promote durable solutions, and provided the security situation and other conditions in Iraq are permissive, IOM will also seek to assist stranded Iraqis in Egypt who wish to return to their home communities in Iraq, through a comprehensive voluntary return and reintegration programme.

UNFPA: UNFPA will offer services in partnership with the government and NGOs to be utilized by Iraqis, including Voluntary Counseling Testing (VCT) centres established with the MoH that provide rapid HIV testing and the youth friendly clinics that provide RH and premarital services for young people, located in most of the governorates with the Egyptian family planning association and the teaching hospital organization.

Financial Requirements

Agency (and partners)	Financial requirements in USD	List of projects and main activities
IOM	3,050,000	Provision of humanitarian assistance to vulnerable Iraqi migrants residing temporarily in Egypt Supporting efforts to prevent HIV and promote sexual and reproductive health services amongst Iraqi and other vulnerable migrant communities in Egypt Promoting better health and well being amongst Iraqi and other migrants residing temporarily in/transiting through Egypt Provision of repatriation assistance to migrants stranded in Egypt Building Governmental and Non-governmental Capacity in Managing Iraqi Migration Flows and Safeguarding Migrants' Rights in Egypt
UNFPA	UNFPA does not have a specific budget allocated to Iraqi refugees but will contribute to supporting them through their general services	Voluntary Counseling Testing (VCT) centers established with the Ministry of Health that provide rapid HIV testing Youth friendly clinics that provide reproductive health and premarital services for young people
UNHCR	1,300,000	Reception, registration, provision of documents and undertaking refugee status determination for Iraqi refugees and asylum seekers Provision of healthcare for Iraqi refugees and asylum seekers and nutrition to children Provision of education grants for Iraqi refugee and asylum seeker children Provision of assistance for refugee or asylum seeker Iraqis with specific needs Activities for the promotion of self-reliance opportunities Community outreach including through community outreach workers Voluntary repatriation and resettlement for Iraqi refugees
UNICEF	589,000	Health and Nutrition activities
WHO	601,925 (410,589 is already available until Aug 2012 on top of which an estimated 191,336 will be needed to cover the needs from September to December 2012)	MoU with selected hospital to provide secondary and tertiary level services to vulnerable Iraqis; Capacity support to selected Primary Healthcare Centers (PHCCs) in service delivery and addressing identified gaps (clinical guidelines and training) Development of health service providers' capacities in selected PHCCs and hospitals to provide adequate/quality/rights-based mental healthcare Support to the treatment of vulnerable Iraqis at governmental mental hospitals
TOTAL	5,540,925	

3.4.2 The Islamic Republic of Iran

Overview

The Islamic Republic of Iran continues to host one of the largest protracted refugee populations of the world with more than one million registered refugees, most of them Afghan. For the past three decades, it has demonstrated strong national ownership of refugee issues.

The majority of registered Iraqi refugees reside in urban areas in Tehran, Qom, Ahwaz, Mashad and Shiraz, although a small number (close to 2,300) are hosted in settlements in the provinces of Khuzestan, Kurdistan, West Azerbaijan and Fars.

As of 2011, there were close to 45,000 Iraqi nationals registered as refugees by the Iranian authorities and holders of valid refugee resident cards. They represent the refugees who fled Iraq prior to the 2003 intervention in Iraq and are mainly Iraqi Kurds from northern Governorates who came to Iran in the 1970s, Shia Feili Kurds expelled from Iraq, and Shia Arabs from Central and Southern Iraq who fled Iraq in the 1980s. These registered Iraqi refugees renew their refugee resident cards on an annual basis in exchange for a small fee, and only those who avail themselves of these yearly re-registration exercises continue to be registered with the authorities.

These refugees can also benefit from assistance from UNHCR in order to voluntarily repatriate. UNHCR supports government-registered refugees returning to Iraq with 80% of their travel costs and cash grants amounting to \$100 per adult and \$50 per child, up to a maximum \$500 per family.

In addition to this substantial group of Iraqi refugees, the Islamic Republic of Iran also hosts 3,546 Iraqis who fled Iraq after 2003 and who are not registered with the authorities and therefore do not hold refugee resident cards. Although UNHCR was formally authorized to register them pending the authorities' decision to grant them legal status, the only way for them to remain legally in Iran during this time is to ask for an Iranian visa prior to entering the country and from then on renew it on a regular basis. This can be difficult as well as costly which is why, generally speaking, most of the refugees registered with UNHCR remain in the country without proper documentation, thus becoming exposed to the risk of arrest and deportation.

The socio-economic situation of refugees in the Islamic Republic of Iran has been affected by economic reforms and significant inflation which have significantly increased the financial burden placed on vulnerable refugees.

