

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT 2012  
ON THE USE OF CERF FUNDS  
IRAQ**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Ms. Jacqueline Badcock**

## PART 1: COUNTRY OVERVIEW

### I. SUMMARY OF FUNDING 2012

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
<b>Breakdown of total response funding received by source</b>	CERF	2,567,704
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	517,446
	OTHER (Bilateral/Multilateral)	48,964,529
	<b>TOTAL</b>	<b>52,049,679</b>
<b>Breakdown of CERF funds received by window and emergency</b>	<b>Underfunded Emergencies</b>	
	<i>First Round</i>	0
	<i>Second Round</i>	0
	<b>Rapid Response</b>	
	Syrian Refugees	2,567,704

### II. REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES  NO

*If 'No', please describe reasons*

- b. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES  NO

The report was shared with the heads of recipient agencies and focal points who contributed to its development, subsequently final approval was granted by the DSRSG/RC/HC.

## PART 2: CERF EMERGENCY RESPONSE – SYRIAN REFUGEES (RAPID RESPONSE 2012)

### I. HUMANITARIAN CONTEXT

As a result of on-going conflict and deteriorated living conditions in Syria, tens of thousands of Syrian nationals continue to flee their homes in search of a safe living environment and humanitarian assistance in neighbouring countries. The corresponding spill-over of Syrian refugees entering into Iraq continues to increase at a staggering pace. As of 5 March 2013, 107,271 Syrians had been registered or were awaiting registration with the Government of Iraq (GoI) and UNHCR, of which over 99,000 are in the Kurdistan Region. The UN anticipates a further influx in the number of Syrian asylum seekers to Iraq if the security situation inside Syria continues to deteriorate.

UNHCR estimates that 70 % of displaced Syrians are women and children who often arrive in Iraq empty handed and in urgent need of basic household items such as hygiene kits, clothing, blankets, mattresses, kitchen utensils and food.

The total number of Iraqi returnees crossing into Iraq since 18 July 2012 is 77,023 and those that have departed is 42,580. The Ministry of Migration and Displacement (MoDM) continues to distribute four million Iraqi dinars to all new returnee households while UNHCR provides cash assistance of US\$400 per family and \$200 per single to all Iraqi returnees.

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response: As per v.4 Syria RRP, total funding requirement = US \$86,042,526</i>		
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	CERF	2,567,704
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	517,446
	OTHER (Bilateral/Multilateral)	9,940,791
	<b>TOTAL</b>	<b>13,025,941</b>

TABLE 2: CERF EMERGENCY FUNDING BY AGENCY (US\$)			
<b>Allocation 1 – Date of Official Submission: 4 October 2012</b>			
<b>Agency</b>	<b>Project Code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
IOM	12-IOM-029	Shelter and NFIs	245,779
UNHCR	12-HCR-049	Shelter and NFIs	715,922
UNICEF	12-CEF-117	Water and Sanitation	751,793
WFP	12-WFP-071	Food	579,385
WHO	12-WHO-072	Health	274,825
Sub-total CERF Allocation			<b>2,567,704</b>
<b>TOTAL</b>			<b>2,567,704</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Type of Implementation Modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	1,420,347
Funds forwarded to NGOs for implementation	1,147,357
<b>TOTAL</b>	<b>2,567,704</b>

## II. FOCUS AREAS AND PRIORITIZATION

Syrian refugees enter Western Iraq through the Al-Qaim and Al-Waleed border crossings in Anbar Governorate and Northern Iraq (primarily the Kurdistan region) through the Al-Rabiya border crossing in Ninewah governorate (as well as through illegal entry points in Duhok governorate). Refugees in Anbar must stay in refugee camps in Al-Qaim, while refugees in Kurdistan can choose to stay in the Domiz camp (Dohuk governorate) or with a host family in the region. The federal government allowed Syrians to seek international protection in Ninewah and Anbar governorates from 23 July 2012, while refugees to the Kurdistan region have freely accessed and moved about in the region.

In April 2012, the Kurdistan Regional Government (KRG) established the Domiz Camp on approximately 650,000 square meters of cleared land. It was later expanded, and continues to expand to meet the growing numbers of refugees. Despite these expansions, Domiz Camp is extremely overcrowded - despite intensive work to accommodate new arrivals, and many tents are now hosting two families due to slow progress made in establishing new camps in the Kurdistan region. According to UNHCR, there are approximately 2,500 families without shelter that are being hosted by 'other' families. Given the dramatic increase in new arrivals into the Kurdistan region combined with increased pressure on basic services provision (including assistance to Syrian refugees and particularly to those living in urban communities), KRG authorities took the decision to establish an additional two refugee camps in Northern Iraq (specifically in Sulaymaniyah and Erbil governorates). UNHCR is coordinating closely with government authorities to plan and develop the new facilities, and a joint assessment with local authorities will determine the potential location of both camps.

