



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN IRAN FOR AFGHAN AND IRAQI REFUGEES 2011

| | |
|--|-------------------------------------|
| COUNTRY | THE ISLAMIC REPUBLIC OF IRAN |
| RESIDENT/HUMANITARIAN COORDINATOR | Consuelo Vidal- Bruce |

I. SUMMARY OF FUNDING IN 2011- US\$

| | | | | |
|----------------|--|--|------------|------------|
| Funding | 1. Total amount required for the humanitarian response | | 51,350,000 | |
| | 2. Breakdown of total response funding received by source | 2.1 CERF | | 3,000,000 |
| | | 2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>) | | N/A |
| | | 2.3 OTHER (Bilateral/Multilateral) | | 9,800,000 |
| | | 2.4 TOTAL | | 12,800,000 |
| | 3. Breakdown of funds received by window | <input checked="" type="checkbox"/> Underfunded | | 3,000,000 |
| | | 1. <i>First Round</i> | | 3,000,000 |
| | | 2. <i>Second Round</i> | | N/A |
| | | <input type="checkbox"/> Rapid Response | | N/A |
| | 4. Please provide the breakdown of CERF funds by type of partner | 4.1 Direct UN agencies/IOM implementation | | 3,000,000 |
| | | 4.2 Funds forwarded to NGOs for implementation | | N/A |
| | | 4.3 Funds forwarded to government partners | | 0 |
| | | 4.4 TOTAL | | 3,000,000 |

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

| | | |
|---|-------------------------------------|---------|
| Total number of individuals affected by the crisis | Individuals | 134,000 |
| Total number of individuals reached with CERF funding | Female | 58,000 |
| | Male | 69,000 |
| | Total individuals (Female and male) | 134,000 |
| | Of total, children <u>under</u> 5 | 7,000 |

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

There are 18 refugee settlements in 12 provinces as below:

- Soltanieh settlement: Zanzan Province
- Ziveh, Dilzeh and Bezileh settlements: West Azarbaijan Province
- Varmahang settlement: Kurdestan Province
- Songhor settlement: Kermanshah Province
- Abazar settlement: Lorestan Province
- Jahrom and Sarvestan settlement: Fars Province
- Bani-Najar settlement: Khuzestan Province
- Mohajerin settlement: Semnan Province
- Rafsanjan and Bardsir settlement: Kerman Province
- Saveh settlement: Markazi Province
- Torbat-e-Jam settlement: Khorasan-Razavi Province
- Ardakan, Meybod and Taft settlement: Yazd Province

Refugee populated urban areas of: Kerman, Khorasan-e-Razavi, Markazi, Semnan, Shiraz, Jahrom, Yazd, Rafsanjan, Ahwaz, Lorestan, W.Azerbaijan, Tehran & East, Behesti & West, Hamedan, Jiroft, South Khorasan, Qom, Golestan, Qazvin, Kashan, Esfahan, Alborz, Kordestan, Kermanshah, Mazandaran.

IV. PROCESS AND CONSULTATION SUMMARY

- i) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
 YES NO

Remarks: The UN Country Team, under the leadership of the Resident Coordinator, met on 27 January 2011 to review the needs, prioritize the gaps in the humanitarian response for refugees and assess the availability of humanitarian funding from other sources. Inclusive and transparent discussions were held regarding the impact of the subsidies removal on the well-being of the refugees in country. It was unanimously agreed that food security and health were the two main pillars of support required to offset the severity of the impact of the withdrawal of subsidies.

Although other UN agencies, such as UNICEF, UNFPA and IOM have small projects dealing with refugees,

none of the projects could be categorized as a life-saving and it was agreed that the CERF allocation be equally divided between UNHCR and WFP, agencies which deal with health and food security respectively.

//) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

V. ANALYSIS

1. The humanitarian context

Iran has been hosting Afghan refugees for more than three decades since the first wave of asylum seekers came to Iran during the introduction of the Soviet Union troops into Afghanistan in 1979, with more arriving during the subsequent civil war, which continued until 1993. A second major wave followed during the Taliban regime between 1994 and 2001.

In addition to the Afghan refugees, Iran is also hosting Iraqi refugees who fled to the south of Iran during the 1980s to avoid conflict in their home regions. The vast majority of Iraqi Kurds in the northwest of Iran sought refuge in Iran during the first and second Gulf wars. Iran has repeatedly stressed the financial burden of hosting 840,158 registered and 2 million undocumented Afghan refugees on the country's economy and the need for greater international assistance to reduce this strain. Integration into Iranian society has never been viewed as a solution, with the Government of Iran maintaining its position of promoting repatriation of Afghan refugees to their homeland since relative peace and security was re-established in 2003.

The United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) have been assisting the Afghan refugees since 1989 and the Iraqis since 1991. The tightening of labour laws, with heavy fines levied on employers, has discouraged companies and individuals from hiring Afghans. Unskilled wage labour is the most common means of income for the majority of Afghans living in Iran. Labour opportunities for Afghan refugee households are therefore rare. Iraqi refugees (both Kurd and Arab) have little better options for income-generating activities, despite the fact that they are better accepted in the local population.

