

JOINT
ASSESSMENT
MISSION

Settlement-Based
Refugees
IRAN July 2012



**WFP UNHCR Joint Assessment Mission, Settlement- Based Refugees
in Iran, August 2012**

Data collected in July 2012

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Acknowledgements

The mission members wish to thank the Government of the Islamic Republic of Iran, the Bureau for Aliens and Foreign Immigrants' Affairs (BAFIA), the refugees' councils, WFP and Office of the United Nations High Commissioner for Refugees (UNHCR) colleagues for the extensive support provided. In particular, the team is grateful to those who provided the briefing materials, organized schedules, provided logistic support, briefed the team and participated in the numerous meetings.

A special thanks is due to the refugees who were kind enough to open their houses and provided crucial information to the team.

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EXECUTIVE SUMMARY

The Islamic Republic of Iran hosts one of the largest and most long-staying refugee populations in the world: as of December 2011, according to the Bureau for Aliens and Foreign Immigrants' Affairs (BAFIA), the total number of refugees registered with the authorities stood at 886,400, including 840,500 Afghans and 45,900 Iraqis. Most refugees reside in urban areas, with only some 3 percent living in settlements.

This Joint Assessment Mission (JAM) was conducted under the existing framework of UNHCR and WFP's Memorandum of Understanding which requires periodic review of all joint operations. The JAM targeted settlement-based refugees. The mission used a combination of primary and secondary data from different sources to get as complete and balanced a picture as possible. The mission visited four Afghan settlements (Semnan, Rafsanjan, Bardsir and Saveh), in the three provinces of Kerman, Markazi and Semnan, where focus group discussions, interviews, households visits, and visits to the settlements' infrastructures were conducted.

The mission found that in general refugees work outside the settlements with an average income earning of 3 million IRR (US\$ 250) even if most jobs are more of a seasonal or daily nature, and not available on a stable basis. The mission noted that there are sharp disparities in sources of income and earnings within a settlement; those financial differences create different living conditions and heterogeneity. Households with stable jobs and more than one breadwinner are better off. Female headed households and elderly people are the most vulnerable because they have fewer possibilities to access an income, together with families with disabled or chronically ill family members. Women have in general fewer job opportunities. During the interviews, many people underlined that the most vulnerable families or those who are not able to conduct a decent life in urban or rural areas are actually residing in the settlements.

As regards the food consumption, there is a strong relation between dietary diversity and stability of household source of income and the findings show that the majority of households have a fairly good food consumption, with a diversified diet though the different foods are consumed with low frequency. In all the visited settlements access to food and basic non-food items is guaranteed by a system of on-site shops, ranging from groceries, butchers, vegetables shops, a bakery (except in Saveh) and non-food shops. Most of the refugees interviewed generally bought everything in the settlement. People spend most of their money on food. Their second preoccupation is related to health (medicines, consultations). Refugees reported that they earn on a daily basis and have difficulties in planning long-term expenses. Additionally, all interviewed refugees reported that after subsidy removal their purchasing power has been strongly affected. Indeed, while salaries remained almost stable, basic food items and energy costs had increased by more than 30 percent. When people face difficulties they give up non-essential expenses, like clothes, or buy food of lower quality. Many people borrow money from neighbours or relatives. In every settlement there are about

20 - 25 percent of households that ask not to pay running costs as a way to have more money to spend on food.

Health indicators depict a stable situation. Targeted interventions to address growth problems in children above 6 months of age are needed as well as ways to support households with chronically ill.

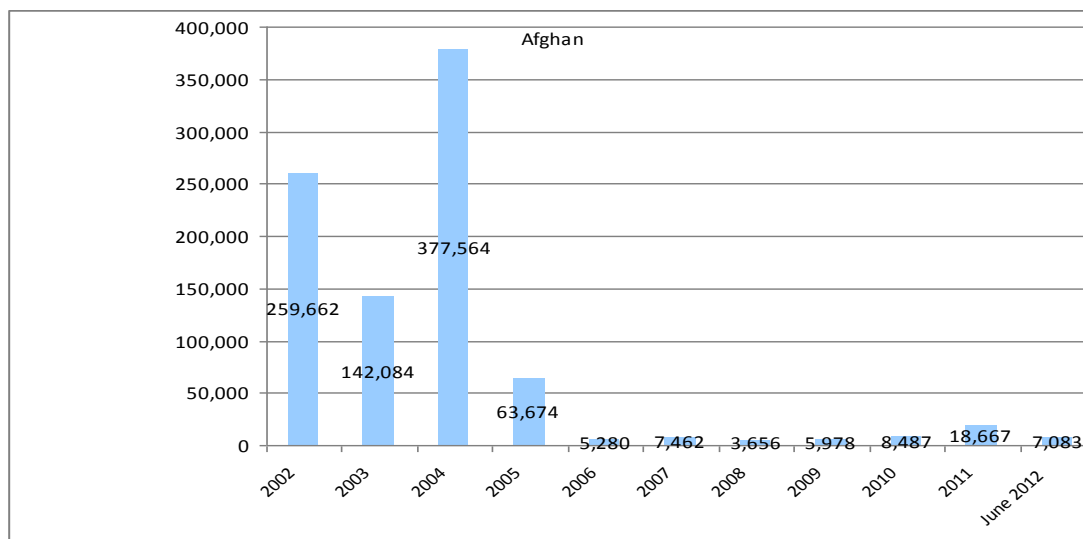
The JAM team concluded that the conditions of the refugees living in the settlements are not homogeneous and that it is necessary to tailor assistance according to the different needs and not addressing the food security issue with a single solution for all. UNHCR and WFP are fully aware that it is necessary to keep assisting the refugees, but both agencies aim at improving the level of assistance provided through more effective targeting and diversification of this assistance.