Rapidly increasing numbers of refugees with limited personal resources are arriving at both camps at Al-Qaim, and according to UNHCR (as of 19 February 2013) some 8,487 individuals are housed in camps 1 and 2. While Al-Obaidy (camp 3) has been constructed and is ready to accommodate some 4,500 refugees, the Al-Qaim border remains closed (see below).

On 18 September 2012, Al-Qaim border crossing reopened having been closed since 13 August 2012. Families with children below 15 years of age, women, elderly, the sick and injured were allowed to enter Iraqi (approximately 120 persons per day). The Al-Qaim border was again closed on 18 October 2012 and it remains closed, with exceptions made for medical emergencies and family reunification (however this is limited to spouses and only 3 persons per day are able to enter into Iraq). Syrians requiring medical attention are admitted for 'day-care' which is typically provided by the health centre at the border. On average there are 500 daily arrivals at the border, yet only 100 to 150 can be admitted for a few hours due to the strained capacity of the health centre.

The Gol's declared reason for the on-going closure of the border is due to "lack of sufficient space in existing refugee camps". It is estimated that some 3,000 asylum seekers stranded on the Syrian side of the border face acute shortages in food and medicine. Both the Deputy Special Representative of the Secretary-General/Resident Coordinator/Humanitarian Coordinator (DSRSG/RC/HC) and the Head of UNHCR have continued to lobby authorities to permanently reopen the border and allow the remaining individuals to enter into Al-Qaim, and the UN Humanitarian Country Team (HCT) stands ready to assist those waiting to cross into Iraq.

Assistance provided as a consequence of CERF funding has primarily contributed towards the provision of protection and registration services, shelter, food and non-food assistance, and basic services for new arrivals in the Al-Qaim camp and medical services in the Domiz camp.

A joint assessment undertaken by the UN, Gol and local partners in Kurdistan in July 2012 highlighted priorities, gaps and needs at the Domiz camp. A joint mission between HCT members and local authorities to Al-Qaim provided an initial understanding of the deepening crisis, while an inter-agency needs assessment undertaken 2-4 September 2012 determined resource and

response mechanisms required to support the influx of refugees entering Al-Qaim. Individual agency assessments are on-going in both camps.

The IOM Rapid Assessment and Response Team (RART) undertook a needs assessment that revealed priority needs including food, basic domestic and hygiene items, shelter, health, and education services. Together with UNHCR camp management, IOM determined the distribution history of camp residents and through this process were able to identify families who did not received Non Food Items (NFIs), and/or those that received incomplete kits. These families were thus prioritized to receive NFI kits at distributions.

New arrivals from Syria are systematically registered with UNHCR which enables cases with specific needs to be identified and referred to appropriate partners to follow up. Not only did this serve to identify the case load of beneficiaries served by UNHCR, but it allowed the agency to adjust specific activities on a when required basis.

The UNICEF Water, Sanitation and Health (WASH) team participated in a joint assessment in Al-Qaim on 28-30 July 2012. At the time of the assessment it was observed that over 3,000 people were housed in 13 reception centres (schools) with inadequate water and sanitation services. Additional assessments undertaken by UNHCR and inter-agency assessment teams resulted in a range of recommendations including the need to establish a refugee camp, evacuate refugees from the reception centres/schools, and provide basic services. WASH activities enabled by CERF funding were prioritized in consultation with the HCT and the MoMD according to actual needs.

The WHO team participated in three inter-agency multi-sectorial joint assessment missions to the Al-Qaim camp while several field visits were conducted at the Domiz refugee camp and with host communities. Needs assessment were conducted using a health assessment tool which collected information on the disease situation, maternal child health, vaccination services, the availability of essential medicines and health personnel at health care facilities and services provided. People with special needs, disabilities and patients suffering from chronic disease conditions were targeted for health interventions as a consequence of findings revealed by the needs assessments.

### **III. CERF PROCESS**

To ensure the HCT's continued humanitarian response, funding was mobilised in 2012 through four main pathways, namely: i) OCHA's ERF (where \$517,446 was allocated to 5 national NGOs to implement life-saving humanitarian activities), ii) the Syria Regional Response Plan where \$25,340,520 was mobilised out a total requirement of \$86,042,526 (i.e. 30 %) iii) bilateral/multilateral contributions of \$9,940,791; and iv) the CERF. To date, there has been no CAP or flash appeal.

Under the leadership of the DSRSG/RC/HC, the HCT met on a weekly basis in Baghdad to coordinate the overall humanitarian response, while UNHCR coordinated partners and government authorities in Al-Anbar and Dohuk provinces on a daily basis to ensure that life-saving humanitarian activities were able to reach those in need without duplication or a gap in the response. While programmatic and coordination matters pertaining to the humanitarian response were discussed at length aspects in these meeting forums, so too was the underlying financial resource base and humanitarian funding – including the SRRP, the ERF and CERF.

Both the ERF and CERF allocations and associated programming was discussed at length within HCT coordination meetings – and especially the relationship between both funding lines as the ERF was provided to NGOs, and CERF funding was provided to HCT agencies. Both allocations were made to ensure that life-saving humanitarian activities were provided to Syrian refugees and the HCT structure ensured the non-duplication of activities under both funding lines.