In December 2009, the Government of Iran committed to removing food and fuel subsidies with this policy coming into effect from 19 December 2010, affecting both Iranian and refugee households. The price of fuel, energy and bread increased significantly. The cash payment to vulnerable Iranians, which has replaced the blanket subsidies to offset the increased prices of energy and food, does not apply for Afghan and Iraqi refugees. Household food expenditure of both groups therefore increased at national level by over 50 percent when compared with 2008. This increase in the cost of living heavily affected the well being of these vulnerable communities both health and food sector. WFP provides food assistance to those refugees in settlements who are considered highly vulnerable - some three per cent of refugees in the country and UNHCR is responsible for the overall non-food requirements as well as protection, health and education of the refugees both in settlements as well as registered refugees at large.

Subsequently these two areas of health and food were prioritized in the discussion. UNHCR field staff members and joint visits with WFP conducted a wide range of monitoring visits. The 2008 Joint Assessment mission (JAM) found that conditions for these refugees had not improved since the 2003 Household Food Economy Survey. Food consumption among refugees in the settlements was barely adequate. An analysis of both the household food consumption and food expenditure clearly showed the importance of a food assistance component for nearly 75 per cent of the refugee households in settlements. The JAM found that in many cases, the food security situation as well as the general health situation of the refugees had deteriorated since 2003, and the situation was made worse by the absence of social services and increase in food prices. Knowing the fact that in presence of comprehensive livelihoods strategy many of those health related needs of refugees would have been covered, health, in short term, and livelihoods, in long term, was set as key programme objectives for UNHCR.

The analysis of the results achieved with CERF funding clearly indicates the appropriateness of these two priority areas as both health and food security situation of the refugees has been stabilized with the US\$3 million CERF funds used to address the gaps in these two sectors.

2. Provide brief overview of CERF's role in the country

The UN Country Team, under the leadership of the Resident Coordinator, met on 27 January 2011 to review the needs, prioritize the gaps in the humanitarian response for refugees and assess the availability of humanitarian funding from other sources. Inclusive and transparent discussions were held regarding the impact of the subsidy removal on the well-being of the refugees in country. It was unanimously agreed that food security and health

were the two main pillars of support required to offset the severity of the impact of the subsidy removal. Although other UN agencies such as UNICEF, UNFPA and IOM have small projects dealing with refugees, none of the projects could be categorized as life-saving. It was therefore agreed that the allocation be equally divided between UNHCR and WFP, agencies that deal with health and food security respectively.

3. What was accomplished with CERF funding

With almost one and half years after the implementation of the subsidy removal and the drastic rise in the cost of living, resources have been scarce for refugees. The targeted assistance in health and food sectors was instrumental in maintaining acceptable levels of food security and health care for this vulnerable group.

The current humanitarian situation of the refugees has been stabilized since the provision of the CERF funds. Through appropriate intervention mechanisms, harmful coping mechanisms in areas of health and food security have been avoided.

In settlements, 29,450 refugees received a much-needed WFP food basket and 2,500 vulnerable refugees were supported under Community Integrated Social and Medical Assistance Programme (CISAMAP) of UNHCR.

During 2011, 16,675 units of medicines were procured for 15 Health Houses in settlements and 124 health posts throughout the country. These items were distributed in both settlements and urban areas. As part of response plan for UNHCR, BAFIA and Ministry of Health needs assessment, 7,745 items were distributed in 15 settlements where 29,775 refugees are residing. The remaining 8,930 items were given to health houses in the most deprived and refugee populated areas in provinces of Esfahan (27,000 refugees), Yazd (5,000 refugees), Fars (11,132 refugees), Kerman (67,245 refugee population), Khorasan-Razavi (127,195 refugee population), Semnan (19,809 refugee population), Markazi (14,593 refugees) and Tehran (10,000 refugees).

Considering the fact that the procured items were distributed in health houses for provision of primary health care where services are provided to both Iranians and Afghans, all refugees residing in respective provinces have benefited from items. In the course of implementation, UNHCR realised that some of the medicines needed to be replaced by others.

4. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES NO

Availability of cash allowed WFP to purchase locally and regionally in order to reduce the lead-time required for delivery of food aid. Wheat flour for example was available within 10 days of release of funds as the purchase was done locally. Additionally, the difference in the exchange rate at the time of submission of proposal and disbursement of funds resulted in a total of 182 metric ton more of food, most of which was the additional wheat flour (95 metric ton) purchased and paid for locally in the country¹.