UNHCR and WFP are the primary UN agencies working with Iraqi refugees registered with the authorities, while the MoI (the Bureau of Aliens and Foreign Immigrants Affairs, BAFIA) and the Ministries of Health and Education are important governmental partners in the provision of health and educational services. Several local charities and NGOs provide essential protection and assistance to Iraqi refugees as well, including the Iraqi Refugee Aid Council (IRAC) and the Society to Protect Children Suffering from Cancer (MAHAK).



Refugees preparing to return to Iraq.
©UNHCR/ 2011

Aside from voluntary repatriation, the only other durable solution available to Iraqi refugees is resettlement. The quotas, however, continue to be particularly low compared to the overall needs of Iraqi refugees in the Islamic Republic of Iran.

Priority Needs

As expected the removal of subsidies on basic commodities which started in December 2010 has resulted in major increases in prices of essential commodities and inflation is having a serious impact on the living conditions of foreigners in the Islamic Republic of Iran, including registered refugees. In addition, the host community's acceptance of refugees may be further strained as a result of increasing competition for jobs and resources. Overall, it is expected that more refugees will require assistance in order to meet their basic needs.

The most pressing needs will therefore continue to relate medical care and the cost of primary and secondary education as well as vocational skills training with the potential to lead to income-generating activities and increased self-reliance.

Response Activities

In 2012, UNHCR, WFP and NGOs will continue to provide support to Iraqi refugees registered with the authorities in the areas of health, education, food, NFIs and durable solutions.

UNHCR will continue monitoring the inclusive re-registration of Iraqi refugees by the authorities as well as advocating for registered Iraqi refugees' access to legal employment in Iran through the granting of temporary work permits (which some registered Afghan refugees have), and increased resettlement quotas out of Iran.

WFP which provided food assistance to vulnerable Iraqis in the camp settlements in 2011 will endeavor to continue to expand this assistance to reach the most vulnerable, including those living outside the settlements. Settlement activities will be carried out by BAFIA, including the distribution of sanitary and hygiene kits.



A refugee attending a tailoring workshop, Iran.
©I/UNHCR/ 2011

As a response to the need of the refugees in terms of secondary and tertiary healthcare costs, UNHCR and BAFIA initiated a Health Insurance Scheme for the refugees in the Islamic Republic of Iran. UNHCR will continue supporting the Ministry with procurement of limited medical and non-medical equipments for health centres providing services to Iraqi refugees while NGOs will continue to provide medical care to the most vulnerable, with MAHAK providing particular support to a limited number of Iraqi refugee children with cancer. Medical assistance to the government-registered refugees will be provided through IRAC and MAHAK in 2012.

UNHCR does not have access to data on the enrolment rate of school-aged children, but assessments of their needs includes assistance for school fees, transportation, for addressing language barriers and the differences in curriculum. To respond to these needs, agencies plan to assist over 1,000 school-aged children of the most vulnerable families with educational supplies, stationery and uniforms. Iraqi students experiencing language difficulties will attend a special Iraqi school, costing between \$50-80. Among them, some 100 vulnerable students will need assistance for school fees. More emphasis will be placed in vocational and skills training with the potential of enhancing livelihoods opportunities and self-reliance, both in the country of asylum and/or upon refugees' eventual voluntary return or resettlement. 104 primary and secondary aged schoolgirls will continue to benefit from food-based education incentives.

Given the current trend of repatriation, it is anticipated that 2,000 Iraqi refugees registered with the authorities will voluntarily return to Iraq in 2012 in accordance with the 2008 *Guidelines for Individual Case Management by UNHCR for the Voluntary Repatriation of Iraqi refugees from Neighboring Asylum Countries*, which seeks to ensure voluntary and informed choice. UNHCR will support repatriating refugees with 80% of the travel costs based on zone tariffs and a cash grant up to a maximum \$500 per family.

Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
UNHCR	2,528,479	Basic needs and essential services Community empowerment and self-reliance
WFP	360,680	General food distribution (food basket consisting of wheat flour, rice, sugar, pulses and vegetable oil) and food incentive for girls' education (take-home ration of vegetable oil for primary and secondary school girls)
TOTAL	2,889,159	