Gender issues were first accounted for at the time of registration by UNHCR as a means to identify and cater for the special needs of beneficiaries (for example, potential women-at-risk). Registration data was shared with the HCT who actively used the gender disaggregated data for planning purposes. For example, the IOM used the household and gender composition of families derived from registration records to plan NFI distributions and ensure that households with a high number of females and/or female headed households were prioritized, while UNICEF utilised the figures to determine the number of separate (and protected) sanitation facilities that needed to be established for males and females (including hygiene items for women and adolescence girls). WHO ensured that health care services provided to refugees through primary health centres took into consideration the specific needs of women with regards to maternal and reproductive health, while UNHCR commissioned a rapid assessment on sexual gender based violence through a partner agency.

A summary of key activities enabled by the CERF follows:

1. IOM provided logistical support to ensure the delivery of all below mentioned items, in addition to the provision of emergency family kits containing essential domestic and hygiene items (including soap, fuel, gas stoves, mattresses, etc) to refugee's in the Al-Qaim camp.
2. UNHCR were able to secure and develop additional land to extend the refugee camp in Al-Qaim, and provided shelter, infrastructure, registration and processing services along with NFIs.
3. UNICEF provided water and sanitation services to Syrian refugees in the Al-Qaim camp and this included the construction of water and sanitation infrastructures, the distribution of hygiene kits and WASH emergency supplies, and the provision of hygiene promotion activities through daily awareness sessions.
4. WFP provided food items to Syrian refugees at the Al-Qaim camp at the request of the Gol (through the MoDM). WFP distributed food items in individual parcels (as opposed to food items in bulk that required portions to be separated out) which ensured a more efficient food distribution and reduced handling losses.
5. WHO provided emergency health and hygiene kits, vaccination services, health education (hygiene promotion), and implemented measures to detect and control disease outbreaks. WHO also contributed towards the establishment of clinics and the capacity development of medical staff in both refugee camps.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis:</i> As of 5 March 2013, <b>107,271</b> Syrian Refugees were registered in Iraq.				
<b>The estimated total number of individuals directly supported through CERF funding by cluster/sector</b>	<b>Cluster/Sector</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
	Water and Sanitation	3,000	3,500	6,500
	Shelter and NFIs	6,142	5,438	11,508
	Food	3,110	3,089	6,199
	Health	17,205	16,200	33,405

Notes on the calculation of beneficiary numbers:

- IOM - Beneficiaries were calculated in line with the number of NFI kits distributed. UNHCR provided IOM with a list of potential beneficiaries which enabled a beneficiary identification process which further allowed IOM to track the family composition of beneficiaries.
- UNHCR - As all new arrivals were registered by UNHCR, beneficiary numbers were thus calculated.
- UNICEF - WASH beneficiaries were estimated using UNHCR registration records which allowed estimations to be made for male and female recipients. Moreover, UNICEF facilitators and/or hygiene mobilisers submitted daily reports based on the distribution of hygiene kits and other WASH emergency supplies. The programme reached all beneficiaries targeted by the CERF funded WASH project, with no major challenges to report.
- WFP - Once the number of Syrian refugees in the Al-Qaim camp surpassed 5000, the Gol through MoDM requested WFP to assist with the provision of food assistance to asylum seekers. Through a detailed verification process, UNHCR confirmed the

status of asylum seekers and their corresponding eligibility to receive various types of assistance. UNCHR's established list of verified and registered refugees was used by WFP to identify and target beneficiaries for food assistance.

- WHO - Actual beneficiary numbers were identified using health information system data and records on medical consultations. The main challenge faced by WHO was that it was difficult to avoid the double counting of beneficiaries, particularly in the case of patients with chronic disease conditions or physical and mental disabilities which obliged them to consult multiple times at different health facilities located within the camp.

<b>TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING</b>		
	<b>Planned</b>	<b>Estimated Reached</b>
<b>Female</b>	10,200	17,205
<b>Male</b>	10,300	16,200
<b>Total individuals (Female and male)</b>	20,500	33,405
<b>Of total, children <u>under</u> 5</b>	3,700	5,030

### **CERF Results**

**IOM** - CERF funding resulted in the distribution of 500 family emergency kits to Syrian refugees residing at the Al-Qaim camp. The distribution enhanced the living conditions and alleviated the health/safety risks of 2,792 Syrian refugees.

**UNHCR** - The funding enabled UNHCR to effectively implement its core mandate to protect refugees. All newly arrived Syrian refugees have been registered and assisted including 8,716 refugees in Al-Qaim and 1,286 individuals who opted to return to Syria. The funds have been utilised to construct camp, health facilities and ensure the registration of refugees.