In addition to direct beneficiaries mentioned above, immediate disbursement of funds to UNHCR also boosted the capacity of the Ministry of Health and CISAMAP hospitals in dealing with the caseload. The total number of beneficiaries (direct and indirect) is as below:

- Estimate number of beneficiaries:
Distribution of medical items: 29,775 refugees in the settlements and 67,725 refugees in urban areas
Community Integrated Social and Medical Assistance Programme: 2,500 vulnerable refugees

¹ 34,000 is the total number of beneficiaries that could receive WFP assistance. However, the numbers of rations distributed are usually lower since many of the refugees receive travel and work permits that allow them to leave the settlements and go to neighboring city or province for labour opportunities. As a result, the actual number of beneficiaries receiving food assistance each month is lower than the projected figure if the beneficiary does not come to collect his/her ration during the one-week distribution period.

b) Did CERF funds help respond to time critical needs?

YES NO

At a time when international funding has been extremely low for long time, the CERF allocation was extremely critical to ensure the continuation of life-saving assistance for an underfunded emergency such as the refugee crisis in Iran. Immediate medical care and food were provided to prevent death or serious impairment of health of these refugees in Iran.

c) Did CERF funds result in other funds being mobilized?

YES NO

CERF funds allowed other donors to realise the importance of emergency life-saving medical and food assistance. Both UNHCR and WFP benefited from additional funds following the allocation of CERF funding. In 2011, UNHCR in Iran received the highest earmarked contributions since the last five years. WFP managed to secure \$500,000 - its first directed donation in five years from CIDA, Canada.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

WFP and UNHCR have improved inter-agency coordination and collaboration as recipients of CERF funds. In the food sector, it is only UNHCR and WFP who are directly involved in refugee food and nutrition assistance. In 2011, WFP and UNHCR joint monitoring missions in settlements heavily involved the Ministry of Health refugee focal points to improve the health services provided to refugees.

VI. LESSONS LEARNED

| LESSONS LEARNED | SUGGESTION FOR FOLLOWUP/IMPROVEMENT | RESPONSIBLE ENTITY |
|---|---|--|
| POSITIVE EXPERIENCES | | |
| <p>Since the preliminary proposal had been submitted by WFP to the CERF secretariat, the RC decided to designate WFP as the lead agency for coordinating discussions and inputs of the UNCT in prioritization of funds and gap identification. This proved to be a good mechanism for coordination within the team.</p> | <p>A coordination mechanism could be put in place corporately whereby a lead agency is designated by the UNCT/HCT at the beginning of the process.</p> | <p>RC/HC</p> |
| <p>Given that the refugee situation in Iran is a long-standing one with very limited number of donors interested in funding humanitarian activities for this vulnerable group, the CERF underfunded window is one of the more appropriate mechanisms to provide life-saving support to this forgotten caseload</p> | <p>To publicize the effect of the intervention and disseminate success stories on appropriateness of the funds to encourage donors to pledge more for underfunded projects.</p> | <p>CERF Secretariat</p> |
| CHALLENGES | | |
| <p>Application for funding is centralized in agency headquarters and unless the country offices are proactive in identifying this mechanism and without their respective headquarters' support it would be close to impossible to obtain funding through this source²</p> | <p>More active dialogue to be established between each humanitarian agency headquarters' and its country offices to share information on such funding opportunities</p> | <p>Each agency with its headquarters</p> |

² This refers to each agency's internal selection mechanism and prioritization. WFP liaison with the CERF secretariat is through its headquarters in Rome but the selection process that takes place prior to putting forward suggestions for funding has to be rigorously advocated by the Country Offices themselves.

VII. ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

| WFP - FOOD | | | | | | | |
|----------------------|--|------------------------------------|---------------|-------------------------------------|--------|----------------------|--|
| CERF PROJECT NUMBER | 11-WFP-011 | Total Project Budget | \$ 11,400,000 | Beneficiaries | | Reached ³ | Gender Equity |
| | | | | Targeted | | | |
| PROJECT TITLE | PRRO 102131: Food Assistance and Support to Education of Afghan and Iraqi Refugees in the Islamic Republic of Iran | Total Funding Received for Project | \$ 3,800,000 | Individuals | 34,000 | 29,450 | All refugees inside the settlements regardless of their age and gender receive an equal food basket consists of WHF, Rice, vegetable oil, pulses and sugar on a monthly basis. Gender equity was promoted throughout the implementation of the project. One of the achievements was adding the name of women in the household food ration cards as "FOOD RECIPIENT". |
| | | | | Female | 15,000 | 12,610 | |
| | | | | Male | 14,000 | 12,416 | |
| | | | | Total individuals (Female and male) | 34,000 | 25,026 | |
| | | | | Of total, children under 5 | 5,000 | 4,424 | |
| TOTAL | 34,000 | 29,450 | | | | | |
| STATUS OF CERF GRANT | Completed | Amount disbursed from CERF | \$ 1,499,818 | | | | It was also recommended to the settlement's refugee councils and government authorities responsible for the settlements to delegate administrative tasks to women, such as preparation of monthly distribution list, which was well accepted by settlement authorities. |