3.4.3 The Republic Of Turkey

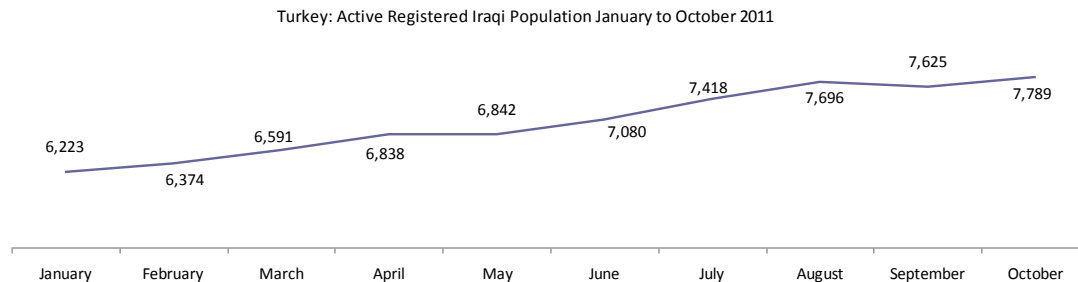
Overview

Turkey has ratified the 1951 Convention relating to the Status of Refugees and its 1967 Protocol. However, it continues to maintain the geographical limitation of its obligations under the Convention to refugees originating from Europe. Non-European asylum-seekers may apply to the Turkish Government for “temporary asylum-seeker status” under the 1994 Asylum Regulation, pending UNHCR’s efforts to secure a solution for them elsewhere. UNHCR therefore conducts RSD for all non-European asylum-seekers in parallel to the domestic procedure for temporary asylum-seeker status.

Various factors, including Turkey’s application to join the EU, has prompted the government to prepare new legislation on asylum and to envisage the creation of a national civilian asylum institution, as well as the granting of economic and social rights to those in the asylum process. A law addressing these specific issues was drafted in 2010 and is expected to be submitted to parliament for approval during 2012.

Meanwhile, in order to maintain their legal status, asylum-seekers must in principle pay residence permits fees (“ikamet fees”) every six months. In March 2010 a circular was issued by the MoI, encouraging the local authorities to exempt refugees from these fees. Although many of the refugees and asylum-seekers are able to benefit from the exemption, practice is not yet uniform.

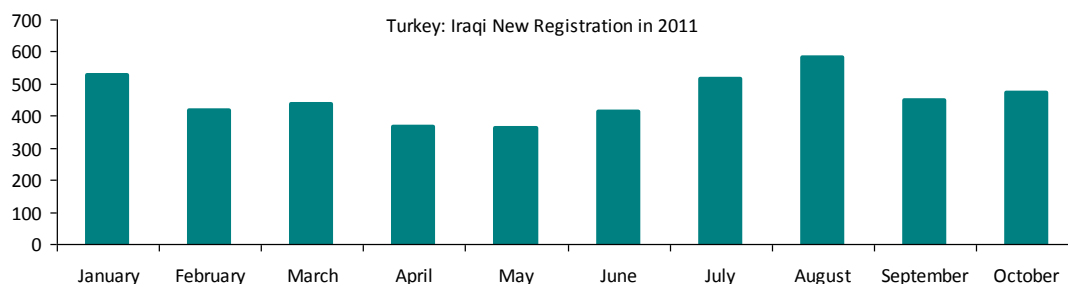
As of 31 October 2011, there were 7,789 Iraqi refugees and asylum seekers residing in the Republic of Turkey out of a total of over 21,000 refugees and asylum seekers registered with UNHCR. From January until end of October 2011, UNHCR registered 4,533 Iraqi refugees and asylum-seekers as refugees which is significantly more than were registered in either the whole of 2010 or 2009. Iraqis live dispersed in “satellite” cities to which they are assigned by the Turkish authorities.



In the first ten months of 2011, UNHCR submitted 2,886 Iraqi refugees for resettlement and 2,034 previously submitted refugees were able to depart for a third country. UNHCR estimates that some 3,300 Iraqis will be submitted by the end of 2011. Since local integration currently is not an option and voluntary repatriation remains limited (according to UNHCR records, 378 registered Iraqis in Turkey chose to return to Iraq in 2011), resettlement will continue to play an essential role as the main durable solution available to Iraqi refugees in Turkey.

A major constraint faced by humanitarian agencies in 2011 was the unanticipated 76% increase in Iraqi arrivals. This increase appears related to two reasons: the targeting of Christian Iraqis (52% of Iraqis registered in 2011 were Christians), and the unrest in Syria.

As a result of increasing new arrivals, the registration waiting period for Iraqi and other applicants has grown to approximately seven months although vulnerable individuals with special needs continue to be prioritized. UNHCR has made efforts to enhance its registration capacity, implementing ongoing mobile registration missions to cities hosting asylum seekers and refugees throughout Turkey, and conducting registration interviews within the premises of the Aliens department of the police.



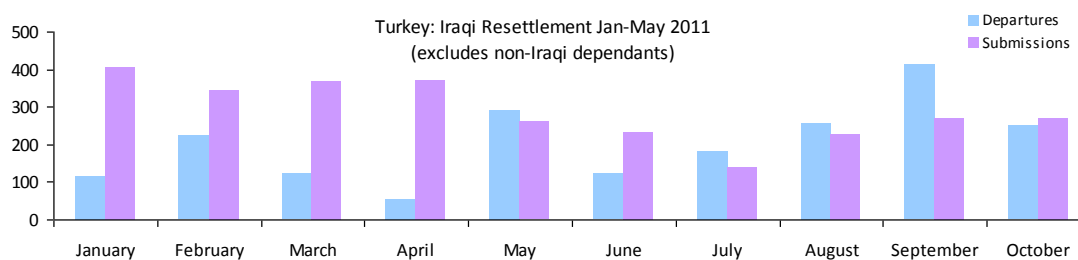
Another constraint was the slow departure process, leading to refugees remaining longer in Turkey, thus losing their often meager resources and requiring additional outside support from the humanitarian community.