**UNICEF** - Syrian refugees were provided with an average of 50 litres of water per person per day and an average of one sanitation facility for 20 people as a consequence of CERF funding. Refugees were trained on and provided with emergency WASH hygiene and sanitation messaging that focused on solid waste management, hand washing and the use of WASH facilities. Water directorate staff received training on water network design and the operation and maintenance of WASH facilities.

**WFP** - Nearly 6,200 refugees residing in the Al-Qaim camp received food assistance on a monthly basis that complied with WHO kilocalories requirements of 2,100kcl/day as a consequence of CERF funding. Food was packaged in individual parcels and included rice, wheat flour, lentils, oil, sugar and salt.

**WHO** - In both Domiz and Al-Qaim refugee camps, crude mortality rates remained under the emergency threshold of 0.5 deaths per 10,000 persons per day. Essential medicines and supplies were made available and all potential outbreaks were investigated and positive cases speedily responded to. Primary health centres were able to provide a package of essential health services. The percentage of the target population that received an essential package of life saving services exceeded 90 % while the percentage of vaccination coverage exceeded 95 % within the camps and in the host community.

### **CERF Added Value**

**IOM** - The added value of CERF funding was the timely distribution of NFI family emergency kits. This provided refugees with essential basic items necessary for daily living - thus easing tensions and stresses within the camp.

**UNHCR** - The added value of CERF funding was the timely and effective provision of assistance to Syrian refugees located in Al-Qaim refugee camps.

**UNICEF** - The added value of CERF funding was the timely establishment of WASH facilities in Al-Qaim camp. As a consequence, this allowed the transfer of refugees from transit centres (which had very poor sanitation services) to the Al-Qaim camp. This avoided any possible WASH related disease outbreak in the area.

**WFP** - The added value of CERF funding was that WFP was able to support the GoI to address the food aid need of the refugees, and it came at a crucial juncture when local authorities had articulated its inability to cope with the demand - despite voluntary community contributions.

**WHO** - The added value of CERF funding was the speed of the project approval mechanism which facilitated access to funding that could be used immediately to respond to arising health needs. With CERF funding, WHO was able to support the primary health centre services in the camp to respond quickly to the needs of most vulnerable patients.

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES  PARTIALLY  NO

The CERF allocation together with other contributions allowed recipient agencies to quickly implement urgently required assistance for Syrian refugees in both Al-Qaim and Domiz camps.

**b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES  PARTIALLY  NO

The CERF allocation supported recipient agencies to respond directly to the critical requirements of Syrian refugees in both Al-Qaim and Domiz camps.

**c) Did CERF funds help improve resource mobilization from other sources?**

YES  PARTIALLY  NO

CERF funding allowed recipient agencies to respond to the refugees needs in a timely manner which subsequently provided the leverage to approach donors for additional funding.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

The CERF allocation brought together the main response actors (UNHCR, WFP, UNICEF, WHO and IOM) to the crisis on a more frequent basis and this served to enhance coordination and service delivery. CERF funding significantly increased the frequency of HCT technical group meetings and thus enhanced coordination between agencies.

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The time differential between the actual receipt of funding and the initiation of activities could be reduced.	The format for the initial submission should be simplified. Information detailing activities and outputs should to be added in the final report.	CERF Secretariat and agencies concerned

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The quantity and content of NFI kits distributed by IOM only covered the basic needs of the beneficiaries.	Follow up assessments, including those specifically targeting gender needs determined that recipients were in need of a greater variety of items. Future distributions of NFI kits should include additional items such as clothing and hygiene materials. The number of kits available for distribution was not	IOM to coordinate with donors, UN, partners

<sup>1</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control)



	sufficient to reach the total number of families in need.	
IOM's coordinated closely with the Gol which proved valuable in effectively and efficiently reaching the most vulnerable populations.	Actors should continue to forge and strengthen relationships with local and provincial governments as a means to improve efficiency in reaching the most vulnerable populations and the effectiveness of addressing their needs in the shortest timeframe.	IOM, Gol, partners
Beneficiary needs, as it pertains to the composition of NFI kits, may change as a result of personal circumstance or aid received from other sources, from the time of submission of the project proposal to project implementation.	IOM suggests flexibility in terms of changing the composition of NFI kits based on the findings of pre-distribution assessments alongside efforts to avoid duplication with items already distributed by other humanitarian players.	IOM, in coordination with donors, UN, partners
Need to support to host communities in Al-Qaim – UNHCR.	Agencies should consider providing assistance to host communities for the purpose of maintaining harmonious living conditions for those families that support to refugees.	UNHCR, UNICEF, Local Government
Emergency preparedness and preposition of supplies was key to UNICEF's rapid response in Al-Qaim.	Partners should agree on minimum stock requirements for prepositioning to support WASH emergency response and agreement must be made on replenishment mechanisms.	WASH Cluster
Bringing food through the Jordanian border to Iraq border was extremely difficult for WFP due to Gol custom clearance processes.	Subsequent procurement was undertaken from Turkey as border clearance processes through Kurdistan are simple. This practice will continue.	WFP
Limited bread baking facilities inside the camp created a challenge for the beneficiaries to prepare bread from the wheat flour.	WFP is exploring various options to resolve this issue e.g. installation of baking facilities inside the camp and bakers to make the bread. Refugees are free to choose whether they want to keep the wheat flour and make their own bread or give it directly to the bakers themselves.	WFP, UNHCR, MoDM
WHO suggests that Syrian refugees with a background in health education should be recruited to assist with medical education as it is beneficial to fellow refugees.	A roster of Syrian refugees with medical education should be established so that recruitment can be initiated (once funds become available) in support of the provision of health services in camps or in host communities.	WHO in collaboration with UNHCR and the Ministry of Health (MoH)
Inter-agency multi-sectorial HCT missions have proven to be an excellent way of ensuring synergies and a coordinated response - WHO	Other partners that have easy access to the field (INGOS, NGOs, etc) should be encouraged to join missions - particularly those that have standing MOU with UN agencies	HCT and Clusters

