Syrian refugees needs rapid assessment in Iraq, Jordan and Lebanon

Summary of key elements for dissemination

Exploratory mission, June 18th to 28th 2013

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Introduction

From June 18th to 28th, French Red Cross carried on an exploratory mission on Syrian refugees assistance. Objective was to identify potential gaps in Wash and Health sectors and needs for additional support through Red Cross Red Crescent Movement.

Assessment team went to Iraq (Kurdistan Region), Jordan and Lebanon. Mission consisted in meetings with involved humanitarian actors (Local authorities, RCRC Movement, UN agencies and implementing partners, NGOs) and field visits. Both camp and urban strategies were considered.

Final recommendations will be presented to French Red Cross DG in order to make a decision for a potential intervention. If approved, next step would be a detailed assessment in order to design this intervention in the best possible way.
## Summary

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Syrian refugees in Iraq

Situation overview

There are currently 159,017 Syrians in Iraq. 95% are located in the Kurdistan region, predominately in Dohuk governorate. The Sehela border from Syria crossing into northern Iraq has been closed end of May by the Iraqi Government. The authorities are, however, allowing family reunifications and are checking IDs to verify claims. Consequently, the number of Syrians entering the border has decreased significantly.

KRG (Kurdistan Region Government) has been kind to welcome and assist Syrians Kurdish refugees, providing residency cards and promoting job access. Despite this favorable context, particular attention should be paid to forthcoming elections (Governorates, Parliament and Presidential) that might impact humanitarian response, mostly for urban refugees.

According to aid community stakeholders (including UN) overall response in Iraq suffered a bit of delay and lack of shared and fixed strategy, due to KRG strong willingness to have the lead, UNHCR...
underestimation of the situation, less funds availability, evolving strategies and gaps in coordination mechanism (for example KRG did not attend first Wash coordination meetings in Domiz camp).

Overall response is based on camps assistance and urban strategy. There are 3 main camps in Kurdistan: Domiz in Dohuk Governorate (45,000 people), Dara Shakran in Erbil Governorate (10,000 people, should be open in end of August, to 15,000 if needed) and Soulaymaniah in Soulaymaniah Governorate (12,000 people planned in November).

The situation in Domiz camp remains dire as a result of chronic overcrowding, with a risk of cholera outbreak reinforced, considering that an outbreak already occurred in Kurdistan in 2012. The first detected cases of Cholera were on 23 September 2012 in Soulaymaniah and Kirkuk. Cases of watery Diarrhea were also registered in Erbil, Babil, Saleheldin and Diayla Governorates. The majority of the cases registered were in Soulaymaniah with 4693 reported cases of Acute Watery Diarrhea (AWD) since the onset of the outbreak until 23 October 2012 including 266 confirmed cases of cholera. (Source: IFRC Iraq annual report 2012).

**Dohuk Governorate**

**Key figures**

30,000 to 45,000 people reported inside camp (UNHCR), around 7,000 people outside the camp in informal self settlements (UNICEF). No precise figures for urban refugees.

**Context**

Domiz camp was opened in April 2012 and hosted originally around 6,000 people. It is located close to the border, with a registration center inside the camp and is only 15 km far from Dohuk city. As a result, the flow of refugee has quickly exceeded both expectation and planning. Today Domiz camp is more a slum than a camp (with no possible extension).

Camp is organized in Phases (tents or houses with sanitation blocks) and Transits (under construction with initial formal or informal installations). Soil very low permeability, as clay is the major component, is a major issue regarding rain coming in November, even if it is not a flooding area.
**Actors involved**

Lead actors in Domiz camp are KRG and UN agencies:

- Development Modification Center (DMC/KRG) with UNHCR support for the overall response.
- Department of Water (KRG) with UNICEF for watsan activities.

Main watsan implementing partners are Kurds, Qandil and Islamic Relief Worlwide.

MSF CH is a major actor intervening on both health and watsan activities. MSF CH should hand over to Barzani Foundation on July 2013. Norwegian Refugee Council and ACTED appeared to be more and more involved in Domiz.

**Identified gaps**

Relocation inside the camp: refugees are displaced from an area to another to deal with camp reorganization (transit zones being upgraded to phases), camp extension (new land even if maximum limit is almost reached) or status evolution (when single get married).

Water and sanitation:

**Water supply** used to be an issue. Camp is supplied by boreholes (554 m$^3$/day), water trucking (675 m$^3$/day) and through connection with Dohuk city water network (2000 m$^3$/day). Quantity seems to be sufficient (based on 15 l/d/p for 40,000 people) but is not monitored (no flow meter). In addition distribution within the different area is not equal (network doesn’t cover the all area and water flow is not homogenous). To finish, quality is controlled at the production point (DMC responsibility) but not in the camp (even if diarrhea occurrence suggest that quality is correct – MSF CH).