Asylum-seeker and refugee children with valid residence permits have access to formal primary education in Turkey; however some parents cannot afford to pay education-related expenses. Similarly, refugees registered with the authorities are eligible for medical treatment in state healthcare facilities but sometimes need additional assistance for non-subsidized medical costs or urgent treatment. Access to the labor market is *de facto* limited as there are administrative and other difficulties in obtaining a legal work permit. Consequently, many Iraqi asylum-seekers and refugees are heavily dependant on external support.

Priority Needs

In 2012, priorities in Turkey will remain the same as in 2011. UNHCR’s programme in Turkey will continue to focus on ensuring access to the territory and to asylum procedures; directly implementing asylum procedures for non-Europeans; improving the reception conditions and pursuing durable solutions for refugees. It will also support the Turkish authorities in drafting relevant secondary legislation and strengthening the asylum system in line with international standards.

UNHCR projects that there will be a further 50-60% increase in the arrivals of Iraqi asylum-seekers in 2012, thereby necessitating a larger response in terms of registration and RSD procedures, resettlement, and support to the community while in Turkey.



In line with Implementation Directive No. 57 of the Ministry of the Interior, registered refugees and asylum-seekers have access to the Social Solidarity and Assistance Foundations (SSAF) and may receive assistance following a needs assessment by SSAF. In some cities, civil society organizations and the municipalities also offer assistance to the most vulnerable refugees and asylum-seekers, including clothing, food, coal and occasionally direct financial assistance. Some local NGOs also provide social support to vulnerable asylum-seekers and refugees. Due to gaps in referral mechanisms, financial constraints of the local administrative structures, insufficient self-reliance opportunities and inadequate NGO support in the satellite cities, the majority of Iraqi asylum-seekers and refugees continue to live in difficult conditions. Many depend upon UNHCR, INGOs, faith-based charity organizations and local NGOs to meet their basic health, education and subsistence needs. Although some improvements in the provision of assistance at the local level were noted in 2011, results are often unsustainable, assistance being predominately charity-oriented rather than rights-based. Moreover finding suitable accommodation for women in need of protection continues to prove a challenge. Despite the legislation in place ensuring the rights of asylum-seeking and refugee

children, gaps in implementation, national authorities' lack of specialized staff and limited logistical capacities continued to result in protection gaps.

Response Activities

Extremely vulnerable individuals with special needs are identified by UNHCR, implementing partners or the authorities. UNHCR prioritizes the registration of asylum-seekers with special needs, including unaccompanied children, SGBV and torture survivors, the elderly and those with physical or mental disabilities or a serious illness. Counseling is provided on the day of registration and, in case of urgency, referrals are made to the contracted-clinic in Ankara or partner organizations for appropriate medical, legal and psycho-social support. The current waiting period for registration for those without apparent special needs is seven months, which creates significant delays in their access to a durable solution. Mobile registration and RSD missions to the satellite cities will continue in 2012 with the aim of reducing the waiting period for registration.

Living conditions of the refugees and asylum-seekers are monitored during field missions to the cities accommodating refugees. The missions aim to provide legal and social counseling, ensure inclusion of refugees and asylum-seekers in the local social assistance structure, disseminate knowledge on international protection and rights-based approach, establish contacts among local authorities and civil society to raise awareness of refugees' and asylum-seekers' needs, conduct gaps analyses, and inform the refugees about their rights and available services.

Asylum-seekers' access to national health services continues to be limited. Although some health assistance is provided through public medical facilities, all needs are not necessarily met. UNHCR will therefore continue to provide urgent medical care to asylum-seekers and refugees who are not supported by the Government or other agencies, and who cannot afford their medical treatment costs. UNHCR will also continue to support a clinic in Ankara to provide healthcare and guidance on prenatal and mother-child healthcare and family planning.

According to Turkish legislation, primary education is compulsory for children between the ages of six and 14. Refugee children registered with the government have free access to local schools, and needy children can benefit from education assistance provided by the SSAF.