1. Background

The Islamic Republic of Iran hosts one of the largest and most long-staying refugee populations in the world, comprised of Afghans who have been in the country for more than 30 years. As of December 2011, according to the Bureau for Aliens and Foreign Immigrants' Affairs (BAFIA), the total number of refugees registered with the authorities stood at 886,400, including 840,500 Afghans and 45,900 Iraqis. Most refugees in the Islamic Republic of Iran reside in urban areas, with only some 3 percent living in settlements. There is no clear single factor explaining why some of the registered refugees are accommodated in settlements while the overwhelming majority settled spontaneously in urban and rural centres. It appears to be the result of a variety of circumstances which played a role in different combinations over time (such as year of arrival, degree of vulnerability, refugees' own preference, government policy, access to the job market, etc.).¹

UNHCR has assisted almost 900,000 Afghan refugees to return home voluntarily since 2002. The repatriation continues under the auspices of tripartite agreements signed by the Government of the Islamic Republic of Iran, Afghanistan and UNHCR. Many have not yet returned due to lack of peace, stability and resources in their home country. The governments of Afghanistan, Pakistan, the Islamic Republic of Iran and UNHCR are working together in a Solutions Strategy for Afghan Refugees to support voluntary repatriation, sustainable reintegration and assistance to host countries.

The graph below shows the repatriation of Afghan refugees during the last ten years, up to 30 June 2012.



¹Multidimensional poverty and Vulnerability Assessment, Case of Afghan refugees in the five most refugee populated provinces of Iran, Mitra Ahmadinejad, 2011.

Resettlement is a durable solution available to refugees in the Islamic Republic of Iran; since 1999 a total of 2,104 cases and 9,775 persons have been resettled to different countries.

While UNHCR assists in different ways refugees living both in settlements and in urban and rural centres, WFP assists only Afghan and Iraqi refugees living in the settlements with general food distributions (GFDs) and the Oil for Education Programme.

In December 2010, the Government of Islamic Republic of Iran implemented its economic reform plan by removing blanket subsidies for fuel, water, electricity and wheat flour, from which refugees used to benefit by default and replacing it with targeted cash assistance to vulnerable Iranians only. This inevitably increased the living costs for the refugees' community. Hence, refugees became more dependent on United Nations assistance until their repatriation.

Current assistance

WFP continues its assistance to Afghan and Iraqi refugees living in the settlements under the Protracted Relief and Recovery Operation (PRRO 102131) until the end of 2012.

A monthly food basket valued at 1,738 Kcal/person/day is provided to the settlement population through general food distribution. Each person receives a 14 kg food basket on a monthly basis consisting of wheat flour (9 kg), rice (3 kg), lentils (1 kg), vegetable oil (0.5 lt) and sugar (0.5 kg).

Ration Entitlement

	g/p/month	g/p/day	Energy (Kcal)	Protein (g)	Fat (g)
Rice	3,000	100	360	7	0.5
WHF	9,000	300	1050	34.5	4.5
Lentils	1,000	16.7	113.2	6.7	0.2
Sugar	500	33.3	66.8	0	0
Veg. oil	500	16.7	147.8	0.0	16.7
TOTAL	14,000	466.7	1,738	48	22

The Oil for Girls' Education component has been expanded to cover all primary and secondary school girls who regularly attend their classes throughout the scholastic year, by providing a take-home ration of 4 bottles (3.680 kg) of vegetable oil per student per month. This programme is an education incentive involving take-home rations for some 3,000 primary and secondary school girls inside the settlements and their female teachers. Through this initiative, WFP aims to stabilize enrolment of refugee girls in primary schools and increase enrolment and completion rates of refugee girls in secondary schools besides ensuring the participation of female teachers in classes. This incentive has become an important factor in families' decision to send their girls to school and has

resulted in a significant reduction of the gap between absolute enrolment rates of girls and boys (from 30 percent in 1999 to 12.5 percent in 2007). The latest round of monitoring visits (December 2011 and May 2012) confirmed that thanks to the Oil for education programme, almost all girls in school age attends primary school (90 percent for Afghan and 100 percent among Iraqi refugees). As for secondary education, statistics of school feeding programme reveals that attendance rate at secondary schools increased by 26 percent since 2010. Indeed all household interviews showed that this incentive is playing a big role in pushing families to send their girls to school. In addition to WFP assistance, UNHCR also provides transportation facilities to students (mainly girls) who attend schools outside the settlements, to support attendance.

The total number of WFP beneficiaries in settlements in June 2012 was 30,554 individuals (15,637 male and 14,917 female), approximately 6,000 households. Approximately 1,500 refugees live in Iraqi settlements and 29,000 refugees live in Afghan settlements and receive their food basket (GFD) on a monthly basis.

Refugees receive food assistance if they are registered and have the renewed Amayesh card. During the field visit the team realized that many women and children do not receive food assistance as they are not registered. This happens in the case of women (and their children) whose husband died without registering the marriage, children born out of a second marriage, women brought into the settlement after the marriage and similar cases. The team brought these cases to the attention of BAFIA specifying that in many cases the most vulnerable are excluded from assistance due to administrative issues. On the other side, BAFIA brought to the attention of the team that, due to the mobility of refugees and the possibility to have increased numbers of people moving to the settlements, it is necessary to have a certain flexibility (as regards number of people assisted) and consider a contingency plan when planning for assistance.

General management of the settlements is the responsibility of BAFIA. WFP and UNHCR assistance are channelled through BAFIA. Therefore, BAFIA is also responsible for implementing the food aid programme through refugee councils. Although food storage and handling fall under the refugee councils' responsibility, BAFIA authorities for the settlements are WFP partners, and in such capacity they are accountable for safety of the food and responsible for providing WFP with all related reports.

Joint monitoring visits by WFP, UNHCR and BAFIA are conducted twice a year in all 18 settlements. These visits are to ensure that refugees have access to adequate quantity and quality of food besides ensuring food storage, handling and distribution are in line with WFP guiding principles.

UNHCR continues its support to refugees by providing financial support through BAFIA to maintain acceptable health and educational services in the refugee settlements and maintain sanitation and sewage systems of the settlements. In the settlements, UNHCR supports primary health care through the Ministry of Health (MoH), specialized care through health insurance and education through the Ministry of Education. UNHCR also supports households identified as vulnerable with their medical expenses (hospitalization,

medications and services not covered by health insurance). Additionally, UNHCR distributes occasionally sanitary materials and other non-food items like blankets and shoes, targeting the vulnerable.