Sanitation is still an important issue.

- Up to date, no drainage system is implemented. As a result, grey water and storm water flow close to the tents / houses and in the paths, increasing also dark water volume (infiltration). Number of latrines is increasing (with rehabilitation of existing latrines), even in informal areas, but are heterogeneous: self constructed latrines, interconnected shower / latrines desludgeable system and communal ones (not used due to cultural factor).

- Desludging is clearly undersized. Only 5 trucks ensure desludging (from 10 to 40 latrines a day) and not all latrines are accessible due to lack of space. As a result, some latrines are not desludged: from 2 days to 3 or 4 weeks. With drainage system implementation, dark water volume should be reduced by 80%, reducing desludging overhead. Having said that, drainage system implementation could lead to dismantle part of sanitation facilities (grey and dark water conveying to the same tank).

- For both dark water and grey water, no final treatment is planned: grey water should be dumped directly outside the camp and dark ones in a new site (up to date they are dumped 700 m far from camp). Health and environmental impacts can be questioned, even if local practices must be taken into account (more information are needed to identify them).

**Solid waste management:** existing system appeared to be undersized and not really efficient: waste containers have been distributed but were not used or disappeared (removed due to bad smell). Often garbage are gathered and stocked very close to the tents or latrines. A contractor (Artoosh) is
in charge of collecting and evacuating garbage, but trucks cannot access all areas, all the more when raining.

Current / planned response
Planning is under process in order to upgrade camp organization: informal settlement ➔ transit areas ➔ phases. Drainage system for grey and storm water is designed and should be implemented before end of July. Concerning water supply, flow meters should be installed to monitor water quantity and a PCA has just been signed with NRC to control water quality inside Domiz.

No specific strategy is designed for urban area and informal settlement outside the camp. UNHCR is advocating for a sustainable urban strategy (supporting both vulnerable refugees and Iraqi poor people) mostly in health, education and shelter sectors.
Program opportunities

- Latrines desludging: drainage system might not be implemented before 6 to 12 weeks, a transitional solution being crucial to upgrade existing desludging process. Drainage system would be the exit strategy.
- Dark water treatment: basically secured dumping site depending on final option selected by DMC and UNICEF (using an existing dumping site or creating a new one).
- Grey water treatment: in order to mitigate environmental impact.
- Solid waste management: reviewing existing system, with community participation. Enhancing management, including contractor. Deploying sensitization campaign with Iraqi Red Crescent Society (IRCS) and Danish Red Cross (DRC).

FRC / IRCS adequacy on to opportunities

- IRCS Dohuk branch is ready to intervene, in line with IRCS national level willingness to be more involved in refugees’ response. Branch capacity is based on 6 staff and 200 volunteers. Usual activities are training (First Aid, Income Generating Activities), preparedness, Food and NFI distribution to vulnerable population and refugees and water purification (reverse osmose). Dohuk branch was involved at the beginning of the crisis, through distribution activity.
- Sanitation is part of French Red Cross (FRC) expertise scope on both emergency response and long term programs. DRC is ready to support FRC / IRCS intervention on HP activities and with financial support.
- IFRC regional plan of action (PoA) planned a response in Watsan sector.
**Erbil Governorate**

**Key figures:** 40,000 urban refugees in the city of Erbil, including 7,000 identified as more vulnerable (Acted survey).

**Actors involved**

Government, including Department of Water (DoW), UNHCR, UNICEF, ACTED (implementing partner of UNHCR in charge of site planning, mapping and construction), Qandil (implementing partner of UNICEF in charge of building latrines), Kurds (implementing partner of UNICEF in charge of building latrines), Islamic Relief Worldwide (implementing partner of UNICEF in charge of water storage and water network implementation)

**Identified gaps**

- Dara Shakran: i) protection, ii) community services, iii) a few WASH activities. Remaining WASH activities include soak pits digging and latrine desludging activities (the last one is not considered as a priority by UNICEF for the time being). In addition, a long term solution for the water supply is promoted by the Governor of the Erbil governorate to replace the current system. This new system would use a river as resource, with a water treatment plant and a 6 km piping network.

**Recommendations**

Intervention can be considered in Domiz camp. There is a humanitarian need, room for another actor (“new actors are needed”, UNICEF said), and potential funding.

Being involved in Domiz could also allow IRC / FRC to deeper assess potential additional need in urban strategy and gaps in Dara Shakran camp (once camp will be operational).

Designing a scalable program would be the best option to cope with funding options.
• Urban refugees: a comprehensive assessment to assess the needs is lacking. An urban strategy is needed (under process by a specific working group lead by UNHCR).