## VI. PROJECT RESULTS

TABLE 8a: PROJECT RESULTS - IOM			
<b>CERF Project Information</b>			
1. Agency:	IOM	5. CERF Grant Period:	1 Sept 2012 – 28 Feb2013
2. CERF project code:	12-IOM-029	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Basic Needs and Essential Services		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Provision of family emergency kits for Syrian Refugees in Al- Qa'im camp		
7. Funding	a. Total project budget:		US\$ 245,779
	b. Total funding received for the project:		US\$ 245,779
	c. Amount received from CERF:		US\$ 245,779
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,457	1,484	
b. Male	1,293	1,380	
c. Total individuals (female + male):	2,750	2,792	
d. Of total, children <u>under 5</u>	495	430	
9. Original project objective from approved CERF proposal			
To provide 500 essential NFI emergency kits to 2,750 Syrian Refugees to meet their most basic needs.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>A minimum of 500 family emergency kits distributed to Syrian refugees residing at the Al-Qaim camp.</li> <li>The living conditions of approximately 2,750 Syrian refugees (or 500 families) are enhanced through the distribution of emergency family kits which alleviate health/safety risks.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>Expected outcomes were exceeded, with project activities reaching 2,792 individuals.</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b):			
If 'NO' (or if GM score is 1 or 0): IOM prioritized NFI distributions to female headed households alongside households with high populations of women and children. This is why IOM exceeded the planned number of female beneficiaries.			

14. M&E: Has this project been evaluated?

YES  NO

IOM consistently monitored the implementation of CERF funded project activities and undertook post distribution monitoring. IOM also completed a series of post distribution focus group discussions with a random sample of beneficiary families who reported that the items in the kits were useful; however a greater variety of item would be appreciated such as clothing and hygiene items. The follow up and evaluation of the project took different phases :

- During the distribution, the Rapid assessment response team (RART) asked the beneficiaries to provide feedback about the component of the distributed kits and the quality of the items and if the assistance met their needs, in general the beneficiaries showed satisfaction on the assistance delivered by IOM.
- After six months from the distribution and on the period 12 to 15 May 2013 IOM RART conducted two Focus Group Discussions (FGD) in Alqaim camp, each FGD attended by sample of 20 head of families, the main question asked in the FGD is about the needs of the refugees and if the distributed items by IOM was helpful to the families to overcome the hard weather conditions in winter. The result of the FGD revealed that the Syrian refugees were satisfied by the distribution however there was some suggestions for IOM to include some items like clothes or kitchen sets or hygiene kit, the Syrian refugees main problem was access to movement outside the camps and access to work.
- IOM RART in Anabar also tried to visit some of the families to take feedback about the distribution. Over the period of April – May 2013, RART managed to interview 27 families out of 50 families randomly selected from the distribution list , the remaining 23 families were not accessible as they returned to Syria, below the main findings of the interviews ( 5 is strongly agree , 1 is disagree ):

		5 (strongly agree )	4	3	2	1( disagree )
1	Dose the items met your basic needs ?	20 families	3 families	1 families	2 families	1 family
2	Are you satisfy with the quality of the items	21 families	5 families		1 family	
3	Are you satisfy with the quantity of the items	19 families	6 families	2 families		
4	Are you satisfy with the procedure of the distribution	23	4			

Finally it's worth to mention that those families moved now to the new camp in AIObaidee.