In the settlements, representatives of the refugee community (refugee councils) manage the internal affairs including the upkeep and functioning of the water supply and sanitation systems and food distribution. The refugee councils collect money from refugees and cover the running costs of the settlement. On average refugees have to pay 60,000 IRR (Iranian Rial) per person per month (US\$5) and an additional charge for ad hoc services (for instance sudden increase in electricity bills after subsidy removal). In settlements where existing bakeries are supplied by WFP wheat flour, refugees receive their wheat flour entitlement in the form of bread (1 loaf/person/day) which costs 300 IRR per loaf (one loaf of similar bread on the local market costs 4,000 IRR).

Refugee numbers and profile

In June 2012, the Government of the Islamic Republic of Iran began re-registering Afghan refugees, a process called Amayesh VIII, extending the validity of the card to one year and linking the Amayesh residence permits with the issuance of work permits on a voluntary basis.

During the exercise, which receives financial support from UNHCR, the Government identifies vulnerable² refugees to be granted exemption from payment of municipality taxes and school tuition fees. Such fees are normally obligatory for registered Afghan refugees. The tables below show refugee figures in the country (as of December 2011), and in the settlements (June 2012).

Table 1: Refugees in the Islamic Republic of Iran		
Type of population	Origin	Total
Refugees	Afghanistan	840,500
	Iraq	45,900
	Various	80
Asylum Seekers	Afghanistan	420
	Iraq	20
TOTAL		886,920

² Vulnerability criteria are clearly defined by BAFIA and UNHCR. See Annex 5 with vulnerability criteria.

Table 2: Refugees residing in settlements June 2012	
Iraqi-Kurds	1,169
Iraqi-Arabs	223
Afghans	29,162
TOTAL	30,554

Both Iraqi and Afghan refugees have been staying in Iran for a long time. According to the 2011 multi-dimensional poverty assessment, Afghan refugees have been living in Iran on average for 20 years. Most Afghan children were born in Iran and have never been in Afghanistan.

The average refugee household includes 5.3 individuals on average. In 2005, the average was 5.6, showing a declining trend (possibly due to the awareness-raising campaign and free access to family planning).

Female headed households are around 7 percent and families having a chronically ill member around 8 percent. Less than 2 percent of the refugees live with a disability.³

2. The Joint Assessment Mission

1. Objectives

This joint assessment mission (JAM) was conducted under the existing framework of UNHCR and WFP's Memorandum of Understanding which requires periodic review of all joint operations. The previous JAM in Iran was conducted in October 2008.

The ultimate goal of the JAM is to "understand the situation, needs, risks, capacities and vulnerabilities of refugees with regard to food and nutritional needs"⁴ and to verify that food security and related needs of refugees are adequately addressed through the ongoing operation.

The main objectives of the JAM 2012 were the following:

1. To determine the food security situation, livelihoods and self-reliance of refugees under WFP and UNHCR assistance.
2. To assess the changes in the food security situation that have occurred since the last JAM and propose new measures to ensure that refugees achieve an adequate level of food security.
3. Based on the findings, to provide recommendations regarding food assistance and other food security related interventions for refugees residing in settlements

³ *Multidimensional poverty and Vulnerability Assessment, Case of Afghan refugees in the five most refugee populated provinces of Iran* Mitra Ahmadinejad, 2011.

⁴ *Joint Assessment Mission Guideline*. WFP/UNHCR, 2008. p.9

In order to achieve these objectives the team aimed also at:

- Determining the extent to which the refugees, or different groups among them, are able to meet the food needs of their families and how the level of self-reliance can be expected to change during the next 12-24 months.
- Reviewing the extent to which refugees inside settlements have livelihood options and resources.
- Assessing local market conditions and availability of food and non-food items.
- Identifying positive elements and constraints that may be improving/impeding the achievement of food security objectives, and
- Propose solutions.

2. Methodology

The mission used a combination of primary and secondary data from different sources to get as complete and balanced a picture as possible.

Prior to commencement of the JAM, consultation meetings were held and information shared among all members through e-mail to agree common definitions, methodology and data collection formats so that information collected by all members would be comparable. A secondary data package was distributed to and reviewed by each of the JAM members prior to the start of the assessment⁵. The mission also met with the representatives from the Ministry of Foreign Affairs (MFA), the head of BAFIA and senior staff of BAFIA, UNHCR and WFP in Tehran.

During the visits to the settlements, the Mission observed the living conditions of refugees and activities carried out under the assistance programme. The mission conducted interviews, focus group discussions, meetings and validated existing data in the camps. The mission visited four Afghan settlements (Semnan, Rafsanjan, Bardsir and Saveh), in the three provinces of Kerman, Markazi and Semnan, which had been selected in consultation with BAFIA as representative samples of Afghan settlements in Iran. In each settlement the mission:

- met with settlement authorities and warehouse managers to get information on population statistics and general conditions as well as requirements and opportunities,
- conducted three Focus Group Discussions/Group Interviews with female refugees, male refugees and members of the refugee council,
- observed local markets within the settlement, and discussed with traders to assess market prices of basic commodities and availability of food inside the settlements,
- interviewed eight to ten individuals/households through home visits to get their perception on the effectiveness of food assistance; and find out their urgent needs,

⁵ A complete list of secondary data can be found in the annexes

- visited health centres inside the settlements and interviewed physician and health workers to collect information on the health status of refugees,
- walked through the settlement and observed the sewage system, water supply and general conditions.

3. Findings

Availability: Market access, food availability and prices

In general refugees have no access to land and are not allowed to keep livestock in the settlements for hygienic reasons. There are some exceptions to that: in Bardsir the refugees own 6 hectares where they have planted corn; in Saveh refugees have a small amount of land for vegetables and can keep sheep and cows, if they can afford them.⁶ But apart from these exceptions, refugees do not have the possibility to produce their own food and depend on food aid and market purchases.

In all the visited settlements access to food and basic non-food items is guaranteed by a system of on-site shops. Shopkeepers (belonging to the refugee community) pay a small fee to the settlement management to use some of the settlement premises, and in each settlement there are several shops ranging from groceries, butchers, vegetable shops, bakery (except in Saveh) and non-food shops. Refugees interviewed stated that they generally buy everything they need in the settlement. Additionally, they have the option to go to the nearest city by either taxi or public bus. Only in Saveh, vegetables and other fresh items were not available due to the fact that refugees were not allowed to open fruit and vegetable shops in the settlement but they often go to the neighbouring city and purchase what they need there.

