

HUMANITARIAN RESPONSE PLAN

IRAQ

HUMANITARIAN
PROGRAMME CYCLE
2021

ISSUED FEBRUARY 2021



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER

Children in Hassan Sham IDP Camp in Ninewa, 2020 © Anmar Rfaat, UNICEF

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Get the latest updates



OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system

www.unocha.org/iraq

twitter.com/ochairaq

Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

www.humanitarianresponse.info/en/operations/iraq



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

www.hum-insight.info



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

fts.unocha.org/countries/106/summary/2021

Table of Contents

05	Foreword	95	Part 5: Annexes
06	Response Plan Overview	96	5.1 Response Analysis
07	Planned Response	98	5.2 Participating Organizations
08	HRP Key Figures	101	5.3 Planning Figures by Cluster and by Geography
09	Crisis Context and Impact	103	5.4 What if We Fail to Respond
12	Response by Strategic Objective	104	5.7 Acronyms
16	Historic Trends	105	5.8 End Notes
17	Part 1: Strategic Response Priorities		
20	1.1 Humanitarian Conditions and Underlying Factors Targeted for Response		
25	1.2 Strategic Objectives, Specific Objectives and Response Approach		
36	1.3 Costing Methodology		
38	1.4 Operational Environment, Capacity and Access		
41	Operational Presence in 2020 and Key Figures		
42	Participating Partners in the 2021 HRP		
43	1.5 Accountability to Affected Populations		
45	1.6 Consolidated Overview on the Use of Multi-Purpose Cash		
47	Part 2: Kurdistan Region of Iraq		
50	Part 3: Response Monitoring		
51	3.1 Monitoring Approach		
53	3.2 Monitoring of Objective Targets		
54	Part 4: Cluster Objectives and Response		
56	Overview of Sectoral Response		
61	4.1 Camp Coordination and Camp Management		
64	4.2 Education		
67	4.3 Emergency Livelihoods		
70	4.4 Food Security		
73	4.5 Health		
77	4.6 Protection		
85	4.7 Shelter and Non-Food Items		
88	4.8 Water, Sanitation and Hygiene		
92	4.9 Coordination and Common Services		



SALAH AL-DIN, IRAQ

Women and children in Al Karama camp speak with inter-cluster mission members, 2020 © Y Crafti, OCHA

Foreword

The humanitarian context facing Iraq in 2021 has significantly changed from recent years. While humanitarian needs in Iraq continue to be primarily driven by the effects of conflict and displacement, COVID-19 presented an additional shock in 2020. The impact of COVID-19—particularly the economic downturn caused by the deteriorating oil prices—have resulted in loss of livelihoods, while at the same time, the restriction in movements have disrupted access to services and increased protection and gender-based violence (GBV) risks. These conditions had a significant socio-economic impact on the Iraqi population as a whole and have increased humanitarian needs especially among conflict-affected populations, particularly in out-of-camp and return locations. In addition, the sudden closure of 14 camps for internally displaced persons (IDPs) in the second half of the year have created disruption of services and have necessitated radical shifts in operations for humanitarian actors.

Considering these unexpected changes, humanitarian actors in Iraq will in 2021 no longer primarily focus on servicing the needs of IDPs living in camps. The response in 2021 will concentrate on the needs of 1.5 million vulnerable IDPs and returnees, the majority of whom are in out-of-camp locations. The needs of these populations can be less visible, but are often more acute with more severe implications, which are harder to address. Therefore, the assessments carried out by humanitarian actors will need to adapt to better evaluate the needs of returnees and out-of-camp IDPs, including those who live in informal settlements. Organizations will need to scale-up in areas with previously limited partner presence, requiring improvements in access to previously hard-to-reach locations.

While the focus of our work is shifting, the substantive needs remain much the same. Iraqis seek the repair and reconstruction of war-damaged homes; the clearance of explosive ordnance; social cohesion

programming; enforcement of housing, land and property rights; improvements to the security situation; creation of employment and livelihoods opportunities; restoration of basic services; improvements in access to quality health care and education; and speeding up of the reconciliation process. All these challenges are substantial and will require all members of the international community to collaborate and complement each other's work.

Such collaboration and outreach to stabilization and development partners will be crucial, as the challenges for out-of-camp IDPs and returnees cannot be addressed by humanitarians alone. Achieving durable solutions for Iraq's IDPs, returnees and vulnerable host communities will require the combined support of humanitarian, stabilization and development actors. Ending protracted displacement will also require sustained engagement of and with government counterparts, at the national, regional and local levels.

The 2021 Humanitarian Response Plan outlines the humanitarian community's detailed plans for the year ahead based on an evidence-based analysis of the needs of IDPs and their communities, and presents the financial requirements needed to achieve its aims. As Humanitarian Coordinator, it is my honor to oversee the work of humanitarian partners as we continue our efforts to serve Iraq's most vulnerable Internally Displaced Persons.



Irena Vojáčková-Sollorano
Humanitarian Coordinator

Response Plan Overview

PEOPLE IN NEED	ACUTE PIN	TARGET	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
4.1M	2.4M	1.5M	607M	166

Planned Response

The 2021 Humanitarian Needs Overview (HNO) for Iraq identified 4.1 million people in need (PiN), of which 2.4 million people have acute humanitarian needs. While the number of people in need remained similar to the previous year, the severity of those needs increased, largely due to the impact of COVID-19 on top of an existing humanitarian crisis, leading to a 35 per cent increase in the number of people in acute need. As outlined in the HNO, the main drivers of this increase were the impact of COVID-19 and the partially related economic crisis, leading to large-scale loss of livelihoods.

Recognizing that the humanitarian response in itself will not be able to address the large-scale loss of livelihoods and income, which has deepened vulnerabilities among conflict-affected populations already in need, and considering the most effective use of humanitarian capacity and funding, clusters have prioritized 1.5 million people who will be targeted for humanitarian response in 2021. The 1.5 million people include those internally displaced persons (IDPs) and returnees, who are extremely vulnerable, facing a multitude of deep humanitarian and protection needs, including those who live in camps and other critical shelters, such as tents, makeshift shelters, abandoned, unfinished or damaged buildings; as well as those with critical needs related to food security, access to critical basic services or protection, and who are also economically vulnerable.

The additional one million people identified in the HNO as in acute humanitarian need, but not targeted in the 2021 Iraq Humanitarian Response Plan (HRP), are those where the severity of the needs was brought on by loss of livelihoods and income, which will be better

addressed through other assistance frameworks, including the United Nations Sustainable Development Cooperation Framework and the Durable Solutions Framework. While ensuring a tightly focused humanitarian response, the humanitarian community will work closely with stabilization, durable solutions and development actors to facilitate a coordinated approach to addressing the drivers of humanitarian need and facilitating efforts to end displacement.

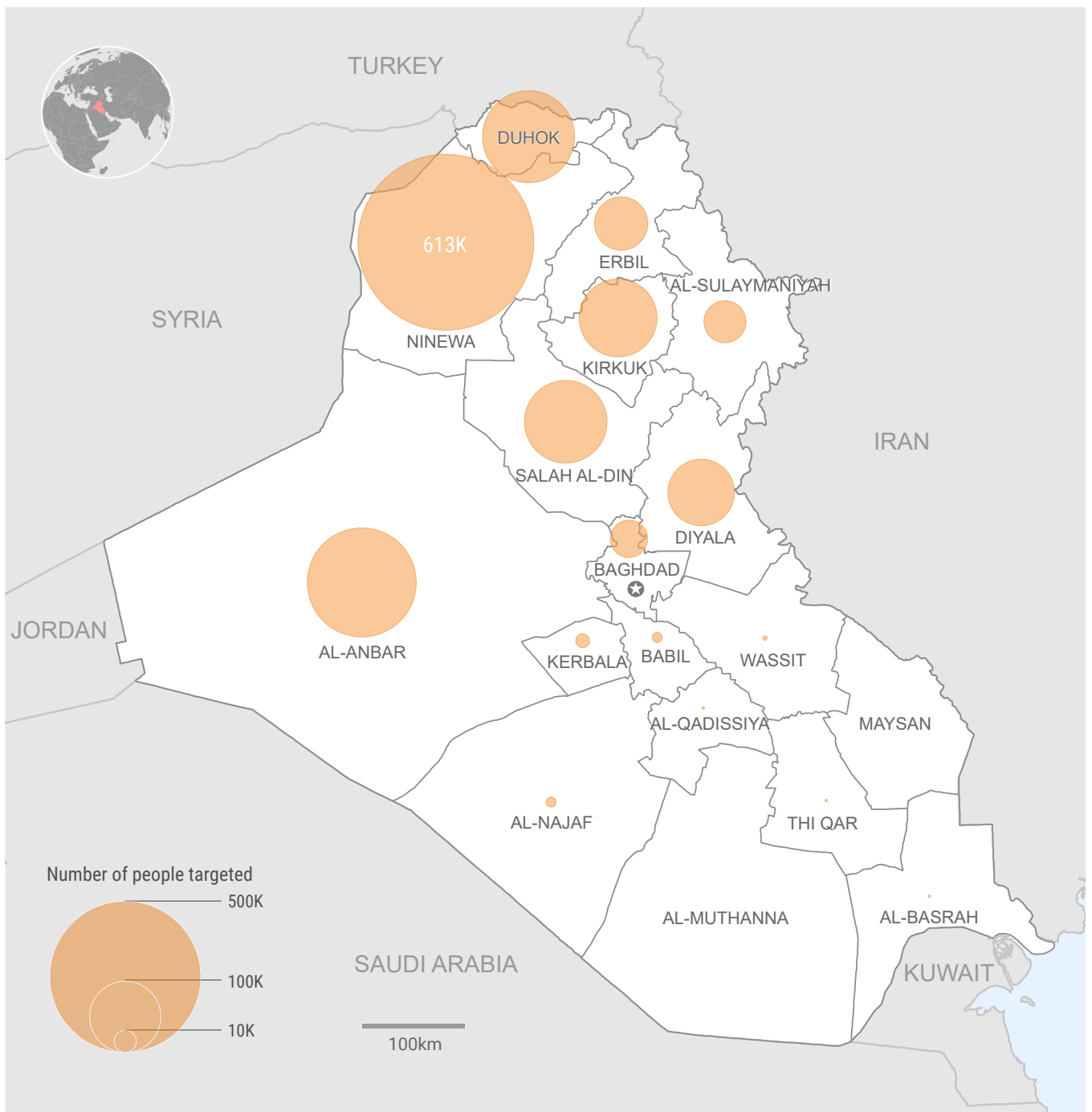
Implementation of the humanitarian response outlined in this HRP will require US\$607.2 million to address the most critical humanitarian needs for 1.5 million people, including 221,000 IDPs in formal camps, 295,000 IDPs living in out-of-camp areas, and 966,000 returnees.

HRP Key Figures

The 2021 HNO assessed and analysed the humanitarian needs of three population groups: IDPs living in formal camps, IDPs living outside camps, and returnees. Amid ongoing camp closures and resultant population movements, the PiN figures presented in the HNO had to be adjusted when, at the end of November 2020, humanitarian organizations identified the number of people the 2021 HRP would target. The number of in-camp IDPs declined from the 257,000 people identified in the HNO to 221,000 people, with concurrent small increases in the numbers of out-of-camp IDPs and returnees. However, these numbers continued to evolve while the HRP was being prepared and are expected to continue to change as additional camps close and people return home or are further displaced. In practice, the humanitarian operation will continuously adapt throughout 2021 to address the actual population in need on the ground.

Planned Response

PEOPLE IN NEED	TARGET	WOMEN*	CHILDREN	WITH DISABILITY
4.1M	1.5M	28%	44%	15%



* All individuals aged 0 - 17 years are children (boys and girls) and 18 years and above are classified as men and women.

HRP Key Figures

Humanitarian Response by Targeted Groups

More on pages 22-24

POPULATION GROUP	ACUTE PIN	TARGET	% OF ACUTE PIN TARGETED
In-camp IDPs	151K	221K	100% (of PIN)
Out-of-camp IDPs	470K	295K	63%
Returnees	1.8M	966K	53%

Humanitarian Response by Gender

More on pages 18-19

GENDER	ACUTE PIN	TARGET	OVERALL %
Girls	553K	336K	23%
Boys	533K	324K	22%
Women	675K	410K	28%
Men	681K	413K	28%

Humanitarian Response by Age

More on pages 18-19

AGE	ACUTE PIN	TARGET	OVERALL %
Children (0-17)	1.1M	659K	44%
Adults (18 to 64)	1.3M	769K	52%
Elderly (65+)	0.1M	54K	4%

Humanitarian Response for Persons with Disability

More on pages 18-19

	ACUTE PIN	TARGET	OVERALL %
Persons with disability	366K	222K	15%

Financial Requirements by Cluster and Multi-Cluster

More on pages 61-97

SECTOR/MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)
CCCM	22.8M
Education	41.9M
Emergency Livelihoods	24.3M
Food Security	75.6M
Health	75.9M
General Protection	81.9M
Child Protection	40.4M
Gender-Based Violence	38.4M
Shelter and NFIs	38.9M
WASH	74.2M
MPCA	78.0M
CCS	15.0M
Total	607.2M

Crisis Context and Impact

More than three years after the end of large-scale military operations against the Islamic State of Iraq and the Levant (ISIL), the humanitarian context in Iraq remains fragile, characterized by a post-conflict environment with protracted, widespread internal displacement, limited but ongoing returns to areas of origin, eroded national social cohesion, disrupted access to basic services, destroyed livelihoods and increased protection risks. Approximately 1.3 million people remain internally displaced within Iraq and 4.1 million people need some form of humanitarian assistance. Some 2.4 million people are in acute need of assistance; this represents a year-on-year increase of 600,000 people in acute need and is a result of the socioeconomic impacts of the COVID-19 pandemic. The most acute humanitarian needs are found in the five governorates (Al-Anbar, Diyala, Kirkuk, Ninewa and Salah Al-Din) that were directly affected by ISIL and the military operations to defeat them from 2014 to 2017, as well as in the governorates that received and hosted significant numbers of the displaced (those named above, plus those in the Kurdistan Region of Iraq (KRI)).

Although significant reconstruction and stabilization efforts have been undertaken in the five governorates most severely affected by military operations against ISIL, notable challenges remain and durable solutions have not yet been secured for about 40 per cent of the total 6 million Iraqis displaced from 2014-2017. More than 1 million Iraqis remain internally displaced. Voluntary returns remain slow in most areas and are often unsustainable due to unresolved barriers in areas of origin. Around 1.6 million (or two out of five) Iraqis who have returned home still do not have adequate housing, economic self-sufficiency, or access to basic services or other conditions essential to ensuring sustainable returns, including safe and protective environments.

Against this backdrop, the COVID-19 pandemic and drop in oil prices in early 2020 increased socioeconomic vulnerabilities across the country, including among IDPs and returnees. Unemployment rose, while average spending for daily expenses increased. Protection issues were amplified, while access to legal and community-based support was curtailed by movement restrictions, disruption of public services and other measures to mitigate the spread of COVID-19. As a result, reliance on negative coping mechanisms and psychological trauma, stress and anxiety have increased.

Basic services in displacement and return locations—including health care, education, water and sanitation, and legal services—were already inadequate prior to the pandemic, the consequence of decades of conflict and turmoil. Closures of schools and public offices, plus increased demands for health and sanitation services due to COVID-19, stretched these services further in 2020. The arrival of IDPs affected by camp closures, which the Government of Iraq (GoI) resumed in October 2020, also increased the pressure on scarce services in some out-of-camp and return locations.

The closure of most IDP camps in areas under GoI administrative control in the last quarter of 2020 led to increased population movements, including pre-emptive and premature returns and secondary displacement. In many areas of origin, conditions are still not conducive to sustainable returns. At the time of writing, population movements resulting from the closures were ongoing and the ultimate outcomes of camp closures were yet to be fully assessed.

Humanitarian Conditions and Key Needs

The 2021 Iraq HNO found that 4.1 million people, including 257,000 IDPs living in formal camps, 806,000 IDPs outside camps and 3.1 million returnees continue to have humanitarian needs. Some 2.4

million people, including 151,000 in-camp IDPs, 470,000 out-of-camp IDPs and 1.8 million returnees, have acute humanitarian needs.

The socioeconomic impact of COVID-19 has exacerbated the severity of humanitarian needs among already vulnerable populations. The large-scale loss of employment and income has pushed an increasing number of people to resort to relying on debt or other negative coping mechanisms to meet their basic needs. Inadequate or limited access to essential services, particularly in out-of-camp and return locations, has also increased needs for support for health care, schooling, and water and sanitation. At the same time, hundreds of thousands of people continue to live in inadequate, unsafe and undignified living conditions, including in tents, abandoned or unfinished buildings, or damaged shelters.

COVID-19 and unplanned camp closures have exacerbated protection risks among the conflict-affected populations. The following vulnerable groups are at particular risk: people lacking civil documentation, people with perceived affiliation to ISIL, female-headed households, women, children, older people, people with disabilities, and survivors of gender-based violence (GBV). Due to the pandemic, freedom of movement was restricted and access to legal and community-based support was curtailed, while school closures and economic pressures increased the use of harmful negative coping mechanisms, including child labour, child marriage and exploitative forms of labour. Home confinement led to an increase in the risk of domestic and gender-based violence. As a result, psychological trauma, stress and anxiety increased among all population groups. For people departing camps suddenly and people with perceived affiliation to ISIL, it is often difficult to start a safe and dignified life in the areas of origin or reintegrate

ZAKHO, IRAQ

A family from Sinjar living in an informal settlement in Diraboon district, 2021 © OCHA



elsewhere. Many lack civil documentation¹ and could be exposed to protection risks resulting from discrimination, marginalization and even threats of physical harm on return to areas of origin, particularly where social cohesion, tribal tensions and related challenges persist.

Most vulnerable people need food assistance, restoration of livelihoods and access to alternative income sources to be able to meet basic day-to-day needs and reduce reliance on negative coping mechanisms, which could further entrench their vulnerabilities. Moreover, access to services such as health care, water, sanitation and education, already challenging to many IDPs and returnees in areas affected by the ISIL crisis, was further limited due to the pandemic, as a result of closures, movement restrictions and overburdened service providers. IDPs and returnees with limited access to such services must be enabled to access primary health care, clean water, adequate sanitation and education services that meet minimum standards. Service delivery, and all other provision of assistance, must continue to take into account COVID-19 protocols and adjust the response accordingly, while also providing for specific measures to prevent, contain and respond to potential new outbreaks among the most vulnerable populations.

Vulnerable populations must be supported to live in safety and dignity while in displacement and upon return. Unsafe and sub-standard physical living environments are a key factor shaping other humanitarian needs. These unsafe physical living conditions can be found in camps where infrastructure is degrading, in informal settlements where out-of-camp IDPs gather when lacking other safer options, in damaged homes and other structures in areas of origin, and in agricultural lands and rubble piles where explosive ordnance continues to be present.

Legal assistance for people who were uprooted from their homes during the crisis and still lack documentation, including identity papers and housing, land and property (HLP) documents, is critical to enabling IDPs and returnees to re-establish their lives and livelihoods, and access basic services. Protection from and support to cope with physical and mental

harm is necessary to address the physical and mental well-being of the most vulnerable, and help reduce the use of negative coping mechanisms and harmful behaviours, endangering their lives and the lives of their children.

Response by Strategic Objective

Humanitarian Target Caseloads

The 2021 Iraq HNO identified 4.1 million people in need, with 2.4 million people experiencing acute humanitarian need. While the overall number of people in need remains similar to last year, the severity of humanitarian need has significantly increased, largely due to deepened socioeconomic vulnerabilities among conflict-affected populations already experiencing some humanitarian needs. To ensure a tightly focused humanitarian response aimed at alleviating deep vulnerabilities, humanitarian partners have prioritized response interventions for 1.5 million people. The 1.5 million people includes all IDPs living in formal camps as well as the most vulnerable IDPs and returnees, who face a multitude of acute humanitarian needs, including those related to their physical living environments, their inability to meet their most basic day-to-day needs or access essential services, or who are at particular risk of protection violations.




With the ongoing camp closures, the number of IDPs in formal camps decreased from 257,000 at the time of preparing the analysis for the HNO to 192,000 by mid-January 2021, with the GoI indicating intentions to close additional camps.² At the time of the HRP’s development, the number was 221,000, which formed the basis for the targeting exercise. As all IDPs living in camps remain highly dependent on external assistance to meet their basic needs, access services and uphold minimum standards of living, the humanitarian

community will continue to provide assistance to all in-camp IDPs, adjusting the programmatic targets in line with fluctuations in camp populations in real time.

At the same time, the numbers of IDPs in out-of-camp locations and of returnees grew slightly as people departing camps either returned to their districts of origin (about 70 per cent) or became secondarily displaced (about 30 per cent). However, at the time of writing, not all IDPs who recently left camps that were closed had been tracked and the situation with regard to population movements remained volatile. Therefore, the HRP targets are based on available information as of the end of November 2020, with 295,000 out-of-camp IDPs and 966,000 returnees prioritized for response. This will be updated in real time as the situation evolves in 2021 by clusters and partners in line with realities on the ground.

Humanitarian Response Priorities and Boundaries

Addressing the continuing humanitarian consequences of the 2014-2017 crisis and related displacement, as well as the compounding humanitarian impacts of the COVID-19 pandemic, are the central priorities for humanitarian action in Iraq in 2021. This will be achieved through a three-pronged approach that assists internally displaced Iraqis with acute vulnerabilities, as well as formerly displaced Iraqis who have returned home but still experience acute humanitarian needs.

STRATEGIC OBJECTIVE		TARGET	REQUIREMENTS (US\$)
S01	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are able to meet basic needs	724K 	177.9M
S02	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to access essential services	1.4M 	189.9M
S03	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to establish lives in safety and dignity	1.1M 	224.4M

Firstly, the most acutely vulnerable displaced and returnee families who are unable to meet basic needs due to loss of livelihoods and increasing costs of living will be provided with food, livelihoods support and temporary income sources that will enable them to meet their basic needs while reducing reliance on negative coping mechanisms and minimizing exposure to exploitation and abuse. Through a coordinated and sequenced approach, provision of food and cash assistance will be complemented by emergency support for income-generating activities and restoration of livelihoods.

Secondly, the most acutely vulnerable displaced and returnee families will be supported to access quality essential services, including primary and secondary health care, education, water and sanitation. Humanitarian partners will provide essential services to meet at least minimum standards, while supporting the sustainability of such services in close coordination with local actors, authorities and communities. The response will focus strictly on humanitarian needs, providing light rehabilitation to infrastructure and facilities only when these are needed to enable critical service provision. Integrated service packages will be delivered to maximize reach and impact.

Thirdly, the most acutely vulnerable displaced and returnee households continuing to live in unsafe and undignified living environments, exposed to the risks of climatic elements and physical and psychological threats, will be supported to live in safety and dignity. This will be done by improving physical living environments; by providing legal support that will enable people to enjoy their fundamental rights, restore their legal identity and reconstitute civil documentation, and access basic services; by addressing risks to their physical and mental well-being; and by ensuring access to critical information and to complaints and feedback mechanisms for informed decision-making and accountability.

Contributions to Durable Solutions and the Nexus

Achievement of the humanitarian priorities noted above will contribute – directly and indirectly – to efforts to secure durable solutions for those who remain displaced and for returnees who remain vulnerable. The successful achievement of durable solutions, however, requires support not only from humanitarian actors, but stabilization and development actors as well. A comprehensive durable solutions approach has a foot in each of these sectors.

In 2021, the humanitarian community will 'lean forward' into the nexus between these sectors in order to provide maximum support towards durable solutions, through appropriate humanitarian programming and through contributions to durable solutions (aka nexus) coordination. Inter-connected strategic-level coordination will be facilitated through the triple-hatted United Nations (UN) leadership structure, embodied by the Deputy Special Representative of the Secretary-General/Resident Coordinator/Humanitarian Coordinator (DSRSG/RC/HC), which provides guidance to the spectrum of humanitarian and development programming. The DSRSG/RC/HC is supported through the continuous strategic dialogue of the secretariats for the humanitarian and durable solutions architectures. Humanitarian partners will actively participate in the work of the newly established Durable Solutions Task Force and its subsidiary bodies, including through the participation of representatives of the humanitarian clusters in the Durable Solutions Technical Working Group (DSTWG), whose co-chairs will continue to be invited to the humanitarian Inter-Cluster Coordination Group (ICCG).

Programmatic complementarity with stabilization and development programming will be pursued through information sharing, including of assessment data, advocacy, provision of legal assistance and other key services to the most vulnerable, referral of cases to durable solutions and development actors or government-led social protection schemes, as well as through engagement with and capacity-building of local actors and authorities. A collaborative forum for area-based coordination built on existing mechanisms has also been established under the auspices

of the DSTWG. Area-based coordination is positioned within wider durable solutions objectives: to support a government-led response by linking with government planning at local level, supporting leadership and building capacity; undertaking joint programming targeted at tackling displacement challenges; and providing a platform to enable a scaled-up response, making it easier for agencies and organizations to work together. At the initial meeting in January 2021, area-based coordination actors agreed that a combination of factors would be taken into consideration when selecting areas for area-level planning. Such factors include the presence of humanitarian, stabilization, development and peacebuilding actors already on the ground to support planning processes and implement durable solutions projects; support and buy-in from local authorities; the feasibility of working in certain areas (including access challenges), and a reliable evidence base of the needs of targeted populations.

Humanitarian action, stabilization programming and development activities must run in parallel to create the conditions for durable solutions, and must be complementary to, and in support of, the GoI. Humanitarian assistance meets the immediate needs of affected families, while stabilization efforts support the reconstruction of affected areas, and development programmes assist in the building of sustainable government systems for the long-term.

At its core, the 2021 Iraq HRP remains focused solely on meeting the priority humanitarian needs of the most vulnerable, conflict-affected individuals and families in Iraq, according to evidence produced by assessments and analysis. As such, broader-reaching durable solutions activities, like large-scale investments in livelihoods and infrastructure or long-term social protection and cohesion, lie outside its scope. These must be addressed through the stabilization, development and peace frameworks.

The text box on the next page provides greater detail on the activities in this HRP that most directly contribute towards durable solutions. These are included in this response plan, rather than in another

framework, because they also address the fundamental humanitarian needs of the most vulnerable. Decisions regarding the exclusion of other activities (those not included below) were deliberated by the Resident and Humanitarian Coordinator (RC/HC) with the secretariat/co-chairs of the humanitarian system (the United Nations Office for the Coordination of Humanitarian Affairs (OCHA)) and the Durable Solutions Task Force (the International Organization for Migration (IOM) and the United Nations Development Programme (UNDP)). These were presented, discussed and approved by the Humanitarian Country Team (HCT), the ICCG and humanitarian donors in October 2020.

Humanitarian contributions to durable solutions

In support of the Gol goal to end the displacement crisis in Iraq, humanitarian partners will work with durable solutions, stabilization and development actors to facilitate a coordinated approach, both at national level and through area-based coordination, to address the obstacles to ending displacement and to help IDPs and returnees find sustainable, durable solutions to rebuild their lives following the end of the conflict. Humanitarian partners will proactively engage with the Durable Solutions Task Force, including through participation in the DSTWG, the Returns Working Group and the area-based coordination forums to advance durable solutions in prioritized locations. At the same time, humanitarian activities that are laid out in this HRP, while aimed primarily at addressing acute humanitarian vulnerabilities, will also contribute directly to the durable solutions agenda through a forward-leaning approach, particularly through the following activities:

Support for the returns process, information-sharing, coordination and advocacy:

- Data collection and information sharing, including on the intentions and needs of IDPs, and challenges in areas of return;
- Protection monitoring, advocacy and awareness raising;
- Support for the Ministry of Migration and Displacement (MoMD) registration process;
- Camp decommissioning;
- Communication with communities.

Legal and protection assistance, facilitating durable solutions and sustainable returns:

- Legal assistance and case management, including to obtain documentation to prove personal identity, housing, land and property ownership, and community-based protection;
- Referrals to specialized protection and legal services, including for victims of GBV, child rights violations, explosive ordnance and other protection concerns;
- Mine action surveys, clearance and explosive ordnance risk education;
- Mental health and psychosocial support.

Support for livelihoods and basic assistance to meet acute needs in return areas:

- Social safety nets through cash-based interventions, including cash-for-protection and education;
- Rental subsidies and provision of basic household items including non-food items (NFIs);
- Emergency livelihoods interventions, cash-for-work and input to agricultural rehabilitation;
- School-based feeding programmes;
- Multi-purpose cash assistance.

Provision of services in return areas to meet acute needs:

- Provision of water supply, critical sanitation and hygiene services;
- Integrated water, sanitation and hygiene (WASH) interventions in schools and health facilities;
- Provision of support and equipment to hospitals, including for treatment of common diseases, vaccinations, physical rehabilitation and reproductive health;
- Learning programmes, back-to-school campaigns and life-skills activities.

Limited infrastructure rehabilitation to enable service delivery in return areas:

- Emergency rehabilitation of damaged schools to enable service provision;
- Emergency rehabilitation of dysfunctional WASH infrastructure;
- Critical shelter upgrades and transitional shelter solutions for fully destroyed houses.

Capacity-building for authorities and other local actors in return areas:

- Training of community members, humanitarian actors and authorities on protection approaches, including on child protection, GBV, mine action and disability inclusion;
- Capacity-building and training for government staff and local non-governmental actors, including on health, education and WASH, including training of teachers and parent-teacher associations, health-care workers, and local water and sanitation authorities;
- Implementation of interventions through local and national organizations, as well as participation of IDPs and returnees in programming, to increase ownership and enhance sustainability.

Historic Trends

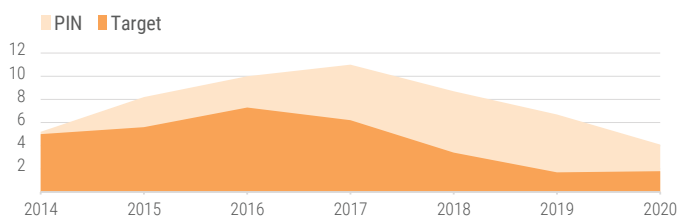
The ISIL crisis and the beginning of the military operations against them in 2014 triggered a wave of internal displacement, requiring a massive scale-up in humanitarian operations and funding in Iraq. That year, 5.2 million people were in need of humanitarian assistance at a cost of \$1.1 billion. In the following years, as the military operations against ISIL continued, more and more people were displaced and the number of people in need (PiN) increased in parallel. In total, an estimated six million people were internally displaced in different waves during the ISIL crisis and the PiN peaked at 11 million people in 2017. In the following three years, the number of people in need steadily declined, with about 2 million fewer people in need each year. By 2020, the PiN had dropped to 4.1 million people.

As the humanitarian response scaled up and programmes became more established, financial requirements decreased from the initial high start-up costs in 2014, but rose again as the direct military confrontations intensified in the last years of the conflict. In 2017, financial requirements again neared \$1 billion, as the humanitarian community was called upon to support Iraqi civilians caught up in the Battle

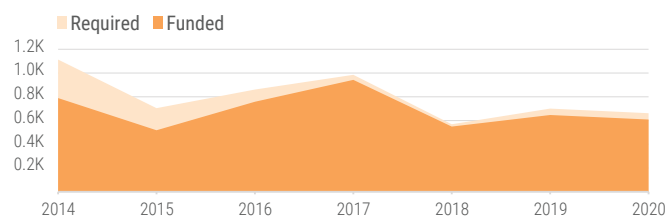
of Mosul and its ancillary effects, including another massive surge of displacement. In the three years since the end of the large-scale military operations in December 2017, humanitarian response has remained essential to address the needs of people who continued to live in displacement and the most vulnerable returnees. The financial requirements for the humanitarian response during these years ranged between \$600-700 million per year, with donor support to the increasingly protracted displacement crisis remaining generous.