Dara Shakran camp preparation – June 2013

Current /planned response

• Dara Shakran camp is under construction to shelter the most vulnerable refugees’ population from Erbil and potentially some refugees from Domiz camp in Dohuk Province. The construction started on April 20th and the camp is expected to open in late August / early September 2013. Capacity is 9,000 people to start and 14,000 to 15,000 with potential extensions.

• An urban strategy is being developed to address the needs of Syrian refugees who will stay in the city of Erbil.

Program opportunities

There are very few opportunities in Erbil governorate for the time being. The urban strategy has not been developed and needs in Dara Shakran have been covered by actors already working in the area. Potential needs may appear later when Dara Shakran camp will be in use (desludging activities for example). The long term solution for the water access could also be considered if a deeper technical assessment with the DoW demonstrates a real water stress in Dara Shakran area. Other program
opportunities include protection activities and development of community services (e.g. management of a job center or of a youth center).

**FRC / IRCS adequacy with opportunities**

Erbil branch of IRCS is composed of 150 volunteers and very few full-time staff; including 1 Disaster Management, 1 health, 1 OD but no watsan. Activities focus on first aid training and health awareness.

FRC has much more experience in WASH program implementation than in protection and community services activities.

In conclusion, there are no real opportunities in a close future, as added-value of the French Red Cross with the IRCS is not obvious for protection and community services activities.

**Recommendations**

Erbil governorate should not be considered in the very near future to implement a French Red Cross / Iraqi Red Crescent program.

Some needs might come later on, and it would be recommended monitoring the situation.
Syrian refugees in Lebanon

**Context**

On June 26th there is total number of 568,733 refugees in Lebanon (+13.6% compared to May), including 83,556 refugees awaiting for registration. Most of them are from Ohms and settled in North Lebanon and Bekaa Governorates. Lebanon is the country where most of the Syrian refugees fled. Expected trend over the coming months is not optimistic.

![Syrian refugee population in Lebanon (source: UNHCR, June 2013)](image)

Officially, there are no Syrian refugee camps in Lebanon but “Informal Tented Settlements” (ITS) instead (mostly in Western Bekaa).

The growing complexity of the conflict in Syria and the refugee crisis has broader implications on stability in Lebanon and has put significant pressure on local resources, thus leading to social tensions. 1.2 million Lebanese citizens are thought to be affected by displacement from Syria. Government of Lebanon (GoL) action and position is uneven because of political instability (Prime Minister resigned, there is no real national unity government, budget is not voted since 2005) and economic crisis (fear of a recession).

**Key figures**

- 568,733 refugees end of June
- 1,229,000 refugees and other persons displaced projected by end 2013.
- 3,116 Informal Tented Settlements.
- 186,000 refugees in North Region and 192,725 in Bekaa.
- 45 NGOs in the field.
**Actors involved**

- The GoL has primary responsibility for coordinating the response, working through the Inter-Ministerial Committee and Ministry for Social Affairs
- UNHCR co-leads coordination of the response with support from the UNHCT
- UNHCR leads the Protection, Shelter, NFI, WASH, Education, Health & Social Cohesion sectors
- WFP lead the food security sector
- UNICEF, WHO and UNDP co-lead sectors for WASH and Education, Health and Social Cohesion respectively
- UNRWA coordinates response for Palestine Refugees from Syria
- 45 NGOs are present, among them: Solidarités, PU AMI, CISP, NRC, ACF, ACTED, CICR, Save the Children, DRC, HI, IMC, OXFAM, Islamic Relief, TDH, World Vision...
- Lebanon Red Cross (LRC) is historically engaged on Emergency Medical Services (EMS), Medical Services, Social Services, Blood Transfusion and Distribution, School Health, Special Services for Handicapped, First Aid, Health Awareness and Prevention Programs, Teaching First Aid, and Teaching Nursing. LRC provides these services through:
  - 43 EMS center and 4 operation rooms.
  - 44 medical and social centers.
  - 12 blood transfusion center- blood bank
  - One college and 3 nursing institutes.
  - Bodies for teaching first aid centrally and regionally
  - 1 orthopedic workshop
  - Centers for physiotherapy.

**Identified gaps (focus only on shelter and wash sectors)**

**Shelter:** shelter absorption capacity has diminished, particularly in areas of high refugee concentration. Rental prices are increasing and the capacity of host communities and relatives to provide shelter is nearing the point of exhaustion in many parts of the country. The number of buildings available for rehabilitation is dwindling, and the potential for collective shelters is limited. As a consequence, there has been an increase in informal ITS, particularly in locations providing access to agricultural work (Bekaa). Elsewhere refugees have rented garages or squatted disused buildings, creating informal collective shelters.
Wash: based on recent assessments (May), and given population projections, it is expected that 27% of refugees and affected populations will be in need of water support and 29% will need support in terms of sanitation. As affected population is scattered all over the country, wash response is expensive, time consuming, logistically challenging and difficult to coordinate. For example, refugees are currently residing in over 1,100 locations and there are 197 tented settlements in the Bekaa valley alone. Situation and gaps seems to be more important in ITS than in rented flats or garages: inadequate sanitation, uneven water quantity and quality, poor hygienic conditions, leading to waterborne and skins diseases.