It is easy to observe that the supply on the settlements responds to the demand and the purchasing power of the refugees. Indeed for meat, only small (skinny) chickens are brought to the settlements together with cheaper meat parts (head, foot, interior). On the other side, dairy products (cheese, yoghurt, milk) are easily found together with dry food items (pasta, grains, rice) and a large selection of junk food. The food items most sold on the settlements are pasta, rice, eggs, dairy products (cheese and yogurt, while milk is not easily sold), tomato paste, soy beans, aubergines, potatoes, tomatoes and cheaper fruit like water melon. In general, shopkeepers go to the city to buy their goods every 15-20 days for dry food and non-food items, every 3-4 days for meat and dairy products and daily for vegetables. On average, for dry food/non-food items, shopkeepers are able to spend 3 to 5 million IRR (US\$ 250-400) to replenish their stocks, plus the money for transport. Cash advance/liquidity is their main constraint so they have to buy new things and replenish their stock as soon as they have sold enough to allow them to have some cash. The shopkeepers interviewed reported that they would easily be able to bring more food to the settlement in the case they were sure to sell it. Some refugees expressed the concern that shopkeepers on the settlement bring only low quality products from the city

⁶ In Saveh, 80 families own livestock which they use for own consumption and in a few cases for sale.

in order to maximize their profits and for this reason they prefer to buy certain items from the city.

All shopkeepers interviewed reported that since subsidies removal, food prices have sharply increased together with the price of transport. According to one shopkeeper, prices have increased so much that now they have to pay 5 million IRR for what they could buy for 1.5 million in 2010 (before subsidy removal). Since last year the price of bread increased by 100 percent (one loaf costing 2,000 IRR last year, cost 4,000 IRR at the time of the visit) and rice by 32 percent.

In April 2012, food inflation stood at 5.3 percent compared to the previous month and at 33 percent compared to the previous year. The general consumer price index stood at 23 percent.⁷

Access to food

i. Sources of income

There is no restriction for refugees to work outside the settlements. They can obtain a working permit, which costs 1,420,000 IRR/year (and 1,000,000 for renewal) and allows them to be employed legally in 55 different activities which are all hard/unskilled occupations, such as construction workers, garbage collectors, farm workers, shepherds, etc. Working permits are voluntary and refugees are able to work without the permits.

It is clear that job opportunities are linked to the economy/context of the area in which the settlement is located. When the refugees live in an area where there are limited job opportunities even for the host community (like in Bardsir), there are more possibilities of conflict and they are obliged to travel long distances to find a job. Most jobs are more of a seasonal or daily nature, and not available in a stable pace. In general refugees are able to work 15-20 days in a month. The average wage is 150,000-200,000 IRR per day (US\$ 12-16). An average income is around 3 million IRR (US\$ 250) per month. For an average family of 5 this means less than 2 US\$/per person/per day if there is only one breadwinner in the house. People that are employed by the municipalities (in Rafsanjan 30 percent of the refugees work for the municipality) as garbage collectors or similar activities earn 2.5 million IRR per month, a stable income but they have to complement it with other activities. The majority of refugees work as construction workers or a daily workers in the farms (like pistachio farms in Kerman province). They reported that on most occasions the employers come to pick them up in the settlements and they do not

⁷ Central Bank of the Islamic Republic of Iran, Consumer Price Index (CPI) *Farvardin* 1391 (March/April 2012).

need transportation to take them to the location of their job. In the past, many refugees also worked as drivers but they are not allowed to have driving/biking licences and this limits both their working opportunities and the possibility to reach places where to have a job. Indeed in several Focus Group Discussions (FGDs) refugees stated that when families are better off they leave the settlement to go and live in the city to have better access to job opportunities. However, despite the regulations, many refugees have motorbikes and use them risking arrest.

The mission noted that there are sharp disparities in sources of income and amount of earning within a settlement. The conditions in which the refugees are living are not homogeneous and clearly, differences in sources of income create disparities at all levels. In general households with more than one breadwinner and families who are able to get a stable job are better off. Female-headed households and elderly people are the most vulnerable because they do not have the possibility to access an income, together with families with disabled or chronically ill family members and therefore they rely almost entirely on the support of the community. Women, in general, have fewer job opportunities. They are also limited by cultural restrictions, as many men prefer that they work inside the settlements. A few women produce handicrafts (kilim, carpets), do tailoring or embroidering but they have difficulties in selling these products outside the settlements (lack of a proper network, not able to travel). Very few women work on farms, however for the same work as men, their earnings are much less. They are also involved in activities that they can do at home, like pistachio shelling, for which they earn about US\$ 1 a day (50,000 IRR is paid for a bag of 70 kg and needs 3 days' work).

Two years ago in Saveh settlement, women have been provided with sewing machines following the tailoring courses which have been conducted by an NGO two, but they are unable to establish a proper network to sell their products and only a few women are able to live on that. In all interviews refugees requested to create more opportunities for women through vocational trainings and literacy courses (English and computer courses were also mentioned). In all of the FGDs refugees reported that there are some families who are not able to cover their needs and are dependent on the network of family and neighbours, among them, female-headed households were repeatedly reported to be the most vulnerable.

Refugees have movement restrictions to go to some other provinces as these areas have been declared NO GO AREAS (i.e. refugees are prohibited to live and commute there without permit). During household interviews many refugees, especially young people, declared that they still go to these areas if they get better jobs even if they risk being arrested.

As regards safety nets, the interviews confirmed that many vulnerable families live on charity, supported by their neighbours. This also applies to the families of martyrs from the Afghanistan war. Divorced and separated women are able to go back to their families,

⁸ A NGO partnering with UNCHR

and both the refugee councils and the religious authorities are sensitive to supporting families in need.

During the interviews, many people underlined that the most vulnerable individuals are residing in the settlements or those who were not able to conduct a decent life in an urban or rural centre. Indeed, on many occasions, refugees stated that when a family attains better conditions they try to move to urban areas where both job and education opportunities are better.⁹ A BAFIA representative confirmed that it is the most needy who live in the settlements, and they also foresee the possibility that many more refugees would be moved to settlements in the near future (up to 200,000 people) as they are not able to cope with urban life after subsidies removal and also since, due to the assistance provided, for many of them the option of living in a settlement becomes more attractive.

ii. Sources of food

As previously stated, only a minor share of refugees (around 2 percent) have access to agriculture or livestock, therefore their food comes from assistance, from purchase or it is borrowed.