It is notable that 2021 is the first year since the end of the military operations not to witness a reduction in humanitarian needs. The impact of COVID-19, the related movement restrictions and other mitigating measures to contain its spread, and the concurrent precipitous drop in public revenues due to the decline in oil prices have meant that the number of people in need has remained steady, while the severity of their needs has increased. As a result, the financial requirements for the humanitarian response in 2021 remain similar to those for 2020, with a slight increase to account for the most critical humanitarian impact of the pandemic.

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



YEAR	PEOPLE IN NEED	TARGET	REACHED	REQUIREMENTS (US\$)	FUNDED	% FUNDED
2014	5.2M	5.0M	-	1,100M	789M	71%
2015	8.2M	5.6M	3.8M	704M	518M	74%
2016	10M	7.3M	5.8M	861M	758M	88%
2017	11M	6.2M	6.8M*	985M	943M	96%
2018	8.7M	3.4M	2.9M	569M	549M	97%
2019	6.7M	1.7M	1.5M	701M	647M	92%
2020	4.1M	1.8M	1.4M**	662M***	609M	92%

* As of 31 Oct 2017. ** At 31 Dec 2020. *** The financial requirements for 2020 include both the original 2020 HRP and the additional requirements to address the COVID-19 response, as reflected in the COVID-19 Addendum to the 2020 HRP. In 2021, the humanitarian COVID-19 response is integrated into the HRP.

Part 1: Strategic Response Priorities

NINEWA, IRAQ

A family packing their belongings to leave Salamiyah
IDP camp, 2021 © OCHA





NINEWA, IRAQ

An IHF-funded partner undertakes a socially distanced hygiene awareness session and distribution of hygiene kits at Al-Shamal sub-district, Ninewa, 2020. © Iraqi Red Crescent Society

Three years after the end of large-scale military operations against ISIL, finding solutions to displacement and rebuilding post-conflict lives remains complicated by the current socioeconomic, political and security context in Iraq. Additionally, the impact of COVID-19 has been felt across the country, resulting in large-scale loss of livelihoods, disrupted access to basic services, an over-burdened capacity of service providers and increased protection concerns. As a result, humanitarian vulnerabilities among the conflict-affected populations have deepened, while the operating environment has become more complex over the past year.

Addressing the underlying political, social, economic and security factors requires primarily peace, development and stabilization investment. Job creation, functional social protection schemes and infrastructure reconstruction are among the long-term interventions that will enable those affected by the conflict to find durable solutions and rebuild post-conflict lives free of humanitarian need. While engaging with partners, particularly through the Durable Solutions Task Force, to ensure such medium- to long-term interventions are harmonized and linked with humanitarian interventions, humanitarian action in Iraq will strictly prioritize efforts that address immediate

humanitarian consequences for the most vulnerable, who are unable to meet their basic needs, access essential services and face serious protection threats. Many of these people live in critical shelters, including camps, informal settlements or unfinished, unsafe and abandoned buildings.

Consequently, the collective humanitarian response priorities in 2021 will address the key humanitarian needs described in the HNO, namely to support IDPs and returnees in three ways. First, they will be assisted to meet their basic needs and avoid further reliance on negative coping mechanisms by being provided food, livelihoods and income support. Second, they will be assisted in accessing essential services, including health care, education, water and sanitation. Third, they will be supported to live in safety and dignity through improvements to physical living environments, protection from physical and psychological harm, through humanitarian mine action and psychosocial support, and by providing legal assistance to enable IDPs and returnees to exercise their fundamental rights.

Amid the ongoing pandemic, prevention of and response to COVID-19 cases, particularly among the most vulnerable IDPs and returnees, will also remain a

key priority for the humanitarian community in Iraq in 2021. Given the living conditions, particularly in camps and camp-like settings, as well as the often stretched public health services, the risk of outbreaks among people already in acute humanitarian need remains high. Dissemination of public health information and awareness campaigns, the establishment of quarantine and isolation sites, as well as service provision to those who may be quarantined or isolated, will be prioritized as the COVID-19 pandemic requires. COVID-19 response interventions are mainstreamed through the three priorities noted above.

Cognizant of the different needs, challenges and barriers faced by different groups among the conflict-affected population, humanitarian partners in Iraq will continue in 2021 to ensure that humanitarian interventions are sensitive to the needs of people of different genders, ages and levels of ability. The joint response will address the particular needs of women, children, older people and people with disability, by ensuring that their vulnerabilities are considered in the targeting criteria for eligibility to assistance. At the same time, partners will include measures to mitigate the challenges and address the barriers faced due to age, gender or disability, including through provision of

assistive devices to enable physical access, transportation and communication.

Operational organizations will also take into account the conflict sensitivities in communities where they operate, and will ensure that humanitarian engagements do not exacerbate local tensions, further stigmatize people to be targeted with assistance, or ignore the needs of people with equal levels of proven humanitarian need on the basis of identity or status, such as favouring newly arrived IDPs over longer-in-place IDPs with the same levels of vulnerability.

The volatile and unpredictable nature of the current situation in Iraq increases the importance of regular information sharing and consultation with beneficiaries for inclusive and informed decision-making. The humanitarian community will continue to prioritize awareness campaigns, two-way communication with communities and integration of beneficiary feedback, as part of a joint commitment to strengthening accountability to affected populations and to meeting Grand Bargain commitments on localization, including through enhanced participation of affected communities in leading and organizing humanitarian assistance where possible.

Commitments towards quality and inclusive programming

Humanitarian partners working under the HRP have committed to the principles of quality and inclusive programming, including a response anchored in the centrality of protection and adhering to gender, age and disability inclusive programming.

The joint needs analysis considered the different impact of the crisis on various groups of the population including their unique vulnerabilities and coping capacities. Implementation will also ensure that interventions are tailored to meet the unique needs of different people, including based on age, gender or level of ability, and to mitigate particular barriers to assistance faced by different population groups.

Under the HCT's strategic leadership, and in line with the HCT Protection Strategy (2019-2021) humanitarian partners will foster a favourable protection environment. Clusters have incorporated protection risk analysis and mitigation measures into the cluster

response plans, and protection considerations will be mainstreamed throughout the implementation of the response.

Throughout the response, including in programming and targeting, humanitarian partners will ensure that interventions do not create additional protection risks but comply with Do No Harm principles, including as outlined in the Do No Harm guidance note adopted by the HCT in early 2020. Individuals with perceived affiliation to extremist groups, survivors of GBV, including sexual exploitation and abuse, women and children at risk, people with disabilities and chronic conditions, and older people are among those population groups that will be prioritized for humanitarian assistance based on their particular needs.

Commitments towards accountability to affected populations (AAP) will be met across all interventions, by ensuring that functional complaints and feedback mechanisms remain a cornerstone of the humanitarian response in Iraq.

1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

Across the country, 4.1 million IDPs and returnees continue to have humanitarian needs, with 2.4 million experiencing acute needs. Of this population, the humanitarian community will target 1.5 million extremely vulnerable people who, primarily as a result of their prolonged displacement and COVID-19's socioeconomic impact, are unable to meet their physical and material needs while also being exposed to a wide range of protection concerns. Among those with acute humanitarian needs, nearly 2 million people were identified as in acute need of emergency livelihoods support, which will be better addressed through scaling up of longer-term interventions outside of the humanitarian response. Therefore, the 1.5 million people targeted within the HRP include all IDPs in camps, out-of-camp IDPs and returnees with acute humanitarian needs that are not primarily driven by loss of livelihoods and income, but who will require short-term emergency support to meet their basic needs, to access essential services in accordance with existing standards, and to live safe and dignified lives while in displacement or in the areas of return where living conditions are dire. The 1 million people in acute need who are not targeted in this HRP include returnees and out-of-camp IDPs who are primarily in need of socioeconomic support due to lack of livelihoods or whose needs cannot be addressed through short-term humanitarian assistance, but require longer-term investments in services, infrastructure and housing.

Although the impact of COVID-19 has been primarily health-related and socioeconomic, it has deepened vulnerabilities, particularly among out-of-camp IDPs and vulnerable returnees. The proportion of out-of-camp IDPs in acute need has increased from 36 per cent in 2020 to 45 per cent in 2021, while the proportion of returnees with acute humanitarian needs

increased from 28 per cent to 38 per cent. Loss of employment, accrual of debt and increased expenditure on food are some of the drivers of this increase, resulting in more IDPs and returnees being unable to meet their basic needs or access essential services, while limiting their capacity to establish lives in safety and dignity after a long period of displacement.

The inability to meet basic needs³ is most severe among in- and out-of-camp IDPs as these groups are more likely to take on debt to afford essential food and health care. In-camp IDPs are most likely to spend a higher proportion of their income on food, while negative coping strategies to meet food needs are highest among out-of-camp IDPs. Half of returnee families spend two thirds or more of their income on food. Recognizing that responding to deep-rooted economic vulnerabilities lies outside the scope of the humanitarian response, an estimated 724,000 in-camp IDPs, out-of-camp IDPs and the most vulnerable returnees have been prioritized to receive food and livelihoods support to meet their most urgent basic needs, while ensuring that assistance will help people achieve self-sufficiency and resilience to future shocks.

Decades of conflict and turmoil have led to inadequate basic services in many parts of the country. The impact of the ISIL crisis and associated military operations have caused extensive damage to health-care services, education, water and sanitation systems, and residential and commercial buildings. In 2020, these services saw further pressure as a result of the pandemic. The health system has diverted already limited resources from other essential health services to the COVID-19 response. Children have been deprived of education due to continued closure of schools and/or inability to access schooling remotely, while previous issues related to lack of teachers and

limited infrastructure, including damaged schools, continue. Pressure on sanitation services also increased in 2020. Until longer-term investments yield improvements to infrastructure and service delivery, humanitarian partners will target 1.4 million IDPs and the most vulnerable returnees with support required to access essential services, such as education, health care, water and sanitation.

IDPs and returnees continue to struggle to find solutions to displacement and to rebuild their lives more than three years after the end of the large-scale military operations against ISIL. Ninety-two per cent of all IDPs have been displaced for more than three years and 70 per cent for more than five years. Almost a quarter of a million people remain displaced in camps, with thousands more in informal settlements and critical shelters, having limited prospects to establish a safe and dignified life elsewhere. Poor conditions in areas of return also jeopardize the sustainability of many of the returns that have taken place. The humanitarian response will prioritize support for 1.1 million IDPs and vulnerable returnees to establish

lives in safety and dignity, attaining a secure and safe physical living environment (including minimum standards for critical shelter, camp-like structures and core services), accessing specialized protection and health services (including legal assistance and psychosocial care), and access to critical information.

People with perceived affiliation to ISIL are among the most vulnerable, and continue to be marginalized and subjected to rights violations, including denial of security clearances by security actors or requests to undergo the renunciation procedure of family members with a perceived affiliation, in order to obtain civil documentation, to exercise their rights, including returning to their areas of origin, or to access basic services. Other population groups who are particularly vulnerable and face specific challenges to generate livelihoods, access services and exercise their fundamental rights include female-headed households, women, children, older people and people with disabilities.

In-camp IDPs

NUMBER OF PEOPLE BY SEVERITY OF NEED		TARGET	PIN BY MALE FEMALE (%)	PIN BY CHILDREN ADULTS ELDERLY (%)				
AFFECTED	<table border="1"> <tr> <td>PIN</td> <td>ACUTE PIN</td> </tr> <tr> <td>0.3M</td> <td>0.2M</td> </tr> </table>	PIN	ACUTE PIN	0.3M	0.2M	0.2M	48 52	49 47 4
PIN	ACUTE PIN							
0.3M	0.2M							

ASSOCIATED FACTORS	DISTRICTS WITH THE HIGHEST TOTAL CAMP POPULATION TARGETS
<ul style="list-style-type: none"> 1) Displacement status (aid dependency, stigma, etc) 2) Job loss, debt accrual to meet basic needs 3) Inadequate living conditions (critical shelter) 	Sumail (Duhok), Zakho (Duhok), Al-Hamdaniya (Ninewa), Al-Shikhan (Ninewa), Al-Mosul (Ninewa)

Analysis shows that all IDPs living in formal camps need assistance to meet basic needs,⁴ access basic services in accordance with existing standards and to live safe and dignified lives while in displacement. At the end of November 2020, some 221,000 IDPs continued to live in camps. More than 80 per cent are in camps administered by the Kurdistan Regional Government (KRG). All 221,000 IDPs will be targeted for humanitarian assistance under the 2021 HRP.

The needs of IDPs in camps relate to their displacement status (basic living conditions in emergency shelters, shared WASH facilities, aid dependency, lack of documentation and stigma) and the indirect effects of COVID-19 (job loss and debt accrual to meet basic needs). Sudden camp closures and inability to return to areas of origin or integrate in locations of displacement further exacerbate psychological trauma, stress and anxiety.

The inability to meet basic needs is primarily because of limited income and livelihood opportunities in camps. Most people live in tents, which require regular replacement and maintenance; services require continuous investment for people to be able to access them safely. In-camp IDPs are also disproportionately reliant on humanitarian assistance, and most employ at least one negative coping strategy to make ends meet. The deterioration of the protection situation is also higher in camps than in out-of-camp locations.⁵ Considerations related to protection risks and inclusive programming are critical for this population group, given that almost half of IDP families having a member with disability reported that their condition prevented them from accessing one or more services.⁶

Out-of-camp IDPs

NUMBER OF PEOPLE BY SEVERITY OF NEED			TARGET	PIN BY MALE FEMALE (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
AFFECTED	PIN	ACUTE PIN	0.3M	50 50	44 53 3
1.0M	0.8M	0.5M			

ASSOCIATED FACTORS

- 1) Job loss and debt accrual to meet basic needs
- 2) Inadequate services and/or limited access to services
- 3) Inadequate living conditions (critical shelter)

DISTRICTS WITH THE HIGHEST TARGETS

Erbil (Erbil), Al-Mosul (Ninewa), Sumail (Duhok), Kirkuk (Kirkuk), Al-Sulaymaniyah (Al-Sulaymaniyah)

Of the 1 million people displaced outside camps (in 98 of Iraq's 101 districts), 470,000 people are in acute need, including 230,000 children and 19,000 older people. Joining this group, are an estimated 30 per cent of the IDPs who left the camps in late 2020 and have become secondarily displaced (about 10,300 people).⁷ For many of them, their needs are driven by socioeconomic factors, which humanitarian actors are not able to address. Therefore, the humanitarian response will target the most vulnerable 300,000 people whose lives and dignity are in danger if their overlapping material and physical needs and protection concerns are not addressed.

Similar to in-camp IDPs, two thirds of out-of-camp IDPs are unable to meet their basic needs. Their situation is compounded by COVID-19-related loss of employment, on average higher among out-of-camp IDPs than other population groups of concern. Reduced livelihood opportunities have resulted in an increase in food insecure families. Out-of-camp IDP households, more often than other groups, report not having food in the house, going to sleep at night hungry because of insufficient food, or going a whole day and night without eating. As a result, out-of-camp IDPs also use negative coping mechanisms more frequently to meet basic food needs. Families who have departed camps that closed after October 2020

reported similar needs – not having access to enough food or income to meet their basic requirements since leaving the camp.

Additionally, many out-of-camp IDPs struggle to make ends meet and the average reported debt value is highest among out-of-camp IDP households, compared to returnee households and in-camp IDP households. Many out-of-camp IDPs are unable to afford rent, putting them at risk of eviction and potentially ending up in critical shelters. This is complicating their access to critical services, such as health care and education, already difficult to afford by this population group who cited high costs as the main barrier to accessing both education and health services. An estimated 11 per cent of people displaced outside camps already live in critical shelters,⁸ half of them in unfinished, unsafe and abandoned buildings, increasing their exposure to protection risks and other hazards.

Humanitarian actors must ensure adequate capacity to reach the most vulnerable people in out-of-camp settings, a group for which the response was limited in 2020, especially as the sudden and premature camp closures have resulted in more IDPs living in out-of-camp settings, including informal sites and critical shelters.

Returnees

NUMBER OF PEOPLE BY SEVERITY OF NEED	TARGET		PIN BY MALE FEMALE (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
	PIN	ACUTE PIN		
AFFECTED	3.1M	1.8M	52 48	42 54 4
4.6M	1.0M			

ASSOCIATED FACTORS

- 1) Debt accrual to meet basic needs
- 2) Inadequate living conditions (damaged shelter)
- 3) Slow post-conflict rehabilitation (ERW, infrastructure, social cohesion, governance)

DISTRICTS WITH THE HIGHEST TARGETS

Al-Mosul (Ninewa), Telafar (Ninewa), Al-Falluja (Al-Anbar), Al-Ramadi (Al-Anbar), Al-Hawiga (Kirkuk)

The HNO found that 1.8 million returnees are in acute need, an increase of 600,000 people compared to 2020, and attributable to a combination of more families prematurely returning to areas of origin, COVID-19 effects and mitigation measures, and slow-moving post-conflict rehabilitation. Out of the 1.8 million returnees in acute need, 1.5 million face deep socioeconomic vulnerabilities, resulting from loss of income and jobs, and accumulation of debt. Generally, these needs require comprehensive and longer-term support that extends beyond humanitarian interventions. However, 1 million of these people also face other critical humanitarian needs including those related to the condition of their shelters, access to basic services and critical protection concerns. Humanitarian partners will prioritize these 1 million returnees through the HRP.

The key factor increasing the severity of needs of returnees in 2020 is the lack of resources to meet basic needs. Almost one third of returnee households report taking on debt to afford food and health care. Additionally, the condition of shelters has a direct consequence on the living standards of returnees. Three to four per cent of all returnees live in critical shelters.⁹ Many more live in sub-standard shelters that require significant investment to achieve a safe and dignified living environment. The presence of explosive remnants of war (ERW) in destroyed homes, on

family property and in agricultural fields remains a key challenge in areas of return.

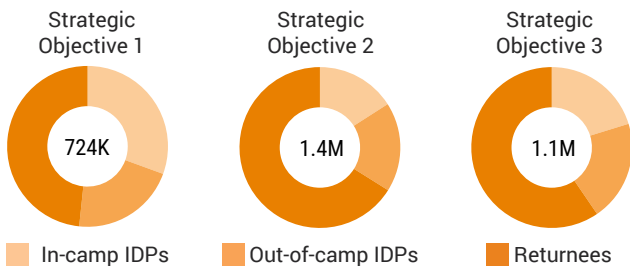
In addition to inadequate socioeconomic and shelter conditions, protection risks and vulnerabilities related to illness and age drive, to some extent, the severity of needs among returnees. Missing documentation is an issue more frequently reported by returnees. More than half of all returnee households reported missing at least one key household or individual document. Twenty per cent report missing two or more core documents. These households face more severe problems, as accessing basic services and assistance is difficult without these key documents.

As camps close, more people are expected to return to areas of origin that lack adequate access to basic education, health-care services, and water, sanitation and hygiene services, which will burden the already stretched services in these locations.

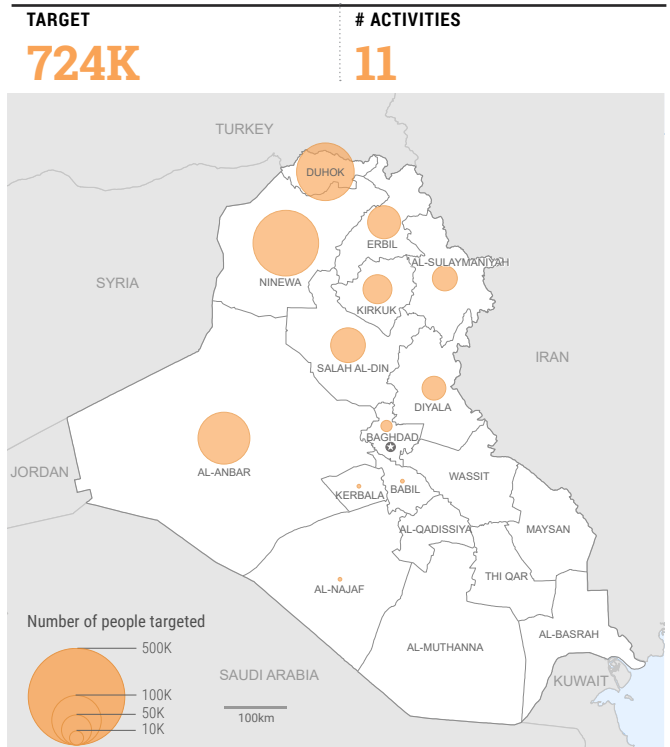
1.2

Strategic Objectives, Specific Objectives and Response Approach

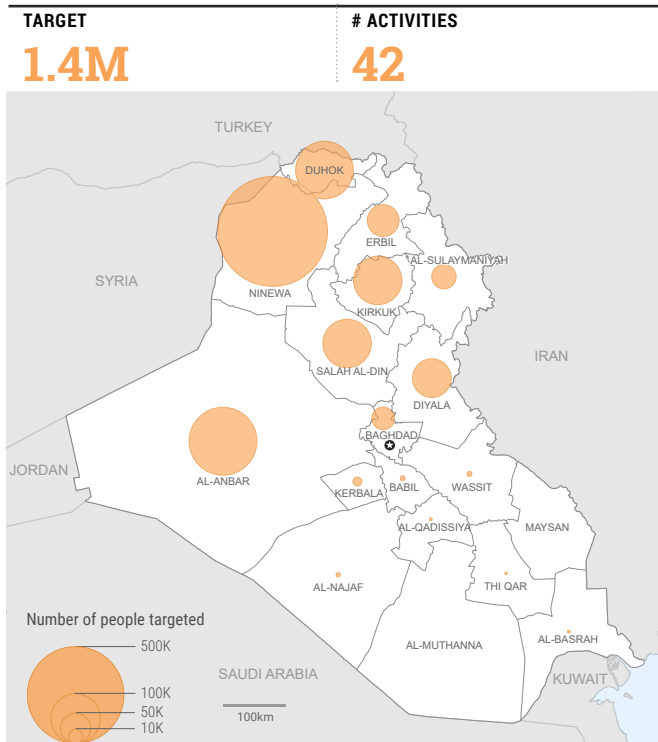
The joint humanitarian response will be guided by three Strategic Objectives (SOs) and 11 Specific Objectives (SPOs) under which partners will prioritize support for 1.5 million people to meet basic needs, bridge the existing gap in access to essential services, and assist displaced and returned populations to live in safety and dignity. Combined, these objectives will improve the living conditions of the most vulnerable, ensure measures to safeguard their physical and mental well-being and reduce the reliance on negative coping mechanisms, which endanger the lives and livelihoods of many, while undermining their efforts towards self-sufficiency.



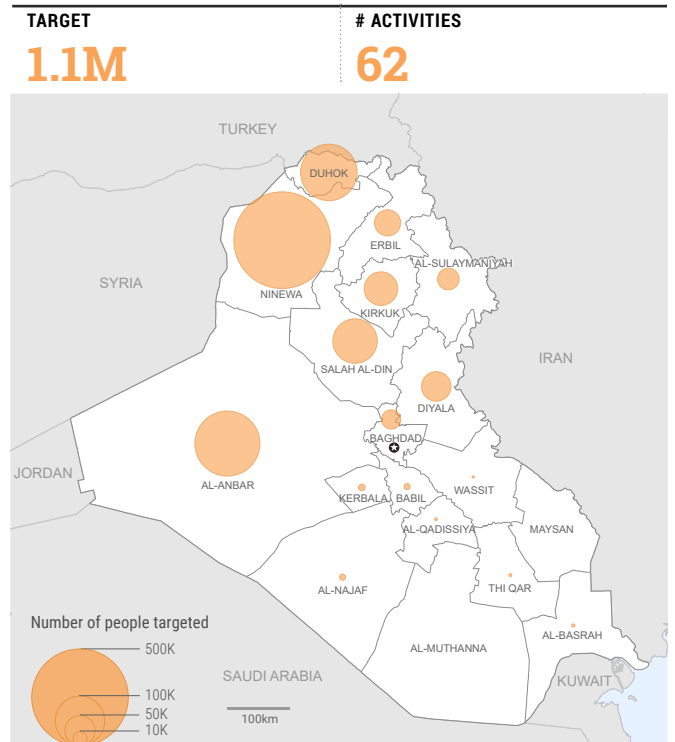
Strategic Objective 1



Strategic Objective 2



Strategic Objective 3



Strategic Objective 1

Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are able to meet basic needs.



ANBAR, IRAQ
 Children at Kilo 18 informal settlement, Ramadi,
 March 2020 © H. Stauffer, OCHA

TARGET	WOMEN	CHILDREN	WITH DISABILITY
724K	28%	44%	15%

Rationale and intended outcome

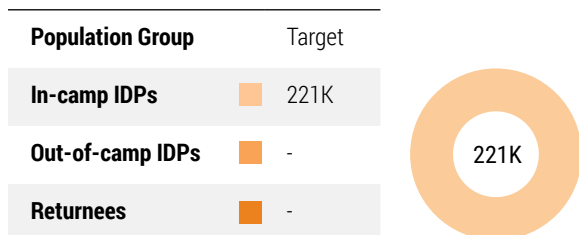
Strategic Objective 1 aims to support 221,000 IDPs in camps, 153,000 IDPs in out-of-camp locations and 350,000 returnees to meet their basic needs. Large-scale loss of livelihoods and income, and high expenditure on food, limiting the amount of disposable income for other necessities such as health care or education costs, are key drivers of the increase in the number of people in acute need. In addition to ensuring immediate survival of people in acute need, helping them to meet their most basic needs through provision of food and alternative income sources will also reduce reliance on negative coping strategies.¹⁰ Being able to meet the most basic needs will also reduce the likelihood of exposure to exploitation and abuse, thereby improving safety and dignity for the affected population. Stronger livelihood support, including through rehabilitation of agricultural liveli-

hoods and small business support, will not only help provide alternative income sources, but also reduce dependency on humanitarian assistance.

Humanitarian partners delivering assistance towards this strategic objective will coordinate to reduce overlaps, harmonize transfer values and sequence interventions where necessary, but also use standardized tools such as the Socio-Economic Vulnerability Assessment Tool (SEVAT) to ensure that assistance reaches the most vulnerable. Particular attention will be paid to minimizing barriers to access for women, children and people with disabilities who face additional challenges in accessing income. To maximize reach, and in alignment with Grand Bargain commitments, humanitarian partners will collaborate with national and local organizations in the delivery of the response.

Specific objectives and response approach

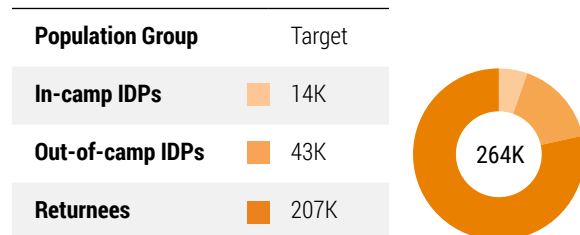
1.1 Improved access to food for IDPs in camps to meet their daily food requirements



The 2021 HNO found that limited livelihood sources have undermined people's ability to meet basic needs and have created acute needs even for IDPs who live in formal camps, who are generally well-reached by humanitarian actors. The combined impact of protracted displacement, COVID-19 mitigation measures and Iraq's economic crisis have left displaced people unable to meet their basic needs and engaging in negative coping mechanisms. A high proportion of IDPs were accruing debt to meet basic needs, including food. A targeted approach delivering food assistance only to the most vulnerable in-camp IDPs is not a viable option, given that many IDPs in camps have lost their jobs and income, and are once again dependent on aid.

To ease high levels of expenditure on food, humanitarian organizations will provide emergency food assistance to all IDPs in camps to meet their daily food needs. Full coverage of all IDPs will ensure equal access to assistance for all households, including those that are headed by women, children or older people, who could otherwise face barriers to assistance. The humanitarian response will complement support provided by MoMD to IDPs in camps.

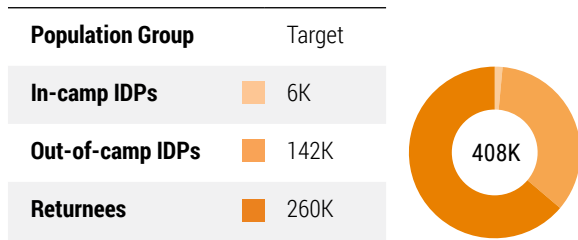
1.2 Livelihood sources are protected for IDPs in camps, out-of-camp IDPs and returnees in acute need, through emergency agriculture and emergency livelihood support



To protect livelihood sources, humanitarian organizations will implement coordinated, multi-sectoral interventions aimed at safeguarding the livelihoods and income sources of IDPs and returnees. Humanitarian organizations will improve food availability, access and stability through the provision of income-generating activities, emergency agricultural support and productive assets. Further support will be provided in the form of cash-for-work to provide vulnerable populations with a temporary income source.

Food Security Cluster interventions will primarily focus on rural areas and agricultural support for out-of-camp IDPs and returnees. The Emergency Livelihoods Cluster will facilitate income-generation through cash-for-work programmes in labour intensive sectors at the community level. Humanitarian assistance to protect livelihood sources will be limited in scale and scope, and will link with existing programmes, including social protection schemes and referrals to development actors, for a smooth transition into self-reliance.

1.3 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to access income sources to meet basic needs and minimize reliance on negative coping strategies



Under this SPO, humanitarian partners will provide immediate income through Multi-Purpose Cash Assistance (MPCA) and create income sources through productive asset replacement and small grants to IDPs and returnees. These interventions will provide vulnerable IDPs and returnees with a source of income while establishing links with existing programmes. The humanitarian community will also coordinate with relevant actors, including government-led social protection initiatives and durable solutions actors, to ensure that medium and longer-term livelihood needs of the most vulnerable populations are addressed.

Strategic Objective 2

Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to access essential services.



KERBALA, IRAQ

A doctor inspects the chest X-rays of a patient at the UNDP-funded Al-Hussein Hospital in Kerbala, August 2020 © UNDP

TARGET	WOMEN	CHILDREN	WITH DISABILITY
1.4M	28%	44%	15%

Rationale and intended outcome

Strategic Objective 2 ensures that 221,000 IDPs in camps, 250,000 IDPs in out-of-camp locations and 918,000 vulnerable returnees have access to sufficient and quality essential services, including health care, education, water, sanitation and hygiene, in displacement and return locations. Deteriorating infrastructure and insufficient investment in improvements in many camps, overburdened services in out-of-camp locations, and damaged infrastructure and slow reconstruction in return areas have resulted in reduced access to services as well as lower quality services. Additionally, some mitigation and prevention measures to stem the spread of COVID-19 have worsened the situation by disrupting or overburdening existing services.

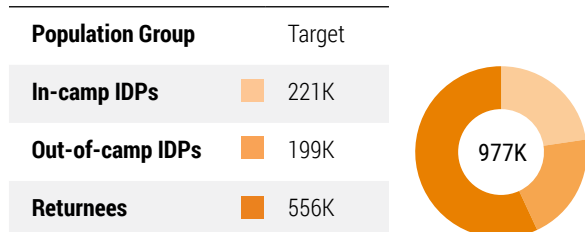
Humanitarian organizations will prioritize the provision of essential services, including primary health care, clean water and adequate sanitation, and education to people

in acute need. Partners will also continue to ensure that service delivery is conducted in line with appropriate COVID-19 prevention measures, and to support affected populations to access services required for the prevention, mitigation and response to COVID-19. Measures will be put in place to reduce barriers for people with disabilities, women, children and other marginalized groups to access humanitarian services.