³ As mentioned earlier, the number of beneficiaries reached reflects the actual distribution figures. On average there are around 4,000 refugees who are not present during distribution dates each month, either because they are away for work or visiting other family members outside the settlement. If any refugee is not present for two consecutive months, his/her name will be removed from the list. However, it is important for refugee self-reliance to allow them this window of work opportunity. If WFP insists on them staying in the settlements at all times, the refugees will become totally dependant on the food assistance in the long run.

| OBJECTIVES ⁴ AS STATED IN FINAL CERF PROPOSAL | ACTUAL OUTCOMES | MONITORING AND EVALUATION MECHANISMS |
|--|---|--|
| <p>Basic food needs of the refugees in camps are met through general food distribution (SO1):</p> <p><i>Outcome indicators:</i> Number of households with adequate intake of essential nutrients using food consumption score</p> <p><i>Outputs:</i> Timely provision of 1,977 MT of adequate quality food for up to 34,000 refugees in 18 settlements under WFP assistance</p> <p><i>Output indicators</i> Number of beneficiaries received food basket in settlements disaggregated by gender</p> <p>Tonnage of food distribution in settlements</p> | <ul style="list-style-type: none"> ▪ Basic Food needs of refugees are met through general food distribution of: ▪ 87 per cent of households had satisfactory/Good food consumption score: The household daily consumes at least five food items and one additional food item four to five days per week. ▪ Total tonnage was increased by 182 metric ton of food resulting in 2,159 metric ton provided instead of the originally calculated 1,977 to all residents present in the settlements during the period. ▪ On average 30,000 beneficiaries received a monthly food basket consisting of all five items⁵ ▪ 2,159 metric ton of food commodities consisting of 1214 metric ton of wheat flour, 700 metric ton of rice, 150 metric ton of lentils and 21,5 metric ton of sugar and 73.5 metric ton of vegetable oil were purchased and distributed among the refugees | <p>All food transactions were recorded in WFP global corporate system.</p> <p>All food commodities were tracked using WFP's corporate tracking system (COMPAS) from the point of loading to final distribution in the settlements.</p> <p>Two Joint WFP/UNHCR monitoring visits to all Afghan and Iraqi settlements were conducted in April/May and November/December 2011. The mission consisted of one representative each from WFP, UNHCR and provincial BAFIAs. In some of the visits, one representative from Central BAFIA accompanied the group.</p> <p>Data was collected on delivery, distribution and number of recipients per month. Stakeholder interviews were held to gather qualitative data on satisfaction of refugees as well.</p> |

⁴ The project addresses WFP's Strategic Objectives SO 1 – Save Lives and Protect Livelihoods in emergencies. Working through General Food Distribution to the most vulnerable refugees living in the settlements, WFP's project ensures that the basic food needs of the refugees are met

⁵ The settlements reached were still 18. It is the number of refugees present during the various distribution months that varied and was less than 34,000 for the reasons explained above

| UNHCR - HEALTH | | | | | | | |
|---|--------------------------------|--|--------------|---------------|---------|--|---|
| CERF PROJECT NUMBER | 11-HCR-006 | Total Project Budget | \$39,951,108 | Beneficiaries | | Reached | Gender Equity |
| | | | | Targeted | Reached | | |
| PROJECT TITLE | Life saving medical assistance | Total Funding Received for Project | \$ 9,371,082 | Individuals | 100,000 | 100,000 | CISAMAP supported and insured 2,500 refugees (1,232 female, 1,268 male). Also 97,500 refugees benefited from medicines and medical equipments out of which general sex distribution is 45 per cent female and 55 per cent male. |
| | | | | Female | 43,000 | 43,000 | |
| Male | 55,000 | 55,000 | | | | | |
| Total individuals (Female and male) | 98,000 | 98,000 | | | | | |
| Of total, children under 5 | 2,000 | 2,000 | | | | | |
| STATUS OF CERF GRANT | Completed on 31 December 2011 | Amount disbursed from CERF | \$ 1,492,648 | TOTAL | 100,000 | 100,000 | |
| OBJECTIVES AS STATED IN FINAL CERF PROPOSAL | | ACTUAL OUTCOMES | | | | MONITORING AND EVALUATION MECHANISMS | |
| To ensure vulnerable persons of concern to UNHCR have access to life saving medical support | | <p>Life-saving medicines and equipment procured for health posts procured</p> <ul style="list-style-type: none"> ▪ Health posts were provided with life- saving medication and equipped. During 2011, medicines were procured for 15 Health Houses in settlements⁶, 124 health posts throughout the country and 97,500 refugees have benefited from procured items. <ul style="list-style-type: none"> ⊙ CISAMAP assisted 13,158 refugees though one of the components of medical referral, health insurance for special diseases and emergency financial assistance. Out of this number, CERF funding supported 2,500 refugees. Beneficiaries breakdown: <ul style="list-style-type: none"> ⊙ CISAMAP assisted 2,500 refugees ⊙ Items procured for health houses in settlements and urban areas assisted 97,500 refugees | | | | <p>UNHCR Iran (ORT-Office of representative in Tehran) periodically monitored (physically and financially) the project to ensure that implementation is progressing according to plans. UNHCR conducts (financial and physical) monitoring missions quarterly per year.</p> <p>UNHCR and WFP conducted joint monitoring missions in April and October 2011.</p> <p>Kept continuous meetings on lessons learnt and recommendations identified during monitoring visits and took necessary steps for improvement of the project.</p> | |