Rice, sugar, vegetable oil, lentils and wheat flour (or in the form of bread) are mainly received as WFP food assistance; however, households (except the most vulnerable 20-30 percent of the entire settlement-based population) purchase additional rice, vegetable oil and bread to complement the food aid items. Refugees mainly purchase dairy products (cheese, yoghurt and milk), canned food, grains (beans, chickpeas), rice and pasta, tomato paste, vegetables and fruits from the shops inside the settlements. WFP is the only organization providing food assistance to the refugees inside the settlements. In some of the settlements there is a bakery making bread with WFP wheat flour and selling it to the refugees at a much lower price than local bakeries. In other settlements, refugees receive wheat flour and make bread at home using various types of ovens.

During the interviews refugees stated that they would like to receive a larger ration, in particular more bread (or wheat flour). During the field visits the team did not find any WFP food in the shops and during the household visits it was possible to verify that WFP food was there. It is unlikely that refugees sell the food outside the settlements as these are closed and controlled settlements and the camp authorities would notice it. Nevertheless, some refugees reported that they exchange part of the food aid regularly for “preferred” food items and to vary their diet. For some households, ration sales are the only way to meet other basic needs.

⁹ This was repeatedly reported in interviews. Nevertheless, despite verifying that many families are really needy, the team could also verify that many others have better conditions, confirming economic disparities. Saying that only very vulnerable families live in the settlements would not reflect the reality.

iii. Food consumption

Household visits showed a strong relationship between dietary diversity and stability of a household source of income.¹⁰ Some of the households obtain rice, wheat flour, pulses, oil and sugar only from food aid and are not able to complement their diet with other food items. Some other households have access to food through a combination of food aid and purchasing, as they have the economic means to complement the food ration, while the remaining third relies heavily on the purchase of food items, meaning that their economic means allow them to buy different food items and the food rations they receive is only a small part of what they consume.

According to the interviews and the focus group discussions, the majority of households have fairly good food consumption. Their food consumption is characterized by a diversified diet though the different foods are consumed with low frequency. They eat rice, pasta and potatoes regularly but not every day. Bread is consumed every day. Dairy products (cheese, yoghurt) are also consumed daily. Moreover, they eat pulses, chicken and milk 2-3 times a week and eggs even more frequently. Fruits and vegetables are consumed at least a couple of times a week. Depending on the household, and the income level, potatoes, pulses, eggs, meat, vegetables, fruit and dairy products are consumed two to six days a week.

The standard diet would consist of bread, cheese, tea with sugar, occasionally fruit jam in the morning; then, eggs and potatoes (or leftover from dinner) for lunch, and a major meal at dinner with yoghurt, rice or pasta with pulses, vegetables and once or twice a week meat. Women reported that as men eat at their work place they do not cook for lunch and serve the main meal for dinner. Soy beans are often used as a replacement for meat. The most vulnerable households have a very poor diet as they only rely on WFP assistance and on the support of the neighbours. In some settlements, the team could notice that due to the high cost of electricity and shortages of kerosene people had problems in keeping, heating and cooking all kinds of food items.

Regarding the current food assistance, in most interviews refugees requested (obviously) to increase the ration. Refugees complained mainly about bread/wheat flour as bread is their main staple. Additionally, refugees also complained about sugar as they mainly consume sugar cubes or sugar sticks. Some households also complained about the quality of rice (not cooking well).

¹⁰ Despite the fact that assessment only compiled qualitative data, it was clear from interviews that the more stable the income the more the households are able to plan on their food consumption and diversify their purchases.

iv. Expenditure patterns and purchasing power

Households reported that they spend most of their money on food. Their second preoccupation is related to health (medicines, consultations, laboratory tests, hospitalization). Families having old/sick people might spend 50 percent of their income on health. Health expenses have been consistently reported as a major preoccupation as people are almost unable to make savings, so in case of a sickness they have to ask for credit to cover their expenses (see details on health insurance below). The main reason of indebtedness reported during household visits was health expenditure. Refugees have also to pay running costs to live in the settlements which on average are around 60,000 IRR per person per month (US\$ 5).

Refugees reported that since they earn on a daily basis they have difficulties in planning their expenses. In general, they spend 50 percent of their income on food, 25 percent on health, 10 percent on running costs and the rest on education (the interview was conducted at the time of enrolment for next year) or if they have no other expenses, on clothes and household needs. If in the family there are two people working (father and son for example) one salary is kept for emergencies and one is spent. Part of the savings is also kept for wedding ceremonies. People reported in the FGDs that jewellery is an extended way of keeping savings and paying for emergency expenses, rather than keeping money in the household.

All interviewed refugees reported that since subsidies removal their purchasing power has been strongly affected. Indeed, while salaries remained almost stable, basic food items and energy costs increased by more than 30 percent. To give an example of the quite high inflation rate, one could buy more than 1 kg of rice in April 2011 with 20,000 IRR and around 700 g in April 2012. Prices of health care services are also increasing due to inflation and sanctions. Related to that point, many households are not able to afford their medical expenses and request UNHCR assistance; the Community Integrated Social and Medical Assistance Programme (CISAMAP) run by UNHCR has doubled its assistance from 2010 to 2011.

According to the 2011 multi-dimensional poverty assessment, on average a refugee family spends around 6 million IRR per month (see detailed averages in the Annexes), this assessment took into consideration both settlement-based and urban refugees, where it has to be considered that settlement-based refugees do not have housing costs. The table below summarizes relevant findings of that survey:

Clothing costs	500,000
Food costs	2,400,000
Health costs (Hospital + diagnoses + pharmacy)	800,000
Cost of tobacco and Nas	40,000

Transportation costs (Taxi +gas + car maintenance)	400,000
Telephone and mobile phone costs	350,000
Education costs	600,000
Housing costs	850,000
TOTAL	5,940,000

Household visits also confirmed that subsidies removal affected their ability to cover non-essential needs but wide disparities exist in the settlements. Households were randomly selected and, while some families were more destitute, in many families it was possible to find a refrigerator, a television, phones and air conditioning or a motorbike to name a few indicators of a better economic level.

v. Coping Mechanisms

When asked if they face difficulties regarding food consumption refugees reported that it depends on their income opportunities and on the number of days they were able to work in a given month. When people face difficulties they give up non-essential expenses, like clothes, or buy food of lower quality. Many people borrow money from neighbours or relatives. During the interviews with shopkeepers, they reported that there are families buying mainly on credit but it is a minority (10-15 customers per shop on average). Indeed during household visits refugees reported that they prefer to borrow from family and neighbours or ask the refugees council to support them (like exempting them from paying running costs). Refugees specified that they mainly ask those families who have more than one breadwinner in the household. In case of need people also sell their belongings. Jewellery is an extended way of keeping savings and paying for emergency expenses, rather than keeping money in the household.