Humanitarian service delivery will remain primarily focused on addressing key gaps in service provision, while partners will continue to collaborate with local actors and authorities to ensure the sustainability of services, including through capacity-building of local service providers and light rehabilitation as required to sustain service delivery. At the same time, partners will coordinate with durable solutions and development actors to facilitate a transition to longer-term interventions.

Specific objectives and response approach

2.1 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported with essential services meeting minimum standards

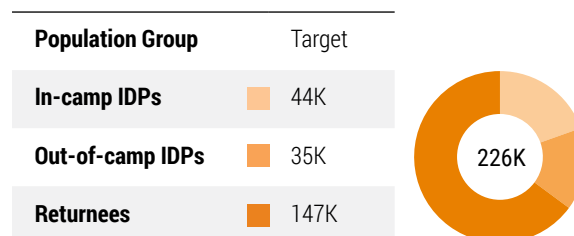


Humanitarian organizations will provide services for vulnerable people in return areas and out-of-camp locations where service capacity remains stretched and in camps where IDPs rely on humanitarian service provision, given their limited access to quality services outside camps. Service disruptions due to COVID-19, including school closures and overburdened health, water and sanitation facilities due to increased demand, will be mitigated through the provision of key services, either directly to beneficiaries or in support of public facilities, including through alternative/remote modalities if required due to continued COVID-19 containment measures.

Health services will be provided to treat common diseases and to support nutrition and immunization programmes, which were disrupted to some extent due to the focus on the health response to COVID-19. Humanitarian partners will deliver water supply, wastewater and solid waste management, and hygiene promotion to ensure minimum WASH standards, taking into account the increased requirements for COVID-19 prevention. Formal and non-formal education for IDP and returnee children will continue to be provided, while ensuring that learning environments offer a safe and protective setting for children. Remote learning will continue to be provided as required due to the pandemic, and safe back-to-school campaigns will be implemented when feasible.

Humanitarian partners will collaborate to deliver a range of services. In formal camps and some informal sites, service delivery will be supported by Camp Coordination and Camp Management (CCCM) service mapping, monitoring and coordination. Relevant aspects of the health response will be integrated with GBV programming, while the education response will be delivered in coordination with cash interventions to enable vulnerable families to meet education-related expenses. Humanitarian partners will also ensure that there is coordination between education and WASH services to ensure that WASH needs in places of learning are covered.

2.2. Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need have access to appropriate health, sanitation, hygiene and related information, supplies and services related to COVID-19 prevention and treatment



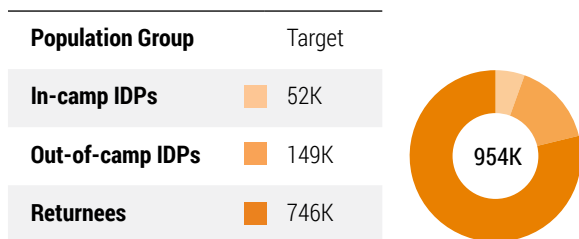
With uncertainty over the progression of COVID-19 in 2021, the HRP includes a specific objective aimed at disease outbreak contingency and response measures to prevent the spread of the disease among already vulnerable populations.

Humanitarian health partners will continue to support public health facilities manage and respond to disease outbreaks, while humanitarian organizations will provide quarantine and isolation areas in displacement sites, under the coordination of the CCCM Cluster. An integrated response package, comprising health, WASH, shelter and NFI as well as food assistance will be delivered in quarantine and isolation areas in displacement sites, to ensure the safety and

well-being of affected people, while helping to stem the spread of the disease in living areas which tend to be crowded.

Despite significant efforts to share public health messages on COVID-19 and related preventative measures, more than a third of the affected population have been found to need more information about COVID-19.¹¹ In 2021, health partners will continue to provide regular, up-to-date information and key messages on public health measures to raise awareness that can help prevent the spread of the disease. The humanitarian community will also support GoI efforts through strengthened Risk Communication and Community Engagement (RCCE) on COVID-19 among communities.

2.3 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need in areas with limited public services have equitable access to quality and sustainable essential health care, WASH and education services, while the sustainability of those services is supported in partnership with relevant local actors and authorities



In addition to the provision of services, humanitarian partners will maintain and improve the quality of services to meet minimum humanitarian standards in a sustainable manner. Damaged infrastructure, overburdened facilities, limited investment in technology and high costs continue to hinder the quality of services provided in some areas. The humanitarian response under this SPO will mainly focus on support for, and capacity-building of, service providers, including teachers, health-care providers, local authorities and partners; maintenance and restoration of services in areas with limited coverage; and light rehabilitation of critical infrastructure as required to enable continued service delivery as outlined in SPO 2.1.

In IDP camps, humanitarian partners will directly maintain services and related infrastructure, while in out-of-camp locations, partners will continue direct implementation in parallel with strengthening the capacity of local authorities and actors to deliver quality services. In return areas, humanitarian response will continue for the most vulnerable who have returned to areas lacking necessary access to basic services, while coordination and information sharing with durable solutions and development partners will be undertaken to ensure that information on needs and gaps is shared, which is required for longer-term service provision in those areas.

Strategic Objective 3

Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to establish lives in safety and dignity.



KIRKUK, IRAQ

Children in a returnee area in Al Zab sub-district, Hawiga, January 2021 © UNAMI

TARGET	WOMEN	CHILDREN	WITH DISABILITY
1.1M	28%	44%	15%

Rationale and Intended Outcome

Strategic Objective 3 supports 221,000 IDPs in camps, 221,000 IDPs in out-of-camp locations and 651,000 returnees in acute need who continue to live in unsafe environments, exposed to risks of physical or mental harm. IDPs who live in camps and IDPs and returnees living in critical shelter outside camps, such as make-shift shacks in informal settlements, or damaged, unfinished, abandoned or non-residential buildings, are often exposed to both physical and mental harm, including due to harsh weather conditions and increased protection risks. Other protection concerns are also prevalent for both these and other groups,

including physical risks due to the presence of explosive ordnance, domestic or gender-based violence, and abuse and exploitation of children, as well as significant risks to both physical and psychological well-being resulting from exposure to discrimination, marginalization and even physical harm on return to areas of origin where longstanding community tensions and social cohesion issues continue. Both children and adults also continue to struggle with psychosocial trauma, stress and anxiety from years of conflict, further exacerbated by both the pandemic and the ongoing camp closures and resultant forced population movements. Additionally, the lack of

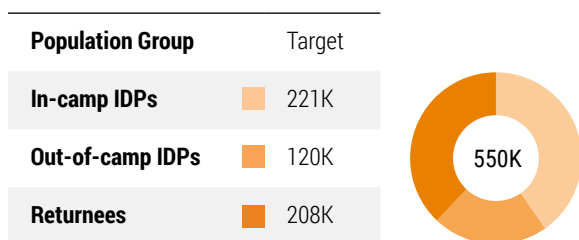
documentation to prove identity or housing and land ownership remain a key impediment for many to access jobs and basic services, and rebuild lives.

Humanitarian partners will deliver a comprehensive response to improve safe and dignified living conditions for the most vulnerable IDPs and returnees. This includes support to improve physical living environments through CCCM services, provision of shelter and NFI support in and out of camps, legal assistance to obtain documentation and resolve land and property disputes, and provision of specialized protection services and mental health and psychosocial support (MHPSS) to cope with trauma, stress and anxiety. At the same time, all partners will continuously strengthen information sharing, awareness

raising and two-way communication with beneficiaries to ensure an inclusive and accountable engagement with affected populations. Humanitarian actors will work to ensure that people affected by the crisis enjoy their fundamental rights and are free from discrimination. The response will be delivered with a protection lens under the guidance of the HCT Protection Strategy (2019-2021) developed in accordance with the Inter-Agency Standing Committee (IASC) Policy on Protection in Humanitarian Action. The Protection Strategy affirms the Centrality of Protection, and IASC commitments on Accountability to Affected Populations (AAP), Communication with Communities (CwC) and Protection from Sexual Exploitation and Abuse (PSEA).

Specific objectives and response approach

3.1 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to achieve a secure and safe physical living environment to live in safety and dignity at both family and community level, where minimum standards for camp/settlement structures and services are attained or maintained

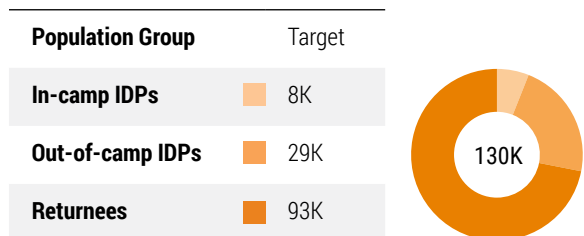


Under this specific objective, partners will provide a range of interventions to improve the physical living conditions for IDPs and returnees. In camps and some informal sites, CCCM services, including common infrastructure maintenance and rehabilitation to ensure site safety, will continue, as will efforts to maintain and, as necessary renew, WASH infrastructure, shelters and basic household items. As camps close, decommissioning of camps and their infrastructure will also be undertaken to ensure that surrounding communities are not exposed to remaining waste

materials from the camp and that key assets are secured. IDPs outside camps and returnees living in critical shelters will also be supported with minimum shelter upgrades, cash for rent and, where necessary, sealing-off kits to improve physical protection.

Coordination with relevant authorities, government departments and directorates, who also provide support to the affected areas, will continue to ensure that the humanitarian response remains based on needs and avoids gaps and duplication with other actors. At the same time, coordination with development and durable solutions actors, including the Returns Working Group, UN-Habitat, the Funding Facility for Stabilization and other members of the Durable Solutions Task Force, will continue to ensure that information is shared that will deliver optimal support to the affected populations and that referrals can be made for longer-term programming to improve the physical living conditions that will facilitate comprehensive durable solutions.

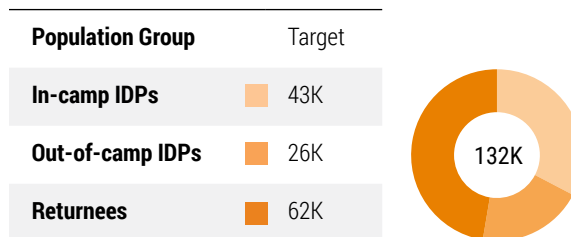
3.2 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to have access to legal assistance and documentation to enjoy their fundamental rights and to access services, remedies and entitlements and thus contribute to solving displacement and help re-establish lives



Social conflict and tensions in some areas of displacement and return, have limited the ability of some people to exercise rights and achieve durable solutions. People missing legal documentation continue to face challenges such as restrictions to freedom of movement, lack of access to the labour market or to basic services, and inability to prove home or land ownership. People with perceived affiliation to ISIL continue to be marginalized and suffer rights violations, including denial of security clearances by security actors and requests to undergo the renunciation procedure of family members with a perceived affiliation, to obtain civil documentation, to exercise their rights or to access basic services.

Humanitarian organizations will deliver an integrated package of legal assistance, including: legal assistance related to family law; for obtaining essential documentation, such as personal identification papers and proof of housing, land and property ownership; legal assistance and counselling for detention representation, and for obtaining birth certificates and support GBV survivors. Partners will coordinate and advocate with the relevant GoI departments to facilitate access for vulnerable populations to services such as registrations and applications for civil documentation.

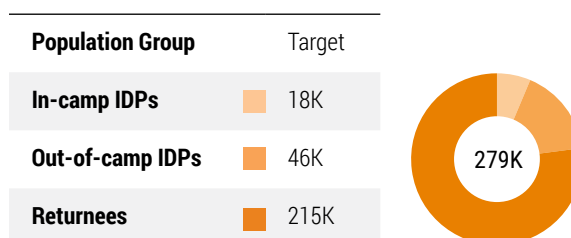
3.3 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to address risks to their physical safety, well-being and social integration through specialized protection services as well as community-based interventions to promote peaceful coexistence



Following years of conflict and displacement and amid eroded social cohesion, IDPs and returnees continue to experience significant protection concerns and rights violations. In 2020, there was an increase in abuse, violence and exploitation of children as well as in domestic and gender-based violence. Women, children and people with perceived affiliation to extremists continue to be at particular risk of protection violations. Humanitarian organizations will provide integrated packages of specialized protection services and community-based protection interventions targeting vulnerable IDPs and returnees to address risks to their physical safety and well-being, and to improve social integration and coexistence.

Integrated, layered and sequenced response approaches will ensure a comprehensive package of specialized services addressing particular protection concerns. Specialized services include humanitarian mine action interventions to clear contaminated areas and provide mine risk education and assistance for victims; case management support; community-based protection mechanisms and activities; cash-for-protection; and coaching and training for local protection actors and authorities.

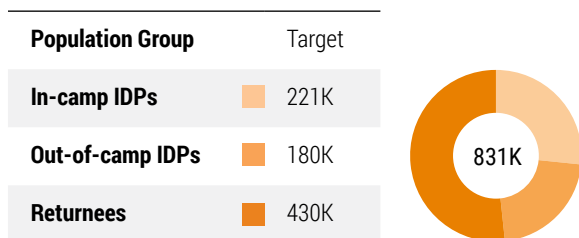
3.4 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to manage stress, trauma and anxiety and to reduce the use of negative coping mechanisms to maintain their mental, psychosocial and physical well-being



The psychological impact of the ISIL crisis and years of subsequent displacement remain significant among IDPs and returnees. In 2020, psychosocial trauma, stress and anxiety increased as the pandemic caused distress, whether linked to health concerns, financial worries or the increased exposure to domestic violence and forms of abuse during home confinement. Uncertainties related to camp closures and forced population movements also contributed to increased stress and anxiety among conflict-affected populations.

Partners will provide a range of MHPSS services to vulnerable IDPs and returnees, including children, GBV survivors and victims of accidents related to explosive ordnance. Psychosocial services and support will be offered in conjunction with a other service provision facilities, including at health facilities, through parent and teacher training, or through more structured individual or family-based services. Remote support will be provided where COVID-19 protocols prevent in-person access.

3.5 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need have access to critical information and awareness raising about rights, risks, options and services to enable them to make informed decisions, promote positive social change and raise concerns appropriate to their particular situation and characteristics, including age, gender and disability



Having access to information, knowing one's rights and obligations, understanding the situation and being able to communicate with, and be heard by, humanitarian partners and others delivering services, are critical elements of ensuring dignified living by populations who rely on humanitarian assistance.

In 2021, the humanitarian community will strengthen IASC commitments towards AAP. Several AAP platforms and tools are widely in use to actively solicit

feedback and incorporate it into planning and design including: the Iraq Information Centre (IIC), PSEA Network, GBV hotline and camp-based complaints and feedback mechanisms. Humanitarian partners will also ensure that vulnerable IDPs and returnees have access to timely and accurate information about their rights and available humanitarian and government services, and are empowered to voice their priority needs and concerns. Awareness campaigns, advocacy and other information sessions will be held to ensure that affected populations are well-informed. Based on lessons learned, to strengthen the voice of affected populations, two-way communication through community engagement mechanisms will be encouraged for enhanced participation of vulnerable populations in programming. The AAP/CwC Working Group will continue coordination and support for AAP and CwC initiatives.

1.3 Costing Methodology

Following consultation with agencies, partners, donors and clusters in 2020, the HCT agreed to retain the Activity-Based Costing (ABC) approach first used in the 2020 HRP. The ABC approach allows for a strategic and flexible approach to planning and costing humanitarian interventions, that will facilitate programmatic adjustments if the situation changes.

Based on a review of lessons learned since the introduction of ABC, an enhanced ABC approach has been developed for 2021 in order to address some of the challenges experienced in 2020 at the strategic and operational levels. The enhanced ABC approach, developed in and for Iraq, includes measures to harmonize activity formulation and costing for increased coherence and transparency; to develop an activity-based operational planning framework that will enable a better overview of operational planning parameters while ensuring clearer linkages between operational planning and monitoring and reporting at activity-level; and to establish linkages between cluster activities and financial reporting through the global Financial Tracking System (FTS).

To make the planning and costing process more transparent, streamlined, and comparable, activity formulation has been harmonized across clusters. Activities have been designed to clearly align with the needs identified in the HNO as well as the strategic boundaries and objectives in the HRP; while also standardizing the units of deliverables and targets to allow for better aggregation and comparison across activities and clusters. This will allow for more cohesive and comprehensive monitoring and reporting. For each activity in this plan, clusters have established cost ranges, considering cost differences in modality, geographic area, population groups, timing, and COVID-19-specific modifications to standard activities.

Average costs were used for the calculation of the overall financial requirements per activity.

Costing methodologies, data sources and ranges have been documented at cluster level to allow for a review of cost ranges should any of the cost drivers change (e.g. exchange rates, prices for fuel, COVID-19-related adaptations, etc.) and to ensure that operational budgets are based on commonly agreed and realistic ranges. Through this exercise, it was found that costs are generally higher for interventions in out-of-camp and return locations, where people are more geographically scattered than in camps. Similarly, activity costs, particularly related to service provision, tend to be higher in areas lacking basic service infrastructure. Clusters also considered additional costs for implementing measures required to improve access to services for people with disabilities. For most clusters, COVID-19 mitigation and safety measures have increased the average cost of interventions, including due to operational requirements for personal protective equipment (PPE), physical distancing, improved hygiene and sanitation protocols, and investment in remote programming. Costs will also vary by location, depending on freedom of movement and access, including access to markets, availability of commodities and local prices. Partners and donors are encouraged to engage individual clusters for an overview of drivers and ranges of costs for HRP activities.

In the absence of a project-based operational planning framework, an activity-based operational framework has been developed at country level, through which clusters will collect data to clarify partner activities, targets, locations, modalities, timing and funding requirements of the interventions, that will enable the cluster to reach the objectives and targets set out in the 2021 HRP. As part of this process, clusters will engage with their partners to ensure that interventions

meet the cluster requirements for quality programming, including with regard to the Gender and Age Marker (GAM) and disability inclusion. The operational plan will be a living document in 2021, allowing clusters to gather operational baseline information to identify gaps and duplications, and adjust the response if deemed necessary based on joint situational monitoring.

Funding decisions by partners and donors as well as tracking of funding through the FTS remain largely project-based. To bridge this gap, the operational planning framework will include financial requirements and funding received per partner, which will be linked to the relevant activity through the country-based planning and reporting platform. To strengthen the transparency and links between funded projects and HRP activities, partners are encouraged to include a sentence in their project descriptions clarifying which cluster activities their interventions contribute to. This will provide a better overview of funding availability and gaps.

These mostly technical adjustments will enable better monitoring, tracking of funds and gap analysis at the strategic level. Especially in light of the dynamic population movements away from camps, a clear understanding of partner capacities, cost ranges and cost drivers for different population groups, locations and modalities will allow partners to swiftly assess the financial implications of operational adjustments throughout the year.

NINEWA, IRAQ

UNOPS staff informing beneficiaries about how to contact the Iraq Information Centre, 2020 © UNOPS



1.4

Operational Environment, Capacity and Access

The operational environment in Iraq remains difficult, characterized by a variety of access challenges, including both administrative and operational impediments to accessing vulnerable population groups, particularly in out-of-camp and return locations. The onset of the COVID-19 pandemic and its spread within Iraq exacerbated and deepened population vulnerabilities, and significantly disrupted humanitarian organizations' efforts to deliver aid to people in acute need of assistance. For most of 2020, humanitarian access was significantly affected by the combined impact of pre-existing access impediments and the spread of COVID-19.

In March 2020, the GoI and the KRG, as in many other countries, implemented strict measures including lockdowns and movement restrictions to contain transmission of COVID-19 cases. Curfews were imposed nationwide and inter-governorate movements were mostly prohibited, severely limiting humanitarian partners' ability to access project sites or move critical supplies across governorates or regions to deliver assistance to address pre-existing humanitarian needs and respond to the impact of the pandemic. Exemptions for diplomatic/UN personnel were granted but inconsistently applied. In the early months of the pandemic, COVID-19-related movement restrictions hindered the delivery of assistance, and all humanitarian clusters suspended, adjusted, or reprogrammed some activities prioritized in the 2020 HRP. Almost all clusters pivoted to remote mechanisms for coordination, implementation of programmes and response monitoring.

The COVID-19 restrictions exacerbated pre-existing administrative access impediments in Iraq. At the end of 2019, the national mechanism for authorizing access for non-governmental organizations (NGOs) was interrupted as the GoI adjusted its procedures.

Several new approaches were attempted during the first half of 2020, with a new system rolled out in October 2020 with the launch of an online application platform managed by the Directorate of NGOs in Baghdad. However, for nearly a year prior, the absence of a consistent, accessible mechanism resulted in countrywide movement impediments for NGO humanitarian operations and programmes in areas under federal Iraq control.

Even with the re-establishment of the national access authorization mechanism, the multiplicity and proliferation of armed groups in Iraq further complicates the operational environment, particularly in return areas. At the end of 2020, in some governorates, local military commands or non-state armed groups did not fully recognize nationally-issued access authorizations for humanitarian organizations, and have been requiring humanitarian organizations to obtain additional local-level authorizations to reach and assist people in need living within their areas of control.

Furthermore, the GoI suspended the national visa application process for foreign NGO staff in February 2020, which resulted in hundreds of expatriate NGO aid workers being unable to obtain new visas or renew expired visas. Foreign staff with expired visas were also unable to receive national access authorization. Because international staff often oversee projects and budgets, the shuttered visa application system directly affected humanitarian aid activities in the federal Iraqi governorates of Al-Anbar, Diyala, Kirkuk, Ninewa and Salah Al-Din.¹² By the end of 2020, the GoI's NGO visa mechanism had still not been re-established.

These access challenges significantly hindered humanitarian partners' ability to deliver assistance to address pre-existing humanitarian needs and respond

to the pandemic's impact. As of November 2020, almost half of the districts covered by the 2020 HRP (28) had medium or high levels of access difficulties, particularly related to local compliance with national guidance on required documents. Some 1.8 million people in need live in these districts, including approximately 929,000 people in acute need targeted in the 2020 HRP. Between 1 January and 31 October 2020, humanitarian organizations reported 593 incidents of being denied access or otherwise hindered from reaching vulnerable people in need in Iraq; these incidents were mostly administrative restrictions, and directly delayed or denied aid to an average of 470,000 beneficiaries per month.¹³

Despite the considerable administrative access challenges in 2020, the number of humanitarian partners has remained constant with, at the end of 2020, 125 organizations actively reporting achievements towards the 2020 HRP, including 49 national NGOs, 61 international NGOs, 5 UN agencies and 10 other partners.¹⁴ Despite the significant access challenges, humanitarian partners reached nearly 80 per cent of the target in the 2020 HRP. This figure, however, masks some variation across population groups and locations. While humanitarian partners reached all IDPs living in camps, only 71 per cent of out-of-camp IDPs and 61 per cent of returnees targeted in the 2020 HRP were reached with the planned assistance.¹⁵ Moreover, humanitarian partners reached 80 per cent or more of the target populations in only 19 out of the 63 districts targeted for the response. In one third of the districts (21 of 63), 25 per cent or less of the targeted beneficiaries were reached. Districts with high access difficulties typically had fewer partners present relative to the target population, with the ratio of target beneficiaries to partner organizations around 22 per cent lower in these districts than the overall response average.

In 2021, humanitarian clusters have 166 partner organizations that can contribute to the joint humanitarian response plan, pending access and funding. This includes 71 national NGOs, 73 international NGOs, 7 UN agencies and 15 others. The number of potential HRP partners in 2021 represents a slight

increase from the 2020 HRP, for which 162 contributing partners were identified at the beginning of the year, with 125 of those actively reporting achievements under the 2020 HRP.

With the continuation of the pandemic, the ongoing camp closures and planned elections, the operational context in Iraq will likely remain challenging in the year ahead. To address ongoing challenges in the operational environment, the humanitarian community and the requisite coordination mechanisms of the HCT, the ICCG and the Humanitarian Access Working Group (HAWG) will continue to work to improve coordination and communication between and among key stakeholders, including government authorities at different levels, UN agencies, national and international NGOs, donors, military and non-state actors, development counterparts and crisis-affected communities, to overcome administrative and operational access challenges and facilitate principled humanitarian action.

Response reach under previous HRP (2020)

CLUSTER	PIN	TARGET	REACHED	% TARGET REACHED	REQUIREMENT (US\$)	FUNDING RECEIVED (%)
CCCM	770K	540K	423K	78%	25.6M	16%
Education	1.2M	331K	145K	44%	30.9M	32%
Emergency Livelihoods	2.4M	54K	14K	27%	25.9M	71%
Food Security	920K	462K	278K	60%	83.1M	38%
Health	2.8M	1.3M	1.2M	93%	103.8M*	41%
Protection, MA & HLP	2.9M	883K	285K	32%	97.7M	36%
Child Protection	1.6M	589K	471K	80%	39.2M	36%
Gender-Based Violence	1.3M	403K	305K	76%	31.6M	64%
Shelter/NFI	2.4M	636K	379K	60%	50.8M	16%
WASH	1.9M	889K	759K	85%	52.0M	49%
MPCA	-	369K	34K	9%	86.2M	13%
CCS	-	-	-	-	15M	43%

* Does not include US\$20.42M under Preparedness and Response Plan

Operational Presence in 2020 and Key Figures

2020 ACTIVE PARTNERS

125

TREND (2016-2020)



DISTRICTS WITH MEDIUM OR HIGH ACCESS DIFFICULTY

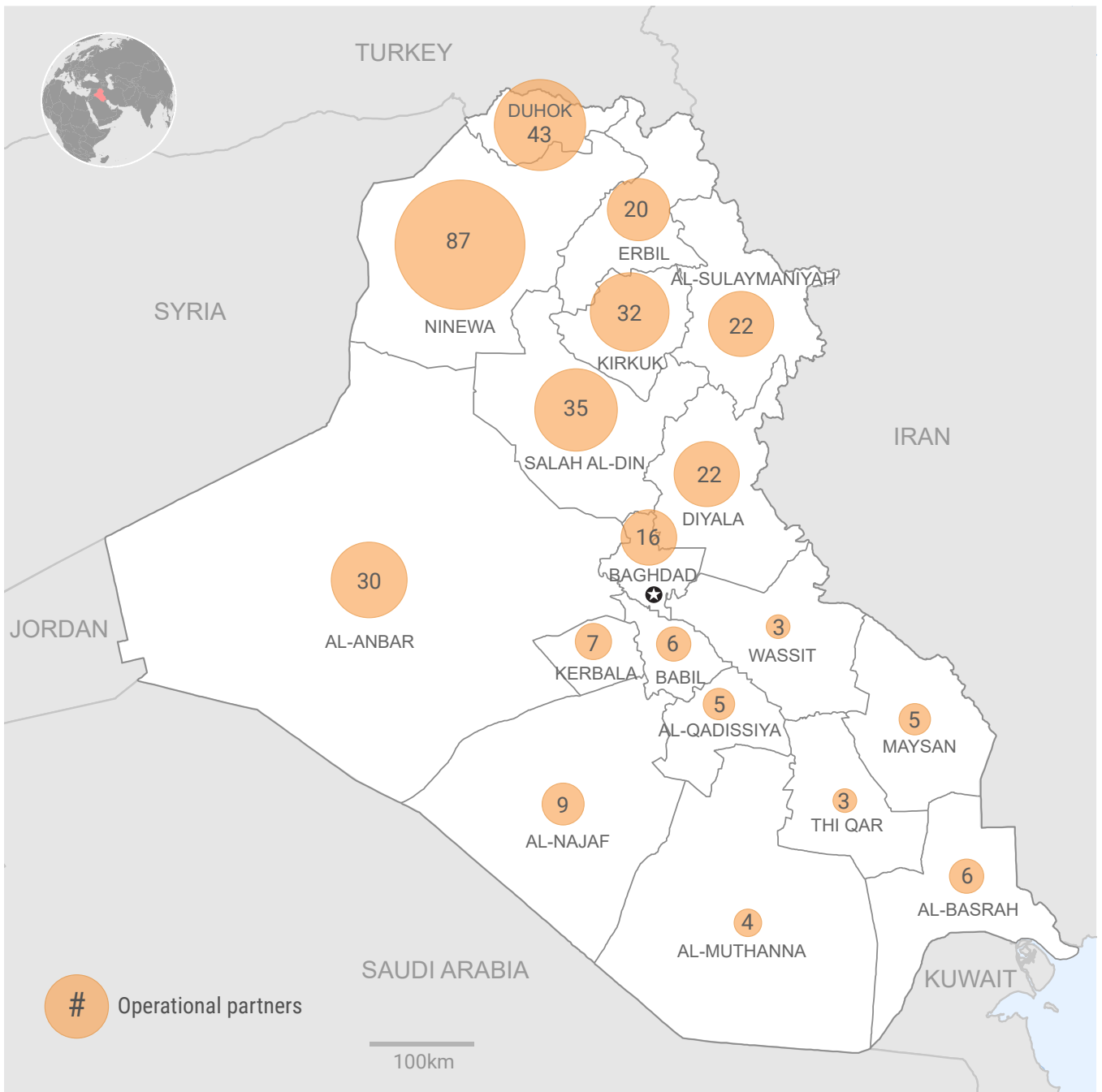
22

PEOPLE IN NEED IN AREAS WITH MEDIUM OR HIGH ACCESS DIFFICULTY

1.7M

PEOPLE IN ACUTE NEED IN AREAS WITH MEDIUM OR HIGH ACCESS DIFFICULTY

612K



Participating Partners in the 2021 HRP

OPERATIONAL PARTNERS

166

Participating partners by location*

GOVERNORATE	TARGET	# PARTNERS*
Al-Anbar	232,379	41
Al-Basrah	182	14
Al-Muthanna	-	-
Al-Najaf	2,026	11
Al-Qadissiya	157	6
Al-Sulaymaniyah	35,184	26
Babil	1,950	7
Baghdad	27,530	20
Diyala	86,715	26
Duhok	167,810	63
Erbil	57,266	39
Kerbala	4,001	8
Kirkuk	119,482	44
Maysan	-	-
Ninewa	612,767	104
Salah Al-Din	134,356	45
Thi Qar	109	7
Wassit	429	4

Partners by Cluster (in 2021)

CLUSTER	TARGET	# PARTNERS
CCCM	309K	8
Education	572K	24
Emergency Livelihoods	196K	50
Food Security	421K	20
Health	857K	34
General Protection	740K	43
Child Protection	500K	58
Gender-Based Violence	460K	47
Shelter and NFIs	373K	30
WASH	1.1M	46
MPCA	390K	14

Participating partners by type (in 2021)

TYPE	# PARTNERS
INGO	73
NNGO	71
OTHERS	15
UN	7
Total	166

* Number of partners by governorate is based on 2020 reporting

1.5

Accountability to Affected Populations

AAP and CwC are integral to the humanitarian response for people affected by the aftermath of the ISIL crisis, as well as the COVID-19 pandemic. The impact of the COVID-19 pandemic on access to services and livelihoods, coupled with continuing movements stemming from camp closures, have made the need for information even more critical for affected communities. The Multi-Cluster Needs Assessment (MCNA) VIII found 35 per cent of surveyed community members need more information about COVID-19, primarily information about prevention measures, symptoms and treatment options. Information gaps, however, varied slightly among the different population groups and genders, with a higher proportion of IDPs in out-of-camp locations reporting an ability to separate rumours from facts, while women felt less informed about how to protect themselves from COVID-19.¹⁶ There has also been a decrease across all affected population groups who report having knowledge of, and/or know how to access complaints and feedback mechanisms.¹⁷ The figures were lower among returnees and IDPs in out-of-camp locations, pointing to a need for strengthened focus on those two groups.