⁶29,775 refugees were assisted in 15 settlements of: Ziveh, Dilzeh and Bezileh in West Azarbaijan province, Abazar settlement in Lorestan province, Jahrom and Sarvestan settlements in Fars province, Bani-Najar settlement in Khuzestan province, Mohagerin settlement in semnan province, Rafsanjan and Bardsir in Kerman province, Saveh in Markazi province, Torbat-e-Jam in Khorasan-Razavi province and Ardakan, Meybod and Taft settlements in Yazd

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

| CERF PROJECT CODE | CLUSTER/ SECTOR | AGENCY | IMPLEMENTING PARTNER NAME | PARTNER TYPE | TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$ | DATE FIRST INSTALLMENT TRANSFERRED | START DATE OF CERF FUNDED ACTIVITIES BY PARTNER | Comments/ Remarks |
|-------------------|-----------------|--------|--------------------------------|-----------------------------------|--|------------------------------------|---|--|
| 11-HCR-006 | Health | UNHCR | Payments to over 100 Hospitals | Hospitals (Implementing partners) | 472,650 | Ongoing payments | Ongoing payments | The list of hospitals is available in Annex 4 ⁷ . |

⁷ Refugees approaching CISAMAP for assistance are assessed based on vulnerability criteria. Those eligible to receive assistance are requested to provide treatment documents based on which UNHCR transfers the funds to respective hospitals. This process includes an initial letter of commitment and transfer of actual funds after internal financial payment procedures.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|----------------------|--|
| BAFIA | Bureau for Alien and Foreign Immigrants Affairs |
| CHH | Child Headed Household |
| CISAMAP | Community Integrated Social and Medical Assistance Programme |
| CIDA | Canadian International Development Agency |
| COMPAS | Commodity Programming Analysis System |
| CVA | Cerebral Vascular Accident known as stroke |
| EFA | Emergency Financial Assistance |
| FHH | Female Headed Household |
| JAM | Joint Assessment Mission |
| MINISTRY OF HEALTHME | Ministry of Health and Medical Education |
| OR | Older Refugee |
| PHC | Primary Health Care |
| PD | People with Disability |
| PRRO | Protracted Relief and Recovery Operation |
| TB | Tuberculosis |
| VOV | Victim of Violence |

ANNEX 4: LIST OF HOSPITALS

| | NAME OF THE HOSPITALS/CENTRES WORKING WITH UNHCR | LOCATION CITY | PROVINCE |
|----|---|----------------------|-----------------|
| 1 | Amir Al Momenin | Arak | Markazi |
| 2 | Amir Kabir | Arak | Markazi |
| 3 | Khansari* | Arak | Markazi |
| 4 | Emam Khomeini* | Arak | Markazi |
| 25 | Emam - Garmsar | Garmsar | Markazi |
| 5 | Taleghani | Arak | Markazi |
| 6 | Vali Asr | Arak | Markazi |
| 7 | Emam Jafar Sadegh - Delijan | Delijan | Esfahan |
| 8 | Alzahra | Esfahan | Esfahan |
| 9 | Amin | Esfahan | Esfahan |
| 10 | Ashrafi - Khomeinishahr | Esfahan | Esfahan |
| 11 | Ayatolah Kashani | Esfahan | Esfahan |
| 12 | Beheshti | Esfahan | Esfahan |
| 13 | Beheshti- Ardestan | Esfahan | Esfahan |
| 14 | Chamran | Esfahan | Esfahan |
| 15 | Dr. Shariati | Esfahan | Esfahan |
| 16 | Emam Khomeini - Falavarjan | Esfahan | Esfahan |
| 17 | Emam Mousa Kazem | Esfahan | Esfahan |
| 18 | Fatemeh Zahra - Najafabad | Esfahan | Esfahan |
| 19 | Feiz | Esfahan | Esfahan |
| 20 | Montazeri - Najaf Abad | Esfahan | Esfahan |
| 21 | Nour o Hazrate Ali Asghar | Esfahan | Esfahan |
| 22 | Rajaie - Aran o Bidgol | Esfahan | Esfahan |
| 23 | Seyed Al Shohada | Esfahan | Esfahan |
| 24 | Emam Reza - Eslam Shahr | Eslam Shahr | Tehran |
| 26 | Emam Jafar - Hashtgerd | Hashtgerd | Alborz |
| 27 | Alborz | Karaj | Alborz |
| 28 | Bahonar | Karaj | Alborz |
| 29 | Bahonar | Karaj | Alborz |
| 30 | Dr. Shariati | Karaj | Alborz |
| 31 | Kamali | Karaj | Alborz |
| 32 | Madani | Karaj | Alborz |
| 33 | Rajaie | Karaj | Alborz |
| 34 | Akhavan | Kashan | Esfahan |
| 35 | Beheshti | Kashan | Esfahan |
| 36 | Matini | Kashan | Esfahan |
| 37 | Naghavi | Kashan | Esfahan |
| 38 | Shabih Khani | Kashan | Esfahan |
| 39 | Ashrafi Esfahani | Nazar Abad | Tehran |
| 40 | Emam Hassan Mojtaba | Nazar Abad | Tehran |
| 41 | Bou Ali Sina | Qazvin | Tehran |
| 42 | Bou Ali Sina | Qazvin | Tehran |