Whether they are living in ITS or flat or garages, refugees first expressed need is to get a job. Most of those who work are daily workers in agricultural or building fields. Accumulating debts is quite common, even more for those who are renting or when health care are needed (refugees contribute to 25% of total costs). When registered with UNHCR, families are supported with cash (through vouchers system). But registration delays seem to be important, enhancing “new” families’ vulnerability. In the 5 sites visited (2 ITS and 3 flats / garages settlements), most of school age children accessed education (same courses than Lebanese ones but with language adaptation).

Current / planned response

Shelter:

- Partners have agreed on the need to establish transit sites to accommodate new arrivals. However delays in obtaining necessary authorizations have limited the sector’s capacity to respond to the continuing emergency.
Watsan:

- Creation of a common assessment guideline (field test questionnaire + indicators).
- Profiling exercise (vulnerability) being carried on by WFP and UNHCR.
- Contingency planning under process.
- Geographical responsibility allocated to humanitarian organizations: PU-AMI and Solidarités in the North Region, ACF and Save the Children in Bekaa for example.
- WASH coordinator willingness is to keep some flexibility in the response in order to answer to emerging gaps linked to any increased flow of refugees. Advise is given to focus on urban refugees needs (not ITS) as a first step.

Program opportunities

Informal tented settlements:
ITS are numerous and still in a process of identification and assessment, even if assistance is already engaged in part of them. There is a probability that, given increasing numbers of refugees, a response based on current geographical allocation will not be compliant with NGOs capacities. A short field visit in Akar district showed that over several camps observed or assessed, room was available for additional support.

Urban refugees:
In Bekaa, assistance is focused on ITS (due to their number). Rented / hosted refugees would need assistance on WASH (latrines rehabilitation, solid waste management, Hygiene Promotion, water treatment and safe storage at HH level).

FRC / LRC adequacy on to opportunities
LRC is involved in refugee assistance through EMS activity. The Secretary General is willing to create a Disaster Management Unit with a watsan component. Intervening in refugees’ assistance would be an opportunity to train a LRC team and reinforce NS capacities. Idea would be to deploy water supply activities (Aqua500 or flexible M5) in order to cover several ITS needs, combined with sanitation approach. This is part of the regional IFRC capacity building strategy.
An LRC / FRC intervention would be easier in Bekaa Valley or South Region, the LRC network, legacy and knowledge of the field being a key advantage and success factor. ICRC is also intervening in these areas to support water establishments (water treatment plants...) and synergy could be considered (through first contact with ICRC Wathab coordinator and discussion with LRC General Secretary).

**Recommendations**

At that stage strategy would be:

- To target 5 to 10 ITS with a water supply, sanitation and hygiene promotion (rather in Bekaa region or South).
- In parallel, to carry on detailed assessment for refugees who rent a flat / a garage or squat in order to design appropriate assistance. Such a tailor-made assistance needs time to be effective and efficient.
- Support LRC in creating the DM watsan department, by providing some material and training.
To date 476,000 Syrian refugees have fled to Jordan. Around 75% of them are living in urban areas, in host families or by themselves.

Before Syrian crisis, country already had refugees and economic migrants: 700,000 Iraqis, 800,000 Egyptians and 2,000,000 Palestinians, compared to a 6,000,000 Jordanians population. Influxes are decreasing due to reinforced controls in borders (from 1,800 p/d to 300 p/d), but pressure on country resources and capacities is high.

Government, relayed by Jordan Red Crescent (JRC), is concerned by potential impacts: economical (inflation, increase in the deficit), social (tension between host communities and refugees for job access, rental...), environmental (over exploitation of water resources) and political. Security appeared to be another issue, stability being a key factor for tourism activity (Jordan exports phosphate, potash but not oil).

Assistance strategy has 2 lines: camps and urban refugees. Camps strategy is the most visible and supported one; meanwhile urban strategy is so far little developed.

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1 According to Mohamed El-Hadid, President of the Jordan Red Crescent Society
2 According to Paul Stromberg, UNCHR Assistant Representative (Operations)
**Camps**

**Key figures**

120,000 refugees in Za’atari, 54,000 people planned in Al Azraq (possible extension to 130,000 people), 5,000 in Al Zarga (Emirati Jordanian Camp run by UEA RC)

Za’atari camp is the 4\textsuperscript{th} largest settlement in Jordan, and the 2\textsuperscript{nd} largest refugee camp in the world. It covers 8.75 square kilometers.