In 2021, humanitarian organizations will maintain active engagement with affected communities, with an increased focus on AAP and CwC activities in areas of return and out-of-camp locations. The IIC, the GBV Sub-Cluster hotline and cluster complaints and feedback mechanisms will ensure that feedback and views of IDPs and returnees continue to feed into the Humanitarian Programme Cycle (HPC). The PSEA Network and the ICCG AAP/CwC Working Group will continue to provide technical supervision and expertise to partners to ensure critical issues are addressed in a timely manner using best practices and applying the Do No Harm principle. Though MCNA VIII data shows that community members prefer face-to-face

conversations, phone calls and television as their preferred sources of information, alternative remote modalities will continue to be used in 2021 due to COVID-19, with a focus on phone calls, social media and face-to-face interaction when possible.

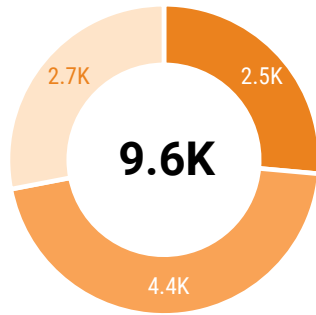
Humanitarian organizations will continue to tailor messaging to meet targeted information needs, given the variances in information needs and access to information sources among different groups, including children, women, older people, people with disabilities and minorities. This includes consideration of where and how to provide complaints and feedback and adapting communication methods to ensure accessibility for all by catering for those with visual and/or hearing impairments. Cluster-specific efforts through post-distribution monitoring exercises and quality surveys will continue to provide platforms for clusters to gauge the performance and quality of their programming.

Clusters will continue to coordinate AAP/CwC initiatives to ensure that affected communities, with an emphasis on returnees and out-of-camp IDPs, are reached with relevant information, including on COVID-19, and are consulted throughout the 2021 HPC. Two-way communication between humanitarian partners and affected populations is critical to ensure that the humanitarian response is planned and implemented in line with the needs and preferences of the beneficiaries, while also strengthening their voices in decision-making processes.

Satisfaction with humanitarian assistance received (2020, MCNA VIII)

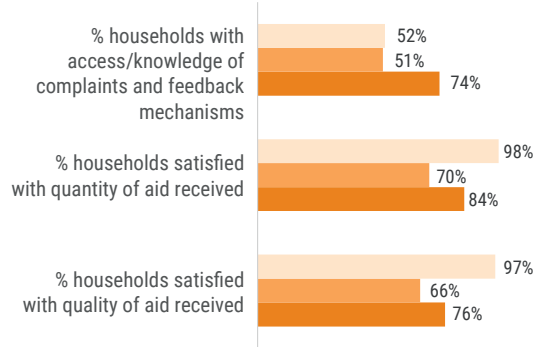
Number of households assessed *

■ In-camp IDPs ■ Out-of-camp IDPs ■ Returnees



* Data collection took place from 14 July to 23 September, 2020

For households that reported having received aid in the past 30 days



1.6

Consolidated Overview on the Use of Multi-Purpose Cash

Cash and Voucher Assistance (CVA) in the humanitarian response

CVA is a key modality in the 2021 humanitarian response. Out of 113 activities in the HRP, 17 are cash-based interventions, amounting to 30 per cent of the total financial requirements of the HRP. CVA will be used to address critical needs in areas such as food security, emergency livelihoods, health, shelter, NFIs and protection to support people to meet critical needs in these sectors. Sectoral CVA will be complemented by MPCA to address the significant increase in conflict-affected populations' inability to meet basic needs. Iraq has functional local markets and a variety of financial services, making CVA a useful response modality. Moreover, studies have shown that beneficiaries often prefer to receive their entitlements via cash transfers,^{18 19} which provide recipients with the flexibility to decide how to prioritize and meet their most critical basic needs, thereby enhancing independence and dignity. The Cash Working Group (CWG) will continue to monitor developments in local markets, prices and purchasing, particularly in light of the ongoing economic crisis and devaluation of the Iraqi Dinar in December 2020, and to regularly adjust the Survival Minimum Expenditure Basket (SMEB) accordingly.

Role of the Cash Working Group

With CVA making up a significant proportion of the 2021 HRP, the CWG will coordinate and provide technical guidance to all CVA implementing partners and clusters. To improve the evidence base, coherence and technical support for the cash-based response, the CWG will continue to support humanitarian partners through regular analysis of developments in prices and markets, and cash and voucher feasibility analysis. The CWG will strengthen efforts to harmonize transfer values, including through periodic updates of the national SMEB, to amplify collective

bargaining to negotiate competitive transfer fees with service providers and support CVA implementing partners through capacity building and support on contractual issues and reporting. The CWG will bring together CVA implementing partners to strengthen joint response approaches, including through coordination, integration or sequencing of distributions to improve collaboration and avoid duplication, as well as development of referral pathways, including to livelihoods and social protection systems.

MPCA Strategy

The CWG also provides operational coordination and technical guidance to MPCA implementing partners. MPCA will contribute to SO1 in the HRP to enable vulnerable IDPs and returnees to meet their basic needs, by providing cash transfers to 136,500 acutely vulnerable out-of-camp IDPs and 253,500 acutely vulnerable returnees.

The MPCA transfer value is based on the national SMEB. The monthly SMEB value at the beginning of 2021 is \$400 per household. The CWG will continuously monitor price and market developments in 2021 to determine if there is a significant price fluctuation that should lead to an adjustment of the SMEB and hence the MPCA transfer value.

All MPCA recipients are part of a comprehensive referral scheme, including complementary interventions by humanitarian actors as well as government-led social protection assistance, where feasible. Partners will continue referring households that are missing critical civil documentation for legal assistance, while exploring further referral pathways for livelihoods and protection assistance, with potential enhanced linkages with shelter, NFI, health, WASH and education partners to ensure a coherent response to people in acute need of multiple types of support.

Multi-Purpose Cash Objectives, Activities and Targets

Strategic Objective 1	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to access essential services		
Specific Objective 1.3	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported with essential services meeting minimum standards		
MPCA Objective: Vulnerable IDPs and returnees are supported to access income sources to meet basic needs and minimize reliance on negative coping strategies			
Approach: Multi-purpose cash to out-of-camp IDPs and returnees			
Activity and target (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Provision of multi-purpose cash	-	136,500	253,500

Part 2: **Kurdistan Region of Iraq**

DUHOK, IRAQ

Displaced families living in unfinished buildings in Zawita sub-district, 2021 © OCHA



The KRI continues to host and support a large number of people displaced by ISIL attacks and the subsequent military operations to defeat them from 2014 to 2017. More than 1 million people sought safety in the three governorates (Duhok, Erbil and Al-Sulaymaniyah) of KRI,²⁰ both in camps and in out-of-camp settings. Over time, this figure dropped to approximately 700,000 IDPs, a figure which has remained largely static in recent years. Duhok, Erbil and Al-Sulaymaniyah continue to host a large percentage of IDPs from the first waves of displacement in 2014 and 2015. Earlier waves of displacement have shown generally slower rates of return, due to the stability of the KRI, lack of security and/or high levels of destruction in areas of origin, trauma associated with the original displacement events or other factors.

Nevertheless, the number of IDPs hosted in areas administered by the KRG declined in 2020, due to the return of an increasing number of primarily Yazidi families back to their areas of origin in Sinjar and Al-Baaj districts in Ninewa Governorate. Reasons for their return include the desire of IDPs to go home, improved security and services in their areas of origin, and encouragement received from Mukhtars, local NGOs and returnees who had previously returned.²¹ It is estimated that between June and December 2020, approximately 45,268 people (8,450 households) left Zakho and Sumail districts in Duhok, and Al-Shikhan District in Ninewa to return to Sinjar and Al-Baaj. Roughly 70 per cent of this group of returnees had been displaced in camps.²²

In January 2021, there were 25 camps in KRI or under KRG administration, and more than 300 informal displacement settlements, primarily in Duhok. An estimated 180,000 IDPs live in KRI's formal camps or in camps administered by the KRG (again, primarily in Duhok);²³ however, the majority of IDPs in KRI live in out-of-camp settings. Of the three governorates, Erbil has the largest overall number of out-of-camp IDPs (215,000 people), followed by Duhok (155,000) and Al-Sulaymaniyah (123,000). In Duhok, an estimated 16,600 IDPs live in informal settlements, which often have limited and unstable access to services and

assistance provided by either government or humanitarian actors.²⁴

While displaced people in KRI have demonstrated remarkable resilience, their coping capacity may have become exhausted, as most have been displaced for nearly seven years, having fled ISIL attacks in the early stages of the crisis. Pressure on the provision of basic services and limited access to social safety nets, as well as financial and security challenges faced by local populations equally affects the IDPs. In many camps, tents need continuous replacement, water and sanitation services need to be increased, access to health and education services needs to be improved and livelihoods programmes require expansion.

There is a need to look for longer-term solutions for displaced people living in KRI. Facilitated, voluntary returns to areas of origin offer a promising way forward for those who are willing to return home and for whom conditions in areas of origin are conducive for sustainable returns. For others, local integration may be an option that can be further explored with affected people and with local and KRG authorities. Increased support from public social safety nets would assist in certain sectors, such as food assistance and MPCA. However, chronic challenges faced in the KRI, including a contracting economy and budget crisis, loss of jobs and delayed public service salary payments, increasing poverty due to the COVID-19 pandemic, shortages of essential medicines, and the diminished functionality of some public health facilities will be challenges to be overcome.

Breakdown of People in Need

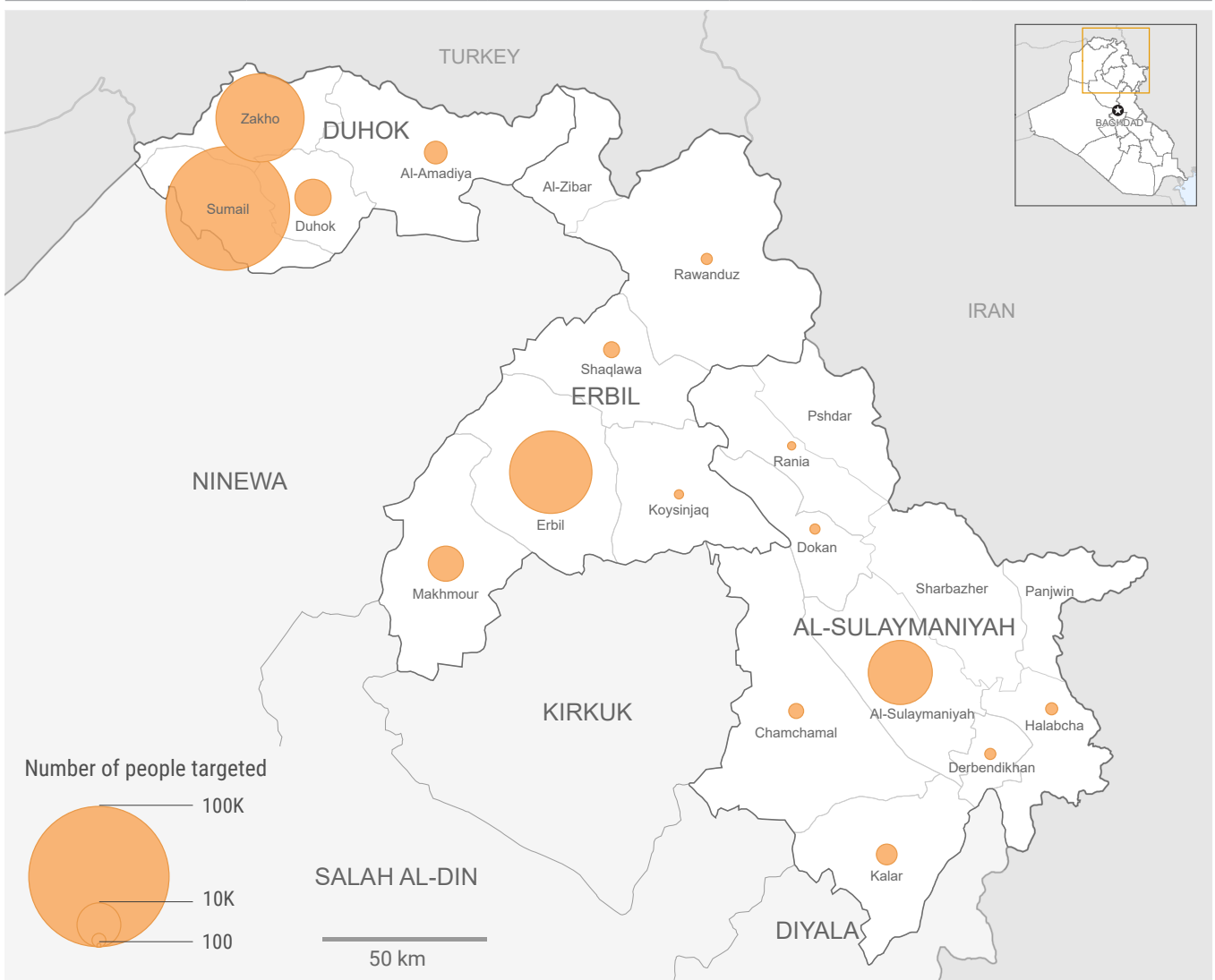
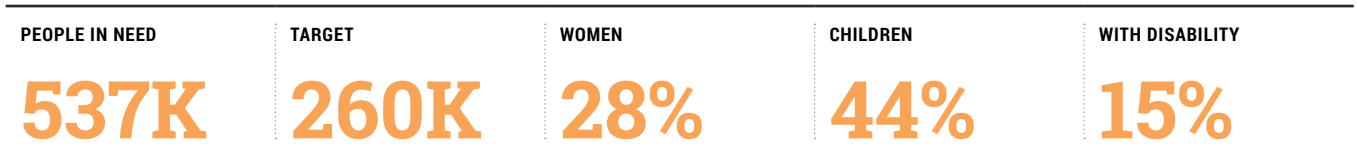
Approximately 50 per cent of all IDPs and almost all of the 241,000 Syrian refugees²⁵ in Iraq reside in KRI. Of the 537,000 IDPs in Duhok, Erbil and Al-Sulaymaniyah governorates in need of some form of assistance, 337,000 (63 per cent) are assessed to be in acute need.

Two districts in Duhok Governorate have high levels of severe needs²⁶ and also host approximately 45 per cent of the total IDP population in acute need in KRI: Sumail District hosts approximately 97,000 IDPs in

acute need and Zakho District hosts 55,000 people in acute need. IDPs residing in these locations are estimated to have unmet needs in multiple sectors. Seven of the 14 districts in KRI presenting the lowest severity of needs are in Al-Sulaymaniyah, hosting approximately 55,000 people in acute need. The remaining 131,000 people in acute need are found in districts assessed to have a low or moderate severity of needs.²⁷

Due to the prolonged nature of displacement in KRI and the large number of IDP camps, there is a relatively robust humanitarian presence in KRI.²⁸ However, the needs vary a great deal among the governorates. In Erbil and Al-Sulaymaniyah, 90 per cent of IDPs live

in private, rented housing.²⁹ In Duhok, 43 per cent of IDPs live in camps, 4 per cent live in informal settlements and 6 per cent live in critical shelters. Response monitoring indicates that historically, the needs of IDPs in camps in Iraq are met or even overreached.³⁰ However, there is habitually a significant gap in meeting the needs of out-of-camp IDPs. In 2020, partners were able to reach 291,000 out of the 429,000 out-of-camp IDPs targeted. This trend is true in KRI, where according to governorate profiles published in November 2020, slightly less than half of the people targeted in Sulaymaniyah and only 20 per cent of people targeted in Erbil had been reached by some form of humanitarian response.³¹



Part 3:

Response Monitoring

ERBIL, IRAQ

WHO carrying out awareness-raising activities about COVID-19, 2020 © WHO



3.1 Monitoring Approach

In 2021, humanitarian partners in Iraq will strengthen the monitoring of humanitarian needs and response to ensure that assistance reaches people in acute need in a timely, predictable and effective manner, while adhering to humanitarian principles. Amid COVID-19 preventative measures, limiting face-to-face contact with beneficiaries, a changing humanitarian landscape from camp to out-of-camp locations and where the continued impact of COVID-19 and population movements may trigger adjustments to the required response, a fit-for-purpose monitoring system will be critical to effectively guide the response.

The monitoring plan and framework is structured around four components and a shared understanding of the thematic issues to be monitored in the Iraqi context.

Monitoring of situation and needs

Monitoring of the context, risk levels, access situation and the evolution of humanitarian needs will continue through a range of mechanisms and information sources, as outlined in the 2021 HNO. Situation monitoring related to population movements, intentions and shelter conditions will continue in 2021 primarily through IOM's Displacement Tracking Matrix (IOM-DTM) and CCCM Cluster tools. The evolution of needs will be monitored through large-scale multi-cluster annual assessments coordinated at intersectoral level and more frequent localized assessments coordinated through clusters.

OCHA will continue to improve the access monitoring and reporting systems to track access incidents, authorization requirements and district-level access constraints, including through the HAWG. Access focal points and field-based partners will strengthen monitoring and reporting on access, risks, and relevant developments in context and acceptance. The

United Nations Country Team will monitor the evolution of socioeconomic vulnerabilities in Iraq, including due to COVID-19, with the HCT closely observing the potential for such vulnerabilities crossing humanitarian thresholds, including beyond the conflict-affected population.

The Iraq ICCG and the Assessment Working Group will lead the coordination of the situation and needs monitoring component by reviewing assessment gaps and key results with periodic analytical outputs.

Monitoring of response, results and partner capacity

The ICCG and the Information Management Working Group will lead on the response monitoring component, including monitoring of indicators to measure progress against the HRP strategic, specific and sectoral objectives. To continue implementing activity-based costing and effectively monitor the response, OCHA and the clusters have identified improvements in three areas: better harmonization of the activity formulation within and across clusters, more detailed information on operational plans, and clear references to planning frameworks in partner projects.

To track the humanitarian assistance delivered to affected populations compared to targets set out in the 2021 HRP, the Iraq operation will build upon the existing activity-based reporting mechanisms for partner-level output monitoring and cluster-level outcome monitoring. Clusters, with the support of OCHA, will continue to work with partners to deliver on cluster-specific and inter-cluster reporting requirements. Partners will be required to report on the progress and funding status of activities in the HRP to enable the mapping of partner presence and the identification of gaps in the response coverage. ActivityInfo software will be used for the reporting platform, which will integrate activity-based planning and response monitoring

modules. Inter-cluster reporting tools will be complemented with real-time interactive dashboards to track operational presence through Who Does What, Where and When (4Ws) and monitor the ongoing delivery of humanitarian activities.

Monitoring of funding flows

In 2021, humanitarian actors will strengthen the monitoring of funding flows and will aim for a more accurate and timely reflection of funding streams. This will be done through better tagging of partner projects in planning frameworks and funding tools (e.g. FTS visibility/tagging), supported by the development of more detailed operational plans by clusters which, in 2021, will also include financial data. Without the coordinated project development and review process in 2020, the ICCG lacked baseline information on partner presence, capacity and operational plans to link response data with financial data and accurately monitor funding gaps. The activity-centered operational plan will substitute for the lack of project-specific details inherent in the activity-based costing approach.

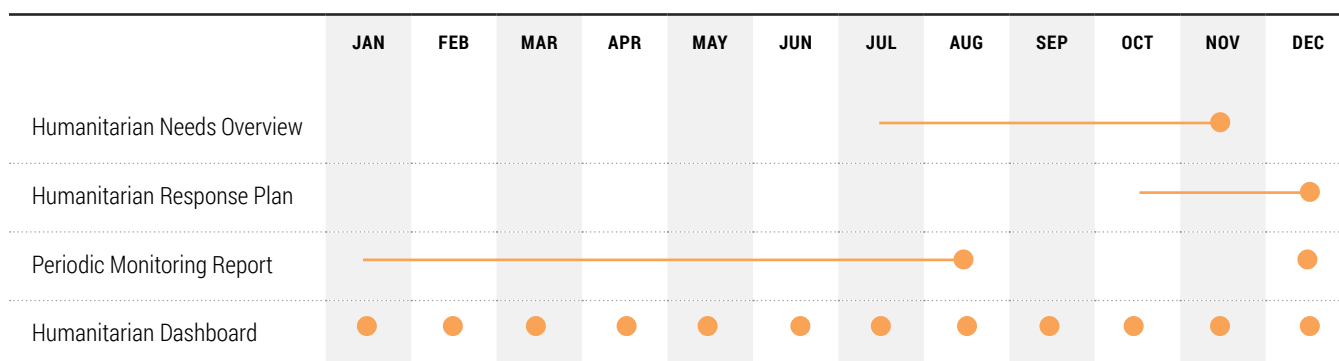
The HCT and ICCG, supported by the Iraq Humanitarian Fund (IHF), implementing partners, donors and headquarters-based tools/mechanisms, will monitor funding flows through FTS, supported by local tools, to advocate and mobilize resources to close funding gaps and enable coverage for HRP activities.

Monitoring of the quality of humanitarian programming

Accountability for projects rests with implementing organizations and, to a degree, their donors. This is true not only for the impact on, and outcomes for, people in need, but for the coherence of 2021 programming with global and national guidelines for humanitarian programming, such as inclusion of communities in project design and decision-making, evidence-based planning, and timely, inclusive monitoring during project implementation. Feedback from affected people and communities, and their perceptions, will continue to be captured through the IIC, a toll-free hotline with operators available in Arabic, Kurdish and English. The AAP/CwC Working Group and the IIC will continue to work together to better understand the needs of callers, while IIC will share analysis of calls in an anonymized manner in a monthly dashboard with the ICCG and HCT.

Humanitarian organizations, participating in clusters and contributing to this HRP commit to the principles and quality criteria set out globally and in this HRP. The operational planning process will emphasize high quality programming, including use of the GAM, disability-sensitive programming, the centrality of protection and inclusion of AAP. Wherever possible, including in data collection and needs and response monitoring, data will be disaggregated by sex, age and disability. Clusters and their partners will monitor quality, quantity and timeliness of the response with their partners through post-distribution monitoring, regular programme monitoring visits, spot-checks, focus group discussions and other monitoring activities.

Humanitarian Programme Cycle Timeline



3.2 Monitoring of Objective Targets

- Indicator(s): Beneficiaries reached by population group
- Source: ActivityInfo
- Frequency: Monthly

Strategic Objective 1 (# beneficiaries reached)

	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL
Specific Objective 1.1	221K	-	-	221K
Specific Objective 1.2	14K	43K	207K	264K
Specific Objective 1.3	6K	142K	260K	408K

Strategic Objective 2 (# beneficiaries reached)

	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL
Specific Objective 2.1	221K	199K	556K	977K
Specific Objective 2.2	44K	35K	147K	226K
Specific Objective 2.3	52K	149K	746K	954K

Strategic Objective 3 (# beneficiaries reached)

	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL
Specific Objective 3.1	221K	120K	208K	550K
Specific Objective 3.2	8K	29K	93K	130K
Specific Objective 3.3	43K	26K	62K	132K
Specific Objective 3.4	18K	46K	215K	279K
Specific Objective 3.5	221K	180K	430K	831K

Part 4:

Cluster Objectives and Response

NINEWA, IRAQ

An informal site in east Mosul, which hosts some 40 families; the Iraq Humanitarian Fund is funding a project to improve WASH services at the site © OCHA



STRATEGIC OBJECTIVE 1: VULNERABLE IDPS IN CAMPS, ACUTELY VULNERABLE OUT-OF-CAMP IDPS AND RETURNEES ARE ABLE TO MEET BASIC NEEDS

SPECIFIC OBJECTIVE	*CONTRIBUTING CLUSTERS	TARGET		
		IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES
1.1 Improved access to food for IDPs in camps to meet their daily food requirements	FS	221,392		
1.2 Livelihood sources are protected for IDPs in camps, out-of-camp IDPs and returnees in acute need, through emergency agriculture and emergency livelihood support	EL, FS	14,232	42,670	207,342
1.3 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to access income sources to meet basic needs and minimize reliance on negative coping strategies	EL, MP	6,000	141,834	260,445

STRATEGIC OBJECTIVE 2: VULNERABLE IDPS IN CAMPS, ACUTELY VULNERABLE OUT-OF-CAMP IDPS AND RETURNEES ARE SUPPORTED TO ACCESS ESSENTIAL SERVICES

SPECIFIC OBJECTIVE	CONTRIBUTING CLUSTERS	TARGET		
		IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES
2.1 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported with essential services meeting minimum standards	CC, ED, HE, WA	221,392	199,463	556,130
2.2 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need have access to appropriate health, sanitation, hygiene and related information, supplies and services related to COVID-19 prevention and treatment	HE, SN, WA	44,278	35,238	146,832
2.3 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need in areas with limited public services have equitable access to quality and sustainable essential health care, WASH and education services, while the sustainability of those services is supported in partnership with relevant local actors and authorities	ED, HE, WA	52,127	148,780	746,294

STRATEGIC OBJECTIVE 3: VULNERABLE IDPS IN CAMPS, ACUTELY VULNERABLE OUT-OF-CAMP IDPS AND RETURNEES ARE SUPPORTED TO ESTABLISH LIVES IN SAFETY AND DIGNITY

SPECIFIC OBJECTIVE	CONTRIBUTING CLUSTERS	TARGET		
		IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES
3.1 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to achieve a secure and safe physical living environment to live in safety and dignity at both family and community level, where minimum standards for camp/settlement structures and services are attained or maintained	CC, SN, WA	221,392	119,935	208,491
3.2 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to have access to legal assistance and documentation to enjoy their fundamental rights and to access services, remedies and entitlements and thus contribute to solving displacement and help re-establish lives	GP, CP, GB, HE	7,817	28,627	93,318
3.3 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to address risks to their physical safety, well-being and social integration through specialized protection services as well as community-based interventions to promote peaceful coexistence	GP, CP, GB, MA	43,078	26,337	62,430
3.4 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to manage stress, trauma and anxiety and to reduce the use of negative coping mechanisms to maintain their mental, psychosocial and physical well-being	HE, GP, CP, GB	17,673	46,211	214,659
3.5 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need have access to critical information and awareness-raising about rights, risks, options and services to enable them to make informed decisions, promote positive social change and raise concerns appropriate to their particular situation and characteristics, including age, gender and disability	CC, GP, CP, GB, MA, IIC, AAP/ CwC Working Group	221,392	180,330	429,523

* CC - Camp Coordination and Camp Management, ED - Education, EL - Emergency Livelihoods, FS - Food Security, HE - Health, GP - General Protection, HLP and Mine Action, CP - Child Protection, GB - Gender-Based Violence, SN - Shelter & NFIs, WA - WASH, MP - Multi-purpose Cash Assistance

Overview of Sectoral Response

In 2021, the humanitarian response will continue to be delivered and coordinated through eight operational clusters, Coordination and Common Services (CCS) and the CWG. The 166 partners, clusters and the CWG will require \$607.2 million to implement 113 activities. Each activity was designed to support the most vulnerable IDPs and returnees to meet their basic needs, access basic services or establish new lives in safety and dignity, and are therefore contributing to one or several of the HRP’s three strategic

objectives. Planning for cash-based interventions has been favoured in all situations where cash was the preferred modality of the affected population, where it was safe and feasible to provide cash, and where such assistance has proved effective in the past. At an estimated cost of \$186.9 million, nearly one third of the humanitarian response will be delivered through cash and vouchers by six clusters, the CWG and their partners.

Overview by Population Group

In-camp IDPs

Humanitarian support will continue in all camps remaining open in 2021. Every camp-based IDP will benefit from camp services, including camp management, and will be supported to access basic health care, WASH services and food assistance in accordance with established minimum standards and in coordination with government response. Protection, education, shelter and emergency livelihoods support

will be provided in a targeted manner to all camp residents depending on their specific needs. Humanitarian partners are prepared to support the GoI to resolve the displacement crisis. As such, in parallel with the provision of services, they will coordinate with the GoI to support camp closures and returns when these are done in line with international principles and standards, and when people are assisted to

CLUSTER	REQUIREMENTS (US\$)	# PARTNERS	# ACTIVITIES	ACUTE PIN	TARGET
CCCM	22.8M	8	3	343K	309K
Education	41.9M	24	15	718K	572K
Emergency Livelihoods	24.3M	50	4	2.0M	196K
Food Security	75.6M	20	6	435K	421K
Health	75.9M	34	8	646K	857K
General Protection	81.9M	43	24	824K	740K
Child Protection	40.4M	58	13	334K	500K
Gender-Based Violence	38.4M	47	11	450K	460K
Shelter and NFIs	38.9M	30	11	934K	373K
WASH	74.2M	46	17	1.3M	1.1M
MPCA	78.0M	14	1	-	390K
CCS	15.0M	7			

return in a safe, voluntary, and dignified manner. The in-camp IDP response is estimated to cost \$132.8 million and will be rolled out through 73 activities coordinated by 8 clusters.

Out-of-camp IDPs

The vast majority of IDPs live outside formal camps and this number is expected to increase as a result of camp closures and unresolved socioeconomic, political and security issues preventing many IDPs from returning to their areas of origin or integrating elsewhere, thus causing many IDPs departing camps to end up in secondary (or even tertiary) displacement in out-of-camp locations. Aware that this population group is more difficult to reach, as they are scattered across multiple locations and often moving more frequently, humanitarian partners will strengthen the response for out-of-camp IDPs who have acute humanitarian needs. In 2021, humanitarian actors will target up to 292,000 out-of-camp IDPs in acute need,

Overview by Strategic Objectives

Contribution to Strategic Objective 1

The Emergency Livelihoods and Food Security Clusters, along with CWG partners, request \$177.9 million to assist an estimated 0.7 million people to meet their basic needs. The 11 planned activities will ensure continued access to nutritious and sufficient food for IDPs remaining in camps in 2021 through provision of emergency food assistance (SPO 1.1); protect livelihood sources and improve out-of-camp IDP and returnee food availability, access and stability, through the provision of temporary income, as well as emergency agriculture and emergency livelihoods support (SPO 1.2); and support vulnerable IDPs and returnees to access income sources to meet basic needs and minimize reliance on negative coping strategies through multi-purpose cash and other unrestricted cash opportunities (SPO 1.3).

Contribution to Strategic Objective 2

Together, the CCCM, Education, Health, Shelter/ NFI and WASH Clusters require \$189.9 million to help an estimated 1.4 million people access basic services. Of the 42 activities under this objective, half

including the new arrivals from closed camps who are considered to be in acute need. The out-of-camp IDP response is estimated to cost \$121.6 million and will be rolled out through 84 activities coordinated by 8 clusters and the CWG.

Returnees

Unresolved socioeconomic and security issues, and slow at-scale reconstruction, also prevent many returnees from establishing their lives and livelihoods in a sustainable manner, with many still experiencing acute humanitarian need. Humanitarian partners will continue to provide essential services and assistance as well as critical livelihoods interventions to the most vulnerable returnees, particularly in areas where conditions are not conducive to sustaining their return. The returnee response is estimated to cost \$337.7 million and will be rolled out through 102 activities coordinated by 7 clusters and the CWG.

of these activities will ensure that the most vulnerable conflict-affected people will benefit from camp management and coordination services (including assessment and service standards monitoring) and will have access to essential services such as primary health care for treatment of common diseases, immunization and nutrition services, clean water and adequate sanitation and education service provision, as well as access to formal and non-formal education (through campaigns, education services, accelerated learning programmes, cash for education, support for transportation, teaching and learning materials, and structured school-based psychosocial support (PSS)) (SPO 2.1).

The implementation of nine additional activities will ensure that vulnerable IDPs and returnees have access to appropriate information, supplies and services related to COVID-19 prevention and treatment, including through support for quarantine and isolation areas (e.g. disease outbreak contingency and response, distribution or replacement of NFIs, tents, hygiene kits, food assistance) and provision

of emergency water supply, sanitation facilitations, solid waste and desludging, and hygiene promotion (SPO 2.2).