Turkey: Age and Sex Breakdown of Iraqis as of October 2011

Age	0-4	5-11	12-17	18-59	60+	TOTAL	
Female	351	492	341	1,929	180	3,293	42%
Male	378	588	424	2,903	203	4,496	58%
Total	729	1,080	765	4,832	383	7,789	
	9%	14%	10%	62%	5%		

In 2011, the Government decided to increase the number of satellite cities from 31 to 51. UNHCR will strive to strengthen its outreach to asylum-seekers and refugees in satellite cities through its two main implementing partners: the Human Resources Development Foundation (HRDF) and the Association for solidarity with asylum-seekers and refugees (ASAM) which now cover more than 73% of the refugee/asylum-seeker population in Turkey, providing information as well as psycho-social and legal counseling and promoting a community-based approach. Efforts will go to utilizing local mechanisms for self-reliance and empowerment, to implement early identification and prevention mechanisms for groups-at-risk and to establish a civil society network in satellite cities

Other NGOs which have a MoU with UNHCR will continue to include asylum-seekers and refugees in their existing services (e.g. food, clothing, accommodation, MH, HIV/AIDS counseling and treatment, medical assistance).

UNHCR will also continue to work with the IOM and the ICMC on resettlement, family reunification and voluntary repatriation, ICMC maintaining its resettlement and orientation activities in 2012, as well as covering the medical, accommodation and transportation expenses of the most vulnerable refugees. IOM will provide voluntary return and reintegration assistance.

Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
BPRM, ICMC, RSC Turkey	6,514,582	Resettlement and Cultural Orientation Activities Assistance for food, medical expenses, accommodation, and transportation (75-80% of overall budget is for Iraqis)
IOM	467,575	Airfare/Transportation, Reception/Arrival Assistance, Reintegration Assistance, Translation, Office and Staff Costs
UNHCR	7,053,250	Assistance to Iraqis, Community Empowerment and Self Reliance Improvement of Reception Conditions
TOTAL	14,035,407	

3.4.4 The Gulf Cooperation Countries

Overview

In 2011, the overall protection climate in the GCC⁹ remained stable and comparable to the situation in 2010, with an Iraqi refugee population of some 2,141 individuals across six countries. While GCC countries maintained their generous support to humanitarian operations throughout the Middle East, there were no significant refugee inflows in any of the GCC countries in 2011. To date, however, Iraqis still represent the largest population of concern in the Gulf region.

Although no GCC country has acceded to the 1951 Convention for Refugees or its 1967 Protocol, there continues to be considerable tolerance of refugees throughout the region as long as security considerations do not interfere. Given that there are no administrative structures or asylum procedures for the determination of refugee status in the GCC, UNHCR handles all matters related to refugees and asylum-seekers. The stay of recognized refugees is tolerated temporarily, pending the identification of a feasible durable solution.

In this regard, UNHCR continues to enjoy positive working relationships with governments throughout the GCC. On an operational level, UNHCR is regionally managed in Riyadh, which covers the Kingdom of Saudi Arabia (KSA), Qatar, the Kingdom of Bahrain (Bahrain) and the Sultanate of Oman (Oman), with separate offices in Kuwait City and Abu Dhabi, also reporting to Riyadh.

The number of registered Iraqi refugees and asylum seekers in each country as of October 2011 was as follows:

Bahrain	323
Kuwait	946
Oman	111
Qatar	96
Saudi Arabia	83
UAE	582
TOTAL	2,141

The majority of Iraqi refugees registered with UNHCR in the GCC arrived over five years ago, fleeing Iraq and entering one of the Gulf countries such as Bahrain, Qatar or Oman on an employment or tourist visa, which they were later able to transform into a residence visa or which they extended repeatedly. Most Iraqis in the Gulf reside legally and hold valid work permits. In the case of the United Arab Emirates (UAE) and Kuwait, Iraqis are subject to the same immigration processes as other expatriates.

In the UAE, some 70% of the overall registered refugee population is Iraqi. UNHCR's protection function works in cooperation with the External Relations Unit to help address issues pertaining to policy and to encourage greater capacity-building and training for government officials on UNHCR's mandate and the importance of international refugee protection.

⁹ UAE, Kingdom of Saudi Arabia, Kingdom of Bahrain, State of Kuwait, State of Qatar and the Sultanate of Oman

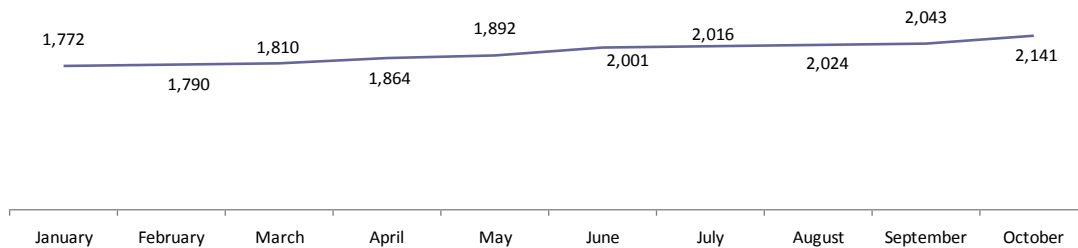
GCC: Age and Sex Breakdown of Iraqis as of October 2011