| | | | |
|----|---------------------------|----------|---------|
| 43 | Koodakan Qods | Qazvin | Tehran |
| 44 | Kowsar | Qazvin | Tehran |
| 45 | Kowsar | Qazvin | Tehran |
| 46 | Rajaie | Qazvin | Tehran |
| 47 | Rajaie | Qazvin | Tehran |
| 48 | Tamin Ejtemaee, Takestan | Qazvin | Tehran |
| 49 | Al Zahra | Qom | Qom |
| 50 | Beheshti | Qom | Qom |
| 51 | Fatemi Sahami | Qom | Qom |
| 52 | Golpayegani | Qom | Qom |
| 53 | H. Masoumeh | Qom | Qom |
| 54 | Izadi | Qom | Qom |
| 55 | Kamkar | Qom | Qom |
| 56 | Nekuee Hedayati | Qom | Qom |
| 57 | Omide Farda | Qom | Qom |
| 58 | Paskal | Qom | Qom |
| 59 | Vali Asr | Qom | Qom |
| 60 | Chamran - Saveh | Saveh | Markazi |
| 61 | Modarres - Saveh | Saveh | Markazi |
| 62 | Amiralmomenin- Semnan | Semnan | Semnan |
| 63 | Emdad- Semnan | Semnan | Semnan |
| 64 | Fatemieh - Semnan | Semnan | Semnan |
| 65 | Emam Sajad - Shahriar | Shahriar | Tehran |
| 66 | Tamin Ejtemaee - Shahriar | Shahriar | Tehran |
| 67 | Emam Hossein- Shahrod | Shahrood | Esfahan |
| 68 | Fatemieh - Shahrood | Shahrood | Esfahan |
| 69 | 15 Khordad | Tehran | Tehran |
| 70 | Akbar Abadi | Tehran | Tehran |
| 71 | Akhtar | Tehran | Tehran |
| 72 | Ali Asghar | Tehran | Tehran |
| 73 | Amir Alam | Tehran | Tehran |
| 74 | Amir Almomenin Javadieh | Tehran | Tehran |
| 75 | Ashrafi Esfahani | Tehran | Tehran |
| 76 | Baharlou | Tehran | Tehran |
| 77 | Bahrani | Tehran | Tehran |
| 78 | Basir- Imam Khomeini | Tehran | Tehran |
| 79 | Bou Ali | Tehran | Tehran |
| 80 | Cancer | Tehran | Tehran |
| 81 | Dr. Lavasani | Tehran | Tehran |
| 82 | Dr. Shariati | Tehran | Tehran |
| 83 | Emam Hossein | Tehran | Tehran |
| 84 | Emam Khomeini | Tehran | Tehran |
| 85 | Farabi | Tehran | Tehran |
| 86 | Fayaz Bakhsh | Tehran | Tehran |
| 87 | Firouz Abadi | Tehran | Tehran |
| 88 | Firouzgar | Tehran | Tehran |
| 89 | Hashemi Nejad | Tehran | Tehran |