Another 15 activities are planned in locations with limited public services to ensure IDPs and returnees have equitable access to essential services (e.g. reproductive health, secondary health-care services). Sustainability of these services will be supported when the proposed intervention will simultaneously address a critical humanitarian need and contribute to setting up a longer-term response by key local actors and authorities, through limited rehabilitation support (e.g. school, temporary learning spaces), installation of more cost-effective technologies, or the repairs, replacement or restoration of non-functional facilities/ services, capacity building, and decommissioning of humanitarian services (SPO 2.3).

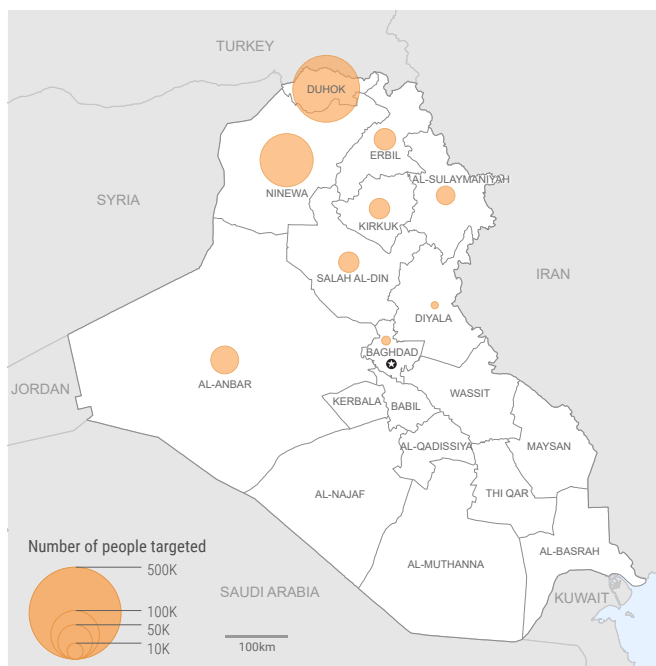
Contribution to Strategic Objective 3

The CCCM, Health, and Protection Clusters, including the Child Protection, GBV, HLP, and Mine Action Sub-Clusters, as well as the Shelter/NFI and WASH

Clusters, require \$224.4 million to assist 1.1 million IDPs and returnees to establish safe and dignified lives. Some 62 activities have been designed to help IDPs and returnees achieve a secure and safe physical living environment (SPO 3.1); have access to legal assistance and documentation to enjoy their fundamental rights and to access services, remedies and entitlements (SPO 3.2); address risks to physical safety, well-being and social integration through specialized protection services as well as community-based interventions to promote peaceful coexistence (SPO 3.3); manage stress, trauma and anxiety and to reduce the use of negative coping mechanisms (SPO 3.4); and ensure access to critical information and awareness-raising about rights, risks, options and services to enable them to make informed decisions, promote positive social change and raise concerns appropriate to their particular situation and characteristics (SPO 3.5).

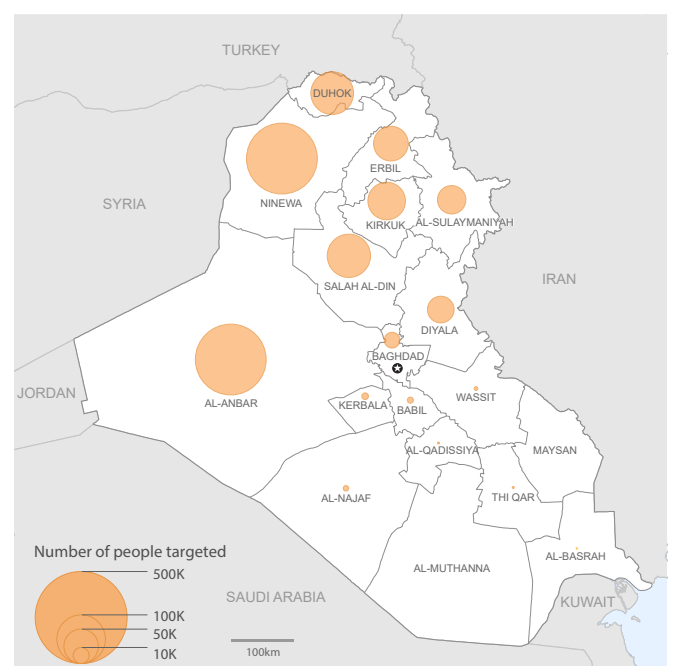
4.1 Camp Coordination and Camp Management

ACUTE PIN	TARGET	REQUIREMENTS (US\$)
343K	309K	\$22.8M



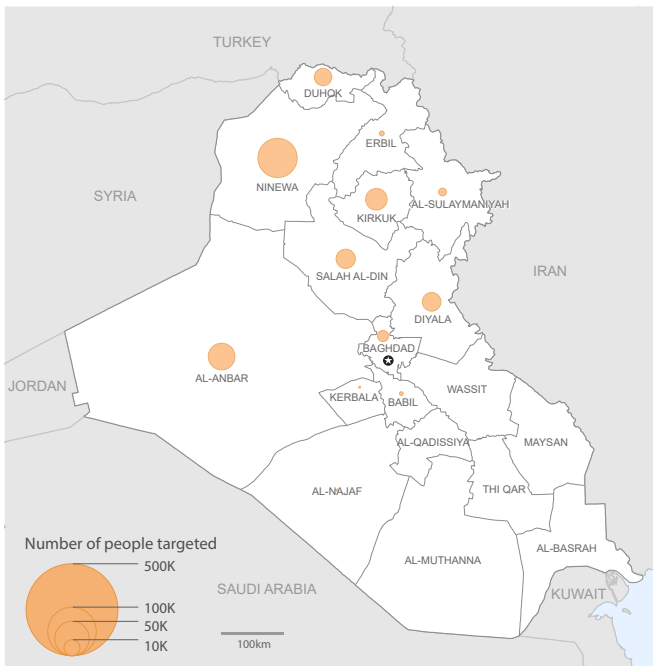
4.2 Education

ACUTE PIN	TARGET	REQUIREMENTS (US\$)
718K	572K	\$41.9M



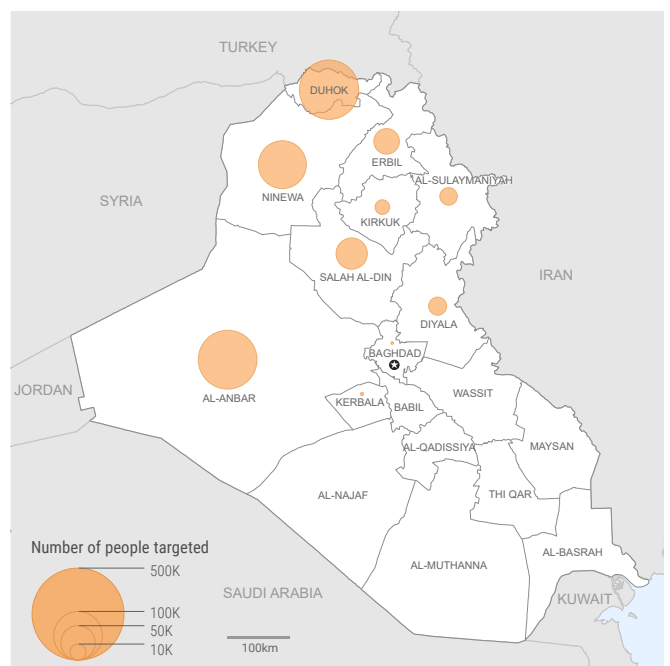
4.3 Emergency Livelihoods

ACUTE PIN	TARGET	REQUIREMENTS (US\$)
2.0M	196K	\$24.3M



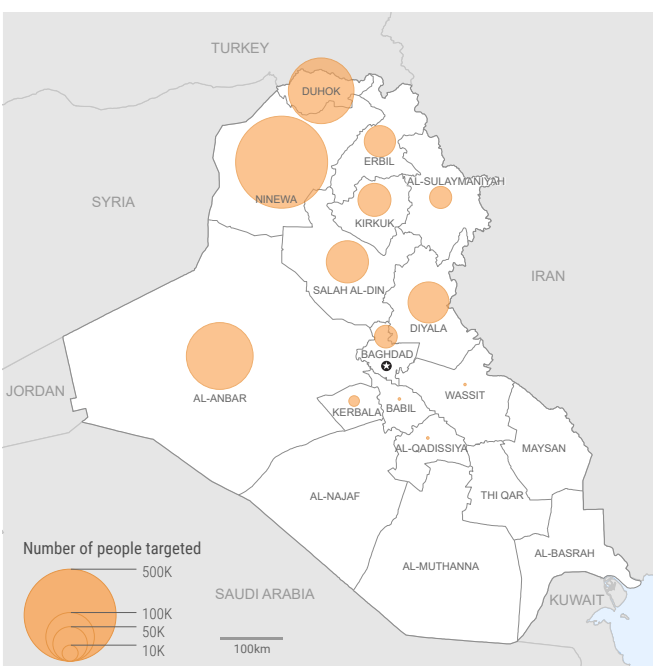
4.4 Food Security

ACUTE PIN	TARGET	REQUIREMENTS (US\$)
435K	421K	\$75.6M



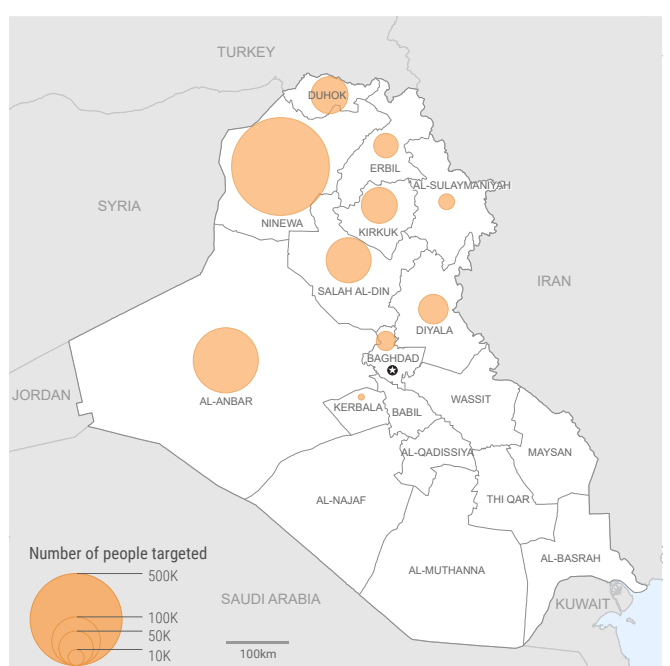
4.5 Health

ACUTE PIN	TARGET	REQUIREMENTS (US\$)
646K	857K	\$75.9M



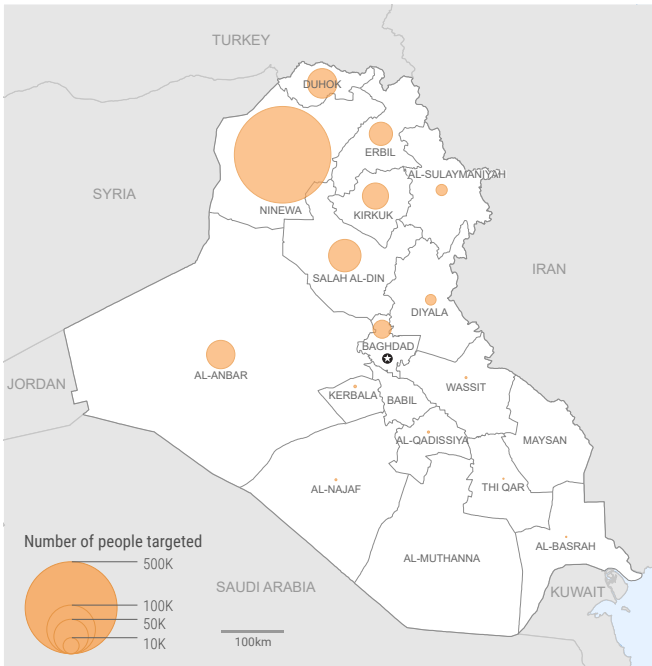
4.6 General Protection, HLP, and Mine Action

ACUTE PIN	TARGET	REQUIREMENTS (US\$)
824K	740K	\$81.9M



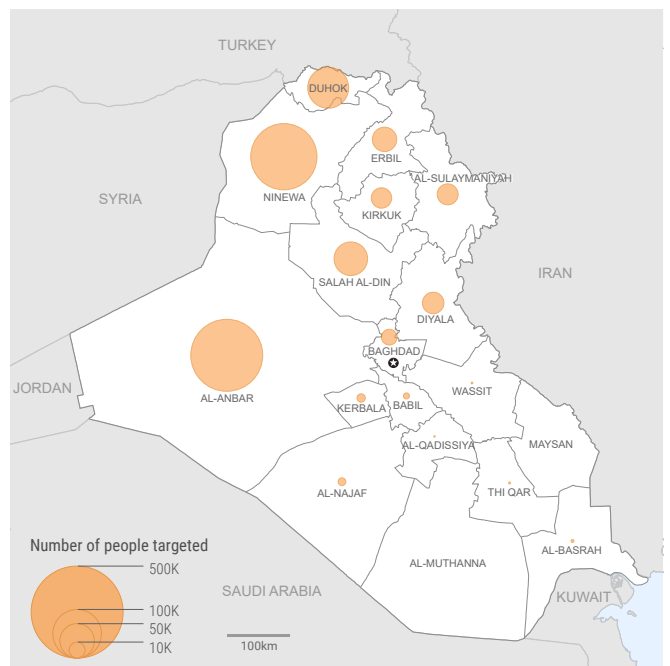
4.6.1 Child Protection

ACUTE PIN	TARGET	REQUIREMENTS (US\$)
334K	500K	\$40.4M



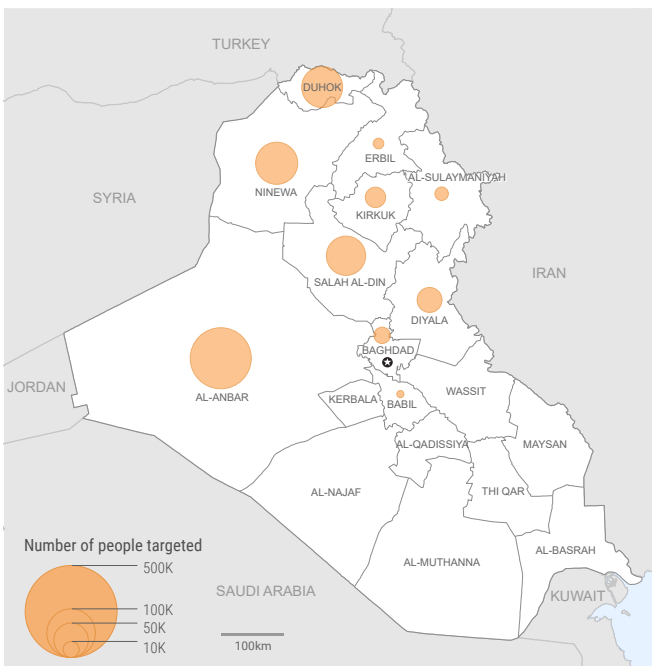
4.6.2 Gender-Based Violence

ACUTE PIN	TARGET	REQUIREMENTS (US\$)
450K	460K	\$38.4M



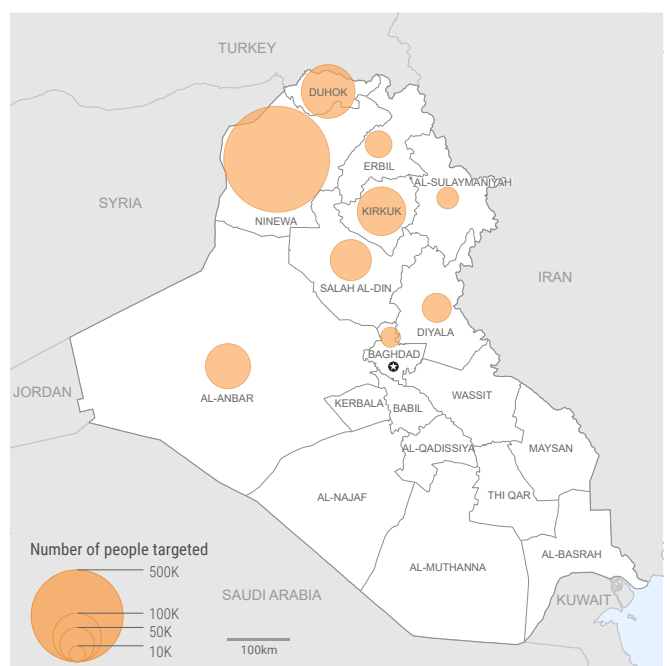
4.7 Shelter and Non-Food Items

ACUTE PIN	TARGET	REQUIREMENTS (US\$)
934K	373K	\$38.9M



4.8 Water, Sanitation and Hygiene

ACUTE PIN	TARGET	REQUIREMENTS (US\$)
1.3M	1.1M	\$74.2M





4.1

Camp Coordination and Camp Management

ACUTE PIN	TARGET	REQUIREMENTS	PARTNERS	ACTIVITIES
343K	309K	22.8M	8	3

FEMALE	MALE	CHILDREN	WITH DISABILITY
158K	151K	145K	46K

Cluster response objectives

In 2021, the CCCM Cluster plans to reach 221,000 IDPs living in formal camps and 88,000 out-of-camp IDPs living in informal sites with static and mobile camp management and other CCCM services including monitoring, coordination, information management, community engagement, physical site maintenance and risk reduction.

The 2021 HNO confirmed that inadequate living conditions in displacement sites (IDP formal camps and informal sites) continued in 2020. The cluster objectives are to facilitate and coordinate provision of safe and dignified living conditions in displacement sites, including adequate site infrastructure and living environments, with essential services meeting minimum standards, to strengthen accountable service delivery, and support IDPs' decision-making and access to information. These objectives contribute directly to the HRP specific objectives to support IDPs with essential services which meet minimum standards, achieve secure and safe physical living environments, and access to critical information.

The CCCM response will cover the entire population of a targeted site, ensuring equal and inclusive access to services irrespective of age, gender or disability. This includes supporting and advocating with service

providers for accessible services and participation of those who face barriers to accessing services, or experience heightened vulnerability, for example people with disabilities, older people, and female-headed households.

Cluster response strategy

Direct camp management or CCCM support will continue in all formal IDP camps remaining open in 2021. As in 2020, the cluster will advocate for principled camp consolidation and closure processes to support sustainable returns, when possible encouraging joint approaches with government mechanisms. Dignified living standards will be upheld through coordination, monitoring, and advocacy; information management, including collection of gender- and age-disaggregated population data; support to community representation and participation; and site infrastructure maintenance and eventual decommissioning. AAP and CwC will be promoted through complaints and feedback mechanisms, information desks, and community mobilization activities. The CCCM Cluster will continue to support the in-camp COVID-19 response, including sustaining the quarantine and isolation areas.

The CCCM Cluster support to informal sites will continue in 2021 based on targeting geographic areas

according to the highest number of sites in an area, population numbers and continued humanitarian needs as highlighted in assessments. CCCM activities will be implemented primarily through mobile teams supporting multiple small sites with time-bound interventions, with static teams working in the largest sites. The focus will be on the improvement of basic living standards through service mapping, advocacy and referrals, supported by information management and needs assessments, support to community representation and participation, and physical site risk reduction. To address gaps, the cluster will promote multi-sectoral interventions, including the pairing of CCCM activities with other interventions, alongside continued advocacy with other service providers. As a priority, links with durable solutions interventions will continue to be identified and promoted at both strategic and programme level.

Additionally, multi-sectoral assessments will be conducted in camps and informal sites to inform both strategic and operational humanitarian decision-making.

Capacity to respond

The CCCM Cluster capacity to respond in formal camps and informal sites was hampered in the first half of 2020 by COVID-19-related measures and access constraints with partners waiting for access letters for some or all members of their teams, resulting in fully or partially remote programming. However, full physical access to the sites resumed in the second half of 2020 after the lifting of COVID-19 restrictions and with the resumption of access letter issuance. Should the operating environment change in 2021, CCCM partners will revert to remote or partially remote implementation modalities in order to maintain maximum possible monitoring of the sites and support to communities.

Eight CCCM partners are identified to respond in all the priority locations outlined in the CCCM 2021 cluster response strategy. Partners working in formal camps will remain on-site and will continue to respond to people's needs while camps remain open. For informal sites, CCCM partners are physically present

and able to respond in the prioritized governorates with high numbers of sites and large populations with unmet humanitarian needs. Partner capacity is also sufficient to cover locations where camp closures have generated or expanded informal sites.

Cost of the response

The CCCM response will cost \$22.8 million. The response in formal camps will cost \$15.5 million, while reaching the target population in informal sites will cost \$6.5 million. The complementing assessments component will cost \$0.7 million. The main cost drivers for CCCM are personnel (skilled teams whose responsibilities include coordination, data collection and engagement with communities) and infrastructure activities.

Costs for core CCCM activities in Iraq were calculated in 2019 following a detailed analysis of actual operational costs provided by cluster partners for the 2020 HRP. The costs provided by partners in 2019 were reviewed against 2020 expenditures and 2021 anticipated costs and adjusted where necessary for the 2021 response.

For both camps and informal sites, the size of the displacement site (larger sites experience economics of scale), different staffing costs of CCCM partners, and site location/accessibility, explain the cost variation between minimum and maximum unit costs. The cost of intervention per individual is higher in informal sites, where mobile teams respond in multiple dispersed locations, and the cost range is wider due to more varied transportation, security and human resources costs.

CCCM Objectives, Activities and Targets

Strategic Objective 2	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to access essential services			
Specific Objective 2.1	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported with essential services meeting minimum standards			
Cluster Objective: Facilitate and coordinate the provision of dignified living conditions, including access to essential services meeting minimum standards, for IDPs living in camps and informal sites				
Approach: All components of the core CCCM activities should be implemented. Formal camps require camp management / CCCM support for as long as they remain open. Informal site intervention should be designed to be time-bound for the smaller sites and multi-sectoral where possible i.e., CCCM component complemented by other sectoral activities (e.g., WASH, Protection/HLP). The multi-sectoral assessment component is designed to provide data to inform humanitarian response. At the time of writing, two rounds of camp assessments and one round of informal sites assessments are planned, but with assessment cycle and focus to be flexible depending on evolution of the context with regard to camp closures				
Activities and targets (# individuals)		In-camp IDPs	Out-of-camp IDPs	Returnees
• Standard CCCM intervention in formal camps		221,932	-	-
• Standard CCCM intervention in informal sites		-	87,568	-
• Multi-sectoral assessments in camps and informal sites		-	-	-
Strategic Objective 3	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to establish lives in safety and dignity			
Specific Objective 3.1	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to achieve a secure and safe physical living environment to live in safety and dignity at both family and community level, where minimum standards for camp/settlement structures and services are attained or maintained			
Cluster Objective: Improve safe and dignified physical living conditions (site infrastructure and environment) for IDPs living in camps and informal sites				
Approach: All components of the core CCCM activities should be implemented. Formal camps require camp management / CCCM support for as long as they remain open. Informal site interventions should be designed to be time-bound for the smaller sites and multi-sectoral where possible i.e., CCCM component complemented by other sectoral activities (e.g., WASH, Protection/HLP)				
Activities and targets (# individuals)		In-camp IDPs	Out-of-camp IDPs	Returnees
• Standard CCCM intervention in formal camps		221,932	-	-
• Standard CCCM intervention in informal sites		-	87,568	-
Specific Objective 3.5	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need have access to critical information and awareness-raising about rights, risks, options and services to enable them to make informed decisions, promote positive social change and raise concerns appropriate to their particular situation and characteristics, including age, gender and disability			
Cluster Objective: Strengthen accountability of service delivery for and support information-based decision-making by IDPs living in camps and informal sites				
Approach: All components of the core CCCM activities should be implemented. Formal camps require camp management / CCCM support for as long as they remain open. Informal site intervention should be designed to be time-bound for the smaller sites and multi-sectoral where possible i.e., CCCM component complemented by other sectoral activities (e.g., WASH, Protection/HLP). Accountability and communication with communities activities, while considered a core component of CCCM activities, may be delivered by protection actors in some sites. In these cases, the responsibility of camp management is to support the implementation of the activities, similar to support provided for any other intervention in the site				
Activities and targets (# individuals)		In-camp IDPs	Out-of-camp IDPs	Returnees
• Standard CCCM intervention in formal camps		221,932	-	-
• Standard CCCM intervention in informal sites		-	87,568	-



4.2 Education

ACUTE PIN	TARGET	REQUIREMENTS	PARTNERS	ACTIVITIES
718K	572K	41.9M	24	15

FEMALE	MALE	CHILDREN	WITH DISABILITY
280K	292K	572K	57K

Cluster response objectives

In 2021, the Education Cluster plans to support access to education for 572,000 school-aged children (49 per cent girls), including 66,000 displaced children in camps, 131,000 children displaced out of camps and 375,000 returnee children in the conflict-affected governorates. About 10 per cent of the children targeted have disabilities. The primary objectives of the cluster are to increase access to safe and protective learning environments for school-aged children contributing to HRP SO2: vulnerable IDPs in camps and acutely vulnerable out-of-camp IDPs and returnees are supported to access essential services; SPO2.1: vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported with essential services meeting minimum standards; and SPO2.3: vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need in areas with limited public services have equitable access to quality and sustainable essential education services.

The COVID-19 pandemic and subsequent school closures challenged the cluster’s provision of education support, particularly for children with pre-existing vulnerabilities, including those living in poverty or remote areas without internet connectivity, those living with disabilities requiring particular assistance to access learning tools, and those living in families

that may experience increased domestic violence or use of negative coping mechanisms, increasing stress and anxiety among children. Education partners will provide a range of measures to address barriers and concerns. In return areas with limited public services, children will benefit from safe reopening of schools/ learning spaces, light/minor rehabilitation of schools and capacity-building initiatives for education actors and local authorities including in distance learning.

Cluster response strategy

In response to disruptions to learning caused by displacement, conflict and now compounded by COVID-19, the cluster will focus on creating and maintaining a protective learning environment for children and teachers, as well as strengthening their knowledge and skills to cope with anxiety through structured PSS activities and participatory learning methodologies. Special focus will also be put on developing and expanding relevant non-formal and informal education opportunities for adolescents and out-of-school children. Cash transfers will also be used as a modality to support enrollment and retention.

The cluster will closely monitor camp closures and ensure that children continue learning by referring them to education actors in places of return and displacement. Based on the 2020 experience,



KIRKUK, IRAQ

In Multaqa sub-district, Kirkuk; returns have started and partners are visiting to determine what aid is needed for returnee families, 2021 © OCHA

distance learning will be improved using low-cost technology and other learning platforms to expand access to quality and inclusive learning opportunities using a gender- and disability-sensitive approach for conflict-affected children in camps, out of camps and in places of return. For children whose families cannot afford technological devices and internet connection, community-based learning approaches, including individual learning support in schools and community centres will be conducted. Safe return to learning will be arranged, including through community engagement and with support from the WASH Cluster, to ensure that schools are disinfected.

Capacity to respond

Building on remote learning systems developed in 2020, at least 24 partners will continue to work with local communities, teachers and authorities to improve systems for distance learning. The cluster has also improved its intersectoral capacity through coordination with the Child Protection Sub-Cluster, WASH and Health Clusters and the Cash Working Group to bring multiple services to the learning environment.

The cluster will maintain flexibility with the possibility to expand into new locations receiving populations from closed camps, as well as working with local partners in those areas, in order to reach affected children in all affected governorates with inclusive learning. It will also maintain an improved working relationship with the government at national and sub-national levels to improve systems that deliver inclusive and relevant education.

Improving localization capacity, the cluster has developed a strategy to strengthen the institutional, operational and technical capacities of local education-in-emergencies service providers to meet the needs of children and build local systems and processes beyond emergencies.

Cost of the response

In 2021, the cluster response will require \$41.9 million. The cost of the response is based on key education activities and the costing for common or similar structured PSS activities done in collaboration with the Child Protection Sub-Cluster to ensure coherence in services across sectors. Activity unit costs were derived from a comparison of the costings provided by

partners and an average cost of the activity was calculated and rationalized based on minimum standards.

Consultations were held on the cost of materials and equipment that aid remote learning, and also on the cost of making schools safe for reopening. Compar-

isons were made and an average cost of the activity calculated and confirmed. Calculations showed an increased cost attributable to accessing the e-learning platform. Partners will also be exploring low-cost and community-based learning routes.

Education Objectives, Activities and Targets

Strategic Objective 2	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to access essential services
Specific Objective 2.1	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported with essential services meeting minimum standards

Cluster Objective: Increase access to quality formal and non-formal education for children in areas of displacement and areas of return

Approach: The social safety net activity is coordinated with the Cash Working Group

Activities and targets (# individuals)

	In-camp IDPs	Out-of-camp IDPs	Returnees
• Back to school campaigns for clusters of 10 schools	26,489	83,765	188,906
• School feeding programme	-	-	243,615
• Accelerated learning programmes and non-formal education for children in formal government centres over a period of 9 months	66,218	53,678	132,574
• Provide education services during COVID-19 pandemic	15,007	1,801	50,855
• Provide emergency early childhood care development (ECCD) programmes (children between ages 3-5)	6,418	2,450	22,578
• Provide social safety net (cash for education)	210	345	945
• Provide transportation for students and teachers to and from schools	197	-	-
• Provide teaching and learning materials	66,218	130,743	374,764

Cluster Objective: Schools and learning environments are protective and responsive to the needs of conflict-affected children

Approach: The school-based psychosocial support is integrated with the Child Protection Sub-Cluster and mine risk education is integrated with the Mine Action Sub-Cluster. The life skills activities are integrated with the Child Protection Sub-Cluster from the adolescent programme

Activities and targets (# individuals unless otherwise specified)

	In-camp IDPs	Out-of-camp IDPs	Returnees
• Conduct needs assessments (# assessments)	3	4	8
• Provision of structured school-based PSS, mine risk education (MRE) and life skills activities	2,212	5,225	65,099

Specific Objective 2.3	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need in areas with limited public services have equitable access to quality and sustainable essential health care, WASH and education services, while the sustainability of those services is supported in partnership with relevant local actors and authorities
-------------------------------	---

Cluster Objective: Strengthen the capacity of education systems and education actors to plan and deliver a timely, appropriate and evidence-based education in emergencies response

Approach: Strengthen the capacity of education systems and education actors to plan and deliver a timely, appropriate and evidence-based education in emergencies response

Activities and targets (# individuals unless otherwise specified)

	In-camp IDPs	Out-of-camp IDPs	Returnees
• Establish and train parent-teacher associations and school-based management committees (# PTA/SBMC)	49	88	226
• Light rehabilitation of schools or temporary learning spaces	52,113	104,236	254,164
• Technical, organizational and institutional capacity-building of national NGOs and education authorities	60	103	286
• Teacher training (standard 5-day training once a quarter with 40 teachers per training)	1,976	18,263	9,735
• Training of NNGOs, DoE staff in coordination, sector leadership, supervision and support	701	5,924	3,170



4.3 Emergency Livelihoods

ACUTE PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
2.0M	196K	24.3M	93%	50	4

FEMALE	MALE	CHILDREN	WITH DISABILITY
96K	100K	78K	29K

Cluster response objectives

In 2021, the Emergency Livelihoods Cluster will target 20,000 in-camp IDPs, 39,000 out-of-camp IDPs and 136,000 returnees with emergency livelihood support. The cluster will address critical needs of conflict-affected people by protecting the livelihood needs of the most vulnerable displaced people and returnees, ensuring they can afford to meet their daily needs such as health care and food, without engaging in negative coping mechanisms that would expose their lives to risks related to safety, security, living standards and mental well-being.