**Specific context**

Za’atari camp was established in July 2012 and had to face a large refugee influx, as 200,000 refugees have cross the border this year alone (for a total of 470,000 total refugees). Refugees are transferred from border to the camp by Jordan Armed Forces (JAF) and IOM.

**Actors involved:**

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<td>Implementing partners : ACTED, OXFAM, THW, World Vision</td>
<td>Implementing partners : THW, OXFAM, Mercy Corps ACTED, World Vision</td>
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<td>ACF just opened a delegation in Jordan and is assessing to be part of wash response</td>
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<td><strong>Health</strong></td>
<td>Lead : JHAS (MoH), with WHO and UNFPA support</td>
<td>Lead : JHAS (MoH), with WHO support, UNFPA &amp; UNHCR to support reproductive health services</td>
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<td>Partners : GMC, MSF, GSF, MDM</td>
<td>Implementing partners : IMC</td>
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<td>Other : JRC / IFRC</td>
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*Note: focus is done on WASH and health only*
Identified gaps

Za’atari camp:

- **Governance**: refugee community structures have grown up spontaneously (common place of origin but also organized gangs) and planning was challenging due to a permanent evolving situation. As a result, original western section of Za’atari (closest to services and market street) is overcrowded with camp management, hygiene and safety issues. There is also a lack of community ownership of common facilities (vandalism, theft). Weaknesses of dialogue between refugees and GoJ / aid agencies contributed to demonstration and violence raise, in a context where there a stated belief by “some criminals and political groups that Za’atari is now “Syrian territory” viewing intervention by Jordanian security inside the camp as a threat to their hegemony”3.

- **Water and sanitation**: there is a need for a better anticipation of medium and long term needs in order to avoid extra costs. Main gaps are in sectors A and B (40.000 people) where key activities need to be upgraded:
  - No sewage system: black water desludging. 150 trucks / day for 1000 m3 with a dumping site located 35 km far from the camp. There are 400 wash blocks (6 latrines + 4 showers per block) and prefabricated mobile units.
  - Drainage for storm water but not for grey water.
  - Safe water provided with water trucking as water network only covers 10% of the camp and storage capacity needs to be improved.

- **Health**: no specific gaps were identified. Mortality remains low among refugees (Under 5 mortality rate below 0.30 per 10.000 per day) and major causes of morbidity remains ARIs and diarrhea. Bloody diarrhea picks are reported (for example in May) as well as measles cases (attack rate 0.02% and case fatality 0%) and cases of malnutrition (treated in the clinic or referred to Mafraq Hospital). Non communicable diseases are an issue to take into account due to refugee population characteristics: cardiovascular diseases, diabetes and lung diseases.

Al Azraq camp:

Al Azraq camp is under construction and should be open in July 2013 to accommodate 54.000 people as a first step, with a possible extension to 130.000 people.

Current / planned response

Za’atari camp:

Government of Jordan (GoJ), UN agencies and implementing partners planned action will cover part of the gaps:

- **Governance** : UNHCR and his partners designed a governance plan based on a combination of restructuring of the camp (creation of 12 neighborhoods, families transfer, decentralization of camp management...), enhancement of security capacity and outreach (preventive community policing and patrolling by the Jordan Police, etc.), and community engagement.

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3 Za’atari Governance Plan – UNHCR, June 2013
- **Water supply:** OXFAM will manage water storage capacity upgrading.
- **Waste water:** Ideally, UNICEF would like to implement an overflow system with a final treatment in plant (there is waste water treatment system able to treat 1.250 m3 /d located 7 km far from the camp but dedicated to an industrial area).
- JEN (Japanese NGO) is dedicated to community mobilization and community based work.

**Al Azraq:**
Site planning is carried on by GoJ and UNHCR and implementing partners have been identified: THW (pipeline), Mercy Corps (boreholes), OXFAM (tanks). A cascading waste management network connected to a treatment plant will be implemented. In order to reinforce ownership, basic structures will be built, community having the opportunity to upgrade them.

Health should be managed by IMC and JRC / FICR (ERU field hospital with German RC, Finish RC, Canadian RC, and Norwegian RC).

**Program opportunities**
JRC is interested in intervening in Al Azraq through health sector, with IFRC and PNs support. An assessment mission was carried on last week of June, considering a potential ERU Field hospital deployment. On June 27th, an ERU alert was sent.