**TABLE 8b: PROJECT RESULTS - UNHCR**

CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	1 Sept 2012 – 28 Feb 2013
2. CERF project code:	12-HCR-049	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection & Camp Management		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Establish a camp for Syrian refugees in Al-Qaim camp		
7. Funding	a. Total project budget:	US\$ 12,090,340	
	b. Total funding received for the project:	US\$ 6,229,712	
	c. Amount received from CERF:	US\$ 715,922	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,000	4,658	Overall number of planned beneficiaries did not change, however, a larger number of female and male children were recorded.
b. Male	3,000	4,058	
c. Total individuals (female + male):	6,000	8,716	
d. Of total, children <u>under 5</u>	1,000	1,902	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>Establish a camp in Al-Qaim for Syrian refugees and provide protection and registration services, and access to basic services and non-food assistance.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>All refugees are initially registered with minimal details and profiling activities undertaken. In addition, birth certificates are provided to female adults and newborns (when required).</li> <li>Coordination mechanisms for effective camp management are implemented at the local and central level, and key authorities are trained in best practices for camp management.</li> <li>Electricity is provided to camps; general site operations are maintained; individual family shelters, adequate warehousing and functioning health facilities are constructed.</li> <li>Standard operating procedures and plan of action to address Gender Based Violence (GBV) are implemented and unaccompanied minors are identified.</li> <li>NFIs are provided to families.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<p>As Al-Qaim camp 1 is divided into 3 sections (with 700 tents in each section), the two sections to which UNHCR extended services were located in the first section of the main camp.</p> <ul style="list-style-type: none"> <li>UNHCR established a registration caravan (with laptops, specialized cameras, printers and internet equipment) through which 10,114 refugees were individually registered and issued asylum seeking certification enabling them to access assistance and protection services. Cases with specific needs were referred to appropriate partners for follow-up.</li> <li>UNHCR completed construction of the camp and its infrastructure, including laying concrete, installation of tents sufficient for 250 families, construction of a kitchen and generators, raising of fencing, rehabilitation of a well and water reservoirs,</li> </ul>			

<p>establishment of a mobile health clinic and construction of staff accommodation and administrative facilities.</p> <ul style="list-style-type: none"> <li>• UNHCR distributed 155 NFI kits (comprised of quilts, blankets, mattresses, a stove, kerosene can, kitchen set, water can and plastic sheets) to refugee families along with 1,000 hygiene kits. Separately, 2 rubhalls were installed to store NFIs in the camp.</li> <li>• A three-day training course on camp management was conducted in which 25 participants were trained on best practices for camp management (principles and approaches, roles and responsibilities, coordination and information sharing, standards and distributions, settlement design and set up, care and maintenance/closure, protection in camp setting, managing security incidents and action planning).</li> <li>•</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<ul style="list-style-type: none"> <li>• The actual cost of installing the rubhall was lower than estimated so the remaining budget was utilised to erect an additional rubhall.</li> <li>• The procurement of 200 standard NFI kits was planned (with a unit cost of US \$210/ kit for a standard family size of 6), however the actual price of the kit increased to \$300 as additional items were included for families with more than 6 persons. In addition to this, items such as mattresses and quilts for winter were added after consultation with the camp community. Therefore, a lower number of NFI kits were distributed (155) as compared to that which was planned (200).</li> </ul>	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): UNHCR partner, the International Rescue Committee, launched an assessment project on GBV-related activities, in which approximately 500 female participants provided UNHCR and IRC with a fuller understanding of GBV issues, dynamics and nuances in the Al-Qaim camp .</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>UNHCR established a permanent presence in Al-Qaim as a way to fully support the needs of Syrian Refugees in Al-Anbar. In addition to regular missions, activities were monitored on a daily basis (and monitoring reports released) while daily coordination meetings were between concerned parties and partners. Note that UNHCR and its partners' activities will be audited in 2013. The key achievements of the project on Al-Qaim are as follows:</p> <ol style="list-style-type: none"> <li>1. 10,002 refugees (8,716 who stay in Al-Qaim, and 1,286 who opted to return to Syria) have been registered in Anbar Governorate and issued with asylum seeker certificates</li> <li>2. Permanent staff presence is maintained in Al-Qaim.</li> <li>3. Prefabricated clinic was established and supported by equipment and staff. Around 6,800 Syrian refugees benefited from emergency treatment in Al-Qaim.</li> <li>4. The end of December 2012, 770 Syrian refugee children were enrolled in primary education in Al-Qaim camp, the furnished prefabricated school facilities were provided.</li> <li>5. Improved sanitation conditions for the refugees in Al-Qaim camp included solid waste removal, camp cleaning, and incentives for cleaning: 417 latrines and 80 septic tanks were constructed UNHCR's partner.</li> <li>6. Tents have been procured and established in Al-Qaim: Camp one – 702 tents, camp two - 934 tents and camp 3 – 870 tents.</li> <li>7. Caravans for Office/Administration, registration, Community Technology Access Centre, two stores (Rub halls) and a communal area have been erected.</li> </ol> <p>The UNHCR's country report 2012 is attached.</p>	