Some men reported in the FGD that their level of indebtedness is so high that they are not able to repay their debt and live constantly borrowing. This group of people is basically composed of households with a disabled or a chronically ill person and that have no able bodied person in the family. According to the interviews with refugee councils in every settlement there are about 20-25 percent of households that ask not to pay running costs as a way to have more money to spend on food.

Health and Nutrition:

i. Water and sanitation

The four settlements assessed distribute on average quantity of potable water per person above the 20 litre standard and water points are accessible for all the settlement’s residents; however, Rafsanjan has more than 80 persons per usable water tap. The number of latrines is according to the standards in all the sites, but Bardsir has only

communal latrines and showers; the Government had plans to relocate the settlement a few years ago and since then the facilities have not been upgraded.

ii. Health indicators

The table below summarizes key health indicators according to the information provided by the Ministry of Health (MoH) staff in the four settlements:

	Semnan	Rafsanjan	Bardsir	Saveh
Mortality Rates (per 1,000 people/month)	0.4	0.03	0.8	0.4
percent deliveries at home	43%	3%	1%	32%
% deliveries at settlement clinic	0%	85%	12%	0%
% deliveries nearest hospital	57%	12%	86%	68%
% women enrolled in family planning	60%	57%	56%	48%
No. children <5 underweight	63	85	130	91
Total No. consultations physician/day	9	18	21	n.a.

iii. Health care

Health care in the four settlements is provided by teams of Afghan community health workers “Behbakhsh”, plus Iranian midwives (one per settlement) and doctors (one per settlement) under the agreement of UNHCR with the MoH. All the children under five and schooling age are routinely screened following the national guidelines for the management of childhood illnesses; no cases of malnutrition have been recorded during the last two years. Growth monitoring is usually recorded in the health centres as weight for height; all those children falling below normal growth are categorized as “growth disorders” and referred to the doctor, who sometimes identifies infections causing the growth problem. Most children between 6 and 12 months of age fall below normal growth curves; the only measure taken is education of mothers and provision of multivitamins. Child feeding programmes are not available in any of the settlements.

Health centres provide the following services free of charge: routine vaccination for children under five and schooling age, child monitoring, tetanus for pregnant women, antenatal care (with different levels of services depending on the settlement), family planning, physicians consultations and tuberculosis treatment. Laboratory tests, various medications and deliveries are not free of charge and government fees apply. Antenatal care varies in each settlement, with some health centres providing only multivitamins, iron and folic acid and some others performing standard screening of infectious diseases during pregnancy. Women’s preferences when giving birth depend on multiple factors: cultural beliefs (Pashtu women need authorization from their husband or mother in law to deliver out of the home), availability of delivery services in the settlement (preferably by an Afghan midwife) and the number of children (up to the third child deliveries are covered by health insurance in government hospitals).

There are no HIV cases in any of the settlements. The few refugees with tuberculosis identified receive their treatment free of charge in the settlement's health centre. There are no epidemics reported in the settlements during the last five years.

Referral of emergency medical cases is done through either government or settlement ambulances to the nearest hospital (less than 20 km in the case of all the settlements). Refugees complained that in case of an emergency during the night, they have to call a taxi or go by motorbike.

In May 2011, following an agreement with the Government and a semi-private insurance company, UNHCR launched a Health Insurance Scheme for refugees in Iran, following up on recommendations of previous assessments conducted. 40 percent of all registered refugees countrywide were enrolled in the scheme. All the settlements residents were considered as vulnerable and included in the scheme by UNHCR, who paid their annual premiums. UNHCR is currently working with the Government to launch the second health insurance scheme countrywide that will cover access to secondary and tertiary care (given that primary health care services are free through the primary health care network throughout the country). The health insurance scheme seeks to give refugees a civic right, increase access to specialized health care and decrease households' catastrophic health expenditure. However, medications and routine consultations with physicians are not covered under the insurance package, posing a financial burden for those households with persons chronically ill and in need of regular specialized health care.

Problems, priorities and repatriation

During the FGDs and the meeting with the refugee councils, the team always asked the refugees about their priorities and main problems and also about their intention to repatriate.

Beyond specific camp problems the team could conclude that there are a few issues that are common as they were constantly mentioned.

1. Problems related to infrastructure: sewage system, necessity to improve the shelters, poor conditions of latrines, necessity to create green areas in the settlements, necessity to improve the road or to improve/create the fencing system around the settlements.
2. Problems related to women's occupations. Unemployment of women and lack of activities for them in the settlement was a recurring plea. On many occasions, reference was made to the necessity to have specific spaces for women and girls (like a meeting place or a girl's gym).
3. Preoccupations linked to price increases. Since the removal of subsidies, energy prices and basic food items increased by at least 30 percent.
4. Problems related to overwhelming health expenses (see section above).
5. Complaints about the food ration (see above).

The team noticed on many occasions that some of the issues highlighted could be addressed through projects that involve the refugees' communities. Improvement of the camp conditions/infrastructure and trainings could indeed be implemented through food-for-work (FFW)/food-for-training (FFT) activities, provided that the right partnerships are created.

With regard to repatriation, in all interviews, refugees mentioned that they would like to go back to their country but they do not see this as a possibility in the near future, due to security concerns. They are aware that their country is not stable yet, and many young people were born in Iran so they have no idea of what Afghanistan looks like. The team also interviewed university students that are residing in Iran on a student visa. These young people accepted to give up their refugee status in order to be able to pursue their education, but for them, the prospect of returning to Afghanistan once they have finalized their studies is worrying.