**FRC / JRC adequacy on to opportunities**
FRC has a health ERU (a Basic Health Care unit) but not a Field hospital.

**Recommendation**
At this stage, no intervention recommended in Camps.

**Urban refugees**

**Key figures**
From 270.000⁴ and 350.000 refugees live outside camps, mostly in northern Governorates (127.000 people), Amman / Zarqa (101.000 people) and southern Jordan (15.000 people).

**Specific context**
Syrian refugee status is heterogeneous: the majority of refugees are officially registered (they receive Asylum Seeker Certificate, valid up to 6 months), some refugees are waiting for registration or others have no status. Registration is necessary to receive WFP food vouchers, to access free public services (primary health care, education...), and to be considered for WFP Cash Transfer Programming.

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⁴ UNHCR – Dashboard, Assistance outside of camps in Jordan, 6 June 2013
The main concern of refugees is related to their income level. If the majority of refugee families have some income (> 200 JD per month), they also have debts. Less than 50% of people able to work have found some form of employment. Households are anxious about the cost of living and maintaining their capacity to pay the rent is often their first priority.

Other concerns include the limited access to secondary and tertiary health care, as well as the lack of access to livelihoods and to basic services. This situation may make refugees feel isolation and loss of community, and can push people to engage in risking coping strategies (begging, early marriage). Education is generally not considered as a priority (majority of school age children do not attend school) and unhealthy life conditions due to poor quality housing are common among refugees.

There are some increasing tensions between host communities and refugees where there are large concentrations of Syrian refugees. Sources of tensions are pressure on local resources and services, higher cost of living (price of rented accommodation has been multiplied by 4 in some areas), pressure on employment environment (refugee often accept work at a cheaper daily rate), feeling of unfair assistance from some poor Jordanians...

In addition, contrasts exist from one area to another: refugees generally have less income and more debt in Irbid, but the poorest live in Mafraq.

**Actors involved**

UNHCR is advocating for an urban strategy implementation in order to assist both refugees and most Jordanian vulnerable households. Investment not only in camps but also in structural infrastructures (water facilities for example) would be an appropriate mid and long term strategy.

- Other agencies: WFP, UNICEF and WHO

**Identified gaps**

From a strategic point of view, camp strategy seems to be more supported and operational than urban strategy. In a context of mid or long term crisis, needs of the host population should be factored into program design and targeting, and assistance provided to both refugees and poor Jordanians.

**Water supply:** majority of Syrian refugees and host community populations are connected to the water supply network, delivering water once a week. Water deficit has been estimated at an equivalent of 16 l/p/d. In addition, for 60 l/p/d supplied, 45 l/p/d is lost mostly through leakages and in some cases illegal connections. Part of refugees prefer to buy filtered water for drinking when they can afford it and a considerable number of Syrian refugees do not even use it for cooking but only for washing, bathing and cleaning.

**Sanitation:** standard accommodations include access to improved sanitation systems (even if dark water is collected in tanks that are desludged for final treatment in plants). Temporary shelters face unhygienic sanitation conditions as the sanitation facilities are quite basic, with either clothes or plastic sheeting to ensure privacy, and people having set-up an off-set disposal system, with a pit next to the latrine. Concerning solid waste, communal capacities are overstressed.

**Health:** there is a growing tendency towards poor personal hygiene, lack of food hygiene in informal settlements, lacking access to hygiene items, difficulties in treating communicable and chronic diseases
Current / planned response

- UNHCR is advocating for a proper urban strategy to be implemented. They plan to carry on a survey on the use of health facilities, and plan also to map the disparities in access to basic services (with WHO).
- MSF is involved in health activities in Amman hospital.
- RCRC movement is intervening through bilateral and multilateral programs: Danish RC (PSP with Italian RC), Swiss RC (CTP), German RC (hygiene kits), British RC (multisectorial assessment planned in July), Qatari RC (wounded transfer from Za’atari camp to Islamic Hospital), Irak RC (OPD in Amman Hospital).

Program opportunities

Watsan: structural response needed for water supply (boreholes rehabilitation, water network efficiency) and temporary shelter sanitation upgrade (desludging and solid waste management).

Health: both JRC and DRC are providing assistance to refugee located in northern area (Jerash, Ajloun) and Mafraq, with Cash Transfer Programming and PSP activities. Deploying health activities in the same area would reinforce the assistance effectiveness. Health activities should cover basic health care and Non Communicable Diseases (whether through an OPD or a mobile clinic).

FRC / JRC adequacy with opportunities

Watsan: out of FRC / JRC range for water supply and low level of interest for sanitation compared to health opportunity.

Health: FRC has a strong experience in public health and basic health care, in both emergency and development environments. Historically, FRC had a delegation in Jordan until 2010 (with health programs) and just ended a health project involving Yemenite Red Crescent (Yemenite Revolution heroes). Partnership with the Danish Red Cross, dealing with PSP, would be all the more relevant that combined intervention is discussed for Domiz camp in Iraqi Kurdistan (FRC would cover sanitation gaps with DRC support on Hygiene Promotion activities).