The cluster objectives will contribute towards HRP SO1, which assists the vulnerable populations to meet their basic needs. The cluster will specifically focus on: protection of livelihood sources for in-camp IDPs, out-of-camp IDPs and returnees through emergency livelihood support, improving access to income for the vulnerable populations through cash-for-work initiatives and contributing to improved access to food for IDPs in camps and informal settlements facing acute food insecurity. IDPs' and returnees' access to livelihoods and accessible income through multiple livelihood support programmes, will boost their ability to meet basic needs without relying on negative coping mechanisms such as accruing debt.

These interventions will help IDPs and returnees move towards self-reliance.

Cluster response strategy

The Emergency Livelihoods Cluster will target the most vulnerable, including female-headed households, households with people with disabilities, households with children who consistently have lower incomes and experience challenges in accessing services, while also being at increased risk of exposure to protection violations, such as child labour or child marriage, as their families engage in negative coping mechanisms to afford basic expenses.

The response will ensure coordination and linkages with MPCA actors. The cluster will accept referrals to support individuals who have received MPCA grants as part of a sequenced graduation to receive emergency livelihood support. The response will also establish links with the Protection Cluster for case referrals and with the Food Security Cluster to avoid duplication. The cluster will connect with non-HRP, stabilization, durable solutions and development actors by promoting the graduation and sequencing of emergency livelihood activities to ensure that recipients of humanitarian support, particularly returnees, can sustain their livelihoods beyond the immediate response.



NINEWA, IRAQ

UNESCO and partners undertake revitalization and reconstruction efforts in Mosul, 2020 © UNESCO

The response will include cash-for-work as a short-term intervention to provide temporary employment in public projects (such as repairing or rebuilding critical infrastructure) to the most vulnerable in- and out-of-camp IDPs and returnees. Additionally, the response includes asset replacement, micro-cash and in-kind support to restore means of livelihoods and to increase basic incomes. Camp-based IDPs who have received mobile asset replacement (cash and in-kind) would further be supported to re-establish livelihoods through tailored assistance based on their type of economic activity, fitting to both contexts of protracted and uncertain displacement.

Capacity to respond

The Emergency Livelihoods Cluster has 50 partners; all have committed to the humanitarian principles, the principles of partnership, and principles and objectives outlined in this HRP. The cluster maintains a dashboard that brings together the data reported by partners on ActivityInfo. The data includes partners' presence by governorate, district and site, as well as the people

reached by governorate and district and the response by strategic objective. It also allows for 3W mapping, and provides analysis on PiN, target, response and gaps. Some 500 users across 50 organizations cooperate in monitoring cluster data for the HRP through ActivityInfo.

Emergency livelihood response activities will be flexible to respond to any contextual changes. For instance, if access to local markets or money transfer agencies becomes constrained, partners can switch from cash to in-kind aid.

Cost of the response

The Emergency Livelihoods Cluster plan will cost \$24.3 million in 2021. The cost was arrived at through consultations with all cluster members, reviewing recent costs of livelihood interventions. Following these consultations, the standardized cost for emergency asset replacement and urgent job placement was defined at \$1,200 per beneficiary and for mobile asset replacement \$600 was advised for in-camp

IDPs. For cash-for-work, the package per IDP beneficiary/family in camps will be \$400 per month for 20 days of unskilled labour, similar to the minimum wage for unskilled labour established by the Ministry of Labour and Social Affairs.

The cost calculations were conducted in line with the enhanced activity-based costing approach, ensuring

well-defined and clearly costed deliverables, costed per beneficiary, enabling the calculation of average per unit costs aggregated for total activity costs. The overall cost is then established as unit cost 'driver' multiplied by the number of units provided, set against interventions following market assessments, and vulnerability and eligibility assessments.

Emergency Livelihoods Objectives, Activities and Targets

Strategic Objective 1	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are able to meet basic needs
Specific Objective 1.2	Livelihood sources are protected for IDPs in camps, out-of-camp IDPs and returnees in acute need, through emergency agriculture and emergency livelihood support

Cluster Objective: Immediate income opportunities for populations in need provided

Approach: Provide temporary income to the most vulnerable households who meet the selection criteria, tailored to a specific location and population group. Selected individuals will carry out labour-intensive works on projects prioritized by the community

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Cash for work	14,232	26,388	66,468

Specific Objective 1.3	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to access income sources to meet basic needs and minimize reliance on negative coping strategies
-------------------------------	---

Cluster Objective: Existing and newly emerging small enterprises are protected

Approach: Provide immediate access to income to support highly vulnerable conflict- and displacement-affected IDPs and returnees in order to assist and facilitate safe returns and resettlement, and strengthen resilience

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Asset replacement/small grants for enterprises	-	10,380	63,276
• Mobile asset replacement/small grants for enterprises (IDPs in-camp)	6,000	-	-

Cluster Objective: Vulnerable IDPs and returnees are supported to access income sources to meet basic needs

Approach: Make information on the labour market available and accessible for job seekers, while providing opportunities for recognizing and addressing skills and knowledge gaps hampering sustainable employment

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Job placement	-	2,604	6,396



4.4 Food Security

ACUTE PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
435K	421K	75.6M	83%	20	6

FEMALE	MALE	CHILDREN	WITH DISABILITY
202K	219K	190K	63K

Cluster response objectives

The Food Security Cluster plans to reach 221,000 in-camp IDPs, 26,000 out-of-camp IDPs and 174,000 returnees. IDPs in camps will continue to be provided with cash-based emergency food assistance, coordinated with MoMD which provides in-kind food. Partners will maintain flexibility in programming and provide Family Food Rations (FFR) in case cash distributions are hindered by liquidity, security, limited access to markets or other factors. This will ensure continued access to food for IDPs remaining in camps in 2021 and will support meeting the HRP strategic objective related to basic needs (SPO 1.1).

For vulnerable out-of-camp IDPs and returnees who are not able to meet their basic needs, the cluster will focus on improving food availability, access and stability through provision of income-generating activities, agricultural and livestock inputs/assets and, when required, complementary training on the use of these assets, as well as on crop and/or livestock production, agricultural practices and food preservation. Additionally, Cash+ (a package providing cash assistance and agriculture inputs) will enable returnees to build assets and engage in economic and productive activities, helping them attain food security. Overall, these activities will support the integration of poor vulnerable households in local agricultural

value chains, increase their access to markets and services, and enable them to engage in economic and productive activities, meeting HRP SO1 related to basic needs (SPO 1.2).

Cluster response strategy

Cluster partners will continue to provide cash-based assistance to 221,000 in-camp IDPs, ensuring beneficiaries can meet their own food preferences while contributing to the cash liquidity of local markets. Partners will complement the MoMD monthly ration distribution of 22.4kg per household with cash assistance of \$8 per individual per month. Analysis shows that female-headed households are slightly more vulnerable to food insecurity.³² Therefore, female-headed households and women will be prioritized for assistance.

Additionally, 26,300 out-of-camp IDPs and 174,000 returnees with severe food insecurity will be targeted with agricultural and livestock inputs/assets and agriculture-based income-generating activities, such as agriculture and livestock production, marketing and food processing to achieve self-reliance to meet their food needs. Income-generating activities will also include cash-for-work activities if public health regulations permit. The Cash+ scheme will improve social protection for vulnerable smallholder farmer returnees



NINEWA, IRAQ

Women waiting for cash-for-food distributions in Khazir IDP camp, 2020 © WFP

by providing unconditional cash grants at a value of \$340, while simultaneously building resilience through agricultural inputs, assets and/or training. The cash component will restore food security by supporting beneficiaries to address their basic needs, while also protecting their assets from being sold as a negative coping strategy. The in-kind component will ensure that families not only have cash, but also the inputs, assets, training and support needed to farm, herd and fish, to diversify their livelihoods, and to enhance their food security, nutrition and income generation potential. This type of intervention smooths food consumption patterns in the short term, while simultaneously improving asset ownership for longer-term dietary diversity and the food security of vulnerable out-of-camp IDPs and returnees. The majority of out-of-camp food needs are in Ninewa, Diyala, Salah Al-Din, Kirkuk and Al-Anbar.

Capacity to respond

The Food Security Cluster has 20 partners that maintain good coordination including with local authorities in the areas that are covered. The cluster anticipates

that these partners will remain operational in 2021 and will be able to maintain access to beneficiaries and project sites. Cluster partners are expected to remain flexible should the operating environment change due to camp closures or the reintroduction of COVID-19 restrictions, and adjust assistance modalities and delivery mechanisms according to the needs of the people and operational realities. Partners demonstrated their capacity to do so during the COVID-19 outbreak in 2020, with local partners able to both increase caseloads and cover additional locations. Camp closures may result in additional or new needs, as well as changes in the numbers of in-camp and out-of-camp population groups, with partners needing to account for adjustments of targets and the reallocation of resources from camp to out-of-camp locations. Reintroduction of COVID-19 restrictions may require a change in the response modality of a given activity (e.g. Cash+ schemes which were developed during COVID-19). Depending on the nature of the programme, partners are expected to review programmes within a month should circumstances change.

Cost of the response

The Food Security Cluster response will cost \$75.6 million in 2021. The unit costs for each activity have been calculated based on the applicable guidelines related to the SMEB and food basket design, as well as cash-for-work standard operating procedures (SOP) in Iraq and analysis of activity costs submitted by partners.³³ In alignment with the recommendation of the Emergency Livelihoods Cluster, the cash-for-work cost is based on the Iraq cash-for-work SOPs at a minimum wage of \$20 per day for 22 work days. The cost for Cash+ has been estimated based on a combination of the cash transfers and inputs/training component, where the cash component is \$340 for one household for one month and the agricultural inputs are estimated at \$160 per household for one-off activity based on the Food and Agriculture Organiza-

tion (FAO)'s cost analysis. The cost of agriculture and livestock inputs, tools and equipment has been determined by FAO based on recent and ongoing projects in Iraq. To determine the unit cost per individual, the final \$500 amount is divided by the average household size of five, and increased by 25 per cent to account for operational costs.

The emergency food assistance full cost recovery for an individual is \$19.85, including 27 per cent operational costs. Individuals receive \$9.30 each month when also assisted by MoMD food distributions. When MoMD distributions do not take place, the World Food Programme provides \$14.40 per individual per month. This value is calculated based on a food basket design with 1,800Kcal of recommended daily caloric intake.

Food Security Objectives, Activities and Targets

Strategic Objective 1	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are able to meet basic needs		
Specific Objective 1.2	Improved access to food for IDPs in camps to meet their daily food requirements		
Cluster Objective: Provision of emergency food assistance to IDPs in-camp			
Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Provision of emergency food assistance to IDPs in-camp	221,392	-	-
Specific Objective 1.2	Livelihood sources are protected for IDPs in camps, out-of-camp IDPs and returnees in acute need, through emergency agriculture and emergency livelihood support		
Cluster Objective: Cash-for-work activities for IDPs out-of-camp and returnees			
Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Cash-for-work	-	13,200	41,600
Cluster Objective: Provision of agricultural and livestock inputs, tools and equipment			
Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Provision of agricultural tools and equipment	-	-	7,500
• Provision of agricultural and livestock inputs, tools and equipment	-	2,618	81,520
Cluster Objective: Provision of 'Cash Plus' for out-of-camp IDPs and returnees			
Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Provision of 'cash+' for IDPs out-of-camp & returnees / cash	-	10,550	35,600
• Provision of 'cash+' for IDPs out-of-camp and returnees / agricultural inputs	-	10,550	35,600



4.5 Health

ACUTE PIN	TARGET	REQUIREMENTS	PARTNERS	ACTIVITIES
646K	857K	75.9M	34	8

FEMALE	MALE	CHILDREN	WITH DISABILITY
420K	437K	403K	129K

Cluster response objectives

In 2021, the Health Cluster plans to reach 221,000 in-camp IDPs, 126,000 out-of-camp IDPs and 509,000 returnees with essential primary and secondary health-care services. The cluster aims to ensure the continuation of outpatient consultations; provision of essential medicines; surveillance and rapid response and management of communicable diseases, including COVID-19; supporting referral of complicated cases to public hospitals; community awareness about prevention of communicable and non-communicable diseases; and provision of diagnostic and therapeutic equipment and supplies to public health facilities. These activities will contribute to HRP SPO2.1, SPO2.2, SPO2.3 and SPO3.4 by ensuring uninterrupted essential service availability to IDPs in and out of camps and vulnerable returnees, and supporting them to manage and reduce high levels of stress and use of negative coping mechanisms (compounded by COVID-19), while strengthening the health system and enhancing collaboration with durable solutions actors.

To address the needs of IDPs in camps or informal settlements and returnees respectively, as identified in the HNO, the cluster will provide essential primary health-care services through fixed and mobile clinics and community outreach, support components of health care in public facilities, procure and distribute

equipment and supplies to strengthen public health facilities' capacity for secondary care and COVID-19 response, and work on integrating the Early Warning Alert and Response Network (EWARN) system into the national surveillance system.

Cluster response strategy

Primary health care will be provided in kind, through static or mobile medical clinics to IDPs in and out of camps. Health partners will provide returnees with services unavailable in public health facilities through mobile clinics in hard-to-reach locations until public services have been re-established. Reproductive health services will address the needs of women and girls of childbearing age, while communicable disease surveillance through the EWARN system will continue, with efforts to merge with the national surveillance system. As long as camps remain open, partners will continue their support, prioritizing those with large population figures for static Primary Health Care Centres (PHCC). Cash support is planned for those who cannot afford minimum health services and will be coordinated through the Cash Working Group.

Nutrition screening and management and immunization campaigns will continue, particularly targeting in-camps and out-of-camp IDPs, since these populations do not have adequate access to public health



DUHOK, IRAQ

A laboratory assistant conducting blood tests for patients in the PHCC at Bersive 2 IDP camp, Duhok. September 2020 © World Vision International

facilities. Returnees will be provided with outreach services for the period until public services become available in return areas.

Community health workers will be deployed targeting all three population groups to raise awareness on important public health topics, while health workers and school staff will be trained. Mental health services will be provided through counselling sessions. Awareness-raising sessions will increasingly focus on simple but often ignored measures of COVID-19 infection prevention. Awareness raising, counselling and training sessions will be carried out in small groups ensuring that there is adequate physical distancing, mask usage, and respiratory and hand hygiene in place. Online modalities, radio and television will be used when possible for public health messaging.

Health partners will supply PHCC facilities with essential medicines while medical equipment, PPE and other supplies will be procured and provided to the Ministry of Health. The cluster will coordinate with the Child Protection Sub-Cluster in areas of overlapping priorities such as prevention/management of

sexual violence consequences, awareness raising on early marriage and teenage pregnancies, training of school staff to support mental health interventions, health and hygiene measures and other topics of public health concern; with the GBV Sub-Cluster to facilitate psychosocial support to survivors of GBV; with the WASH Cluster to prevent water-borne diseases such as cholera, the epidemics of which are getting progressively more frequent;³⁴ and with the Shelter and CCCM Clusters, not only on camp closures and IDP movements, but also in operating the quarantine and isolation areas for COVID-19 management in IDP camps.

Capacity to respond

Some 34 cluster partners, in addition to observer agencies, are currently operational in, or have access to, the required locations and have the technical capacity to provide services according to the areas of intervention they traditionally support. Partners will continue to operate in locations where they are already present and will stand ready to adjust and/or expand their services should current population movements create additional needs.

Areas which are hard to reach, either by UN agencies or international NGOs will be targeted by local NGOs with capacity and presence in such locations. Similarly, population groups who are not able to access services due to perceived affiliations or ethnicity, will be targeted by mobile services.

Cost of the response

The Health Cluster response will cost \$75.9 million in 2021. Reaching people in the remaining IDP camps and sustaining services in them, and compensating for missing public services in informal settlements and return locations, have been the major drivers of the cost. An increased focus on supporting secondary

health-care services to stabilize a disrupted health system and supporting the COVID-19 response in parallel have had an impact on the cost calculations. Providing and sustaining essential services, such as immunization, in areas of return is further driving up costs, as tracing and immunization of target beneficiaries across multiple locations is costlier than in camps. Therefore, costs will increase with further camp closures. In addition, geographical locations play a role in the cost calculation: service-provision in hard to reach areas, such as many places in Al-Anbar Governorate, cost more than in areas where partners have easier access, where it is easier to ensure availability of health staff and supplies.

Health Objectives, Activities and Targets

Strategic Objective 2	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to access essential services
Specific Objective 2.1	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported with essential services meeting minimum standards

Cluster Objective: The cluster will ensure that 221,392 IDPs in-camp, 126,125 out-of-camp IDPs and 509,412 returnees have access to uninterrupted quality primary and secondary health care services; surveillance and rapid response to communicable diseases; community outreach; and specialist referrals, in an effort to minimize preventable morbidity/mortality, while supporting capacity-building of the health system

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Treatment of common diseases (Approach: Layered with relevant clusters: CCCM, Shelter, WASH, Food Security, Protection, Emergency Livelihoods and Education)	155,310	88,478	357,360
• Nutrition/immunization (Approach: Layered with relevant clusters (CCCM, Shelter, WASH, Food Security, Protection, Emergency Livelihoods and Education)	54,255	30,908	124,837
• Support to capacity-building (Approach: Layered/integrated with GBV and Protection) (4,000 recipients in total across all objectives)	-	-	-
• Reproductive health (Approach: Layered with relevant clusters (CCCM, Shelter, WASH, Food Security, Protection, Emergency Livelihoods and Education)	61,990	35,315	142,635

Specific Objective 2.2	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need have access to appropriate health, sanitation, hygiene and related information, supplies and services related to COVID-19 prevention and treatment
-------------------------------	---

Cluster Objective: The cluster will ensure that 221,392 IDPs in-camp, 126,125 out-of-camp IDPs and 509,412 returnees have access to uninterrupted quality primary and secondary health care services; surveillance and rapid response to communicable diseases; community outreach; and specialist referrals, in an effort to minimize preventable morbidity/mortality, while supporting capacity-building of the health system

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Support to capacity-building (Approach: Layered/integrated with GBV and Protection) (4,000 recipients in total across all objectives)	-	-	-
• Disease outbreak contingency and response (Approach: Layered with relevant clusters (CCCM, Shelter, WASH, Food Security, Protection, Emergency Livelihoods and Education)	155,310	88,478	357,360

Specific Objective 2.3	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need in areas with limited public services have equitable access to quality and sustainable essential health care, WASH and education services, while the sustainability of those services is supported in partnership with relevant local actors and authorities
-------------------------------	---

Cluster Objective: The cluster will ensure that 221,392 IDPs in-camp, 126,125 out-of-camp IDPs and 509,412 returnees have access to uninterrupted quality primary and secondary health care services; surveillance and rapid response to communicable diseases; community outreach; and specialist referrals, in an effort to minimize preventable morbidity/mortality, while supporting capacity-building of the health system

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Secondary health care services (Approach: Sequenced with other Health Cluster activities)	15,531	8,848	35,736
• Physical rehabilitation (Approach: Integrated with Protection and Mine Action)	2,842	1,619	6,539
• Support to capacity-building (Approach: Layered/integrated with GBV and Protection) (4,000 recipients in total across all objectives)	-	-	-

Strategic Objective 3 Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to establish lives in safety and dignity

Specific Objective 3.4 Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to manage stress, trauma and anxiety and to reduce the use of negative coping mechanisms to maintain their mental, psychosocial and physical well-being

Cluster Objective: The cluster will ensure that 221,392 IDPs in-camp, 126,125 out-of-camp IDPs and 509,412 returnees have access to uninterrupted quality primary and secondary health care services; surveillance and rapid response to communicable diseases; community outreach; and specialist referrals, in an effort to minimize preventable morbidity/mortality, while supporting capacity-building of the health system

Approach: Integrated with Protection and GBV

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Mental health and psychosocial services	17,568	10,008	40,423



4.6 Protection

Cluster response objectives

In 2021, the National Protection Cluster plans to reach 119,400 IDPs in camps, 354,400 out-of-camp IDPs and 1,225,900 returnees with protection services in 37 priority districts. The cluster's objectives are to provide protection services to ensure vulnerable IDPs and returnees can enjoy their fundamental rights and access basic services; are able to address risks to their physical safety, well-being and social integration; can limit the use of negative coping mechanisms; and have access to critical information to make informed decisions and promote positive social change. The cluster has designed activities to support four specific objectives under the SO3 to support IDPs and returnees establish their lives in safety and dignity.

Cluster response strategy

To respond to identified protection needs and challenges identified in the HNO, the cluster response

strategy will include: (i) delivery of protection assistance to the most vulnerable in- and out-of-camp IDPs and returnees; (ii) scale-up of outreach and services in out-of-camp locations for IDPs and returnees; (iii) prioritization of community-based protection programming in out-of-camp and returnee areas; (iv) addressing barriers to durable solutions for in- and out-of-camp IDPs and returnees, e.g. with provision of legal assistance; and (v) strengthening the capacity of authorities, communities and existing protection systems. Linkages with stabilization, development and peacebuilding actors, particularly those responsible for social cohesion programmes, will be promoted. Direct and remote implementation of services and monitoring will be implemented based on need and the context for a flexible response.

General Protection, Housing, Land and Property, and Mine Action

ACUTE PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
824K	740K	81.9M	11%	43	24
FEMALE	MALE	CHILDREN	WITH DISABILITY		
355K	385K	281K	111K		

General Protection partners will assist 43,800 in-camp IDPs, 163,400 out-of-camp IDPs and 532,700 returnees in 36 districts in 11 governorates. Partners will prioritize the provision of legal assistance and counselling on civil documentation, detention and family law for all three population groups to ensure proof of legal identity, promote freedom of movement and facilitate access to basic services, including government social protection schemes. Mobile missions for issuance of civil documentation to IDPs in and out of camps and targeted return areas will be strongly encouraged. Where possible, support to establish online proceedings in Civil Affairs Directorates and courts will be

explored. Partners will undertake community-based protection interventions in in and out of camps and in returnee areas, to minimize protection risks for affected people and to enhance peaceful coexistence and foster durable solutions in communities, with a focus on people with perceived affiliation to extremist groups.

General Protection partners will continue providing PSS services to IDPs in and out of camps, and returnees, to assist in overcoming pre-existing conflict-related trauma, the psychosocial impact of the COVID-19 pandemic, and additional stress and anxiety

due to coerced and premature departures from camps and informal sites. To this end, partners will strengthen intersectoral interventions with the Mental Health and Psychosocial Support Task Force. Vulnerable IDPs and returnees will receive specialized protection services, including case management, to mitigate and respond to protection needs.

Due to coerced and premature returns, often leading to secondary displacement, and the socio-economic impact of the pandemic, partners will deliver cash-for-protection to vulnerable IDPs and returnees to address protection risks and respond to immediate needs. Protection monitoring at household and community level will be implemented in camps and out-of-camp locations to inform the response and support evidence-based advocacy on respect for protection principles and needs-based provision of assistance.

Housing, Land and Property

HLP partners will target 1,000 in-camp IDPs, 6,700 out-of-camp IDPs and 20,000 returnees in 2021. Partner interventions will prioritize the provision of legal assistance for HLP documentation for returnees and out-of-camp IDPs. Specialized HLP services for property owners and secondary occupants will include mediation to resolve their cases and disputes, including community-based dispute resolution and ownership verification mechanisms. Legal assistance will be provided to (i) owners who are victims of fraud to restore their HLP rights in cases where illegal sales have occurred without their endorsement or knowledge, and (ii) persons living in informal settlements to formalize their rental agreements to secure tenure rights as protection against forced eviction. Partners will also provide free legal assistance for compensation claims submitted by owners whose properties were destroyed or damaged during the recent conflict; partners will facilitate the representation of cases before compensation sub-committees and follow cases until they are successfully submitted, which will contribute to dignified and sustainable returns.

Additionally, HLP legal assistance and counselling will be provided to IDPs in and out of camps and returnees to work towards restitution of their HLP rights, by representing cases in courts, prioritizing security of tenure and compensation claims for women, minorities

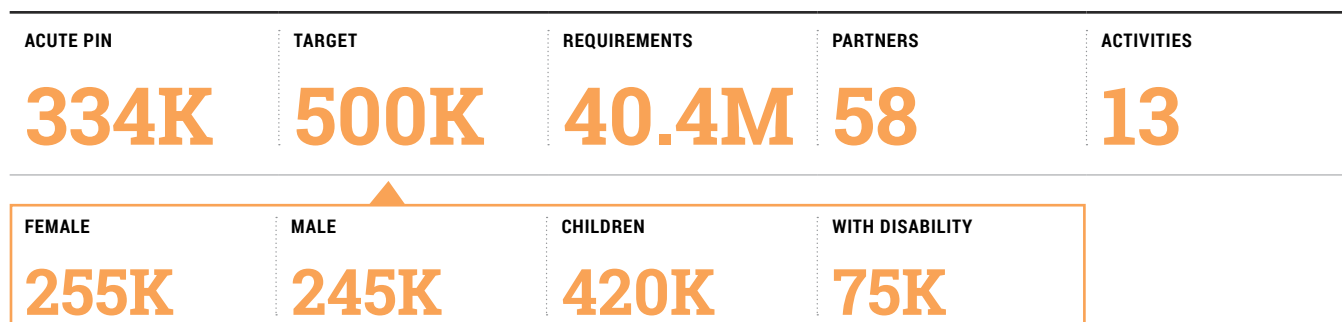
and people with perceived affiliation with extremist groups. This is due to the barriers such people face in accessing their HLP rights, including challenges for women who often do not have equal access to compensation, are victims of land-grabbing and who may be forced to give up their HLP rights if their husbands are deceased. Capacity building, training, awareness raising on HLP rights, as well as high-level advocacy will be conducted in 2021 to prioritize monetary payments for successful compensation claims of damaged/destroyed properties.

Mine Action

Mine Action Sub-Cluster members aim to reduce the risk of explosive ordnance on affected communities through conducting surveys and clearance of 12 million square metres of land, including residential areas, to support safe returns and access to agricultural land, roads and critical infrastructure. The sub-cluster will provide Explosive Ordnance Risk Education (EORE) to raise awareness and promote safety among affected community members. Awareness-raising messages will be delivered to IDPs in camps expected to close in 2021, out-of-camps IDP and returnees in coordination with other humanitarian partners. EORE activities help populations recognize, avoid and report hazards to reduce the risk to the level where people can live safely allowing for economic and social development work to be implemented. Partners will train male and female community focal points as educators in their communities.

The sub-cluster will also support the victim reporting and data collection system that is both age and gender disaggregated to assess the needs of victims and respond. Partners will assist victims through referral pathways to access health care, protection, rehabilitation and PSS services and promote their participation and empowerment in social and economic life. To this end, the Mine Action Sub-Cluster will collaborate with the Health and Education Clusters and the Child Protection Sub-Cluster to address the needs of victims. To ensure effective implementation of mine action activities in line with humanitarian guidance and principles, mine action partners will continue building the capacity of national mine action authorities and partners to coordinate and manage mine action.

Child Protection



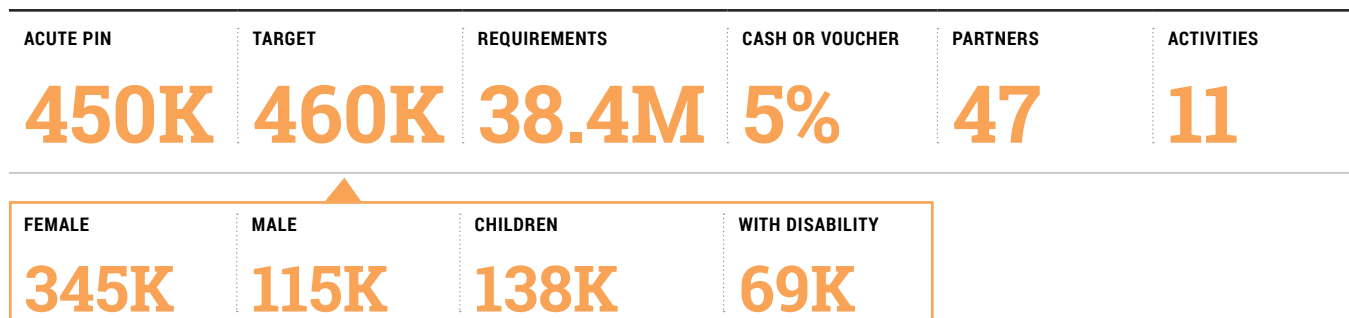
The Child Protection Sub-Cluster will target 500,000 children and adults. More than 400,000 children in need of care and protection from violence, abuse, exploitation and neglect will be targeted for child protection interventions. In line with the National Protection Cluster response strategy, child protection actors will join efforts with partners from other sectors to achieve three main objectives: (i) ensuring that the most vulnerable children access the care and assistance they need through appropriate referrals, case management and other specialized services; (ii) providing legal assistance for boys and girls at risk, and civil documentation support for children missing key documents; and (iii) reinforcing safe environments for vulnerable children through quality PSS interventions, awareness-raising programmes and by strengthening the capacities of the local child protection system.

Partners will step-up efforts to prevent and respond to violence against children, child labour, early marriages and other forms of GBV in areas of return and among displaced populations. The implementation of new guidance and tools developed since the outbreak of the COVID-19 pandemic will continue to improve the effectiveness of adapted activities. In addition, collaboration with other sectors will remain key and will focus on training teachers and supporting schools on PSS approaches and on reducing school drop-out of children with protection concerns (with education and emergency livelihoods partners); on improving management and referrals of exploited and maltreated children (with GBV and health partners); and on informing and sensitizing families and communities of specific child protection risks, on ways of reducing

them and on available support. Priority will also be given to protecting girls and boys living in high risk locations, such as those contaminated by explosive ordnance, with presence of armed groups, with children detained or released from security detention, and in the prioritized areas most affected by COVID-19.

Awareness raising and community-based efforts will reduce tensions, exclusion and barriers affecting children with a perceived affiliation with extremist groups and children with disabilities. In addition, close to 100,000 adults (including parents and caregivers, community members, and government staff including teachers) will also be supported to improve the care given to children, raise awareness on the risks affecting them, reinforce their protective environment and improve their access to key services.

Gender-Based Violence



The GBV Sub-Cluster will target 460,000 individuals in need³⁵ (mainly women and girls) at risk of GBV with GBV services in 62 districts in 16 governorates. Special attention and focus will be given to people with disabilities, people with perceived affiliation to extremist groups, female-headed households and child survivors. The sub-cluster, in close coordination with other sectors, aims to (i) strengthen existing service delivery in underserved locations and improve survivor access to dignified and safe specialized GBV and multi-sector services³⁶ in line with GBV Sub-Cluster guiding principles and a survivor-centred approach, including provision of support in situations when the survivor must co-locate with the perpetrator;³⁷(ii) enhance the capacities of GBV partners, key clusters and local authorities³⁸ on core interventions for GBV prevention and response; (iii) reinforce GBV prevention and risk mitigation measures³⁹ as well as the provision of dignity kits, cash-for-protection, skills-based vocational activities to support decrease in survivors’ reliance on negative coping mechanisms and socioeconomic dependence on perpetrators of violence.