Age	0-4	5-11	12-17	18-59	60+	TOTAL	
Female	105	142	96	621	70	1,034	48%
Male	81	161	105	688	72	1,107	52%
Total	186	303	201	1,309	142	2,141	
	9%	14%	9%	61%	7%		

In the case of Kuwait, Iraqis represent approximately 60% of the total refugee and asylum-seeker population registered with UNHCR. The majority of the registered applicants are considered to be ‘long-stayers’, with some 50% of the registered Iraqi population originating from the southern governorates of Iraq. Those in need of assistance are referred to national charity organizations, which offer support regardless of their status.

The stay of Iraqi refugees continues to be defined as temporary by the GCC authorities and depends on the validity period of their visa. National regulations have become increasingly strict for Iraqi nationals particularly in terms of obtaining entry visas, extending visitor visas or residence permits and transfer of sponsorship. Refugees also suffer from the high cost of living throughout the region and the limited livelihoods opportunities resulting from the economic crisis the GCC is experiencing.

GCC Countries: Active Registered Iraqi Population January to October 2011



Due to their demographic makeup and their security concerns, GCC countries continue to have very strict immigration policies. As a result, the naturalization of foreigners is extremely limited. There are therefore no opportunities for local integration for refugees that are under UNHCR’s mandate and resettlement continues to be the principal durable solution for Iraqi refugees in the GCC. In 2010 and 2011, most Iraqi asylum-seekers in the KSA, Qatar, Oman and Bahrain, underwent eligibility interviews and were processed for resettlement consideration. Their cases were submitted and pre-screened by the IOM pending final review by the resettlement country. UNHCR is aiming to submit some 200 families for resettlement by the end of 2011. At the time of writing, 60 Iraqi refugees had already departed for their resettlement countries in 2011.

Priority Needs

Given that the overall situation inside Iraq does not yet allow UNHCR to promote large-scale returns, UNHCR in the GCC will continue to provide protection to eligible Iraqis while seeking adequate durable solutions. The overall Iraqi population is not expected to increase significantly and immigration policies already in place are unlikely to change significantly in the GCC in 2012.

The overall strategy of UNHCR and the humanitarian community in the GCC is as follows:

- Maintain the protection space within the strict bounds of the GCC's immigration rules.
- Process eligible cases for resettlement to third countries.
- Maintain and expand good working relations with governments in the GCC through greater engagement and cooperation.
- Facilitate the participation of the UAE in policy discussions focused on promoting solutions.
- Build partnerships throughout the GCC with the aim of enhancing burden-sharing.
- Build the capacity of government bodies, NGOs and educational institutes through training to foster greater inclusion and understanding of UNHCR's mandate.
- Maintain advocacy for the rights of the population of concern and interventions aimed at addressing their protection needs in a timely and effective manner.

Response Activities

As a result of growing hardship due to the economic downturn, some refugees have approached UNHCR for a subsistence allowance. UNHCR in Saudi Arabia, Kuwait and the UAE has therefore provided some limited allowances to refugees based on the assessment of their needs. Moreover, in the case of the UAE, UNHCR continues to benefit from the referral mechanism in place with the UAE Red Crescent Society which allows asylum-seekers and refugees, including Iraqis, access to direct humanitarian assistance.

The stay of recognized refugees in GCC countries is temporarily tolerated pending the identification of a long-term solution, namely voluntary repatriation or resettlement. Due to the lack of local integration prospects and the limited interest in repatriation, resettlement is considered to be the most accessible durable solution and a vital instrument of international protection, particularly for refugees with pressing legal and physical protection needs. The timely and resettlement processing of recognized Iraqi refugees which has allowed UNHCR to establish solid relations with the authorities will be maintained to allow refugees to stay in the country until their resettlement process is complete.

In 2011 and 2012, a continued systematic and timely processing of RSD applications and/or resettlement eligible cases will be maintained throughout the Gulf region. However, there is growing concern that lengthier security procedures on the part of resettlement countries will further delay departures and put additional strain on UNHCR's capacity to provide basic care and assistance.

Across the GCC, the humanitarian community has collaborated to establish good practices with the various government authorities through consistent advocacy and capacity-building. Advocacy and regular communication will therefore be maintained with the relevant authorities to help maintain and possibly expand the protection space in the GCC countries. New partnerships will also continue being formed including for instance with the Patient Helping Fund Society NGO in Kuwait.