**TABLE 8c: PROJECT RESULTS - UNICEF**

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	1 Sept 2012 – 28 Feb 2013
2. CERF project code:	12-CEF-117	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency WASH response for Syrian refugees in Al-Qaim camp		
7. Funding	a. Total project budget:	US\$ 1,500,000	
	b. Total funding received for the project:	US\$ 995,968	
	c. Amount received from CERF:	US\$ 751,793	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,880	3,000	There was no discrepancy between planned beneficiaries and those reached.
b. Male	2,120	3,500	
c. Total individuals (female + male):	4,000	6,500	
d. Of total, children <u>under 5</u>	720	1,200	
9. Original project objective from approved CERF proposal			
The goal of the project was to provide life sustaining support in the refugee camps through the provision of safe water and sanitation facilities and services, and to reduce the risk of water-borne diseases by promoting good hygiene practices.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Camp residents, particularly women and children, provided with access to safe water through the water network or drinking water points.</li> <li>• Camp residents provided with soap, hand-washing facilities and best hygiene practices messaging.</li> <li>• Camp residents provided with sanitation facilities including gender/age-specific and communal toilets. Ten camp residents trained to operate water supply systems, including water treatment.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>• Approximately 2,500 camp residents were provided with access to an average of fifty litres of water per day through an expanded water network due to the construction of 65 water points.</li> <li>• 688 school children (339 girls and 349 boys) provided with access to 7.5 -15 litres of water per day.</li> <li>• Approximately 6,500 camp residents provided with soap, hygiene and items and best practices messaging.</li> <li>• Camp residents provided with 30 hand washing basins, 120 water access taps, 128 gender specific latrine units and 127 gender specific bathing units, while 688 school children provided with access to age-specific toilets.</li> <li>• 20 Al-Qaim camp residents trained to operate water supply systems, and 20 water directorate engineers were trained on water network design.</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
No significant discrepancy regarding WASH outcomes planned and achieved.			

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): 6,500 beneficiaries received sustainable access to a safe water supply, improved sanitation facilities and messaging on safe water handling, sanitation and hygiene practices. The indicator measures the extent to which females have access to these facilities – and in particular, separate lockable facilities which can be an important factor in overall hygienic conditions for females and/or girls' attendance in school. While promoting gender equality is not the main objective of this result, it is a secondary objective in that it addresses what is often a barrier to female's healthy lifestyles.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>Project activities were consistently monitored during the implementation of CERF funded activities. UNICEF's M&amp;E officer in coordination with national staff and implementing partners in Al-Qa'im are currently developing evaluation tools to report on the impact of the intervention. However no impact evaluation has been done yet, it is expected to have evaluation for the emergency response during the second quarter of 2014.</p>	

**TABLE 8d: PROJECT RESULTS - WFP**

CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	1 Sept 2012 - 13 April 2013
2. CERF project code:	12-WFP-071	6. Status of CERF grant:	Ongoing
3. Cluster/Sector:	Food and Nutrition		X Concluded
4. Project Title:	Provision of food assistance to Syrian refugees in Al-Qaim camp		
7. Funding	a. Total project budget:	US\$ 2,582,524	
	b. Total funding received for the project:	US\$ 1,340,000	
	c. Amount received from CERF:	US\$ 579,385	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,150	3,110	The actual number of beneficiaries reached is based on actual distribution of food parcels. No significant difference between the planned and reached numbers.
b. Male	3,850	3,089	
c. Total individuals (female + male):	7,000	6,199	
d. Of total, children <u>under 5</u>	1,050	895	
9. Original project objective from approved CERF proposal			
The objective of the project was to extend support to vulnerable Syrians in Al-Qaim Camp whose food and nutrition security has been adversely affected by the crisis in their country. WFP provided life-saving food to 6,199 Syrian refugees living inside the camp as well as those residing in temporary accommodation and staying with host families.			
10. Original expected outcomes from approved CERF proposal			
Improved food consumption of targeted Syrian refugee households during the assistance period.			
11. Actual outcomes achieved with CERF funds			
Improved food consumption of targeted Syrian refugee households during the assistance period.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
Not applicable as there is no significant difference between planned and actual number of beneficiaries assisted by the project			
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b):			
If 'NO' (or if GM score is 1 or 0): Gender was fully mainstreamed in WFPs Al-Qaim operations and promoted in coordination with other partners.			



14. M&E: Has this project been evaluated?

YES  NO

Report on the food distribution attached. There has not been any formal internal or external evaluation of the CERF funded food distribution, however, WFP's international M&E Officer and two national staff based in Al-Qaim have regularly monitored WFP food assistance and undertaken related activities including post-distribution monitoring.