4. Conclusions and Recommendations

Conclusions:

The analysis of secondary data and of the information collected during the JAM mission induced the formulation of the following conclusions and recommendations:

1. Refugees living in the settlements do not share homogenous socio-economic conditions. Living conditions, income level and self-reliance level greatly vary among them. Some families are able to cover their needs while others struggle and rely on external support. While it is important to support refugees in their efforts to gain self-reliance, it is evident that assistance cannot be equal for all and that it has to be tailored based on real needs and targeted according to necessity. Additionally, the level of involvement of refugees in managing their own community together with the increased ability to cover essential needs, show a great potentiality to introduce conditionality in assisting certain groups.
2. There is a group of people who are extremely vulnerable to food insecurity as they have no possibility to have an income and are totally dependent on assistance and support from the community. Female-headed households, elderly, unaccompanied children, and disabled or chronically ill are among them. According to the interviews in each settlement around 20 to 25 percent of households are extremely vulnerable. This group of people needs more support than that which is currently provided.
3. There is a group of refugees who is not receiving assistance as they are not registered due to administrative problems (women whose husband has died

- without registering them, children born out of marriage and similar cases). In many cases there are extremely vulnerable families. Despite understanding the administrative limitations, it is necessary to regularize the situation of this group and allow them to receive assistance (in particular food assistance) based on their needs not on their administrative status. On the other hand, it is necessary to consider in future planning that more refugees could be moving to the settlements.
4. The overall health situation in the settlements is fine, as is shown by the mortality rates and health indicators. Nevertheless, there are some areas for improvement, particularly the reduction of home deliveries in some of the settlements and the design of targeted interventions to address growth problems in children above six months of age.
 5. The health insurance scheme initiated by UNHCR in 2011 has been widely appreciated by the refugee communities. Nevertheless, the scheme was not able to meet the needs of some chronically ill refugees who had to pay for regular costly health care, posing an additional financial burden for an already vulnerable household.
 6. Women have fewer possibilities to access an income and therefore cannot support their families. There is also a disparity in skills and education and it is necessary to foster skills training, education and networks creation in order to strengthen their ability to contribute to the household economy. The Oil for Education programme has been highly successful and similar activities should be continued and multiplied.
 7. Considering the decrease in purchasing power due to subsidies removal, for people living mainly on WFP assistance, it is necessary to look both into the quantity as well as the variety of the food basket.
 8. Market conditions in the settlement are positive, food is easily available and accessible and there is great potentiality in involving refugees in using an alternative transfer modality for food assistance.
 9. While apparently the neediest refugees reside in the settlements, it is necessary to look into the conditions of urban refugees as the assistance provided in the settlements may be a pull factor in the future. Additionally, already in 2008, the Joint WFP-MoH assessment indicated the need to assist urban refugees.

Recommendations

On the basis of these conclusions the team recommends the following actions:

1. Target unconditional food assistance only to the most vulnerable households. The vulnerability criteria should be based on the current criteria already in use by WFP-UNHCR and BAFIA. (see Annex 5). Increase the food basket for the extremely vulnerable households (EVH) in order to cover 100 percent of the requirements/2,100kcal.
2. In order to refine targeting, a food security survey, including information on income, expenditures and assets should be realized before the implementation of any new food assistance project.
3. Introduce conditional food transfers (food for work/food for training) for all the other refugees, both as a self-targeting procedure and also to involve them in activities that are beneficial for the community.
4. Introduce conditional food transfers (food for training) specifically targeted to women in order to support skills creation, access to employment and self-reliance and continue supporting girls' education through the Oil for Education programme.
5. Introduce a nutrition surveillance system in the settlements and the possibility to access to supplementary feeding for children suffering from malnutrition and/or inadequate growth.
6. Enhance the health assistance provided to ensure that chronically ill refugees are able to meet their health care needs at an affordable cost.
7. Pilot a food voucher system (pending a feasibility study) in the settlements in order to enhance dietary diversity, empower refugees as regards food choice and stimulate the local market.
8. Verify current beneficiaries' lists making sure to include all people that should be entitled to assistance based on their needs and set up a more reactive system for new comers/inclusion of refugees falling under the targeting criteria.
9. Revisit the current food basket making sure that a higher portion of wheat flour (bread) is included as this is the most important staple for refugees.
10. Plan a food security assessment for urban-based refugees.

ANNEX 1 Refugees in Settlements June 2012

Number of Refugees in Settlements (June 2012)									
No.	Settlement	Province	Total Population	WFP beneficiaries	Number of families	Primary	Secondary	Teachers	Total
1	Soltanieh	Zanjan	14	14	10	-	-	-	-
2	Ziveh	W.Azerbaijan	588	588	132	25	22	15	62
3	Dilzeh		205	163	35	9	6	4	19
4	Bezileh		93	76	16	1	-	1	2
5	Varmahar	Kurdestan	9	9	3	1	1	-	2
6	Songhor	ermansha	71	72	20	3	3	-	6
7	Abazar	Lorestan	189	190	55	16	2	-	18
Total Kurds			1,169	1,112	271	55	34	20	109
8	Jahrom	Fars	223	223	66	10	3	2	15
Total Arabs			223	223	66	10	3	2	15
9	Bani Naja	Khuzestan	2,247	2,224	438	202	83	34	319
10	Sarvestan	Fars	374	372	62	25	7	-	32
11	Mohajerin	Semnan	3,686	3,686	857	231	106	27	364
12	Rafsanjan	Kerman	4,638	4,625	754	380	233	57	670
13	Bardsir		2,885	2,885	658	196	89	11	296
14	Saveh	Markazi	5,456	4,977	750	276	52	22	350
15	Torbat-e-jam	Khorasan e Razavi	5,093	4,592	950	181	128	29	338
16	Ardakan	Yazd	2,675	2,599	449	229	47	15	291
17	Meybod		1,208	1,160	214	76	24	9	109
18	Taft		900	887	179	50	10	5	65
Total Afghans			29,162	28,007	5,311	1,846	779	209	2,834
Total Refugees			30,554	29,342	5,648	1,911	816	231	2,958