The Protection Cluster’s Capacity to Respond

Some 43 protection actors focused on general protection, HLP and mine action services, have been operating in most of the HRP priority districts and they will continue to provide protection services through a combination of in-person and remote modalities due to the risk of COVID-19 and access restrictions in out-of-camp locations. Partners will prioritize in-person implementation of activities where COVID-19 prevention measures are in place. When in-person implementation is not possible, remote

The sub-cluster will ensure that services are adapted to meet special needs of these groups through the provision of capacity-building of partners and reinforcement of inter-agency referral mechanisms to ensure access to multi-sectoral interventions. In addition, the response will increase the capacity of frontline service providers on GBV case management, including remote approaches for PSS, GBV data collection through the Gender-Based Violence Information Management System (GBVIMS) and community mobilization, including a focus on engaging men and boys, and providing relevant support for them as potential survivors facing stigma in accessing care. Care and case management for child survivors, intimate partner violence, people with disabilities and adolescent girls will also be strengthened. Increased collaboration with the Health Cluster, the Sexual and Reproductive Health Working Group and specialized UN agencies will be reinforced in order to measure and strengthen the existing capacities of health responders and systems for clinical management of rape cases and improve survivors’ access to health-care services at the district level.

modalities using mixed approaches, including remote case management and referrals, will be explored with emphasis on the Do No Harm principle.

Existing community centres in out-of-camp locations will remain a key entry point for service provision and outreach activities will be expanded. Mobile services will be deployed targeting vulnerable out-of-camp IDPs and returnees. Focus on supporting national partners to identify and manage complex protection cases will



DUHOK, IRAQ

IDPs living in Sumail district discuss their concerns about security and the lack of basic services in Sinjar, 2021 © OCHA

also be strengthened to overcome access constraints and promote service delivery and allow for gradual handover of activities. Cash-for-protection will be implemented to cover immediate protection needs of vulnerable individuals.

There are 58 child protection partners engaged in increasing the delivery of family-based psychosocial kits while COVID-19-related restrictions are in place. They will also adapt the provision of structured programmes, when these are eased, especially for families without internet connectivity. Identification and appropriate response (i.e. provision of alternative care) for children separated from their parents/ caregivers in and out of camps will be followed, including assigned for referrals of COVID-19 cases, as per the Alternative Care Guidance for COVID-19, by all child protection case management actors.

Given the limited number of specialized HLP partners and limited funding for HLP programmes, further geographical prioritization of the response will need to be undertaken by the sub-cluster to ensure adequate support to vulnerable out-of-camp IDPs and returnees.

Cost of the entire protection response

The total cost of protection activities is \$160.6 million in 2021, of which \$81.9 million is for general protection, including mine action and HLP; \$40.4 million for child protection and \$38.4 million for the GBV response. Common activities among all areas of responsibility are costed with agreed average costs taking into consideration indirect costs, including transportation, implementation in hard-to-reach areas and out-of-camp locations, procurement of security equipment, human resources costs and monitoring. All costs include 30 per cent support costs (both direct and indirect support costs). Considering access restrictions and COVID-19 preventative measures, variations in unit costs have also been considered in the final estimate of the average unit cost per activity. The cost per activity was validated in consultations with partners (local NGOs, international NGOs and UN agencies); some people are targeted with multiple activities and are costed and monitored accordingly.

General Protection, Housing Land and Property, and Mine Action Objectives, Activities and Targets

Strategic Objective 3	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to establish lives in safety and dignity
------------------------------	--

Specific Objective 3.2	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to have access to legal assistance and documentation to enjoy their fundamental rights and to access services, remedies and entitlements and thus contribute to solving displacement and help re-establish lives
-------------------------------	---

Cluster Objective: Vulnerable IDPs and returnees have access to legal assistance and documentation to enjoy their fundamental rights and to access basic services

Approach: Integrated

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Legal assistance (detention representation)	102	374	1,224
• Legal assistance (documentation and family law matters)	7,200	26,400	86,400
• Legal assistance on HLP	470	1,722	5,634

Specific Objective 3.3	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to address risks to their physical safety, well-being and social integration through specialized protection services as well as community-based interventions to promote peaceful coexistence
-------------------------------	--

Cluster Objective: Vulnerable IDPs and Returnees have access to specialized protection services, basic services and community-based interventions to address risks to their physical safety, well-being and social integration

Approach: Layered

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Case management (General Protection)	300	1,100	3,600
• Referrals of cases	1,200	4,400	14,400
• Community-based protection activities	2,400	8,800	28,800
• Community centres (50 facilities)	-	-	-
• Emergency cash-for-protection	138	506	1,656
• Cash-for-protection	630	2,310	7,560
• Training and capacity-building activities (2,000 recipients)	-	-	-
• Training on HLP (300 recipients)	-	-	-
• Survey and clearance (12M square metres)	-	-	-
• Victim assistance	18	66	216
• Capacity-building on Mine Action (10,000 individuals)	-	-	-

Specific Objective 3.4	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to manage stress, trauma and anxiety and to reduce the use of negative coping mechanisms to maintain their mental, psychosocial and physical well-being
-------------------------------	--

Cluster Objective: Vulnerable IDPs and returnees are supported to manage stress, trauma and anxiety and reduce the use of negative coping mechanisms

Approach: Integrated

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Psychosocial support	1,500	5,500	18,000

Specific Objective 3.5	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need have access to critical information and awareness-raising about rights, risks, options and services to enable them to make informed decisions, promote positive social change and raise concerns appropriate to their particular situation and characteristics, including age, gender and disability
-------------------------------	---

Cluster Objective: Vulnerable IDPs and returnees have access to information about their rights and access to services and are supported in raising their priority protection needs and concerns

Approach: Integrated

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Awareness raising (General Protection)	7,200	26,400	86,400
• Awareness raising on HLP	600	5,000	14,400

• Explosive ordnance risk education	4,800	17,600	57,600
• Protection assessment (50 assessments)	-	-	-
• Protection monitoring at household level	16,800	61,600	201,600
• Protection monitoring at community level	432	1,584	5,184
• HLP assessment (5 assessments)	-	-	-
• Advocacy (100 interventions)	-	-	-
• Advocacy on HLP (50 interventions)	-	-	-

Child Protection Objectives, Activities and Targets

Strategic Objective 3	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to establish lives in safety and dignity		
Specific Objective 3.2	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to have access to legal assistance and documentation to enjoy their fundamental rights and to access services, remedies and entitlements and thus contribute to solving displacement and help re-establish lives		
Cluster Objective:	Vulnerable IDPs and returnees have access to legal assistance and documentation to enjoy their fundamental rights and to access basic services		
Approach:	Integrated		
Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Assistance to access civil documentation	1,497	3,810	17,692
• Legal assistance	521	1,325	6,154
Specific Objective 3.3	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to address risks to their physical safety, well-being and social integration through specialized protection services as well as community-based interventions to promote peaceful coexistence		
Cluster Objective:	Vulnerable IDPs and returnees have access to specialised protection services and community-based interventions to address risks to their physical safety, well-being and social integration		
Approach:	Sequenced		
Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Alternative care for unaccompanied children	10	25	115
• Case management	1,758	4,473	20,769
• Coaching child protection officials	25	65	300
• Community-based child protection mechanisms	651	1,657	7,692
• Referrals	781	1,988	9,231
Specific Objective 3.4	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to manage stress, trauma and anxiety and to reduce the use of negative coping mechanisms to maintain their mental, psychosocial and physical well-being		
Cluster Objective:	Vulnerable IDPs and returnees are supported to manage stress, trauma and anxiety and reduce the use of negative coping mechanisms		
Approach:	Layered		
Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Structured psychosocial support	7,422	18,885	87,693
• Psychosocial family-based support kits (for remote implementation)	6,511	16,566	76,923
• Parenting programmes	1,953	4,970	23,077
• Training	715	1,822	8,462
Specific Objective 3.5	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need have access to critical information and awareness-raising about rights, risks, options and services to enable them to make informed decisions, promote positive social change and raise concerns appropriate to their particular situation and characteristics, including age, gender and disability		

Cluster Objective: Vulnerable IDPs and returnees have access to information about their rights and access to services and are supported in raising

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Awareness raising - CP (Approach: Integrated)	13,021	33,132	153,847
• Awareness raising for child protection and COVID-19 (remote)	22,787	57,980	269,233

Gender-Based Violence Objectives, Activities and Targets

Strategic Objective 3	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to establish lives in safety and dignity
Specific Objective 3.2	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to have access to legal assistance and documentation to enjoy their fundamental rights and to access services, remedies and entitlements and thus contribute to solving displacement and help re-establish lives

Cluster Objective: Vulnerable IDPs and returnees have access to legal assistance and documentation to enjoy their fundamental rights and to access basic services

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Legal assistance for GBV survivors	271	974	1,111

Specific Objective 3.3	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to address risks to their physical safety, well-being and social integration through specialized protection services as well as community-based interventions to promote peaceful coexistence
-------------------------------	--

Cluster Objective: Vulnerable IDPs and returnees have access to specialised protection services and community-based interventions to address risks to their physical safety, well-being and social integration

Approach: The GBV Sub-Cluster will adopt an integrated approach based on the identified needs of people in acute need. In doing so, it will adopt a three-pronged intervention approach, i.e., prevention, risk mitigation, response

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• GBV case management	3,016	10,817	12,345
• Provision of dignity kits	43,079	12,980	37,036
• Community-based group activities	8,616	21,634	30,863
• Cash-for-protection - GBV survivors (support referrals and immediate needs of survivors)	627	2,250	2,568
• Support for income-generating opportunities (job placement)	241	865	988
• Training and capacity-building activities (4,728 recipients)	-	-	-
• Mentoring and coaching (804 recipients)	-	-	-
• GBV assessments (20 assessments)	-	-	-

Specific Objective 3.4	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to manage stress, trauma and anxiety and to reduce the use of negative coping mechanisms to maintain their mental, psychosocial and physical well-being
-------------------------------	--

Cluster Objective: Vulnerable IDPs and returnees are supported to manage stress, trauma and anxiety and reduce the use of negative coping mechanisms

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Structured psychosocial support	8,616	21,634	52,468

Specific Objective 3.5	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need have access to critical information and awareness-raising about rights, risks, options and services to enable them to make informed decisions, promote positive social change and raise concerns appropriate to their particular situation and characteristics, including age, gender and disability
-------------------------------	---

Cluster Objective: Vulnerable IDPs and returnees have access to information about their rights and access to services and are supported in raising their priority protection needs and concerns

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Awareness raising	43,079	108,170	308,635



4.7 Shelter and Non-Food Items

ACUTE PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
934K	373K	38.9M	24%	30	11

FEMALE	MALE	CHILDREN	WITH DISABILITY
183K	190K	142K	56K

Cluster response objectives

In 2021, the Shelter and NFI Cluster plans to reach 74,000 in-camp IDPs, 91,000 out-of-camp IDPs and 208,000 returnees with critical shelter support and basic household items in 46 prioritized districts. The cluster objectives will ensure that the most vulnerable conflict-affected people benefit from improvement of inadequate shelter to enhance their safety, dignity, privacy, shielding from harsh weather conditions and tenure security. This will contribute to a secure and safe physical living environment, supporting HRP SO3 related to establishing a life in safety and dignity.

In order to address the needs identified in the HNO, and based on partner capacity, the Shelter and NFI Cluster prioritized 40 per cent of the people in acute need for assistance. Shelter support will be provided to 24,000 in-camp IDPs, 50,878 out-of-camp IDPs and 117,200 returnees. NFI assistance will be provided to 50,000 in-camp IDPs, 40,009 out-of-camp IDPs and 91,291 returnees.⁴⁰ This support also covers people who are temporarily referred to quarantine and isolation areas for COVID-19, contributing to SPO2.2.

Among the most vulnerable, the Shelter and NFI Cluster will prioritize families living in sub-standard shelter and having specific needs. This includes large families living in overcrowded conditions, female-headed households, people with disabilities, those at greater risk of COVID-19⁴¹ and marginalized groups,

with prioritization conducted in line with established vulnerability criteria.⁴² Highly vulnerable people having left camps and without a house to return to will also be targeted for humanitarian assistance.

Cluster response strategy

On average, one third of camp residents need regular shelter and NFI support. As in previous years, in 2021 the in-camp response will provide minimum shelter standards for nearly 74,000 people, including through regular replacement of damaged tents and replenishment of missing or worn-out NFIs.

In out-of-camp settings, 168,000 IDPs and returnees⁴³ are prioritized for shelter and NFI assistance based on shelter-related vulnerabilities, such as people living in critical shelter, unable to afford rent, at risk of, or in, secondary displacement, or in precarious hosting arrangements. Accommodation options in areas heavily damaged by the conflict are limited; many buildings used by IDPs and returnees as temporary accommodation will require longer implementation periods and create higher costs to bring them up to minimum standard. Critical shelter repairs will also support the creation of at-home safe spaces supportive of physical distancing required to minimize airborne transmission of COVID-19. Such shelter interventions will help reduce COVID-19 transmission among family members, protecting those at greater risk.⁴⁴



DIYALA, IRAQ

Returnees in Nofal sub-district, Diyala, have found that very few things are left from their lives before displacement, 2021 © OCHA

Needs analysis revealed that people still need basic household items, including items to survive winter. These needs are expected to increase since people leaving camps tend to sell their assets to pay for transportation. The cluster therefore recommends to systematically combine NFI kits with winter items to cover all household item needs at once in either areas of secondary displacement or in areas of return.

As part of the joint effort towards achieving durable solutions, returnee homeowners whose houses have been damaged by the direct effects of the war are expected to be supported by stabilization and development actors under non-humanitarian programmes and funding..

The shelter and NFI response will continue complementing other humanitarian programmes, especially those of the CCCM and Protection Clusters, the HLP Sub-Cluster and MPCA partners, and will continue supporting the most vulnerable cases in quarantine and isolation areas through minimum shelter and NFI support.

Capacity to respond

Shelter and NFI Cluster partners have the capacity to respond when well-resourced and when access allows. In 2020, 24 partners reported achievements in 30 priority districts in nine governorates,⁴⁵ representing a geographical coverage of 83 per cent,⁴⁶ reaching 60 per cent of the targeted population. In addition to field presence, partners also have solid knowledge of the field and understand how shelter needs present themselves. Historically, the cluster has demonstrated flexibility to adjust to sudden-onset situations and shocks (e.g. COVID-19, floods, sudden camp closures and subsequent population movements) and were able to redeploy resources where most urgently needed. The involvement of local NGOs is effective to overcome access challenges and this will be strengthened in 2021. Given the widespread availability of items on the local market, use of cash-based interventions is foreseen for activities that can also be self-implemented by beneficiaries (e.g. purchase of NFI, sealing-off kits (SOK), rental support). In-kind modality will be maintained for programmes that require technical supervision (e.g. critical shelter upgrades), as well as for areas with difficult access to

markets, and for families expressing such preference (e.g. female-headed households, older people and people with disabilities).

Cost of the response

The overall budget for the Shelter and NFI Cluster response has been estimated based on unit costs for critical shelter upgrades, rental support, SOK, NFI, and in-camp shelter maintenance.⁴⁷ Of the \$38.9 million required, 43 per cent is planned for critical shelter upgrades (\$17 million), followed by NFI (\$12 million) and SOK (\$7 million). These activities are meant for the largest target group (out-of-camps IDPs and returnees).

Average unit cost for each activity has been calculated based on the most commonly found values

following partner consultation. For shelter-related assistance, exact costs depend on the status of the structure to be upgraded/repaired, proximity to specialized markets and the availability of skilled labour. The cost of NFI kits has been determined based on the cost of each item. Variations allow for different family size, specific needs identified through field assessments, access constraints, market accessibility and affordability, including both in-kind and CVA modalities. Additional drivers were considered due to strict COVID-19 safety measures requiring avoidance of large gatherings, use of PPE and physical distancing which have a direct impact on the size and speed of programme implementation.

Shelter and Non-Food Items Objectives, Activities and Targets

Strategic Objective 2	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to access essential services
Specific Objective 2.2	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need have access to appropriate health, sanitation, hygiene and related information, supplies and services related to COVID-19 prevention and treatment

Cluster Objective: Contribute to the multi-cluster response for the prevention and treatment of COVID-19 outbreaks

Approach: As part of the integrated response with Health and WASH, provide shelter and NFI assistance in COVID-19 quarantine and isolation areas, mainly in camp settings but also in support to overwhelmed health facilities that can no longer cope with the pandemic

Activities and targets (# individuals)

	In-camp IDPs	Out-of-camp IDPs	Returnees
• Provision of Non-Food Items (NFIs) in Q&I areas	500	-	-
• Provision/replacement of tents in Q&I areas	240	-	-

Strategic Objective 3	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to establish lives in safety and dignity
Specific Objective 3.1	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to achieve a secure and safe physical living environment to live in safety

Cluster Objective: The most vulnerable conflict-affected people benefit from improvement of inadequate shelter through enhanced safety, dignity, privacy and tenure security, shielding them from harsh weather conditions and helping them overcome the additional vulnerability caused by substandard dwellings

Approach: The Shelter Cluster targets the most vulnerable with critical shelter support and basic household items in prioritized districts, in collaboration and complementarity with other humanitarian programmes, especially those of the CCCM and Protection Clusters, the HLP Sub-Cluster and MPCA actors

Activities and targets (# individuals)

	In-camp IDPs	Out-of-camp IDPs	Returnees
• Non-Food Item (NFI) kit distribution - cash	-	10,099	22,855
• Non-Food Item (NFI) kit distribution - in-kind	49,500	29,910	68,437
• Sealing-Off Kit (SOK) distribution - cash	-	5,003	9,583
• Sealing-Off Kit (SOK) distribution - in-kind	-	20,314	38,417
• Critical shelter upgrades - cash	-	4,611	11,583
• Critical shelter upgrades - in-kind	-	18,558	38,431
• Cash for rent	-	2,392	7,187
• In-camp shelter maintenance	23,760	-	-
• Provision of Refugee Housing Units (RHUs) for returnees	-	-	12,000



4.8 Water, Sanitation and Hygiene

ACUTE PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
1.3M	1.1M	74.2M	4%	46	17

FEMALE	MALE	CHILDREN	WITH DISABILITY
563K	541K	508K	166K

Cluster response objectives

In 2021, the WASH Cluster will target 221,000 in-camp IDPs, 173,000 out-of-camp IDPs and 709,000 returnees with key WASH support, while ensuring targeted interventions for vulnerable populations. In line with SO2, the WASH Cluster aims to operate and maintain services to conflict-affected populations in camps and some informal settlements; provide emergency WASH services to communities affected by COVID-19 and other emergencies or risks; and ensure provision of sustainable, durable and cost-effective WASH services for out-of-camp IDPs and returnees.

In IDP camps and selected informal settlements, WASH Cluster partners will provide essential WASH services in compliance with cluster response standards, including basic repairs of damaged infrastructure. As camps close, the WASH Cluster will decommission water and sanitation facilities, in collaboration with the CCCM Cluster. For out-of-camp IDPs and returnees, the WASH Cluster will coordinate with the Education and Health Clusters and with stabilization and recovery actors, for sustainable WASH services focusing on limited repairs and extension of WASH networks to restore basic functionality; promotion of targeted hygiene practices; and expansion of market-based approaches. Programmes will include innovative WASH practices to ensure sustainability. To ensure continued COVID-19 mitigation measures

and response to other cyclical emergencies, the WASH Cluster will ensure timely emergency WASH response to affected populations.

Cluster response strategy

In camps, the cluster will provide minimum WASH services to IDPs through operation and maintenance of facilities, and support to local authorities and partners. Interventions will be through direct service provision, in collaboration with government partners.

For out-of-camp IDPs, the WASH Cluster will collaborate with the CCCM Cluster, under the strategic guidance of the HCT, to identify informal sites with severe WASH needs for multi-sectoral interventions with comprehensive coverage. Interventions will include direct service provision in areas without infrastructure and minimal repairs to ensure continued service provision.

The cluster will prioritize limited repairs for WASH infrastructure for out-of-camp IDPs and returnees. Capacity strengthening of authorities to take ownership of facilities will be integrated into partner response plans. Cluster partners will link humanitarian interventions with development actors for sustainability. Rehabilitation of school and health WASH facilities to ensure minimal functionality will be prioritized.



NINEWA, IRAQ

Representatives from the Iraq Humanitarian Fund visit an informal site in east Mosul to host focus group discussion on how to improve WASH services at the site © OCHA

Interventions will include in-kind and service provision, with market-based programmes when appropriate.

The WASH Cluster will provide critical life-saving support for populations affected by cyclical emergencies and COVID-19, ensuring access to safe water, sanitation facilities and hygiene items.

In 2021, the WASH Cluster will continue to provide standardized WASH services to IDPs in camps and context-specific strategies based on geographic, demographic and cultural variations. Cluster support for partners in emergency preparedness and responses for populations with high risks for COVID-19, cholera and other natural hazards, will continue in 2021.

To minimize dependence on material support and to strengthen markets, the cluster will train partners on market-based programmes to provide them with tools to scale up CVA modalities of assistance. The cluster will improve linkages with recovery and development partners to prepare for a potential shift from emergency to longer-term support.

Capacity to respond

More than 40 UN agencies, international and national NGOs are engaged in the WASH response for affected populations in and out of camps. The WASH Cluster will strengthen the capacities of national NGOs and local authorities to continue WASH service delivery, expand delivery to hard-to-reach and high-risk areas, and strengthen local capacity to manage WASH services. Interventions will require the direct involvement of affected people at all stages of interventions, including design, installation and maintenance of the facilities, and training to strengthen local capacity to self-manage WASH services; promoting community engagement in service provision through WASH committees, users' groups, including operation and maintenance, so they can assume responsibility for management of community level services. Capacity building activities will facilitate the handover of the operation and maintenance of water and sanitation facilities to communities. There will also be a focus on supporting partners to implement market-based programmes in appropriate areas.

Cost of the response

The WASH response requires \$74.2 million in 2021. The costing was derived through a step-by-step process of analyzing cluster activities for 2021 based on established scenarios and needs. Partners costed activities at district level against targeted beneficiaries. Key activity costs from existing projects were used as a secondary source for costing verification. Since cluster activity unit costs vary by location and scale of intervention, the cost per beneficiary is more accurate when costing by sub-district than by overall activity component averages. In-camp unit response remained stable or increased slightly due

to the changes in the context, such as the additional provision of soap and chlorine for COVID-19 prevention. There was an increase in financial requirements for areas of return with high severity and lack of basic infrastructure due to the increased target in 2021. In the market-based approaches, access to local markets was considered through the inclusion of transportation costs for areas with limited market integration.

WASH Objectives, Activities and Targets

Strategic Objective 2	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to access essential services
Specific Objective 2.1	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported with essential services meeting minimum standards

Cluster Objective: Operate and sustain quality services meeting minimum cluster standards of water and sanitation services and good hygiene practices to conflict affected populations

Approach: In unclosed or consolidated IDP camps and informal settlements, the WASH Cluster will ensure continued service provision of water, sanitation and hygiene for populations unable or unwilling to return to their area of origin. This will be undertaken in close collaboration with the CCCM and Shelter Clusters, as well as with local authorities in the governorates where camps remain open

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Regular water provision	221,392	60,285	50,622
• Wastewater desludging	221,392	60,285	50,622
• Solid waste disposal and management	221,392	60,285	50,622
• Hygiene promotion and hygiene kit distribution – in-kind	221,392	25,901	-

Specific Objective 2.2	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need have access to appropriate health, sanitation, hygiene and related information, supplies and services related to COVID-19 prevention and treatment
-------------------------------	---

Cluster Objective: Provide emergency WASH services to communities affected by COVID-19 and other emergencies

Approach: In event of any new emergency such as a cholera outbreak, flash floods, etc. or continued need for COVID-19 mitigation measures, the WASH Cluster will ensure a timely emergency WASH response to affected populations both in- and out-of-camps. Collaborative efforts with Health and CCCM Cluster shall be ensured to scale up response

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Emergency water supply	44,278	34,534	141,899
• Emergency sanitation facilities (latrines and showers)	22,139	17,267	70,950
• Emergency solid waste and desludging	44,278	34,534	141,899
• Emergency hygiene promotion and hygiene kit distribution	44,278	34,534	141,899
• Prepositioning of contingency WASH supplies	-	-	-

Specific Objective 2.3	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need in areas with limited public services have equitable access to quality and sustainable essential health care, WASH and education services, while the sustainability of those services is supported in partnership with relevant local actors and authorities
-------------------------------	---

Cluster Objective: Ensure provision of immediate WASH services and proper hygiene practices for conflict-affected populations out-of-camps, while prioritizing innovative, sustainable and cost-effective interventions when appropriate and sustainability through partnership with local actors and authorities

Approach: The WASH Cluster approach is to advocate for provision of sustainable WASH services in areas of return, while working closely with other clusters such as Education and Health, as well as stabilization and recovery actors. This will also include aspects of innovative WASH practices to ensure sustainability of WASH interventions and strengthening coordination channels and linkages for a smooth transition from emergency to recovery

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Rehabilitation of dysfunctional water and sanitation infrastructure for immediate water and sanitation access	-	44,954	263,550
• Maintenance of existing water supply and sanitation systems to ensure continued functionality	-	112,385	658,875
• Restoration of sufficient WASH services in schools and health centres	-	15,000	60,000
• Installation of innovative, cost-effective technologies for WASH services	-	56,193	354,749
• Hygiene promotion and hygiene kit distribution - in-kind	-	-	106,424
• Hygiene promotion and hygiene kit distribution - cash/voucher	-	8,634	35,475
• Capacity-building activities (200 recipients)	-	-	-

Strategic Objective 3	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to establish lives in safety and dignity		
Specific Objective 3.1	Vulnerable IDPs in camps, out-of-camp IDPs and returnees in acute need are supported to achieve a secure and safe physical living environment to live in safety		

Cluster Objective: Ensure a safe living environment for displaced populations through minimal infrastructure repairs in camps expected to remain open and decommissioning of camps following consolidation or closure

Approach: In still open or consolidated IDP camps and informal settlements, the WASH Cluster will ensure that infrastructure maintains minimal functionality through repairs of damaged facilities, with no investment in new infrastructure. The WASH Cluster will support partners and local authorities on decommissioning of water and sanitation facilities, in close collaboration with the CCCM, Protection, Shelter and Education Clusters

Activities and targets (# individuals)	In-camp IDPs	Out-of-camp IDPs	Returnees
• Repairs/replacement of non-functional WASH facilities	221,392	-	-
• Decommissioning of water and sanitation facilities (40 sites)	-	-	-



4.9 Coordination and Common Services

Response objectives

Coordination and Common Services (CCS) supports 200 humanitarian actors to deliver a principled humanitarian response thereby contributing to the overall strategy of the HRP. In 2021, CCS aims to ensure that strategic and operational humanitarian decision-making is coordinated, informed, inclusive and accountable; promoting, coordinating and harmonizing timely, relevant, evidence-based multi-sectoral information management, analysis and advocacy; enhancing operational impact and scope and contributing to safety and security of humanitarian response and workers through information products and advocacy.

Response strategy

As in previous years, CCS will support humanitarian actors with coordination, information management and coordinated needs assessments, as well as advocacy for access, safety and the centrality of protection. As camp closures and consolidations continue, CCS activities will be increasingly directed towards out-of-camp IDPs and returnees. With increased population movements, accurate and timely data and coordinated assessments are essential. CCS will ensure this is coordinated and shared with partners at sub-national and national level. The mapping of access constraints for advocacy purposes will continue to be a focus. As area-based coordination will be enhanced with linkages to durable solutions and development coordination, CCS will work with the existing coordination structures to ensure a smooth engagement and support fitness for purpose. The functioning of coordination at sub-national level is essential for an effective humanitarian response but also for the transition to durable solutions.

Through forums such as the AAP/CwC Working Group and the RCCE group, CCS has worked on community engagement around the COVID-19 crisis, in order to strengthen not only camp-based prevention and response but also for out-of-camp IDPs and returnees. The AAP/CwC Working Group and RCCE group worked in close collaboration with the CCCM and Health Clusters and the IIC to share information with vulnerable displaced Iraqis in a timely fashion on ways to protect themselves from the pandemic. This work will continue and reinforce messaging specifically to areas of return in 2021.

As camp closures took place in the last quarter of 2020, thousands of families moved to return areas. With humanitarian focus increasingly shifting from the remaining camps to return areas and out-of-camp displacement locations, mapping of needs, tracking of displacement movements and facilitation of access so that humanitarian services can follow, will be key. In addition, ongoing insecurity and persisting bureaucratic interference with aid delivery by security and civilian actors will be addressed through coordination, advocacy and information sharing among government, NGO, UN and donor partners.

Capacity to respond

Although CCS members do not have full geographic coverage physically, their work encompasses and supports the humanitarian footprint of the NGO and UN organizations active across Iraq. Following changes in response modalities as a result of COVID-19 and access constraints in 2020, any increase or decrease in coverage will have little effect on CCS members' support frameworks, as these are entirely reliant on the inputs and actively-sourced needs of HRP partners, such as accountability mechanisms, NGO security analyses, national and sub-na-



DUHOK, IRAQ

A child living in Esyan IDP camp, 2020

© A Lazau-Ratz, OCHA

tional coordination with government authorities, as well as work on displacement tracking and returns, ultimately linking to durable solutions through development and stabilization partners.

Cost of the response

CCS will have no change to its financial request for 2021 from 2020, requesting a total of \$15 million. The cost drivers are the total project costs of the entities involved in the cluster for whom activities are, in their totality, common services. Therefore, while CCS does not cost out individual activities, it utilizes a whole-of-programme approach to its cost. The sum of the members' costs related to CCS activities are the cluster's requested funding.

CCS Objectives, Activities and Targets

Strategic Objective	All strategic objectives supported	TARGET
Specific Objective 1	Ensure that strategic and operational humanitarian decision making is coordinated, inclusive and accountable	
Activities:		
	• # of multilateral coordination forum meetings relevant to humanitarian response	150
	• # of coordinated assessments - including intersectoral, inter-agency, and access assessments conducted	25
	• # of national capacity building sessions on humanitarian principles, normative frameworks, and/or assessments tools and methodology	10
Specific Objective 2	Promote, coordinate and harmonize timely, relevant, evidence-based multi-sectoral information management, analysis and advocacy	
Activities:		
	• # of common information management products, including infographics, datasets, consolidated and stored information sets on PIN, needs and response, made available on a regular or ad-hoc basis	700
	• # of identified and assessed locations with displaced and/or returnee populations, disaggregated by the populations' period of displacement/return, location, origin/last governorate of displacement, and shelter type	-
	• # of calls/cases registered and referred or otherwise processed by the Iraq IDP Information Centre (IIC) with conducted follow-up on raised issues of concern (including assistance requests and complaints); and per cent of closed-solved cases	100,000
Specific Objective 3	Enhance operational impact and scope and contribute to safety and security of humanitarian response and workers through information products and advocacy	
Activities:		
	• # of advisories and reports related to humanitarian access, safety and security, provided periodically or ad hoc	140
	• # of capacity building and/or awareness raising sessions related to humanitarian access, safety and security	60
	• # of joint advocacy products developed	14

Part 5:

Annexes

ANBAR, IRAQ

Child on a bike in an informal settlement in Falluja,
January 2021 © H. Stauffer OCHA



5.1 Response Analysis

The response analysis process in Iraq was conducted during a time of great uncertainty, related both to the continued impact of COVID-19, exacerbating socioeconomic vulnerabilities across the country – with the potential to generate new humanitarian needs – and to the camp closures towards the end of 2020 and subsequent unpredictable population movements. Nevertheless, the joint needs analysis conducted for the 2021 HNO provided the evidence base for decisions on the scope of the 2021 response, the needs to be prioritized for response, and the population groups to be targeted. Thus, the response analysis and approach remained focused on the needs identified in the HNO, while keeping the flexibility to adjust the response as needed during the year.