**TABLE 8e: PROJECT RESULTS - WHO**

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	25 Oct 2012 to 24 Apr 2013
2. CERF project code:	12-WHO-072	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Support delivery of lifesaving health services to displaced population in Domiz and Al-Qaim camps		
7. Funding	a. Total project budget:	US\$ 896,000	
	b. Total funding received for the project:	US\$ 274,825	
	c. Amount received from CERF:	US\$ 274,825	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	10,200	17,205	The initial planning figures were based on the predicted number of Syrian refugees in both Domiz and Al-Qaim camps. During the project implementation stage, the total number of refugees surpassed the initial planning figures which resulted in higher number of beneficiaries reached by the intervention.
b. Male	9,800	16,200	
c. Total individuals (female + male):	20,000	33,405	
d. Of total, children <u>under 5</u>	3,500	5,030	
9. Original project objective from approved CERF proposal			
<p>The goal of the project is to avoid any increase in mortality/morbidity among the displaced population in Iraq. Specifically:</p> <ul style="list-style-type: none"> <li>Support the MoH and the DoH to deliver a package of essential lifesaving health services to the target population.</li> <li>Actively monitor the communicable disease situation in target areas to ensure a timely response to outbreaks.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Availability of lifesaving medicines, supplies and equipment to support quality health care delivery to the target population.</li> <li>Timely prevention and control of communicable disease outbreaks.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<p>All expected outcomes from the approved WHO CERF proposal were fully achieved by 25 April 2013, including:</p> <ul style="list-style-type: none"> <li>Residents in the Domiz and Al-Qaim refugee camps provided primary health services by the MoH/DoHs of Dohuk and Anbar governorates, including expanded routine vaccinations and consultations for 23 health conditions under surveillance at the camps. Around 900 patients (650 at Domiz &amp; 250 at Al-Qaim) were attended to on a daily basis.</li> <li>A needs assessment of required medicines was conducted in Domiz and Al-Qaim camps, and patients were provided with medication for chronic conditions, (including trauma, cholera and inter-agency emergency health kits), along with aid devices (wheel chairs, eye glasses, etc).</li> <li>Disease surveillance for early detection and response system was established in both camps to ensure the stop of disease expansion and that there is an effective early warning and response network (EWARN). The system provides weekly data on morbidity and mortality data on 23 health conditions that must be mandatory notified.</li> <li>Capacity building of staff working in the primary health centres in Domiz and Al-Qaim camps to implement EWARN system</li> </ul>			

assisted in managing detected cases and preventing the spread of communicable diseases.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There is no discrepancy between planned and actual outcomes.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): This project aims to provide health care services without any distinction to individuals through primary health centres. All activities conducted took into consideration the gender specific needs of patients.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
The project has been monitored using WHO guidelines for programme monitoring, and regular progress reports have been developed and disseminated by WHO staff working in both camps (Domiz and Al-Qaim). .	

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	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
12-HCR-049	Camp Construction	UNHCR <sup>2</sup>	Qandil, Sweeden	International NGO	24,197	16 December 2012	02/08/2012	Installation of 2 rubhalls
12-HCR-049	Emergency Shelter	UNHCR	Iraqi Salvation Humaniterian Organisation	National NGO	83,468	01 November 2012	01/08/2012	Establishment of an administrative office including equipment and furniture as well as procurement and installation of a 150KVA generator. A mobile clinic was also established.
12-HCR-049	Camp Co-ordination and Camp Management	UNHCR	Isialmic Relief Worldwide	International NGO	300,000	24 October 012	02/08/2012	Construction of section 1 of the camp, including erection of 250 tents and site preparation.
12-HCR-049	Camp Co-ordination and Camp Management	UNHCR	Norwegian Refugee Council (NRC)	International NGO	8,051	15 August 2012	06/12/2012	NRC was contracted to give Camp Management and Coordination (CMC) training to UNHCR employees with its implementing partners from Aug 2012. The CMC training for Al-Qaim camp started in Dec 2012.
12-CEF-117	WASH	UNICEF	International Relief Worldwide	International NGO	350,960	22 November 2012	01/09/2012	The NGO Started work using their own resourses while waiting CERF approval
12-CEF-117	WASH	UNICEF	Iraqi Salvation and Humanitarian Organization	National NGO	250,325	19 November 2012	01/09/2012	The NGO Started work using their own resourses while waiting CERF approval
12-WFP-071	Food Security	WFP	Qandil	Local NGO	37,329	18 February 2013	11/11/2012	An agreement was signed

<sup>2</sup>In addition to Islamic Relief Worldwide, UNHCR entered into sub-agreements with Qandil (Sweeden), ISHO (Iraq) and NRC (Norway) partners for activities as as a means to ensure the most timely and effective response to refugees' needs

								with Qandil to install Rubhall/food storage facilities in the Al-Qaim camps. Full payment has been made.
12-WFP-071	Food Security	WFP	Islamic Relief Worldwide (IRW)	International NGO	93,027	16 April 2013	20/12/2012	A tripartite agreement (WFP-UNHCR-IRW) was signed along with a Field Level Agreement between WFP and IRW to distribute food to Syrian refugees in Al-Qaim. Distributions have been undertaken but IRW has submitted Invoice for part of the fund (\$24,765) that has been paid. Awaiting final invoice from IRW.

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CMC	Camp Management and Coordination
DoH	Department of Health
GBV	Gender Based Violence
GoI	Government of Iraq ICRIRC
HCT	UN Humanitarian Country Team
ICRIRC	International Rescue Committee
IRW	International Relief Worldwide
MoDM	Ministry of Displacement and Migration
MoH	Ministry of Health
NFIs	Non Food Items
RART	Rapid Assessment and Response Team
RRP	Regional Response Plan
WASH	Water, Sanitation and Health