JRC is also experienced in the health sector. Supporting urban refugees in basic health care, based on an effective cooperation framework, is an opportunity to further develop their capacities.

Recommendation

FRC Intervention can be considered for urban refugees. Urban strategy will be more important in coming weeks and is supported by UN agencies; meanwhile no relevant room has been identified in camps assistance.

A small scale intervention is recommended, based on integration with other CRCR movement activities (CTP and PSP). That would reinforce potential partnership with DRC (in Iraq) and give FRC an opportunity to keep the possibility of submitting a proposal to ECHO.
Source documents

Multi country documents:

ECHO Factsheet – Syria Crisis, 31 May 2013
Humanitarian Information Unit (HIU), U.S. Department of State – map of Syria Regional Refugee Crisis: Camp and Non-Camp populations, 18 June 2013
UNHCR - Syria Regional Response Plan 2013, version 5, June 2013
UNHCR – Inter-agency regional response for Syrian refugees: Egypt, Iraq, Jordan, Lebanon, Turkey, 6 - 12 June 2013
UNHCR – Inter-agency regional response for Syrian refugees, Health and Nutrition Biweekly: Egypt, Jordan and Lebanon, 12 – 25 May 2013
UNICEF – Syria crisis: bi-weekly humanitarian situation report, 6 June 2013
USAID - Syria Complex Emergency Fact Sheet #18, 17 June 2013

Iraq related documents:

IFRC – Iraq annual report 2012, 8 June 2013
MSF – Domiz Watsan Report, April 2013
NRC – Shelter and WASH conditions in Domiz Camp, Dohuk, 19 March 2013
REACH – Map of Domiz camp, Dohuk Governorate, 12 June 2013
UNHCR – Syria Situation Bi-Weekly update No. 43, 15 – 28 May 2013

Jordan related documents:

CARE - Syrian Refugees in Urban Jordan, April 2013
UNHCR – Dashboard, Assistance outside of camps in Jordan, 6 June 2013
Oxfam GB – Integrated Assessment of Syrian Refugees in Host Communities, March 2013
UNHCR – Guide to UNHCR Supported Health Care Services in Jordan, undated
UNHCR - Zaatari Governance Plan, 9 June 2013
UNHCR – Report of the Participatory Assessment, December 2012
UNOSAT – Map of Al Zaatari refugee camp, 10 June 2013

Lebanon documents:

WASH working group – WASH Sector activities reached during May2013, 13 June 2013
Interviewees