Annex 2 Mission Schedule

Date	Day	Location	Activities
14 July	Saturday	Tehran /Tehran	1- Courtesy Meeting with BAFIA (briefing) 2- Briefing meeting with WFP and UNHCR
15 July	Sunday	Semnan/Semnan	1. Introduction with Settlement Authorities 2. Meeting with Refugee Council 3. FGD with Men 4. FGD with Women 5. Visiting the Health House and interview with the team health workers 6. Visiting the market 7. Household Interviews
16 July	Monday	Kerman/Rafsanjan	1. Introduction with Settlement Authorities 2. Meeting with Refugee Council 3. FGD with Men 4. FGD with Women 5. Visiting the Health House and interview with the team health workers 6. Visiting the market 7. Household Interviews
17 July	Tuesday	Kerman/Bardsir	1. Introduction with Settlement Authorities 2. Meeting with Refugee Council 3. FGD with Men 4. FGD with Women 5. Visiting the Health House and interview with the team health workers 6. Visiting the market 7. Household Interviews
18 July	Wednesday	Markazi/Saveh	1. Introduction with Settlement Authorities 2. Meeting with Refugee Council 3. FGD with Men 4. FGD with Women 5. Visiting the Health House and interview with the team health workers 6. Visiting the market 7. Household Interviews
19 July	Thursday	Tehran	Debriefing with WFP and UNHCR Courtesy Meeting with BAFIA / Debriefing

Annex 3 Location of Iraqi and Afghan Settlements in the Islamic Republic of Iran



Annex 4 List of Secondary Data

- Joint WFP/UNHCR monitoring reports of the past two years
- WFP/UNHCR JAM report 2008
- *Multidimensional poverty and Vulnerability Assessment, Case of Afghan refugees in the five most refugee populated provinces of Iran*, Mitra Ahmadinejad, 2011
- Central Bank of the Islamic republic of Iran, CPI index Farvardin 1391 (March/April 2012)
- UNHCR sub-agreement on health project
- UNHCR fact sheets on the settlements
- MOU between WFP and UNHCR
- LOU between WFP and BAFIA

Annex 5 UNHCR Vulnerability Criteria

CR-Child at Risk

Child at Risk (including Child parent, child spouse, child carer, teenage pregnancy, child labor, child at risk of not attending school, child with special educational needs, child associated with armed forces or groups, child in conflict with the law) refers to :Person below the age of 18 who is at risk due to his/her age, dependency and/or immaturity.

SC -Separated child unaccompanied or, orphans

(Including separated child, unaccompanied minor, child-headed household, child in institutional care, child in foster care) refers to: Person below the age of 18, who is currently not under the care of either parent or other legal or customary primary caregiver.

WR-Woman at risk

Woman of 18 years old or above, who is at risk because of her gender, such as single mothers or caregivers, single women, widows, older women, women with disabilities and survivors of violence.

SP-Single parent or caregiver

Single person of 18 years or above (including single parents/grand parents, male or female) with one or more biological or non-biological children, or other dependants (such as an older person); the single parent/caregiver is both the primary income earner and/or caregiver.

SM-Serious medical condition

Serious medical condition that requires assistance, in terms of treatment or provision of nutritional and non-food items in the country of asylum. (Including mental illness, malnutrition, difficult pregnancy, chronic illness: a medical condition which requires long-term treatment and medication under the supervision of a physician; Such conditions include diabetes, respiratory illness, cancer, tuberculosis, HIV/AIDS and heart disease ; critical medical condition: a life-threatening medical condition which requires immediate, life-saving intervention or treatment; substance use, or other medical condition not otherwise mentioned, which has a serious impact on the ability to function independently).

DS-Disability

Disability refers referred to physical, mental, intellectual or sensory impairments from birth, or resulting from illness, infection, injury, trauma or old age; Including Visual impairment (including blindness)/ Hearing impairment (including deafness)/ Physical disability/Mental disability, these may hinder full and effective participation in society on an equal basis with others.

ER-Older person at risk

Person of 60 years old or above, with specific need(s) in addition to his/her age. This includes single older persons and older couples. They may be the sole caregivers for others, suffer from health problems, and have difficulty adjusting to their new environment, and/or otherwise lack psychological, physical, economic, social or other support from family members or others.

Annex 6 Average Expenses for Afghan Refugees

Average costs of living per month by province

	Teheran	Razavi	Kerman	Isfahan	Fars	Average
Cloth costs	623,161	689,416	491,219	442,666	536,044	538,316
Food costs	2,506,420	2,358,550	2,671,329	2,787,809	2,476,236	2,468,771
Health costs (Hospital + Diagnose + pharmacy)	1,432,780	550,445	651,773	509,443	781,007	785,705
Cost of tobacco and Nas	55,131	46,287	33,384	30,777	39,699	39,820
Transportation costs (Taxi +gas + car maintenance)	435,479	395,710	344,164	296,872	413,996	416,851
Telephone and Mobile phone costs	423,728	266,925	314,781	297,000	356,281	357,590
Education costs	401,337	303,018	393,170	515,387	605,277	607,281
Housing costs	898,543	635,575	817,890	1,131,345	880,919	872,636
TOTAL	6,776,579	5,245,926	5,717,710	6,011,299	6,089,459	6,086,969

Source: *Multidimensional poverty and vulnerability assessment, Case of Afghan refugees in the five most refugee populated provinces of Iran*, Mitra Ahmadinejad ,2011

Annex 7. List of Participants in WFP/ UNHCR Joint Assessment Mission

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Mr. Tahavori, Advisor to the Minister of Interior and Director General of BAFIA

Mr. Ghavi Panjeh, Deputy Executive Director of BAFIA

Mr. Jafari, Head of Department of International Affairs of BAFIA

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Provincial BAFIA of Semnan Province

Mr. Alavi, Head of Provincial BAFIA of Semnan Province

Mr. Ghazi, Manager of Mohajerin Settlement

Mr. Sadeghi Nasab, Storekeeper of Mohajerin Settlement

Provincial BAFIA of Markazi Province

Mr. Zabihi, Manager of Saveh Settlement

Mr. Rezaie, Store keeper of Saveh Settlement

Provincial BAFIA of Kerman Province

Mr. Noruzi, Manager of Rafsanjan Settlement

Mr. Molaie, Store keeper of Rafsanjan Settlement

Mr. Poursaied, Manager and Store keeper of Bardsir Settlement