The joint humanitarian needs analysis relied on the annual MCNA and the Integrated Location Assessment which, despite some limitations in data collection methodology (i.e. remote data collection in some instances due to COVID-19), was able to provide a robust evidence base of the needs among the conflict-affected populations. This was complemented by an inter-agency review of vulnerabilities among the wider population, particularly in light of the impact of COVID-19. It was found that while the impact of COVID-19 on the wider population had resulted in increased socioeconomic and health-related vulnerabilities, these had not yet crossed the threshold to constitute humanitarian needs. However, when placed on top of pre-existing humanitarian needs among the conflict-affected populations, the impact of COVID-19 significantly increased the severity of those needs. Consequently, the joint humanitarian response in 2021 will remain focused on addressing the acute humanitarian needs of the people directly affected by the ISIL crisis i.e. displaced people in formal camps and in out-of-camp settings, and returnees.

Targeting was further refined based on the severity of the humanitarian needs among the different population groups, to ensure that people in acute humanitarian need were prioritized for response. At the same time, recognizing that all IDPs living in camps remain dependent on humanitarian aid, all camp-based IDPs will continue to be targeted for assistance in 2021. With the government-led camp closures at the end of 2020, thousands of people were forced to leave camps prematurely. Given the uncertainty around where people will be going and pending comprehensive assessment of their needs, all those who were forced to leave closing camps will be targeted for assistance in the areas of arrival, whether as secondarily displaced or as new returnees. The targeting per population group was adjusted to account for known population movements at the end of November 2020. In 2021, an increased effort will be made to enhance the ability of humanitarian partners to reach people in out-of-camp locations.

The types of needs experienced by the different population groups, and the factors driving those needs, informed the development of the response framework. The main drivers of needs identified included job loss and accrual of debt to meet basic needs; lack of access to or inadequate basic services; inadequate living conditions, including critical and damaged shelter; and issues related to displacement status and lagging post-conflict rehabilitation, resulting in a lack of durable solutions. The drivers, or causes, of humanitarian needs cannot be addressed through a humanitarian response alone. Increased poverty and socioeconomic vulnerabilities must be addressed through a broader peace and development lens, while inadequate post-conflict rehabilitation and other challenges to finding durable solutions to displacement must be addressed through the Durable Solutions



DIYALA, IRAQ

A returnee in Diyala stands in front of the ruins of his home, 2021 © OCHA

Task Force established in 2020, in close coordination with the government, and with clear linkages to, and support of, the humanitarian community.

Meanwhile, the humanitarian response will remain focused on addressing immediate humanitarian needs. As a result, medium- and longer-term interventions, including significant investments in new infrastructure or job growth were not included in the HRP, though some light rehabilitation, capacity building and emergency livelihoods support to provide immediate humanitarian relief will still be addressed in the HRP. The strategic objectives of the HRP were developed based on the needs identified in the HNO, namely meeting basic needs, facilitating access to essential services and enabling affected populations to establish their lives in safety and dignity. Specific objectives addressing individual elements of those strategic objectives were subsequently identified and formulated jointly by the humanitarian clusters.

Formulation of the objectives considered the specific needs (e.g. food and livelihoods, immediate services, sustainability of services, requirements related to COVID-19 prevention, living conditions in and out of camps, and increased protection concerns). At the same time, communication with and accountability to affected populations, the centrality of protection, and the need to ensure equal access for people with diverse needs and abilities, were emphasized throughout the response planning. For each specific objective, clusters jointly developed response interventions to ensure complementarity of interventions, including through integrated, layered or sequenced approaches to create collaborations and avoid duplication, while also harmonizing the scale and scope of their interventions for a coordinated response.

5.2 Participating Organizations

The 2021 humanitarian response will be delivered through a network of 166 humanitarian partners spread across the 12 governorates hosting IDPs in formal camps or in out-of-camp locations, as well as

returns areas. The 166 partners include 71 national NGOs, 73 international NGOs, 7 UN agencies and 15 other organizations, including government directorates and Red Cross and Red Crescent Societies.

ACRONYM	FULL NAME	TYPE	*CLUSTERS
ACF	Action Contre La Faim	INGO	EL, HE, GP, MP, WA
ACTED	Agency for Technical Cooperation and Development	INGO	CC, GP, CP, SN, WA
Al-Aghsan	Al-Aghsan Foundation	NNGO	EL, FS, GB, MP
Al-Masala	Al-Masala Organization	NNGO	GB
Al-Mortaqa	Al-Mortaqa Foundation	NNGO	ED
Al-Rakeezeh	Al-Rakeezeh Organization	NNGO	EL, WA
Al-Taqwa	Al-Taqwa Association for Woman & Child Rights	NNGO	CP, GB
Amalna	Amalna Foundation for Community Building	NNGO	GP, CP, GB
Arche Nova	Arche Nova Organization	NNGO	WA
ASB	Arbeiter Samariter Bund	INGO	EL, FS
AVSI	Association of Volunteers in International Service	INGO	EL
Baghdad	Baghdad Mines	NNGO	GP
BCF	Barzani Charity Foundation	NNGO	CC, FS, HE, SN
Blumont	Blumont Organization	INGO	CC, SN
BRHA	Board of Relief and Humanitarian Affairs	NNGO	CP, GB
BROB	Bent Al-Rafedain Organization	NNGO	CP
BW	Better World Organization	INGO	HE
BWA	Baghdad Women Association	NNGO	GB
CAOFISR	Canadian Aid Organization for Iraqi Society and Rehabilitation	INGO	WA
CAPNI	Christian Aid Program Nohadra-Iraq	NNGO	ED
CARE	Care International	INGO	EL, HE, GB, WA
Caritas-Czech	Caritas Czech Republic	INGO	EL, ED, SN
Caritas-Iraq	Caritas Iraq	NNGO	EL, ED, FS, GP, CP, SN

ACRONYM	FULL NAME	TYPE	*CLUSTERS
CDO	Civil Development Organization	NNGO	FS, GB
Cesvi	Cooperazione E Sviluppo	INGO	EL, FS
CNSF	Critical Needs Support Foundation	NNGO	FS, SN
COOPI	Cooperazione Internazionale	INGO	ED, CP, WA
Cordaid	Cordaid Organization	INGO	EL, HE, GB
CRS	Catholic Relief Services	INGO	EL, ED, SN, WA
CWW	Concern World Wide	INGO	WA
DAA	Dijla Agricultural Association	NNGO	FS
DAD	DAD for Human Rights & Civil Society Affairs	NNGO	EL, GB
DAI	Dorcas Aid International	INGO	EL, FS, GP, GB
DAMA	Doctors Aid Medical Activities	NNGO	HE
DARY	DARY Organization	INGO	HE
DCA	DanChurchAid	INGO	FS, GP, CP, MP, SN
DCVAW	Department of Violence Against Women (Govt)	Other	GB
DoH-Duhok	Directorate of Health - Duhok	Other	WA
DoH-Erbil	Directorate of Health - Erbil	Other	HE
DoLSA-Duhok	Directorate of Labour & Social Affairs - Duhok	Other	CP, GB
DoLSA-Erbil	Directorate of Labour & Social Affairs - Erbil	Other	CP
DoLSA-Garmyan	Directorate of Labour & Social Affairs - Garmyan	Other	CP
DoLSA-Sulaymaniyah	Directorate of Labour & Social Affairs - Sulaymaniyah	Other	CP, GB
DoOW-Duhok	Directorate of Outskirts Waters - Duhok	Other	WA
DoOW-Garmyan	Directorate of Outskirts Waters - Garmyan	Other	WA
DRC	Danish Refugee Council	INGO	CC, EL, GP, CP, MP, SN, WA

ACRONYM	FULL NAME	TYPE	*CLUSTERS
Elisecare	Elisecare	INGO	HE
Emergency	Emergency Organization	INGO	HE
Emma	Emma Organization	NNGO	GB
FRC	French Red Cross	INGO	EL, ED, WA
FSD	Swiss Foundation for Mine Action	INGO	GP
FUAD	Foundation of United for Relief and Sustainable Development	NNGO	CP
GD	Green Desert for Mental Health and Education	NNGO	CP
GDoLSA-Erbil	General Directorate of Labour & Social Affairs - Erbil	Other	CP
Goal	Goal	INGO	EL
GW	Al-Ghad for Women & Child Care	NNGO	GP, CP
HA	Human Appeal	INGO	EL, ED, CP, GB, SN
HAI	Heartland Alliance International	INGO	EL, GP, CP, GB
HALO	HALO Trust	INGO	GP
Harikar	Harikar Organization	NNGO	HE, GP, GB, WA
Hebaa	Hebaa Organization	NNGO	SN
Heevie	Heevie Kurdistan Development Organization	NNGO	HE
HI	Handicap International	INGO	EL, HE, GP
HRF	Human Relief Foundation	INGO	ED, SN
IAA	Iraqi Al-amal Association	NNGO	GB
IFMSA	International Federation of Medical Students Associations	INGO	WA
IHAO	Iraq Health Access Organization	NNGO	HE, GB
IHSC	IRAQ Health Social Care Organization	NNGO	GP
IMC	International Medical Corps	INGO	HE, GB
Intersos	Intersos Organization	INGO	ED, HE, GP, CP, GB
IOM	International Organization for Migration	UN	CC, EL, HE, GP, CP, SN
IRC	International Rescue Committee	INGO	EL, ED, GP, CP, GB, MP
IRW	Islamic Relief Worldwide	INGO	EL, FS, GB
JCC-Duhok	Joint Crisis Coordination - Duhok	Other	WA
JCC-Erbil	Joint Crisis Coordination - Erbil	Other	WA

ACRONYM	FULL NAME	TYPE	*CLUSTERS
JCI	Justice Center Iraq	NNGO	GP, CP
JDA	Joint Development Associates International	INGO	EL
JF	Jannat Al-Firdaws	NNGO	WA
JGO	Justice Gate Organization	NNGO	CP
Jiyan	Jiyan Foundation	NNGO	HE
JRS	Jesuit Refugee Service	INGO	ED, GP, CP, GB
KRA	Kurdistan Relief Association	NNGO	GB
KSC	Kurdistan Save the Children	NNGO	FS, HE, GP, CP, GB
KURDS	Kurdistan Reconstruction and Development Society	NNGO	WA
LCN	Legal Clinic Network	NNGO	GP, CP, GB
LF	The Lotus Flower	INGO	GB
LWF	Lutheran World Federation	INGO	EL, GP, WA
MAG	Mine Action Group	INGO	GP
MAHRD	Al-Miezan Association for Human Rights development	NNGO	CP
Malteser	Malteser International	INGO	FS, SN
MDM	Médecins du Monde	INGO	HE
ME	Mission East Organization	INGO	EL, GP, CP, GB, SN, WA
Medair	Medair	INGO	HE, MP
Mercy Corps	Mercy Corps	INGO	EL, MP, WA
Mercy Hands	Mercy Hands	NNGO	EL, GP, CP, GB, SN, WA
MHA	Al-Meameen Humanitarian Association	NNGO	CP
Mol/JCC	Joint Crisis Coordination	Other	CC
MoLSA	Ministry of Labour and Social Affairs	Other	CP
NCA	Norwegian Church Aid	INGO	GB
NEF	Near East Foundation	INGO	EL
NORCROSS	Norwegian Red Cross	INGO	WA
NP	Nonviolent Peaceforce	INGO	GP
NPA	Norwegian People's Aid	INGO	GP
NRC	Norwegian Refugee Council	INGO	CC, EL, ED, FS, GP, MP, SN
NSPD	Ninewa Social Protection Department	Other	CP
Oxfam	Oxfam International	INGO	EL, GP, MP, WA
PAH	Polish Humanitarian Action	INGO	EL, WA
PAO	Public Aid Organization	NNGO	ED, CP, GB
Pekawa	Pekawa Organization	NNGO	HE, WA

ACRONYM	FULL NAME	TYPE	*CLUSTERS
Pena	Pena Center for Combating Violence against Women	NNGO	GB
PIN	People In Need	INGO	EL, ED, WA
PLC	Preemptive Love Coalition	INGO	EL, FS
Point	Point Organization	NNGO	EL, MP
PUI	Première Urgence Internationale	INGO	HE, GP, SN, WA
PWJ	Peace Winds Japan	INGO	EL, HE, SN, WA
QRC	Qatar Red Crescent	INGO	FS, WA
REACH	Rehabilitation, Education and Community Health	NNGO	EL, GP, CP, GB, MP, SN, WA
RI	Relief International	INGO	WA
RIRP	Iraq Reconstruction Program	NNGO	SN
Rwanga	Rwanga Foundation	NNGO	EL
Sama	Sama Al Iraq for Relief and Development	NNGO	CP
SCI	Save the Children International	INGO	EL, CP, WA
SED	Sahara for Economic and Development Organization	NNGO	EL, SN, WA
Seed	Seed Foundation	NNGO	GP, CP, GB
Sewan	Sewan Women	NNGO	GP, GB
SHO	Shareteah Organization	NNGO	GP, CP
SI	Solidarités International	INGO	WA
SIF	Secours Islamique Français	INGO	ED
SOSD	Shingal Organization for Social Development	NNGO	CP
SP	Samaritan's Purse	INGO	EL, FS, CP, SN, WA
SSDF	Sorouh for Sustainable Development Foundation	NNGO	ED, GB, WA
SSORD	Sabea Sanabul Organization for Relief and Development	NNGO	ED, CP, SN, WA
STEP	Social Transformation and Educational Prosperity	NNGO	EL, CP
Step-In	Step-In Project for Iraq In Need	NNGO	HE
SWEDO	The Swedish Development Aid Organization	INGO	ED, GP, GB, SN
Tajdid	Tajdid Organization	NNGO	GB
TDH-Italy	Terre Des Hommes - Italia	INGO	ED, GP, CP, WA
TDH-Lausanne	Terre Des Hommes - Lausanne	INGO	CP, WA
Tearfund	Tearfund Organization	INGO	EL, HE, GP, CP, MP
TEO	Al-Tawasul Wa Al-Ekha Human Organization	NNGO	CP

ACRONYM	FULL NAME	TYPE	*CLUSTERS
TGH	Triangle Génération Humanitaire	INGO	EL, CP
Tutapona	Tutapona Organization	INGO	HE
UADF	UM Al-Yateem for Development Foundation	NNGO	CP
UIMS	The United Iraqi Medical Society	NNGO	HE
UNDP	United Nations Development Programme	UN	EL
UNHABITAT	United Nations HABITAT	UN	GP, SN
UNHCR	United Nations High Commissioner for Refugees	UN	CC, GP, CP, GB, SN
UNICEF	United Nations Children's Fund	UN	ED, HE, CP, SN, WA
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women	UN	GB
UPP	Un Ponte Per	INGO	HE, GB
Viyan	Viyan Organization	NNGO	HE
VNG	International Agency of the Association of Netherlands Municipalities	INGO	WA
VOP	Voice of Older People	NNGO	CP
VZO	Vena Zaroka Organization	NNGO	CP
WC-UK	War Child - UK	INGO	EL, ED, CP, GB
WESI	Water and Energy Strategy Institute	NNGO	WA
WFP	World Food Programme	UN	FS
WHH	Welt Hunger Hilfe	INGO	EL, FS, GP
WLI	Woman Leadership Institute	NNGO	GB
WRO	Women Rehabilitation Organization	NNGO	EL, CP, GB
WVI	World Vision International	INGO	EL, ED, HE, CP, MP, WA
YAO	Youth Activity Organization	NNGO	SN
Yazda	Global Yazidi Organization	NNGO	HE, GP, CP, GB
Zhian	Zhian Health Organization	NNGO	HE
ZOA	ZOA International	INGO	EL, ED, FS, GP, CP, MP, SN
ZSVP	Zakho Small Villages Projects	NNGO	EL

* CC - Camp Coordination and Camp Management , ED - Education, EL - Emergency Livelihoods, FS - Food Security, HE - Health, GP - General Protection, HLP and Mine Action, CP - Child Protection, GB - Gender-Based Violence, SN - Shelter & NFIs, WA - WASH, MP - Multi-purpose Cash Assistance

5.3

Planning Figures by Cluster and by Geography

PEOPLE IN NEED	ACUTE PIN	TARGET	REQUIREMENTS	OPERATIONAL PARTNERS	# ACTIVITIES
4.1M	2.4M	1.5M	607M	166	113

Planning figures by cluster

Of the 4.1 million people in need of humanitarian assistance, and 2.4 million in acute need, humanitarian partners have identified 1.5 million people who will be targeted with assistance in 2021. This includes all in-camp IDPs and the most acutely vulnerable out-of-camp IDPs and returnees, including those who live in critical shelters and face a multitude of acute humanitarian needs. The 1.5 million people will be targeted with humanitarian assistance and

services to address their most critical vulnerabilities. This includes 410,000 women, 336,000 girls, 413,000 men and 324,000 boys, and also includes 222,000 women, girls, men and boys with disabilities. Humanitarian interventions will be coordinated through eight humanitarian clusters, the Cash Working Group for MPCA and through Coordination and Common Services. The total financial requirement for this joint response to the acute needs of 1.5 million people is estimated at \$607.2 million.

Planning figures by cluster

CLUSTER	ACUTE PIN	TARGET	REQUIREMENTS (US\$)	# PARTNERS	# ACTIVITIES
CCCM	343K	309K	22.8M	8	3
Education	718K	572K	41.9M	24	15
Emergency Livelihoods	2.0M	196K	24.3M	50	4
Food Security	435K	421K	75.6M	20	6
Health	646K	857K	75.9M	34	8
General Protection	824K	740K	81.9M	43	24
Child Protection	334K	500K	40.4M	58	13
Gender-Based Violence	450K	460K	38.4M	47	11
Shelter and NFIs	934K	373K	38.9M	30	11
WASH	1.3M	1.1M	74.2M	46	17
MPCA	-	390K	78.0M	14	1
CCS	-	-	15.0M	7	-

Planning figures by geography

The 1.5 million acutely vulnerable people who will be the focused target of this HRP, are located across 12 of the 18 governorates of Iraq. The six governorates with the highest target populations are Ninewa (613,000 people), Al-Anbar (232,000), Salah Al-Din (134,000), Duhok (168,000), Kirkuk (120,000) and Diyala (87,000).

The largest numbers of in-camp IDPs targeted through the HRP are in Duhok (120,000), Ninewa (64,000), Erbil (13,000) and Al-Sulaymaniyah (11,000), while the governorates hosting the most out-of-camp IDPs are Ninewa (77,000), Duhok (48,000), Erbil (44,000) and Kirkuk (32,000). For returnees, the largest number is also in Ninewa (472,000), followed by Al-Anbar (207,000), Salah Al-Din (111,000), Kirkuk (81,000) and Diyala (74,000).

Planning Figures by Governorate

GOVERNORATE	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	S01	S02	S03
Al-Anbar	4K	22K	207K	133K	225K	207K
Al-Basrah	-	<1K	-	-	<1K	<1K
Al-Muthanna	-	-	-	-	-	-
Al-Najaf	-	2K	-	<1K	1K	2K
Al-Qadissiya	-	<1K	-	-	<1K	<1K
Al-Sulaymaniyah	11K	24K	-	31K	30K	23K
Babil	-	2K	-	1K	1K	2K
Baghdad	<1K	7K	21K	7K	25K	18K
Diyala	2K	11K	74K	28K	74K	42K
Duhok	120K	48K	-	161K	162K	156K
Erbil	13K	44K	<1K	53K	49K	34K
Kerbala	-	4K	-	<1K	4K	2K
Kirkuk	7K	32K	81K	40K	116K	56K
Maysan	<1K	-	-	-	-	-
Ninewa	64K	77K	472K	212K	587K	455K
Salah Al-Din	1K	22K	111K	59K	115K	96K
Thi Qar	-	<1K	-	-	<1K	<1K
Wassit	-	<1K	-	-	<1K	<1K

5.4

What if We Fail to Respond

Without access to protection services, more than 1 million IDPs and returnees would not be able to live in safety and dignity. They risk experiencing secondary displacement or failed returns, in some cases loss of property due lack of documentation, inability to access legal services, and unresolved social and tribal dynamics. Half a million children would not receive adequate protection from violence, abuse, exploitation and neglect, and would become vulnerable to child labour, early marriage and other forms of GBV. Moreover, too many would be exposed to grave physical risk, including loss of life, if explosive ordnance clearance of 12 million square metres of land, including in residential and agricultural areas, does not occur.

More than 370,000 highly vulnerable people would remain in inadequate housing, exposed to extreme weather, experiencing rain leakages, dampness and lack of ventilation, with serious consequences for their health, both physical and mental. The lack of privacy due to shared or overcrowded living conditions, may generate protection risks such as domestic and gender-based violence. Those not able to afford rent would end up in secondary displacement, occupying unfinished or abandoned buildings or moving into informal settlements, with no security of tenure and at heightened risk of eviction.

More than 413,000 people in need risk not having sufficient food and thousands more would not have access to income or livelihoods to meet their basic needs, at a time of rising food prices and sharply reduced economic and livelihood opportunities worsened by COVID-19. An additional 5.3 million people could end up relying on negative coping mechanisms in 2021 and some could potentially fall under the emergency threshold and require humanitarian assistance.

Without support to access to basic services, disrupted in many parts of the country due to conflict and the pandemic, fewer people would be accessing regular health, hygiene and sanitation services, including immunization, and material and child health. An estimated 210,000 children would be at risk of communicable diseases if they are not reached by immunization and nutrition interventions. As a result, Iraq could see the return of polio (eradicated in 2014) and measles outbreaks in 2021.

Over half a million children would not have a fair chance to continue or resume their education in a safe manner, in line with COVID-19 prevention and mitigation protocols, without emergency education support. A failure to act now would not only deprive children of a chance to catch up on missed classes due to the pandemic, but this would also have a long-term impact on their socioeconomic prospects.

5.7 Acronyms

AAP	Accountability to Affected Populations	IOM	International Organization for Migration
ABC	Activity-based Costing	ISIL	Islamic State of Iraq and the Levant
CCCM	Camp Coordination and Camp Management	KRG	Kurdistan Regional Government
CCS	Coordination and Common Services	KRI	Kurdistan Region of Iraq
CVA	Cash and Voucher Assistance	MCNA	Multi-Cluster Needs Assessment
CwC	Communication with Communities	MHPSS	Mental Health and Psychosocial Support
CWG	Cash Working Group	MoMD	Ministry of Migration and Displacement
DSRSG	Deputy Special Representative of the Secretary-General	MPCA	Multi-Purpose Cash Assistance
DSTWG	Durable Solutions Technical Working Group	NFI	Non-Food Item/s
DTM	Displacement Tracking Matrix	NGO	Non-Governmental Organization
EORE	Explosive Ordnance Risk Education	OCHA	Office for the Coordination of Humanitarian Affairs
ERW	Explosive Remnants of War	PHCC	Primary Health-Care Centre
EWARN	Early Warning, Alert and Response Network	PiN	People in Need
FAO	Food and Agriculture Organization	PPE	Personal Protective Equipment
FTS	Financial Tracking Service	PSEA	Prevention of Sexual Exploitation and Abuse
GAM	Gender and Age Marker	PSS	Psychosocial Support
GBV	Gender-Based Violence	RC	Resident Coordinator
GoI	Government of Iraq	RC/HC	Resident and Humanitarian Coordinator
HAWG	Humanitarian Access Working Group	RCCE	Risk Communication and Community Engagement
HC	Humanitarian Coordinator	SMEB	Survival Minimum Expenditure Basket
HCT	Humanitarian Country Team	SO	Strategic Objective
HLP	Housing, Land and Property	SOK	Sealing-Off Kit
HNO	Humanitarian Needs Overview	SOP	Standard Operating Procedures
HPC	Humanitarian Programme Cycle	SPO	Specific Objective
HRP	Humanitarian Response Plan	UN	United Nations
IASC	Inter-Agency Standing Committee	UNDP	United Nations Development Programme
ICCG	Inter-Cluster Coordination Group	WASH	Water, Sanitation and Hygiene
IDP	Internally Displaced Person/s		
IHF	Iraq Humanitarian Fund		
IIC	Iraq Information Centre		

5.8

End Notes

- 1 A follow-up survey jointly developed by the CCCM and Protection Clusters and the Iraq Information Centre was conducted between mid-October and mid-November 2020 with families who gave their details during camp exit surveys. The survey found that 13 per cent of respondents were reportedly missing documentation and another 24 per cent reported no income.
- 2 For the purpose of the HRP, the final target figures were based on known population figures on 22 November 2020. Programmatic targets will be adjusted in line with population movements and ongoing needs assessments during 2021 as needed. See also the summary of changes inserted in the 2021 Iraq Humanitarian Needs Overview.
- 3 Measured through the proxy indicator on taking on debt to meet basic food needs, health care, other household items and education.
- 4 The inability to meet basic needs is measured through the proxy indicator on taking on debt to meet basic food needs, health care, other household items and education.
- 5 Protection Cluster, Protection Monitoring in Response to COVID-19 Analysis, April – September 2020.
- 6 Multi-Cluster Needs Assessment (MCNA), round VIII, September 2020: 47 per cent of in-camp IDP households with members with disability are unable to access one or more services due to disability.
- 7 Approximately 30 per cent (an estimated 10,300 people) of those affected by camp closures and traced by IOM-DTM (as of 17 January 2020), have not returned to their location of origin and are now secondarily displaced, while the remaining 70 per cent (23,000 people) have returned to their village or neighbourhood of origin and are now counted by IOM-DTM as returnees.
- 8 Examples of critical shelter most commonly found in Iraq are tents (in and out of camps), unfinished and abandoned structures, make-shift shelter, non-residential, public and religious buildings.
- 9 According to shelter analysis based on MCNA VIII data, this is an estimated 4 per cent (185,000 individuals). IOM-DTM Master Lists also identify critical shelter through key informant interviews, finding some 3 per cent (an estimated 164,000 households) of returnees living in critical shelter. The higher figure is considered in the analysis to ensure no one is left behind due to methodological discrepancy e.g. key informant interviews, remote household surveys, etc.
- 10 2021 Iraq Humanitarian Needs Overview.
- 11 MCNA VIII.
- 12 See OCHA, Administrative Difficulties for Non-Governmental Organization Visas in Iraq, 13 November 2020.
- 13 For OCHA access incident reporting, please see monthly OCHA snapshots from Jan – October 2020.
- 14 Other partners include government directorates and Red Cross/Red Crescent Societies.
- 15 The figures of percentage reached also include beneficiaries that were reached exceeding the original target.
- 16 Ground Truth Solutions, COVID-19 Perceptions of People in Need in Iraq 2020, June – August 2020.
- 17 MCNA VIII.
- 18 Cash Working Group Iraq, Financial Service Providers and Transfer Mechanisms Mapping in Iraq, September 2020.
- 19 Cash Consortium of Iraq, MPCA in Iraq: Perspectives of Beneficiaries on Impact, September 2018.
- 20 As well as in other areas administered by the Kurdistan Regional Government.
- 21 IOM-DTM, Displacement and Returns to Sinjar and Al-Baaj Districts, 21 November 2020.
- 22 IOM-DTM, Displacement and Returns to Sinjar and Al-Baaj Districts, 3 January 2021.
- 23 There were approximately 193,000 IDPs in camps under the administration of the Kurdistan Regional Government as of August 2020, dropping to 180,000 by the end of December.
- 24 The vast majority of IDPs in KRI who live in critical shelter live in Duhok. According to IOM-DTM, about 500 IDPs live in critical shelter in Al-Sulaymaniyah and Erbil and there are an estimated 2,750 IDPs living in critical shelter in other regions administered by KRI.
- 25 The 2020 Iraq Humanitarian Response Plan targets populations in acute need of humanitarian assistance, but does not cover the refugee response in Iraq, which is led by the United Nations High Commissioner for Refugees and is covered by the 2019-2020 Regional Refugee and Resilience Plan (3RP).
- 26 To measure the severity of humanitarian conditions (the degree of harm brought by all combined humanitarian consequences of the conflict, displacement and COVID-19) and to estimate people in need (PiN), the 2021 HNO analysed and categorized needs along a five-point severity scale: none or minimal (1), stress (2), severe (3), extreme (4), and catastrophic (5). Households evaluated as having needs falling in severity categories 4 and 5 are considered to be households in acute need.

- 27 Districts that overall are assessed to fall into the lower-end severity categories of none/minimal (1), stress (2) and severe (3).
- 28 According to the December 2020 Humanitarian Response Dashboard, there are 44 partners active in Duhok, 20 active in Erbil, and 22 active in Al-Sulaymaniyah.
- 29 IOM-DTM Iraq Displacement Dashboard, accessed 1 December 2020.
- 30 According to the December 2020 Humanitarian Response Dashboard, although only 277,000 IDPs in camps were targeted, in 2020, partners met the needs of 281,000 people in camps. Reasons for the discrepancy are specific to various clusters and their response and reporting methodology.
- 31 OCHA Iraq, Al-Sulaymaniyah Governorate Profile and Humanitarian Response, September 2020.
- 32 MCNA VIII.
- 33 Activity costings based on food basket design, SMEB, Emergency Livelihoods Cluster cash-for-work SOPs, and agreed by partners during the IHF 2020 2nd Reserve Allocation and 2021 cluster response planning processes.
- 34 Ashraf M.A. Hussain, Riyadh K. Lafta, "Trend of cholera in Iraq in the time of unrest," *Mustansiriya Medical Journal*, Vol. 18, Issue 1, page 1-4, available online here (accessed in December 2020).
- 35 43,079 in-camp IDPs, 108,170 out-of-camp IDPs and 308,635 returnees (75 per cent female, 30 per cent children, 15 per cent people with disabilities).
- 36 This includes: GBV case management, MHPSS, access to livelihoods, cash assistance and access to legal services and safe shelter. In areas where integration of livelihood components is not implemented, an inter-agency referral mechanism will be used to refer survivors to livelihood actors. This is also similar for safe shelter, where GBV actors will ensure that GBV programming takes into consideration the physical safety needs of GBV survivors at imminent risks of harm. The community-based safe shelter approach and government services will be explored and strengthened to address emerging needs.
- 37 The GBV guiding principles underpin the GBV response to ensure the rights of GBV survivors are central. This includes the right to confidentiality, safety, non-discrimination, respect for survivors' dignity and self-determination, and the principle of the best interest of the child.
- 38 Local health departments, legal actors and MoMD will be targeted as key authorities in collaboration with the Health and Protection Clusters, as well as the Sexual and Reproductive Health Working Group.
- 39 The GBV Sub-Cluster will mainstream and integrate GBV intervention in the CWG, and Emergency Livelihoods and Food Security Clusters as per IASC guidelines.
- 40 Target against the Shelter Cluster acute PiN is: 30 per cent for in-camp IDPs, 100 per cent for out-of-camp IDPs and 35 per cent for returnees.
- 41 Older people, people with chronic, cardiovascular and lung diseases, cancer, etc.
- 42 Iraq Shelter and NFI Cluster, Vulnerability Criteria of the Shelter and NFI Cluster 2020 – 2021, December 2020.
- 43 50,878 out-of-camp IDPs and 117,200 returnees.
- 44 Older people, people with chronic, cardiovascular and lung diseases, cancer, etc.
- 45 20 partners have implemented shelter activities and 15 partners report NFI activities.
- 46 30 districts covered out of 36 that have been prioritized in the HRP 2021.
- 47 More guidance is provided in the Iraq Shelter and NFI Cluster's 2021 HRP Shelter Cluster - Costing Overview, December 2020.

**HUMANITARIAN
RESPONSE PLAN**
IRAQ

ISSUED FEBRUARY 2021