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name and position</th>
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<tbody>
<tr>
<td><strong>Regional level</strong></td>
<td></td>
</tr>
<tr>
<td>IFRC</td>
<td>Steve McAndrew, Head of Operations for the Syrian crisis</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Jola Mizioniak Emergency Regional WASH Specialist</td>
</tr>
<tr>
<td>IFRC / RECA</td>
<td>Hassan Hamou, WASH Regional Emergency Cluster Advisor</td>
</tr>
<tr>
<td>Danish Red Cross</td>
<td>Mads Brinch, Regional Coordinator</td>
</tr>
<tr>
<td>IFRC</td>
<td>Dr. Faysal Hossam, Coordinator, MENA Zone Disaster Management Unit</td>
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<tr>
<td><strong>Iraq</strong></td>
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<tr>
<td>MSF France</td>
<td>Anne-marie PEGG, Assessment mission</td>
</tr>
<tr>
<td>ICRC</td>
<td>Anwaz Hanif BASHIR, Head of Erbil sub-delegation</td>
</tr>
<tr>
<td>UNHCR</td>
<td>Martin ZIRN, Senior Technical Advisor</td>
</tr>
<tr>
<td>UNHCR</td>
<td>Hawre ABDULAH, Field Officer</td>
</tr>
<tr>
<td>UNHCR</td>
<td>Zaur MAHARAZ, Field Officer</td>
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<tr>
<td>UNICEF</td>
<td>Dr QASIM, Health and Nutrition officer</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Mozam UDDIN AHMED, WASH sector coordinator</td>
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<tr>
<td>Iraqi Red Crescent, Erbil</td>
<td>Nawzad ABDULQADER, Head of Erbil branch</td>
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<tr>
<td>ACTED</td>
<td>Jason ANDREWS, Chargé du programme REACH</td>
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<tr>
<td>ACTED</td>
<td>Aaron ADKINS, Head of mission</td>
</tr>
<tr>
<td>Erbil Governorate</td>
<td>Nawzad HADI MAWLOOD, Governor of Erbil</td>
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<tr>
<td>French Embassy</td>
<td>Alain GUEPRATTE, Consul Général of France in Erbil</td>
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<tr>
<td>Iraqi Red Crescent, Dohuk</td>
<td>Talat MUSTAPHA, Head of Dohuk Branch</td>
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<tr>
<td>Iraqi Red Crescent, Dohuk</td>
<td>Yunis ABDELSALAM, Disaster Manager</td>
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<tr>
<td>DMC</td>
<td>Eng. Khaled, Domiz camp coordinator</td>
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<tr>
<td>MSF CH</td>
<td>Karima Hamadi, Head of mission for Syrian refugees in Irak</td>
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<tr>
<td>MSF CH</td>
<td>Tiphaine Vrignaud, Watsan officer</td>
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<tr>
<td>NRC</td>
<td>Patrick OKELLO, Wash project manager</td>
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<tr>
<td>NRC</td>
<td>Cécile QUAN, Programme Director</td>
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<tr>
<td>UNICEF</td>
<td>Mohammad Baseem, Dohuk Wash Coordinator</td>
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<tr>
<td>UNHCR</td>
<td>Claire Bourgeois, UNHCR Representative</td>
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<tr>
<td><strong>Jordan</strong></td>
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<tr>
<td>French Red Cross</td>
<td>Eric Roux, Head of Delegation</td>
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<tr>
<td>Jordan Red Crescent</td>
<td>Mohamed El-Hadid, President</td>
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<tr>
<td>Jordan Red Crescent</td>
<td>Rad El-Hadid, Disaster Management Unit Coordinator</td>
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<tr>
<td>Jordan Red Crescent</td>
<td>Mamdouh M. El-Hadid, Disaster Management Unit Officer</td>
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<tr>
<td>UNHCR</td>
<td>Paul Stromberg, Assistant Representative (Operations)</td>
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<tr>
<td><strong>Lebanon</strong></td>
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<tr>
<td>Lebanese Red Cross</td>
<td>Georges Kettaneh, General Secretary</td>
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<tr>
<td>UNHCR</td>
<td>Pankaj Kumar Singh, WASH Sector Co Lead</td>
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<tr>
<td>UNICEF</td>
<td>David Adams, WASH Sector Co Lead</td>
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<tr>
<td>Solidarités</td>
<td>Miguel d’Acangues, WASH and Shelter program manager</td>
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<tr>
<td>UNICEF</td>
<td>Talal Tabikh, WASH specialist and focal point</td>
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<tr>
<td>ICRC</td>
<td>Thomas Batardy, Wathab coordinator</td>
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<tr>
<td>French Embassy</td>
<td>Céline Place, Deuxième conseiller</td>
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<tr>
<td>Lebanese Red Cross</td>
<td>Yussuf Butros, Head of North region and national relief coordinator</td>
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</tbody>
</table>
**Exploratory mission planning**

Exploratory team consisted in Anthony Kergosien (FRC Emergency Desk Officer) and Pierre-Yves Oger (Water and Sanitation engineer, FRC Emergency team volunteers).

In Iraq, team was completed by Nada A. Kana’an (IFRC OD Coordinator), Nawar Abdulkader (IRCS DM officer – Baghdad) and Hassan Haider (IRCS DM officer – Baghdad).

<table>
<thead>
<tr>
<th>Date</th>
<th>Activities</th>
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</table>
| Tuesday 18th | Arrival in Iraq (Erbil)  
 Briefing with IFRC and IRCS Bagdad Team  
 Meeting with MSF CH |
| Wednesday 19th | Meeting with ICRC and IRCS Erbil branch                                  |
| Thursday 20th | Meeting with UNHCR and UNICEF  
 Movement to Dohuk  
 Meeting with IRCS branch, ICRC, DMC (KRG), MSF CH |
| Friday 21st | Domiz camp rapid assessment  
 Meeting with ACTED, NRC and UNICEF                                       |
| Saturday 22nd | Movement to Erbil  
 Meeting with Erbil Governor, UNICEF and French Consulate         |
| Sunday 23rd  | Departure to Jordan  
 Briefing with FRC HoD                                               |
| Monday 24th  | Meeting with DRC, JRC, UNICEF, UNHCR and IFRC                          |
| Tuesday 25th | Departure to Lebanon  
 Briefing with DMU DR Delegate  
 Meeting with French Embassy                                    |
| Wednesday 26th | Meeting with LRC SG  
 Wash Sector Coordination meeting + dedicated meeting with UNHCR, UNICEF, ICRC, IFRC |
| Thursday 27th | Meeting with LRC Head of North Region  
 Field rapid assessment in Tripoli area and Ankar district    |
| Wednesday 28th | Meeting with LRC SG, IFRC RECA  
 Departure to France                                                |