Financial Requirements

Agency (and partners)	Financial requirements in \$	List of projects and main activities
UNHCR Regional Office (RO) Riyadh (direct implementation)	80,000	General protection activities including registration, profiling, counseling, RSD, advocacy and individual interventions and resettlement submissions
UNHCR RO Riyadh (direct implementation)	10,000	Prevention of SGBV: counseling and SGBV awareness-raising
UNHCR RO Riyadh (direct implementation)	20,000	Provision of basic domestic and hygiene items for vulnerable individuals
UNHCR RO Riyadh (direct implementation)	40,000	External relations activities and PI campaigns supporting protection activities
UNHCR UAE	10 000	Financial Assistance for Iraqi refugees
TOTAL	160,000	

4. Overview of 2012 financial requirements

Summary budget requirements per country

Country	Financial requirements in \$
Egypt	5,540,925
GCC	160,000
Iran	2,889,159
Jordan	61,898,314
Lebanon	12,907,212
Syria	148,016,716
Turkey	14,035,407
TOTAL	245,447,733

Summary budget requirements per agency

Agencies	Financial requirements in \$
ACF-E	276,000
Amel	600,000
ANERA	433,000
AVSI	410,000
BPRM, ICMC, RSC Turkey	6,514,582
CLMC	296,700
CVT	1,500,000
DRC	2,682,000
GOPA	6,400,000
HELP	1,400,000
IFRC in cooperation with SARC	2,151,900
IMC	7,093,439
IRD	4,482,046
IOM	4,768,469
MC	2,659,585
Nour Al Hussein	558,308
Questscope	447,745
SC JO	359,000
SC US	441,902
SARC in cooperation with the DRC	1,700,000
ICMC	70,240
IRC	600,000
UPP	150,200
UNDP	180,000
UNESCO	400,000
UNFPA	750,000
UNHCR	176,010,403
UNICEF	11,082,000
UNRWA	2,666,084
WFP	2,760,680
WHO	5,603,450
TOTAL	245,447,733

ANNEX: ACRONYMS AND ABBREVIATIONS

4Ws	Who What Where When
ACF-E	<i>Action contre la Faim – Espagne</i> (Action Against Hunger – Spain)
ACSIS	Arab Institute for Security Studies
AGDM	age, gender and diversity mainstreaming
AHC	Assistant High Commissioner
AIDOS	<i>Associazione Italiana Donne per lo Sviluppo</i> (Italian Association for Women in Development)
AJEM	<i>Association Justice et Miséricorde</i> (Association of Justice and Mercy)
AMEL	Amel Association - Lebanese Popular Association for Popular Action
ANERA	American Near East Refugee Aid
ASAM	Association for solidarity with asylum-seekers and refugees
ATM	automatic teller machine
AVSI	Association of Volunteers in International Service
BAFIA	Bureau of Aliens and Foreign Immigrants Affairs
BIS	Beneficiary Information System
BPRM	Bureau of Population, Refugees, and Migration
CAC	Community Action Committee
CAP	Consolidated Appeal Process
CBO	community-based organization
CBSP	Community-Based Support Project
CFS	child-friendly space
CFS	Child-Friendly School Initiative
CLMC	Caritas Lebanon Migrant Centre
CME	continuing medical education
CRS	Catholic Relief Services
CTD	Counter-Trafficking Directorate
CVT	Center for Victims of Torture
DAFI	Albert Einstein German Academic Refugee Initiative Fund
DANIDA	Danish International Development Assistance
DOS	Department of Statistics
DRC	Danish Refugee Council
DRC	Danish Red Cross
EC	early childhood
EC	European Commission
ECD	early childhood development
ECP	emergency contraceptive pills
EMOP	emergency operation
ERfKE	Educational Reform for the Knowledge Economy
EVS	Electronic Voucher System
EWG	Education Working Group
FAPSS	First Aid psycho-social support
FTS	Financial Tracking Service
FWG	Food Working Group
GBV	gender-based violence
GCC	Gulf Cooperation Council
GDP	gross domestic product
GESMAAP	General Establishment for Storing and Marketing Agricultural and Animal Products
GoJ	Government of Jordan
GOPA	Greek Orthodox Patriarchate of Antioch and All the East
GoS	Government of Syria
GSO	General Security Office
GUVS	General Union of Voluntary Service