| | | | |
|-----|------------------------------|---------|-------------------|
| 90 | Hazrat Fatemeh | Tehran | Tehran |
| 91 | Hazrat Rasoul | Tehran | Tehran |
| 92 | Hazrate Fatemeh-Robat Karim | Tehran | Tehran |
| 93 | Heart Medical Center | Tehran | Tehran |
| 94 | Labafi Nezhad | Tehran | Tehran |
| 95 | Labafi Nezhad | Tehran | Tehran |
| 96 | Loghman | Tehran | Tehran |
| 97 | Lolagar* | Tehran | Tehran |
| 98 | Mahdieh | Tehran | Tehran |
| 99 | Masih Daneshvari | Tehran | Tehran |
| 100 | Mirza Koochak Khan | Tehran | Tehran |
| 101 | Modarres | Tehran | Tehran |
| 102 | Mofid | Tehran | Tehran |
| 103 | Motahari | Tehran | Tehran |
| 104 | Moyaeri | Tehran | Tehran |
| 105 | Rajaie | Tehran | Tehran |
| 106 | Razi Ravanpezeshki | Tehran | Tehran |
| 107 | Razi Skin | Tehran | Tehran |
| 108 | Roeen Tan Arash | Tehran | Tehran |
| 109 | Rouzbeh | Tehran | Tehran |
| 110 | Sapir | Tehran | Tehran |
| 111 | Seyed Al Shohada | Tehran | Tehran |
| 112 | Shafa Yahyaeian | Tehran | Tehran |
| 113 | Shohadaye 7tir | Tehran | Tehran |
| 114 | Shohadaye Yaft Abad | Tehran | Tehran |
| 115 | Sina | Tehran | Tehran |
| 116 | Tajrish | Tehran | Tehran |
| 117 | Taleghani | Tehran | Tehran |
| 118 | Tebi Koodakan | Tehran | Tehran |
| 119 | Torfeh | Tehran | Tehran |
| 120 | Vali Asr | Tehran | Tehran |
| 121 | Ziyaeian | Tehran | Tehran |
| 122 | 15 Khordad | Varamin | Tehran |
| 123 | Mofateh | Varamin | Tehran |
| 124 | Zaeem | Varamin | Tehran |
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| 125 | 22 Bahman | Mashhad | Khorasan-e-Razavi |
| 126 | Aboureyhan Audiologic Clinic | Mashhad | Khorasan-e-Razavi |
| 127 | ALMAS OPTIC | Mashhad | Khorasan-e-Razavi |
| 128 | ARYA | Mashhad | Khorasan-e-Razavi |
| 129 | BENTOLHODA | Mashhad | Khorasan-e-Razavi |
| 130 | Day Clinic Armaghan | Mashhad | Khorasan-e-Razavi |
| 131 | Dorri Optic | Mashhad | Khorasan-e-Razavi |
| 132 | Dr. Shariati | Mashhad | Khorasan-e-Razavi |
| 133 | Dr. Sheikh | Mashhad | Khorasan-e-Razavi |
| 134 | Echo Audio Center | Mashhad | Khorasan-e-Razavi |
| 135 | Eram Rehabilitation Center | Mashhad | Khorasan-e-Razavi |

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| 136 | Farabi | Mashhad | Khorasan-e-Razavi |
| 137 | Hasheminejad | Mashhad | Khorasan-e-Razavi |
| 138 | Imam Bagher Laser thrapy clinic | Mashhad | Khorasan-e-Razavi |
| 139 | Imam Hadi | Mashhad | Khorasan-e-Razavi |
| 140 | Imam Hossein | Mashhad | Khorasan-e-Razavi |
| 141 | Imam Reza | Mashhad | Khorasan-e-Razavi |
| 142 | Imam Sajjad | Mashhad | Khorasan-e-Razavi |
| 143 | Imam Zaman | Mashhad | Khorasan-e-Razavi |
| 144 | Javadol Aemeh Charity | Mashhad | Khorasan-e-Razavi |
| 145 | JAVAD-OL-AEMEH | Mashhad | Khorasan-e-Razavi |
| 146 | KAMYAB | Mashhad | Khorasan-e-Razavi |
| 147 | KHATAM OL ANBIA | Mashhad | Khorasan-e-Razavi |
| 148 | Medical Insurance Company | Mashhad | Khorasan-e-Razavi |
| 149 | Mehr | Mashhad | Khorasan-e-Razavi |
| 150 | MOTAHHARI ORTHOPEDIC CENTRE | Mashhad | Khorasan-e-Razavi |
| 151 | MOUSABNE-JAFAR | Mashhad | Khorasan-e-Razavi |
| 152 | Omid | Mashhad | Khorasan-e-Razavi |
| 153 | Omid Special Clinic | Mashhad | Khorasan-e-Razavi |
| 154 | Omolbanin Hospital | Mashhad | Khorasan-e-Razavi |
| 155 | Open Heart surgery Imam Reza S. | Mashhad | Khorasan-e-Razavi |
| 156 | OPEN HEART SURGERY OF QAEM | Mashhad | Khorasan-e-Razavi |
| 157 | PEJVAK AUDIO CLINIC | Mashhad | Khorasan-e-Razavi |
| 158 | QAEM | Mashhad | Khorasan-e-Razavi |
| 159 | SHAHAB OPTIC | Mashhad | Khorasan-e-Razavi |
| 160 | SPECIAL CLINIC OF IMAM REZA | Mashhad | Khorasan-e-Razavi |
| 161 | SPECIAL CLINIC OF QAEM HOSPITAL | Mashhad | Khorasan-e-Razavi |
| 162 | Special Clinic, Khatamol Anbia | Mashhad | Khorasan-e-Razavi |
| 163 | Imam Reza | Birjand | South Khorasan |
| 164 | Medical Insurance Company | Birjand | South Khorasan |
| 165 | Farhangian Clinic | Birjand | South Khorasan |
| 166 | Vali Asr | Birjand | South Khorasan |
| 167 | Khatamol Anbia | Gonabad | Khorasan-e-Razavi |
| 168 | Insurance CO. | Gonabad | Khorasan-e-Razavi |
| 169 | Shahid Motahari Hospital | Gonabad | Khorasan-e-Razavi |
| 170 | Shohada Hospital | Gonabad | Khorasan-e-Razavi |
| 171 | Taleghani Children Hospital | Gonabad | Khorasan-e-Razavi |
| 177 | Hakim | Nishabour | Khorasan-e-Razavi |
| 178 | Khatamol Anbia | Taybad | Khorasan-e-Razavi |
| 172 | Medical Insurance Company | Gorgan | Golestan |
| 173 | Masoud | Gorgan | Golestan |
| 174 | University of Medical Sciences | Gorgan | Golestan |
| 175 | Zare* | Sari | Mazandaran |
| 176 | Fatemeh Zahra * | Sari | Mazandaran |
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| 179 | Pastor | Bam | Kerman |

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| 180 | Ghaem* | Bardsir | Kerman |
| 181 | Seyedol Shohada* | Kerman | |
| 182 | Khaliye Fars | Bandar Abbas | Hormozgan |
| 183 | Shariati | Bandar Abbas | Hormozgan |
| 184 | Niapour | Bandar Khamir | Hormozgan |
| 185 | Ziaie | Ardakan | Yazd |
| 186 | Fatemeh Zahra | Mehriz | Yazd |
| 187 | Emam Sadegh | Meibod | Yazd |
| 188 | Ravan Pezeshki | Taft | Yazd |
| 189 | Shahid Beheshti | Taft | Yazd |
| 190 | Afshar | Yazd | Yazd |
| 191 | Savaneh Sokhtego | Yazd | Yazd |
| 192 | Shahid Rahnamoun | Yazd | Yazd |
| 193 | Shahid Sadoughi | Yazd | Yazd |
| 194 | Shohadaye Kargar | Yazd | Yazd |
| | | | |
| 195 | Chooromi | Bandare Genaveh | Bushehr |
| 196 | 17 Shahrivar | Borazjan | Bushehr |
| 197 | Mehr | Borazjan | Bushehr |
| 198 | Fatemh Zahra | Bushehr | Bushehr |
| 199 | Salman Farsi (Tamin Ejtemaee) | Bushehr | Bushehr |
| 200 | Emam khomeini | Kangan | Bushehr |
| 201 | Abdol Hamid Omidvar* | Evaz | Fars |
| 202 | Amiralmomenin | Gerash | Fars |
| 203 | Fatemeh Zahra Rehabilitation Centre | Jahrom | Fars |
| 204 | Motahari (Jahrom) | Jahrom | Fars |
| 205 | Peymaniyeh | Jahrom | Fars |
| 206 | Nabi Akram* | Khonj/Fars | Fars |
| 207 | Vali Asr | Kazeron | Fars |
| 208 | Motahaeri (Marvdasht) | Marvdasht | Fars |
| 209 | Emam Reza* | Larestan | Fars |
| 210 | Vali Asr* | Mamassani | Fars |
| 211 | Ali Asqar | Shiraz | Fars |
| 212 | Artesh (576 Hospital) | Shiraz | Fars |
| 213 | Beheshti | Shiraz | Fars |
| 214 | Chamran | Shiraz | Fars |
| 215 | Dastgheib | Shiraz | Fars |
| 216 | Ebne Sina | Shiraz | Fars |
| 217 | Etefaghat Namazi Pharmacy* | Shiraz | Fars |
| 218 | Faghihi | Shiraz | Fars |
| 219 | Ghadir (Modar va Koodak) | Shiraz | Fars |
| 220 | Ghalbe Hazrate Fatemeh | Shiraz | Fars |
| 221 | Ghotbodin | Shiraz | Fars |
| 222 | Hafez | Shiraz | Fars |
| 223 | Khalili | Shiraz | Fars |
| 224 | Moslemin | Shiraz | Fars |
| 225 | Namazi | Shiraz | Fars |

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| 226 | Shahid Rajaei | Shiraz | Fars |
| 227 | Zeynabiyeh (Hazrate Zeynab) | Shiraz | Fars |
| 228 | Aboozar | Ahwaz | Khuzestan |
| 229 | Allameh Karami | Ahwaz | Khuzestan |
| 230 | Emam khomeini | Ahwaz | Khuzestan |
| 231 | Fatemeh Zahra (NAJA) | Ahwaz | Khuzestan |
| 232 | Golestan | Ahwaz | Khuzestan |
| 233 | Razi | Ahwaz | Khuzestan |
| 234 | Taleghani | Ahwaz | Khuzestan |
| 235 | Farideh Behbahani | Behbahan | Khuzestan |
| 236 | Shahidzadeh | Behbahan | Khuzestan |
| 237 | Ganjaviyan | Dezful | Khuzestan |
| 238 | Narges Moarefi | Mahshahr | Khuzestan |
| 239 | 22 Bahman | Masjed Soleyman | Khuzestan |
| 240 | Nezam Mafi | Shush | Khuzestan |
| 241 | Alhadi | Shushtar | Khuzestan |
| 242 | Khatamolanbia | Shushtar | Khuzestan |
| 243 | Shahid Chamran | Susangerd | Khuzestan |