HC	High Commissioner
HCA	Hermel Cultural Association
HCWM	Health Care Waste Management
HELP	Health, Education, Livelihood, and Participation
HIS	health information system
HIV/AIDS	human immuno-deficiency virus/acquired immuno-deficiency syndrome
HQ	headquarter
HRC	High Relief Commission
HRDF	Human Resources Development Foundation
HWG	Health Working Group
IASC	Inter-Agency Standing Committee
IBC	International Blue Crescent
ICDL	international computer driving licence
ICM	individual case management
ICMC	International Catholic Migration Commission
ICRC	International Committee of the Red Cross
ICT	information and communication technologies
IECD	<i>Institut Européen de Coopération et de Développement</i> (European Institute for Cooperation and Development)
IFH	Institute for Family Health
IFRC	The International Federation of Red Cross and Red Crescent Societies
IHAP	Iraq Humanitarian Action Plan
ILO	International Labour Organization
IMC	International Medical Corps
INEE	Inter-agency Network on Education in Emergencies
INGO	international non-governmental organization
INSAN	Insan Association
IOCC	International Orthodox Christian Charities
IOM	International Organization for Migration
IRAC	Iraqi Refugee Aid Council
IRC	International Rescue Committee
IRD	International Relief and Development
IT	information technology
JAM	Joint Assessment Mission
JHAS	Jordan Health Aid Society
JHU	Johns Hopkins University
JICA	Japanese International Cooperation Agency
JOHUD	Jordan Hashemite Fund for Human Development
JRC	Jordan Red Crescent
JRF	Jordan River Foundation
KSA	Kingdom of Saudi Arabia
M&E	monitoring and evaluation
MAHAK	Society to Protect Children Suffering from Cancer
MC	Mercy Corps
MDG	Millennium Development Goals
MDG	Millennium Development Goals
MDM	<i>Médecins Du Monde</i> (Doctors of the World)
MECC	Middle East Council of Churches
MENA	Middle East and North Africa
MH	mental health
MHGAP	Mental Health Gap Action Program
MoE	Ministry of Education
MoEHE	Ministry of Education and Higher Education
MoH	Ministry of Health
MoHE	Ministry of Health and Education
Mol	Ministry of Interior

MoJ	Ministry of Justice
MoPH	the Ministry of Public Health
MoPIC	Ministry of Planning and International Cooperation
MoSA	Ministry of Social Affairs
MoSAL	Ministry of Social Affairs and Labor
MoSD	Ministry of Social Development
MoU	memorandum of understanding
MT	metric ton
MTR	mid-term review
MYR	mid-year review
NAPHR	National Action Plan for Human Rights
NCD	non-communicable disease
NCHR	National Center for Human Rights
NFE	non-formal education
NFI	non-food item
NGO	non-governmental organization
NHF	Nour al-Hussein Foundation
NICCOD	Nippon International Cooperation for Community Development
NRC	Norwegian Refugee Council
NTR	nothing to report
OAU	Organization of African Unity
OHCHR	Office of the High Commissioner for Human Rights
PCC	Parent Children Centre
PCRS	primary care resources and supports
PEP	post-exposure prophylaxis
PFA	Psychological First Aid
PHC	primary healthcare
PHCC	Public Health Care Center
PI	public information
PoC	people of concern
PPP	purchasing power parity
PRCS	Palestinian Red Crescent Society
PSS	psycho-social services
PSS-MH	psycho-social support and mental health
PSTI	Psycho-Social Training Institute
PSTIC	Psycho-Social Training Institute in Cairo
PU	<i>Première Urgence</i> (First Aid)
PWD	person with disabilities
PWG	Protection Working Group
RACE	relief and community empowerment
RAIS	Refugee Assistance Information System
RC	Resident Coordinator
RH	reproductive health
RI	Relief International
RO	Regional Office
RRP	Regional Response Plan for Iraqi Refugees
RSD	refugee status determination
RST	resettlement
SAHPAD	Syrian Association for Health promotion and development
SARC	Syrian Arab Red Crescent
SC	Save the Children
SCIS	SARC health information system
SC JO	Save the Children Jordan
SCS	Save the Children Sweden
SDC	Social Development Centre
SFPA	Syrian Family Planning Association
SGBV	sexual and gender-based violence

SIF	<i>Secours Islamique France</i> (Islamic Relief France)
S-IHAP	Syrian-Iraqi Health Assistance Programme
SMS	short-messaging system
SOP	standard operating procedure
SSAF	Social Solidarity and Assistance Foundation
STD	sexually transmitted disease
STI	sexually transmitted infection
SWU	Syrian Women's Union
SYP	Syrian pound
TdH	<i>Terre des Hommes</i> (Land of People)
TOR	terms of reference
ToT	training of trainers
TWP	temporary work permit
U5	under-five
UAE	United Arab Emirates
UASC	United Arab Shipping Company
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDCS	United Nations Development Cooperation Strategy
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNRWA	United Nations Relief and Works Agency
UPP	Un Ponte Pei
US	United States
USAID	United States Agency for International Development
UNSCOL	Office of the United Nations Special Coordinator for Lebanon
VCT	Voluntary Counseling Testing
WASH	water, sanitation and hygiene
WFP	World Food Programme
WG	Working Group
WHO	World Health Organization
WV	World Vision
YCP	Youth Community Protection Program
YLI	Youth Led Initiative
YMCA	Young Men's Christian Association
YU	Youth Union
ZENID	Zein Al Sharaf Institute for Development

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